

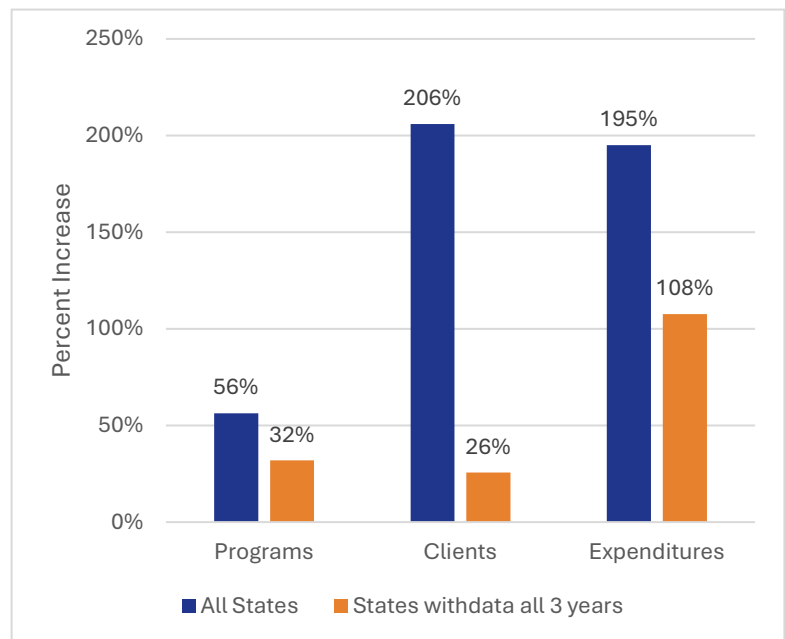
Someone to Respond: Mobile Crisis Teams (MCTs)

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,”** and **“A Safe Place for Help.”**

Increase In Mobile Crisis Services: 2022 - 2024

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

With major support from SAMHSA and other federal agencies, State Mental Health Agencies (SMHAs) are greatly expanding the availability of MCT services. For the 50 states reporting data in both 2023 and 2024, there was an increase of 301 non-child specialized MCTs operating in 2024 compared to 2023 (a 17 percent increase). Thirty-eight states (with data for all three years, 2022-2024) reported an increase of 423 MCTs operating in 2024 compared to 2022 (a 32 percent increase). These teams served 100,020 more individuals in crisis in 2024 than 2023 (a 14 percent increase in the 39 states with data for both years). From 2022 to 2024 there was 26 percent



2,448

Mobile Crisis Teams
in 2024 for Adults &
Children

1.05 M

Clients Served by
Mobile Crisis Teams

\$1.04 B

Mobile Crisis
Expenditures

increase among 23 states with reported data all three years. As states expand MCT services, expenditures for MCT services increased by almost \$181 million (a 29 percent increase with 32 states reporting data in 2023 and 2024). Across all reported data for 2022 through 2024, MCTs have seen a 56 percent increase in the number of programs, a 206 percent increase in clients served, and a 195 percent increase in funding (see figure 1).

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 two 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.

