

MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS)**Mobile Response and Stabilization Services: Stabilization Management – Up to 8 Weeks – (Youth)****Service Description**

Mobile Response Stabilization Services (MRSS) interventions provide youth and their parent/guardian/caregivers with short-term, flexible service coordination to assist in supporting youth who are vulnerable to or experiencing stressors, coping challenges, emotional or behavioral symptoms. These include difficulties with substance use as a coping strategy, or traumatic circumstances, which may compromise the youth's ability to function optimally. Interventions are designed to 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. Youth may have co-occurring treatment needs related to intellectual, developmental disability, substance use, and behavioral health.

MRSS Stabilization Management services are available as a transition option after the MRSS initial 72-hour services, when a youth continues to exhibit behavioral and emotional needs that require continued intervention and coordination. Without support, 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.

Youth, based upon need, enter MRSS following the completion of the Mobile Response Crisis Assessment Tool (CAT) and an Individualized Crisis Plan (ICP) as coordinated by the Mobile Response Team during the first 72 hours. Interventions at this intensity of service include the delivery of a flexible array of services based on the youth and family's individual needs including but not limited to, crisis intervention, counseling, behavioral assistance, intensive in-community services, skill and resilience building, mentoring, informal support identification and development and/or caregiver stabilization interventions. These interventions are authorized through the development of a comprehensive and coordinated ICP.

MRSS are grounded in core System of Care values and principles. Care is strengths-based, youth-centered, family-driven, community-based, trauma-informed and culturally and linguistically competent. MRSS intervention can be delivered for up to eight weeks. Use of this intervention will vary by setting, intensity, duration and identified needs. The objective of MRSS is to address youth's needs and help facilitate the youth's and parent/guardian/caregiver's transition into identified supports, resources and services in their community that are consistent with their treatment needs and support a sustainable plan. This may involve linking the family with Care Management Services, outpatient services, evidence-based services, community-based supports, and informal and natural resources.

Criteria	
Admission Criteria	<p>The youth must meet A, B, C, and D:</p> <ul style="list-style-type: none"> A. The youth is between the ages of 0 and 21. Eligibility for services is in place until the youth’s 21st birthday. B. The youth’s parent/guardian/caregiver voluntarily consents to treatment or there is a court order/mandate requiring such treatment. C. The youth is experiencing stressors and/or exhibits emotional and/or behavioral challenges, that threaten or adversely impact 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 experiencing emotional or behavioral challenges as a result of changes in their living environment, psychosocial stressors or traumatic circumstances, and events (distinct events, natural disasters, public health emergencies). D. There is evidence based on the ICP, CAT and other relevant information, that timely intervention can reasonably be expected to: <ul style="list-style-type: none"> 1. Improve the youth’s emotional/behavioral functioning and enhance resiliency factors 2. Reduce or resolve high risk behaviors 3. Improve family dynamics and interpersonal functioning. 4. Improve the youth’s coping skills and provide resources to help preserve optimal functioning across multiple life domains including, family functioning, living environment, as well as functioning within school and the community. 5. Minimize the effects of implicit and explicit trauma which the youth has experienced, including but not limited to discrete events, complex trauma and natural disasters.
Exclusion Criteria	<p>Any of the following criteria is sufficient for exclusion from this level of care:</p> <ul style="list-style-type: none"> A. The CSOC Assessment and other relevant information indicate that the youth does not need Mobile Response Stabilization Services, as they need either a less intensive therapeutic service or a more intensive therapeutic service.

	<ul style="list-style-type: none"> B. The youth’s parent/guardian/caregiver does not voluntarily consent to treatment and there is no court order/mandate requiring such treatment. C. The emotional symptoms and/or behaviors are the primary result of a medical condition which primarily necessitates medical treatment and management. D. The youth’s presenting emotional symptoms and/or behaviors appear to be primarily correlated with either intoxication or acute withdrawal effects of substance use, which necessitates immediate medical management and stabilization. E. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the residency of the parent or legal guardian shall determine the residence of the minor. F. Youth involved with a CMO will have their care managed by the CMO beyond any needed initial MRSS dispatch period. G. If the youth is involved with MST or FFT, MRSS dispatch and stabilization services are not accessible, as they would be considered a duplication of services. The caregiver may voluntarily choose to work with MRSS and discontinue MST/FFT services.
<p>Transition Criteria</p>	<p>Any of the following criteria is sufficient for transition from this intensity of service:</p> <ul style="list-style-type: none"> A. The youth’s documented ICP goals and objectives for this intensity of service have been met and/or the youth has completed up to 8 weeks of MRSS intervention. A detailed transition plan or barriers to care planning are described and documented on the TICP, with any barriers clearly documented. B. The ICP Treatment Plan and the CAT indicates that the youth needs a higher intensity treatment service following MRSS intervention. C. The youth and/or the parent/guardian/caregiver withdraw consent for treatment, or are lost to follow-up, and there is no court mandate requiring such treatment. D. The youth’s physical condition necessitates transfer to a medical, psychiatric, or substance use treatment facility.