MOBILE RESPONSE AND STABILIZATION SERVICES SYSTEM

Mobile Response Services – (Up to 8 Weeks) – (Child/Youth)

Program Definition

Mobile Response Stabilization interventions provide parents/caregivers/guardians with short-term, flexible services that assist in stabilizing children/youth in their home/community setting. Interventions are designed to maintain the child/youth in his/her current living arrangement, to prevent repeated hospitalizations, to stabilize behavioral health needs and to improve functioning in life domains, as identified. Interventions at this level of care include the delivery of a flexible variety of services through the development of a comprehensive and coordinated Individual Crisis Plan (ICP). Children/youth, based upon need, enter Mobile Response Stabilization Services following the completion of the Mobile Response Assessment and the development of the ICP by the Mobile Response Team during the first 72 hours.

Interventions may include, but are not limited to, crisis intervention, counseling, stabilization bed services, behavioral assistance, in-home therapy, intensive in-community services, skill building, mentoring, medication management and/or parent/caregiver/guardian stabilization interventions. Mobile Response Stabilization Services are managed and monitored by the Children's Mobile Response Stabilization Services Agency and pre-authorized and reviewed by Perform Care, the Contracted Systems Administrator. Mobile Response Stabilization interventions can be delivered for up to eight weeks. Use of these interventions will vary by setting, intensity, duration and identified needs. The objective of Mobile Response Stabilization Services would be to ultimately defuse the current crisis and help link the youth and family with longer-standing therapeutic resources which are consistent with their treatment needs. This may involve linking the family with services outside of the DCBHS system, such as Division of Developmental Disabilities, Autism specialized services, or community based therapeutic nursery programs, where available.

	Criteria
Admission Criteria	***All** of the following criteria are necessary for participation in this level of care:* 1. The child/youth/ young adult are between the ages of 5 and 21. Special consideration will be given to children under 5. Eligibility for services is in place until the youth's 21st birthday. 2. The DCBHS Assessment and other relevant information indicate that the child/youth needs the Mobile Response Stabilization Services level of care. 3. The child/youth exhibits moderate to high intensity risk behaviors which are impacting his/her overall functioning; and/or the current functional impairment is a clearly notable

	change compared with previous functioning. 4. The child/youth exhibits moderate to high intensity behavioral/emotional symptoms which are impacting his/her overall functioning; and/or the current functional impairment is a clearly notable change compared with previous functioning. 5. The parent/caregiver/guardian capability is limited at this time. 6. The child/youth is at risk of being placed out of his/her home or present living arrangement. 7. The child/youth requires immediate intervention in order to be maintained in his/her home or present living arrangement or to avoid potential psychiatric hospitalization. 8. The child/youth appears to have co-occurring treatment needs related to developmental disability and behavioral health, and they are exhibiting behaviors which are compromising the safety of themselves and others. The extent of cognitive impairment and developmental disability needs may not be clear, but there is clear indication that the child/youth would benefit from brief crisis stabilization services with the goal of linking the youth and family with clinically appropriate community based services.
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: 1. The child/youth's parent/guardian/custodian does not voluntarily consent to treatment and there is no court order requiring such treatment. 2. The DCBHS Assessment and other relevant information indicate that the child/youth does not need mobile response services, as they need either a less intensive therapeutic service or a more

Articles 8 through 11 reflect general DCBHS eligibility criteria	intensive therapeutic service. 3. The child/youth manifests behavioral and/or psychiatric symptoms that require a more intensive level of care. 4. The child/youth is at imminent risk of causing serious harm to self/others. 5. The child or youth manifests behavioral and/or psychiatric symptoms which require a less intensive level of care. 6. The child/youth can be safely maintained and effectively treated at a less intensive level of care. 7. The symptoms are a result of a medical condition that warrants a medical setting for treatment. 8. The child/youth's sole diagnosis is Substance Abuse, and the emotional or behavioral disturbances appear to be mainly correlated with substance use, either intoxication or acute withdrawal effects of substances being used. 9. The child/youth has a sole diagnosis of Autism of high severity which includes significant communication skills deficits and functional impairment and there are no reported or documented co-occurring DSM IV Axis I Diagnoses, or symptoms/ behaviors consistent with a DSM IV Axis I Diagnosis which could potentially benefit from the provision of short term rehabilitative or crisis stabilization services. 10. The child/ youth has a sole diagnosis of Mental Retardation/ Cognitive Impairment of high severity which includes significant communication skills deficits and functional impairment, and there are no reported or documented co-occurring DSM IV Axis I Diagnoses, or symptoms/ behaviors consistent with a DSM IV Axis I Diagnosis which could potentially benefit from the provision of short term rehabilitative or crisis stabilization services.
Continued Stay Criteria	***All** of the following are necessary for continuing treatment at this level of care* for up to 8 weeks.

	1. The severity of the risk behaviors and the behavioral/emotional symptoms continues to require this level of intervention. 2. The DCBHS Assessment and other relevant information indicate that the child continues to need the Mobile Response Stabilization Services level of care. 3. Interventions are focused on reducing risk and behavioral symptoms and on improving parent/guardian/caregiver capability. 4. The interventions are focused on reducing the movement of the child/youth from one living arrangement to another and on maintaining the child in the community. 5. The mode, intensity and frequency of the interventions are consistent with the intended ICP/treatment plan outcomes. 6. The ICP is appropriate to the child/youth's changing condition with realistic and specific goals and objectives that include target dates for accomplishment. 6. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms. However, some goals of treatment have not yet been achieved; and adjustments in the ICP include strategies for achieving these unmet needs. 8. When clinically necessary, a psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. (Minimally, the necessary evaluation should have been arranged.) 9. Individualized services and treatments are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice. 10. Treatment planning includes the child/youth's and the parents/caregivers/guardian's strengths; and treatments include the following, based on identified needs, to stabilize and improve functioning: short-term, in-home therapy

	behavioral assistance crisis intervention parent/caregiver/guardian therapy consumer and family support and education (e.g., symptom management) coordination and development of alternative support systems (religious organizations, self-help groups, peer support) services are delivered in the home/community. 11. There is documented evidence of active, individualized discharge planning.
Discharge Criteria	***Any** of the following criteria is sufficient for discharge from this level of care:* 1. The child/youth's documented ICP goals and objectives for this level of care have been met **AND** a discharge plan with follow-up appointments is in place. 2. The child/youth meets the criteria for a more (or less) intensive level of care. 3. The DCBHS Assessment and other relevant information indicate that the child/youth needs a more (or less) intensive level of care. 4. The child/youth and/or the parent/guardian/custodian have withdrawn consent for treatment and there is no court order requiring such treatment. 5. The child/youth's physical condition necessitates transfer to a medical facility.