

# Overview of the State Behavioral Health Crisis Services Continuum, 2024

NRI's 2024-2025 State Profiles

**Highlights from 50 States and D.C. 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**

**Revised August 2025**

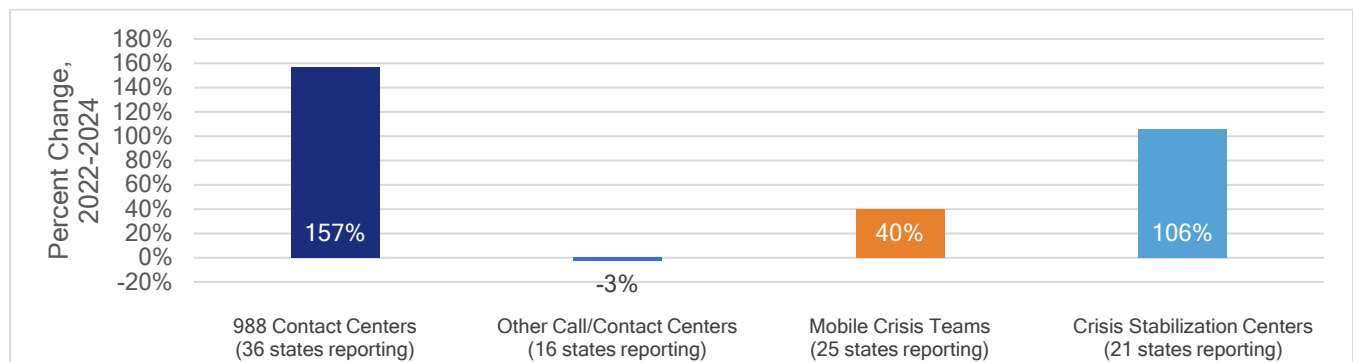
A comprehensive behavioral health crisis system must respond 24-hours-a-day, seven-days-a-week to anyone experiencing a behavioral health crisis. SAMHSA published a revised 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care recommending every state's comprehensive crisis continuum 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, below data regarding change in services over time from 2022 to 2024 are reported only for States for which both years of that service's data are available.

*Figure 1: Percent Increases in Overall Volume of Crisis Services Delivered, 2022 to 2024 (for States with Data Available Both Years)*



Thirty-six states with data in 2022 and 2024 reported a small increase, 4%, in the number of 988 Contact Centers. The median change in 988 contacts (calls, texts, and chats combined) was a more-than-doubling (over 100% growth). Six states more than doubled the number of the clients served by Crisis Stabilization services. There was a

