State Behavioral Health Crisis Services Continuum, 2022

NRI's 2022 State Profiles

March 2023

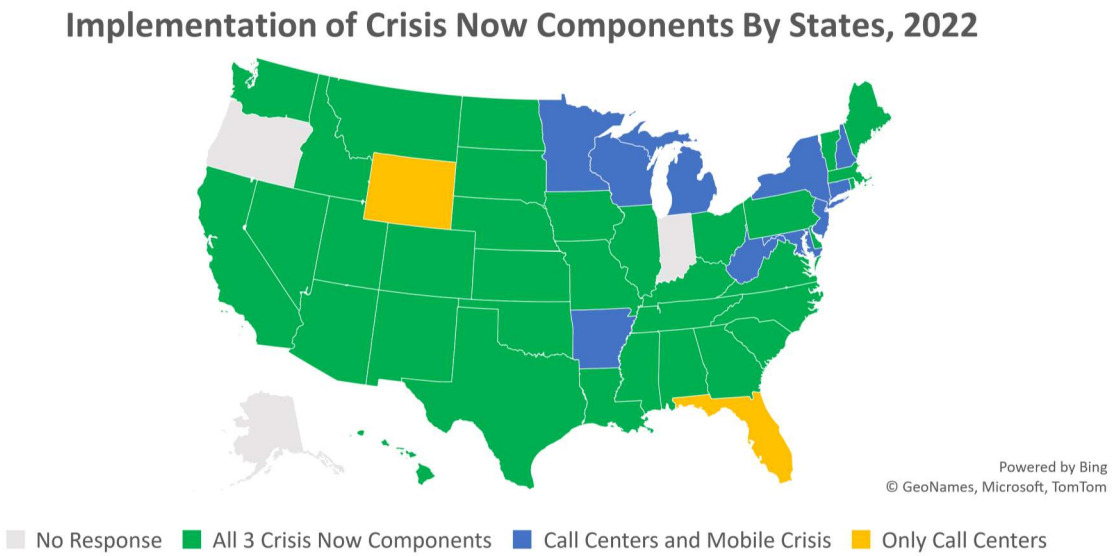
Highlights Based on 48 States Responding to the Crisis Component of NRI's 2022 State Profiles

Note: although 48 states responded to the Crisis Component, not all states provided answers to all questions; therefore, some of the information presented in this report is based on responses from less than the total number of reporting states.

A comprehensive behavioral health crisis system is 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-aday, seven-days-a-week, to anyone anywhere in the country. In 2020, SAMHSA published the *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit* that recommended every state have a comprehensive crisis continuum consisting of three core elements: Crisis Call Centers, including hotlines and warmlines ("**Someone to Talk To**"); Mobile Crisis Response ("**Someone to Respond**"); and Crisis Receiving and Stabilization Facilities ("**A Place to Go**").

In 2022, every state provides Crisis Call Center Services ("**Someone to Talk To**") with trained crisis counselors. In July 2022, 9-8-8, a new three-digit behavioral health call, text, and chat system went live with over 200 call centers nationwide (at least one call center in every state) staffed with trained counselors to provide crisis intervention services. Almost every state is now supporting Mobile Crisis Response ("**Someone to Respond**") through teams of trained counselors that travel to meet with individuals experiencing a crisis and who often resolve the crisis on-site. Most states now also support specialized Crisis Receiving and Stabilization Facilities ("**A Place to Go**"), which follow a "no wrong door" approach and accept anyone experiencing a mental health or substance use crisis, including walk-ins, and ambulance, fire or police drop-offs and provide less-than 24-hour crisis care (see Figure 1 and Table 1).

