Mobile Response Stabilization Services: a Core Component in a Comprehensive System of Care for Children, Adolescents, and Young Adults

Rick Shepler, Ph.D., LPCC-S

The Center for Innovative Practices
Child and Adolescent Behavioral Health Center of Excellence
The Begun Center for Violence Prevention, Case Western Reserve University

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Effective and Available Crisis Services are an Expectation

Crisis services should:

- Be available to anyone, anywhere, and any time (SAMHSA, 2020)

- Increase access and timeliness of response

- Decrease use of EDs, law enforcement, or the justice system

- Be an essential community service, just like police, fire and EMS (Roadmap to the Ideal Behavioral Health Crisis System, 2021)
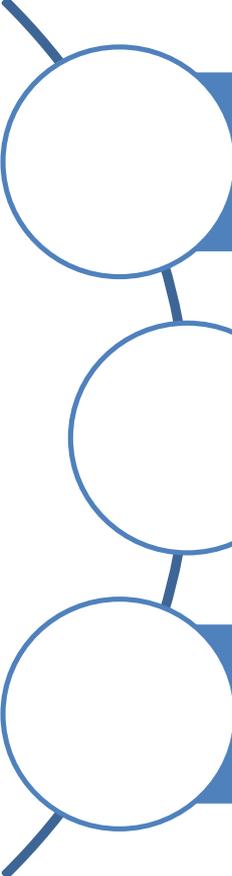
TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Youth and Family Safety is a Community Responsibility

Community partners need to work together to implement a sustainable continuum of crisis services for its children, youth and families

Safely maintaining youth in the least restrictive home and community-based setting requires community ownership, responsibility, responsiveness and participation

No single child-serving system can manage the complex challenges of youth with multiple behavioral health needs and their families alone

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Youth Crisis Continuum

Customized for children, youth, young adults, and their families

Crisis Hotlines (988); Crisis Text Line; and Warm Lines

Mobile Response Stabilization Services

Crisis Stabilization Unit/ Crisis Respite Beds (non-suicidal, non-homicidal)

Acute psychiatric hospitalization

Intensive Home-Based Treatment

Psychiatric Residential Treatment Facility (PRTF)

Mobile Response and Stabilization Service (MRSS) Definition

Mobile Response and Stabilization Services (MRSS) is a brief, rapid-response, home and community-based crisis intervention model (UConn & CHDI, 2023), available 24/7/365, that provides mobile crisis de-escalation, stabilization, and linkage services for youth (and their families) experiencing emergent behavioral health concerns.

MRSS Organizing Principles

*Reference: Mobile Response & Stabilization Services National Best Practices (CHDI and Innovations Institute, U. of Connecticut, 2023).

Provide help where the stabilization need is occurring

Meet sense of urgency with urgency

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.

Grounded in System of Care Principles

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Overarching Goals of MRSS

Establish Individual and family safety

Maintain youth in the least restrictive setting

Divert children from unnecessary hospital emergency rooms and inpatient hospitalization

Decrease use of arrests in school or in the community

Assist youth and families in learning new coping skills and building supports to reduce the frequency and intensity of future crises.
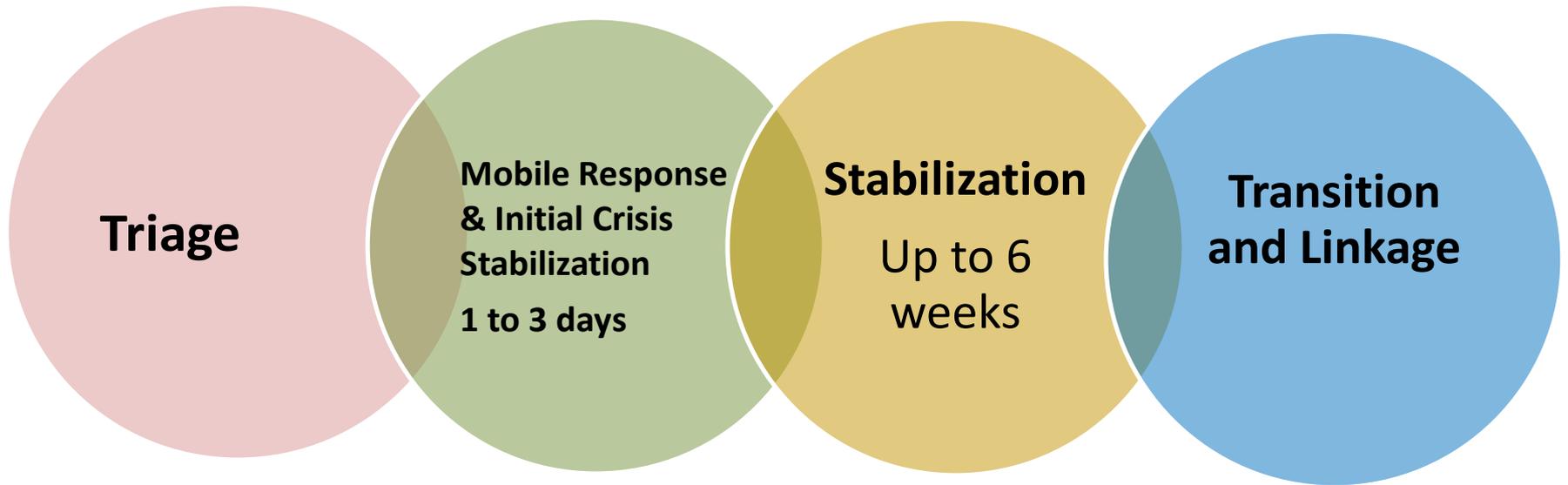
TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Main Components of MRSS

