

# State Mental Health Agency Support For Crisis Contact Centers, 2023

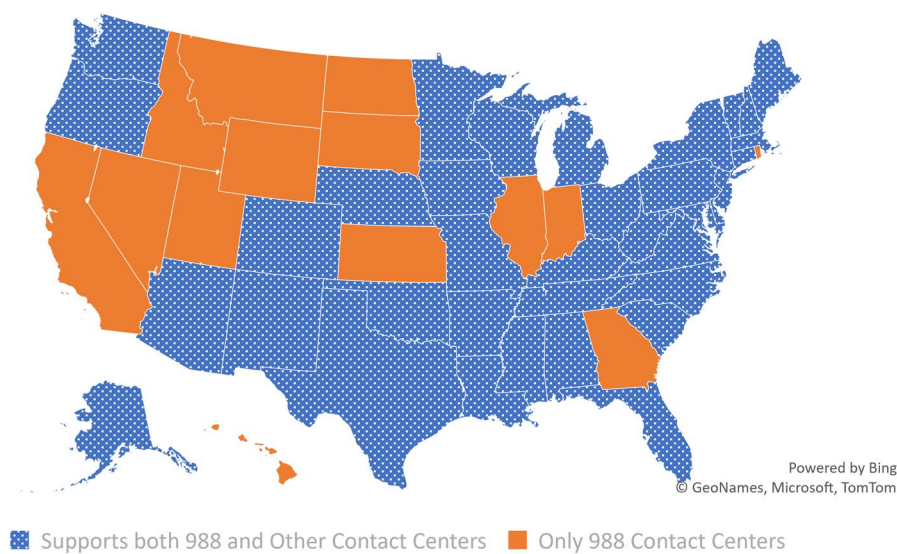
## Crisis Contact Centers: SOMEONE TO CONTACT

Behavioral health crisis contact 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 Services<sup>1</sup> calls for every state to have crisis contact 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.

*Note: Since most 988 contact centers and many other state-supported crisis contact centers now respond to text and chat messages in addition to voice calls, we are now referring to these programs as "Crisis Contact Centers" instead of the former term of "Crisis Call Centers."*

In 2023, over 627 behavioral health crisis contact centers operating in 50 states and the District of Columbia, answered 5.8 million calls, texts, or chats requesting assistance (with 50 states reporting number of calls answered). Every state is supporting at least one behavioral health crisis contact center participating in the new "988 Suicide and Crisis Lifeline". The 988 contact centers are available 24/7 and staffed by trained crisis counselors that provide behavioral health crisis intervention via telephone, texting, and online chat. In addition, each center should provide real-time crisis care coordination (i.e., not just provide a referral, but ensure that a caller receives appropriate care indicated by their situation). The 988 contact centers are part of a national crisis contact center network with backup centers that can step in if a particular contact center gets too busy to answer calls or have non-English language needs. The 988/Lifeline contact centers are now responding to text and chat contacts with 29 states reporting over 491,000 text and chats addressed in 2023 (in addition to the calls they handled). Thirty-six SMHAs had over 425 additional (non-988) crisis contact centers and warmlines that last year answered 2.66 million crisis calls (with 21 states reporting number of calls answered by non-lifeline crisis contact centers).

Figure 1: States Supporting Both 988 and Other Contact Centers or Only 988 Centers, 2023



In 2023, an average of 12 crisis contact centers were operating in each state (median of 5 per state) with a range from 99 centers in Ohio to one center in 11 states (see Figure 1). States averaged 115,653 crisis contacts received (with a range from 629,410 in Arizona to 7,419 contacts in Rhode Island).

**Over 627**

Crisis Contact Centers  
Operating In States

**5.8 Million**

Crisis Contacts Answered  
by "988 Centers" & Other Contact Centers

**93.4% (median)**

Crisis Contacts Successfully Addressed  
With No Needed Dispatch

## Most 988/Lifeline Contact Centers Operate Additional Crisis hotlines or Warmlines

Forty-one states reported that their 988/Lifeline Call centers are also operating additional crisis hotline or warmline numbers (most frequently answering local crisis number contacts (17 states) and specialized services such as domestic violence and sexual assault counseling lines (7 states). In 11 states the 988 centers also operate warmlines (according to the National Alliance on Mental Illness (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.”)<sup>3</sup>

## Operation of non-Lifeline Contact Centers

Thirty-six states reported they support additional crisis contact centers that are not currently part of the national 988/Lifeline system. The 425 non-988 contact centers are operated by a variety of types of provider organizations (27 states reported a count of non-988 contact centers). Community mental health providers (such as community mental health centers (CMHCs)) are the most frequent type of organization that operate crisis contact centers (18 states). Managed care organizations (MCOs) operate crisis contact centers in 6 states, followed by Certified Community Behavioral Health Centers (CCBHCs) (7 states), State Mental Health Authorities (SMHAs) operating their own crisis contact centers (2 states) and regional or county behavioral health providers operating a crisis contact center (1 state).

