5122-29-14 **Mobile response and stabilization service.**

(A) ~~Mobile response and stabilization service (MRSS) is a structured intervention and support service provided by a mobile response and stabilization service team that is designed to promptly address a crisis situation; with young people who are experiencing emotional symptoms, behaviors, or traumatic circumstances that have compromised or impacted their ability to function within their family, living situation, school, or community.~~ As used in this rule:

(1) "Child and adolescent needs and strengths (CANS) assessment" has the same meaning as in rule 5160-59-01 of the Administrative Code.

(2) "Crisis" means a situation defined by the young person, the young person's family, or those responsible for the welfare of the youth that is causing stress or discordance to the person, their family, or the community.

(3) "Family" means an individual or caregiver related by blood or affinity whose close association with the young person is the equivalent of a family relationship as identified by the young person, including kinship and foster care.

(4) "Young person" means a child, youth, or young adult under twenty-one years of age.

(B) Mobile response and stabilization service (MRSS) is a structured intervention and support service provided by an MRSS team that is designed to promptly address a crisis situation with a young person who is experiencing emotional symptoms, behaviors, or traumatic circumstances that have compromised or impacted the young person's ability to function within their family, living situation, school, or community.

~~(B)~~(C) MRSS is provided to ~~people who are~~individuals under ~~the age of~~ twenty-one years of age.

~~(C)~~(D) MRSS is intended to be delivered in-person where the young person or family is located, such as their home or a community setting. There are instances where MRSS ~~can~~may be delivered using a telehealth modality when clinically appropriate. Common times that telehealth would be appropriate ~~are~~include, but are not limited to:

(1) When the young person or family requests MRSS ~~service~~ delivery using telehealth modalities~~,~~;

(2) There is a contagious medical condition present in the home~~,~~; or

(3) ~~Inclement~~There is inclement weather that prevents or makes it dangerous for the MRSS team to travel to the young person or family.

MRSS is to be delivered using a telehealth modality when there has been a mobile response but a clinician described in paragraph (H)(1)(a) of this rule is not available. In such cases, such a clinician has to be available by telehealth.

~~(D)~~(E) The initial mobile response by the MRSS provider is expected to occur within sixty minutes from the end of the initial call and immediate linkage of the caller to the MRSS provider, with a de-escalation period up to seventy-two hours and a stabilization period for up to six weeks. If the caller requests mobile response later than sixty minutes, the response will occur within forty-eight hours. The de-escalation period begins when the initial mobile response occurs. In instances where the initial mobile response occurs ~~greater~~later than ~~60~~sixty minutes from the time of dispatch, the MRSS team will maintain documentation that supports the circumstances for the extended response time ~~was an appropriate response~~.

~~(E)~~(F) ~~In order to~~To be certified for ~~the~~ MRSS ~~service~~, a community mental health services or addiction services provider will also hold and maintain certification from the Ohio Department of Mental Health and Addiction Services (OhioMHAS) for all the following:

(1) General services as defined in rule 5122-29-03 of the Ohio Administrative Code~~.~~;

(2) SUD case management services as defined in rule 5122-29-13 of the Ohio Administrative Code~~.~~;

(3) Peer recovery services as defined in rule 5122-29-15 of the Ohio Administrative Code~~.~~;

(4) Community psychiatric supportive treatment as defined in rule 5122-29-17 of the Ohio Administrative Code~~.~~; and

(5) Therapeutic behavioral services and psychosocial rehabilitation as defined in rule 5122-29-18 of the Ohio Administrative Code.

~~(F)~~(G) The community mental health services or community addiction services provider ~~will~~is to be able to provide all allowable services by telehealth as defined in rule 5122-29-31 of the Ohio Administrative Code.

~~(G) Definitions:~~

~~(1) Crisis means a situation defined by the young person, their family or those responsible for the welfare of the youth that is causing stress or discordance to the person or their family or the community.~~

~~(2) Family means any individual or caregiver related by blood or affinity whose close association with the person is the equivalent of a family relationship as identified by the person including kinship and foster care.~~

~~(3) Young person means a child, youth or young adult under the age of twenty-one.~~

(H) MRSS team staff.

