State Behavioral Health Crisis Services Continuum, 2023

NRI's 2023 State Profiles

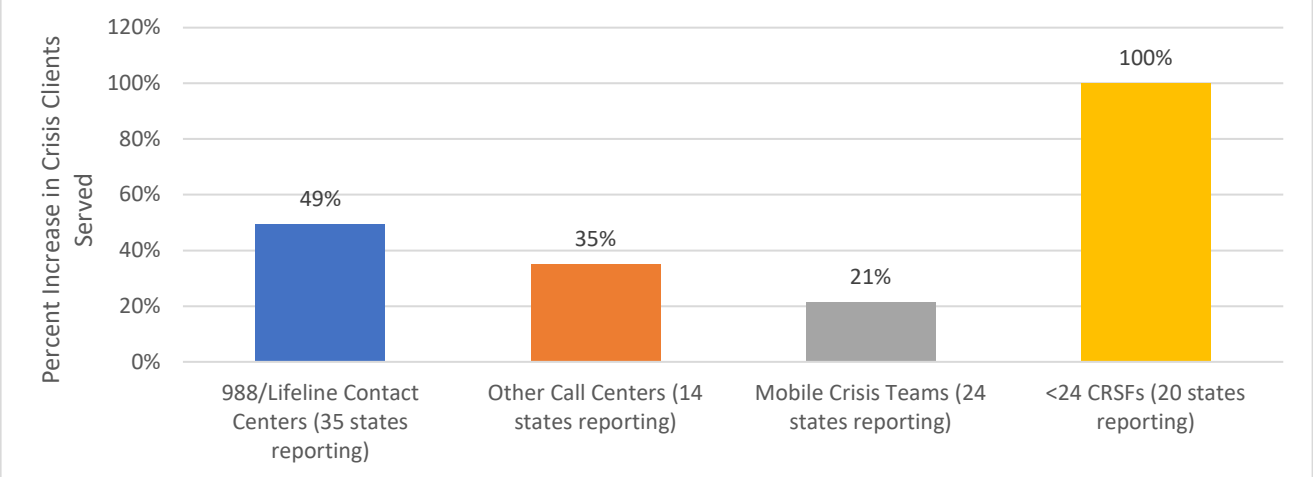
July 2024

A comprehensive behavioral health crisis system needs to be available to respond immediately to anyone experiencing a behavioral health crisis (including someone having suicidal thoughts, psychiatric crises, or substance use crises). Crisis services need to be available 24 hours a day, seven days a week, to anyone anywhere in the country. In 2020, SAMHSA published the National Guidelines for Behavioral Health Crisis Care: Best Practice Tool Kit, that recommended every state have a comprehensive crisis continuum that includes 3 core elements described as: **"Someone to Talk to", "Someone to Respond", "A Safe Place for Help"**.

Increase In 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 services in each of the three core crisis continuum areas. Thirty-five states (with data for both 2022 and 2023) reported an increase of 988 contacts of 49 percent, and twenty states reported a doubling the number of clients served at CRSFs (see figure 1). State supported expenditures for these crisis components also increased from 2022 to 2023, with funding for 988 contact centers increasing by 37 percent and expenditures for Mobile Crisis services increasing by 50 percent as states expanded their available crisis service systems.

Figure 1: Percent Increase in Number of Individuals Receiving A Crisis Service, 2022 to 2023 (States with Profiles data for both 2022 and 2023)



State Implementation of the Crisis Service Continuum in 2023

In 2023, every state provided **"Someone to Talk To"** with trained crisis counselor Contact Centers. Every state, DC, Puerto Rico, and 2 Pacific Jurisdictions were supporting the 3-digit "9-8-8" Lifeline contact centers with trained staff that respond via phone, text, and chat. And 27 states were supporting 425 additional crisis contact centers Almost every state (49 states in 2023) provided "**Someone to Respond**" through mobile crisis teams that can travel to meet with individuals experiencing a crisis. Most states (44 states) now also support "**A Safe Place for Help"** with specialized short-term Crisis Receiving and Stabilization Facilities—programs that

1,820
Mobile Crisis Teams
(50 states reporting)

627
Behavioral Health Contact Centers
202 "988 Contact Centers" & 425 Other Contact Centers

576
Crisis Receiving/Stabilization Facilities (in 44 States)

accept anyone experiencing a mental health or substance use crisis, with most accepting walk-ins, ambulance, fire or police drop-offs, and that provide less-than-24 hour crisis care for individuals who need additional services beyond Contact Center and MCT services (see Figure 1 and Table 1).

