

# State Mental Health Agency Workforce Shortages Across the Crisis Continuum

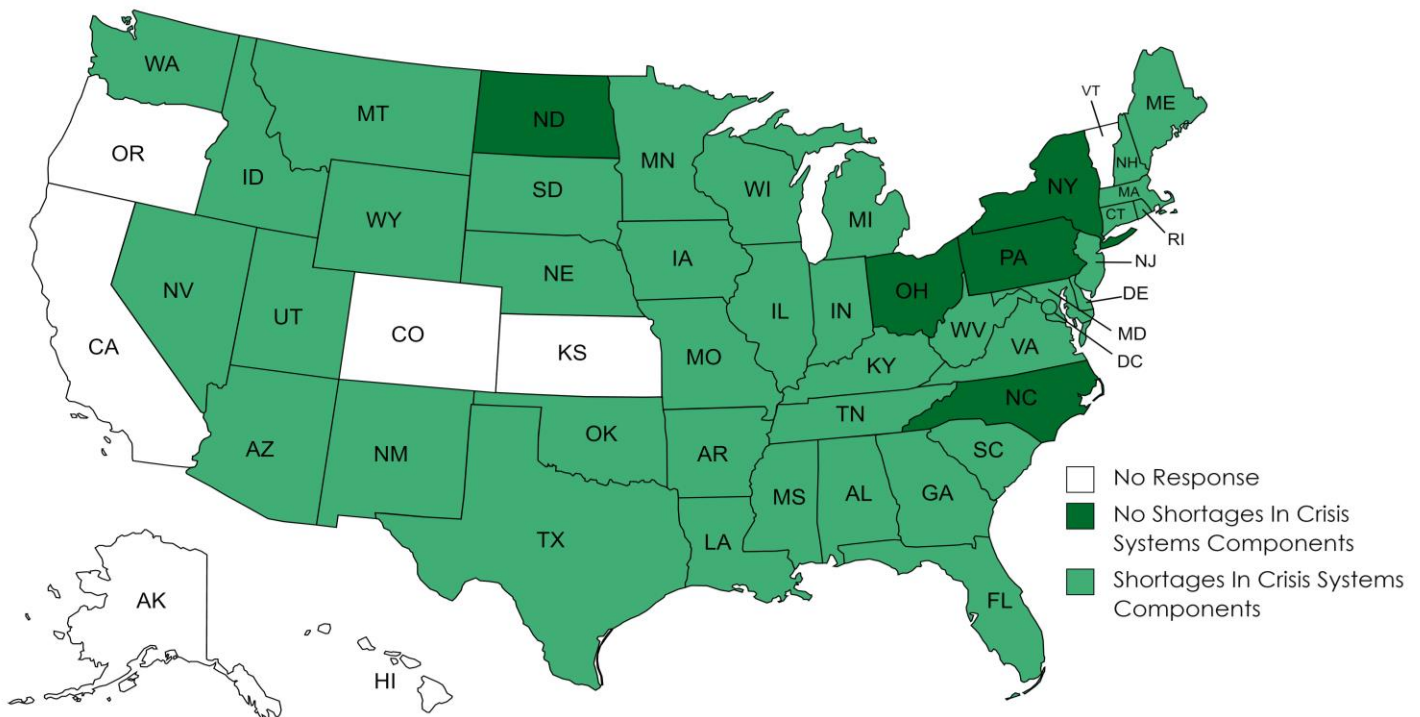
NRI's 2022 State Profiles

December 2022

SAMHSA's [National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit](#) has established a no-wrong-door integrated crisis system of care that includes designations for 1) someone to talk to (i.e., call centers), 2) someone to respond (i.e., mobile crisis teams), and 3) somewhere to go (i.e., crisis stabilization centers). Additionally, the workforce in crisis residential centers provide acute psychiatric services in semi-secure settings to children and adolescents experiencing a behavioral health crisis. NRI's 2022 State Profiles Workforce component captures behavioral health workforce data for call centers, mobile crisis teams, crisis stabilization centers, and crisis residential centers.

[SAMHSA's 2014 Crisis Services: Effectiveness, Cost- Effectiveness, and Funding Strategies report](#) clarifies that crisis staffing may include: psychiatrists, clinical psychologists, social workers, nurses, a case manager or counselor, peer support services, and a consulting physician. Behavioral health workforce shortages within any of the crisis system positions impact the ability of the SMHA to provide robust, high-quality, and equitable services to individuals during a crisis. Additionally, burnout and high stress remains a concern among understaffed teams, organizations, and systems. Thirty-nine (89%) SMHAs reported workforce shortages within the crisis system (see Figure 1). Five (11%) SMHAs reported no workforce shortages across any job position within the overall crisis system (*Note: not all states offer all four crisis system components*).

Figure 1. States Reporting Workforce Shortages In At Least One Crisis System Component



## Workforce Shortages Within the Crisis System

Across the crisis continuum, more SMHAs (36) reported workforce shortages in mobile crisis teams than any other crisis system component (see Table 1). In 35 (80%) states, SMHAs reported behavioral health workforce shortages in crisis stabilization units; in 28 (64%) states, SMHAs were experiencing workforce shortages in residential crisis programs; and 28 (64%) SMHAs reported experiencing workforce shortages in crisis call centers. SMHAs reported experiencing the greatest shortages in the social worker job position across crisis call centers, mobile crisis teams, crisis stabilization

**89%**

of reporting SMHAs are experiencing crisis workforce shortages

**Social Workers**

are the top shortage position(s) across the crisis continuum

**52%**

of reporting SMHAs have a preparatory peer crisis training program

centers, and crisis residential centers. Employment/Education Specialists had the fewest number of states reporting shortages within the crisis system of care.

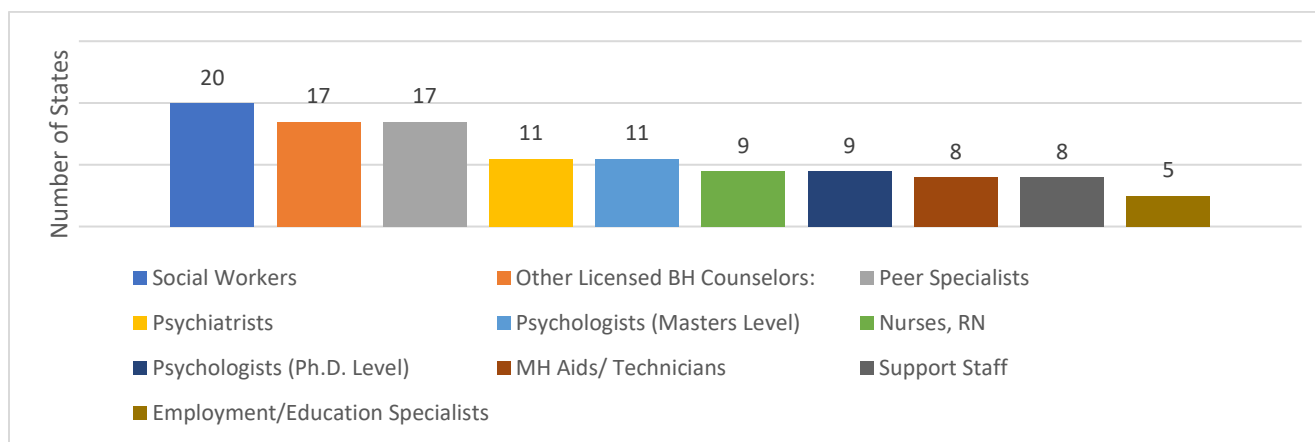
Table 1. Number of States Reporting Shortages Among Crisis Providers, by Crisis Component

