

Final Evaluation Brief
Crisis Services: 988 and 590
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Crisis Services Evaluation Brief

In July of 2022, 988, the three-digit number to reach the National Suicide Prevention Hotline was launched nationally. Illinois launched with six 988 call centers across the state funded by a combination of Cannabis Regulation and Tax Act revenue and federal Substance Abuse and Mental Health Services Administration grant funds. At the close of FY 2025, these funds are supporting seven call centers. Another element of the state's crisis system is Program 590, which is a Division of Mental Health (DMH) grant that supports infrastructure and capacity of the community crisis care continuum. Specifically, this program has funded 65 agencies across the state to establish mobile crisis response teams (MCRT) that provide mobile, in the community response 24 hours a day, seven days a week.

The evaluation of the state's 988 Call Centers and the 590 MCRTs includes quantitative components designed to provide information on service volume, populations served and short-term outcomes, as well as qualitative components that delve into implementation challenges and opportunities.

PART 1: 988 Call Center Evaluation

Our evaluation plan includes two components. The first involves monthly collection of data from each of the call centers and is designed to capture the key performance indicators required by SAMHSA as well as several additional indicators specific to Illinois. The second component of the evaluation is qualitative and designed to examine the implementation of 988 from the perspective of call center leaders, supervisors, and staff (provided in separate NORC report). The findings reported here focus on data from all Illinois 988 call centers during FY2023 through eleven months of FY2025, (July 1, 2022, to May 31, 2025).

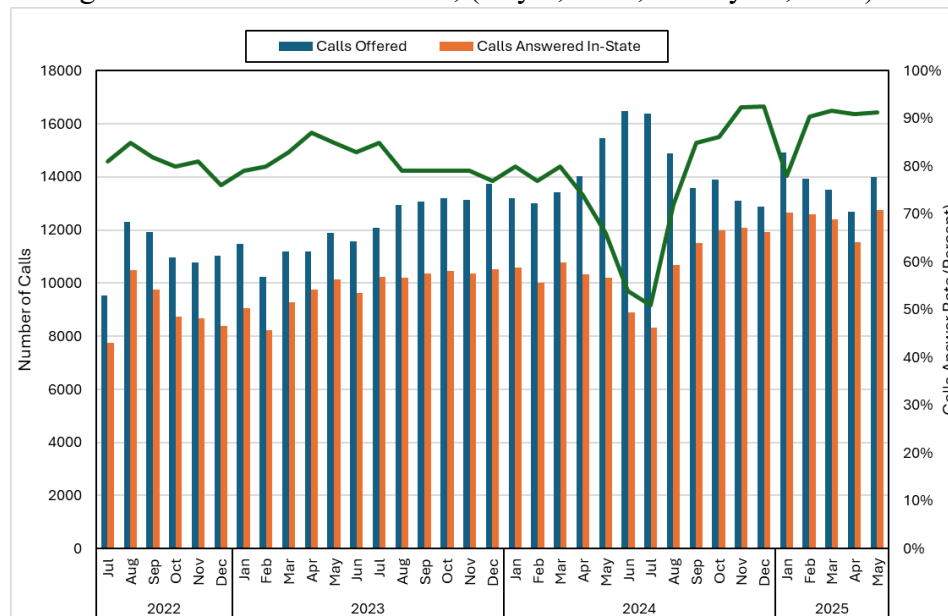


Figure 1. Calls Offered and Answered In-State

Calls. Over these 35 months, a total of 451,115 calls were routed to Illinois 988 call centers. 361,314, or 80% were answered by instate call centers. Those not answered in state were rerouted to the national backup center.

Figure 1 shows monthly calls offered, calls answered by in state call centers, and the monthly in state answer rate. While the instate answer rate dipped mid-2024, it has remained above 90% since March 2025.

Overall, 22% of calls included indications of suicidal ideation and 45% had not suicide risk identified. Less than one percent of calls involved suicide in progress.

