State Mobile Crisis Teams, 2023

NRI's 2023 State Profiles

July 2024

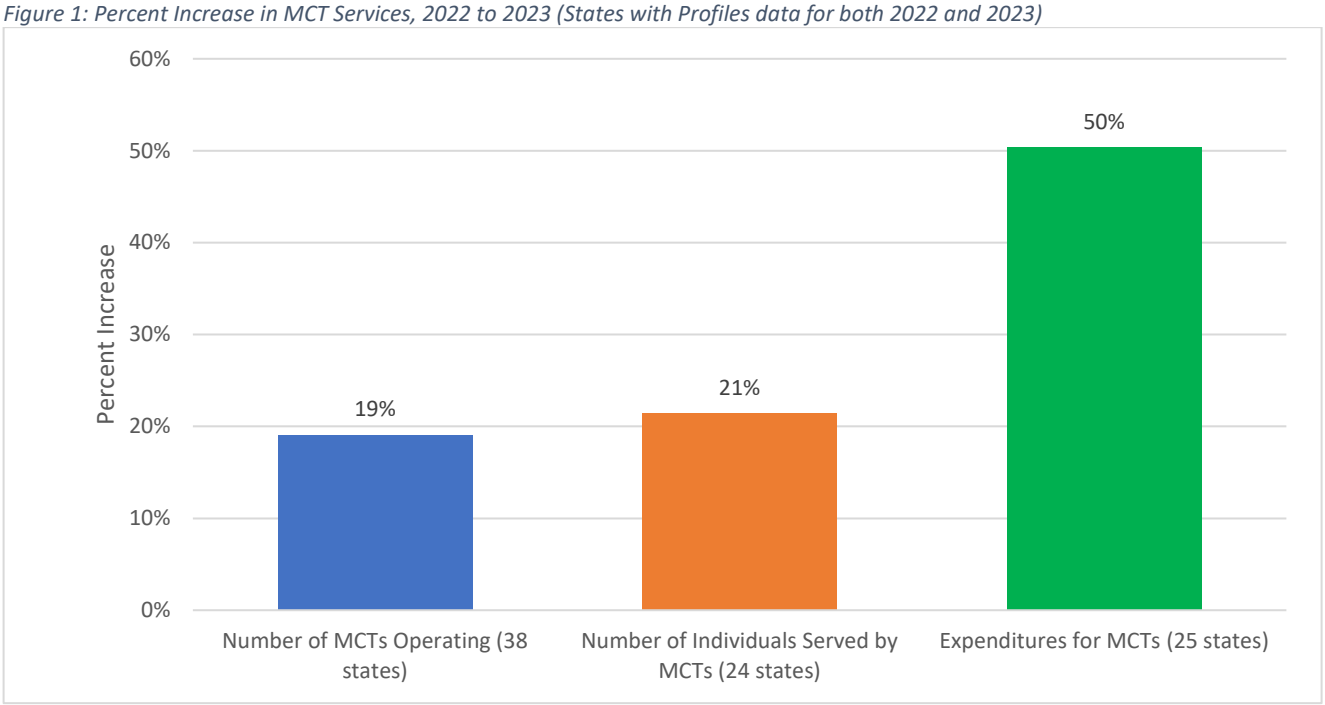
Someone to Respond: Mobile Crisis Teams (MCTs)

Mobile Crisis Teams (MCTs) are a critical component of the behavioral health crisis care continuum as they are designed to meet face-to-face with an individual experiencing a behavioral health crisis and have demonstrated effectiveness in helping address crises and reduce use of emergency rooms, psychiatric hospitalizations, and adverse criminal justice system interactions. Mobile Crisis Teams are dispatched by a crisis call center (such as 988, 911, other local Crisis Call Centers, or by behavioral health provider organizations). In 2020, SAMHSA published the National Guidelines for Behavioral Health Crisis Care: Best Practice Tool Kit, include Mobile Crisis Teams as one of three core elements in a comprehensive crisis continuum: **"Someone to Contact", "Someone to Respond" (MCTs),** and **"A Safe Place for Help"**.

