MRSS Quality Learning Collaborative
Youth Crisis Response
Defining MRSS Metrics

This document provides definitions to help guide reporting on the QLC Metrics Survey. The goal is to provide parameters on what each element is intended to capture. These definitions are not prescriptive. Each site will likely have their own set of definitions. You do not have to have the data elements defined exactly this way; we simply want to get the data elements that most closely align with the intended definitions!

The document also serves as a tool to for your coaches to understand the nuances of definitions across sites. If you wish, you may use the empty column to provide notes and clarifications. *This step is voluntary.* After the first round of the QLC Metrics Survey, the coaches will use this table and any notes you provide in the survey to document your specific data definitions and begin to develop your QLC data dictionary for the QLC.

Note: The listed response options for these metrics are not all inclusive and there may be categories that should be eliminated or added based on the sites' needs.

Metric	QLC Definition	Site-Specific Notes
Referral Metrics		
Number of Calls/Referrals	The number of requests for MRSS service. Depending on the set-up for each site, these may come directly to a provider, through a call center/crisis line, or through 988. If the access point is broader than MRSS, this data would be limited to referrals that are relevant to youth/young adult MRSS.	
Split by under/over 18	The number of calls related to youth ages 0 through 17 at the time of referral; the number of calls related to young people ages 18 plus at the time of referral	
Call Center Metrics		
Call Answer Rate	The percentage of all telephonic contacts (exclusive of texts) to a MRSS designated access point, (e.g., 988, MRSS call line/ center), that were answered and then engaged by a contact specialist (e.g., counselor, peer,	

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	volunteer or other staff member). This percentage includes contacts where the caller discontinued the contact after being connected to a specialist). If the metric is unable to be split into MRSS specific calls, the overall percentage of answered calls by that entity.	
Average Answer Speed	The average number of seconds (exclusive of the number of seconds of a pre-recorded automated greeting, if applicable) , the caller waited before the call was answered by a contact specialist.	
Disposition/Referral Outcome	The outcome/response to the request for help Note: To best capture outcomes/ recommendations from initial calls for help (as opposed to actual MRSS service provided), it is recommended that states/counties have established criteria for how initial calls are categorized, that all MRSS designated access points use the same criteria, and those access points have a formalized role in recommending dispositions.	
Immediate Mobile response	Default disposition, regardless of perceived acuity. Mobile response to site of youth is intended to take place in one hour or less. Include all episodes that were intended to receive an immediate response, regardless of whether the response actually occurred in less than an hour.	
Deferred mobile	The number of dispositions where a "deferred mobile" face to face intake time was specifically requested by the youth/ family or other referrer. A deferred mobile should be designated if the requested face to face start time is beyond 60 minutes. Does not include episodes	

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	that were intended to be immediate but took longer than one hour to respond. However, states/ counties may choose to have a date point that captures why the response was not conducted in one hour (e.g., weather related emergency, traffic conditions, afterhours call, rural or frontier community, natural disaster, no available staff, etc. Note: For sites that do not yet have 24/7/365 mobility, states/counties may choose to code after-hour requests for services as immediate (as the need would have been immediately if the site was operational 24/7) or deferred/ non-immediate. The first offers the possibility of accurately capturing the reality of the need 24/7.	
Phone only	The number of requests for MRSS services for which a telephone only intervention was provided.	
Telehealth	The number of requests for MRSS services for which the initial service (other than call for service itself) was conducted via a video-based telehealth session.	
Non-MRSS episode	The number of calls that were not-MRSS related, such as those for information only or requiring a 911 response.	
Caller Type/Primary Referral Source		
Youth/Self	The call for MRSS services was made by the youth/young person themselves.	
Family	The request for MRSS services was initiated by any family member including kinship or foster caregivers.	

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School	The request for MRSS services was initiated by any school staff member (e.g., teachers, nurses, social workers, counselors, principals, school assigned CIT officers) or school-based behavioral health provider.	
Emergency Department	The request for MRSS was initiated by any hospital staff member, including staff who may have been sub-contracted to provide emergency department crisis services	
Police	The request for MRSS services was initiated by law enforcement either when on site with a family or as part of a dispatch response.	
Child Welfare	The request for MRSS was initiated by a child welfare provider, whether or not the related youth was actively involved /"open" with child welfare at the time of referral (e.g., investigators, diversionary child welfare responders, child welfare careline/ hotline staff).	
Behavioral Health Provider	The request for MRSS services was initiated by any behavioral health provider other than behavioral health providers associated with emergency departments, inpatient units or school-based behavioral health providers.	
Primary Care Physician	The request for MRSS services was initiated by an outpatient medical provider.	
Other	The request for MRSS services was initiated by a person or entity with another known connection to the youth who needs help (e,g., coaches, church/ faith-based representative, neighbor, friend).	
Initial Response – Service Delivery		
Discharged Episodes of Care	The number of episodes of care with an end/ discharge date during the reporting period. Each	