Figure 2: Implementation of Crisis Components by State, 2023

Table 1: State Supported Behavioral Health Crisis Services, 2023

	Crisis Contact Centers		Mobile Crisis Teams	<24 Crisis Receiving & Stabilization Facilities	Crisis Residential Programs
	988/Lifeline	Other Contact Centers			
Number of Programs	202	425	1,820	576	693
Number of States reporting	51	27	50	44	40
Number of Calls/Clients Served	3,123,420	2,660,515	770,216	633,673	324,334
Number of States reporting	50	21	40	32	28
Expenditures for Service	$382,249,777	$74,744,769	$703,903,310	$832,535,657	$430,141,887
Number of States reporting	49	18	36	36	*23*
Number of New Programs Planned	14	0	170	180	*90*
Number of States reporting	12	0	28	35	*21*
Programs are available statewide	All	19 All / 2 Some	28 All/23 Parts/ 1 Not Available	14 All /29 Parts/ 5 Not Available	*Not Collected*
Programs are available 24/7	44 All /7 No Response	16 All /3 Some/ 2 None /32 No Response	24 All /24 Some/ 3 None /3 No Response	28 All /10 Some/ 5 None /10 No Response	All

Someone to Talk To: Behavioral Health Crisis Contact Centers:

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 clinicians that provide behavioral health crisis intervention via telephone, texting, and online chat. The center should provide real-time crisis care coordination (i.e., not just provide a referral, but ensure that a caller receives the 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 contact centers respond to Text and Chat contacts and 29 states reported over 491,000 text and chats were addressed in 2023. In 41 states, the 988 contact center responds to other crisis hotline or warmline calls, most frequently answering local crisis number contacts (17 states), warmlines (11 states), as well as specialized services such as domestic violence and sexual assault counseling lines (7 states). In 24 states, 988 contact centers are entirely staffed by paid staff, while in 20 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 contact center staff can work remotely.

In addition to the 988 network of contact centers, 36 states reported they have over 425 additional behavioral health contact centers that existed before the 988 system and that continue to respond to crisis calls using state or local crisis phone numbers. The non-988 contact centers are operated by community mental health centers (CMHCs), state mental health agencies, or state funded managed care organizations and responded to over 2.66 million crisis calls last year. In 21 states, these other crisis contact centers are part of the system that dispatches mobile crisis teams for follow-up care for individuals needing additional crisis services.

For additional information about Behavioral Health Crisis Contact Centers (988 and other crisis contact centers) see the NRI Report "SMHA Support for Behavioral Health Crisis Contact Centers, 2023" which will be published on the NRI website at: www.nri-inc.org/profiles.

Someone to Respond: Mobile Crisis Teams (MCTs)

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.

