

Highlights Based on 48 States Responding to the Crisis Component of NRI's 2022 State Profiles

Note: although 48 states responded to the Crisis Component, not all states provided answers to all questions; therefore, some of the information presented in this report is based on responses from less than the total number of reporting states.

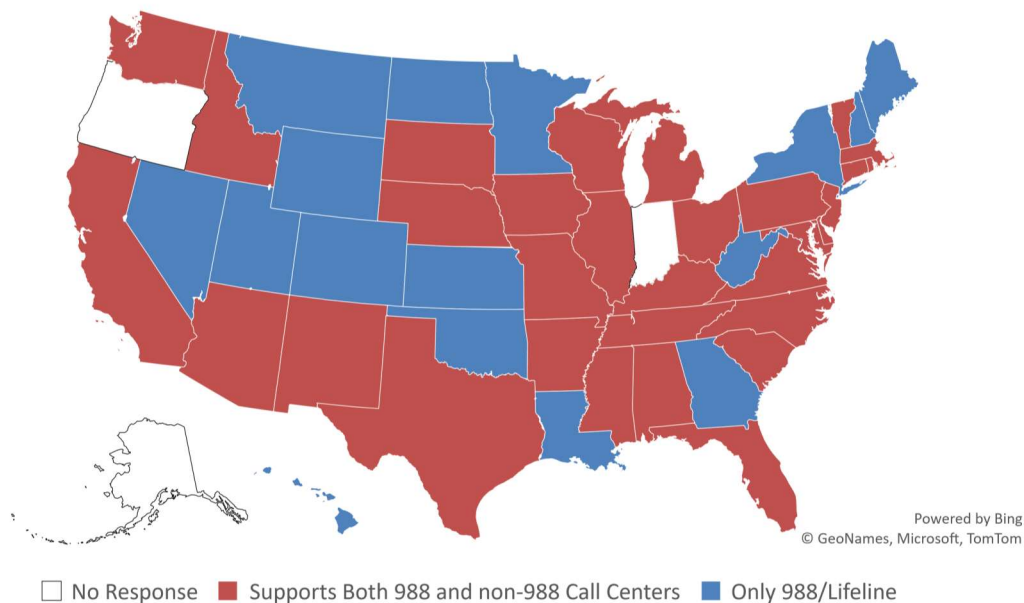
Crisis Call Centers: **SOMEONE TO TALK TO**

Behavioral Health Crisis Call Centers are the front door to behavioral health crisis care and are staffed by clinically trained behavioral health workers. SAMHSA's National Guidelines for Behavioral Health Crisis Services¹ calls for regional crisis call centers that provide crisis intervention capabilities (telephonic, text, and chat) for risk assessment and engagement of individuals at risk of suicide and any other behavioral health crisis. In July 2022, many crisis call centers transitioned from the national 10 digit "1-800-273-Talk" or local state/regional crisis phone numbers to be part of the new 3-digit "988" Suicide and Crisis Lifeline.

In 2022, over 544 behavioral health crisis call centers were in operation in 48 states, and they answered 3.8 million calls for assistance (40 states reporting number of calls answered). The 988 Suicide and Crisis Lifeline system now includes over 200 regional 988 call centers (with at least one center in every state and several U.S. Jurisdictions) and provides free 24/7 support to individuals in distress.² In addition to the 988/Lifeline call centers, many State Mental Health Agencies (SMHAs) support additional (non-988) crisis call centers and warm lines. Forty-one states reported their 988/Lifeline call centers answered over 2 million calls in FY 2022. In 2022, 29 SMHAs had over 344 additional call centers and warmlines that last year answered 1.8 million crisis calls (18 states reporting number of calls answered by non-lifeline crisis centers).

In 2022, the average state had 11 call centers (median of 4 call centers) with a variation from 104 call centers (in Ohio) to one (1) call center (in 9 states). States had an average of 4 988/Lifeline call centers (median of 2) with a range from 19 in Ohio to a low of one in (19 states). States had an average of 13 non-Lifeline crisis call centers (median of 6) with a range from 85 in (Ohio) to a low of one in (8 states).

