Results based on 48 states responding to the Crisis Component of NRI's 2022 State Profiles

Data Systems to Monitor Crisis Services

State behavioral health systems are implementing comprehensive crisis systems, building on the new 3-digit 988/Lifeline crisis call centers, with (1) Mobile Crisis Teams designed to meet clients in crisis and (2) Crisis Receiving and Stabilization facilities to immediately address crises and reduce the use of emergency rooms and jails.

Tracking the impact of a comprehensive crisis system requires states to implement new data and outcome systems to monitor the effectiveness of these services. In 2022, 10 State Mental Health Agencies (SMHAs) are operating systems that monitor data across the behavioral health crisis continuum (tracking flow of clients between the parts of the crisis system such as call centers, mobile crisis teams, and crisis receiving and stabilization centers), and 3 additional states have purchased technology systems being implemented in FY 2023. These data systems were either built by the state (4 states), purchased from a vendor (7 states), or a combination of state built and purchased data systems (2 states).

 Number of states that have Data Reporting Requirements for Crisis Services:

- *31 for Crisis Call Centers*
- *28 for Mobile Crisis Teams*
- *15 for Crisis Receiving and Stabilization Facilities (CRSFs) (<24 hour)*
- *18 for Crisis Residential Programs*
- *11 for Other Crisis Services*

States use these data to measure the impact of crisis services on reducing psychiatric hospitalizations, emergency room use, use of jails and criminal justice contacts (see Figure 1).

Figure 1: Number of States Collecting Measures of the Impact of Crisis Services 2022
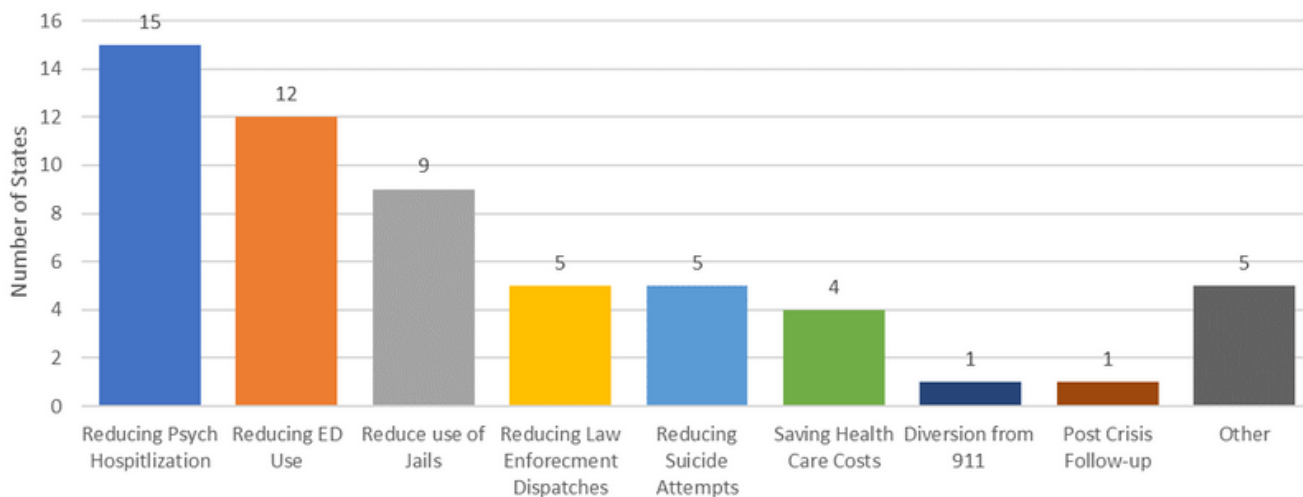
80%
of Calls to Crisis Lines are Resolved during the Call
(No further dispatch needed)

49%
of Mobile Crisis Team dispatches resolve the crisis without more intensive services

2%
Of Crisis Center Calls result in Law Enforcement Being Dispatched (median state)

Crisis System Data Dashboards Sources

Twenty-three states have a data dashboard for at least parts of their crisis continuum. Dashboards are information management tools that visually track and analyze key performance data. SMHA crisis system data dashboards cover the following Crisis Now system components:

- 14 states have Call Center dashboards
- 10 states have Mobile Crisis Team dashboards
- 8 states have Crisis Receiving and Stabilization Facility (<24-hour CRSF) dashboards
- 5 states have dashboards that address all 3 Crisis Now services (DC, GA, OH, and TX)

Several states have developed Crisis Service Information dashboards that are available to the public, such as:

- Arizona: https://public.tableau.com/app/profile/crisis.network/viz/CRN600-ContactCenterOverallDashboard/CRN600
- Iowa: https://dhs.iowa.gov/sites/default/files/SFY2020-MHDS-Regions-Statewide-Dashboard_SFY2021Q2_1.pdf?071520220155
- Maine: https://mainedrugdata.org/maine-drug-data-hub/maine-drug-data/leadership/#OPTIONS
- Ohio: https://mha.ohio.gov/research-and-data/dashboards-and-maps/dashboards/tableau-resources/crisis-services-dashboard

Crisis Call Center Outcomes States Are Tracking

States report that the majority of calls received by their crisis call centers are addressed by the trained staff at the crisis call center and do not require immediate face-to-face follow-up. Only an average of 16.9% of calls (median of 7.0%) resulted in a mobile crisis team being dispatched, 3.8% resulted in law enforcement being dispatched, 1.9% resulted in EMS services being dispatched, and 2.3% of calls were transferred to a 911 system (which may have then dispatched law enforcement or EMS to respond to the individual in crisis).