(1) ~~A~~At a minimum, an MRSS team will consist of ~~at least~~both of the following:

(a) A clinician identified in rule 5122-29-30 of the Ohio Administrative Code who holds a valid and unrestricted certification or license issued by ~~any of the~~ an Ohio professional ~~boards~~board that includes a scope of practice for behavioral health conditions. This ~~provider~~clinician will also demonstrate and maintain competency in the ~~under~~care and provision of services to individuals under twenty-one years of age population. The independently licensed supervising practitioner will also be considered a member of the MRSS team. This clinician may be an independently licensed supervising practitioner, but that is not mandatory. A qualified behavioral health specialist (QBHS) as defined in rule 5122-29-30 of the Administrative Code does not meet the standards of this paragraph; and

(b) One of the following:

(i) A family peer supporter or youth peer supporter who holds a valid and unrestricted certification from OhioMHAS issued in accordance with rule 5122-29-15.1 of the Ohio Administrative Code. The certified peer supporter will also demonstrate competency in the care and provision of services ~~of~~to individuals ~~in the~~ under twenty-one years of age ~~population~~ and ~~has~~ have a scope of practice ~~for persons age twenty-one and under~~that includes individuals with mental health disorders and substance use disorders in that age group.

(ii) A QBHS as defined in rule ~~5122-29-30~~ of the Administrative Code. ~~This~~The QBHS will also demonstrate competency in the care and provision of services ~~of~~to individuals ~~in the~~ under twenty-one years of age ~~population~~ and ~~has~~have a scope of practice ~~for~~

~~persons age~~that includes individuals ~~twenty-one and under~~ with mental health disorders and substance use disorders in that age group.

A QBHS or certified peer supporter identified in this paragraph is to have received MRSS training from a training program identified by the department before the provision of MRSS. QBHSs and certified peer supporters are to receive at least one hour of supervision each week from a clinician identified in rule 5122-29-30 of the Administrative Code regardless of whether the QBHS or certified peer supporter is working in an individual or group setting.

(2) ~~The~~Although not necessarily a member of the MRSS team, the team will have ready access to a psychiatrist ~~or~~, certified nurse practitioner, or clinical nurse specialist for consultation purposes as needed~~, and this person is not necessarily a member of the MRSS team~~. The psychiatrist ~~or~~, certified nurse practitioner, or clinical nurse specialist will hold a valid and unrestricted license to practice in Ohio.

(I) ~~MRSS providers will have an initial fidelity review no more than twelve months from the date of initial certification. MRSS providers will have regular repeat fidelity reviews, no more than twelve months from the report date of the previous fidelity review, by an independent validation entity recognized by the department.~~ An MRSS provider is to undergo a fidelity review every twelve months and each time achieve a passing benchmark score as specified on the MRSS benchmark tool available at: https://mrssohio.org/. The fidelity review is to be conducted by an individual or organization external to the provider and designated by the department. The individual or organization conducting the fidelity review is to utilize the MRSS individual provider fidelity rating tool, also available at https://mrssohio.org/.

(J) ~~For continuing certification, each MRSS provider will achieve and maintain a minimum benchmark score of twenty-six as a component of overall fidelity within three years of initial certification as determined by an independent validation entity recognized by the department. The provider will maintain fidelity in all fidelity reviews after the first three years~~An MRSS provider will participate in ongoing MRSS quality improvement activities that include the provider collecting required data and submitting all of that data to OhioMHAS through the MRSS data management system.

~~(K) Providers will participate in MRSS quality improvement activities including data collection and submission.~~

~~(L)~~(K) ~~Providers~~An MRSS provider will complete OhioMHAS's approved initial and ongoing MRSS trainings as appropriate to their role.

~~(M)~~(L) ~~Providers of~~ An MRSS provider will ~~assure~~ensure the service meets all of the following standards:

(1) ~~Within one year from the date of initial certification from OhioMHAS, have the MRSS available twenty-four hours a day, seven days a week~~Except as provided in paragraph (L)(2) of this rule, the service is to be available, at a minimum, between the hours of eight a.m. and eight p.m., Monday through Friday, including holidays. A caller that contacts the MRSS provider outside of the provider's operational hours will be provided with after-hours telephonic crisis de-escalation support and will be scheduled for a mobile response the next business day.

