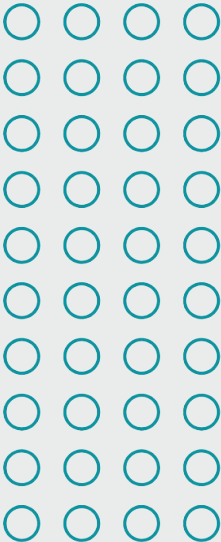




INNOVATIONS INSTITUTE

Mobile Response and Stabilization Services (MRSS): Design and Principles

Washington State Health Care Authority
August 27, 2024



Jax Bayne (they/them)
Neurodivergent Peer Support Specialist
Gryffin Core

Jasmine Martinez (she/her)
Assistant Director
A Common Voice
C.O.P.E Project



Call to Action



Mobile Response and Stabilization Services (MRSS)

MRSS is a rapid response, home and community-based crisis intervention model customized to meet the needs of children, youth, young adults and their families.

MRSS Design & Intent

- Specifically designed as an upstream intervention to:
 - Meet the needs of children, youth and young adults, and their parents/caregivers
 - Deescalate and ameliorate a crisis before more restrictive and costly interventions become necessary
 - Ensure connection to necessary services and supports
- Key services that shift from overuse of high-end services and supports to home- and community-based services

[Making the Case for a Comprehensive Children's Crisis Continuum of Care \(nasmhpd.org\)](https://nasmhpd.org)



National Association of State Mental Health Program Directors
66 Canal Center Plaza, Suite 302
Alexandria, Virginia 22314

Assessment #8

**Making the Case for a Comprehensive
Children's Crisis Continuum of Care**

August 2018

Alexandria, Virginia

Eighth in a Series of Ten Briefs Addressing: Bold Approaches for Better
Mental Health Outcomes across the Continuum of Care

This work was developed under Task 2.2 of NASMHPD's Technical Assistance Coalition contract/task order, HHSS2832012000211/HHSS28342003T and funded by the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services through the National Association of State Mental Health Program Directors.

MRSS: A Critical Component in System of Care Design

MRSS is designed to:

- Work with youth- and family-serving systems with shared population responsibility such as schools, courts, child welfare, early intervention, and juvenile justice.
- Provide early intervention before a crisis gets to the point where youth and families feel the need to turn to more restrictive and less desirable options.

AND

- Intervene and act as crisis response for children, youth, and families experiencing higher acuity needs including suicide risk.

Interruption Points

A hand in a dark blue sleeve is reaching out from the right side of the frame, with fingers spread, as if to stop a line of wooden dominoes. The dominoes are arranged in a path that curves from the top right towards the center. The background is a light-colored wooden floor with a vertical grain.

Places in the pathway(s) that system leaders need to intervene to change the experiences of families and address the identified problem. Interruption points are opportunities for system leaders to change care pathways and/or create new pathways.

Crisis is defined by
the caregiver/youth



Responses are
face to face



Customized for children,
youth, and families

MRSS Basic Principles

System of Care Values

- Family/caregiver and youth driven
- Home and community based
- Equitable
- Culturally humble and linguistically competent
- Strengths-based and individualized
- Data driven and outcome oriented
- Trauma responsive
- Coordinated across systems and services
- Connected to natural helping networks



Meets the Sense of Urgency with Urgency

- ✓ The 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.
- ✓ Uses a public health approach; all youth and families are eligible.

Offers In-person Responses 24/7/365

- In-person response assessments are available within one hour of call.
- Prioritizes de-escalation and stabilization within the home and community at the preference of the parent/caregiver and youth, providing supports and skills necessary to be successful with routine activities and helping to avert or better manage future crises.





Customized for Children, Youth, Young Adults & their Families

- Parents/caregivers and youth have the most influence and say regarding all aspects of MRSS service delivery.
- Components and practices for youth and their families remain even when embedded in a lifespan response system.
- Includes identification of the youth and family's needs and strengths, risk factors and cultural considerations and preferences.
- Employs trained and certified or credentialed providers, including parent and youth peers, with expertise and experience in child and adolescent behavioral health and family systems.
- Provides routine outreach and educational activities to the community and system partners that is specific to the needs of youth and their families.
- Prioritizes safety and de-escalation in community settings with connections to natural supports.