	Call Centers	Mobile Crisis	Crisis Stabilization	Crisis Residential
Psychiatrists	11	17	26	21
Nurses, RN	9	19	29	21
Psychologists (Ph.D. Level)	9	12	11	9
Psychologists (Masters 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
<b>Number of States w/ Shortage</b>	<b>28</b>	<b>36</b>	<b>35</b>	<b>28</b>

## Crisis Call Centers

Crisis call centers serve as someone to talk to (via telephones, text messaging, and/or chat) during a mental health crisis. The recent rollout of 988 highlights the concern for higher patient utilization of crisis services while SMHAs are experiencing workforce shortages. In crisis call centers, the job positions with the most SMHAs reporting staffing shortages are social workers (20 states), peer specialists (17 states), and other licensed behavioral health positions (17 states). The job positions with the fewest SMHAs reporting staffing shortages in crisis call centers are employment/education specialists (5 states), mental health aids/technicians (8 states), and support staff (8 states). See Figure 2.

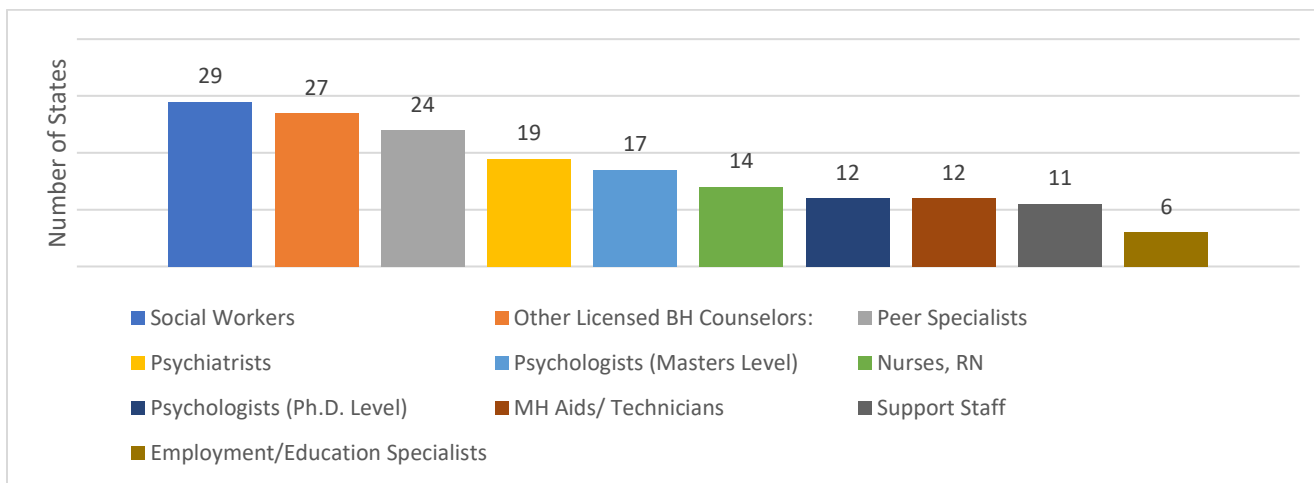
Figure 2. Number of States Reporting Shortages in Crisis Call Centers, by Job Position, 2022



## Mobile Crisis Teams

The workforce that forms mobile crisis teams serves as someone to respond to a crisis and provide community-based interventions. Within mobile crisis teams, the job positions with the most SMHAs reporting staffing shortages are social workers (29 states), other licensed behavioral health positions (27 states), and peer specialists (24 states). The job positions with the fewest SMHAs reporting staffing shortages within mobile crisis teams are employment/education specialists (6 states), support staff (11 states), and mental health aids/technicians (12 states).

