MOBILE RESPONSE AND STABILIZATION SERVICES SYSTEM

Mobile Response Services – Initial 72 hours – (Child/Youth)

Service Description

The Mobile Response and Stabilization Services System (MRSS) delivers Mobile Response Services to youth experiencing escalating emotional symptoms, behaviors or traumatic circumstances which have compromised or impacted the youth's ability to function at their baseline within their family, living situation, school and/or community environments. These crises arise from situations, events, and/or circumstances that are unable to be resolved with the usual resources and coping abilities or jeopardize the development of adaptive social and emotional skills and personal strengths development critical in healthy life functioning. These youth, without intervention, will likely require a higher intensity of intervention to address their needs and/or prevent further decline in life functioning. Without Mobile Response Initial Services, youth may be at risk of psychiatric hospitalization, out of home treatment, legal charges, or, loss of their living arrangement. In particular, youth who have experienced implicit or explicit trauma may be at increased risk for an acute decline in their baseline functioning or in jeopardy of a change in their current living environment.

Mobile Response services are available 24 hours per day, 7 days a week, year round and are the initial entry into the Mobile Response and Stabilization Services System (MRSS). Mobile Response Services are delivered by the Mobile Response and Stabilization Services staff and 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 at the end of initial mobile response services, a youth continues to exhibit patterns of behavioral and emotional needs which require continued intervention and coordination to maintain their baseline functioning and prevent continued crisis, a youth may be transitioned to Mobile Response Stabilization Services.

Mobile Response Services program model components include:

- On-site intervention for immediate de-escalation of presenting emotional symptoms and/ or behaviors.
- Assessment, planning, skill building, psychoeducation and resource linkage to stabilize presenting needs.
- Assistance to the youth and family in returning to baseline (routine) functioning or prevention of escalation.
- Provision of prevention strategies and resources to cope with presenting emotional symptoms, behaviors and existing circumstances and avoid future crises.

Mobile Response Services are delivered by applying crisis intervention principles and core System of Care values and principles within the described program model. Care is strengths based, youth centered and 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:

- To rapidly respond to any non-imminently life threatening emotional symptoms and/or behaviors that are disrupting the youth's functioning.
- Provide immediate intervention to assist youth and their caregivers in de-escalating behaviors, emotional symptoms and/or dynamics impacting the youth's life functioning ability

- Prevent/reduce the need for care in a more restrictive setting e.g. inpatient psychiatric hospitalization, detention, etc. by providing timely community based intervention and wrap around service delivery and resource development.
- Effectively engage, assess, deliver, and plan for appropriate interventions to minimize risk, aid in stabilization of behaviors, and improve life functioning.
- To support the youth to remain in, or return to, his/her present living arrangement, function in school and community settings, and maintain the least restrictive treatment setting.
- Facilitate the youth's and the caregiver's transition into identified supports, resources, and services including, but not limited to, Mobile Response Stabilization Services, Care Management Services, outpatient services, evidence based services, community based supports and natural resources.

Criteria	
Admission Criteria	The child/youth **must meet A, B, C, D, E and at least one of the criteria F through G.** 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 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. C. The youth exhibits escalating emotional and/or behavioral needs , which represent a change in baseline functioning that is adversely impacting a youth's ability to function at their baseline in one or more life domains (family, living situation, school, community). A youth may meet this criteria if he/she is not overtly exhibiting escalating behaviors but by virtue of circumstances such as experienced trauma and disrupted attachments may be at high risk of a change in baseline functioning. • This includes youth who have been placed into a DCP&P resource or kinship home and may not be exhibiting an overt disruption in functioning but are at risk given their circumstances surrounding trauma and attachment. D. The CSOC Triage Assessment and other relevant information indicate that the youth needs Mobile Response intervention within 1 to 24 hours to prevent further behavioral and/or emotional escalation and a need for higher intensity of intervention. • This includes youth who have been placed into a DCP&P resource or kinship home who may not be exhibiting an overt escalation or disruption in functioning. E. There is evidence, based on the initial triage assessment, and other relevant information, that urgent intervention can be reasonably expected to:

	• Resolve or prevent further behavioral/emotional escalation or impairment in functioning. • Return youth and family to baseline functioning or improve the youth's emotional symptoms and behaviors • Improve coping skills and resources to help preserve optimal functioning in life domains (family, living situation, school, community) The youth meets any one of the following criteria or a combination: F. The youth exhibits moderate to high level risk to self or others that requires timely intervention for further assessment and safety planning to maintain current living arrangement and life functioning and avoid a more restrictive care setting. G. The youth has moderate to high intensity behavioral and/or emotional needs currently, which without intervention, will further interfere with his/her ability to function in at least one of the following life domains: family, living situation, school, social, work, or community. The youth's and or the caregiver strengths and coping skills are exceeded by the demands of the situation and the presenting needs of the youth. H. The child/youth appears to have co-occurring treatment needs related to intellectual, developmental disability, substance use and behavioral health, and is exhibiting behaviors which maybe compromising the safety of themselves and others. The extent and severity of cognitive impairment and developmental disability needs or substance use needs may not be clear at the time of initial presentation. I. Youth involved with community based substance use services who are presenting with moderate to severe behavioral health needs which are impairing their overall functioning.
Psychosocial, Occupational, Cultural and Linguistic Factors	*These factors may change the risk assessment and should be considered when making level of care decisions.*
Exclusion Criteria	**Any** of the following criteria is sufficient for exclusion from this level of care: A. The Clinical Triage Assessment and other relevant information indicate that the youth does not need Mobile -Response Services, as they need either a less intensive therapeutic service or a more intensive therapeutic service. B. The youth's caregiver does not voluntarily consent to treatment and there is no court order/ mandate requiring such treatment. C. The youth's caregiver does not voluntarily consent to treatment and there is no court order/ mandate requiring such treatment. D. The emotional and or behavioral symptoms are the primary result of a medical

	condition that warrants medical treatment. E. The youth appears to exhibit acute intoxication or withdrawal symptoms related to current, active alcohol and or substance use. F. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the residency of the caregiver shall determine the residence of the minor. G. 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.
Continued Stay Criteria	Continued-stay criteria have not been developed for this level of care since a maximum of 72 hours of services are provided. If continued Mobile Response services are needed, the child/youth transitions into Mobile Response Stabilization Management Services.
Discharge Criteria	**Any** of the following criteria is sufficient for discharge from this level of care: 1. The youth's documented ICP goals and objectives for this level of care have been met, progress has been made, **and** a discharge plan with follow-up supports, resources, and appointments are in place and clearly documented on the tICP with any barriers clearly documented. 2. The ICP Treatment Plan indicates that the youth needs a more, or less, intensive level of care. 3. The youth and/or the caregiver withdraw consent for treatment, or are lost to follow-up, and there is no court mandate requiring such treatment. 4. The youth's physical condition necessitates transfer to a medical, psychiatric, or substance use treatment facility.