

Mobile Response Stabilization Services: Youth & Family



What is MRSS?

Mobile Response and Stabilization Services (MRSS) are a comprehensive program available to youth and their families in Allen, Auglaize, Hardin and Putnam counties who are in a self-defined crisis. We work intensively with families anywhere from one day up to six to eight weeks.

MRSS will provide in person services in a variety of settings: the child's home, school, foster or adoptive homes, or another mutually agreed upon location. The intensive services are family centered and designed to address emotional and/or behavioral issues requiring timely interventions.



Who do we serve?

- Kids ages birth to 21 years of age
- Families with children experiencing a self-defined crisis
- Allen, Auglaize, Putnam and Hardin Counties



What do we do?

- Mobile meets families where they are at. No judgement!
- Safety plan so adults and kids know what to do if the episode happens again.
- Create a family plan together with all parties involved.
- Provides linkage to community resources that families need
- Make referrals to other community entities where treatment services are needed.
- Ensure all voices in the family are heard, one at a time by teaching effective communication.
- Get kids involved with prosocial activities and the introduction of new positive activities.
- Help the adults build structure within the home
- Advocacy
- Teach kids about respect & giving back.
- Help kids learn how to be kids by having fun!
- Wrap families up with additional services upon exit.



Getting kids connected...



- Connecting kiddos with NAMI- Youth Move
- introducing pro-social activities to allow kids to learn alternate coping skills such as swimming, crafts, journaling, etc,
- connecting kids with SAFY Youth Drop-in Center
- assisting families to food pantries
- helping families find household needs through voucher programs
- helping kiddos with school supplies
- getting kids involved with giving back to their community by assisting with food giveaways and volunteering to serve the homeless
- kids connected to Summer Youth program at PASS
- shopping with kids for Mothers day presents
- assisting families with basic daily living needs



Referral is received



Family Coach is assigned & contact is made within 24 hours

Response phase:

Coach and Clinician meets family together at families choice of location.



Meeting #1:
Brief intro on MRSS, duty to report & protect, conversation with all family members, Safety plan & assessment completed. Meeting #2 gets scheduled if necessary.



Meeting #2
Family plan created & consents signed.

Stabilization Phase:

Can last anywhere from 24 hours up to 8 weeks.



Work with families on goals, support and linkage. Open communication on progress made. Discuss exit a week prior to exit.



Exit plan created. Exit meeting w/ family. Given brochure on how to activate Mobile in the future. Discharge completed.

Coleman's MRSS team are currently responding using level I and II at this time. Our hope for the future is to have the ability to respond at all levels.



Level of Response	Description	Response & Time
Information & Referral	<ul style="list-style-type: none"> Information, linkage, referral, support Examples: requests for agency phone numbers; information about benefits or resources; listing of services; Ask if they have any emergent need that they are calling about. 	Over phone by triage staff
Non-immediate	<ul style="list-style-type: none"> Family driven response Response requires a clinician with a license to provide a diagnostic impression. Response team is a clinician who can provide a diagnostic impression plus one other staff Moderate degree of distress: Examples: Minor conflict; parenting frustration; non-compliance; non-suicidal; non-homicidal. At the end of the call, the caller agrees that the situation is stable and accepts your recommendations and referrals. 	Phone stabilization and scheduled response based on family need and clinical impression.
Immediate	<ul style="list-style-type: none"> Family driven response Response requires a clinician with a license to provide a diagnostic impression. Response team is a clinician who can provide a diagnostic impression plus one other staff High degree of distress Reports of high risk behaviors: Examples: Unresolvable/escalating conflict; non-life threatening emergency; ideation with no plan; non-compliance that impacts functioning 	Mobile response within 1 hour
Emergency	<ul style="list-style-type: none"> Substantial risk of self-harm or harm to others: Actively suicidal; homicidal; active self-harm behaviors; domestic/family violence; active threat of harm to others 	911; Lethality pre-screening; and dispatch MRSS Team to stabilization site.



Where do we provide our support and assistance?

- Delivered at a location set by the family
- We prefer to come to the family home but allow them to make the choice where we engage.
- Services are not provided in an office setting.

Mobile has met with families at the library, the park, restaurants, coffee shops, juvenile detention centers, court houses, on their porch and in their drive. We want them to be as comfortable as possible and preferably in their natural environment. In order to get a good picture of the family dynamics, meeting in the home is the best environment for engagement.



Why do we help?

- We aim to help reduce the utilization of law enforcement when children are experiencing tough times
- Mobile gives families an outlet that can assist and support them, instead of presenting to hospital ED's when they feel they have no other place to go for help with their kiddo.
- Mobile Response comes to you!

