

# Mobile Response and Stabilization Services (MRSS) DID YOU KNOW?

Child and adult models of MRSS are not the same.

### Child models:

- Response is predominately mobile, face-to-face
- Families/caregivers and other referring partners (e.g., schools) are fully engaged in the intervention



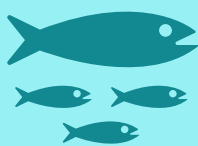
### Adults models:

- Response is predominantly telephonic
- More frequently involve only the adult



## MRSS is an Upstream Intervention and Prevention Strategy That Supports:

- Diversion from emergency departments, detention, hospitalization, and residential treatment
- A single point of access for children and families experiencing a mental health crisis
- Engagement of families, system and community partners, law enforcement, et. al.
- Placement stabilization for children involved with child welfare
- Suicide prevention and postvention



- "Crisis" is defined by the caller which:
  - Lowers the threshold so more children are seen before a full-blown crisis occurs and less provider triaging is necessary
  - Shifts the focus to earlier identification and earlier intervention

## Improved Outcomes

### Placement Stabilization

Since 2004, MRSS has consistently maintained

**94%**

of children in their current living situation, at the time of service, including children involved with child welfare (NJ)

### Access & Quality

**92%**

of all referrals receive a mobile response (CT)

**30 minute**

median response time (CT)

### Outcomes & Family Satisfaction

**250%**

increase in families accessing MRSS since 2004 (NJ)

**88%**

of parents or guardians reported being satisfied with the service (CT)

Statistically significant improvements in problem severity at discharge, including

**19%**

of episodes achieving reductions in problem severity in the “clinically meaningful” range on caregiver-reported Ohio Scales (CT)

### Diversion

**25%**

reduction in Emergency Department visits (CT)

**10X**

decrease in hospitalization for youth with SED and complex needs, and helped transform care from institutional, hospital and residential, to community based (WI)

**45%**

of children seen in their own homes; 30% in schools; only 10% seen in emergency rooms (WI)

**Diverted Costs = \$5,427,802 \***

482 inpatient diversions X \$11,261 (avg. cost savings between Medicaid inpatient [\$12,150] and Mobile Crisis episode [\$889]) (CT)

\*Fiscal Year 2018



This resource was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract number HHSS280201500007C with SAMHSA, U.S. Department of Health and Human Services (HHS).

The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.