

MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS)

Mobile Response Stabilization Services – Initial 72 hours – (Youth)

Service Description

Mobile Response and Stabilization Services (MRSS) deliver services to youth vulnerable to or experiencing stressors, coping challenges, emotional or behavioral symptoms, difficulties with substance use as a coping strategy, or traumatic circumstances that may compromise the youth's ability to function optimally and thrive within their family/living situation, school and/or community environments.

Without MRSS, the parent/guardian/caregiver may be struggling with effectively meeting their youth's presenting needs. These youth may be at risk of onset or worsening of emotional/behavioral challenges, engagement in high-risk behaviors, or substance use, resulting in potential psychiatric hospitalization, out of home treatment, legal charges, a decline in school/academic functioning, social/peer interaction challenges or, loss of their current living arrangement. MRSS is designed as an upstream intervention available to support families and youth when they first identify they need assistance based on their definition of need.

MRSS are available 24 hours per day, 7 days a week, year-round. These services include the initial face-to-face intervention within one hour of request and follow-up interventions, services and coordination for up to 72 hours subsequent to the initial intervention. If the youth continues to exhibit patterns of behavioral and emotional needs that require continued intervention and care coordination at the end of the initial MRSS period, the youth may be assessed for transition to the 8 week Mobile Response Stabilization Services or Care Management Organization Services as part of the transition planning.

MRSS are delivered by applying crisis intervention principles, as well as core System of Care values and principles. Care is strengths-based, youth-centered, family-driven, community-based, trauma-informed, and culturally and linguistically mindful. Care planning is individualized, collaborative, and flexible based on youth and family need.

The goals of Mobile Response Initial Services are as follows:

- Provide immediate intervention to assist youth and their parent/guardian/caregiver in supporting their identified needs around stressors and reduce or de-escalate behavioral and/or emotional symptoms and/or dynamics impacting the youth's life functioning ability.
- Provide timely community-based intervention, wrap around based service delivery, resource/support development and connection to minimize the need for care in a more restrictive setting or a change in living environment, e.g. inpatient psychiatric hospitalization, Out-of-Home treatment or placement, or detention.
- Effectively engage, assess, deliver, and plan for appropriate interventions to improve coping skills, minimize risk, promote safety, aid in stabilization of behaviors, and to improve life functioning and opportunity to thrive.
- Support the youth to remain in, or return to, his/her present living arrangement, to function within peer relationships, in school and community settings, and to maintain the least restrictive treatment setting.
- Facilitate the youth's and the caregiver's identification of and transition to identified supports, resources, and services which may include CSOC services, non CSOC services, as well as community supports and resources.

Criteria	
Admission Criteria	<p>The child/youth must meet A, B, C, D, and E.</p> <p>A. The youth is between the ages of 0 and 21. Eligibility for services is in place until the youth’s 21st birthday.</p> <p>B. The youth’s parent/guardian/caregiver voluntarily consents to treatment, or there is a court order/mandate requiring such treatment. (If court personnel or law enforcement in a joint MRSS/FCIU county is requesting dispatch, the caregiver does not need to consent for MRSS services. Either the youth or caregiver must be present at the time of the request.)</p> <p>C. The youth is experiencing stressors and/or exhibits emotional and/or behavioral needs, that threaten to or are adversely impacting a youth’s ability to function in one or more life domains (family, living environment, school, or community). Youth may also meet this criteria if considered to be “at risk” of or experiencing emotional or behavioral challenges as a result of contextual environmental factors including living arrangement, psychosocial stressors or traumatic circumstances, factors, events.</p> <p>D. The CSOC Triage Assessment and other relevant information indicate that the youth needs Mobile Response intervention within 1 to 24 hours to respond to a family’s identified need and prevent further behavioral and/or emotional escalation which may lead to a need for higher intensity of intervention.</p> <p>E. There is evidence, based on the initial triage assessment, and other relevant information, that timely intervention can be reasonably expected to:</p> <ul style="list-style-type: none"> • Identify and support family and youth needs related to stressors. • Resolve or prevent further behavioral/emotional escalation or life functioning challenges. • Improve the youth’s emotional functioning and enhance resiliency factors, by building coping skills and resources to support optimal functioning in life domains (family, living situation, school, and community) • Minimize the effects of current traumatic events, including but not limited to distinct events, complex trauma and natural disasters or pandemics. <p>F. The youth is physically in a New Jersey location at the time the MRSS referral was requested.</p>
Exclusion Criteria	<p>Any of the following criteria is sufficient for exclusion from this level of care:</p> <p>A. The Clinical Triage Assessment and other relevant information indicate that the youth does not need Mobile Response Services, and a more intensive therapeutic service is clinically indicated related to safety concerns or high-risk behaviors.</p> <p>B. The parent/guardian/caregiver (or young adult if 18 and older without a designated legal guardian) does not voluntary consent to admission or treatment</p>

	<p>and/or there is no court order requiring such level of service and/or requirement to involve law enforcement.</p> <p>C. If the youth is involved with MST/FFT, then MRSS dispatch and stabilization is not accessible, as it is considered a duplication of services. The caregiver may voluntarily choose to work with MRSS and discontinue MST/FFT services.</p> <p>D. The emotional and/or behavioral symptoms are the primary result of a medical condition and urgent medical treatment or medical clearance in a medical facility is clinically indicated.</p> <p>E. The youth appears to exhibit acute intoxication or withdrawal symptoms related to current, active alcohol and or substance use, and urgent medical treatment and intervention at a medical facility is clinically indicated.</p>
<p>Transition Criteria</p>	<p>Any of the following criteria is sufficient for discharge from this level of care:</p> <p>A. The youth’s documented Initial Crisis Plan goals and objectives for this level of care have been met and are in line with the Crisis Assessment Tool (CAT), progress has been made, and a transition plan with follow-up supports, resources, and appointments are in place and clearly documented on the Transition Initial Crisis Plan with any barriers clearly documented.</p> <p>B. The Initial Crisis Plan (ICP) Treatment Plan and the Crisis Assessment Tool indicates that the youth needs a lower intensity or higher intensity treatment service.</p> <p>C. The youth and/or the parent/guardian/caregiver withdraw consent for treatment, or are unable to be reached, and there is no court mandate requiring such treatment.</p> <p>D. The youth’s physical condition necessitates transfer to a medical, psychiatric, or substance use treatment facility.</p>