## MOBILE RESPONSE AND STABILIZATION SERVICES

**Benchmark Tool**

Provider Agency: ________________________________  Date: ________________________________

Data Reviewer: ________________________________  Data Timeframe: ________________________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Possible Points</th>
<th>Provider Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Visit: Face-to-face in the Community</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response Time: Immediate: 60 Minutes</td>
<td>4</td>
<td></td>
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</tr>
<tr>
<td>Duration of Services: 72 hours or less</td>
<td>4</td>
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<td></td>
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<tr>
<td>Duration of Services: 4 to 42 Days</td>
<td>4</td>
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<tr>
<td>MRSS Essential Services: Family Defined Problem</td>
<td>4</td>
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<td>MRSS Essential Services: Safety Plan</td>
<td>4</td>
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<tr>
<td>MRSS Essential Services: Youth Peer Support and/or Parent Peer Support Services</td>
<td>4</td>
<td></td>
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</tr>
<tr>
<td>Referrals and Linkages</td>
<td>4</td>
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</tr>
<tr>
<td>Provides 24/7 MRSS Services</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>36</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Divide Provider Score by Total Possible Points (______) for your: Engage Benchmark Fidelity Score: ______ %

Circle the level of Benchmark Fidelity Level based on the total percentage of points.

- **Best Practice Implementation**
  - 100-85% of total points (36-31)

- **Effective Implementation**
  - 84-70% of total points (30-26)

- **Developing Implementation**
  - 69-55% of total points (25-20)

- **Emerging Implementation**
  - Less than 55% of total points (19 or fewer points)
## Initial Visit: Face-to-face in the community

4 – 80% and above of the cases had a face-to-face Initial Visit in the community
3 – 70-79% of the cases had a face-to-face Initial Visit in the community
2 – 60-69% of the cases had a face-to-face Initial Visit in the community
1 – 50-59% of the cases had a face-to-face Initial Visit in the community
0 – 0-49% of the cases had a face-to-face Initial Visit in the community

### INTAKE: At what location did the MRSS Team meet with the client and/or family for the initial response?

- Family Home
- Residential Treatment Center
- Juvenile Detention Center
- Mental Health/SUD Provider Agency
- School
- Police Department
- Juvenile Court
- No meeting occurred
- Hospital ER
- Other location, please specify

## Response Time: Immediate Cases

4 – 80% and above of the Immediate cases receive face-to-face services in the community within 60 minutes
3 – 70-79% of the Immediate cases receive face-to-face services in the community within 60 minutes
2 – 60-69% of the Immediate cases receive face-to-face services in the community within 60 minutes
1 – 50-59% of the Immediate cases receive face-to-face services in the community within 60 minutes
0 – 0-49% of the Immediate cases receive face-to-face services in the community within 60 minutes

### INTAKE: Please select the triage outcome of the referral (Designated by the Call Center if that was the referral; Designated by the Provider if any other method)

- Non-Immediate (Scheduled at client, family or referrer request within 24 Hours)
- Immediate (Response typically within 60 minutes)
- Emergency (911 Call w/ MRSS Follow-up – this includes individuals who were taken directly to the hospital or JDC due to safety concerns)

### INTAKE: How long did it take for your MRSS team to make contact with the client/family? (After the referral was received, the length of time for face to face contact)

- 1 hour or less
- Greater than 1 hour up to one day
- Two to four days
- Five days to one week
- More than one week
- Was not able to make contact with Client/Family
- Family declined MRSS service
## Duration of Services: 72 hours or less

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 – 0-30%</td>
<td>Of child/young adult and/or parent/caregiver(s) received face-to-face services for 72 hours or less</td>
</tr>
<tr>
<td>3 – 31-40%</td>
<td>Of child/young adult and/or parent/caregiver(s) received face-to-face services for 72 hours or less</td>
</tr>
<tr>
<td>2 – 41-50%</td>
<td>Of child/young adult and/or parent/caregiver(s) received face-to-face services for 72 hours or less</td>
</tr>
<tr>
<td>1 – 51-60%</td>
<td>Of child/young adult and/or parent/caregiver(s) received face-to-face services for 72 hours or less</td>
</tr>
<tr>
<td>0 – Above 60%</td>
<td>Of child/young adult and/or parent/caregiver(s) received face-to-face services for 72 hours or less</td>
</tr>
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**INTAKE:** Please select the service outcome of the referral you are entering. (If not known at this time, complete record at a later date)