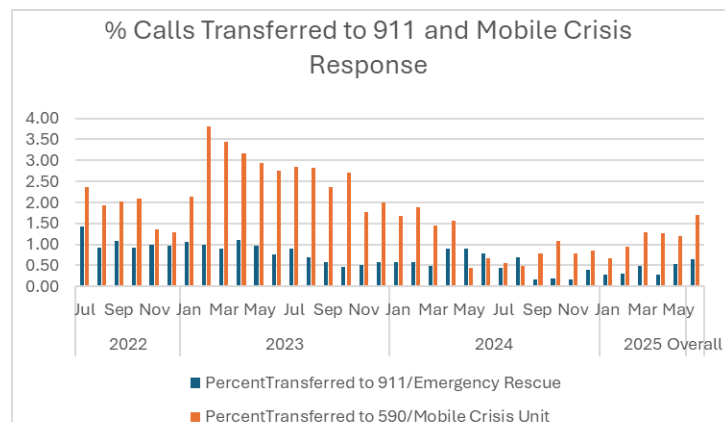


Figure 2. Calls Transferred to 911/MCRT

number of calls reported transferred to a Program 590 agency for in-person response ranged from 45 to 320, or from 0.50 to 4% of monthly calls, with an overall percentage of 2. Over the 35 months examined, a total of 348 calls were transferred from 911 PSAPs to 988 call centers.

Text/Chat. Since the launch of 988, two Illinois call centers, Path and DuPage County, have responded to text and chat messages, although most text/chat messages originating from or routed to Illinois call centers were answered by an out-of-state back-up center. Over the 35 months, 64,473 texts and chats were routed to the Illinois call centers, 11,501 (18%) were

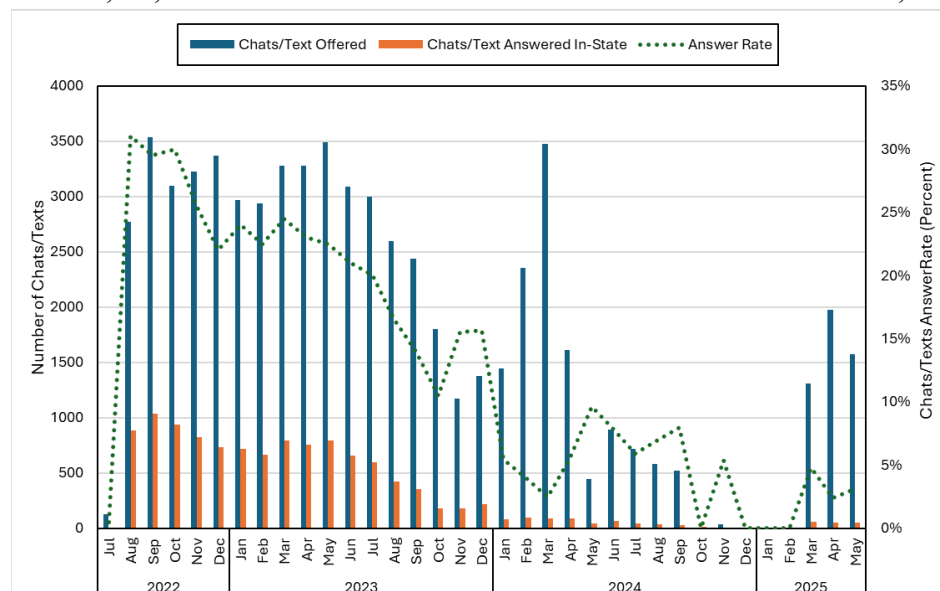


Figure 3. Text/Chat Offered and Answered In-State

Most calls are resolved over the phone. When callers need an in-person response, centers may engage 911 to request police and or EMS response or contact one of 65 Illinois agencies that provide 590 mobile crisis services. The number of calls transferred to 911 for emergency rescue ranged from 20 to 110 per month, or from 0.17% to 1.42% of calls with an overall percentage is 0.65. The monthly

answered in state, with the rest going to the national backup center. While text/chat capacity has been limited since the launch of 988, monthly text/chat data (displayed in Figure 3) demonstrates the drop in text/chat capacity after the first year.

Suicidal ideation was more likely to be present in text/chat contacts than phone (voice contacts). Overall suicide ideation was identified in 54% of contacts, compared to 22% for phone. No suicide risk was identified in 18% of contacts compared to 45% for phone. Further, four percent of text/chat contacts involved a suicide attempt in progress, compared to less than 1% for phone contacts.

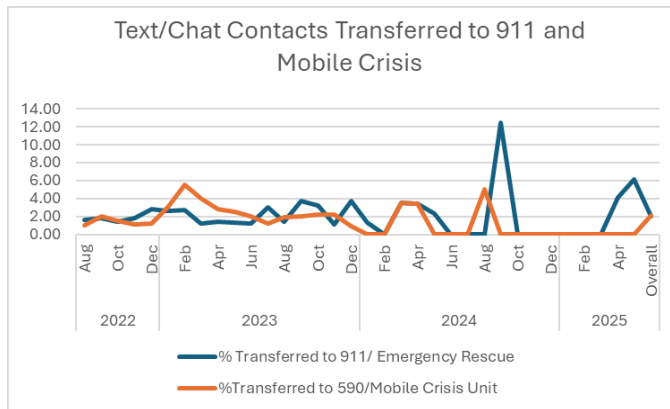


Figure 4. Text/Chats Transferred to 911/MCRT

Over the 35-month period, 229 (2%) text and chat contacts were transferred to 911 for emergency rescue, and 247 (2%) were transferred to a Program 590 mobile crisis provider for in person response. While the data are limited given the small number of text/chats answered in state, the patterns do suggest higher acuity than those engaging with 988 via phone (voice).

