Mobile Crisis Teams, 2024

NRI's 2024-2025 State Profiles

July 2025

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 enable the crisis team to meet face-to-face with an individual experiencing a behavioral health crisis. MCTs have demonstrated effectiveness in helping address crises and reduce use of emergency rooms, psychiatric hospitalizations, and adverse criminal justice system interactions. MCTs are dispatched by a crisis contact center (such as 988, 911, other local Crisis Call Centers, or by behavioral health provider organizations). In 2025, SAMHSA published the "National Behavioral Health Crisis Care Guidance" that includes Mobile Crisis Teams as one of three core elements in a comprehensive crisis continuum: **"Someone to Talk to", "Someone to Respond" (MCTs),** and **"A Safe Place for Help"**.

Increase In Mobile Crisis Services: 2022 - 2024

With major support from SAMHSA and other federal agencies, State Mental Health Agencies (SMHAs) are greatly expanding the availability of MCT services. For the 52 states reporting data in both 2023 and 2024, there was an increase of 445 MCTs operating in 2024 compared to 2023 (a 26 percent increase). Thirty-nine states (with data for all three years, 2022-2024) reported an increase of 527 MCTs operating in 2024 compared to 2022 (a 42 percent increase). These teams served 221,166 more individuals in crisis in 2024 than 2023 (a 31 percent increase in the 41 states with data for both years). From 2022 to 2024 there was 37 percent increase among 25 states with reported data all three years. As states expand MCT services, expenditures for MCT services increased by almost $196 million (a 31 percent increase with 34 states reporting data in 2023 and 2024). Across all reported data for 2022 through 2024, MCTs have seen a 62 percent increase in the number of programs, a 249 percent increase in clients served, and a 202 percent increase in funding (see figure 1).

2,111
Mobile Crisis Teams in 2024

890K+
Clients Served by Mobile Crisis Teams

$912 M
Mobile Crisis Expenditures

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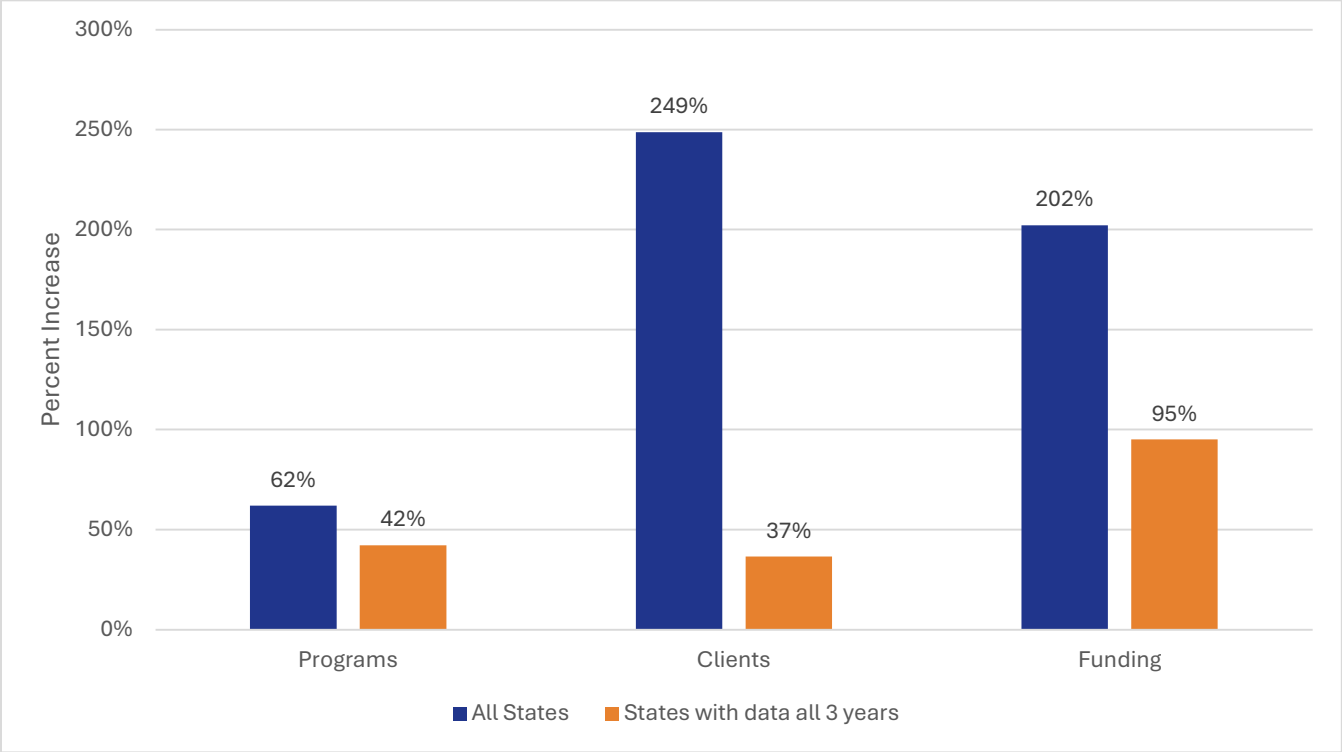
Figure 1: Percent Increase in MCT Services, 2022 to 2024, (states with data only 2022 and 2024 and all states repoting)