Figure 1: Status of States Supporting 988 and Other Crisis Call Centers, by State, 2022



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Over 544
Crisis Call Centers
Operating in States

3.8 Million
Crisis Calls Answered
(in 43 states reporting)

Over 80%
Successfully Addressed by Call
Centers (no further dispatch needed)

Most 988/Lifeline Call Centers Operate Additional Crisis hotlines or Warmlines

Forty-three States reported that their 988/Lifeline Call centers are also operating additional crisis hotlines and warmlines. In 19 states, the 988 call centers also operate county or local area crisis call centers. In 8 states, the 988 call centers also answer calls to state crisis call numbers. In 11 states the 988 centers also operate warmlines (according to NAMI, “Unlike a hotline for those in immediate crisis, warmlines provide early intervention with emotional support that can prevent a crisis – and a more costly 911 call or ER visit.”)³ Other types of calls centers operated by 988 centers include: domestic violence lines (5 states), sexual assault lines (3 states), Veteran’s lines (2 states), as well as non-behavioral health related call lines (including child abuse, domestic violence, human trafficking, etc.).

Operation of non-Lifeline Call Centers

The 344 non-lifeline call centers are operated by a variety of types of provider organizations. Community mental health providers (such as community mental health centers (CMHCs)) are the most frequent type of organization that operate crisis call centers (18 states). Managed care organizations (MCOs) operate crisis call centers in 6 states, followed by Certified Community Behavioral Health Centers (CCBHCS) in 5 states, regional or county behavioral health providers (3 states), and State Mental Health Authorities (SMHAs) operating their own crisis call centers (2 states).

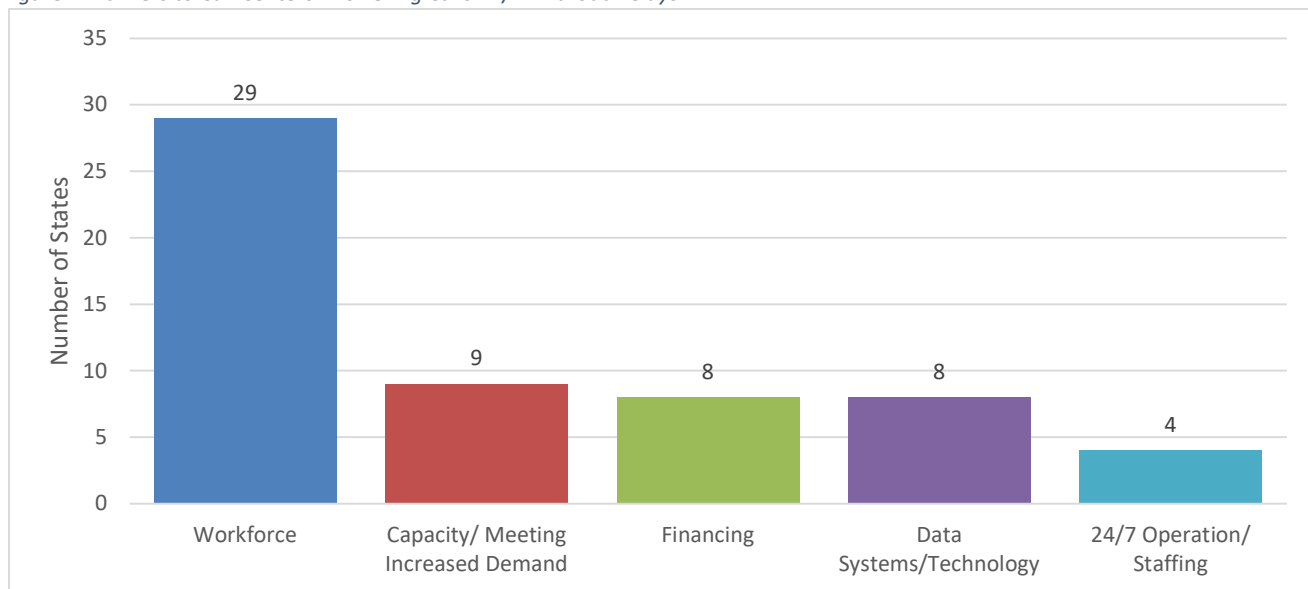
With the July 2022 launch of the national 988 crisis number, two states reported their non-lifeline call centers were in the process of joining the 988 system, while 17 states reported they will continue to operate or fund crisis call centers that will operate independent of the 988 Lifeline system. Examples of why states will continue to support call centers outside the 988 system include:

- Arizona: The Lifeline centers and Regional Behavioral Health Authority (RBHA) crisis call centers are operated by the same vendor. When 988 callers are identified as eligible for the RBHA system and services, they are integrated into the system for access to additional crisis services and funding support.
- Idaho: Non-Lifeline call centers work collaboratively with 988. The 211-information line will be partnering with 988. The 988 system will not be operating through 211 or vice versa, but they will be doing warm transfers to them, and callers will have the option on phone prompts to be transferred directly to 988 both during and after business hours.
- Maine: The primary, state-wide Lifeline call center is co-located with the Maine Crisis Line (MCL), the state-wide crisis hotline call center. As 988 increases in visibility, callers who would previously called MCL may shift to 988.
- Michigan: The Michigan Crisis and Access Line (MiCAL) provides crisis support 24/7 for people receiving specialty behavioral health care and also provide other crisis support services for the priority population with severe mental health issues. Care Coordination protocols between 988 and MiCAL are in place so that 988 can activate crisis services for callers 24/7.
- Mississippi: The Mobile Crisis Response Teams will maintain their toll-free phone numbers for law enforcement, community partners, etc., but 988 will be the crisis line promoted by the State. The DMH Helpline will continue to operate as a helpline, but will dispatch a Mobile Crisis Response Team directly if a caller is in crisis and in need of a face-to-face response. Formal dispatch protocols have been developed between the 988 call centers and mobile crisis response teams.
- Ohio: Lifeline and non-Lifeline call centers both operate as part of Ohio’s safety net for people in crisis. Lifeline centers will refer 988 calls/chats/texts to other call centers and services when it is appropriate to do so. A statewide Resource Directory continues to be developed to enhance the ability for call specialists to ensure local responses and referrals.

Challenges to Having Call Centers (Including 988 Centers) Available 24/7 to Answer Calls Without Delay or Routing to Out-Of-State Call Centers

Almost two-thirds (65%) of states reported challenges to having call centers staffed and available 24/7 to answer calls without delay. Workforce difficulties hiring and retaining qualified behavioral health staff to answer crisis center calls is the largest barrier states identified (24 states) followed by establishing stable funding for call centers (6 states) and implementing data systems to link call centers to the crisis continuum (6 states) (See Figure 2).

Figure 2: Barriers to Call Centers Answering Calls 24/7 Without Delays



Text/Chat Crisis Response:

Having crisis call centers ready to respond to text or chat messages is a challenge in many states. In 2022, 29 states reported their call centers are ready to receive text or chat messages, but 41 states reported that preparing for or responding to text or chat messages has required additional training of staff, require new technology and that responding to text or chat messages can take longer than responding to voice contacts and thus impact ability to quickly respond to crisis contacts.