(2) Beginning on the date that is three years from the effective date of the amendment to this rule, the MRSS provider is to provide the service twenty-four hours a day, seven days a week, including holidays.

~~(2)~~(3) ~~Provided~~The service is to be provided on a mobile basis. MRSS is provided where the young person is experiencing the crisis or where the family requests services, not at a static location where the person will present themselves.

~~(3)~~(4) The initial mobile response ~~occurs~~of the service is to occur in accordance with paragraph ~~(D)~~(E) of this rule.

~~(4)~~(5) ~~Provided~~The service is to be provided by eligible providers and supervisors identified in rule 5122-29-30 of the Ohio Administrative Code and who are MRSS team members described in paragraph (H)(1) of this rule."

~~(N)~~(M) MRSS provides immediate de-escalation, delivers rapid community-based assessment, and stabilization services to help the young person remain in their home and community. MRSS consists of three activities: screening/triage, mobile response, and stabilization. Some young people do not need all three MRSS activities but are still considered MRSS participants.

MRSS will be initiated through screening/triage and progress in the order listed in this paragraph.

(1) Screening/triage

MRSS screening/triage includes, at a minimum, the following:

~~The~~ MRSS ~~service~~ may be initiated through direct connection with the MRSS provider or the statewide MRSS call center. When the service is initiated through direct connection with the provider, all of the following are to be the case:

(a) An initial triage screening is done to gather information on the crisis or crises, identify the parties involved, and determine an appropriate response or responses. The initial triage screening is performed remotely

(b) All calls with ~~a~~the young person or family in crisis where 911 is not indicated~~,~~ are responded to with a mobile response.

(c) ~~If a young person or family is already involved with an intensive home-based service (i.e. IHBT, wraparound) the~~The mobile response team is dispatched to de-escalate the presenting crisis if the young person or family is already involved with an intensive home-based service (i.e. IHBT, wraparound). Once the family is stabilized, the family is re-connected with the existing service.

(2) Mobile response

(a) The mobile response team will be conducted by the individuals identified in paragraph (M)(2)(b) of this rule. They will mobilize to arrive at the location of the crisis or a location specified by the young person or family within the designated response time, as determined by the end of the triage assessment. ~~If the~~The initial response ~~is done by a single team member, that team member will meet the standards of paragraph (H)(1)(a) of this rule~~may be scheduled outside of the designated response time if requested by the caller.

(b) The initial response will be conducted by at least one of the following:

(i) A clinician as identified in paragraph (H)(1)(a) of this rule;

(ii) A clinician as identified in paragraph (H)(1)(a) of this rule and either a QBHS, certified family peer supporter, or certified youth peer supporter as identified in paragraph (H)(1)(b) of this rule; or

(iii) A combination of at least one QBHS and either another QBHS or certified peer supporter as identified in paragraph (H)(1)(b) of this rule.

(c) If a clinician as identified in paragraph (H)(1)(a) of this rule is not part of the initial response, there is to be immediate access to one by telehealth and a clinician will provide follow-up consultation within seventy-two hours of the initial response. If a telehealth connection cannot be made and sustained at the site of the response, the clinician is to be available for telephone consultation or is to go to the site of the response.

~~(b)~~(d) The MRSS mobile response team will provide de-escalation services for up to seventy-two hours until the young person and family are stable; de-escalation services will include all of the following:

(i) An urgent assessment of the following elements for de-escalation: ~~Understanding~~understanding what happened to initiate the crisis and the young person's and their family's response or responses to it~~;~~ and a risk assessment of lethality, propensity for violence, and medical/physical condition including alcohol or drug use, mental status, and information about the young person's and family's strengths, coping skills, and social support network.

(ii) Development of an initial safety plan to be provided to the youth and family at the end of the first face-to-face contact.