Increase In Mobile Crisis Services: 2022 to 2023

With major support from SAMHSA and other federal agencies, State Mental Health Agencies (SMHAs) are greatly expanding the availability of MCT services. Forty states reported number of MCTs in both 2022 and 2023, and these states reported an increase of 253 more MCTs operating in 2023 than 2022 (a 19 percent) increase. Twenty-four states reported data on the number of individuals being served by MCTs in both 2022 and 2023, and MCT served 61,829 more individuals in crisis in 2023 than 2022 (a 21 percent increase). Expenditures for MCT services increased by almost $144 million (a 50 percent increase with 25 states reporting data both 2022 and 2023) (see figure 1).

Figure 1: Percent Increase in MCT Services, 2022 to 2023 (States with Profiles data for both 2022 and 2023)



Based on states with data for both 2022 and 2023

1,820
Mobile Crisis Teams
(50 states reporting)

770,216
Individuals Served by MCTs
(40 states reporting)

68% (median)
MCT Encounters Successfully
Resolved During Dispatch (16 States)

MCTs 2023

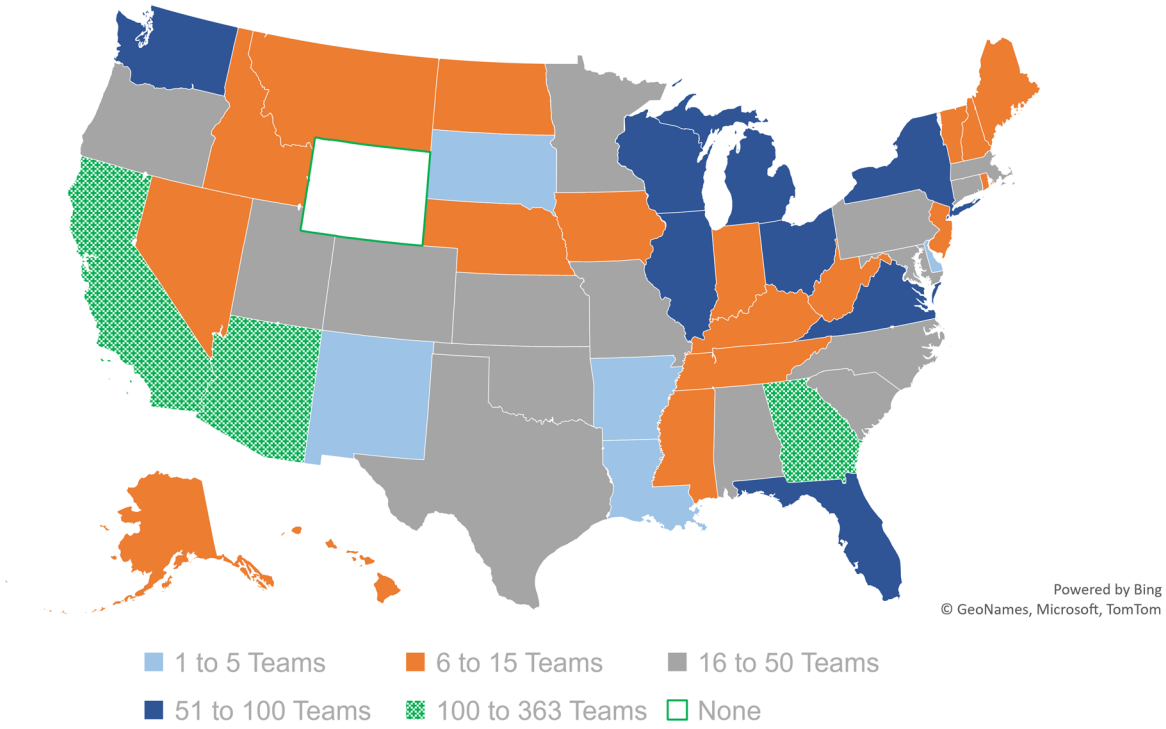
Mobile Crisis Teams are specialized crisis response teams that travel to meet with and assist an individual experiencing a crisis wherever they are. MCT responses typically involve at least 2 trained staff, with one being a licensed and/or credentialed clinician and a second responder who may be a Peer Specialist, other behavioral health responder, or EMT or other first responder.