With the July 2022 launch of the national 988 crisis number, seven states reported some of their non-lifeline contact centers were in the process of joining the 988 system, while 19 states reported they will continue to operate or fund crisis contact centers that will operate independent of the 988 Lifeline system. Examples of these other contact centers and their relationships with 988 include:

- **Arkansas:** 12 CMHCs have emergency services lines and perform crisis screenings. Four Managed Care companies (PASSE) also have emergency lines for their members. We have lots of ground to cover in working toward integration.
- **Connecticut:** The UWCT operates 988, as well as the ACTION Line and Youth MCIS warmlines. DMHAS and DCF together operate statewide mobile crisis services for the lifespan, and under state contract, the UWCT has served as the sole contact center hub for the child system for over 10 years, and for the adult system since fall 2020. Youth services are available 24/7/365, and adult services are available 7-days a week and are working towards universal overnight coverage. All crisis lines provided by the UWCT serve as an access point to mobile crisis services in our State.
- **Delaware:** The state has both peer-staffed warm lines and children/youth crisis service centers. These centers work closely with 988 as referral partners.
- **Iowa:** Crisis contact centers provide the local linkage to crisis services, and some provide the dispatch. The Your Life Iowa provider is also one of the 988 contact centers.
- **Kentucky:** One CMHC did not become a 988 contact center due to volume of calls in their region. That CMHC currently responds to their regional crisis line callers and provide crisis services and is now considering the viability of joining the 988 system.
- **Louisiana:** MCOs (6) operate 24 Hour Behavioral Health Crisis Lines for their members.
- **Maryland:** All five of the "211 Press 1" contact centers are also 988 contact centers. The state is currently in the process of sunsetting the former state crisis hotline (211 Press 1) because of our support of 988.
- **Missouri:** Missouri: Three of the twenty-one non-Lifeline contact centers operate a 988 contact center. Nineteen of the twenty-one non-Lifeline contact centers offer mobile crisis response services. Eleven of the twenty-one non-Lifeline contact centers operate Behavioral Health Crisis Centers for crisis stabilization.
- **North Carolina:** These crisis lines are operated by the Local Management Entities/Managed Care Organizations (LME/MCO) and Medicaid managed care. As part of their contracts with the State they are mandated to have a 24/7 crisis line for the people in their catchment area
- **Nebraska:** Their 24-hour warmlines continue to operate separately from the 988 system because this is a service that some individuals utilize as a coping mechanism or feel more comfortable calling.
- **New Hampshire:** The “Doorways” are a primary substance use crisis services provider and accept referrals from NH Rapid Response Access Point and Headrest. They can also refer to the Access Point if Rapid Response (mobile crisis) services are needed.
- **New Jersey:** Non-Lifeline contact centers continue to respond to crisis calls that come directly to their call line. They

provide resources to callers after de-escalating the crisis.

- **Ohio:** Separately connect callers/chatters/texters to local services
- **Pennsylvania:** The counties have always been responsible for crisis services and established local crisis lines to meet that responsibility. As the 988 system evolves, we will need to make a decision on whether it is appropriate to maintain these lines.
- **South Carolina:** the state contact center answers calls for the Statewide Mobile Crisis Team.
- **Tennessee:** Each state contracted crisis provider is required to have a 24/7 crisis contact center, providing access to counselors to triage the call, complete risk assessment and provide appropriate referrals/level of intervention.
- **Texas:** Most local mental and behavioral health authorities (LMHAs/LBHAs) subcontract local crisis hotline operations. 4 of the 5 crisis hotline providers also answer for the Lifeline. The 5th crisis hotline provider continues to operate outside of the 988 system.
- **Vermont:** They provide crisis services to local catchment areas throughout the state and coordinate with 988 Centers as needed.
- **Washington:** Regional crisis lines continue to be the main line for people in crisis in Washington. They coordinate crisis services, dispatch mobile crisis for most regions, and serve as the regions no-crisis line.
- **Wisconsin:** When someone needs a mobile response or county services, a 988 contact is transferred to the county line. Around 20-40 contacts are transferred to these lines each month.