- No further action/or not able to reach the family to follow up on referral (Use if you never talked to the family about services) No service provided – If selected, none of the following questions (Q12 and beyond) need to answered.
- Referred to MRSS but declined (Use if you spoke with the family and they did not want services) No service provided – If selected, go to question 12
- 72 hour or less stabilization (Crisis intervention provided but not full MRSS – you went out at least once and provided services during that visit, but the family didn’t want to ongoing stabilization services)
- 72 hour or less stabilization (Crisis intervention provided but not full MRSS – Stabilization services not offered due to inadequate program capacity)
- 72 hour or less stabilization (Crisis intervention provided but not full MRSS – you went out at least once and provided services during that visit, but the family already receives intensive home based services, e.g. IHBT)
- 4 to 6 Week Stabilization (MRSS) (You provided services to stabilize the situation beyond the initial crisis response)

## Duration of Services: 4 to 42 Days

<table>
<thead>
<tr>
<th>Percentage</th>
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</tr>
</thead>
<tbody>
<tr>
<td>4 – 70-100%</td>
<td>Of child/young adult and/or parent/caregiver(s) received face-to-face MRSS services for 4 to 42 Days</td>
</tr>
<tr>
<td>3 – 60-69%</td>
<td>Of child/young adult and/or parent/caregiver(s) received face-to-face MRSS services for 4 to 42 Days</td>
</tr>
<tr>
<td>2 – 50-59%</td>
<td>Of child/young adult and/or parent/caregiver(s) received face-to-face MRSS services for 4 to 42 Days</td>
</tr>
<tr>
<td>1 – 40-49%</td>
<td>Of child/young adult and/or parent/caregiver(s) received face-to-face MRSS services for 4 to 42 Days</td>
</tr>
<tr>
<td>0 – Below 40%</td>
<td>Of child/young adult and/or parent/caregiver(s) received face-to-face MRSS services for 4 to 42 Days</td>
</tr>
</tbody>
</table>

**INTAKE:** What date was this client first served (face to face) by your provider agency for MRSS (The current referral)?

**DISCHARGE:** Date of last service provided (Completed by MRSS team) __________________________
MRSS Essential Services: Family Defined the Problem

4 – 90-100% of time the family defined the problem
3 – 80-89% of time the family defined the problem
2 – 70-79% of time the family defined the problem
1 – 60-69% of time the family defined the problem
0 – Below 60% of time the family defined the problem

DISCHARGE: Did the young adult/family: Define the problem as a family?  ○ Yes   ○ No

MRSS Essential Services: Safety Plan

4 – 80-100% of time a safety plan was done at first contact with the child/young adult and/or parent/caregiver(s)
3 – 70-79% of time a safety plan was done at first contact with the child/young adult and/or parent/caregiver(s)
2 – 60-69% of time a safety plan was done at first contact with the child/young adult and/or parent/caregiver(s)
1 – 50-59% of time a safety plan was done at first contact with the child/young adult and/or parent/caregiver(s)
0 – Below 50% of time a safety plan was done at first contact with the child/young adult and/or parent/caregiver(s)

DISCHARGE: Did the young adult/family: Complete a safety plan?  ○ Yes   ○ No

MRSS Essential Services: Youth Peer Support and/or Parent Peer Support Services

4 – 60-100% of the child/young adult and/or parent peer support services received
3 – 50-59% of the child/young adult and/or parent peer support services received
2 – 40-49% of the child/young adult and/or parent peer support services received
1 – 30-39% of the child/young adult and/or parent peer support services received
0 – below 30% of the child/young adult and/or parent peer support services received

DISCHARGE: Did the young adult/family receive Youth Peer Support and/or Parent Peer Support Services?  ○ Yes   or   ○ No

Referrals and Linkages

4 – 70-100% of the clients were referred to services or supports that were indicated prior to MRSS closure
3 – 60-69% of the clients were referred to services or supports that were indicated prior to MRSS closure
2 – 50-59% of the clients were referred to services or supports that were indicated prior to MRSS closure
1 – 40-49% of the clients were referred to services or supports that were indicated prior to MRSS closure
0 – Below 40% of the clients were referred to services or supports that were indicated prior to MRSS closure

DISCHARGE: Referrals and Linkages (Please indicate the services and supports to which you referred the family and/or youth) Direct Referral #1-3 _______________________________________

DISCHARGE: Did these services from Referral #1-3 initiate prior to the MRSS closure?  ○ Yes   or   ○ No

Provides 24/7 MRSS Services

4 – MRSS services available 24/7
3 – MRSS services available during extended business hours (at least 10 pm weekdays) AND on weekends
2 – MRSS services available during extended business hours (at least 10 pm weekdays) AND/OR on weekends
0 – MRSS is only available during weekday business hours