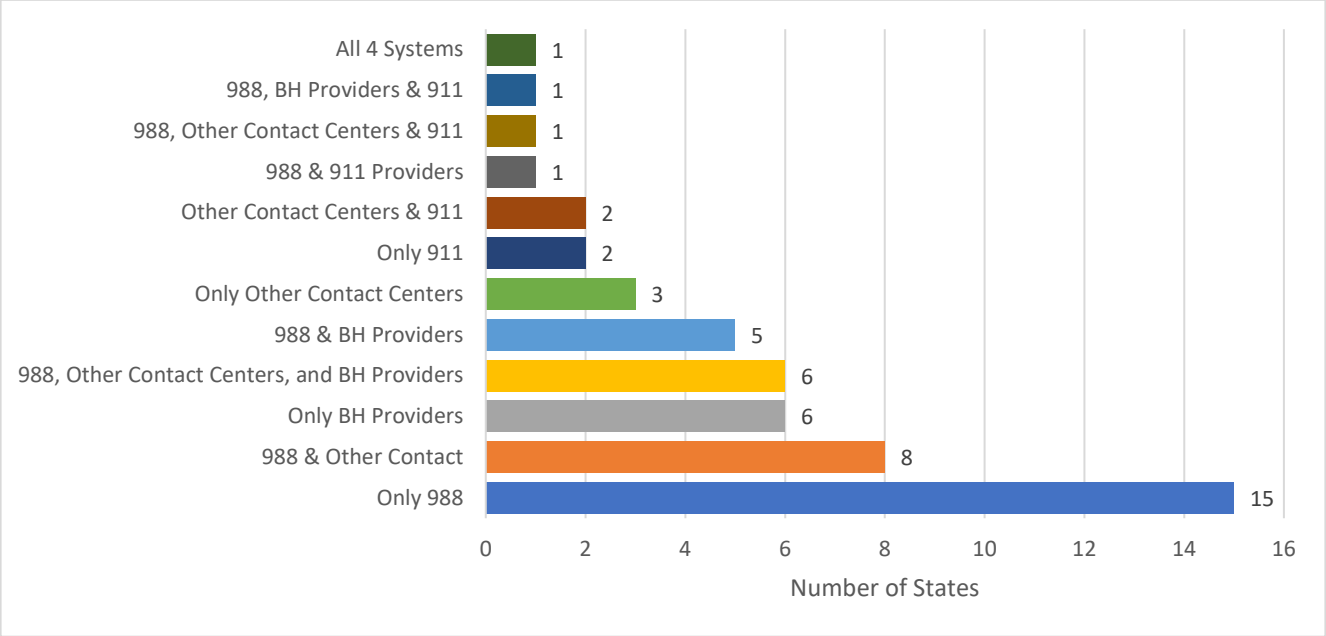
In 29 states, some of their MCTs are co-responder model teams that include law enforcement with the MCT response, but no states reported all MCTs have a law enforcement response embedded within the team. Telehealth is used as part of the MCT response in 27 states, especially in rural areas or to assist other first responders such as law enforcement.

Mobile crisis is a relatively new service in many states and several states with MCTs were not able to report how many clients received MCT services in the past year. The 40 states able to report the number of individuals who received an MCT service during the last year reported 770,216 persons served. 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.

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 (21 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



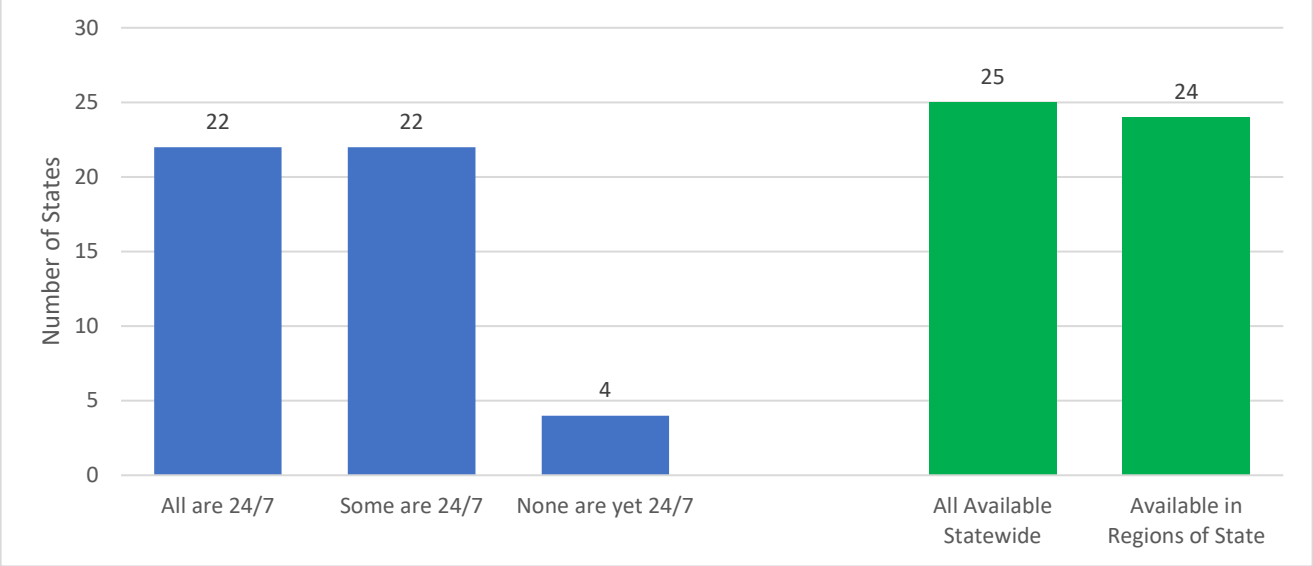
Mobile Crisis Team Operation:

Community mental health providers (such as CMHCs) are the most frequent type of organization that operates MCTs (used in 39 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 state-wide 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 (22) have MCTs available 24 hours a day/seven days a week (24/7) (see Figure 2). Major barriers to expanding MCT 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 2: Number of States with Mobile Crisis Teams Available State-wide and 24/7, 2023



For additional information about Behavioral Health Mobile Crisis Services see the NRI Report "SMHA Support for Behavioral Health Mobile Crisis Services, 2023" which will be published on the NRI website at: www.nri-inc.org/profiles.

A Safe Place for Help: Less than 24-Hour Crisis Receiving and Stabilization Facilities (CRSFs)

CRSFs are a key component of behavioral health crisis services that provide a safe and dedicated alternative to emergency departments, psychiatric hospitals, or jails. CRSFs have specialized behavioral health staff trained to assist individuals experiencing a behavioral health crisis who need a safe space for observation, assessment, and stabilization. SAMHSA recommends that CRSFs provide short term (often less than 24-hour) services in a home-like, non-hospital environment and this model of CRSF often uses recliners or comfortable chairs instead of hospital beds.

In 2023, 45 states reported operating 576 CRSF facilities, including 46 CRSFs in 13 states that are specialized for serving children and adolescents. Thirty-five states reported plans to open at least 180 additional CRSFs during 2024.

To learn more about what states count as a CRSF, the 2023 Profiles asked states to report if their CRSFs were all <24-hour programs, all >24-hour programs, or had a combination of <24 programs and >24 hour programs.

- 24 States reported they have CRSFs that are only <24-hour programs (with 209 CRSFs operating in these states)
- 21 states (representing 127 CRSFs) reported their CRSFs operate a combination of <24-hour units and also >24 hour ('short stay') crisis units

- 11 states (representing 226 CRSFs) reported having CRSFs that are very short term crisis programs of >24-hour units
    - Note: nine states (included in the counts above) reported they have a mixture of some CRSFs being only <24-hour programs (51 CRSFs), combination of both <24-hour and >24-hour units (25 CRSFs), and only >24-hour programs (37 CRFSs).

In most states, CRSFs accept all individuals experiencing crises, including individuals transported by MCTs, law enforcement officers, EMS, and individuals who walk-in on their own or who are brought there by friends or family. However, states vary greatly in how they organize and structure the services provided by CRSFs. Table 3 shows, that while CRSFs in almost every state accept voluntary legal status clients, in 15 states CRSFs also serve involuntary status individuals.

To serve involuntary status individuals or individuals who may need close supervision, CRSFs in 17 states have locked units available and CRSFs in 2 states have separate areas for involuntary patients.

To address potential medical issues and diagnose behavioral health issues, CRSFs in 23 states have on-site medical staff available, while CRSFs in 18 states have medical staff on-call as needed. Five states described alternatives to having physicians on-site, such as using Registered Nurses or having agreements with a local hospital to provide medical staff.

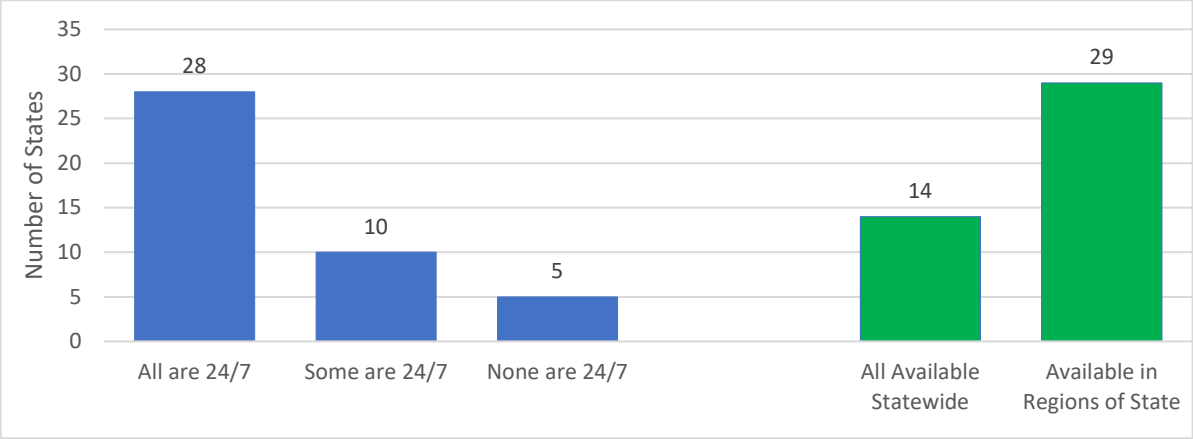
CRSFs in 10 states have on-site pharmacy that can be accessed for either prescribed or emergency medications.

