

MOBILE RESPONSE AND STABILIZATION SERVICES SYSTEM**Mobile Response Stabilization Services – (Up to 8 Weeks) – (Child/Youth)****Service Description**

Mobile Response Stabilization Services interventions provide youth and caregivers with short-term, flexible services coordination to assist in stabilizing youth in their community setting. Interventions are designed to maintain the youth in his/her current living arrangement, to prevent repeated hospitalizations, to stabilize behavioral health needs and to improve functioning in life domains. Youth, based upon need, enter Mobile Response Stabilization Services following the completion of the Mobile Response Crisis Assessment Tool (CAT) and Individualized Crisis Plan (ICP) development as coordinated by the Mobile Response Team during the first 72 hours. These services are available as a transition option after the MRSS initial 72-hour services when a youth continues to exhibit patterns of behavioral and emotional needs, which require continued intervention and coordination to maintain typical functioning and prevent continued emotional and/or behavioral escalation. Interventions at this level of care include the delivery of a flexible array of services through the development of a comprehensive and coordinated ICP. Care planning is individualized, collaborative and flexible based on youth and family need.

Mobile Response Stabilization Services are grounded in core System of Care values and principles. Care is strengths based, youth centered and family driven, community based, trauma sensitive, culturally and linguistically mindful. Interventions may include, but are not limited to, crisis intervention, counseling, behavioral assistance, intensive in-community services, skill building, mentoring, medication management and/or caregiver stabilization interventions. Coordination of specialized services to address the needs of youth with co-occurring intellectual/developmental disabilities and substance use are also available through this service. Mobile Response Stabilization Services are managed and monitored by the Children's Mobile Response Stabilization Services System Agency and pre-authorized and reviewed by Perform Care, the Contracted Systems Administrator. Mobile Response Stabilization Services intervention can be delivered for up to eight weeks. Use of this intervention will vary by setting, intensity, duration and identified needs. The objective of Mobile Response Stabilization Services would be to stabilize the current crisis and help facilitate the youth's and caregiver's transition into identified supports, resources and services which are consistent with their treatment needs and support a sustainable plan. This may involve linking the family with Care Management Services, outpatient services, evidence-based services, community-based supports and informal and natural resources.

Criteria	
Admission Criteria	<p>The youth must meet A, B, C, D, and at least one of the criteria E through G:</p> <p>A. The youth is between the ages of 0 and 21. Eligibility for services is in place until the youth’s 21st birthday.</p> <p>B. The youth’s caregiver voluntarily consents to treatment or there is a court order/ mandate requiring such treatment.</p> <p>C. The youth continues to have escalating emotional and/or behavioral needs, 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). A youth may meet this criterion if he/she is not overtly exhibiting escalating behaviors but by virtue of circumstance such as experienced trauma and disrupted attachments, requires support due to risk of a change in functioning.</p> <p>D. There is evidence based on the ICP, CAT and other relevant information, that timely intervention can be reasonably expected to:</p> <ul style="list-style-type: none"> • Resolve or prevent further behavioral/emotional escalation or impairment in functioning. • Return youth and family to baseline functioning or improve the youth’s emotional symptoms and behaviors. • Improve coping skills and resources to help preserve optimal functioning in life domains (family, living situation, school, community). <p><u>The youth meets any one of the following criteria or a combination:</u></p> <p>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.</p> <p>F. The 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’s strengths and coping skills are exceeded by the demands of the situation and the presenting needs of the youth.</p> <p>G. The youth appears to have co-occurring treatment needs related to intellectual, developmental disability, substance use, and behavioral health, and is exhibiting behaviors which may be compromising the safety</p>

	<p>of themselves and others. The extent and severity of cognitive impairment and developmental disability needs or substance use needs may not be clear and need further assessment.</p>
<p>Psychosocial, Occupational, Cultural and Linguistic Factors</p>	<p><i>These factors should be considered when making level of care decisions.</i></p>
<p>Exclusion Criteria</p>	<p>Any of the following criteria is sufficient for exclusion from this level of care:</p> <ul style="list-style-type: none"> A. The CSOC Assessment and other relevant information indicate that the youth does not need Mobile Response Stabilization Services, as they need either a less intensive therapeutic service or a more intensive therapeutic service. B. The youth’s caregiver does not voluntarily consent to treatment and there is no court order/mandate requiring such treatment. C. The emotional symptoms and/or behaviors are the primary result of a medical condition that warrants medical treatment. D. The youth’s sole diagnosis is Substance Use Disorder, and the emotional symptoms and/or behaviors appear to be mainly correlated with either intoxication or acute withdrawal effects of the substances being used. E. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the residency of the parent or legal guardian shall determine the residence of the minor. F. If the youth is involved with MST or FFT, MRSS dispatch and stabilization services are not accessible, as they would be considered a duplication of services. The caregiver may voluntarily choose to work with MRSS and discontinue MST/FFT services. G. Youth involved with a CMO will have their care managed by the CMO beyond any needed initial MRSS dispatch period.
<p>Continued Stay Criteria</p>	<p>All of the following are necessary for continuing treatment at this level of care for up to 8 weeks.</p> <ul style="list-style-type: none"> A. The CSOC Assessment and other relevant information indicate that the youth continues to need the Mobile Response Stabilization Services level of care. B. Interventions are focused on reducing risk and behavioral symptoms and

	<p>on improving caregiver capability.</p> <p>C. The interventions are focused on reducing the movement of the youth from one living arrangement to another and on maintaining the youth in the community.</p> <p>D. The mode, intensity and frequency of the interventions are consistent with the intended ICP/treatment plan outcomes.</p> <p>E. The ICP is appropriate to the youth’s changing condition with realistic and specific goals and objectives that include target dates for accomplishment.</p> <p>F. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms. However, some goals of treatment have not yet been achieved and adjustments in the ICP include strategies for achieving these unmet needs.</p> <p>G. When clinically necessary, a psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. (Minimally, the necessary evaluation should have been arranged.)</p> <p>H. When clinically indicated, arrangement for the provision of DD specialized therapeutic services such as ABA, parent training, and home health care is initiated during the treatment episode.</p> <p>I. Individualized services and treatments are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice.</p> <p>J. Treatment planning includes the youth and family’s strengths and is based on youth and family needs. Interventions are intended to stabilize and improve functioning and include the following:</p> <ul style="list-style-type: none"> • Crisis intervention • Short-term, in home therapy • Behavioral assistance • Caregiver therapeutic support • Youth and family support and education (e.g., symptom management) • Coordination and development of informal and natural support systems such as faith based organizations, self-help support, peer support, etc. <p>K. There is documented evidence of active, individualized transition planning.</p>
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Discharge Criteria	<p>Any of the following criteria is sufficient for discharge from this level of care:</p> <ul style="list-style-type: none">A. The youth’s documented ICP goals and objectives for this intensity of service have been met AND a detailed transition plan or barriers to care planning are described and documented.B. The CSOC Assessment and other relevant information indicate that the youth needs a higher or lower intensity of service, including specialized services such as long-term substance use residential treatment.C. The youth and/or the caregiver have withdrawn consent for treatment and there is no court order requiring such treatment.
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