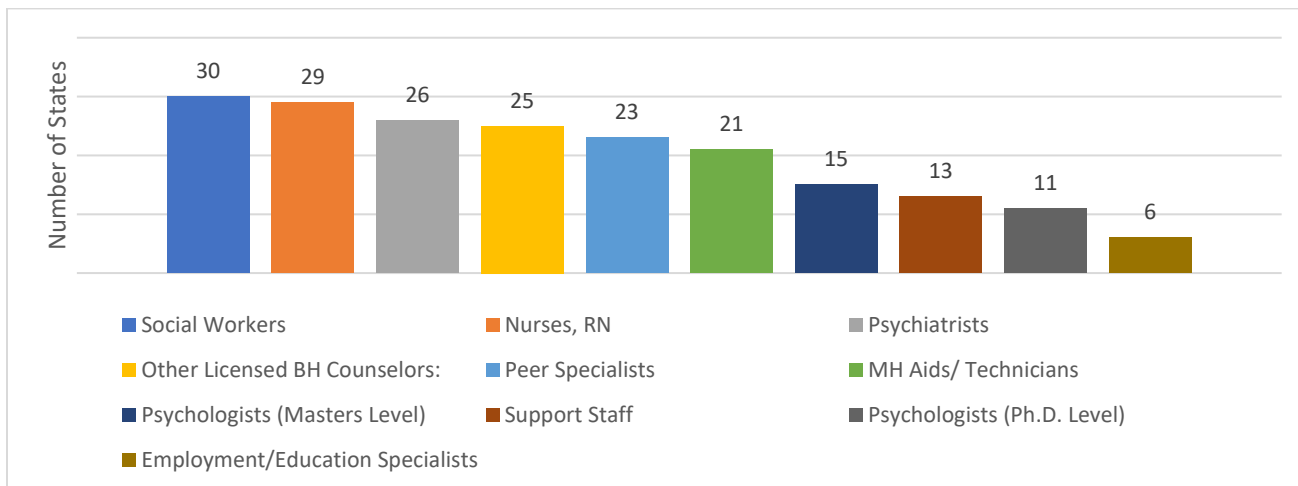
Figure 3. Number of States Reporting Shortages in Mobile Crisis Teams, by Job Position, 2022



## Crisis Stabilization Centers

The workforce in crisis stabilization centers plays a critical role in ameliorating crisis events and operating the place to go component of the crisis system. In crisis stabilization centers, the job positions with the most SMHAs reporting staffing shortages are social workers (30 states), nurses (29 states), and psychiatrists (26 states). The job positions with the fewest SMHAs reporting staffing shortages in crisis call centers are employment/education specialists (4 states), psychologists (PhD level) (11 states), and mental health aids/technicians (12 states).

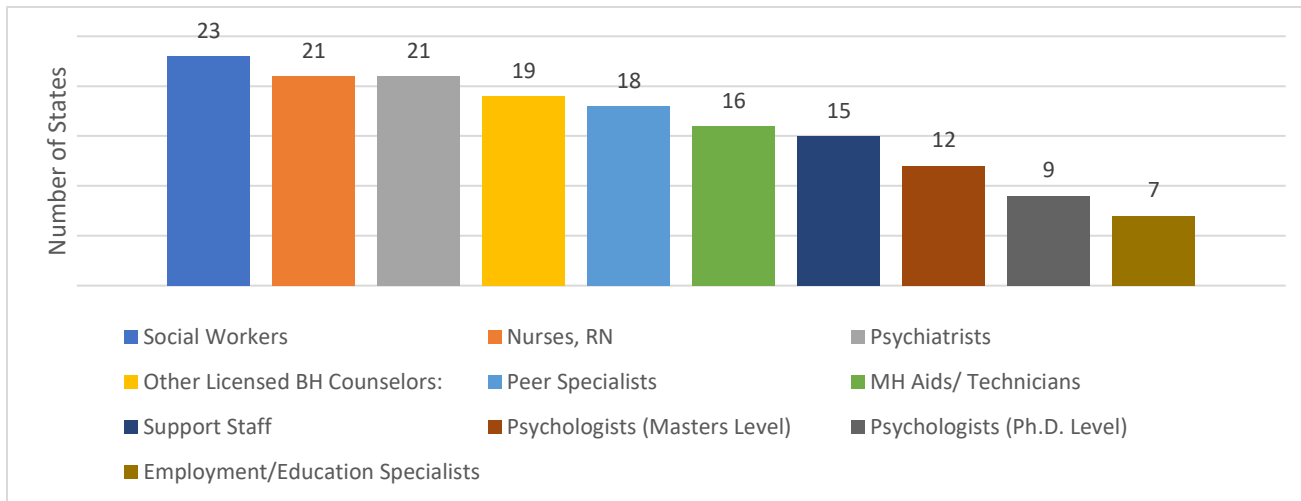
Figure 4. Number of States Reporting Shortages in Crisis Stabilization Centers, by Job Position, 2022