2024 U.S. Total:

**573**

988 and other  
Contact Centers

2024 U.S. Total:

**2,448**

Mobile Crisis  
Teams

2024 U.S. Total:

**807**

Crisis Stabilization  
service programs

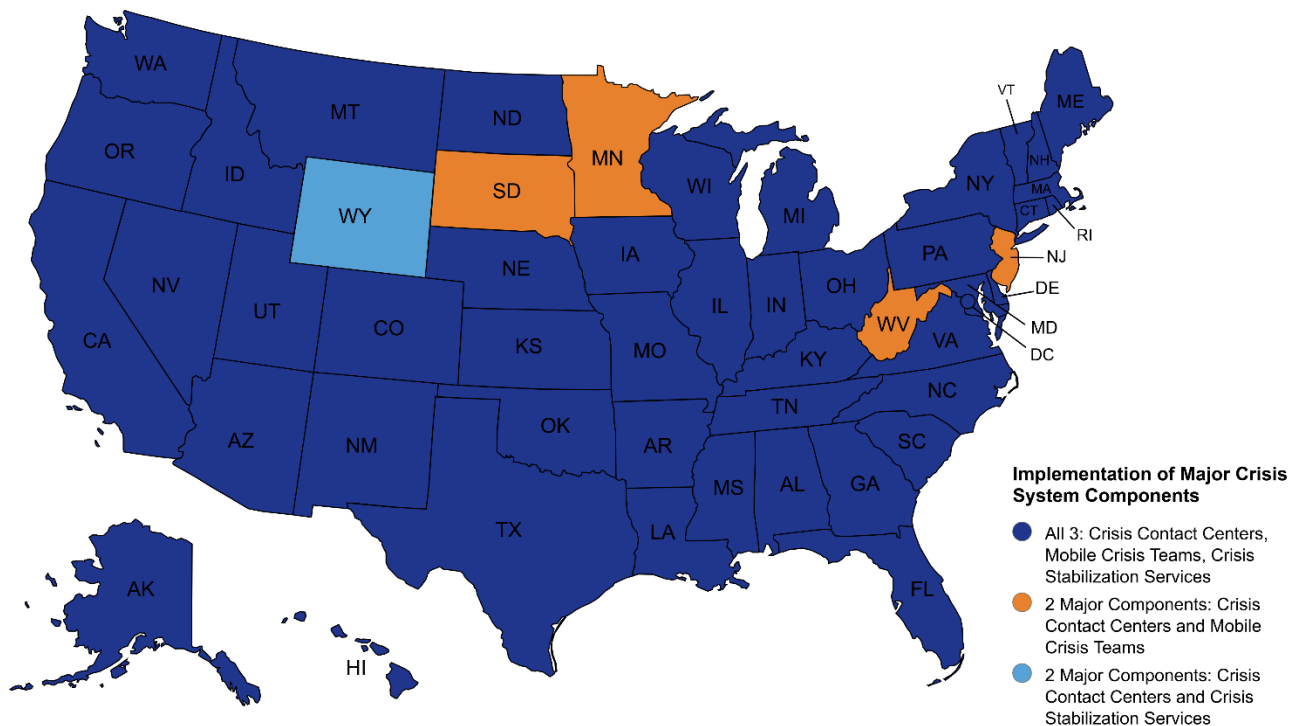
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negligible decrease in service volume administered by non-988 contact centers. Overall expenditures for crisis services increased by 133 percent from 2022 to 2024, with state expenditures for 988 contact centers increasing by 46 percent and state expenditures for mobile crisis services increasing by 124 percent. (Note: Change in overall expenditures does not account for every state for both years.)

## State Implementation of the Crisis Services Continuum in 2024

In 2024, every state provided **Someone To Talk To** with trained crisis counselors staffing contact 988 contact centers. Thirty-six states also supported 371 additional, non-988 crisis contact centers. All but one state provided **Someone to Respond** through Mobile Crisis Teams (MCTs) which travel to individuals experiencing crisis. Forty-seven states provided **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



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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 Team<br>(includes MRSS)              | Crisis Stabilization Services                      | Crisis Residential Programs |
|---|--|---|--|--|-----------------------------|
|   | 988/Lifeline                             | Other Contact Centers                     |  |  |                             |
| <b>Number of Programs</b>                 | 202                                      | 371                                       | 2,448  | 807  | 556                         |
| Number of States reporting                | 51                                       | 36  | 50   | 47   | 39                          |
| <b>Number of Contacts/Clients Served</b>  | 5,343,687                                | 2,635,015                                 | 1,046,850  | 630,776  | 284,457                     |
| Number of States reporting                | 51                                       | 28  | 44   | 36   | 31                          |
| <b>Expenditures for Service</b>           | \$436,539,013                            | \$129,633,920                             | \$1,043,891,168                                    | \$1,128,679,691                                    | \$264,571,930               |
| Number of States reporting                | 50                                       | 24  | 42   | 39   | 19                          |
| <b>Number of New Programs Planned</b>     | 12                                       | 0   | 201  | 115  | 95                          |
| Number of States reporting*               | 18                                       | 0   | 23   | 27   | 29                          |
| <b>Statewide Availability of Programs</b> | ALL                                      | <i>Not collected</i>                      | 34 Statewide / 18 Parts of State / 2 Not Available | 25 Statewide / 24 Parts of State / 1 Not Available | <i>Not collected</i>        |
| <b>24/7 Availability of Programs</b>      | 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 800,000 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-six states reported having 371 non-988 behavioral health contact centers, many of which existed prior to 988-implementation. These additional contact centers, often operated by community mental health centers (CMHCs), state mental health agencies, or state-funded managed care organizations, responded to more than 2.6 million crisis calls in 2024. In 17