MCTs are currently operating in 98% of responding states (50 out of 51 States). Most (42) states have staffed and funded their MCTs to respond to both mental health crises and substance use crises, while in 1 state, MCTs are staffed and organized to only respond to mental health crises. NRI did not receive a response to this question from 8 states.

In 2023, 50 states reported they currently have 1,820 mobile crisis teams (MCTs). The median state reported 17 MCTs, with a range from a high of 363 MCTs (in California) to a low of one MCT in New Mexico. In 27 states a total of 285 separate MCTs have been established to work with children and adolescents in crisis, and 12 states report they are planning to support new child/adolescent focused MCTs. Twenty-eight states reported plans to open at least 170 additional MCTs in the next year.

Forty states reported their MCT served 770,216 persons in 2023. States averaged 19,255 individuals served by MCT (the median was 6,967) ranging from a high of 187,179 in Illinois to a low of 25 in New Mexico (where the MCT was just starting). In the 22 states able to report MCT clients served by age, 26% were under age 18 and 74% were age 18 and over.

Figure 2: Number of Mobile Crisis Teams in Each State, 2023



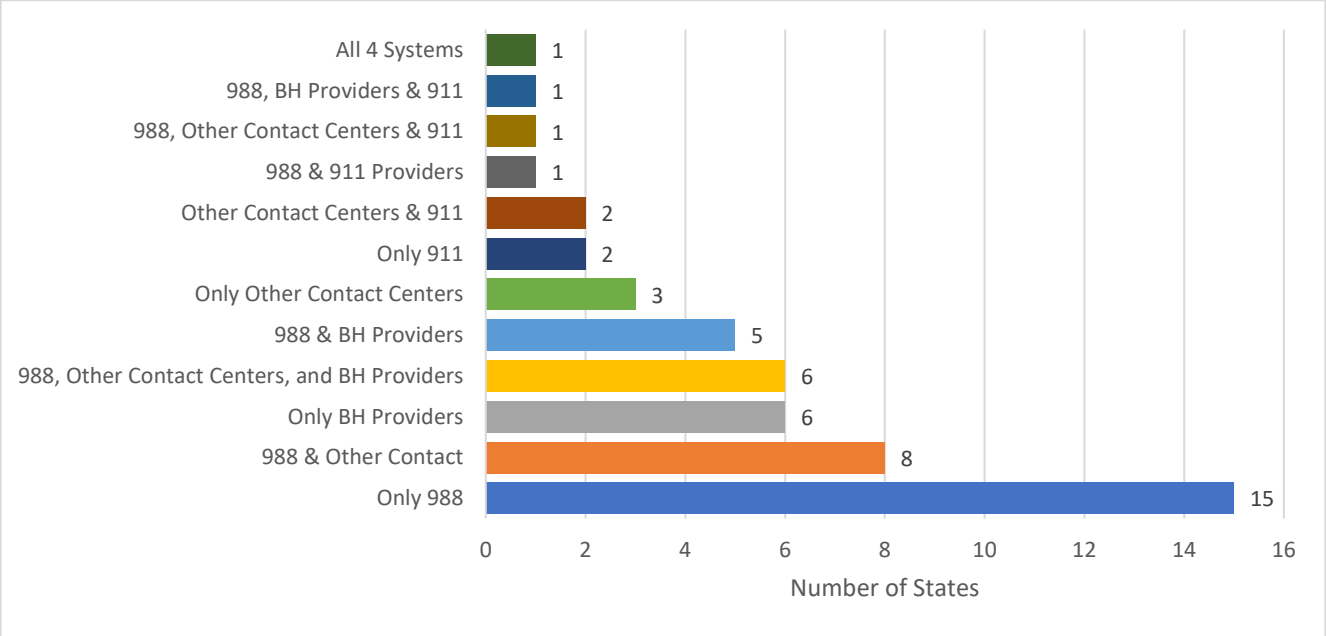
MCT Co-Responder Models working with Law Enforcement:

In 27 States, some of their MCTs are co-responder model teams that include law enforcement with the MCT response, but no states reported all MCTs have a law enforcement response embedded within the team. Telehealth is used as part of the MCT response in 28 states, especially in rural areas or to assist other first responders such as law enforcement.

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 MCTs in response to needs. In 38 states 988 Contact Centers are one of the key crisis system components responsible for dispatching MCTs, but in many states the role of 988 systems in dispatching MCTs is still being developed. In 18 states all 998 Contact Centers can dispatch MCTs when needed, while in 11 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 (21 states), Mental Health Providers (such as CCBHCs, CMHCs, Managed Care Organizations (22 states) and 911 Emergency Centers (8 states). Figure 2 shows the multiple combinations of crisis responders that states are using to dispatch MCT services.

Figure 3:What Crisis System Providers Dispatch Mobile Crisis Teams, 2023



MCT Response Time Expectations:

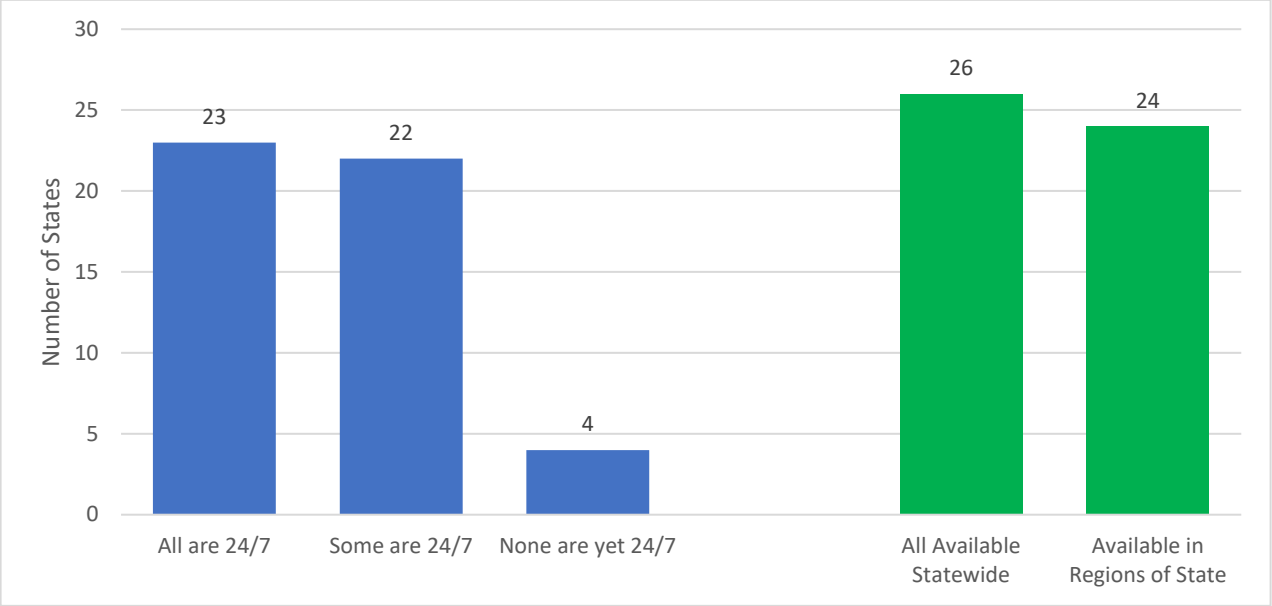
Thirty-three (33) states have established standards for expected MCT response times. In urban areas, 24 states have expected response of under 60 minutes, four states have 2 hours or less, one states have expectations of 30 minutes or less and two states have goals of 90 minutes or less. Ten states reported having different response time goals for rural areas, with nine states reporting a less than 2 hour expectation, two states reporting a 3 hour response time, and one state setting a 90 minute response expectation. Two states reported a goal of MCT response within 30 minutes when responding to a law enforcement request, while non-law enforcement responses have a 1 hour response expectation.

