MOBILE RESPONSE AND STABILIZATION SERVICES SYSTEM

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

Program Description

The Mobile Response and Stabilization Services System (MRSS) delivers Mobile Response Services to children/youth/young adults experiencing escalating emotional and/or behavioral reactions and symptoms which are impacting the youth's ability to function typically (baseline) within their family, living situation, school and/or community environments. These crisis reactions arise from situations, events, and/or circumstances which are unable to be resolved with typical resources and coping abilities. These youth, without intervention, will likely require a higher intensity of intervention to address their needs and/or prevent further impact on thoughts, behavior, feelings, typical development and life functioning. Without Mobile Response Initial Services, youth may be at risk of psychiatric hospitalization, being legally detained, loss of living arrangement, further functioning decline, etc.

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 both initial, within one hour, face to face intervention where the youth's need presents 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 typical functioning and prevent continued crisis reaction, a child/youth may be transitioned to Mobile Response Stabilization Management Services.

Mobile Response Services program model components include on-site intervention for immediate de-escalation of presenting behavioral and emotional symptoms. Assessment, planning, skill building and resource linkage are provided to stabilize presenting needs, assist the youth and family in returning to baseline (routine) functioning, and provide prevention strategies and resources to cope with presenting behavioral and emotional needs and/or avoid future crisis reactions. 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 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:

- rapidly respond to any non-immediate life threatening mental health crisis reaction and/or youth with escalating emotional and/or behavioral health needs
- provide immediate intervention to assist children/youth and their parents/caregivers/guardians in de-escalating behaviors, emotions and/or

dynamics impacting youth life functioning ability

- Prevent/reduce the need for care in more restrictive settings e.g. inpatient psychiatric hospitalization, detention, etc. by providing timely community based intervention and wrap around service delivery/resource development.
- Effectively engage, assess and plan for appropriate interventions to minimize risk, aid in behavior stabilization, and improve life functioning, allowing the child/youth to remain in, or return to, his/her present living arrangement, functioning in school and community settings, and maintain least restrictive treatment setting.
- Facilitate the child/youth's and the parent/caregiver/guardian's transition into identified supports, resources and services post Mobile Response Initial Services including but not limited to Mobile Response Stabilization Management 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 F.** A. The child/youth is between the ages of 0 and 21. Eligibility for services is in place until the youths 21st birthday. B. The DCBHS Triage Assessment and other relevant information indicate that the child/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. C. The youth exhibits escalating emotional and or behavioral needs within the last 30 days which represent a change in baseline functioning that is adversely impacting a youth's ability to function typically in one or more life domains (family, living situation, school, community). D. 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 child/youth's behavioral/emotional symptoms

	- 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: E. 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. F. The child/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/ caregiver strengths and coping skills are exceeded by the demands of the situation. G. The child/youth appears to have co-occurring treatment needs related to developmental disability 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 may not be clear at the time of initial presentation
	These factors may change the risk assessment and should be considered when making level of care decisions
Exclusion Criteria Articles 2 through 7 reflect general DCBHS	**Any** of the following criteria is sufficient for exclusion from this level of care: 1. 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 intensive therapeutic service.

eligibility criteria, specifically in regards to substance use, Autism, and DD.	2. The child/youth's parent/guardian/custodian does not voluntarily consent to treatment and there is no court order/ mandate requiring such treatment. 3. The Behavioral symptoms are the result of a medical condition that warrants a medical setting for treatment. 4. 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. 5. 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 intervention services. 6. 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 intervention 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 moves into Mobile Response Stabilization Management Services.

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, progress has been made, **and/ or** a discharge plan with follow-up supports, resources, and appointments are in place. 2. The DCBHS Assessment and other relevant information indicate that the child/youth needs a more (or less) intensive level of care. 3. The child/youth and/or the parent/guardian/custodian withdraw consent for treatment and there is no court mandate requiring such treatment. 4. The child/youth's physical condition necessitates transfer to a medical facility.