MCTs 2024

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 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, an Emergency Medical Services (EMS) or other first responders.

MCTs are currently operating in 96 percent of responding states (52 of 54). Most (46) states have staffed and funded their MCTs to respond to both mental health crises and substance use crises (13 states did not respond). Additionally, 17 states have MCTs that respond to intellectual and developmental disability (IDD) crises.

In 2024, 53 states and territories reported they currently have 2,111 MCTs. The median state reported 18 MCTs, ranging from one MCT in three states (AR, GU, CNMI), to 462 MCTs in California. In 25 states, a total of 345 separate MCTs have been established to work with children and adolescents experiencing a crisis, and 11 states report they are planning to support new child/adolescent-focused MCTs. Nineteen states reported plans to open at least 201 additional MCTs in the next year.

Forty-six states reported their MCTs served 890,753 individuals in 2024. States averaged 19,364 individuals served by MCTs (the median was 8,586), ranging from a high of 203,168 in Illinois, to a low of 20 in Guam. In the 25 states able to report MCT clients served by age, just

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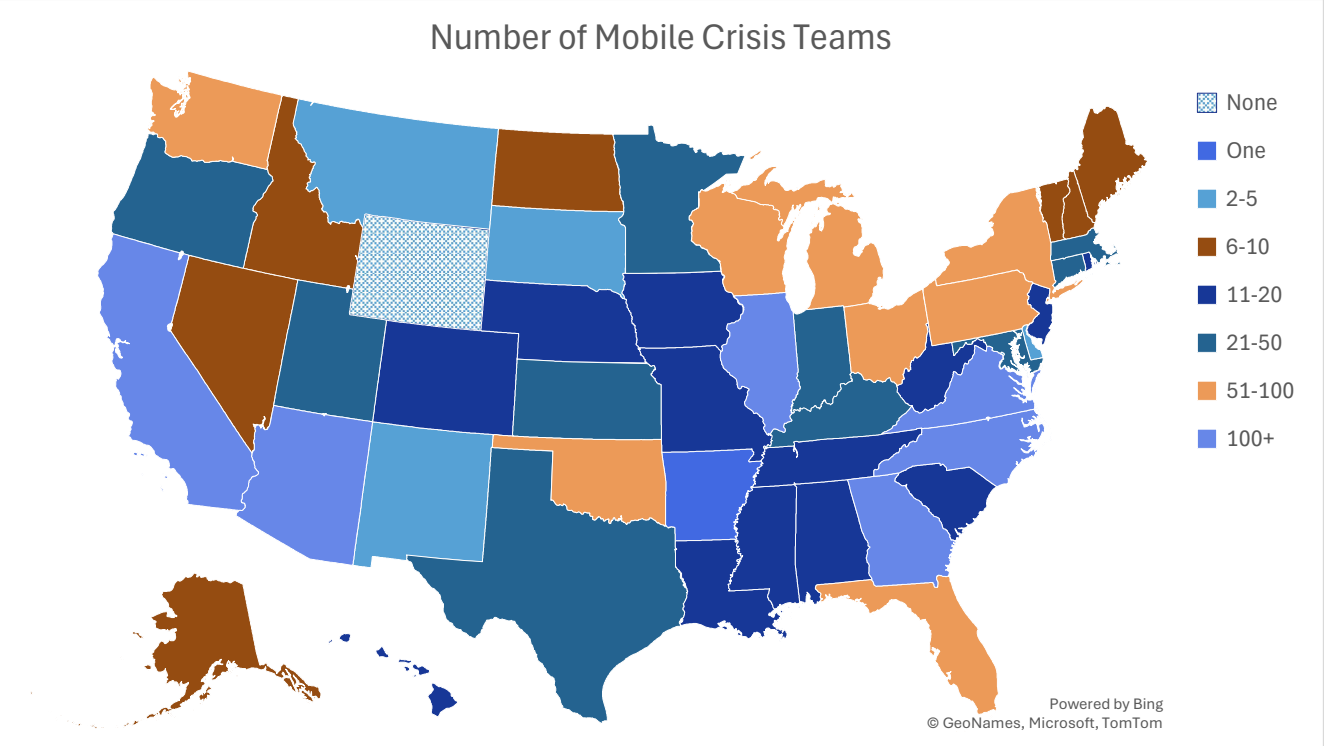
over 15 percent were under the age of 18, and nearly 85 percent 84.92 percent were aged 18 and over.

Figure 2: Number of Mobile Crisis Teams, 2024



MCT Co-Responder Models working with Law Enforcement:

Thirty-eight states reported that some form of law enforcement co-response is available in the state, 19 of those states reported a total of 218 dedicated co-response models. Sixteen states reported that co-response teams are not controlled or operated at the SMHA level, and one state (SC) reported that all MCTs respond with law enforcement. Telehealth is used as part of the MCT model in eight states, especially to improve access in rural and remote areas, or to assist law enforcement and other first responders.

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 27 states, 988 Contact Centers are one of the key crisis system components responsible for dispatching MCTs; however, in many states, the role of 988 Crisis Contact centers in dispatching MCTs is still being developed. In 17 states, all 988 Crisis Contact Centers can dispatch MCTs when needed; while in 10 states, some of their 988 Crisis Contact Centers can dispatch MCTs, and in 18 states, no 988 contact centers can dispatch MCTs. Other organizations that dispatch MCTs include other crisis contact centers (16 states), mental health providers, such as Certified Community Behavioral Health Centers (CCBHCs), community mental health centers, managed care organizations (MCOs; 19 states), 911 emergency centers (13 states) and