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	episode is counted and may include youth who had more than one episode of care during the report period. This number includes episodes that may have started prior to the reporting period.	
Unique Youth Served	The number of unique youth who had at least one episode during the report period. Count each youth only once, regardless of how many episodes they had. If more than one youth from a family directly received MRSS services (distinct from a family intervention for another child) each youth should be counted as a unique youth.	
Response Time – for episodes requiring immediate response	Note: The default mobile response category is an "immediate mobile response" <u>unless </u>the referent or family member specifically requests an MRSS response at a later time. These calls would be coded as a non-immediate or deferred response. Considerations for defining response time: • When is the "start clock" (e.g. when the call is answered, when it is transferred to the provider, when the provider hangs up, etc.) • How to measure response time for calls that come in outside of mobile hours – are these still categorized as immediate responses? Deferred? Something else?	
Number of "immediate" responses within 60 minutes	Of all eligible requests for an immediate response, how many episodes received a face-to-face response in 60 minutes or less	

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Median response time	The median of all mobile response times for which both the start clock time and the response start time was collected in minutes, Note: In a sorted list of data, the **median** is the midpoint of the data, or the number that divides the top half of the data from the lower half. The median is preferred to the average for this element, as it is less affected by outliers.	
Location of Initial Response	The location where the first face-to-face contact between MRSS provider and youth and/or family. Of all MRSS new episodes of care during the previous quarter where the initial engagement with a youth and/or family member (beyond a referral call) was conducted face to face whether "immediately" or at a deferred/ non-immediate time scheduled outside of the 60 minutes time period at the request of the youth/ family or other referrer.	
Home	Home includes any location where the youth resides, inclusive of foster care homes, group care settings, shelter environments and other insecure housing locations.	
School	The number of mobile episodes where the initial mobile response took place on school grounds.	
Emergency Department	The number of mobile of episodes of call that took place at an emergency department during the time a young person was admitted to the emergency department.	

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Office	The number of episodes of care that were deemed an MRSS episodes of care that took place at the location of the MRSS office or an area of the office setting designated for MRSS assessments to take place.	
Other community settings	Could include recreation centers, churches, parks, etc.	
Youth History		
Previous MRSS episode(s) in the last 60 days	At the time of an initial mobile response, the number of distinct youth with a previous MRSS episode with an end date in the previous 60 calendar days, regardless of the start date of the previous episode. If a youth had more than one closed episode in the report period, it is possible that the first episode was not initiated within 60 days of a previous closed episode but that the second mobile response was started within 60 days of the previous episode. In this case, the youth should be counted. Similarly, it is possible that a youth may have had more than one closed episode within the 60 days prior to an MRSS intervention. In this case, the youth should only be counted once.	
Previous "service" use and system experiences? During the past 6 months and lifetime history	Likely based on family report. During the past 6 months, or in their lifetime, did the youth have experience with any of the following services. For the purposes of the QLC, we are only asking for yes/no, not a number of experiences.	

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	Note: when defining these metrics, it is important to be clear around the nuances. For instance, does a current admission count as prior experience, or is that captured elsewhere? This may be different for different types of services/experience – a current ED admission may not count as prior experience, while a suspension from school that morning would. The QLC is not being overly prescriptive of the definitions for these items, but can provide coaching to sites in determining their definitions and considering these nuances.	
Emergency Department	See above For behavioral health concerns	
Inpatient	See above	
Residential	See above	
Foster Care Placement	See above	
Suspension(s)/ Expulsion (s)	See above Includes in-school and out of school suspensions and expulsions	
Arrests	See above	
Juvenile Detention/ Incarceration	See above	

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Current System Involvement	Of all new episodes of care, the number of episodes of care where formal system involvement was indicated at the time of initiation of services. Depending on the system, "system involvement" may be indicated if the youth/ family has a designated staff member from that system (e.g., case worker, probation officer); is in the process of determining a specific outcome related to the system (e.g.,, outcome of an arrest or "investigation"), has specific steps/ requirements that must be met because of their involvement with the system, or is receiving or has access to one or more services or support types because of their involvement with a system (e.g., respite services, mentors, specialized treatment). Note: Sometimes youth may receive care/ treatment in a service that is fully or partially funded by one or more public system. Typically, these episodes would only be counted in this category if the only access to the service was because of a formal relationship to a system.	
Child Welfare	See above.	
Juvenile Justice	See above.	
Intellectual/ Developmental Disabilities	See above.	
Substance Use	See above	