CHILD AND YOUTH CRISIS SYSTEM OF CARE: WORKING TOWARD A COMMON GOAL



When a child or youth is in crisis, a parent or caregiver can call 988 for help



988

does not “screen out”; instead the crisis is defined by the family and mobile response is **always** offered



Youth Mobile Response Teams

head out to meet the family where they are, **arriving in less than 60 minutes**



Child is stabilized in the community

95 % resolved in the home. There is **no use** of hospital Emergency Departments



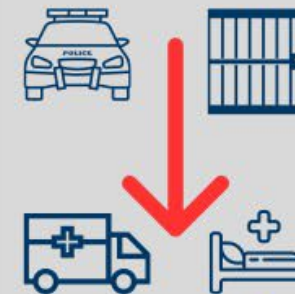
System Provides Support

All families who receive in-person response have access to stabilization services



Improved Outcomes

And reduced rates of arrest, juvenile detention, emergency departments, and hospitalization



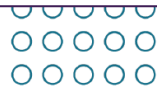
Child & Family Model: MOST Responsive = MOST Effective

MRSS: Return on Investment

Fiscal Return

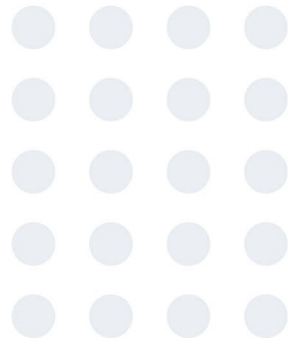
- Connecticut: Over the course of four years in CT (FY2016-2019), 2,212 children served by MRSS were diverted from inpatient hospitalizations - 61% (1,359) of those children were Medicaid enrolled. The averted costs for Medicaid only children on just this one data point were \$15,720,154.
- New Jersey: Over \$68 million return on investment was reinvested into services for young people and their families.

A Publication of the
National Mobile Response & Stabilization Services Quality Learning Collaborative



**A Guide for MRSS Leaders: Articulating the “Why”
Responses to Common Questions and Challenges**

This document is a companion to [Mobile Response & Stabilization Services National Best Practices](#).



Outcomes Return

- Connecticut: A study found CT’s MRSS system had a 22-25% reduction in ED utilization compared with initial ED users, over an 18-month timeframe.
- New Jersey: Since the year 2015, 98% of young people who received a mobile response remained in their home.
- New Jersey: The daily population of young people in residential interventions has reduced by 51% since the year 2000 and there are no out of state residential interventions.
- Oklahoma: 2023 data shows that 83% of children, youth, and young adults receiving MRSS were diverted from a change in placement or living environment.
- Oklahoma: 2023 data shows that out of 5218 students at risk for school disruption, 81% were able to return to class.

Behavioral Health Administrative Services Organizations and Regional Crisis Lines