## Crisis Contact Center Dispatch of Mobile Crisis Team Services

States are using multiple combinations of 988 Contact Centers, Other Contact Centers, Behavioral Health Providers, and 911 systems to dispatch Mobile Crisis Teams in response to needs. In 38 states 988 contact centers are one of the key crisis system components responsible for dispatching mobile crisis, but in many states the role of 988 systems in dispatching MCTs is still being developed. In 18 states all 998/Lifeline Crisis Contact Centers can dispatch MCTs when needed, while in 11 states some of their 988/Lifeline contact centers can dispatch MCTs (in 13 states 988 is not yet able to dispatch MCT and 7 states did not respond about if all or some 988 centers dispatch MCTs). Other Organizations that dispatch MCTs include Other Crisis Contact Centers (20 states), Mental Health Providers (such as CCBHCs, CMHCs, Managed Care Organizations (20 states) and 911 Emergency Centers (8 states). Figures 2 and 3 show the multiple combinations that states are using to dispatch MCT services.

Figure 2: What Crisis System Providers Dispatch Mobile Crisis Teams, 2023

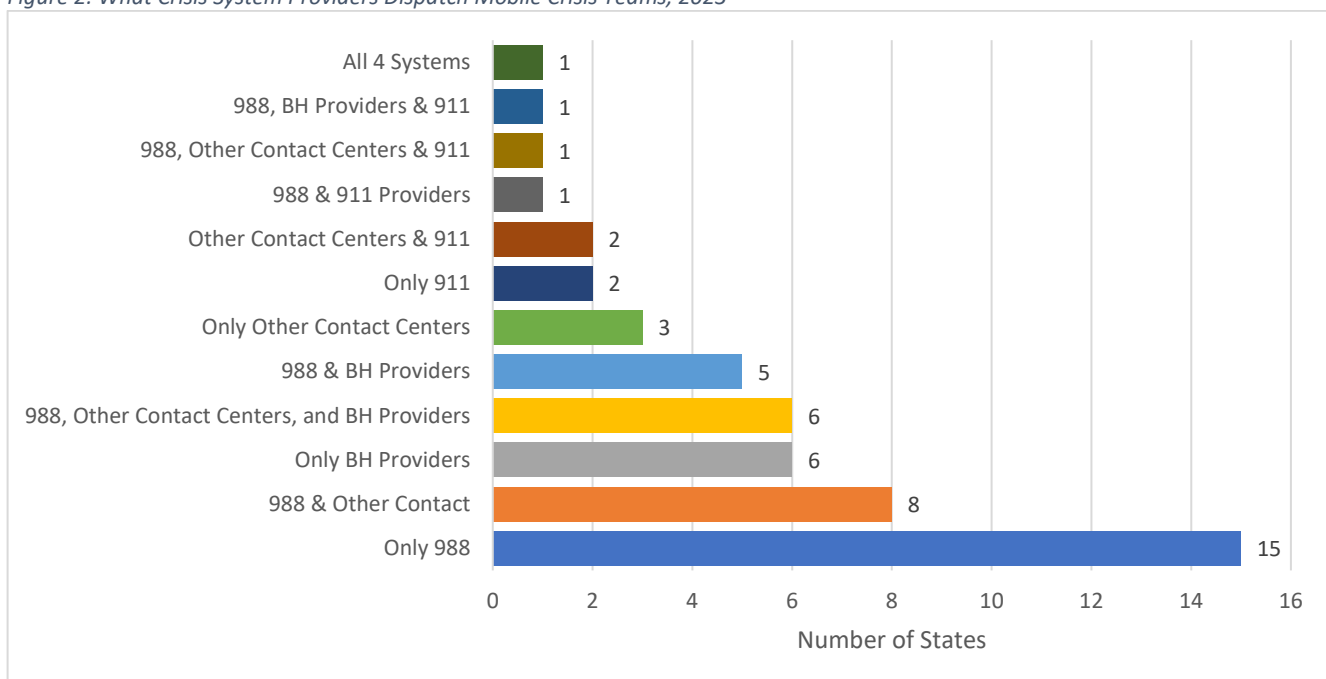
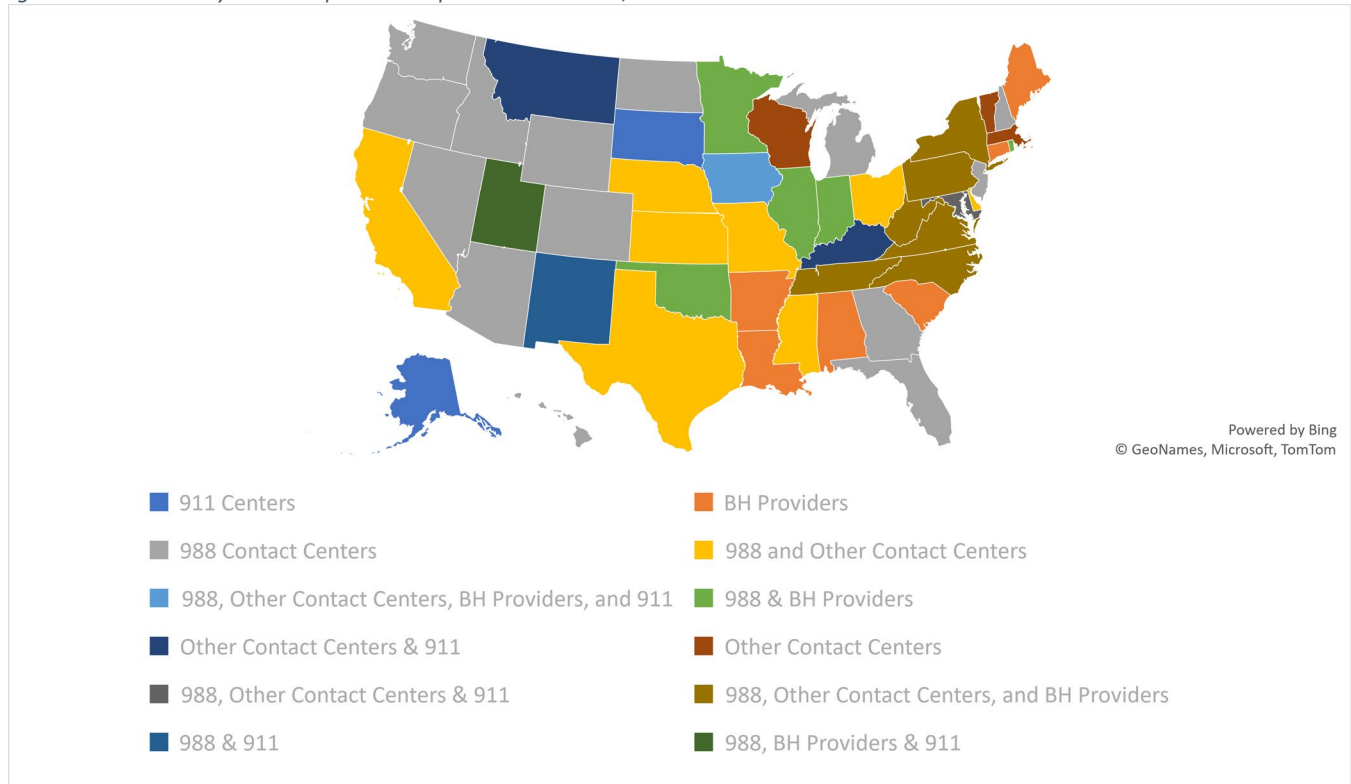