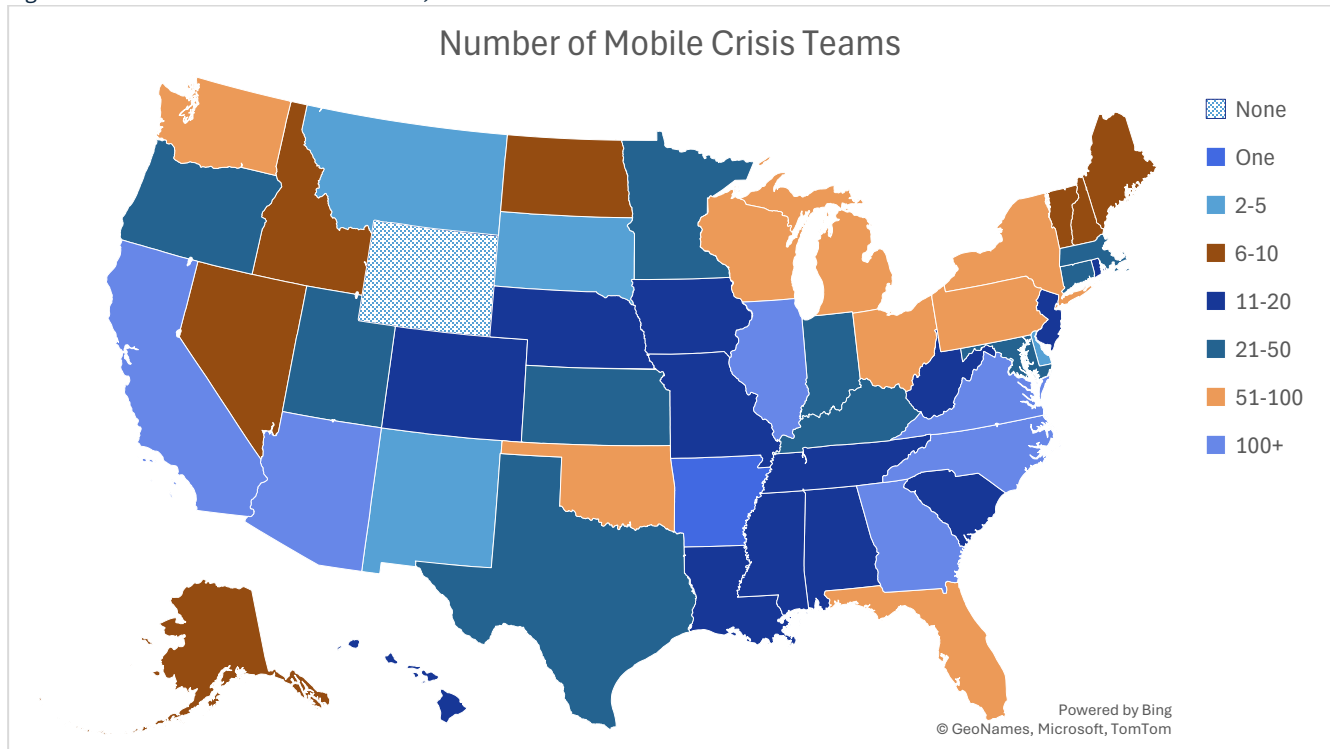
MCTs are currently operating in 100 percent of responding states (50 out of 50). Most (48) states have staffed and funded their MCTs to respond to both mental health crises and substance use crises (11 states did not respond). Additionally, 17 states have MCTs that respond to intellectual and developmental disability (IDD) crises.

In 2024, 50 states and territories reported they currently have 2,448 MCTs, including 365 specialized Mobile Response and Stabilization Services, MRSS, programs for children, youth, and their families operating in 20 states. The median state reported 18 MCTs, ranging from one MCT in Arkansas, to 462 MCTs in California. In 18 states, a total of 365 separate MCTs have been established to work with children and adolescents experiencing a crisis, and six states report they are planning to support new child/adolescent-focused MCTs. Twelve states reported plans to open at least 89 additional MCTs in the next year.

Among the non-child-specialized MCTs, 42 states reported their MCTs served 885,840 individuals in 2024. States averaged 21,091 individuals served by MCTs (the median was 9,410), ranging from a high of 203,168 in Illinois, to a low of 196 in New Mexico. In the 25 states able to report MCT clients served by age, 24 percent were under the age of 18, and 76 percent were aged 18 and over.

Among MRSS teams, 17 states served 156,802 children, youth, and families in 2024, averaging 9,224 per state, ranging from 131 in Louisiana, to 67,733 in Washington.