North Sound: 1-800-584-3578

King: 1-866-427-4747

Pierce: 1-800-576-7764

Salish: 1-888-910-0416

Thurston/Mason: 1-800-270-0041

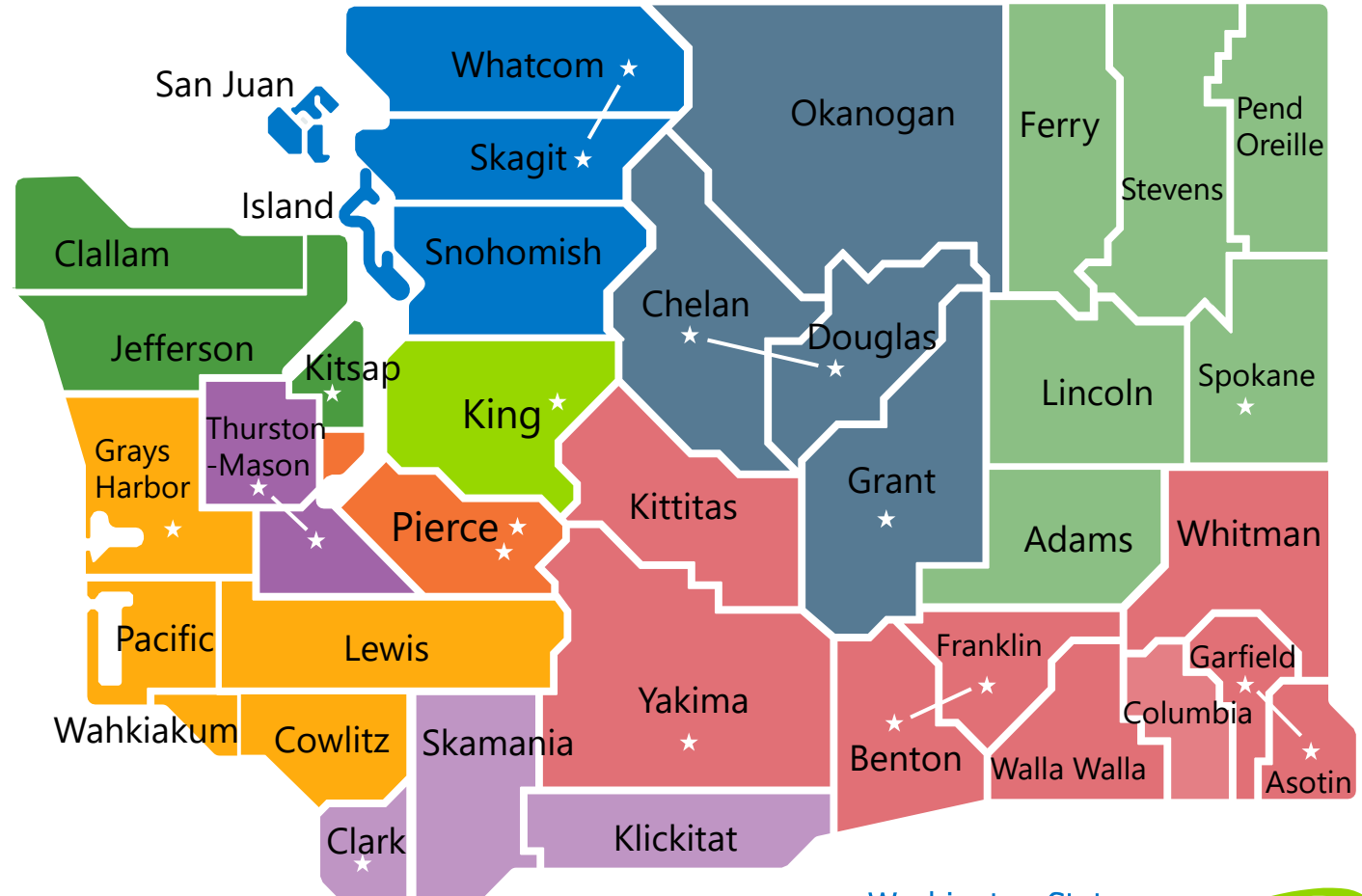
Great Rivers: 1-800-803-8833

Southwest: 1-800-626-8137

North Central: 1-800-852-2923

Spokane: 1-877-266-1818

Greater Columbia: 1-888-544-9986



Mobile Response and Stabilization Services – Youth Teams

Greater Columbia

- [Comprehensive Healthcare](#) – Benton/Franklin (NEW)
- [Quality Behavioral Health](#) – Garfield/Asotin (NEW)
- [Comprehensive Healthcare](#) – Yakima (NEW)

King

- [Children’s Crisis Outreach Response System \(CCORS\)](#)

North Central

- [Renew](#) – Grant (NEW)
- [Catholic Charities](#) – Douglas (NEW)
- [Catholic Charities](#) – Chelan (NEW)

North Sound

- [Compass Health](#) – Whatcom (NEW)
- [Compass Health](#) – Skagit (NEW)
- [Compass Health](#) – Snohomish (Pending)

Pierce

- [Catholic Community Services](#) – Tacoma
- [Seneca Family of Agencies](#) – Tacoma (NEW!)

Salish

- [Kitsap Mental Health](#) – Bremerton (NEW)

Spokane

- [Frontier Behavioral Health](#) – Spokane (NEW)