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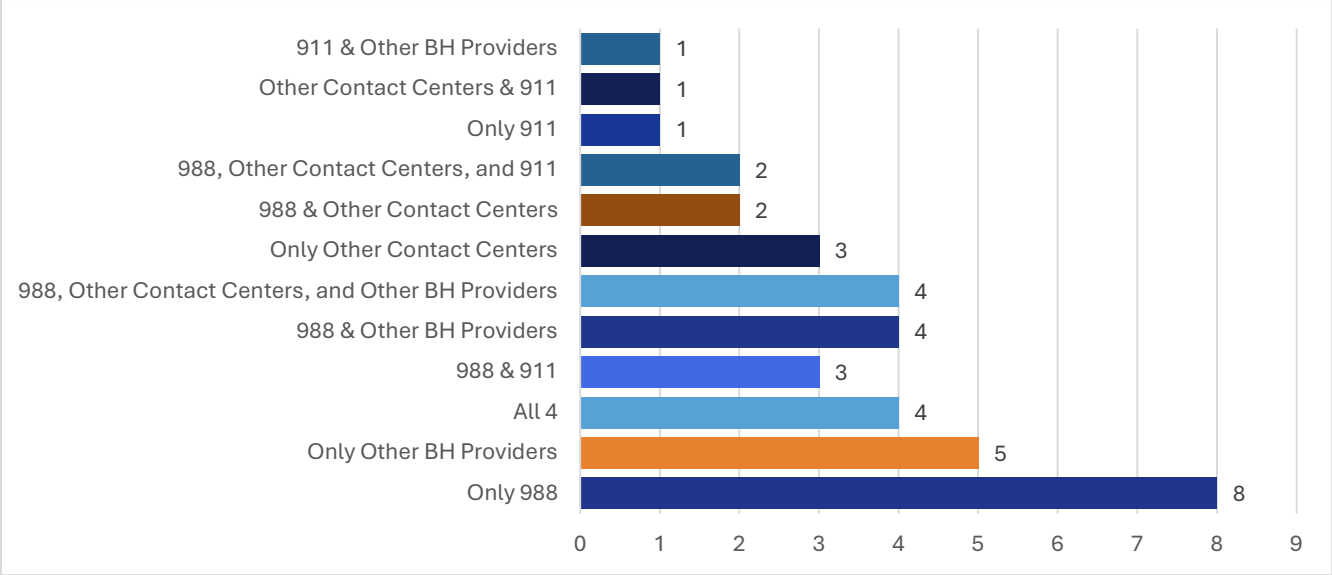
regional MCT access centers (6 states). Figure 3 shows the multiple combinations of crisis systems that states are using to dispatch MCT services.

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



MCT Response Time Expectations:

Forty states reported their standards for MCT response times in urban and suburban areas, and 17 states identified their standards for rural and remote areas. Response time expectations range from 30 minutes to less than three hours. See Table 2.

Table 2: Mobile Crisis Team Response Time Expectations, 2024

Settings	30 Minutes	60 Minutes	90 Minutes	120 Minutes	180 Minutes
Urban and Suburban	2 states	30 states	3 states	3 states	1 state
Rural and Remote	None	2 states	2 states	10 states	2 states

MCT Operation:

Community mental health providers (such as CMHCs) are the most frequent type of organization that operates MCTs (44 states). CCBHCs are the next most frequent type of organization operating MCTs (21 states), followed by SMHAs operating their own MCTs (9 states). Other organizations that operate MCTs include MCOs, 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 34 states, MCTs are available no matter where in a state an individual is experiencing a crisis (available state-wide). More than half of states (32) have MCTs available 24 hours a day/seven days a week (24/7) (see Figure 4). The 2024 data on MCT services available 24/7 statewide shows growth in MCT from 2022

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and 2023, when 21 states (2022) and 26 states (2023) reported MCTs were available statewide, and 18 states (2022) and 23 states (2023) reported all MCTs were open 24/7. Major barriers reported by states to expanding MCT geographic availability described by states included workforce/staffing shortages (38 states), staffing MCTs and responding in rural and remote areas (8 states), and funding issues (6 states).