Mobile Crisis Team Operation:

Community mental health providers (such as CMHCs) are the most frequent type of organization that operates MCTs (used in 40 states). Certified Community Behavioral Health Centers (CCBHCs) are the next most frequent type of organization operating MCTs (17 states), followed by the State Mental Health Authorities (SMHAs) operating their own MCTs (7 states). Other organizations that operate MCTs include managed care organizations, county/local governments, and local hospitals. Many states fund multiple types of organizations to operate MCTs.

The goal of states is to have MCTs available to all individuals experiencing a crisis anywhere in a state, at any time of day or night. However, as states expand their MCT services, not all states have statewide or 24/7 availability of MCT services. In 26 states, MCTs are available no matter where in a state an individual is experiencing a crisis (available state-wide). Less than half of states (23) have MCTs available 24 hours a day/seven days a week (24/7) (see Figure 2). The 2023 data on MCT services available 24/7 statewide shows growth in MCTs from 2022, when 21 states reported MCTs were available statewide, and 18 states reported all MCTs were open 24/7. Major barriers reported by states to expanding MCTs' geographic availability described by states included workforce/staffing shortages (30 states), and difficulties establishing and staffing MCTs in rural and remote areas (13 states).

Figure 1: Number of States with Mobile Crisis Teams Available State-wide and 24/7, 2023



Workforce Shortages at MCTs:

Thirty-four states reported experiencing shortages of MCT workforce (states reported more workforce shortages for MCT services than for Crisis Contact Centers or Short-term Crisis Receiving & Stabilization Facilities). Mobile Crisis Teams reported highest levels of shortages among Social Workers, Licensed Behavioral Health Workers, Bilingual/Multilingual staff, and Peer Specialists. Twenty-six states reported shortages of Social Workers, with 22 states reporting moderate levels of shortage, while three states reported catastrophic shortages (shortages so severe they result in a reduction in available services). Twenty-one states reported

moderate shortages of other Licensed Behavioral Health Workers, and 17 states reported moderate shortages of Bilingual/Multilingual staff impacting MCTs (see Table 1).

Table 1: Number of States Reporting Workforce Shortages at Mobile Crisis Teams, 2023

	Catastrophic Shortage	Moderate Shortage	Minor Shortage	Any Shortage	Position not used with MCTs
Social Workers (MSW and above)	3	22	1	26	0
Licensed BH Workers	2	21	0	23	1
Bilingual/Multilingual Staff	2	17	0	19	1
Peer Specialist	0	19	3	22	3
Case Managers	0	11	2	13	13
Psychiatrist	1	14	0	15	12
Nurse Practitioners	1	12	1	14	12
Registered Nurses	0	12	1	13	15
Other Nurses	1	11	0	12	14
Social Workers (Other)	2	11	2	15	4
Psychologists (Masters)	0	9	1	10	13
Psychologists (Ph.D. Level)	0	8	1	9	18
MH Aids/Technicians	0	3	1	4	19
Prevention Specialists	0	2	1	3	27

Shortages from 2023 Profiles Workforce Component: 43 states reporting

States have described many initiatives to address workforce shortages at MCTs, including:

- **Connecticut:** Some teams have begun exploring hiring associate level positions as well as offering creative shift scheduling. However, some mobile crisis clinicians are unionized employees and the creative strategies teams have used to become fully staff and expand their hours of availability are more challenging to implement with State agencies.
- **Delaware:** DSAMH is taking steps to improve recruitment and retention via requests for reclassification and hazard duty pay.
- **Hawaii:** In the short-term, looking at candidates with lived experiences in addition to their education. In the long-term, building workforce capacity by working with local colleges and universities for opportunities to partner with internships or on the job training.
- **Iowa:** The state works with providers to address education and experience requirements that may prohibit hiring otherwise qualified staff.
- **Louisiana:** The state is considering whether funding is available to incentivize MCTs to operate 24/7 by providing temporary, supplemental funding during this initial period of low utilization.
- **Maryland:** The State is utilizing Federal, state and local grant funds to address workforce issues. Maryland is transitioning to a fee-for-service reimbursement model including Medicaid, which includes a goal of allowing for robust 24/7 staffing at competitive rates.
- **Mississippi:** MCTs are receiving additional $100,000 grants to assist with staffing challenges.
- **Montana:** Have proposed an enhanced 24/7 reimbursement rate for Medicaid coverage. We will also reimburse using state funds for individuals not eligible for Medicaid up to 150% of FPL.

- **New Hampshire:** CMHCs are offering sign-on and retention bonuses. The Division for Behavioral Health is working to expand the available workforce with a Crisis Certification program.
- **North Dakota:** Pay increases for MCT as well as long-term pay scale differentiation between MCT and other BH staff; contracts with other telehealth entities to supplement MCT through telehealth connection with law enforcement, other entities (ex: Avel E-Care).
- **Ohio:** Has launched a workforce development strategy that gives the state an opportunity to make education more attainable and affordable for students committed to behavioral healthcare careers. The funding will be dedicated to enhancing paid internship and scholarship opportunities for students working to achieve behavioral health certifications and degrees at Ohio's two- and four-year colleges and universities and other educational career development settings. It will also help remove financial barriers from obtaining licenses, certifications, and exams necessary for employment in these careers; support providers in their ability to supervise and offer internships and work experiences; and establish a Technical Assistance Center to help students navigate the federal and state funding opportunities available to them. This investment will also fund recruitment and retention bonuses for students who commit to employment with Ohio's community mental health and addiction centers which provide care, treatment, and services to Ohio's Medicaid-eligible population.
- **Oklahoma:** The SMHA is working on several workforce strategies, but one successful one is providing iPads to every police department in the state with access to a licensed behavioral health professional.
- **South Carolina:** Continued advertisement of open positions, pursued funding and utilization of certified peer specialists, and pursuing the addition of shift differentials to promote hard to cover shifts. Also, SCDMH mental health professional salaries recently experienced a 30% increase.
- **Washington:** Creating community-based crisis teams (non-law enforcement co-response) and trying to expand the pool of workers by encouraging hiring peers and non-master's level clinicians.

Financing Mobile Crisis Services:

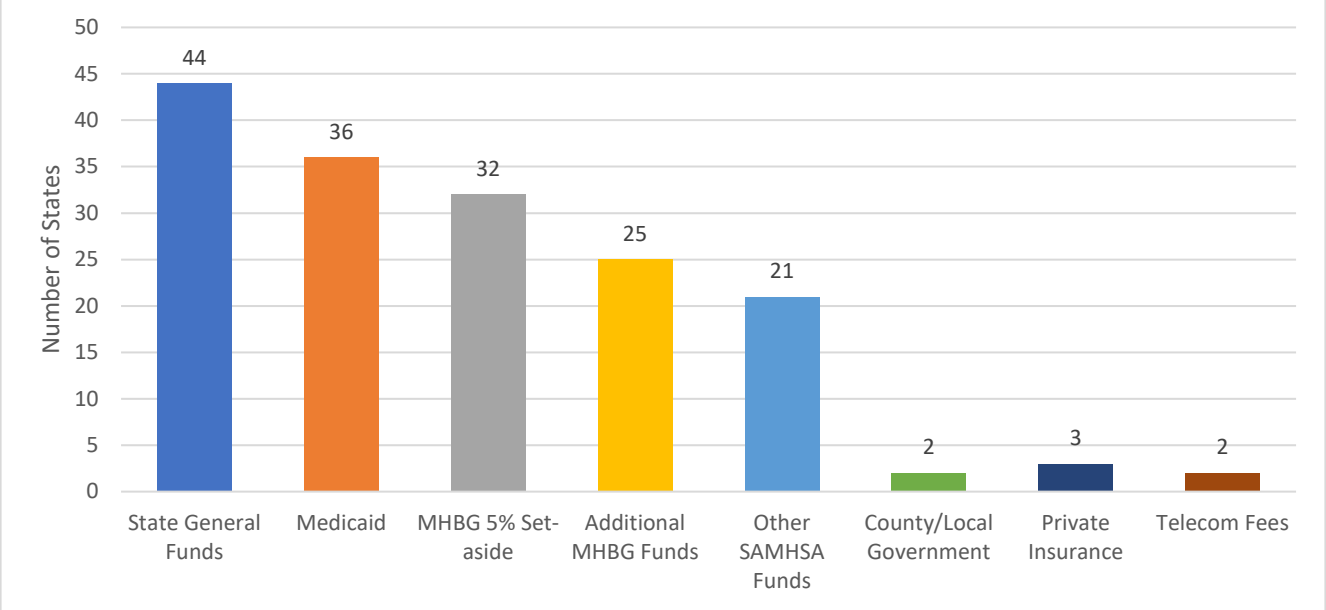
Thirty-four (34) states spent $704 million supporting MCT crisis services in 2023, with an average of $20.9 million per state, ranging from a high of $65 million in New Jersey (with 15 teams), to a low of $578,085 in Arkansas (with 2 teams). States reported average expenditures per MCT was $480,480 (with median cost of $552,632), based on 36 states reporting both the number of teams and expenditures.

States are supporting MCTs through a variety of funding sources, including state, federal, and local government funds. As Figure 4 shows, most states are using state general and special funds (44 states), but Medicaid (36 states) and the Mental Health Block Grant (MHBG) including the 5% set-aside for Crisis Services, are being used by many states (see Figure 4). Eighteen either have or are working on applying for the new Medicaid Option (Section 9813 of the American Rescue Plan) to pay for MCT services. Seven states reported that none of their MCTs are currently able to bill Medicaid and six additional states reported some of their MCTs are currently unable to bill Medicaid. States described barriers to MCT billing Medicaid include:

- MCT is not currently eligible as a Medicaid reimbursable service in the state plan (3 states).
- Crisis Response as a distinct service is not a covered Medicaid services; components are billable such as Crisis Psychotherapy.
- Some MCTs don't have eligible staff for billing.
- MCTs must be accredited by the state to bill Medicaid. Most are accredited and bill Medicaid.

- At this time, only mobile crisis teams providing services to children (under age 18) are Medicaid billable.