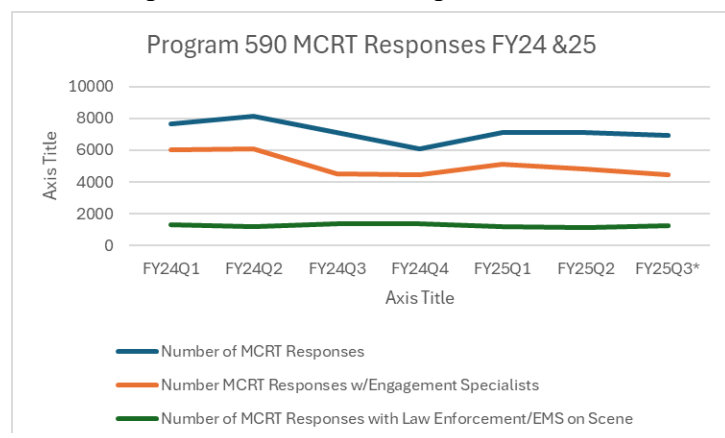
Summary and Discussion

The 988 Suicide and Crisis Lifeline has been operational in Illinois for almost three years, with seven call centers currently answering calls. Monthly call volume has increased since the launch, and the instate answer rate has now stabilized above 90%. In contrast, instate capacity to answer chats and texts decreased from over 20% in FY2023 to under 10% in FY2025. Overall, very few calls or chats/texts are transferred to 911 for emergency rescue or Program 590 providers for MCRT response. This is consistent 988 staff indicating in interviews and focus groups that they have a goal of resolving crises on the phone as the least restrictive intervention. A significant portion of calls do not include suicide risk, and as the qualitative evaluation indicates, 988 staff would like more training and support around callers who are not suicidal (see NORC 988 findings report). That said, 22% of calls and 54% of chat/texts were identified as involving suicidal ideation, and less than 1% of calls and 4% chat/texts involved a suicide attempt in progress. Thus, there is a need for continued support around suicide risk assessment and intervention. Our data on SUD related crises was not reported here given the amount of missing data—however, what was provided indicates that they are handling SUD crisis calls and as discussed in the NORC findings report, training and support for staff in handling such calls is needed. Further, while we did not collect information on calls from people with IDD, that may be another population about which call center staff would benefit from training and support. Finally, while chat/text volume handled in state was very low, there were striking differences in terms of younger age and higher suicide related acuity compared to calls. As the state moves to expand instate capacity to answer chats/texts, special attention to support and training for staff who respond to these contacts is warranted.

PART 2: Program 590 Mobile Crisis Response Team Evaluation

Over the evaluation period, DMH contracted with sixty-five agencies to ensure 24/7 mobile crisis team access across the state. Our approach to evaluating the Program 590 mobile crisis teams is similar to our 988-call center evaluation approach, with both quantitative and qualitative components. We initially gained access to data that agencies provided quarterly to DMH via the PRTP form. For FY 2025 Quarter 2 (10/1-12/31/2025) and Quarter 3 (1/1-3/31/2025) we were able to collect additional data from agencies via a quarterly survey.

PRTP data indicates that the 65 agencies funded by program 590 provided a total of 29,022 MCRT responses to 22,919 unduplicated individuals in FY 2024 and 21,121 MCRT responses to



17,291 unduplicated individuals in FY2025 (through Q3). Per quarter, there were between 6088 (FY24Q4) and 8,135 MCRT (FY24Q2) dispatches. Engagement Specialists were involved in 76% and 68% of these responses, and law enforcement and/or EMS were on scene in 18% and 17% in FY2024 and FY2025 respectively.