Steps to Address Challenges to Crisis Call Center 24/7 Availability:

Most (34) of the states are working to address challenges to call centers quickly answering calls. State approaches include increasing funding (including using new grants, state funds, and phone fees), initiatives to help hire additional clinical staff, training peer specialists to work on call centers, and changing work requirements (such as changing shifts and allowing remote work opportunities for call center staff). Sample state initiatives to support and improve crisis call center services include:

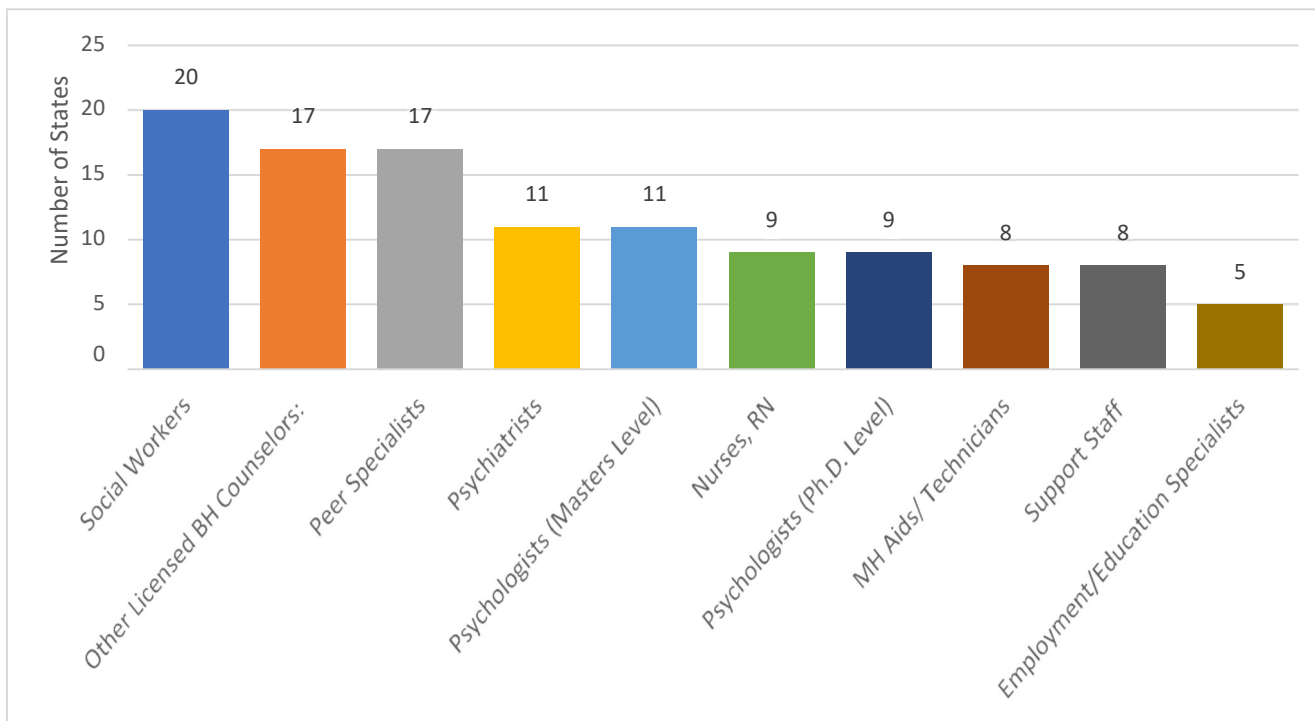
- Connecticut:** United Way, Connecticut's call center provider, has been working with their recruitment staff to develop a marketing campaign, "Hiring Heroes", to attract more applicants for vacant positions. They have also offered flexible work schedules, telework, and increased salaries for call takers. They have also incorporated a review of sample crisis calls during their interview process to help identify the best candidates for the position. Connecticut has also appropriated additional funding for mobile crisis programs to be able to hire additional staff and expand mobile crisis services to 24/7 in-person response.