Southwest

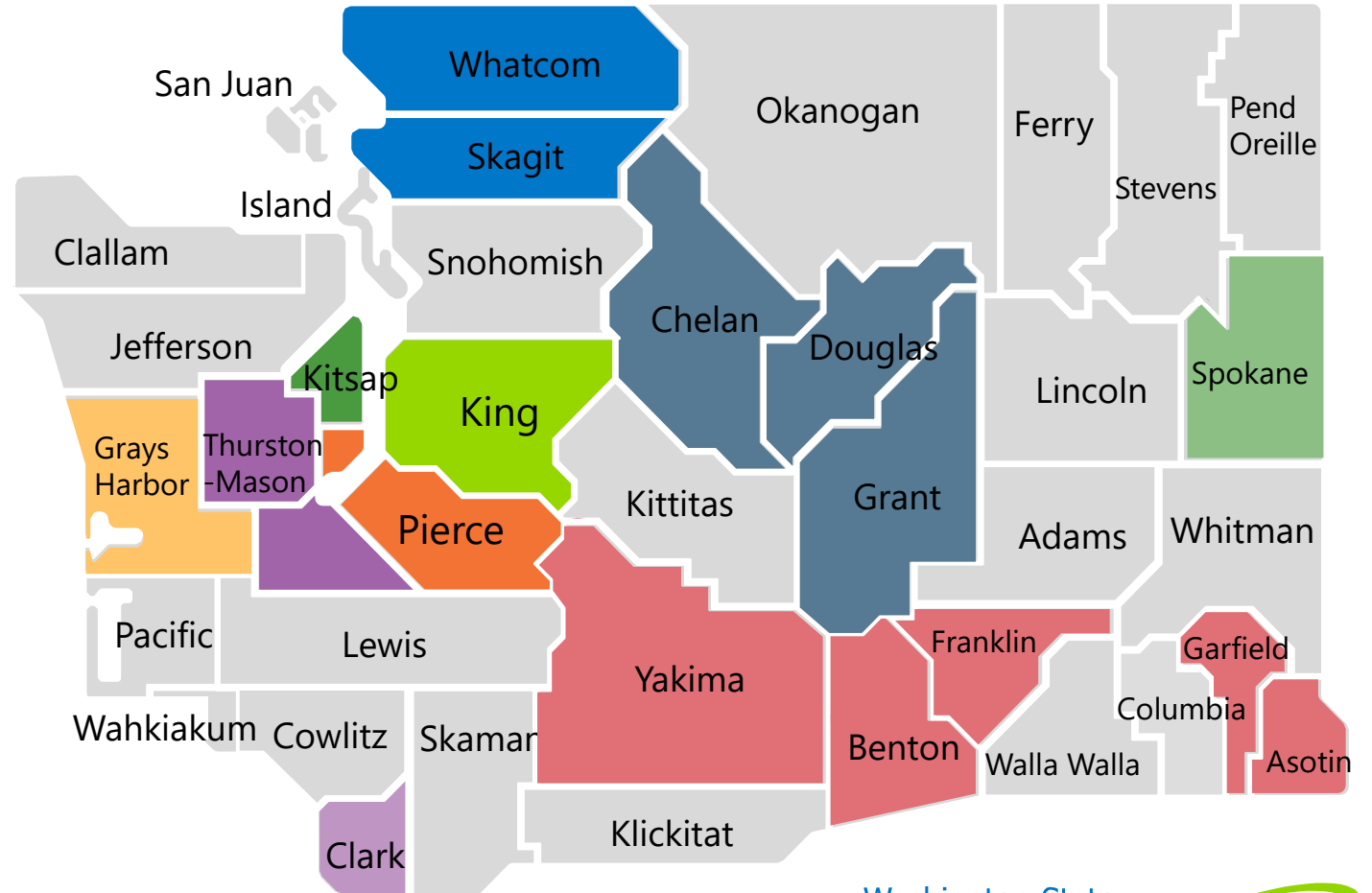
- [Catholic Community Services](#) - Clark

Great Rivers –

- [Columbia Wellness](#) (NEW!)

Thurston/Mason

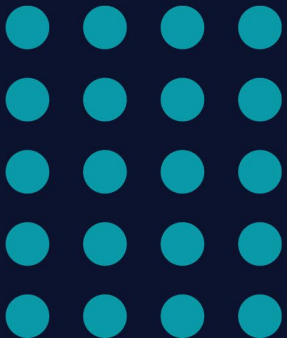
- [Catholic Community Services](#) –Thurston
- [Catholic Community Services](#) - Mason



Recent Updates to Ensure MRSS Statewide

- ▶ State Plan Amendment approved by CMS effective January 1, 2022
 - ▶ Crisis Stabilization – removed 14-day language = 8 weeks in-home stabilization
 - ▶ Delegation of in-home stabilization (H2019) from MCOs to BH-ASOs
- ▶ Added peers to both Crisis Intervention and Crisis Stabilization modalities in State Plan so they can encounter
- ▶ E2SHB 1688 – Balance Billing Protection Act – Commercially insured youth
- ▶ 23-hour crisis receiving centers – need robust discharge to home and community
 - ▶ MRSS teams can respond to 23-hour CRC's, Emergency Dept. and Inpatient for safe discharge

Questions?



We want to hear from you!

Washington Youth Crisis Survey

This survey is a follow-up to a survey that was completed in 2021 to better understand the continuum of crisis services available and how community members have experienced those services.

The purpose of this survey is to hear from you again how services are in your region as we continue to build infrastructure to support mobile response and stabilization services (MRSS), a national best-practice in developmentally appropriate crisis care for children, young people, and their families.

This survey should take no longer than 15 minutes to complete and will provide insight into any gaps in services, changes to service delivery, and other areas of interest as we continue to implement MRSS across all regions.