Figure 1: Implementation of Crisis Now Components by State, 2022



1,287
Mobile Crisis Teams
(44 states reporting)

Over 544
Behavioral Health Call Centers
200 "988 Call Centers" & 344 Other Call Centers

Over 237
Crisis Receiving/Stabilization Facilities (in 32 States)

Table 1:Status of State Supported Behavioral Health Crisis Programs, 2022

	Crisis Call Centers		Mobile Crisis Teams (MCTs)		<24 Hour Crisis Receiving & Stabilization Facilities		Crisis Residential Programs (>24 Hour)	
	988/Lifeline	Other	Total (Child & Adult)	Child/ Adolescent Teams	Total (Child & Adult)	Child/ Adolescent Facilities	Total	Child/ Adolescent Programs
# Programs	200+*	344	1,287	110	237	21	516	74
# States reporting	52*	30	44	15	32	7	37	19
# Calls or # Individuals Served	1,745,138	1,778,195	512,305	138,657	129,574	2,388	118,383	21,395
# States reporting	41	18	28	21	19	2	25	10
Expenditures for Service (all states)	$257,901,176	$75,328,499	$405,360,818		$88,904,547		$455,809,253	
# States reporting	39	14	24		16		*22*	
Plans to Open New Programs	18	3	173		139		100	
# States reporting	15	2	31	14	33		26	
# States where crisis services are statewide 24/7	All		20 states All MCTs are 24/7		8 states		14 states	

Source: 47 States Responding to the 2022 NRI State Profiles BH Crisis Services Component,
** Number of 988/Lifeline Call Centers States from https://988lifeline.org/our-crisis-centers/*

Someone to Talk To: Behavioral Health Crisis Call Centers:

Every state supports at least one behavioral health crisis call center participating in the new 988 Suicide and Crisis Lifeline network. 988 Call Centers are available 24/7 and staffed by clinicians or trained volunteers that provide behavioral health crisis intervention via telephone, text, and online chat. In addition, 988 call centers provide real-time crisis care coordination (i.e., they do not just provide a referral, but ensure that a caller receives comprehensive care indicated by their situation). 988 call centers are part of a national crisis call center network with backup centers that can step in if a particular call center gets too busy to answer calls and for individuals who do not speak English.

In addition to the 988 network of call centers, 31 states report having more than 344 additional behavioral health crisis call centers that existed before the 988 system and that continue to respond to crisis calls using state or local crisis phone numbers. Non-988 call centers are operated by community mental health centers (CMHCs), state mental health agencies (SMHAs), state-funded managed care organizations (MCOs), or county/city behavioral health authorities and responded to over 1.77 million crisis calls last year. Because many individuals are already familiar with accessing crisis services through these call centers, 25 states reported these crisis call centers will continue to operate with local phone numbers, and two states are working to fold their call centers into the 988 system and are then able to dispatch mobile crisis teams (note, some crisis call centers answer both 988 and local crisis call numbers).

Crisis Call Center Collaboration with 911 Emergency Services:

One current area of state work is the establishment of guidelines or policies to coordinate calls between 911 public safety answering points (PSAPs) and 988/Lifeline and other crisis call centers. Having decision rules for when a call received by 911 can best be addressed by behavioral health crisis call centers, or when calls to 988 require law enforcement or EMS response is important to assure individuals experiencing behavioral health crises receive an appropriate and safe response. Nine states report they already have agreements with 911 PSAPs about when to divert calls to or from crisis call centers, and most states report a need for developing these decision trees and operational rules between the two services.

Someone to Respond: Mobile Crisis Teams (MCTs):

