Overview of the State Behavioral Health Crisis Services Continuum, 2024

NRI's 2024-2025 State Profiles

Highlights from 54 States/Jurisdictions Responding to the Crisis Component of NRI's 2024-2025 State Profiles, with Supplementary Historic Information from the Crisis Component of NRI's 2022 State Profiles

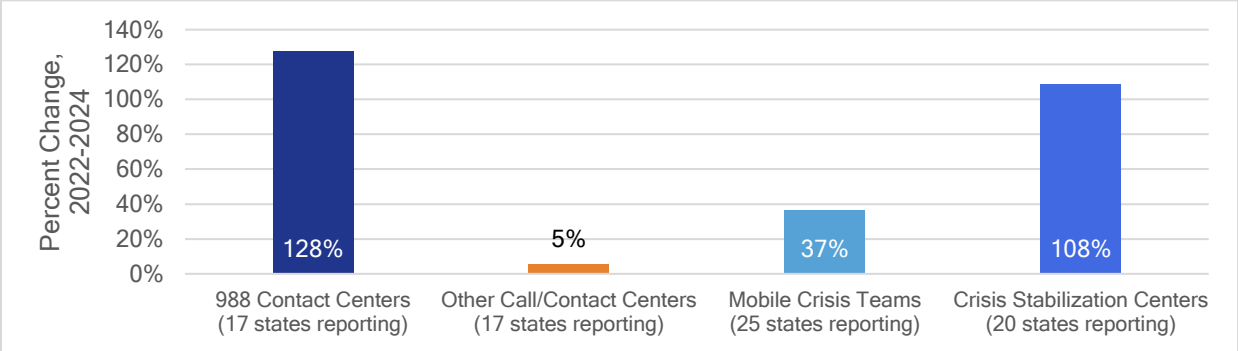
A comprehensive behavioral health crisis system must respond 24-hours-a-day, seven-days-a-week to anyone experiencing a behavioral health crisis. SAMHSA published a revised 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care recommending for every state's comprehensive crisis continuum to include three revised core elements:

1. **Someone to Contact** via 988 or other behavioral health lines and contact centers;
2. **Someone to Respond,** typically in the form of Mobile Crisis Teams (MCTs); and
3. **A Safe Place for Help,** typically in the form of Crisis Stabilization services (CSs).

Increase in Crisis Services, 2022 to 2024

With ongoing support from SAMHSA and other federal agencies, State Mental Health Agencies (SMHAs) continue to expand the availability of services in each core crisis continuum area. Notably, data regarding change in services over time from 2022 to 2024 are reported only for States and Jurisdictions for which both years of that service's data are available.

Figure 1: Percent Increases in Numbers of Individuals Receiving Crisis Services, 2022 to 2024 (for States/Jurisdictions with Data Available Both Years)



Thirty-eight states reported an increase of 988 contacts of over 120 percent. The median growth was a doubling of contacts. SIx states more than doubled the number of the clients served by Crisis Stabilization services. There is a negligible increase in people served by non-988 contact centers.

2024 U.S. Total:
554
988 and other Contact Centers

2024 U.S. Total:
2,111
Mobile Crisis Teams

2024 U.S. Total:
794
Crisis Stabilization service programs

State expenditures for crisis services overall increased by 50 percent from 2022 to 2024, with funding for 988 contact centers increasing by 49 percent and funding for mobile crisis services increasing by 103 percent.

State Implementation of the Crisis Services Continuum in 2024

In 2024, every state, the Northern Mariana Islands, and Puerto Rico provided **Someone To Talk To** with trained crisis counselors staffing contact 988 contact centers. Thirty-four states also supported 349 additional, non-988 crisis contact centers. Forty-nine states, the District of Columbia, Guam, the Commonwealth of the Northern Mariana Islands, and Puerto Rico provided **Someone to Respond** through Mobile Crisis Teams (MCTs) which travel to individuals experiencing crisis. Forty-four states, the District of Columbia, the Commonwealth of the Nothern Marian Islands, and Puerto Rico provide **A Safe Place for Help** by supporting short-term Crisis Stabilization services (CSs). These are programs providing less-than-24-hour care for individuals in crisis who need services beyond those delivered by 988 contact centers and MCTs. CSs typically accept anyone experiencing a crisis, with most accepting walk-ins and drop offs from emergency personnel or law enforcement.

