

Mobile Response Stabilization Services Crosswalk

	MUTT	Connecticut	New Jersey
Definition	Mobile crisis response service to keep youth enrolled in the SOC at home and out of inpatient psychiatric care unless truly needed	Emergency Mobile Psychiatric Services (EMPS) is a mobile intervention for children and adolescents experiencing a behavioral or mental health crisis.	Short-term, flexible services that assist in stabilizing youth in their current living arrangement, to prevent repeated hospitalizations, to stabilize behavioral health needs and to improve functioning in life domains.
Purpose	Goal to contain and manage crisis in the home and community so the family plan and vision wouldn't be disrupted. Gatekeeper function for multisystem youth.	The purpose of the program is to serve children in their homes, schools, and communities, reduce the number of visits to hospital emergency rooms, divert children from inpatient hospitalization if a lower level of care is a safe and effective alternative, and decrease the number of unnecessary arrests in school/community.	Defuse the current crisis and help link the youth and family with ongoing therapeutic resources. On-site intervention for immediate de-escalation of presenting emotional symptoms and/ or behaviors. Integrated fully into New Jersey's System of Care.
LOS	Child Welfare MUTT 30 days	45 days	40% 72 hours; 60% 8 weeks
Availability	24/7 availability (pager from 11pm-7am)	EMPS Mobile Hours: 6am to 10pm Mon-Fri 1pm to 10pm Sat/Sun/Holidays Crisis clinician response during non-mobile hours, with EMPS mobile follow-up offered at next mobile hours	24/7 Single Point of Access: CSOC; Contracted Systems Administrator (CSA)
Average response time	Average mobile response time 20 minutes	45 minutes	Within 60 minutes
Location	Home, school, Community	Home, school, Community	Home, school, Community
Population and eligibility	Provides services to any family in Milwaukee County with a child who is having a mental health crisis when the behavior of the child threatens his or her removal from home, school, etc.	Any child 18 or younger in Connecticut (19 year olds, if in school)	1. Youth/ young adult between the ages of 5 & 21. Special consideration given to children under 5. 2. The child/youth exhibits moderate to high intensity risk behaviors which impacts overall functioning; and/or the current functional impairment is a clearly notable change compared with previous functioning. 3. The child/youth requires immediate intervention in order to be maintained in his/her present living arrangement or to avoid psychiatric hospitalization.
Limitations		Exclusions: Youth in Residential Treatment Centers, Sub-Acute Units, Inpatient Hospitals	If the youth is involved with MST/FFT, then MRSS dispatch and stabilization is not accessible. The caregiver may voluntarily choose to work with MRSS and discontinue MST/FFT services.

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Collaboration with Schools	Contract with Milwaukee Public Schools in 2006 for specialized crisis team, grades 6-12, respond to school aggression, suspensions, etc.(ended in 2010 due to loss of state funds)	Information not available	<ul style="list-style-type: none"> • Educational partnerships. • Cross-training. 9 times a year • Different topics and post trainings
Collaboration with Hospitals	Yes	Yes	<ul style="list-style-type: none"> • Work with local hospitals. • Connection to PerformCare
Collaboration with Law Enforcement	MUTT/Milwaukee Police Department Trauma team developed in 2015 based on Yale Child Studies Model of Police, Mental health partnership	Yes	<ul style="list-style-type: none"> • Ongoing training for all police officers. • Liaisons available within court • Training at judicial college • Regional meetings with judges
Collaboration with Child Welfare	A Contract was entered into in 2005 with Child Welfare for creation of a dedicated foster care crisis team due to excessive placement disruptions and response to federal lawsuit	Information not available	<ul style="list-style-type: none"> • Clinical liaison in each Child Welfare agency • Piloted MRSS to meet children at all new placements
Assessment Tool	Suicide assessment/lethality assessment	<ul style="list-style-type: none"> • Acuity level assessment and triage; • EMPS Uniform Crisis Intake Assessment; • The Structured Assessment for Violence Risk in Youth (SAVRY); • UCLA Post-Traumatic Stress Disorder Reaction Index (UCLA PTSD-RI); • Eating Disorders Inventory (EDI-3). • GAIN-SS • The Strengths and Difficulties Questionnaire • Ohio Scales 	Crisis Assessment Tool- CANSase