- **Massachusetts** provides funds to support hiring bonuses and on-boarding process and invests in workforce/pipeline development (e.g., student loan forgiveness).
- **Maine** received a grant to expand the functionality of the call center, including additional training, technology, staffing and implementation of text/chat services. Additionally, Maine is increasing state funding for hotline staff, and has invested heavily in workforce development strategies to increase the number of job applicants.
- **New Mexico** is recruiting new crisis call workers. To support the workforce, call centers have remote work opportunities to allow staff to work from home, not just out of physical location call centers. The state is expanding hiring Bachelor’s level staff, not just Master’s level and PhD behavioral health clinicians and has developed training for Bachelor’s level individuals to work with crisis centers.
- **Ohio**: increased the number of call centers from 12 to 19, expanded coverage to 88 counties, added backup coverage for all counties, and selected and funded a statewide backup callcenter to catch any calls that get missed by steps 1 and 2. Ohio made millions in funding available to call centers to improve staffing levels for all shifts.

Crisis Call Center Facility Workforce Shortages

Twenty-eight (28) SMHAs reported that crisis call centers in their state were experiencing workforce shortages. Masters-level Social Workers, Other Licensed Behavioral Health Counselors and Peer Specialists were the types of staff with the most states reporting shortages (see Figure 3).

Figure 3: Number of States Experiencing Workforce Shortages for Crisis Call Centers, by Type of Staff, 2022

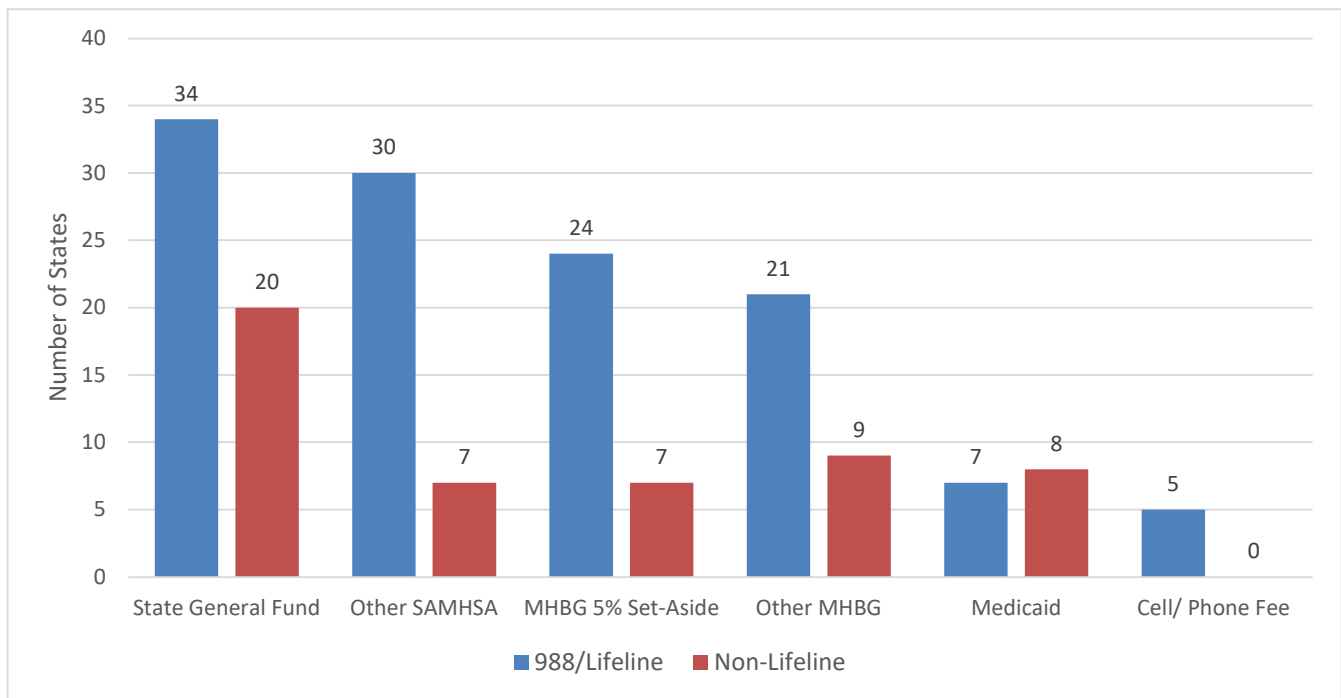


Workforce Shortages, based on 44 state responses to 2022 Profiles Workforce Component