In reality, Kiddo's and families need the help. Kids negative behavior is often a symptom of family dysfunction. Our team consists of two components: clinical service delivery and peer support. Members of our team have often experienced similar situations at some point in own lives. When our team meets the families and we share personal stories about our own lived experience, families tend to be more comfortable. The Peer Power levels the playing field.



What's happening now?

- Received our 1st referral in August 2018
- 113 families served as of July 1, 2020 in Allen, Auglaize, Hardin and Putnam Counties
- 9 referrals with no follow-through (*"too much demand" on family by multi-system involvement, "too overwhelmed"*)
- Referral sources: FCFC, Juvenile Court and Probation, Child Protective Services, several local school systems, local community mental health providers for children, health centers, homeless shelters and community centers

90% of Youth & Caregivers reported satisfaction with the services they received from MRSS

80% of families achieved their goals outlined on the family plans

Strengths

- Our team availability is flexible to meet the needs of the families.
- Our team offers both clinical support as well as peer support. The utilization of peer support can give families a different type of support because those with lived experience are able to naturally make the families feel a bit more comfortable with their chaotic situations.
- We have received positive feedback from many community entities *"Jan- Thank you so much for helping with Mom. you are a miracle worker in Moms eyes!" "Thank you for getting through to this family. We have tried for years and couldn't get anywhere, so thank you!"*
- Our MRSS team is known in our community by many entities. Community partners are encouraging families to seek assistance from MRSS.

Weaknesses

- Our number of families we serve at one given time keeps us busy. We have little room to market the program.
- Funding- in order to deliver the 24/7 service outlined in the model, additional funding sources would need to be secured.
- Because we are not a child mental health provider, billing services poses a challenge for us to sustain the program long-term without board or state funding.
- Shortage of licensed clinicians across the board
- Non-traditional work hours in a non-traditional work setting that can be very intense

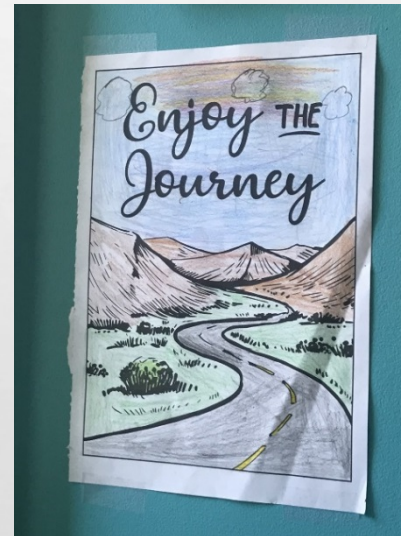
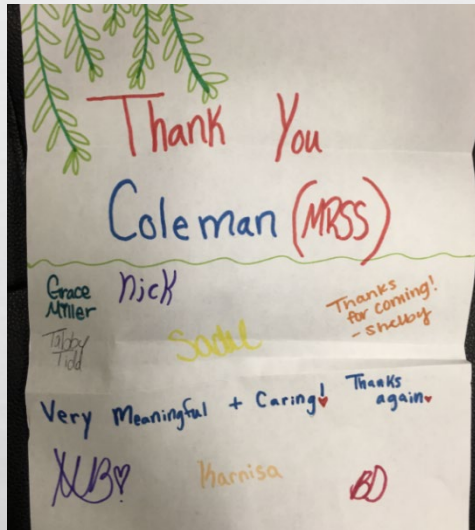
What we hope for the future...

- Would love to see families initiating Mobile Response services themselves.
- Continued referrals from internal and external referral sources in ALL 4 counties.
- Continued presentations and marketing in all 4 counties to get the word out more so all community members are aware of the program
- Adding more publicity and attention to the 24 hour Crisis Hotline for family use.
- Expanding our team in order to cover 24 hour on-call abilities
- Expanding community collaboration with more partners ex: religious congregations.



Feedback from families...

- “You are the one who has been helping me with MY FAMILY in a way no one else has been able to do!!!!!!”
- “U are welcome here anytime.... U have been amazing and very helpful I don't find people like u very often who truly care”
- “Thank u so very, very much. You guys rock. Thank u for maken it a Christmas for my kids”
- I feel like I've been heard"



To activate MRSS in Allen, Auglaize, Hardin and Putnam counties, please call:

1-800-567-HOPE (4673)

You can contact us via email if you have a referral for MRSS:

MRSS@colemanservices.org

Margaret Lawrence, Chief Officer
Lisa Ashafa, Director of Peer & Specialty Services
Jan Mulcahy, Peer Support
Sara Hollar, Peer Support
799 S Main St
Lima, Ohio 45804
567-242-6344 *(Lisa Ashafa direct line)*

Nothing is impossible. The word itself says "I'm possible".