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Services Offered	<ul style="list-style-type: none"> • Telephone and mobile crisis response • Walk-in Services—face to face support • Short-term hospitalization through agreement with the County’s Child and Adolescent Inpatient Service • Linkage and Coordination Services (short term case management) • Stabilization Services: <ul style="list-style-type: none"> ○ Peer to Peer Support ○ 1:1 Crisis Stabilizers ○ Crisis beds (up to 14 days): <ol style="list-style-type: none"> 1) Respite Group Home; 2) Residential Treatment Centers (short-term placement); 3) Treatment Foster Homes 	<p>Assessment Phase:</p> <ul style="list-style-type: none"> • Initial call and acuity triage • Crisis response based on acuity • Assessments administered <p>Ongoing Crisis Stabilization Phase (Follow-up services for up to 45 days)</p> <ul style="list-style-type: none"> • Address Factors Contributing to or Maintaining the Crisis • Address Trauma Exposure and Symptoms of Traumatic Stress • Develop and Review Reactive and Proactive Crisis Plans • Provide Ongoing Acuity/Risk Assessment • Refer for psychiatric evaluation • Care coordination • Enhance motivation • Communicate with original referrer <p>Transition Phase</p> <ul style="list-style-type: none"> • Referral and linkage 	<ul style="list-style-type: none"> • Warm line with local MRSS • Clinical triage • Crisis Response (telephone; mobile) • Assessment • Planning • Counseling • Skill building • Psychoeducation • Provision of prevention strategies • Resource linkage: <ol style="list-style-type: none"> 1. Stabilization bed services, 2. Behavioral assistance, 3. In-home therapy, intensive in-community services, 4. Mentoring, 5. Medication management and/or caregiver stabilization interventions, 6. Coordination and development of alternative support systems (religious organizations, self-help groups, peer support)
Safety Plan	% in Fidelity and % completed within 30 days		
Continuity of care recommendations	Linkage and follow-up—includes review and update of the crisis plan, follow-up intervention prescribed in the Crisis Plan, follow-up evaluations or referral options, coordinating with resources needed to respond to crisis and support individual and caregiver, assist in transition to least restrictive level of care	Referral and linkage	<p>Resource linkage:</p> <ul style="list-style-type: none"> • Stabilization bed services, • Behavioral assistance, • In-home therapy, intensive in-community services, • Mentoring, • Medication management and/or caregiver stabilization interventions, • Coordination & development of alternative support systems (faith groups, self-help groups, peer support)

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Funding	Wraparound Milwaukee functions as special managed care entity under 1915a and receives capitated PCPM payments including cost of inpatient hospital and 50% of RTC and TFC and can redirect savings to cover community services such as the MUTT team. Contracts w/ schools, courts, child welfare, & the county.	Funded by state grants (DCF) with third party reimbursement from Medicaid and commercial insurers	Mobile Response Stabilization Services are managed and monitored by the Children's Mobile Response Stabilization Services Agency and pre-authorized and reviewed by Perform Care, the Contracted Systems Administrator.
Staffing	<ul style="list-style-type: none"> Mobile Urgent Treatment Team— 20 MSW social workers, 3 PhD psychologists, one RN, consulting psychiatry services as needed Two person teams 	<ul style="list-style-type: none"> Clinicians are typically Master's Level (MSW, LPC, or LMFT), licensed or license-eligible clinicians .50 to 1.0 FTE Directors at each site (MA or Doctoral level) Each contract includes capacity for psychiatric consultation and medication management Family partners used in some teams, primarily for parent engagement and follow-up Team responses are preferred, but less likely to occur as volume has increased over time 	<ul style="list-style-type: none"> BA 80% and MA 20% PerformCare front door 200 staff statewide Ratio—staff to population based on trends
Standardized Training	New staff have 40 hour orientation training(20 hours if over 6 months emergency work experience)	<p>Core Modules - 1</p> <ol style="list-style-type: none"> Crisis Assessment, Planning, & Intervention Columbia Suicide Severity Rating Scale Emergency Certificate Training Assessing Violence Risk in Youth <p>Core Modules - 2</p> <ol style="list-style-type: none"> Culturally Responsive Mental Health Care Disaster Behavioral Health Response Intellectual Disabilities and Positive Behavioral Supports Question, Persuade, and Refer (QPR) Strengths-Based Crisis Planning Traumatic Stress & Trauma-Informed Care <p>And: A-SBIRT</p>	<ul style="list-style-type: none"> Online and in person training and certification Rutger's Behavioral Research & Training Institute MRSS Online Certification (Crisis Intervention Specialist)
Peer Support			Available but limited