Figure 1: Implementation of Crisis Components by State, 2024

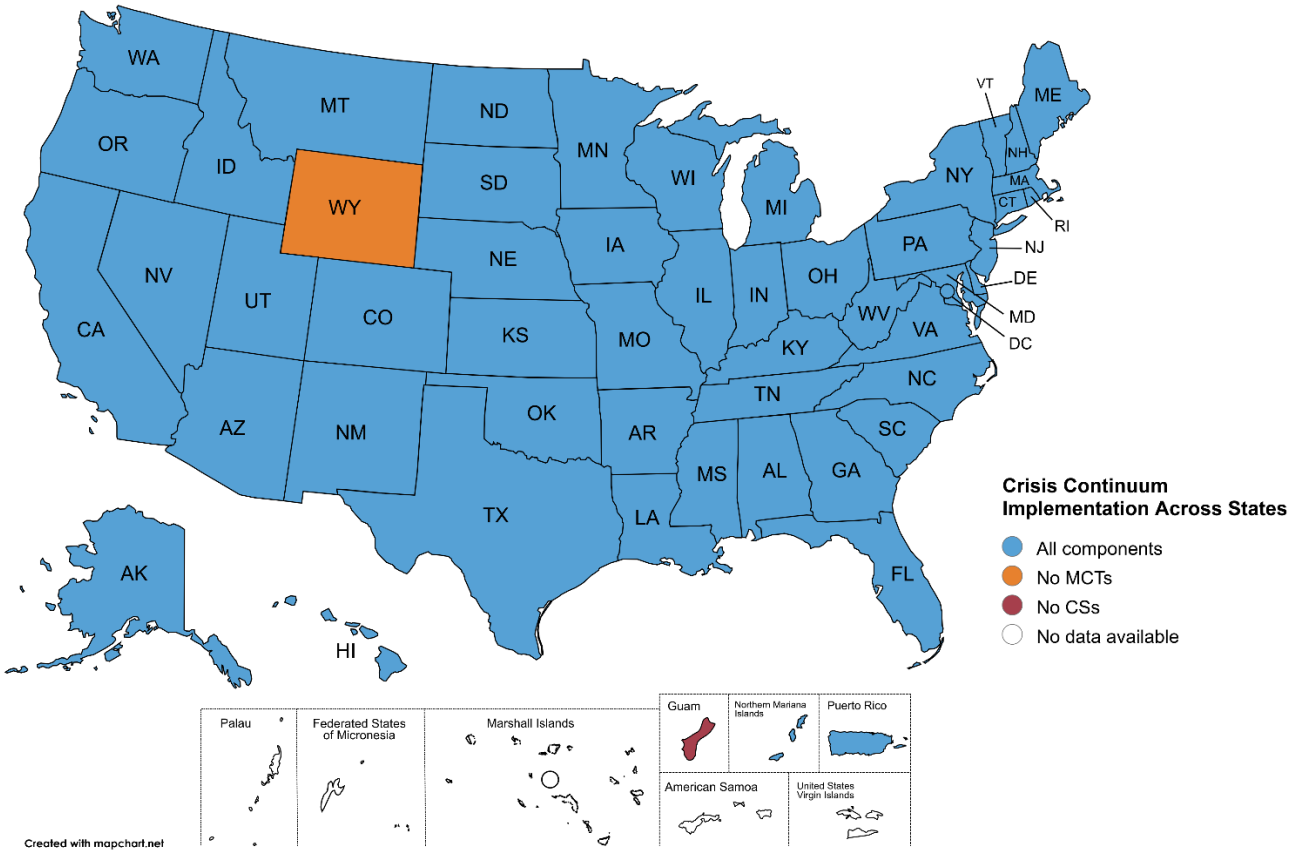


Table 1: State Supported Behavioral Health Crisis Services, 2024
**NOTE: Not all states that said "Yes" to planning to open new programs reported a specific number planned*

	Crisis Contact Centers		Mobile Crisis Teams	Crisis Stabilization Services	Crisis Residential Programs
	988/Lifeline	Other Contact Centers			
Number of Programs	205	349	2,111	794	486
Number of States reporting	54	33	53	48	43
Number of Contacts/Clients Served	4,666,332	3,005,842	890,753	158,136	161,366
Number of States reporting	54	30	46	32	33
Expenditures for Service	$440,581,430	$121,542,198	$912,937,513	$1,145,852,617	$429,662,378
Number of States reporting	52	23	46	37	18
Number of New Programs Planned	12	0	201	115	95
Number of States reporting*	18	0	23	27	29
Statewide Availability of Programs	ALL	*Not collected*	34 Statewide / 18 Parts of State / 2 Not Available	25 Statewide / 24 Parts of State / 1 Not Available	*Not collected*
24/7 Availability of Programs	47 All / 4 Some / 0 None / 3 No Response	28 All / 1 Some / 3 None / 22 No Response	32 All / 17 Some / 4 None / 1 No Response	18 All / 11 Some / 10 None / 15 No Response	ALL