Figure 3: What Crisis System Components Dispatch Mobile Crisis, 2023



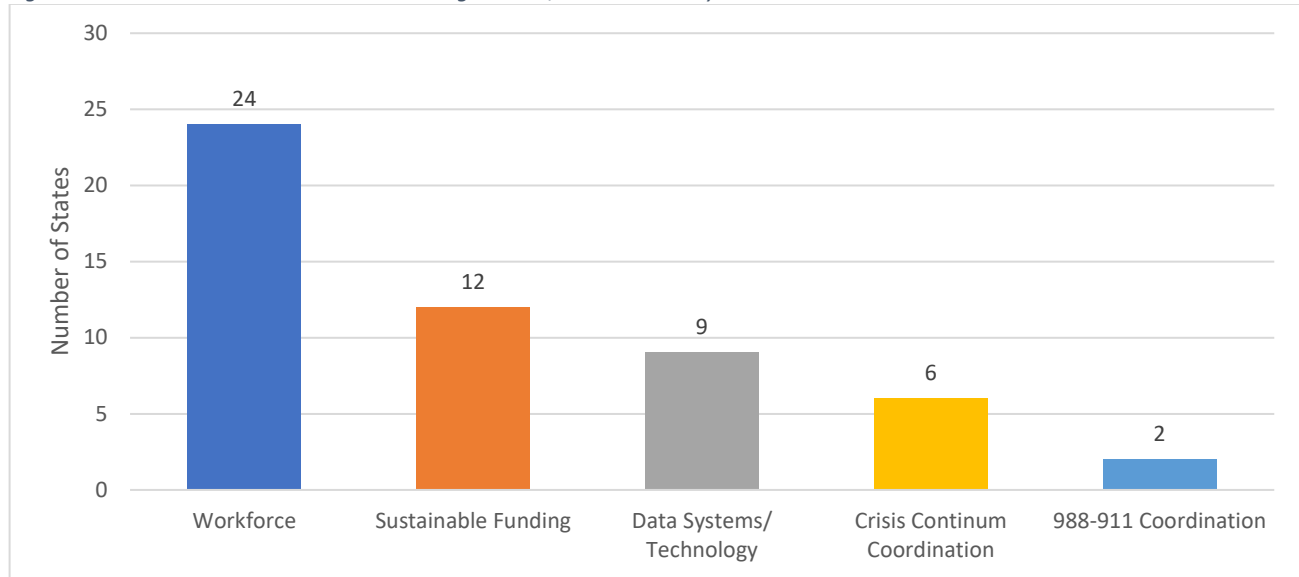
## Challenges to Having Contact Centers (Including 988 Centers) Available 24/7 to Answer Calls Without Delay or Routing to Out-Of-State Contact Centers

Workforce issues are the most mentioned challenge for 24/7 statewide crisis contact centers. Among the 48 states with responses, 25 described workforce shortages as the most significant barrier to providing 24/7 services across their state. States have the greatest difficulty staffing the second and third shifts at contact centers, which states report are the shifts with the highest volume of calls. The second most mentioned barrier is sustainable funding, with 12 states reporting this issue.

Nine states reported issues with data collection and technology (including implementing text and chat capabilities) as challenges they are addressing, and six states report issues with coordination across the system as a significant barrier (having linkages to MCT and other needed follow-up crisis services). Two states mentioned 988/911 interoperability as a key issue. Among other concerns, two states mentioned that callers without the state’s area code are being routed outside of local contact centers. Another three states reported a lack of public awareness as a barrier for their contact centers.

States reported a variety of approaches to address workforce shortages. Common solutions include increased salaries, offering remote work, and offering career advancement opportunities. Three states mentioned marketing campaigns to improve recruitment, and one state reported collaborating with universities in the state to promote crisis professions. Three states reported regular calls with Vibrant to improve coordination between contact centers and the crisis system as well as to address issues as they arise. To address funding, states reported applying for SAMHSA capacity grants, implementing telecom fees, and a combination of state and local funding (See Figure 2).

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



### Text/Chat Crisis Response:

Having crisis contact centers ready to respond to text or chat messages is a challenge in many states. In 2022, 37 states reported their contact centers currently receive text or chat messages, but 35 states reported that preparing for or responding to text or chat messages has required additional training of staff, requires 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 Contact Center 24/7 Availability:

Most (34) of the states are working to address challenges to contact 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 contact centers, and changing work requirements (such as changing shifts and allowing remote work opportunities for contact center staff). Sample state initiatives to support and improve crisis contact center services include:

- **Florida:** The state and Vibrant are working with centers on a variety of ways to build their workforce, including use of AmeriCorps services, building partnerships with local university schools of psychology and social work to recruit interns and volunteers, utilizing a remote work model to hire counselors in areas of the state with a lower cost of living.
- **Kentucky:** The state is using a NASMHPD-SAMHSA TTI Grant to enhance the workforce. To assist contact centers with recruiting and retaining staff, the grant team has developed uniform contact center position titles, descriptions, roles, and qualifications that may be adopted by regional centers in the future. The positions cover the enhanced responsibilities of contact centers, ensure adequate support for staff, and promote a career path.
- **Maryland:** The SMHA have increased pay, provided funding for EAP programs for secondary trauma concerns, provided some funding for recruitment/retention efforts, and have involved the Maryland Department of Labor and Licensing in assisting our contact centers with recruitment efforts.
- **New Hampshire:** NH is taking several steps (including but not limited to): Adding dispatcher roles for Rapid Response (mobile crisis) which will allow crisis operators to get back to taking call/text/chat inquiries rather than facilitating dispatch requests; Hiring additional staff at both of their 988 Contact Centers (Carelton & Headrest)
- **New Mexico:** Recruitment of new call takers. Remote work opportunities to allow staff to work from home, not just out of our physical location contact centers. Expanded opportunities to hire bachelor's level staff, not just master's level and PhD behavioral health clinicians which is in alignment with the SAMHSA National Guidelines for Behavioral Health Crisis Care expectations, "Be staffed with clinicians overseeing clinical triage and other trained team members to respond to all calls received." We are confident that we can train the right bachelor's level individuals to do this work well because prior experience, plus responsiveness to the ProtoCall (NMCAL) training, has always been the best predictor of success in