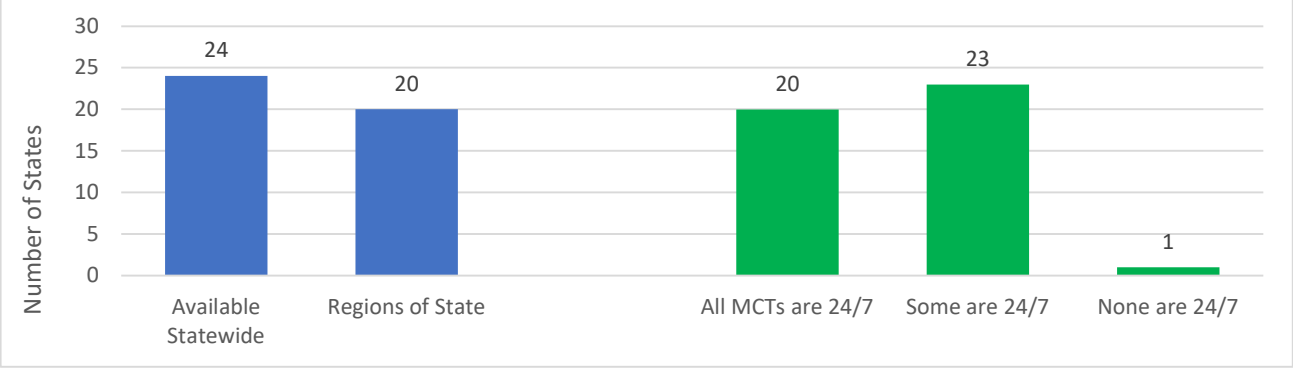
MCTs are currently operating in 96% of responding states (46 of 48 States responding). Most (41) states have staffed and funded their MCTs to respond to both mental health crises and substance use crises, while in four states, MCTs are staffed and organized to only respond to mental health crises. Five states (Georgia, Massachusetts, Mississippi, Ohio, and Texas) also have MCTs staffed to respond to crises of individuals with intellectual disabilities.

Forty-four states report having 1,287 MCTs. The median number of MCTs reported per state is 14, with a range from a high of at least 245 MCTs (in California) to a low of two MCTs in 2 states. In 15 states, 110 separate MCTs have been established to work with children and adolescents in crisis, but in most states the same mobile crisis teams work with both children and adults. Thirty-one states are planning to open additional MCTs, with 8 states having identified funding for 173 new MCTs to open in 2023.

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 28 states able to report the number of individuals who received an MCT service during the last year reported 512,305 persons served. States averaged 18,297 individuals served by MCTs (with a median of 8,506, ranging from a high of 108,581 in Massachusetts to a low of 77 in Kansas (which is in the process of implementing MCTs). In the 21 states able to report MCT clients served by age, 35% were under age 18 and 65% were age 18 and over.

States aim to have MCTs available to all individuals experiencing a crisis anywhere in the state, at any time of day or night. However, while states are expanding their MCT services, not all states currently have statewide or 24/7 availability of MCT services. In 24 states, MCTs are available statewide no matter where in a state an individual is experiencing a crisis. Less than half of the responding states (20) have MCTs available 24/7 (see Figure 3). Major barriers to expanding MCT geographic availability described by states include workforce/staffing shortages (32 states), and difficulties establishing and staffing MCTs in rural areas.

Figure 2: Number of States with Mobile Crisis Teams Available Statewide and 24/7, 2022



Some Place to Go: Less-than 24-Hour Crisis Receiving and Stabilization Facilities (CRSFs)

CRSFs are a key component of crisis response systems that provide a safe alternative to emergency departments or psychiatric hospitals. CRSFs provide services through specialized behavioral health staff who are trained to assist individuals experiencing crises who need a safe space for assessment and stabilization. CRSFs provide short-term (less-than 24-hour) observation and crisis stabilization services in a home-like, non-hospital environment, often using recliners instead of hospital beds. CRSFs are designed to accept all individuals experiencing crises, including individuals transported by MCTs, law enforcement officers, EMS technicians, and individuals who walk-in on their own or are brought in by family members.

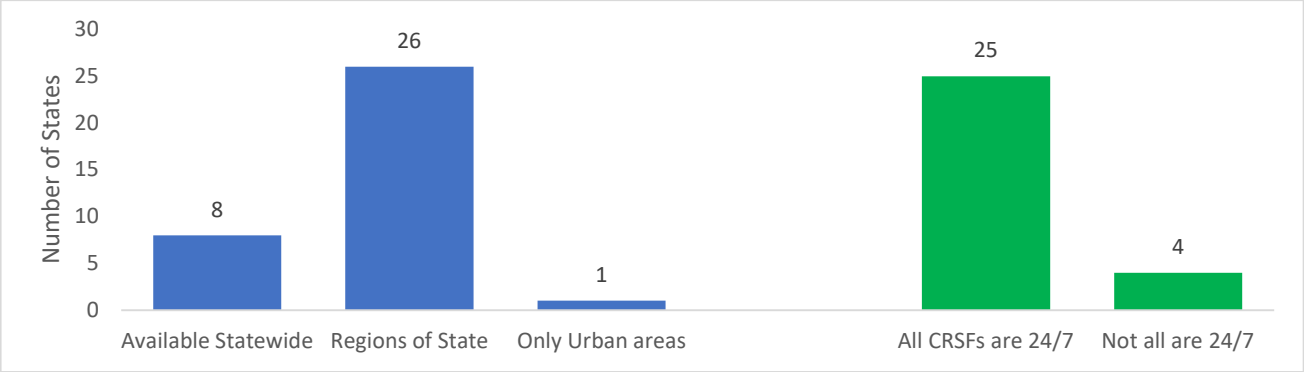
Thirty-six states reported they are supporting <24-hour CRSFs, (although only 32 states were able to report the number of currently operating CRSFs (237 in 2022)). This includes 21 CRSFs across seven states that specialize in serving children and adolescents. Thirty-three states have plans to open more than 139 additional CRSFs in 2023 (several states report the number of CRSFs that will open depends on legislative funding decisions). While designed to provide short-term, less-than-24-hour care, in 19 states CRSFs are permitted to continue to serve individuals in crisis beyond 24 hours if additional time is needed. Thirteen states require CRSFs to maintain less-than-24-hour treatment.

Most (30) states with CRSFs staff and fund their CRSFs to respond to both mental health and substance use crises, while in three states CRSFs are staffed and organized to only respond to mental health crises and in four states CRSFs address the crisis needs of individuals with co-occurring mental health and substance use crises.

In 16 states, CRSFs accept both voluntary and involuntary clients experiencing behavioral health crises- (involuntary clients are individuals brought to the CRSF by an MCT, Law Enforcement Officer, or EMS involuntarily due to potential risk of harm to themselves or others during their crisis). In 20 states, CRSFs only provide services to voluntary individuals (while individuals who do not volunteer to go to the CRSF may be brought to an emergency department instead of a CRSF).

Assuring these programs are available statewide, 24/7 is a major challenge for nearly all states. Only eight of the responding states indicate having CRSFs available statewide. CRSFs are operating 24/7 in 31 states; while only four SMHAs reported that not all of their CRSFs are open 24/7. States describe continuing challenges related to hiring and maintaining a workforce to keep these facilities open 24/7. Major barriers to operating CRSFs statewide, 24/7 include: Workforce (32 states), Financing (9 states), and issues related to operating the programs in rural and remote areas (3 states).

Figure 3: Number of States with CRSFs Available State-wide and 24/7, 2022



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

CRs are for individuals who need continually monitored care but do not require services at the intensity of psychiatric inpatient or detox treatment. Forty-one states reported supporting CRs, and 37 SMHAs were able to report the number of operating CRs (516). At least 118,383 individuals experiencing a behavioral health crisis were served by CRs last year (25 states reporting number of clients served). Twenty-six states report plans to open more than 60 additional CRs in the next year. While CRs all operate 24/7, they are available statewide in only 14 states and are available in parts of a state in 26 states.

Barriers to Full Crisis Service Implementation

SMHAs report the two largest impediments to providing evidence-based crisis behavioral health services that are available 24/7, statewide are, (1) workforce shortages, and (2) identifying sustainable funding sources to support these services.

Crisis Behavioral Health Workforce Shortages:

Thirty-nine SMHAs (89% of responding) report workforce shortages within their crisis systems (note: not all states offer all four crisis system components). Across the crisis continuum, more SMHAs (36) report workforce shortages in mobile crisis teams than any other crisis system component (see Table 2). Thirty-five (80%) SMHAs report behavioral health workforce shortages in CRSFs; 28 (64%) SMHAs indicate workforce shortages in residential crisis programs; and 28 (64%) SMHAs are experiencing workforce shortages in crisis call centers. SMHAs are experiencing the greatest shortages in the social worker job position across crisis call centers, mobile crisis teams, CRSFs, and CR centers. CRSFs also have shortages of psychiatrists and nurses needed to assess and begin stabilization services for individuals experiencing crises.

Table 2: Number of States Reporting Workforce Shortages Among Crisis Providers, 2022

	Type of Crisis Providers			
	Crisis Call Centers	**Mobile Crisis Teams**	**Crisis Receiving and Stabilization**	**Crisis Residential**
Psychiatrists	11	17	26	21
Nurses, RN	9	19	29	21
Psychologists (Ph.D. Level)	9	12	11	9
Psychologists (master's Level)	11	14	15	12
Social Workers	20	29	30	23
Other Licensed BH Counselors:	17	27	25	19
Peer Specialists	17	24	23	18
Employment/Education Specialists	5	6	6	7
MH Aids/ Technicians	8	12	21	16
Support Staff	8	11	13	15
Other	1	4	4	2
Number of States with Shortage	28	36	35	28

For more information about Behavioral Health Crisis Workforce Shortages and State Initiatives to grow and maintain their workforce see the NRI report: "**State Mental Health Agency Workforce Shortages Across the Crisis Continuum**" at: https://www.nri-inc.org/media/tmtdueze/workforce-shortages-across-the-crisis-continuum_final.pdf

Financing Behavioral Health Crisis Services

States expended over $1.5 billion supporting behavioral health crisis services in FY 2022. This is a substantial underestimate as only 39 states reported expenditures for crisis services (see Table 3).

Table 3: Expenditures for Behavioral Health Crisis Services, 2022

State Spending for Crisis Services	Total	Average Expenditures per State	Number of States Reporting	Number of Programs/ Centers	Average Per Program/ Center*
Lifeline Centers	$310,901,176	$7,772,529	40	185	$1839,652
Non-Lifeline Call Centers	$75,328,499	$5,380,607	14	344	$896,768
Mobile Crisis	$405,360,818	$16,890,034	24	1,287	$581,579
Crisis Receiving & Stabilization	$307,915,440	$4,679,187	21	237	$663,467
Crisis Residential	$455,809,253	$19,817,794	22	339	$857,408
Total	**$1,555,315,186**	**$38,88,880**		**2,392**	

** Note, not all states reporting the number of crisis programs were able to report expenditures for crisis services. Average Expenditures Per Program is calculated based on expenditures of reporting states divided by the number of programs in each state reporting expenditure data.*

Table 4 below shows that state general funds and the SAMHSA MHBG were the most frequently used funding sources for all behavioral health crisis services. The MHBG includes a requirement that SMHAs. spend at least 5% of their MHBG allocations on crisis services, but many states are using additional MHBG funds above the 5% set-aside to support crisis services.

Table 4: Number of States Using Funding Source to Support Behavioral Health Crisis Services, 2022

Funding Crisis Services	Lifeline/988 Call Centers	Non-Lifeline Call Centers	Mobile Crisis Teams	<24 Hour Crisis Receiving & Stabilization Facilities	Crisis Residential Programs
State General Fund	34	20	38	29	34
MHBG 5% Set-Aside	24	7	19	6	9
Other MHBG	21	9	16	7	11
Other SAMHSA	30	7	10	3	4
Medicaid	7	8	31	22	24
New Medicaid MCT Option			18		
Cell/ Phone Fee	4	0	3	1	0
Other Funding	17	11	6	11	8

For more information about state funding of Crisis Services, see the State Profiles Report: "**Financing Behavioral Health Crisis Services, 2022**" available at: https://www.nri-inc.org/media/pa3i4qjl/financing-bh-crisis-services-final-2022.pdf

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