Someone To Talk To: Behavioral Health Crisis Contact Centers

The 988 contact centers are staffed by clinicians who provide behavioral health crisis care via telephone, texting, and online chat 24/7. Ideally, centers provide real-time coordination of crisis care, providing referrals to care as well as ensuring callers receive care appropriate to their situation. The 988 contact centers are part of a national network that provides backup if one center has more calls than it is equipped to handle or a center is not staffed to provide services in a particular language. The 988 contact centers respond to text and chat contacts and 38 states reported over 825,000 text and chats were addressed in 2024. In 32 states, 988 contact centers are entirely staffed by paid staff, while in 15 states a combination of paid staff and volunteers staff the centers. To facilitate recruitment and retention of their workforce, 988 contact center staff can work remotely in 37 states.

Thirty-two states, the Northern Mariana Islands, and Puerto Rico reported having 349 non-988 behavioral health contact centers, many of which existed prior to 988-implementation. These additional contact centers, often operated by community metal health centers (CMHCs), state mental health agencies, or state-funded managed care organizations, responded to more than

3 million crisis calls in 2024. In 16 states, these non-988 crisis contact centers can dispatch mobile crisis teams for follow-up care for individuals needing additional crisis services.

Someone to Respond: Mobile Crisis Teams (MCTs)

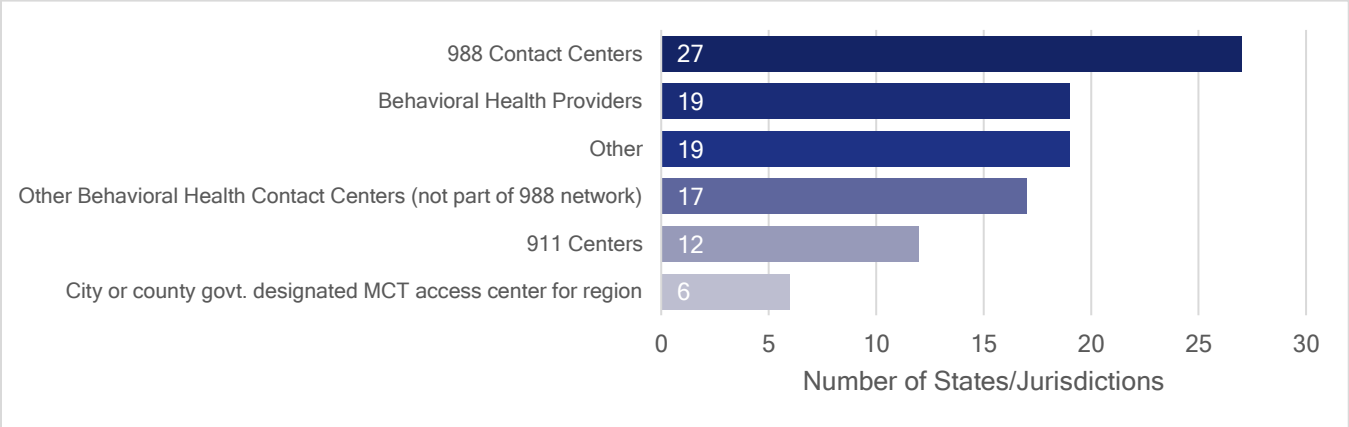
Mobile Crisis Teams (MCTs) are specialized crisis response teams that travel to meet with and assist an individual experiencing a crisis, wherever they are. MCT responses typically involve two trained staff: typically one licensed and/or credentialed clinician and another who may be a peer specialist, emergency medical technician, or other behavioral health or first responder.

All states operate at least one MCT program, with 2111 MCT programs reported. Forty-six states reported MCT responses to more than 890,000 crises in 2024, though the total individuals served is likely higher. In 46 states, MCTs respond to mental health and substance use crises, while in just one state they only respond to mental health crises. There are MCT programs in 23 states that specialize in serving children and adolescents. In the 25 states reporting age-stratified clients served, 24 percent of clients served were under age 18. In 23 states, an additional 201 MCT programs are planned to open in the next year. Plans also support 65 new, children-and-adolescent-focused MCT programs in nine states.

A co-responder model, with MCTs including law enforcement as part of the response, existed in 19 states. Telehealth is used by MCT programs in 38 states, especially in rural areas.

MCTs are dispatched by 988 contact centers in 27 states; non-988 contact centers in 16 states; city, or county government designated MCT regional access centers in 6 states; 911 centers in 12 states; and behavioral health providers in 19 states. Notably, multiple crisis programs may dispatch MCTs in many states, so summing the aforementioned responses may exceed the total 54 states and jurisdictions reporting.

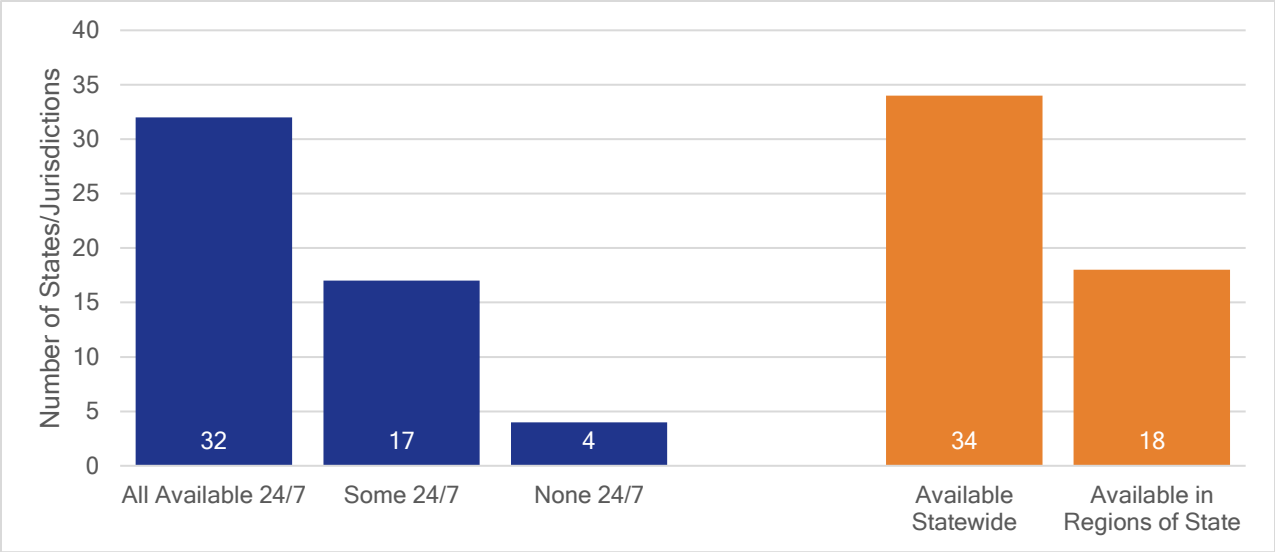
Figure 3: What Crisis System Providers Dispatch Mobile Crisis Teams, 2024



MCTs are operated by community mental health providers in 35 states, by CCBHCs in 20 states, and by the SMHA directly in ten states. Managed care organizations, county and local governments and local hospitals also operate MCTs in one state.

Mobile Crisis Teams are a new service in many states and the service is being built-out with the goal of providing the service to everyone in all states. In 34 states, there is statewide availability of MCTs, with 17 states providing MCTs in only parts of the state. In 32 states, all MCT programs are available 24/7 versus in 17 states only some MCT programs have twenty-four-seven-availability. Workforce staffing/issues were cited by 26 states as the biggest challenge they face in providing MCTs twenty-four seven.

Figure 4: Number of States with Mobile Crisis Teams Available State-wide and 24/7, 2024



A Safe Place For Help: Crisis Stabilization Services (CSs)

Crisis Stabilization service programs (CSs) provide an alternative to emergency departments, psychiatric hospitals, and jails for those in crisis who need a place for assessment and crisis stabilization. SAMHSA has recommended that CSs provide care in a home-like, non-hospital environment, so CSs often furnish their facilities with recliners and comfortable chairs rather than hospital beds.

There were 794 CSs operating in 46 states, the District of Columbia, The Northern Mariana Islands, and Puerto Rico. More than 22,000 children and adolescents were served by CSs in nine states. There are plans to open 115 CSs in 27 states, including nine CSs specifically for children and adolescents.