this work, and is much more important than the license or the type of degree. ProtoCall (NMCAL) has found that having a master's degree does not alone prepare anyone to do crisis work - this is why ProtoCall (NMCAL) has always provided intensive training and support for call takers.

- **South Carolina:** Have explored staffing and volunteer opportunities, collaborating on training initiatives, and elicited support from the 988 Advisory Board members in recruiting and training efforts. (DMH recently added shift differentials to evenings and weekends to increase incentives for working after hours).

In 24 states, 988 contact centers are entirely staffed by paid staff, while in 19 states a combination of paid staff and volunteers answer calls, text, and chats. To facilitate recruitment and retention of their workforce in 32 states their 988 centers staff can work remotely.

## Behavioral Health Crisis Workforce Shortages:

Twenty-three states reported workforce shortages at their Crisis Contact Centers. Social Workers (MSW and above) were the staff category with the most states reporting shortages (with 13 states reporting moderate shortages and only one state reporting Catastrophic levels of shortages). Bilingual/Multilingual staff and Licensed Behavioral Health Workers were the next types of Contact Center staff where states were experiencing shortages. Psychiatrists had catastrophic levels of shortages at Crisis Contact Centers in three states, but 16 states report they do not use any psychiatrists with the Crisis Contact Centers (see Table 1).

Table 1: Number of States Reporting Workforce Shortages Among Crisis Contact Centers, by Discipline and Shortage Level, 2023

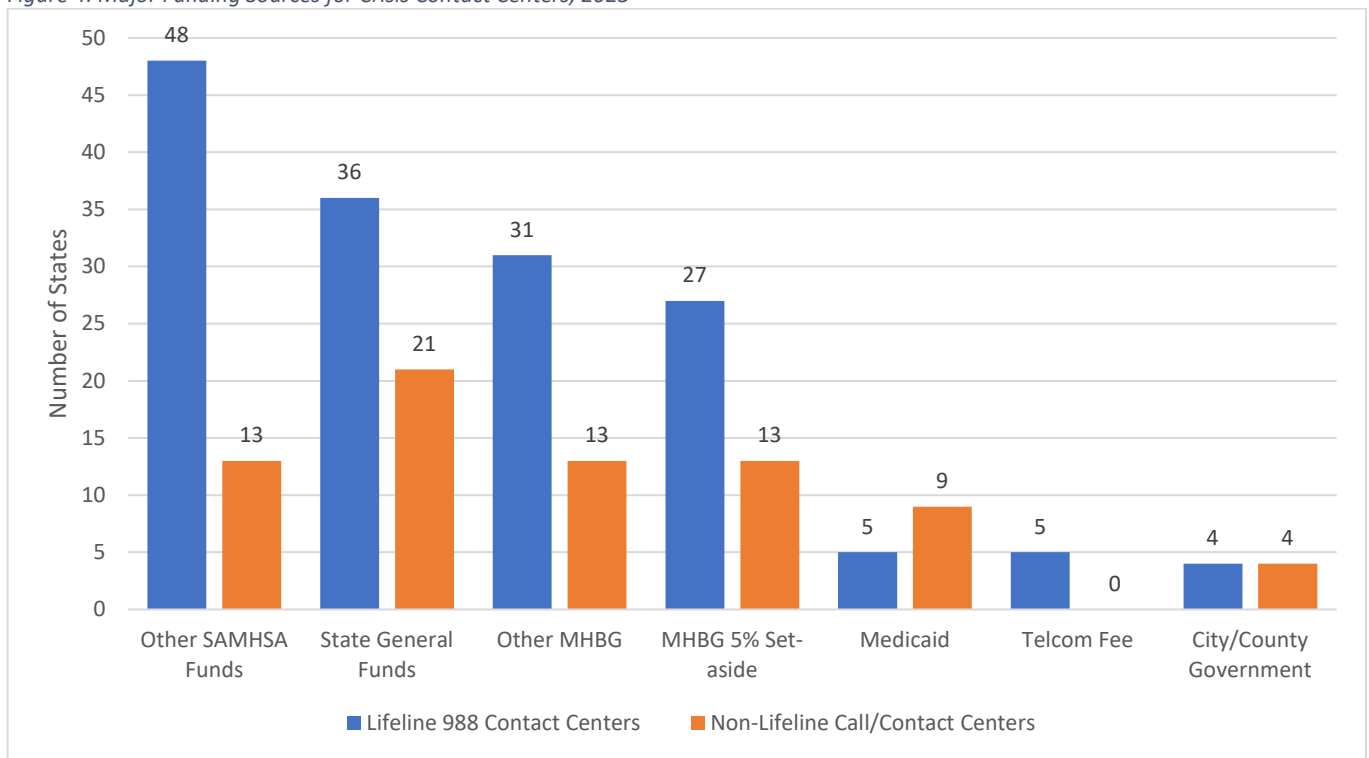
	Catastrophic Shortage	Moderate Shortage	Minor Shortage	Any Shortage	Position not used at Contact Centers
Social Workers (M.S.W. and above)	1	13	2	16	2
Bilingual/Multilingual Staff	2	12	1	15	0
Licensed BH Workers	1	11	1	13	2
Peer Specialist	2	7	2	11	4
Case Managers	0	5	3	8	10
Psychiatrist	3	6	0	9	16
Social Workers (Other)	2	6	3	11	2
Registered Nurses	0	5	0	5	19
MH Aids/Technicians	0	2	0	2	17
Nurse Practitioner	0	4	0	4	19
Psychologists (Ph.D. Level)	0	4	1	5	16
Psychologists (Masters)	0	4	1	6	13
Prevention Specialists	0	3	2	4	19
Volunteers	0	3	1	5	10
Other Nurses	0	4	2	5	18
Support Staff	0	2	4	6	13
Employment/Education	0	0	0	0	21
Other Staff	0	2	0	2	1

## Financing Crisis Contact Centers

Fifty (50) states reported expending over \$382 million for 988/Lifeline Crisis Contact Centers last year, an average of \$7.8 million per state (the median was \$3.5 million). In addition, 16 states reported \$75 million of additional expenditures supporting other crisis contact centers (with an average of \$4.7 million per state, ranging from a high of \$24 million in Arizona to a low of \$52,421 in Tennessee). Expenditures per contact center averaged \$1.94 million per 988/Lifeline contact center and \$749,000 per non-lifeline crisis contact center.

States are financially supporting crisis contact centers through a variety of sources, with SAMHSA funds supporting 988 Contact Centers in most states, followed by state general funds and the Mental Health Block Grant (MHBG). At the time information was collected, Legislatures in five states had enacted laws establishing telephone fees dedicated to supporting 988/Lifeline contact centers. (see Figure 4).

Figure 4: Major Funding Sources for Crisis Contact Centers, 2023

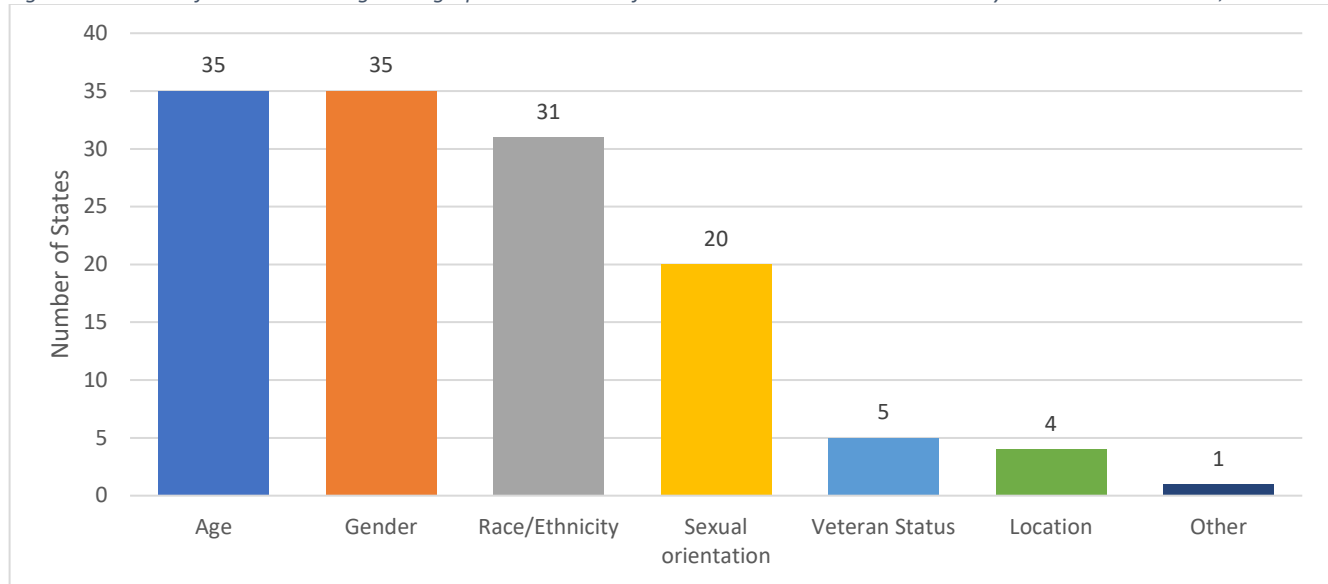


## Data/Outcomes from Crisis Contact Centers

States reported that most of the contacts received by their crisis contact 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. Forty states report tracking outcomes from crisis contact centers. Seventeen states are monitoring outcomes of calls from both 988/Lifeline contact centers and other (non- Lifeline) contact centers, while 23 states are only tracking outcomes from calls handled by 988/Lifeline contact centers.

Figure 5 shows that 35 states are collecting demographics and other characteristics of individuals contacting Crisis Contact Centers.

Figure 5: Number of States Collecting Demographic and Other Information About Individuals Served by Crisis Contact Centers, 2023



States reported that the majority (median of 94 percent) of crisis contacts received at either 988 or other crisis contact centers were successfully resolved during the contact and did not require immediate face-to-face follow-up. On average, 24 percent of contacts ended with a referral for outpatient services (the median was 18.9 percent). A median of 3.6 percent of contacts ended with a mobile crisis team being dispatched and even lower rates of Law Enforcement or EMS dispatch (see Table 2):

