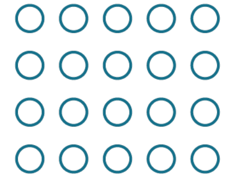

A Publication of the
National Mobile Response & Stabilization Services Quality Learning Collaborative

Grounded in Systems of Care

Mobile Response and Stabilization Services (MRSS) is a rapid response, home- and community-based crisis intervention model customized to meet the developmental needs of children, youth, young adults, and their families (youth and families). The inclusion of MRSS within a comprehensive system of care (SOC) and crisis continuum is a core component of a good and modern children's behavioral health system. MRSS is embedded within a full spectrum of effective services and supports for youth with or at risk for behavioral health and emotional challenges. MRSS is designed to:

- Work with the youth- and family- serving systems with shared population responsibility such as schools, courts, child welfare, early intervention, and juvenile justice.
- Engage informal supports within the care planning process.
- Intercede before a crisis gets to the point where youth and families feel the need to turn to more restrictive and less desirable options.

High-quality MRSS de-escalates and stabilizes by responding to youth and families in their homes and communities and connecting them to community-based supports. MRSS, grounded in SOC values and principles, is:

- Family- and youth/young adult-driven
- Equitable and accessible to all children, youth, young adults, and families
- Culturally humble and linguistically competent
- Trauma-responsive
- Strengths-based and individualized
- Data-driven and outcome oriented

MRSS Organizing Principles

1. Meets sense of urgency with urgency

- The crisis is defined by the parent/caregiver and/or youth.
- Requests are not screened in/out based on perceived acuity; uses a "just go" approach.
- Requests for help are attended to rapidly and consistently.
- Uses a public health approach; all youth and families are eligible.

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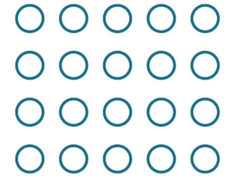
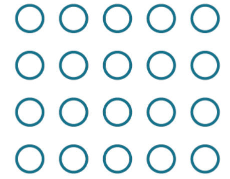


2. Offers in-person responses 24/7/365
   - In-person response assessments are available within one hour of call.
   - Prioritizes de-escalation and stabilization within the home and community at the preference of the parent/caregiver and youth, providing supports and skills necessary to be successful with routine activities and helping to avert or better manage future crises.

3. Is customized for children, youth, young adults, and their families
   - Parents/caregivers and youth have the most influence and say regarding all aspects of MRSS service delivery.
   - Components and practices for youth and their families remain even when embedded in a lifespan response system.
   - Includes identification of the youth and family's needs and strengths, risk factors and cultural considerations and preferences.
   - Employs trained and certified or credentialed providers, including parent and youth peers, with expertise and experience in child and adolescent behavioral health and family systems.
   - Provides routine outreach and educational activities to the community and system partners that is specific to the needs of youth and their families.
   - Develops concrete collaborative agreements (e.g., MOUs, MOAs) or establishes partnerships with:
     - Behavioral Health Systems
     - Child Welfare Systems
     - Juvenile Justice Systems
     - School Systems
     - Intellectual and Developmental Disability Systems
     - Emergency Departments/Hospitals
     - Law Enforcement Agencies
     - Poison Control Emergency Medical Systems
     - Family- and Youth/Young Adult-Run Organizations
   - Prioritizes safety and de-escalation in community settings with connections to natural supports.

4. Is rooted in quality
   - Establishes benchmarks and tracks data including volume, response time, user satisfaction, and outcomes
   - Reports are publicly accessible and used to inform a continuous quality improvement process.



MRSS Core Services

At any point throughout MRSS there should be immediate access to clinical and psychiatric consultation. Services should also include use of standardized and validated suicide screening, youth and family-specific assessment tools, and written crisis and safety plans developed collaboratively with the parent/caregiver and youth.

1. Someone to Contact – Access Point

- Uses single point of access that is or includes 988.
- If the access point is a lifespan service, the triage processes for youth and their families are customized with mobile responses being the standard rather than the exception.
- Screens and assesses for risk of self-harm at all points of engagement.
- Screens for general safety that informs response decisions inclusive of where to meet.
- If parent/caregiver and/or youth is not available for immediate responses, deferred in person response is offered and scheduled at their convenience within 24 hours.
- Has established protocols for mobile response, engagement, and knowledge of community resources.
- Provides warm hand-off to mobile response team.
- Has the ability to remain on the line with callers until the mobile response team arrives, if needed.

2. Someone to Respond – Mobile Response

- Has capacity to respond with two person teams based on established protocols with consideration to safety as well as the needs of both responders and youth and families.
- Responds without law enforcement, unless essential for safety reasons and as a last resort. Must include youth and family's input in the decision to use law enforcement and ensure youth/family is aware of use of law enforcement prior to arrival.
- Allows for multiple 24/7/365 in-person responses for up to 72 hours, as needed.
- Conducts essential operational functions:
  - ‡ Provides initial de-escalation.
  - ‡ Performs a safety assessment and administers a child- and family-specific assessment tool with developmentally appropriate suicide screening protocol.
  - ‡ Assesses immediate basic needs the family may have such as food, income, stable housing, medical care, and facilitates access to community services.
  - ‡ Develops and implements an initial crisis and safety plan.
  - ‡ Honors and aligns with the family and youth/young adult's culture and facilitates connection to natural/informal supports.

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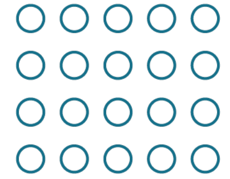

- ‡ Engages the youth and their family in connecting with current and needed home- and community-based service providers, and the youth's medical home or primary care provider, as needed.
- Provides a warm handoff to identified supports and services, including pre-existing care coordination or referral to stabilization services, when needed.

3. A System to Support – Stabilization Services

- Are connected to mobile response services under the same organization and utilizing the same workforce.
- Are available for 6 to 8 weeks.
- Utilizes an evidence-informed care coordination model.
- In partnership with the youth and family, ensures:
  - ‡ child/family specific assessment tools are reviewed and updated,
  - ‡ crisis and safety plans are reviewed and updated, and
  - ‡ written plans of care are developed and implemented.
- Connects youth and families to sustainable supports and services including use of natural/informal and formal system supports.
- Ensures youth with ongoing intensive needs and their families have access to the full array of home- and community-based providers, including intensive care coordination, other intensive in-home providers, respite, and youth and family peer support; and establish protocols for warm handoffs.
- Continues to provide access to 24/7/365 in-person response as needed.

Produced by the *National Mobile Response and Stabilization Services Quality Learning Collaborative*, a partnership of Innovations Institute, University of Connecticut School of Social Work; Child Health and Development Institute (CHDI) ; National Association of State Mental Health Program Director (NASMHPD); and Social Current. Contributions by: Innovations Institute—Denise Sulzbach, Liz Manley, Melissa Schober, Sarah Quinn, Michelle Zabel, with consultants Tim Marshall and Sheamekah Williams; CHDI—Kellie Randall, Kayla Theriault, Jeff Vanderploeg, with consultant, Sarah Becker; New Jersey Alliance of Family Support Organizations—DeLacy Davis; Youth MOVE National—Joshua Calarino and Lydia Proulx.

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