Table 2: Characteristics of States' Available CSs, 2024
**NOTE: Multiple rows within the same heading may multiple-count States (e.g., State would be counted each time in all appropriate rows if State has some combination voluntary-only facilities, involuntary-only facilities, and combined facilities)*

CSs Accept Walk-in Clients	Number of States
Walk-in Clients Treated	40
No Walk-in option	2
Legal Status of Clients Served	
Voluntary Only	26
Involuntary Only	1
Both Voluntary and Involuntary	18
CSs have Involuntary Patient Treatment Area	
Shared Space	16
Separate space for Involuntary Patients	7
CSs have Locked Units	
Yes, CSs have Locked Units	18
No, CSs Do Not have Locked Units	19
Medical Staffing of CSs	
CSs have On-Site Medical Staff	35
CSs have On-Call Medical Staff	29
Other (RN On-Site or Agreement with Local Hospital)	4
On-Site Pharmacy for CSs	
CSs have On-Site Pharmacy	18
Dedicated law enforcement / EMS drop off entrance	
CSs have dedicated law enforcement / EMS drop off entrance	31

Most CSs accept all individuals experiencing a crisis, with a "no wrong door" entry approach. Individuals who feel they are experiencing a crisis can walk in by themselves or be brought by a friend or family member, but they can also be transported to the CSs by MCTs, law enforcement, or emergency responders. In 18 states, CSs have locked units. In five states all CSs and in two states some CSs have separate areas for involuntary patients.

All CSs in 23 states and some CSs in 12 states have on-site medical staff available. All CSs in 18 states and some CSs in 11 states have on-call medical staff to address medical issues or provide behavioral health diagnoses. All CSs in six states and some CSs in 12 states have on-site pharmacies.

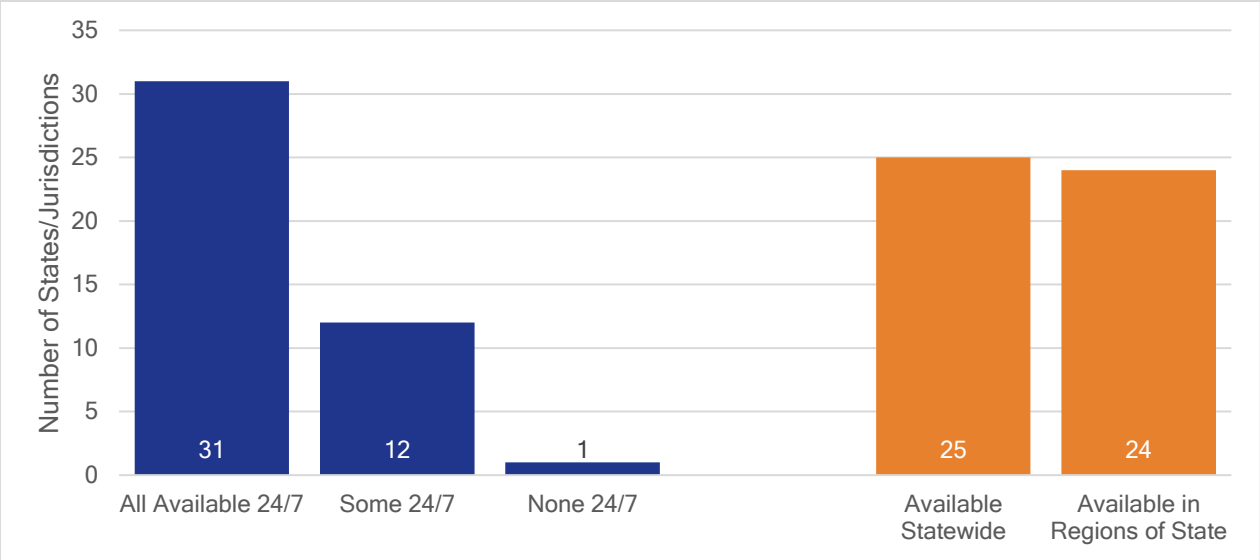
Many facilities now-known as CSs were opened prior SAMHSA's model guidelines, so CSs may follow any combination of many different service models in many different settings (e.g., widely-varying options ranging from community-based sobering centers to hospital-emergency-room-based EmPATH models, as two of many possible examples).

Twenty states reported supporting 127 less-than-24-hour CSs. In 10 states, all CSs in the state operated exclusively as less-than-24-hour units, while in six states, only some CSs in the state operate exclusively as less-than-24-hour units.

Twenty-two states reported supported CSs that operated with a combination of less-than-24-hour units and short-term (typical length of stay 2-14 days) crisis residential beds. In nine of these states, all CSs provide both less-than-24-hour and short-term beds, while in 10 states, only some of their CSs follow this combination model.