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

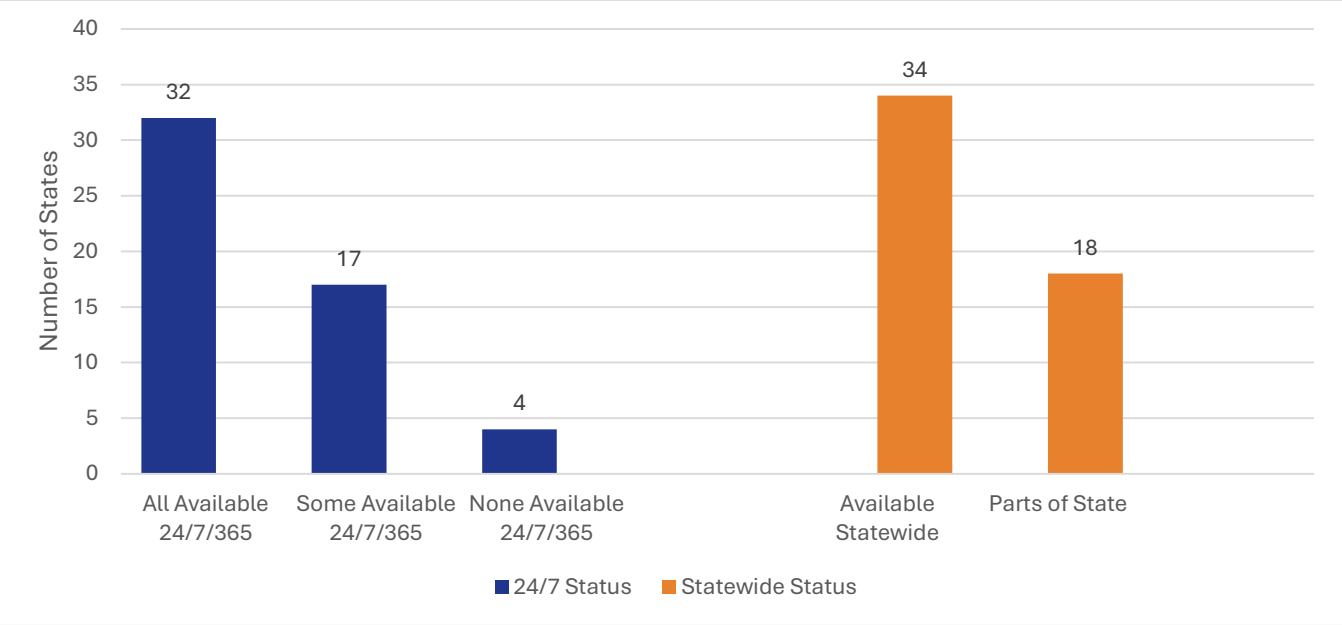
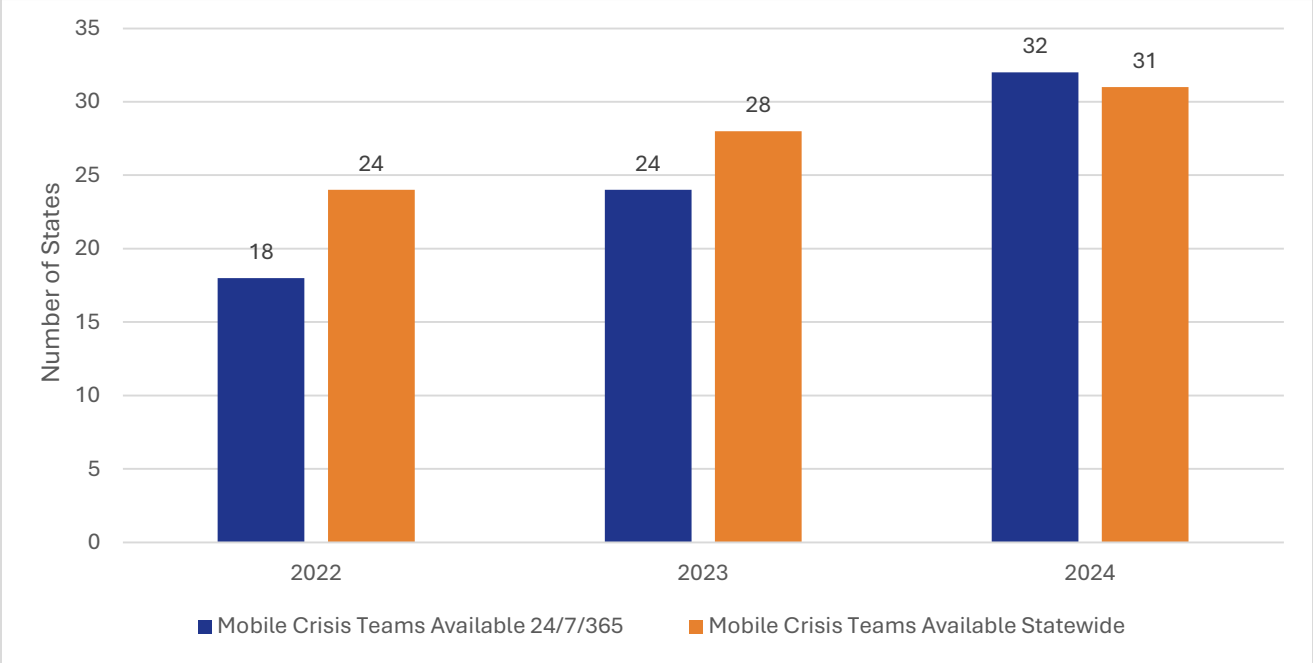