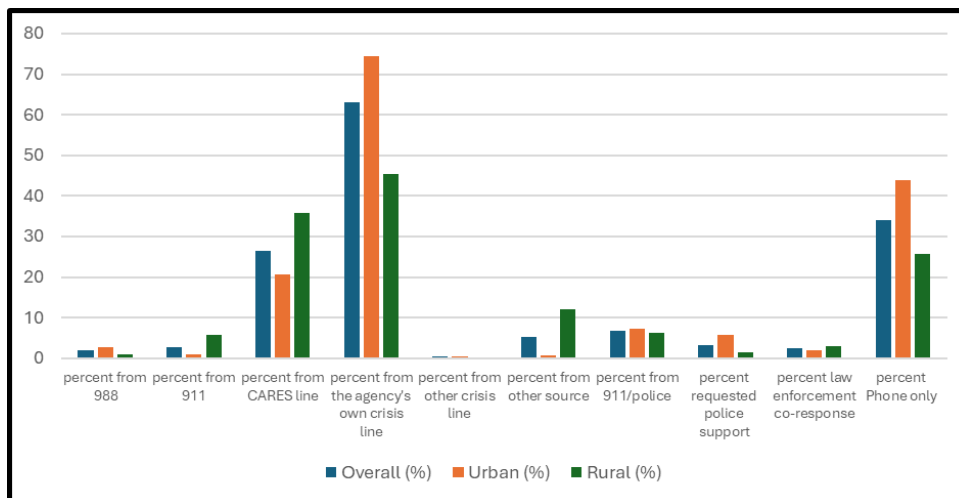
Figure 5. MCRT Responses

As we indicated in our FY2024 annual report, there is significant variation between agencies in terms of volume of MCRT responses. For example, among the 64 agencies that provided FY2025 Q2 data (or most recent complete PRTP quarter data), the top 10 highest volume agencies accounted for 4385 (62%) of MCRT responses, while the 10 with the lowest volume accounted for 28 (0.40%). While on average, agencies reported law enforcement (LE) or EMS was on scene for 14.5% (s.d.20.8) of their MCRT responses, this varied from 0-100%. Twenty-two agencies reported LE/EMS was not on scene in any response, nine indicated LE/EMS was on scene in over 30%. On average, agencies reported that responses included Engagement Specialists 78.8% (S.D. 30.0) of the time. This includes 31 agencies that reported Engagement Specialists were part of the response 100% of the time, and five agencies that indicated none of their responses included engagement specialists.

Agencies began providing additional quarterly data starting in Q2 of FY2025. Here we report on the FY25 Q3 dataset, as it is the most recent and most complete. We summarize key findings from 49 participating agencies who responded to the survey and who reported at least one request for 590 MCRT services during the reporting period (January 1 through March 31,2025). We have attached a findings memo with additional detail and analysis of rural and urban differences.

Below we provide a summary picture of the 8,423 agency-reported requests for 590 services, and a total of 13,926 agency-indicated calls for mobile crisis services during FY2025 Q3.¹

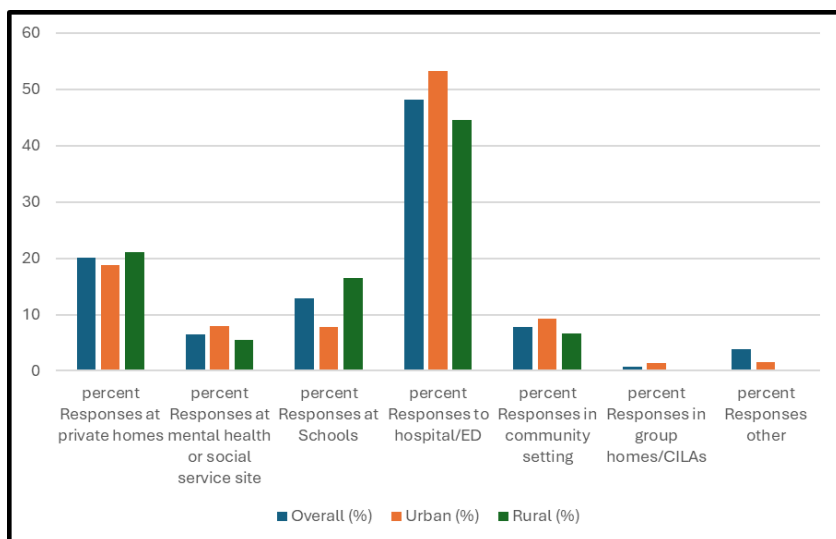
- Overall, sixty-three percent of service calls originated from agencies' own crisis lines, with much smaller percentages through CARES lines, 988, or 911.
- 911 & 988 combined accounted for less than five percent of indicated requests for MCRT services.



- About 34% of service requests were handled over the phone only, without the dispatch of an MCRT.