While most states have established CRSFs, in only 14 states are CFSFs available statewide and in 29 states CRSFs are mostly available in urban and suburban areas (see Figure 3).

Table 3: CRSF Program Units/Services, 2023

	Number of States
CRSFs Accept Walk-in Clients	
Walk-in Clients Treated	33
No Walk-in option	1
Legal Status of Clients Served	
Voluntary Only	19
Involuntary Only	1
Both Voluntary and Involuntary	14
CRSF Involuntary Patient Treatment Area	
Shared Space	12
Separate space for Involuntary	2
CRSF has Locked Units	
CRSF has Locked Units	17
No Locked Units	11
Medical Staff	
CRSF has On-Site Medical Staff	23
CRSF has On-Call Medical Staff	18
Other (RN on site or agreement with local hospital)	5
On-Site Pharmacy	
CRSFs have on-site pharmacy	10
No on-site pharmacy	22
Use of Peer Specialists	
All CRSFs use Peer Specialists	24
Some CRSFs use Peer Specialist	5
No CRSFs use Peer Specialists	5

Figure 3: Number of States with CRSFs Available State-wide and 24/7, 2023



States report that major challenges to having CRSFs available statewide and 24/7 are workforce (33 states), maintaining 24/7 operations (21 states), financing (17), and issues related to operating CRSFs in rural and remote areas (11 states).

Short-Term Crisis Residential (CR) Programs (Length of Stay Usually <7 days)

Crisis Residential programs are short term programs for individuals experiencing a behavioral health crisis who do not require services at the intensity of psychiatric inpatient or detoxification treatment. Forty states reported supporting 693 CR programs that provided services to 324,334 individuals (28 states reporting number of clients served) in 2023. Twenty-one states report plans to open at least 90 additional CR programs in the next year. All the CR programs operate 24/7, but CR services were available statewide in 14 states. Thirty-one states reported challenges to providing CR services statewide.

Twenty-nine states report their CR programs are experiencing barriers to discharging clients when they are clinically ready for discharge. In 27 states a lack of available housing is a barrier, lack of housing support services was a barrier in 19 states, and the lack of appropriate follow-up services was a barrier in 12 states.

Behavioral Health Crisis Workforce Shortages:

Thirty-seven States reported experiencing shortages of workforce in their behavioral health system, with MCT services having the most states (34 states) reporting workforce shortages, followed by Crisis Contact Centers and CRSFs, (both with 23 states). Mobile Crisis Teams reported highest levels of shortages among Social Workers, Licensed Behavioral Health Workers, Bilingual/Multilingual staff, and Peer Specialists. States reported that Crisis Contact Centers experienced shortages of similar types of staff, but with slightly fewer states reporting shortages. At CRSFs, states reported more shortages of health professionals—Registered Nurses, Psychiatrists, Nurse Practitioners, than at Crisis Contact Centers or MCTs (see Table 4).