Triage

Mobile Response & Initial Crisis Stabilization

1 to 3 days

Stabilization

Up to 6 weeks

Transition and Linkage

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Stage One: Access Point*

*Reference: Mobile Response & Stabilization Services National Best Practices (CHDI and Innovations Institute, U. of Connecticut, 2023).

- Uses single point of access that is or includes 988.

- 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.

- 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.

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Stage One: Triage

Type of Response	Description	Response & Time
Emergency	Imminent serious danger to self or others (SI/HI, etc.)	911; Immediate; Lethality pre-screening; and dispatch MRSS to stabilization site.
Immediate Response	Any family-defined crisis where imminent danger to self or others is NOT present.	Mobile response within 60 mins
Deferred Mobile Response	Family driven response Deferred per family or referrer request, a scheduled response is requested instead of an immediate response.	Interim Safety Planning and scheduled response based on family need. Mobile response within 8 – 24 hours
Information & Referral	Information, linkage, referral, support	Phone response/ Not an Intervention

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

MRSS Stage Two: Mobile Response (Initial 72 hours)

Initial mobile intervention within 60 minutes of the initial call, followed by a de-escalation period of up to 72 hours

Provide immediate crisis intervention, de-escalation, and stabilization

Develop or update an individualized crisis safety plan in partnership with family

Implementation of safety precautions and means reduction in partnership with the family

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Stage Three: Stabilization

Identification of crisis escalation and distress patterns

Risk reduction strategies and safety monitoring

Skill building: Emotional regulation, coping, and distress tolerance skills

Resource and support building interventions

Behaviors management strategies and accommodations that reduce crisis frequency and intensity

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Stage Four
Transition and Linkage

- Coordination and linkage to ongoing services and supports

- Transition to care coordination and community-based supports, resources, and services

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

MRSS Implementation

LESSONS LEARNED & DECISION POINTS

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Implementing MRSS: Lessons Learned

- Consider utilizing a regional approach to help achieve state-wideness, especially with current workforce shortages

- Be intentional about where MRSS fits and what specific role it plays within your system of care and crisis continuum

- Staffing for 24/7 response is the most challenging

- This is a brief stabilization service. Do not start something you can't finish

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

POLICY AND PLANNING

Decision Point: Policies and Planning

➢ How does MRSS fit within the state's 988 system?

➢ How does MRSS fit within the local/state System of Care?

➢ Statewideness and access

➢ Use of telehealth for rural parts of state

➢ Development of state practice rules

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Decision Points:
Eligibility Parameters for MRSS

➢ 0- 21?

➢ Any diagnosis?

➢ Any crisis?

➢ Any system?

Decision Point: Funding Mechanisms

➢ Firehouse funding: fund the program like any emergency service

➢ State and local funds

➢ Medicaid

➢ Insurance

➢ Other child-serving systems: who benefits from the service?

➢ Pooled funding agreements upfront

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Decision Point: Staffing

➢ What kind of credentials/training are needed to staff program?

➢ Consider utilizing peer support as part of team

➢ What staffing capacity is needed to provide 24/7/365 access?

➢ What role/s do licensed staff play on the team?

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Ohio MRSS Staff Composition

- Independently licensed supervisor(s) always available to staff

- Licensed or license-eligible clinician(s) who can either independently or under supervision diagnose behavioral health disorders **and**

- Qualified behavioral health specialist(s) (QBHS) **and/or**

- Parent and/or young adult peer recovery supporter(s) **and**

- Access to a psychiatrist or certified nurse practitioner or clinical nurse specialist for consultation

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Considerations: Role of Law Enforcement

- MRSS typically responds without law enforcement, unless essential for safety reasons and as a last resort

- Should 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

- When a co-response is necessary, be clear on roles and responsibilities

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

References

- Mobile Response & Stabilization Services National Best Practices (CHDI and Innovations Institute, University of Connecticut, 2023).

- National Council, Committee on Psychiatry and the Community for the Group for the Advancement of Psychiatry Published by National Council for Mental Wellbeing (March, 2021). ROADMAP TO THE IDEAL CRISIS SYSTEM Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response.

- Shepler, R., Meyer, K., Cook, M., Lariviere, A., & Beale, B. (2021). Mobile Response Stabilization Service Tool Kit and Resource Guide V 1.0. Center for Innovative Practices, Case Western Reserve University and the Ohio Department of Mental Health and Addiction Services.

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Contact Information

- Rick Shepler, Ph.D., LPCC

  Co-Director, Center for Innovative Practices/Child and Adolescent Behavioral Health Center of Excellence, Case Western Reserve University

- Richard.shepler@case.edu

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing