MRSS Model Design & Rollout Decision Table

Features	Best Practice Model		Phase-In Practice Model		State Model Status/Notes
	MRSS National Best Practices *	State MRSS Model Vision & Design	MRSS Minimum Model Requirements for MRSS	State Requires for Initial MRSS Rollout	
General Model Components					
Crisis Defined by Professional	NOT MRSS				
Crisis is Defined by Parent/Caregiver/Young Person	X		X		
Parents/caregivers and youth have the most influence and say regarding all aspects of MRSS service delivery	X		X		
Prioritizes safety and de-escalation in community settings with connections to natural supports	X		X		
Employs trained and certified or credentialed providers, including parent and youth peers, with expertise and experience in child and adolescent behavioral health and family systems	X		X		
Uses a public health approach; all Y&F are eligible	X				
Screens and assesses for risk of self-harm at all points of engagement	X				
Provides routine outreach and educational activities to the community and system partners that is specific to the needs of youth and their families	X				

Develops concrete collaborative agreements (e.g., MOUs, MOAs) or establishes partnerships with: ▪ Behavioral Health Systems ▪ Child Welfare Systems ▪ Juvenile Justice Systems ▪ School Systems ▪ Intellectual and Developmental Disability Systems ▪ Emergency Departments/Hospitals Law Enforcement Agencies ▪ Poison Control Emergency Medical Systems ▪ Family- and Youth/Young Adult-Run Organizations	X				
Establishes benchmarks and tracks data including volume, response time, user satisfaction, and outcomes	X		X		
Reports are publicly accessible and used to inform a continuous quality improvement process	X				
Has established protocols for mobile response, engagement, and knowledge of community resources	X		X		
Requests for help are attended to rapidly and consistently	X		X		
Someone to Contact					
Screen out (goal to resolve by phone)	**NOT MRSS**				
Single Point of Access that is or includes 988	X		X		

Screens and assesses for risk of self-harm at all points of engagement	X		X		
Screens for general safety that informs response decisions inclusive of where to meet	X				
Screen In ("just go" approach - mobile response is the standard vs exception)	X		X		
If access point is lifespan, customized triage process for Y&F	X		X		
If parent/caregiver and/or youth is not available for immediate responses, deferred in person response is offered and scheduled at their convenience within 24 hours	X		X		
Has established protocols for mobile response, engagement, and knowledge of community resources	X				
Provides warm hand-off to mobile response team	X				
Ability to stay on the line until response team arrives	X				
Someone to Respond – Mobile Response					
Uses co-responder (joint police response) or police response model	**NOT MRSS**				
Availability of 24/7 in-person response	X		X (At minimum, scaled roll-out is planned)		
In-person response assessments within 60 minutes	X				
Has capacity to respond with two person teams based on established protocols with consideration to	X				

safety as well as the needs of both responders and youth and families					
Prioritizes de-escalation and initial stabilization within the home and community at the preference of the parent/caregiver and youth	X		X		
Performs a safety assessment and administers a child- and family-specific assessment tool with developmentally appropriate suicide screening protocol	X		X		
Assesses immediate basic needs the family may have such as food, income, stable housing, medical care, and facilitates access to community services	X				
Develops and implements an initial crisis and safety plan	X		X		
Honors and aligns with the family and youth/young adult's culture and facilitates connection to natural/informal supports	X		X		
Allows for multiple 24/7/365 in-person responses for up to 72 hours, as needed	X				
Engages the youth and their family in connecting with current and needed home- and community-based service providers, and the youth's medical home or primary care provider, as needed	X		X		
Responds without law enforcement, unless essential for safety reasons and as a last resort; Must include	X		X		

youth and family's input in the decision to use law enforcement and ensure youth/family is aware of use of law enforcement prior to arrival					
Provides a warm handoff to identified supports and services, including pre-existing care coordination or referral to stabilization services, when needed	X		X		
A System to Support – Stabilization Services					
Provides Transportation to ED, Detox, Shelter, etc.	**NOT MRSS**				
Prioritizes use of stabilization centers over in-home stabilization services	**NOT MRSS**				
Are connected to mobile response services under the same organization and utilizing the same workforce	X				
Are available for 6 to 8 weeks	X		X		
Utilizes an evidence-informed care coordination model	X		X		
In partnership with the youth and family, ensures: ▪ child/family specific assessment tools are reviewed and updated ▪ crisis and safety plans are reviewed and updated ▪ written plans of care are developed and implemented	X		X		
Connects youth and families to sustainable supports and services	X		X		

including use of natural/informal and formal system supports					
Ensures Y&F with ongoing intensive needs 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	X				
Continues to provide access to 24/7/365 in-person response as needed	X				

*Taken from: Innovations Institute, University of Connecticut School of Social Work. (2022). Mobile Response & Stabilization Services National Best Practices. In Partnership with Child Health and Development Institute. Available at: https://innovations.socialwork.uconn.edu/wp-content/uploads/sites/3657/2023/03/Mobile-Response-Best-Practices.January-2023.pdf

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