

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



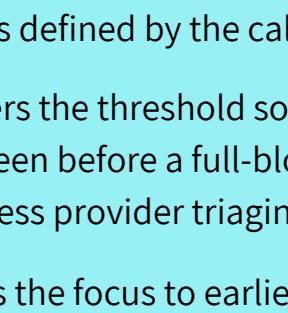
Adults models:

- 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)

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)

Access & Quality

92%

of all referrals receive a mobile response (CT)

30 minute

median response time (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)

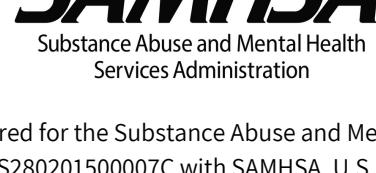
45%

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



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