Table 1: Crisis Call Center Outcomes Being Tracked by States, 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 resulted in Mobile Crisis being dispatched	25	16.9%	7.0%	0%	99.0%
Percentage of calls that resulted in Law Enforcement being dispatched	21	3.6%	2.0%	0%	17.3%
Percentage of calls that resulted in Emergency Medical Services (EMS) being dispatched	17	1.9%	1.1%	0%	6.0%
Percentage of calls that were transferred to 911	16	2.3%	1.2%	0%	10.0%

Note: Several states reported no calls resulted in mobile crisis, law enforcement or EMS being dispatched, but comments suggest the number was zero because "988 centers do not dispatch mobile crisis" in their state or "Mobile Crisis Teams are just being implemented as connected to Lifeline",

Mobile Crisis Team Outcomes States Are Tracking

Mobile Crisis Teams (MCTs) that can respond to individuals experiencing a behavioral health crisis with a team of behavioral health professionals are being implemented in every state to reduce the need for law enforcement. A few states are already analyzing data about how MCTs are helping individuals experiencing a behavioral health crisis. Table 2 below shows that about half of MCT dispatches were resolved by the MCT team meeting with the individual in crisis. About 28% required further care at either a Crisis Stabilization Program (where available), or at an Emergency Room. In addition, 39% of clients that MCTs met with needed a follow-up outpatient behavioral health visit.

Table 2: Mobile Crisis Team Outcomes Being Tracked by States, 2022

Mobile Crisis Team Metrics	Number of States Reporting	Average	Median	Minimum	Maximum
Percentage of MCT dispatches that are successfully resolved during the initial encounter with the individual in crisis:	15	49%	54%	10%	82.3%
Percentage of MCT dispatches with an individual needing care at a Crisis Stabilization Program	15	13%	9%	1%	54%
Percentage of MCT dispatches that end with an individual needing additional care at an outpatient behavioral health provider	16	39%	31%	1%	78%
Percentage of MCT dispatches that end with an individual going to an Emergency Department	15	14%	15%	0.1%	38%

Crisis Receiving and Stabilization Facility Outcomes States are Tracking, 2022

Crisis Receiving and Stabilization Facilities (CRSFs) are dedicated centers staffed to provide a safe space for individuals experiencing a behavioral health crisis to receive immediate care and have been demonstrated to reduce the use of emergency rooms, psychiatric hospitals, and jail. CRSFs are designed to provide a safe place for Mobile Crisis Teams, Law Enforcement, EMS, and others to take individuals whose behavioral health crisis needs require short term services. Most CRSFs are open 24/7 and accept an individual experiencing a behavioral health crisis for a stay of up to 24 hours. Many states are in the process of opening Crisis Receiving and Stabilization Facilities, and at the time of this report only a few states were able to report data on outcomes for individuals who go to a CRSF.

States reported that the majority of individuals served by Crisis Receiving and Stabilization Facility leave the program with an outpatient appointment. About 5% of clients required further care at an Emergency Department and 13% were transferred to either a psychiatric inpatient or substance abuse detox program for further care (see Table 3).

Table 3: Crisis Receiving and Stabilization Facility Outcomes Being Tracked By States, 2022

Crisis Receiving and Stabilization Facility Metrics	Number of States Reporting	Average	Median	Minumum	Maximum
Percentage of individuals where the CRSF is able to resolve issues (individual is not moved to more intensive care):	7	50.5%	55.0%	0.6%	94.7%
Percentage of individuals who left with an outpatient behavioral health appointment made:	5	72.7%	57..5%	50.0%	100%
Percentage of individuals who required additional care at an Emergency Department	8	4.9%	4.8%	0.9%	9.6%
Percentage of individuals who required additional care at a Detox Program or Psychiatric Hospital	7	13.1%	9.8%	0%	40.0%

Additional Resources

For additional information about how some leading states are using data and technology to monitor their entire crisis services continuum, see the new NASMHPD Technical Assistance Collaborative (TAC) report by the NRI: **"Telling the Story: Data, Dashboards, & the Mental Health Crisis Continuum".** This report will is available via the NASMHPD website at: www.nasmhpd.org

For additional information about the Behavioral Health Crisis Continuum, see SAMHSA's National Guidelines for Behavioral Health Crisis Care ("National Guidelines"). This report outlines the necessary services and best practices to deliver an effective crisis continuum. According to SAMHSA, a comprehensive crisis service array includes three essential types of services, including centralized crisis lines that assess a caller's needs and dispatch support; mobile crisis teams dispatched as needed in the community; and crisis receiving and stabilization facilities that are available to "anyone, anywhere, anytime. https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

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 Crisis Call Centers
- State Support for Mobile Crisis Teams
- State Support for <24-Hour Crisis Receiving and Stabilization Facilities
- Crisis Workforce Issues
- Funding Crisis Services
- Alternatives for Transportation in Crisis Services

For Additional Information About this Report, or the SMHA Profiles Project,
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