Metric	QLC Definition	Site-Specific Notes
Behavioral/ Mental Health	See above.	
Intervention Metrics		
Primary Presenting Problem	What is the main reason for initiating the episode of care? May coincide with, but does not need to be a clinical diagnosis. Considerations: This category is recoded by the MRSS providers who provided an MRSS service (as opposed to call center staff). At times the presenting problem, may be clearly identifiable such as when a youth reports that they are have thoughts or plans of suicidality or have made gestures towards such. At other times, the stated problem may be less clear. Because problems may look similar, confirmation of the youth or family's perception of the problem may be helpful when coding this. For example, trauma, disruptive behavior, mood dysregulation and anxiety may look very similar.	
Suicidality		
Harm/Risk of Harm to Self	The recommendation is for suicidality and harm/ risk of harm to self to be separated as each, when aggregated, may be used for distinct purposes.	
Harm/Risk of Harm to Others		
Harm/Risk of Harm from Others		

Metric	QLC Definition	Site-Specific Notes
Anxiety		
Disruptive Behavior		
Depression		
Mood Dysregulation		
Family Conflict		
Trauma		
Peer Difficulties		
School Problems		
Psychosis		
Eating Disturbance		
Substance Use		
Intellectual/ Developmental Delays		

Metric	QLC Definition	Site-Specific Notes
Identity Discovery (related to support around gender expression, sexuality, race, ethnicity, etc)		
Loneliness		
Intimate relationship problems		
Completion of safety plan by the end of initial assessment	For all mobile responses (including both immediate and non-immediate assessments,) the number of episodes where the safety plan was completed and provided to the family by the end of the initial assessment. Notes: Safety plans should be created with the youth and family and be based on their needs and preferences. Safety plans typically include predictive and preventative strategies (including means reduction strategies), a delineation of roles, response responsibilities, and contact information; and a plan for what to do if the crisis does occur including de-escalation, coping and support strategies. A copy of the safety plan must be left with the family.	
Number of youth receiving stabilization services	The number of youth and families who received additional MRSS intervention and support beyond the initial mobile response phase (typically 72 hours).	
Episode Outcome Metrics		
Median Length of Service	The average number of calendar days youth and families were served by MRSS during distinct episodes	

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	of care that ended during the report period. The start date of the service may have occurred during the most recent quarter or a previous quarter.	
Living Situation/Placement at referral **and** discharge	Where is the youth living at the time of the referral and upon discharge? This is helpful for measuring change in circumstances between referral to MRSS and discharge from the program.	
Home with legal guardian		
Home: 18+ year old's/ emancipated minors		
Foster/kinship care		
Group care		
Unhoused/Insecure Housing		
Other		
At referral/discharge, was the youth admitted to an emergency department or inpatient unit or detained or incarcerated.	In general, this section, at times in combination with the section above, begins to measure whether MRSS helps to maintain youth in their homes and local communities and/or serves a role in diverting from higher more restrictive settings.	
Inpatient		
Detained/Incarcerated		

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Emergency Department		
Referrals to community-based supports and/or services	Check all that apply: • Referred to/ Back to a Service or Support • Connected to a new service or support • Referral/connection needed, but insufficient capacity • No referral needed	
Natural Supports		
Care Coordination		
Existing Provider		
Routine Outpatient Services		
Intensive Outpatient Services		
Intensive In-home Services		
Other (e.g., parent-support groups, individualized school programming, afterschool activities, medical/ dental provider)		

Metric	QLC Definition	Site-Specific Notes
Family and youth satisfaction		
Collect Family/ Adult-Completed Surveys	The number of completed surveys where the respondent was an adult caregiver or who completed the survey on behalf of the family as a whole.	
Collect Youth-Completed Surveys	The number of collected surveys where the respondent was the youth or young adult. Responses below should be separated by each responder type, if applicable.	
Specific Family/youth items		
Families and youth report they felt listened to		
Families and youth report they had voice and choice over all aspects of their care		
Families and youth report they felt MRSS met their needs		
Families and youth report improved functioning		
Families and youth report the system functioned as intended		