## Crisis Residential

Residential crisis programs assist individuals experiencing a crisis and serve as an alternative to inpatient hospitalization. In crisis residential centers, the job positions with the most states reporting staffing shortages are social workers (23 states), psychiatrists (21 states), and nurses (21 states). The job positions with the fewest SMHAs reporting staffing shortages in crisis residential centers are employment/education specialists (7 states) and psychologists (9 states for PhD. Level and 12 states for master’s level).

Figure 5. Number of States Reporting Shortages in Crisis Residential Centers, by Job Position, 2022



## Peer Crisis Training

Training certified peer support specialists enhances the behavioral health workforce, increases organizational knowledge within SMHAs, and better equips peers to provide non-clinical services during crisis interventions. Twenty-eight SMHAs have special training that prepares peer specialists to work in the behavioral health crisis system.

- In Arizona, the Arizona Health Care Cost Containment System AHCCCS requires utilizing peer support services in providing crisis services. Peer and Recovery Support Specialist (PRSS) working in the crisis system must qualify as a Behavioral Health Paraprofessional (BHPP), Behavioral Health Technician (BHT), or Behavioral Health Professional (BHP), and have graduated from an approved training program. Provider agencies employing PRSSs in the crisis system are responsible for providing any additional training required for this role.
- In Georgia, peers receive additional training (along with other staff from those providers, so non-peer-specific) specific to crisis supports including hotlines, warmlines, hospitals, Emergency Departments, Crisis & Stabilization Units, and Mobile Crisis.
- In Illinois, the Illinois Department of Human Services’ Department of Mental Health IDHS-DMH has coordinated training for mobile crisis teams through Humannovations (Crisis Peer Ally Training) and RI International (Mobile Crisis Team Training for Peer Supporters, Paraprofessionals, and BHPS). Additionally, providers are given the choice of which vendor to use to train their staff.
- In New Hampshire, peer specialists attend training alongside all other mobile crisis team/staff members for a 40-hour comprehensive mobile crisis training; peers are also required to attend New Hampshire Certified Peer Support Specialist trainings which include Intentional Peer Support, Recovery Action Planning and Wellness training.
- In Oklahoma, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) Peer Division has developed a Peer Specialist Crisis Training for peers working in a crisis level of care.

- In Texas, certified training entities may provide additional training (called endorsements) for trauma-informed care, community re-entry training for previously justice involved individuals, Crisis Support, Co-occurring challenges.
- In Wisconsin, there is a 48-hour extensive integrated mental health and substance use peer and parent peer specialist training and certification process. In addition, DHS is currently working on a crisis system redesign that is developing additional training for peer support in crisis services.
- In West Virginia, several publicly available resources have been developed surrounding the training of peers, see *the [WV Behavioral Health Workforce and Health Equity Center's Peer Hub](#)* and also its [Wraparound and Mobile Response Training](#).
- In Washington, the Health Care Authority's Division of Behavioral Health and Recovery has developed a seven module LMS training and a 40-hour in person continuing education training for peer specialists working in crisis settings. Topics covered include trauma informed care, crisis system in WA State, suicide prevention, crisis and self-care, communication in crisis, conflict and crisis, interventions, and after crisis planning.

Please contact NRI at [profiles@nri-inc.org](mailto:profiles@nri-inc.org) with any questions or comments about this and other State Profiles reports.