Figure 5: Increase in statewide and 24-7 availability, 2022-2024



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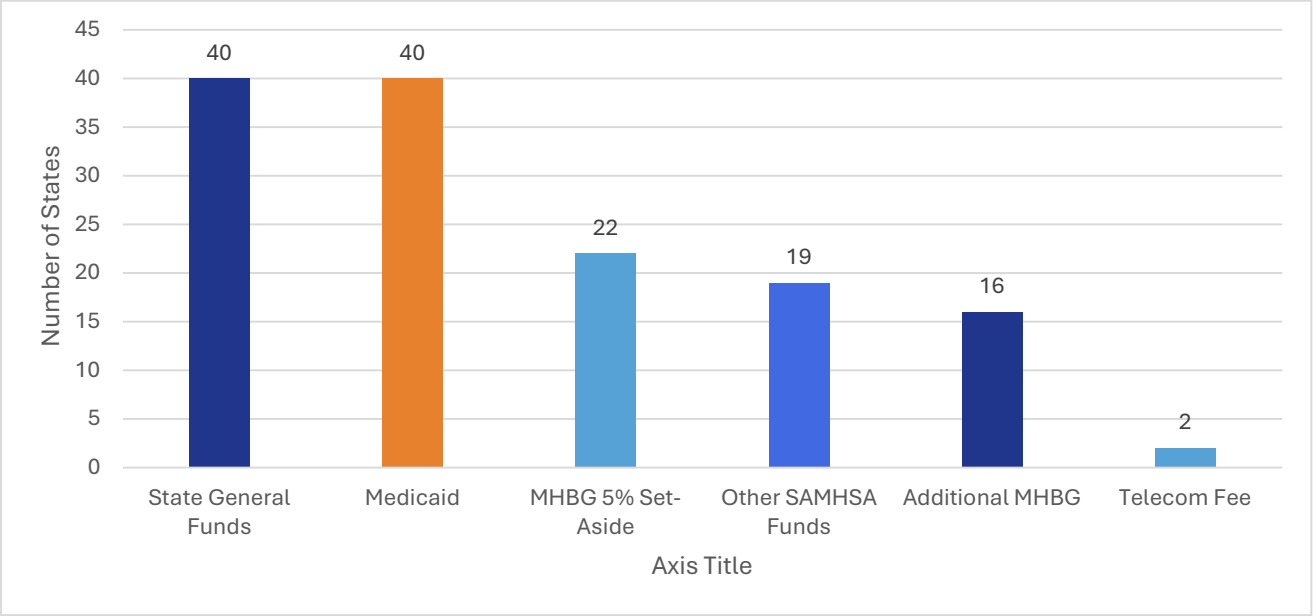
Financing Mobile Crisis Services:

Forty-six (46) states spent over $912 million supporting MCT crisis services in 2024, with an average of $19.8 million per state, ranging from $64,000 in the Northern Mariana Islands for one MCT, to $157.8 million in Virginia for 23 MCTs. States reported an average expenditure per MCT of $489,875 (with median cost of $421,242), based on 45 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 (40 states), but Medicaid (40 states) and the Mental Health Block Grant (MHBG) including the 5% set-aside for Crisis Services (22 states), are being used by many states as well (see Figure 6). Seven states implemented 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 that some of their MCTs are currently unable to bill Medicaid. States described barriers to MCTs billing Medicaid, including:

- 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 MCTs providing services to children (under age 18) are Medicaid billable.