Figure 2: Number of Mobile Crisis Teams, 2024



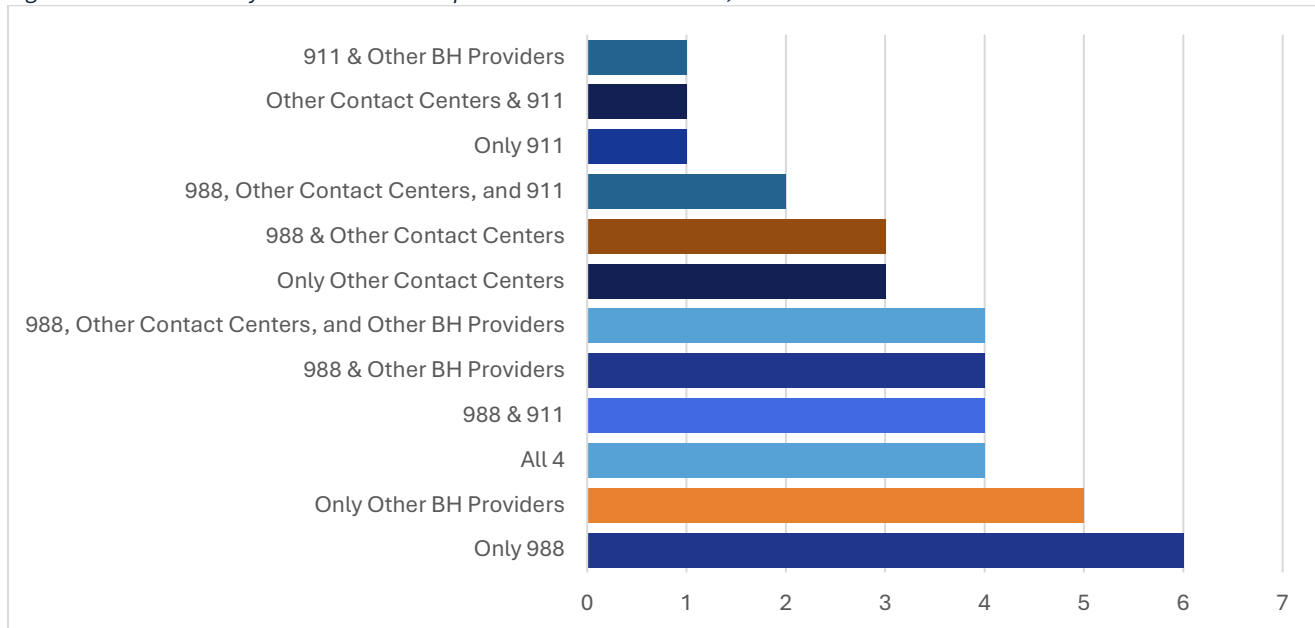
MCT Co-Responder Models working with Law Enforcement:

Forty states reported that some form of law enforcement co-response is available in the state, 18 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 ten 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 (17 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 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:

Thirty-nine states reported their standards for MCT response times in urban and suburban areas, and 16 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 (38 states). CCBHCs are the next most frequent type of organization operating MCTs (21 states), followed by SMHAs operating their own MCTs (10 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 (28) 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 and 2023, when 24 states (2022) and 28

states (2023) reported MCTs were available statewide, and 18 states (2022) and 24 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