Panel Discussion



Moderator

Vashti Langford (she/her)
MRSS Family Coordinator
HCA/DBHR

Panelists

Richelle Madigan (she/her)
Grant Project Manager
Washington State Community Connectors

Jasmine Martinez (she/her)
Assistant Director
A Common Voice, C.O.P.E. Project

Andrew Hudson (he/him)
Parent, Work Group Member
P-25 Strategic Plan

Jax Bayne (they/them)
Neurodivergent Peer Support Specialist
Gryffin Core

Please Join Us for Webinar 2: MRSS Service Continuum

September 18, 2024, from 11 a.m. to 12 p.m.

Register Here: https://uconn-edu.zoom.us/webinar/register/WN_09sgk3kdTymyVWS7ZbQQTQ

About the event:

Washington State Health Care Authority, in partnership with the Innovations Institute at the University of Connecticut, School of Social Work, is pleased to present two exciting live webinars. Mobile Response and Stabilization Services (MRSS) is a crisis response customization for children, youth and their families. Washington State is working to implement MRSS statewide with youth mobile crisis teams already operating in 17 counties.

You are invited to join state leaders, national experts, youth, caregivers, and community partners in learning and conversation around the MRSS model. Each training will include a brief presentation, followed by a panel discussion including Q&A and is offered free to the public. This interactive series is intended for all audiences. Whether new to the model or already well seasoned in MRSS, we hope to see you there.

For additional information, please contact: vashti.langford@hca.wa.gov

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Health Care Authority

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Innovations MRSS Recordings and Resources

Innovations LMS Courses (Free)



Module 1 of the Innovations Institute's MRSS Online Training (self-led module)



Designing with Youth: Strategies for Building Crisis Response Systems (Access to recordings: 5 webinar series)



MRSS Learning Community (Access to recordings: 12 webinar series)



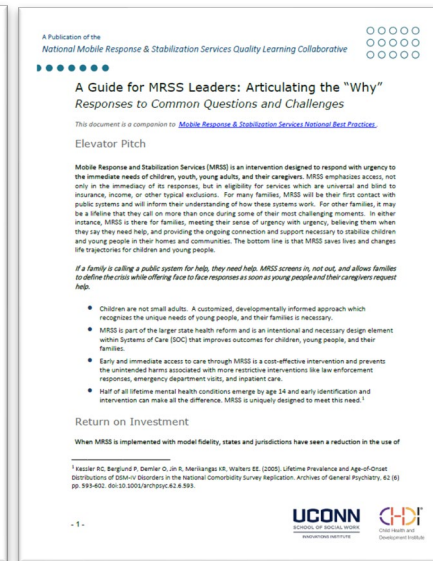
Building Systems of Care (self-led modules)



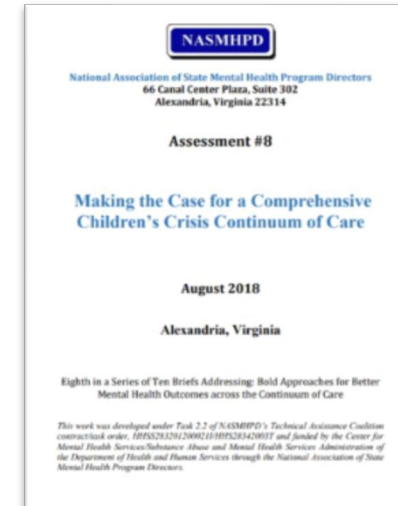
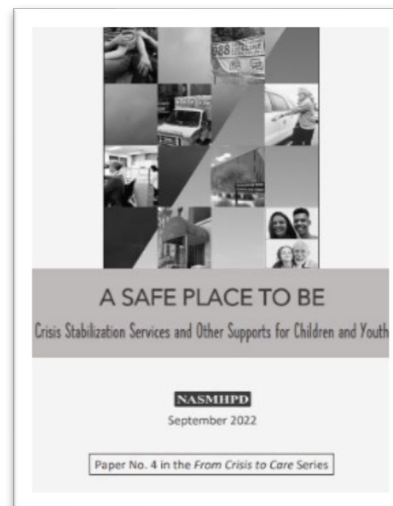
MRSS QLC Stakeholder Webinars

<https://innovations.socialwork.uconn.edu/mrss/>

Public Resources from MRSS QLC



Additional Resources



- Best Practices
- Leader's Guide
- Data and Quality
- Stabilization Services
- Making the Case

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Contact Information

Washington Health Care Authority

MRSS Family Coordinator

- Vashti Langford: Vashti.Langford@hca.wa.gov

Innovations Institute at the University of Connecticut School of Social Work

Mobile Response and Stabilization Services Training Manager

- Sarah Quinn: sarah.e.quinn@uconn.edu