Mobile Response and Stabilization Best Practices

Mobile Response and Stabilization Services (MRSS) is a child, youth, and family specific crisis intervention model that recognizes their unique needs. MRSS is designed to meet a parent/caregiver's sense of urgency when children and youth begin to demonstrate behavioral changes associated with the early phase of a crisis, commonly understood as pre-crisis. MRSS recognizes that caregivers and children are interconnected in their relationship and thus crisis situations for children significantly impact the parent/caregiver.

MRSS Best Practices

- The crisis is defined by the parent/caregiver and/or youth themselves.
- MRSS is connected to a single point of access and supports a no wrong door approach.
- There is a distinction between the Response Service component (up to 72 hours) and the Stabilization Service component (up to 8 weeks) and they must be connected.
- The Mobile Response Service is in-person and delivered in home or community-settings and available within 60 minutes of contact, with telephonic support until in-person response arrives. The Response Service is provided for up to 72 hours.
- The Stabilization Service must both support youth's ability to manage daily activities and establish clear connections to community supports (not necessarily clinical interventions) for the youth and family, as needed. The Stabilization Service is provided for up to 8 weeks.
- MRSS goals should:
  - Support and maintain youth in their current living situation and community environment, reducing the need for out-of-home placements, which reduces the need for inpatient care and residential interventions.
  - Support youth and families in providing trauma-informed care.
  - Promote and support safe behavior in home, school, and community.
  - Reduce the use of emergency departments (ED), hospital boarding, and detention centers due to a behavioral health crisis.
  - Assist youth and families in accessing and linking to ongoing support and services, including intensive clinical and in-home services, as needed.
- Initial Response requires implementation of identified Crisis Assessment, Crisis Needs Assessment, and Safety Planning tools.
- Training, supervision, and mentoring should be clear, consistent, and in line with systems of care and intensive care coordination models of care.
- Mobile response teams should connect to both informal and formal community supports and connections should be made to higher intensity of services, if needed.
- Outcomes should be collected to demonstrate the reach, benefits, and impact of the MRSS intervention and support provided.

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Building a Children's Crisis Continuum: Adult Models vs. Children/Family Models

Features	Adults Models of Crisis Intervention	MRSS	Currently Available in My State/Community
Availability 24/7 In-Person Response	X	X	
Crisis is Defined by Parent/Caregiver		X	
Crisis is Defined by Professional	X		
Focus on Cultural and Linguistic Competence	X	X	
Mobile Crisis Intervention – De-escalation	X	X	
On-Site Face-to-Face Therapeutic Response	X	X	
Available within 60 Minutes	X	X	
Comprehensive Children's Assessment		X	
Specifically, Child and Adolescent Trained Staff		X	
Interrupts Care Pathway to ED	X	X	
Crisis Intervention Worker and Medic Team		X	
Partnership with Law Enforcement	X	X	
Partnership with all Child Serving Systems		X	
Police Joint Response	X		
Contacted by Police with 911 is the Access Point	X		
Single Point of Access		X	
Knowledge of Local Resources	X	X	
Prehospital Mental Health Crisis Intervention	X	X	
Access to Telehealth	X	X	
Access to Psychiatric Consultation	X	X	
Non-emergency Police Response	X		
Support in the Child's Natural Environment		X	
Connection to Community		X	
Stabilization Services Provided for up to 8 Weeks		X	
Designed to Reduce Reliance on Hospital and Formal Crisis Systems		X	
Provides Transportation to ED, Detox, Shelter, etc.	X		
Peer Support as Member of Response Team	X	X	

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