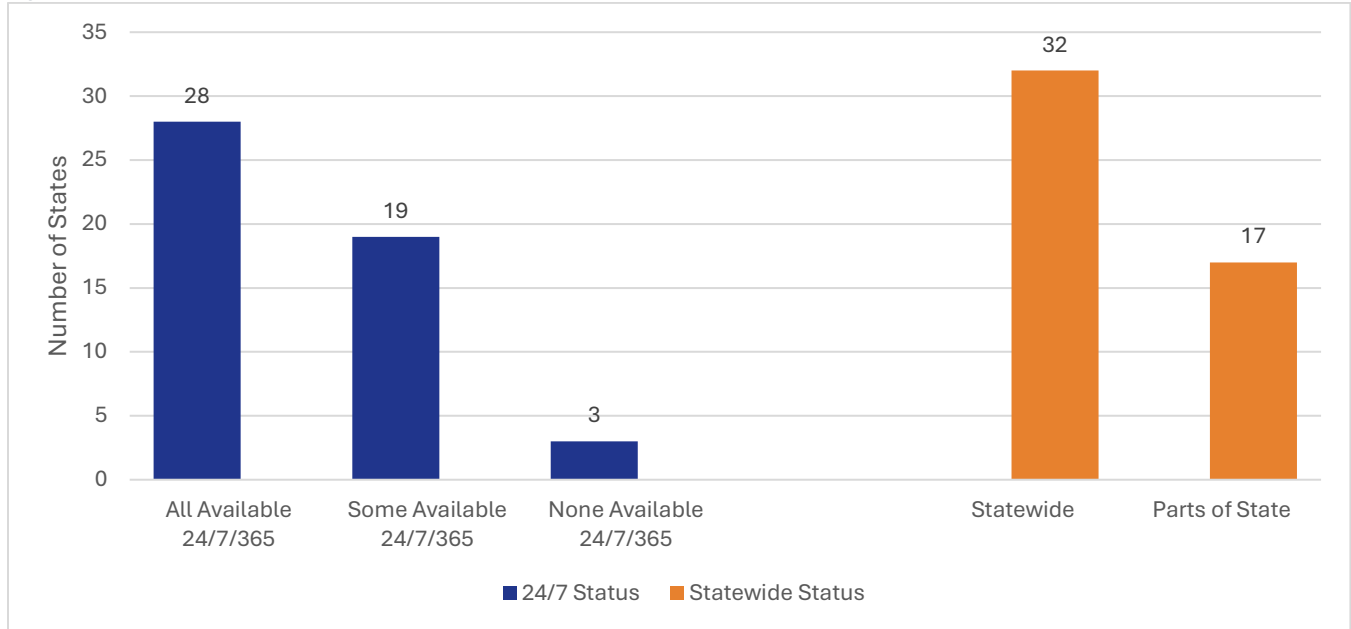
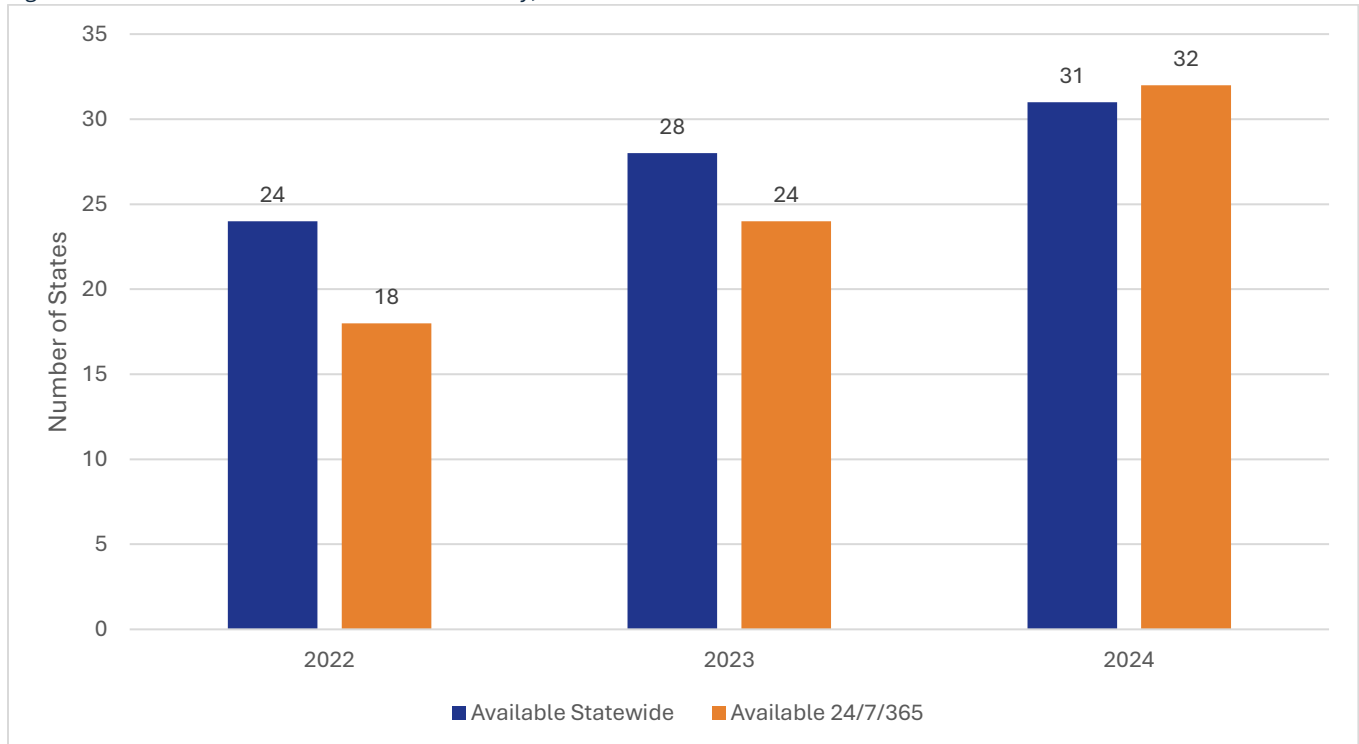


Figure 5: Increase in statewide and 24-7 availability, 2022-2024



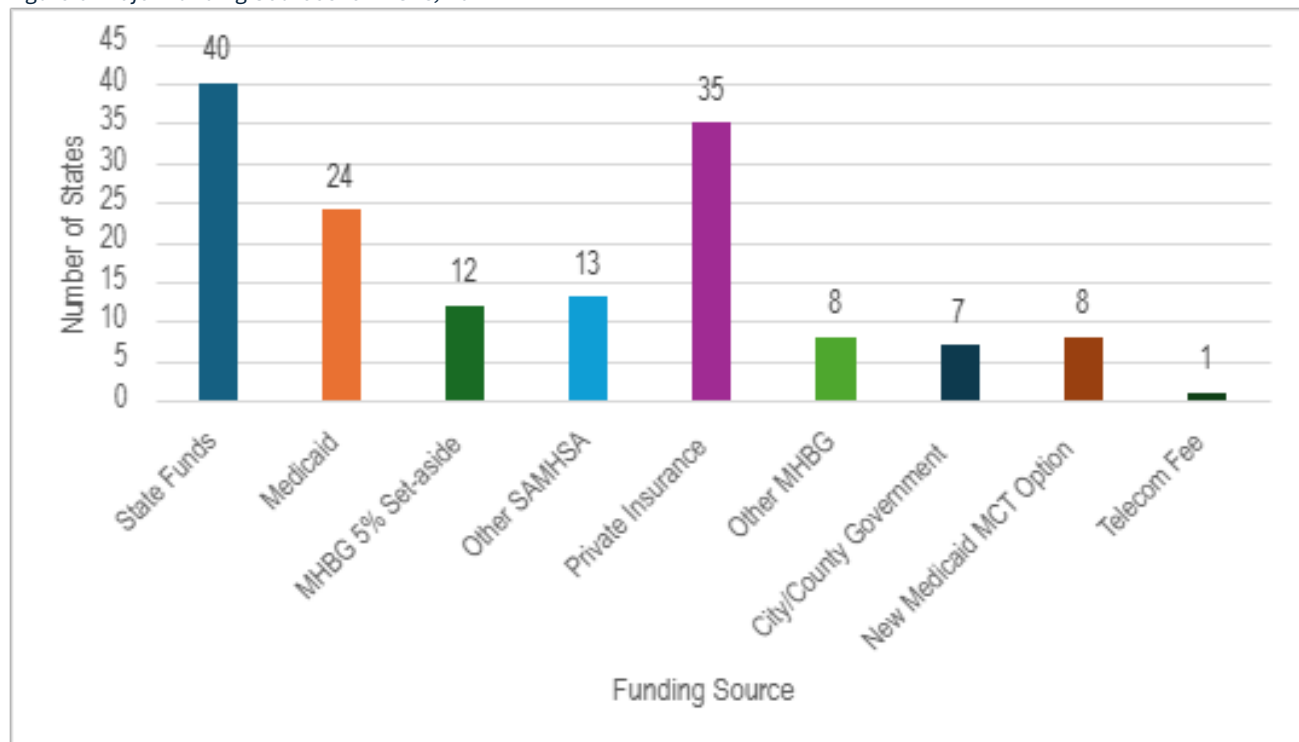
Financing Mobile Crisis Services:

Forty-six (42) states spent over \$901 million supporting MCT crisis services in 2024, with an average of \$21.5 million per state, ranging from \$76,592 in the Alaska for ten MCTs, to \$157.8 million in Virginia for 23 MCTs. States reported an average expenditure per MCT of \$498,551 (with median cost of \$421,242), based on 39 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 (24 states) and the Mental Health Block Grant (MHBG) including the 5% set-aside for Crisis Services (12 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.

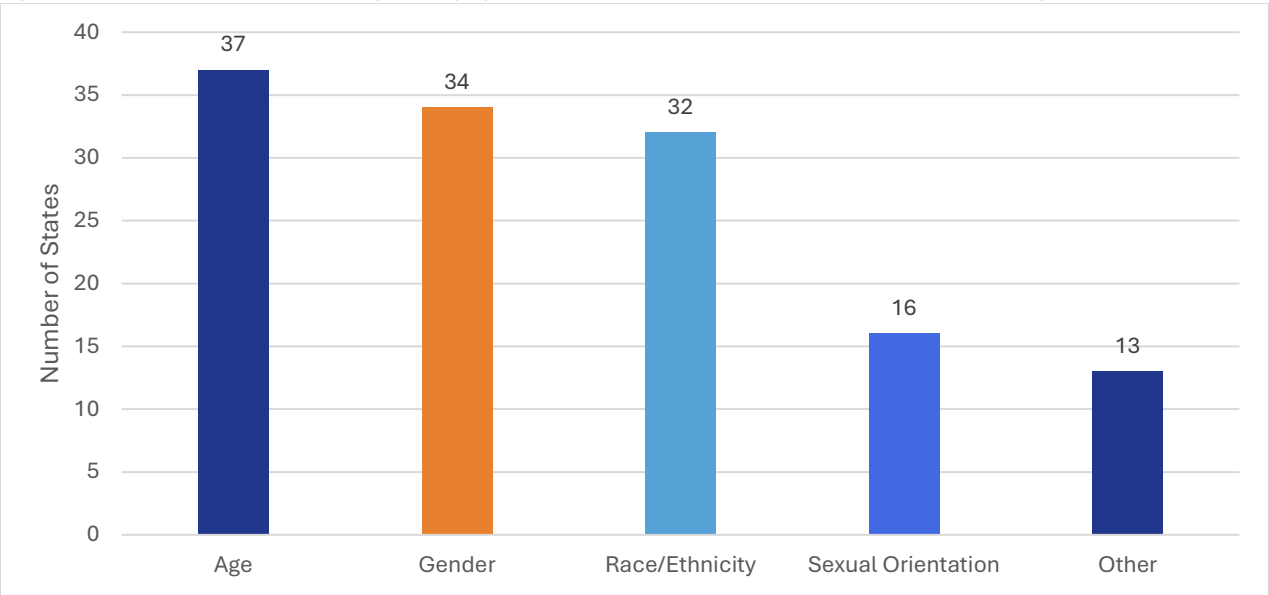
Figure 6: Major Funding Sources for MCTs, 2024



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 (37 states), gender (34 states), and race/ethnicity (32 states), with 16 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, 12.9 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
Percentage of MCT dispatches successfully resolved	26	64.3%	67.0%	26.0%	95.0%
Percentage of MCT dispatches end with an individual needing additional care at a crisis stabilization center	18	12.9%	9.6%	0.4%	49.0%
Percentage of MCT dispatches end with an individual needing additional care at an emergency room	21	15.0%	12.0%	0.2%	42.0%
Percentages of MCT dispatches end with an individual needing additional care at an outpatient behavioral health provider	14	33.3%	34.2%	0.5%	72.0%
Percentages of MCT dispatches end with Law Enforcement Involvement or an Arrest	19	4.8%	1.3%	0.0%	29.0%

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.