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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)***

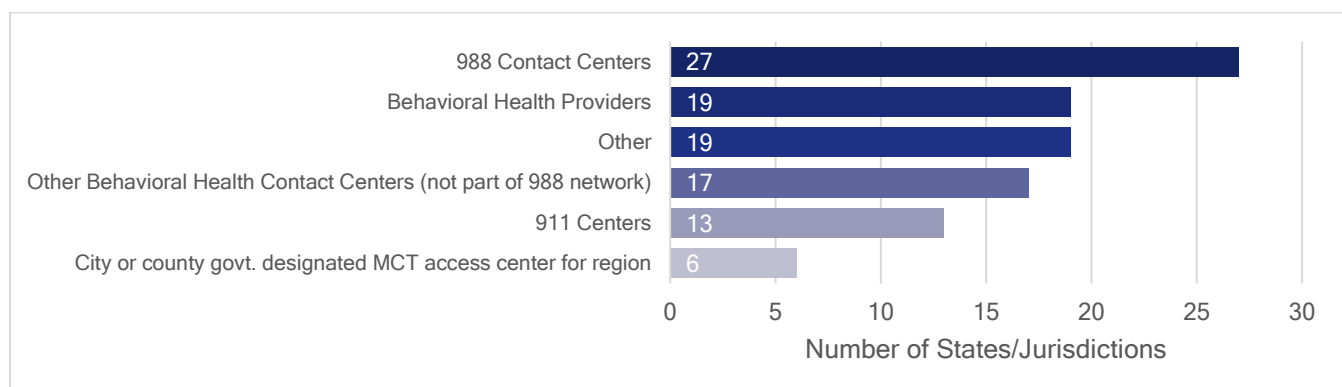
Mobile Crisis Teams (MCTs) are specialized crisis response teams that travel to meet with and assist an individual experiencing a crisis, wherever they are. MCT responses typically involve two trained staff: typically one licensed and/or credentialed clinician and another who may be a peer specialist,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

All but one state operates at least one MCT program, with 2,448 MCT programs reported (including specialized Mobile Response and Stabilization Services, MRSS, programs for children, youth, and their families). Forty-four states reported MCT responses to more than 1 million crises in 2024. In 48 states, MCTs respond to mental health and substance use crises. There are MCT programs in 20 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.

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. Telehealth is used by MCT programs in 10 states, especially in rural areas.

MCTs are dispatched by 988 contact centers in 27 states; non-988 contact centers in 17 states; city, or county government designated MCT regional access centers in 6 states; 911 centers in 13 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 50 states and District of Columbia reporting.

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

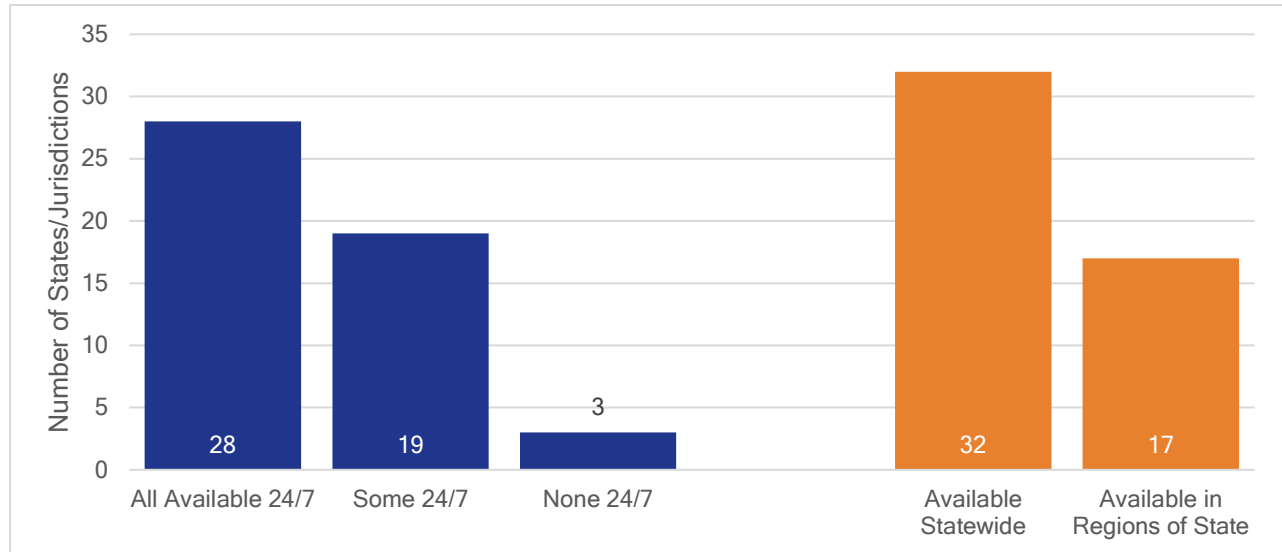


MCTs are operated by community mental health providers in 38 states, by CCBHCs in 21 states, and by the SMHA directly in ten states. Managed care organizations, county and local governments and local hospitals also operate MCTs in one state.

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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 32 states, there is statewide availability of MCTs, with 17 states providing MCTs in only parts of the state. In 28 states, all MCT programs are available 24/7 versus in 19 states only some MCT programs have twenty-four-seven-availability. Workforce staffing/issues were cited by 36 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 807 CSs operating in 47 states, including 96 CSs for children across 19 states. More than 22,000 children and adolescents were served by CSs in nine states that were able to report the number of children served. There are plans to open 110 CSs in 23 states, including seven states with CSs specifically for children and adolescents in their plans.

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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                                    | 41               |
| No Walk-in option  | 2                |
| Legal Status of Clients Served                             |                  |
| Voluntary Only   | 28               |
| Involuntary Only   | 1                |
| Both Voluntary and Involuntary                             | 19               |
| CSs have Involuntary Patient Treatment Area                |                  |
| Shared Space   | 17               |
| Separate space for Involuntary Patients                    | 7                |
| CSs have Locked Units                                      |                  |
| Yes, CSs have Locked Units                                 | 19               |
| 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 | 32               |

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 19 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).

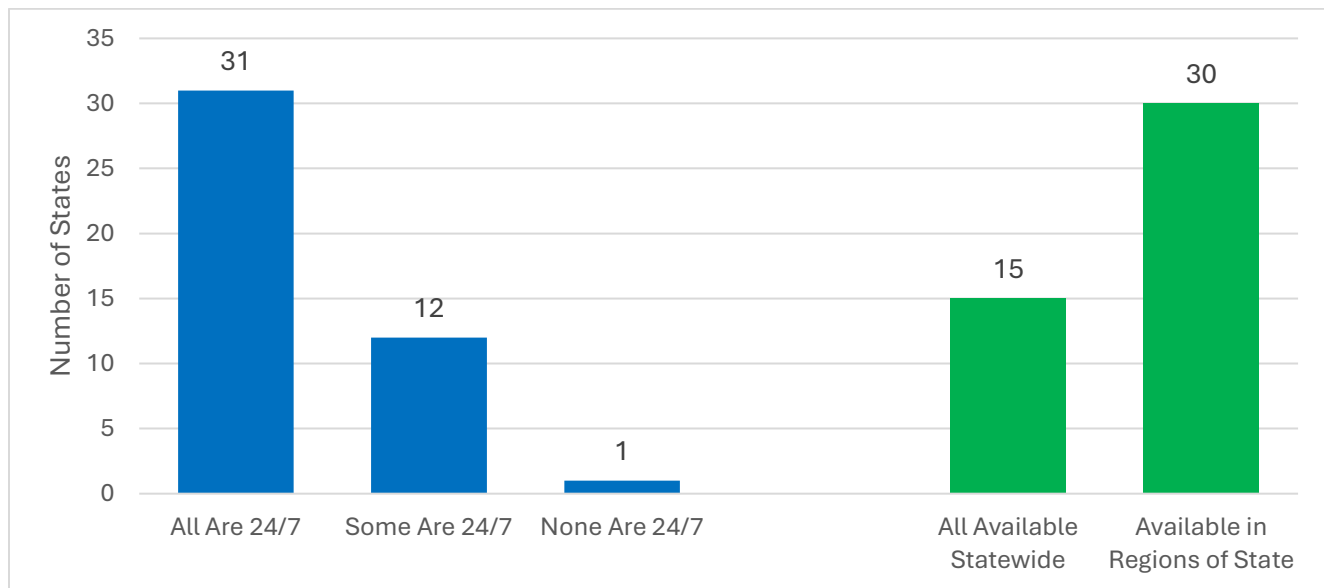
Eighteen states reported supporting 111 less-than-24-hour CSs. In 10 states, all CSs in the state operated exclusively as less-than-24-hour units, while in six states, only some CSs in the state operate exclusively as less-than-24-hour units.

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Twenty-five 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 15 states but only in parts of the state in 30 states, most-often urban and suburban areas. All CSs are available 24/7 in 31 states, with some CSs available 24/7 in 12 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, 39 states reported supporting a total of 556 CR programs that provided services to a total of 284,457 individuals (with 31 states reporting number of clients served). Sixteen states report plans to open at least 95 additional CR programs in the next year. All CR programs operate twenty-four seven.

Nineteen states reported 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



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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 (\$1 billion), 988 and other contact centers (\$566 million), and CRs (\$265 million), although only 19 states reported expenditures on CRs. The average 2024 expenditure for 988 contact centers was \$2 million per center, with average 2024 expenditures as \$660,000 per MCT, and \$1.8 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           | \$436.54                         | \$8.73                                    | 50                         | 202                                  | \$2.19   | 50                          |
| Other Contact Centers         | \$129.63                         | \$5.40                                    | 26                         | 371                                  | \$0.66   | 24                          |
| Mobile Crisis Teams           | \$1,043.89                       | \$24.85                                   | 42                         | 2,448                                | \$0.49   | 41                          |
| Crisis Stabilization Services | \$1,128.68                       | \$28.94                                   | 37                         | 807                                  | \$1.80   | 39                          |
| Crisis Residential            | \$264.57                         | \$13.92                                   | 19                         | 556                                  | \$0.93   | 19                          |
| <b>Total</b>                  | <b>\$3,003.32</b>                | <b>\$60.06</b>                            | <b>50</b>                  | <b>4,384</b>                         | <b>\$0.82</b>  | <b>50</b>                   |

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              | 40                  | 25                    | 40                  | 38                            | 28                          |
| MHBG 5% Set-aside        | 19                  | 13                    | 24                  | 17                            | 12                          |
| Other MHBG Funds         | 13                  | 10                    | 12                  | 5                             | 8                           |
| Other SAMHSA Funds       | 46                  | 5                     | 13                  | 7                             | 2                           |
| Medicaid                 | 8                   | 11                    | 35                  | 31                            | 19                          |
| New Medicaid MCT Option* |                     |                       | 8                   |                               |                             |
| City/County Gov. Funds   | 0                   | 4                     | 7                   | 1                             | 3                           |
| Telecom Fee              | 8                   | 0                     | 1                   | 15                            | 1                           |
| Private Insurance        | 0                   | 0                     | 7                   | 7                             | 2                           |
| Other                    | 4                   | 9                     | 0                   | 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.



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- 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.