CSs are available statewide in 25 states but only in parts of the state in 24 states, most-often urban and suburban areas. CSs are available 24/7 in 27 states.

Figure 5: Number of States with CSs Available State-wide and 24/7, 2024



Short-Term Crisis Residential (CR) Programs (Length of Stay: 2-14 days)

Crisis residential (CR) programs are short-term programs for individuals experiencing a behavioral health crisis who do not require services at the intensity of inpatient psychiatric care or detoxification treatment. In 2024, 43 states reported supporting a total of 486 CR programs that provided services to a total of 161,366 individuals (with 33 states reporting number of clients served). Twenty-nine states report plans to open at least 95 additional CR programs in the next year. All CR programs operate twenty-four seven.

Thirty-one states reported challenges to providing CR services statewide. Twenty-six 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, with lack of housing support services a barrier in 20 states. In 11 states, the lack of appropriate follow-up services was a barrier.

Financing Crisis Services

States spent over $3 billion supporting behavioral health crisis services in 2024. About a third of these expenditures were on CSs ($1.1 billion), followed by MCTs ($912 million), 988 and other contact centers ($558 million), and CRs ($421 million), although only 19 states reported

expenditures on CRs. The average 2024 expenditure for 988 contact centers was $3.1 million per center, with average 2024 expenditures as $680,000 per MCT, and $5.3 million per CS program.

Table 3: Expenditures for Behavioral Health Crisis Services, 2024
**NOTE: States reporting BOTH number of programs/MCT teams AND expenditures*

Crisis Services	Total Expenditures ($ Millions)	Mean Expenditures Per State ($ Millions)	Number of States Reporting	Total Number of Programs / MCT Teams	Mean Expenditures Per Program / MCT Team ($ Millions)	Number of States Reporting*
988 Contact Centers	$440.58	$8.47	52	201	$3.09	52
Other Contact Centers	$118.01	$5.06	23	161	$4.00	20
Mobile Crisis Teams	$912.64	$19.85	46	1863	$0.68	44
Crisis Stabilization Services	$1,145.85	$29.38	37	611	$5.30	39
Crisis Residential	$421.33	$24.78	19	486	$1.26	18
Total	**$3,038.41**	**$57.40**	**53**	**3322**	**$0.83**	**53**

Crisis services were funded through state general revenues, the SAMHSA Mental Health Block Grant, including the five-percent-set-aside for crisis services, and Medicaid (see table 4).

Table 4: Number of States Using Various Funding Sources to Support Behavioral Health Crisis Services, 2024
**NOTE: States applying for or approved to use the Medicaid MCT Option*

Funding Sources	988 Contact Centers	Other Contact Centers	Mobile Crisis Teams	Crisis Stabilization Services	Crisis Residential Programs
State Funds	46	7	19	6	29
MHBG 5% Set-aside	18	16	22	11	9
Other MHBG Funds	18	5	14	7	8
Other SAMHSA Funds	16	8	9	4	2
Medicaid	15	4	37	28	16
New Medicaid MCT Option*			18		
City/County Gov. Funds	3	4	6	5	3
Telecom Fee	40	24	43	15	1
Private Insurance	0	0	5	7	2
Other	4	9	4	4	5

Other Crisis Services

- Seventeen states support 185 behavioral health urgent care programs, which offer diversion from emergency departments and other intensive crisis services.
- Twenty-one states support a total of 65 peer respite programs. In 17 of these states, peer respite programs are operated solely by peers.
- Thirteen states support a total of 129 sobering centers, which are low-barrier, short-term, and community-based facilities that provide monitoring and oversight of adults with acute alcohol and other drug intoxication.
- Thirty-nine states work in some way with law enforcement to support Crisis Intervention Teams (CIT) for mobile crisis response.
- **Services Supporting Crisis Responders' Ability to Address the Needs of All Individuals:**

- Thirty-two states support specialized crisis system capacities to respond to non-native English speakers.
- Twenty-eight states support specialized crisis services for individuals who are hearing or visually impaired.
- Twenty-seven states have the capacity to respond to the needs of individuals in crisis who may have co-occurring mental health and intellectual or developmental disorders or autism spectrum disorder (ASD).
- Eighteen states have the capacity to respond to the needs of individuals in crisis who have dementia or a traumatic brain injury.
- Thirty-two states have the capacity to provide specialized crisis services for children and adolescents.