Figure 6. Crisis referral source (call-level analysis)

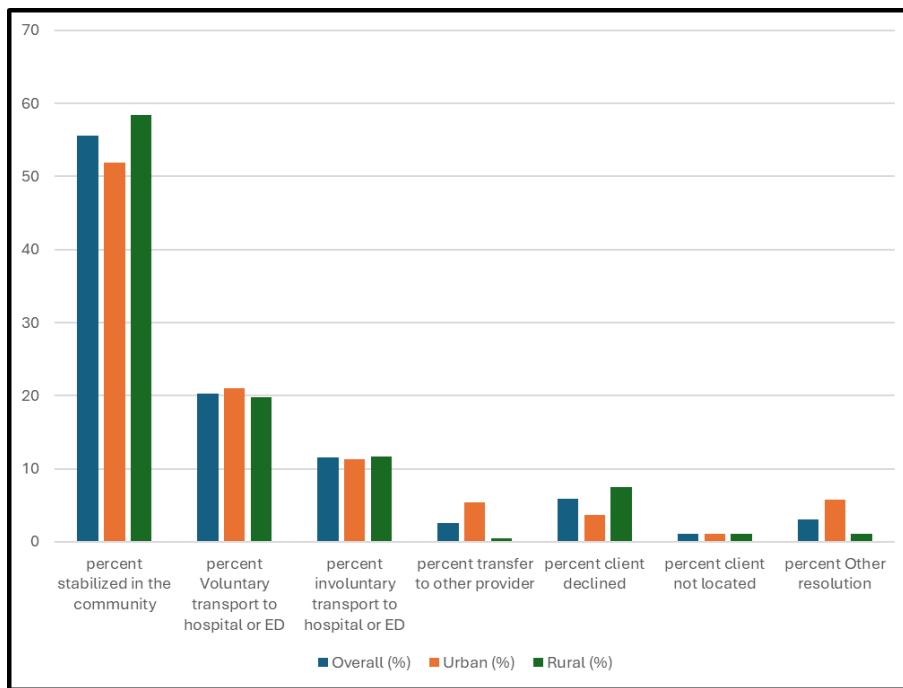
Just over 10 percent of requests for MCRT services were declined prior to MCRT dispatch. The most common reason indicated was that clients declined services. Less than one percent were declined by the agency due to lack of team availability or transfer to 911.



- Just under 50% of MCRT responses were to hospital emergency departments.
- 20% of responses were to private homes.

Figure 7: Site of 590 response (call-level analysis)

¹ Based on question 2 of the survey, respondents identified 8,510 urban calls for mobile crisis services, and 5,416 rural calls, for a total of 13,926. Based on survey question 19(1), respondents identified 3,922 urban calls for 590 services, and 4,501 rural calls for 590 services, for a total of 8,423.



- Less than 11.5% of 590 service calls were indicated to result in involuntary transport to a hospital.
- More than half of MCRT responses were resolved by stabilizing the person in the community.

Figure 8: Resolution of 590 responses (call-level analysis)

Just over 10 percent of service requests were reported as declined, most commonly due to the client declining MCRT service. Virtually no requests were declined because the team was unavailable or because the call was transferred to 911. Analysis of the age distribution of clients served suggests that rural providers are serving notably younger populations. Forty percent of MCRT responses by rural providers involved a client younger than 18. Fifty-five percent of rural responses involved someone below age 26. The comparable figures for responses by urban providers were 29.5 % and 13.1 %, respectively (see attached findings memo).

Analysis capturing the experiences of *590 agencies* rather than the descriptives of 590 service calls is also included in the attached findings memo. The overall patterns observed at the agency level were broadly consistent with those reported above, with one exception. Rural agencies provide a striking proportion (approx. 45%) of their MCRT responses to hospitals and emergency department settings, compared to urban agencies (approx. 18%).

Summary and Discussion

Our analysis of 590 MCRT responses underscores several patterns identified by agency leaders and staff in the qualitative portion of the evaluation. More than 60 percent of 590 service calls originate from agencies' own crisis lines. Another 20+ percent of calls, particularly in rural areas, originate from the CARES line. The 911 and 988 systems together account for less than 5 percent of MCRT service calls. MCRT responses to hospital emergency departments account for roughly half of 590 MCRT responses. These patterns reflect existing arrangements between 590 agencies and hospital partners. Responses to private homes (20%) and schools (13%) account for a majority of other responses. More than half of MCRT responses (56%) result in clients stabilized in their community. An additional 20 percent are resolved through voluntary transport. Involuntary transports to hospital or emergency department settings are rare, accounting for less than 12% of MCRT responses.