# Introduction: MRSS Best Practices







### Grounded in Systems of Care

- Family- and youth/young adult-driven
- Equitable and accessible to all children, youth, young adults, and families
- Culturally humble and linguistically competent
- Trauma responsive
- Strengths-based and individualized
- Data-driven and outcome oriented







#### Meets sense of urgency with urgency

- The crisis is defined by the parent/caregiver and youth/young adult
- Requests are not screened in/out based on perceived acuity; uses a "just go" approach.
- Requests for help are attended to rapidly and consistently.
- Uses a public health approach-all children and families are eligible.









#### Offers in person responses 24/7/365

- In person response assessments are available within 1 hour of call.
- Prioritizes de-escalation and stabilization in homes and communities at the preference of the parent/caregiver and/or youth/young adult, providing supports and skills necessary to be successful with routine activities and helping to avert or better manage future crises.







#### Is customized for children, youth, young adults, and their families

- Parents/caregivers and youth/young adults have the most influence or say regarding all aspects of MRSS service delivery.
- Components and practices for children, youth, young adults, and their families, remain even when embedded in a lifespan response system.
- Includes identification of the youth/young adult and family's needs and strengths, risk factors and cultural considerations and preferences.
- Includes routine outreach and educational activities specific to the needs of children, youth, young adults, and their families.

- Employs trained and certified or credentialed providers, including family and youth/young adult peers, with expertise and experience in child and adolescent behavioral health and family systems.
- Develops concrete collaborative agreements (e.g., MOUs, MOAs) or establishes partnerships with child- and family-serving agencies/systems and family and youth/young adult organizations.
- Prioritizes safety and de-escalation in community settings with connections to

#### Is rooted in quality

- Has immediate access to clinical and psychiatric consultation 24/7/365.
- Uses a standardized and valid suicide screen, a child- and family-specific assessment tool, and written crisis and safety plans developed collaboratively with the parent/caregiver and youth/young adults.
- Establishes benchmarks and tracks data including volume, response time, user satisfaction, and outcomes that are publicly accessible to inform a continuous quality improvement process.





### MRSS Core Services - Access Point

#### **Someone to Contact**

- Uses single point of access that is or includes 9-8-8.
- If the access point is a lifespan service, the triage processes for children, youth, young adults, and their families are customized with mobile responses being the standard rather than the exception.
- Screens and assesses for risk of selfharm and general safety.

- If parent/caregiver and/or youth/young adult is not available for immediate responses, deferred in person response is offered and scheduled at their convenience and request, but preferably within 24 hours.
- Has a warm hand-off to mobile response team and ability to remain on the line with callers until the mobile response team arrives.





### MRSS Core Service - Mobile Response

#### Someone to Respond

- Responds with two person teams, when needed.
- Responds without law enforcement, unless deemed necessary.
- Allows for multiple 24/7/365 in-person responses for up to 72 hours, as needed.
- Conducts operational functions:
  - Initial de-escalation
  - Safety assessment

- Child- and family-specific assessment
- Immediate basic needs assessment
- Initial crisis and safety plan development
- Connection to natural/informal supports
- Connection to current and needed homeand community-based services
- Provides a warm handoff to identified supports and services, including preexisting care coordination or referral to stabilization services, when needed.





## MRSS Core Services – Stabilization Services

#### A System to Support

- Connected to mobile response services under the same organization and utilizing the same workforce.
- Available for 6 to 8 weeks.
- Continue to provide access to 24/7/365 in-person response.
- Utilize an evidence informed care coordination model.
- Ensure:
  - Child/family specific assessment tool reviewed and updated
  - Crisis and safety plan reviewed and updated
  - Written Plan of Care developed and implemented

- Connect children, youth, young adults, and their families to sustainable supports and services including use of natural/informal and formal system supports.
- Ensure youth/young adults with ongoing intensive needs and their families have access to the full array of home- and community-based providers, including intensive care coordination, other intensive in-home providers, respite, and youth and family peer support; and establish protocols for warm handoffs.