Figure 6: Major Funding Sources for MCTs, 2024



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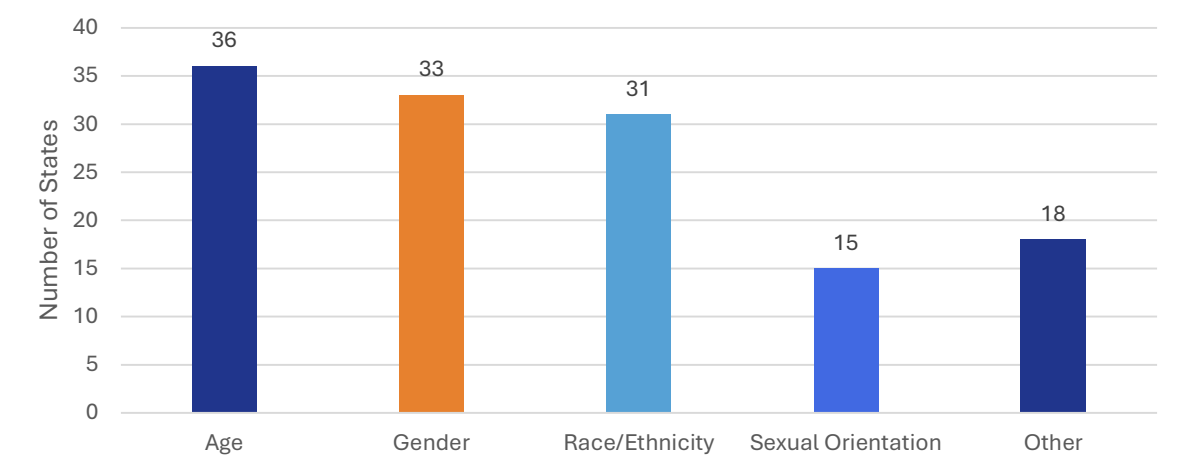
Data/Outcomes from MCTs

Several states are starting to collect and report data about how MCTs are helping individuals experiencing a behavioral health crisis. Figure 5 shows that over half of states are collecting demographic information on age (36 states), gender (33 states), and race/ethnicity (31 states), with 15 states collecting information on sexual orientation.

Figure 7: Number of States Collecting Demographic and Other Information About Individuals Served by MCTs, 2024



States reported that the majority (mean of 64.3 percent) of MCT dispatches are successfully resolved during the contact and did not require immediate more intensive immediate follow-up. On average, 33.3 percent of MCT dispatches resulted with an individual referred for additional care with an outpatient behavioral health provider. On average, 17.6 percent of MCT dispatches resulted in the individual needing additional care at a crisis stabilization center. . On average 15 percent of MCT contacts resulted in the individual needing medical care at an Emergency Department (see Table 3).

Table 3: Mobile Crisis Team Outcomes Being Tracked by States, 2024

	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	26	64.3%	67.0%	26%	95%
What percentages of MCT dispatches end with an individual needing additional care at an outpatient behavioral health provider	14	33.3%	34.2%	0.48%	72%
What percentage of MCT dispatches end with an individual needing additional care at an emergency room	21	15%	12%	0.22%	42%
What percentage of MCT dispatches end with an individual needing additional care at a crisis stabilization center	18	17.6%	11.3%	0.38%	94%
What percentages of MCT dispatches end with Law Enforcement Involvement or an Arrest	20	4.8%	1.3%	0.0%	29%

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This report was prepared by the NASMHPD Research Institute (NRI) based on information submitted and reviewed by SMHAs during FY 2025. Copies of this Profiles report and other Profiles reports are available at: www.nri-inc.org/profiles. SMHA staff have access to additional detailed state-by-state Profiles data on the Profiles website.

Please contact the NRI at Profiles@NRI-inc.org with any questions or comments about State Mental Health Profiles reports.

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