Table 2: Crisis Contact Center (988 and Other Center) Outcomes Being Tracked by States, 2023

	Number of states reporting	Average	Median	Minimum	Maximum
Percentage of calls that are successfully resolved during the call	32	86.5%	<b>93.4%</b>	22.0%	100%
Percentage of calls that end with Outpatient Service Referral	25	22.0%	<b>18.0%</b>	2.1%	91.4%
Percentage of calls that result in Mobile Crisis being dispatched	27	6.3%	<b>3.0%</b>	0.0%	36.9%
Percentage of calls that result in Law Enforcement being dispatched	26	2.0%	<b>1.5%</b>	0.8%	5.0%
Percentage of calls that result in Emergency Medical Services (EMS) being dispatched	20	1.5%	<b>1.4%</b>	0.2%	5.0%
Percentage of calls transferred to 911	26	1.5%	<b>1.2%</b>	0.1%	5.0%

Several states now have crisis contact center dashboard that publicly show 988 data:

- Arizona: <https://public.tableau.com/app/profile/crisis.network/viz/AZ600StatewideDashboard/AZ600StatewideDashboard>
- Georgia: <https://988ga.org/data>
- North Carolina: [Workbook: 988 Performance Dashboard \(ncdhhs.gov\)](https://www.ncdhhs.gov/workbook/988-performance-dashboard)
- Oklahoma: <https://public.tableau.com/app/profile/crisis.network/viz/OKPublicDashboard/OKDashboard>
- South Dakota: <https://www.helplinecenter.org/9-8-8/data/>
- Tennessee: <https://www.tn.gov/behavioral-health/research/fast-facts/crisis-served.html>
- Wisconsin: <https://www.dhs.wisconsin.gov/crisis/988-data-dashboard.htm>



## Other 2023 NRI State Profile Reports on Crisis Services

This report on Behavioral Health Crisis Services is one of a series of reports that NRI is producing for states on Behavioral Health Crisis Services in 2023. Other Profile Highlight reports will focus on:

- State Support for Crisis Service Continuum (Contact Centers, Mobile Crisis, Crisis Receiving & Stabilization)
- State Support for Mobile Crisis Services
- State Support for < 24 Hour Crisis Stabilization Programs
- Crisis Workforce Issues
- Funding Crisis Services
- Behavioral Health Crisis Outcomes and Technology

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