(iii) Crisis intervention and de-escalation with the young person or family using strategies as appropriate to meet the unique needs of the youth and family. Such strategies ~~may~~ include, but are not limited to: ongoing risk assessment and safety planning, teaching of coping and behavior management skills, mediation, parent support, and psychoeducation.

(iv) Telephonic psychiatric consultation initiated when indicated.

(v) Administration of the Ohio children's initiative brief child and adolescent needs and strengths (CANS) ~~tool prior to entry into the ongoing stabilization phase of services, and for youth who do not continue into stabilization, complete the CANS when adequate information is known. This will be performed by a provider who is a qualified CANS assessor~~assessment performed by a provider who is a certified CANS assessor if one of the following is the case:.

(a) The youth is not enrolled in the Ohio resilience through integrated systems and excellence (OhioRISE) program for children and youth involved in multiple state systems or

children and youth with other complex behavioral health needs;

(b) A CANS assessment has not be administered to the youth in the ninety days prior to the MRSS mobile response team providing de-escalation to that youth; or

(c) There has been a significant change in the youth's circumstances.

(vi) ~~Consult~~Consultation with the young person or family to define goals for preventing future crisis and the need for ongoing stabilization.

(vii) ~~Initiate~~Initiation of an individualized MRSS plan, prior to the stabilization phase, which is inclusive of the safety plan. An individualized MRSS plan is valid for up to forty-two days or until the end of the MRSS episode of care and should be updated or modified as indicated during this time period.

(viii) Identification of existing care team members and assistance to the young person or family with notification of the crisis event to support coordination of services.

(3) Stabilization

(a) Stabilization services are provided by the MRSS team as documented in the individualized MRSS plan. The stabilization services immediately ~~follows~~follow the seventy-two hours of mobile response.

(b) ~~Continued~~There is to be continued monitoring, coordination, and implementation of the individualized MRSS plan.

(c) The MRSS team provides stabilization services that are defined in the individualized MRSS plan to achieve goals as articulated by the young person or family. Stabilization services are to build skills of the young person and family, to strengthen capacity to prevent future crisis, facilitate an ongoing safe environment, link the young person and family to natural and culturally relevant supports, and build or facilitate building the young person and family's resilience. Stabilization activities include, but are not limited to:

(i) Psychoeducation: ~~Young~~young person or family individual coping skills~~;~~, behavior management skills, problem solving, and

effective communication skills;

(ii) Referral for psychiatric consultation and medication management if indicated;

(iii) Advocacy and networking by the provider to establish linkages and referrals to appropriate community-based services and natural supports;

(iv) Coordination of services to address the needs of the young person or family.

(d) ~~Linkage~~There is to be linkage to the natural and clinical supports and services to maintain engagement and sustain the young person's or their family's stabilization post MRSS involvement.

(e) ~~Convene~~There is to be the convening of or ~~participate~~participation in one or more planning ~~meeting(s)~~meetings with the young person, family, and cross system partners for the purpose of developing and coordinating linkages to ongoing services and supports when family ~~need indicates~~needs indicate that such activities are appropriate.

(f) Service Transition

(i) The MRSS team and the young person or their family will work on moving from stabilization to ongoing support through identified supports, resources, and services~~,~~ which are consistent with their unique needs and documented in the individualized MRSS plan.

(ii) With the young person's or family's permission, the MRSS team will share the most recent individualized MRSS plan and supporting information with other service providers in person, including by video or telephone, and with the young person or family present when possible.

(iii) ~~Review~~The MRSS team will review with the young person or their family newly formed coping skills and how future crisis can be managed~~;~~, emphasizing the role of the young person and ~~the~~ family.

(iv) ~~Prepare~~The MRSS team will prepare and finalize a transition plan with the young person and their family. The transition plan will

include the most recent version of the individualized MRSS plan with safety plan.

(N) An MRSS provider is to attempt to contact the parent, guardian, or custodian of a minor to which the provider intends to provide MRSS for the purpose of obtaining that individual's consent for all three activities of the service. It is only mandatory, however, for a provider is to obtain the consent of the minor's parent, guardian, or custodian for the activity of stabilization.