Table 4: Number of States Reporting Workforce Shortages Among Crisis Providers, 2023

	Crisis Contact Centers	Mobile Crisis Teams	Crisis Receiving and Stabilization
Social Workers (M.S.W. and above)	20	33	22
Registered Nurses	6	15	22
Psychiatrist	9	18	21
Peer Specialist	14	23	19
Licensed BH Workers	15	25	17

	Crisis Contact Centers	Mobile Crisis Teams	Crisis Receiving and Stabilization
Nurse Practitioners	5	17	19
Case Managers	10	17	16
Bilingual/Multilingual Staff	17	23	17
Other Nurses	4	14	16
Social Workers (Other)	10	16	11
Psychologists (Ph.D. Level)	5	10	13
Psychologists (Masters)	5	12	11
MH Aids/Technicians	6	9	17
Support Staff	4	5	12
Prevention Specialists	5	5	5
Volunteers	4	1	1
Employment/Education	2	2	3
Number of States with a Shortage	23	34	23

Financing Behavioral Health Services:

States spent over $2.4 billion supporting behavioral health crisis services in 2023 (and this is an incomplete count as only 36 states reported expenditures for MCTs or CRSFs). The most expensive crisis services were CRSFCRSF, with over $803 million of expenditures followed by Mobile Crisis Teams at $644 million. The Average expenditures per program or team were highest for the 988/Lifeline Centers, with an average of $1.94 million per Contact Center, followed by CRSFs at an average of $1.74 million per center. (See Table 5).

Table 5: Expenditures for Behavioral Health Crisis Services, 2023

	Total Expenditures	**Average Expenditures Per State**	**Number of States Reporting Expenditures**	**Number of Programs/ or Teams**	**Average Expenditure Per Program/ MCT Team**	***States with data on both Expenditures and Programs***
988/Lifeline Centers	$382,249,777	$7,801,016	49	197	$1,940,354	49
Other Contact Centers	$74,744,769	$4,152,487	18	94	$749,363	14
Mobile Crisis Teams	$703,903,310	$19,552,870	36	1,465	$480,480	36
Crisis Receiving and Stabilization	$832,535,657	$23,125,990	36	466	$1,742,995	34
Crisis Residential	$430,141,887	$16,543,919	26	478	$1,072,304	22
Total	$2,423,575,399	$71,176,282		2,700	$5,985,495	

States use a variety of funding sources to support Behavioral Health Crisis Services, with state general revenues, SAMHSA Mental Health Block Grant (MHBG) and Medicaid being the most frequently used funding sources. SAMHSA's MHBG and the 5% set-aside for Crisis Services are used by states to support 988 Contact Centers, Mobile Crisis Programs, CRSFs, and Other Contact Centers. Medicaid is most frequently used to support CRSF, CR, and MCT services. (See Table 6).

Table 6: Number of States Using Funding Source to Support Behavioral Health Crisis Services, 2023

Funding Sources:	988 Contact Centers	Other Contact Centers	Mobile Crisis	Crisis Receiving & Stabilization Facilities	Crisis Residential
State Funds	24	11	25	27	31
MHBG 5% Set-aside	22	10	20	18	7
Other MHBG	19	8	16	13	8
Other SAMHSA	33	5	15	9	3
Medicaid	7	5	15	27	28
New Medicaid MCT Option			18*		
City/County Government	4	4	4	6	2
Telecom Fee	5	0	2	0	0
Private Insurance	0	0	3	7	4
Other	13	4	10	8	9

**States applying or approved to use the Medicaid MCT Option.*

Other Behavioral Health Crisis Services Supported by SMHAs

- **Crisis Respite Programs** are being supported in 23 states, with 85 Crisis Respite programs being operated in 14 states. In four states, Crisis Respite programs are operated by Peers.
- **Working with Law Enforcement to Train CIT:** 37 states report supporting Law Enforcement agencies receiving CIT training for their officers.
- **Psychiatric Emergency Rooms:** 14 states are supporting Psychiatric Emergency Rooms
- **Behavioral Health Clinicians Working in EDs:** 23 states are supporting placing behavioral health clinical staff in Emergency Departments.
- **Supporting Crisis Responders Ability to Address the Needs of All Individuals**
    - 25 states support specialized crisis system capacities to respond to non-native English Speakers
    - 22 states support specialized crisis services for individuals who are hearing or visually impaired
    - 22 states support specialized crisis services for individuals with co-occurring BH and Intellectual/Developmental disorders
    - 7 states support specialized crisis services for individuals with Traumatic Brain Injuries

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:

- Support for Crisis Contact Centers (988 and other Contact Centers)
- Support for Mobile Crisis Services
- Support for < 24 Hour Crisis Stabilization Programs
- 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.