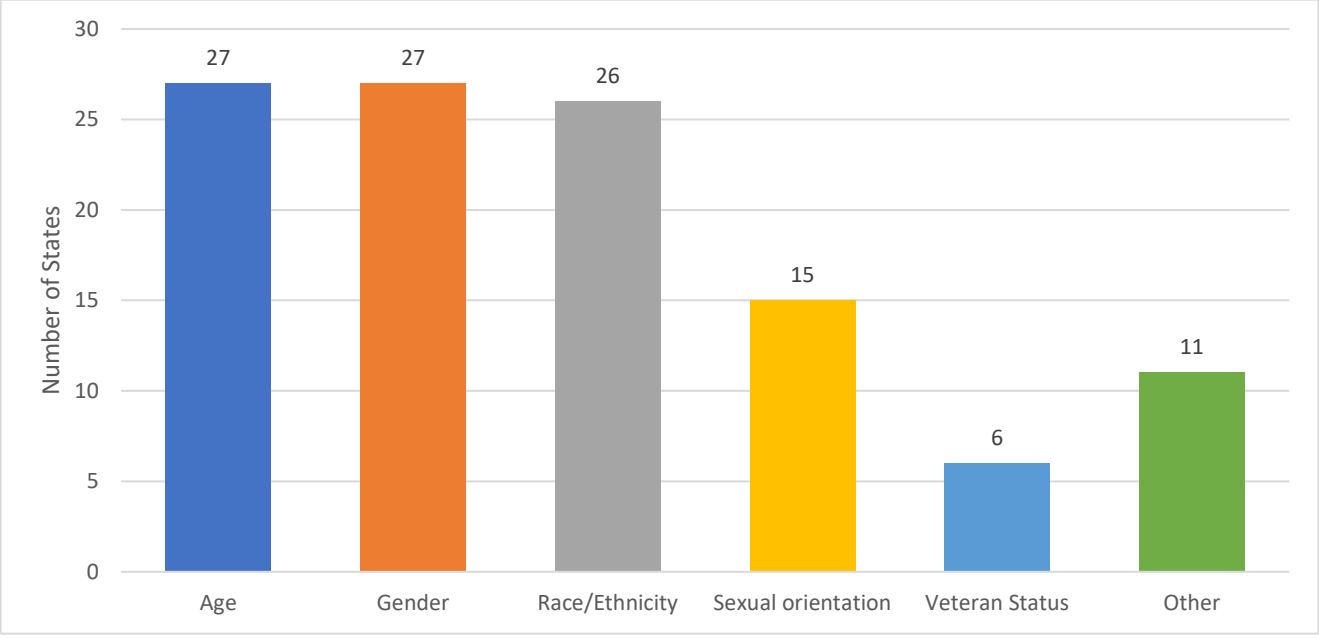
Figure 4: Major Funding Sources for MCTs, 2023



Data/Outcomes from MCTs

Several states are starting to collect and report data about how MCTs are helping individuals experiencing a behavioral health crisis. Figure 5 shows that most (27) states are collecting demographic and other characteristics of individuals receiving MCT services.

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



States reported that the majority (median of 68 percent) of MCT dispatches are successfully resolved during the contact and did not require more intensive immediate follow-up. On average, 28 percent of MCT dispatches ended up with an individual being referred for additional care with an outpatient behavioral health provider (the median of 23 percent). A median (and average) of 9.3 percent of MCT dispatches ended with the person needing additional care at a crisis stabilization center. A median of 6.6 percent of MCT contacts (average of 10.9 percent) ended with an individual needing medical care at an Emergency Department. (see Table 2):

Table 2: Mobile Crisis Team Outcomes Being Tracked by States, 2023

	Number of states reporting	Average	Median	Minimum	Maximum
What percentage of MCT dispatches are successfully resolved during the initial encounter with the individual in crisis	16	62.9%	68.0%	3.7%	88%
What percentages of MCT dispatches end with an individual needing additional care at an outpatient behavioral health provider	13	28.0%	23.0%	1.0%	80.0%
What percentage of MCT dispatches end with an individual needing additional care at an emergency room	14	10.9%	6.6%	1.0%	56%
What percentage of MCT dispatches end with an individual needing additional care at a crisis stabilization center	14	9.3%	9.3%	1.0%	22.5%
What percentages of MCT dispatches end with Law Enforcement Involvement or an Arrest	11	9.7%	5.0%	0.2%	38.0%

Additional 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:

- SMHA Support for Behavioral Health Crisis Continuum (Crisis Contact/Call Center, Mobile Crisis, and Crisis Receiving & Stabilization Facilities)
- SMHA Support for Crisis Contact Centers (988 and other Contact Centers)
- SMHA Support for < 24 Hour Crisis Receiving & Stabilization Programs
- SMHA Crisis IT and Outcomes
- Crisis Workforce Issues
- Funding Crisis Services
- Barriers (and state initiatives) to provide Crisis Services statewide 24/7

Please contact NRI at profiles@nri-inc.org with any questions or comments about this and other State Profiles reports.