Financing Crisis Call Centers

Forty (40) States reported expending \$311 million for 988/Lifeline Crisis Call Centers last year, an average of \$7.8 million per state (the median was \$3.15 million). In addition, 14 states reported \$75.3 million of additional expenditures supporting other crisis call centers (with an average of \$5.4 million per states, ranging from a high of \$22.5 million in Arizona to a low of \$50,000 in Tennessee). Expenditures per call center averaged \$1.8 million per 988/Lifeline call center and \$897,000 per non-lifeline crisis call center. States are financially supporting crisis call centers through a variety of sources, including state, federal, and local government funds. As Figure 6 shows, most are using state general revenue and various types of SAMHSA funding. Legislatures in five states have enacted laws establishing telephone fees dedicated to supporting 988/Lifeline call centers (see Figure 4).

Figure 4: Major Funding Sources for Crisis call Centers, 2022



Data/Outcomes from Crisis Call Centers

States reported that most of the calls received by their crisis call centers are addressed by the trained staff that answer the call and do not require immediate face-to-face follow-up by a behavioral health specialist or law enforcement. Eighteen states are monitoring outcomes of calls from both 988/Lifeline call centers and other (non- Lifeline) call centers, while 25 states are only tracking outcomes from calls handled by 988/Lifeline call centers.

On average, only 16.9% of calls (median was 7.0%) resulted in a mobile crisis team being dispatched by a crisis call center. Only 3.6% of calls resulted in law enforcement being dispatched and 1.9% resulted in Emergency Medical Services (EMS) being dispatched. About 2.3% of crisis call center calls were transferred to a 911 call center (which may have then dispatched law enforcement or EMS to respond to the crisis) (See Table 1).

Table 1: Outcomes of Crisis Call Center Contacts, 2022

Crisis Call Center Metrics	Number of States Reporting	Average	Median	Minimum	Maximum
Percentage of calls that are successfully resolved during the call	30	80.0%	84.8%	15.1%	99.0%
Percentage of Calls that Result in Mobile crisis Being Dispatched	25	16.9%	7.0%	0%	99.0%
Percentage of calls that result in law enforcement being dispatched	21	3.6%	2.0%	0%	17.3%
Percentage of calls that result in emergency medical services (EMS) being dispatched	17	1.9%	1.1%	0%	6.0%
Percentage of calls that result in transfer to 911	16	2.3%	1.2%	0%	10%

Other 2022 NRI State Profile Reports on Crisis Services

This report on crisis call centers is one of a series of reports that NRI has produced for states using information from the 2022 State Profiles System. State Profiles information was collected directly from state mental health authorities during the summer and fall of 2022. Other Profile Highlight reports on crisis services address:

- State Support for the Behavioral Health Crisis Continuum (Call Centers, Mobile Crisis Teams, and <24 Hour Crisis Receiving and Stabilization Facilities)
- State Support for Less than 24-hour Crisis Receiving and Stabilization Facilities
- State Support for Mobile Crisis Teams
- Use of Technology and Outcomes of Crisis Services
- Crisis Workforce Issues
- Funding Crisis Services
- Alternatives for Transportation in Crisis Services

**All 2022 State Profile reports are available on-line at www.nri-inc.org.
For Additional Information About this Report, or the SMHA Profiles Project,
Please Contact: profiles@nri-inc.org**

National Association of State Mental Health Program Directors Research Institute (NRI)

¹ SAMHSA Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit:

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

² <https://988lifeline.org/about/>

³ <https://www.nami.org/Press-Media/In-The-News/2019/It-s-not-a-hotline-it-s-a-warmline-It-gives-mental-health-help-before-a-crisis-heats-up#:~:text=Unlike%20a%20hotline%20for%20those,911%20call%20or%20ER%20visit.>