STRATEGY BRIEF

STRONG FAMILIES

What is New Jersey's **Mobile Response and Stabilization Services intervention?**

Ask any parents or caregivers of children who are in crisis or "out of control," and they will tell you — they just want help, and they can't wait for it. Parents and caregivers of children who have behavioral or mental health needs, or are experiencing a crisis, need flexible and responsive services. Yet all too often, options are limited — help takes too long to secure, and the only way to access services is through removal from the home and placement in more restrictive settings. As a result, children with behavioral or mental health needs frequently end up in congregate care facilities or inpatient psychiatric hospitals, or they bounce around different foster homes, even though their needs for safety, permanency, and well-being are best met in stable and secure families. Compounding the situation, when children feel unattached to or rejected by their families, their behaviors may escalate. This further complicates their relationships and the likelihood they will achieve timely permanency.

To address this domino effect, the Children's System of Care (CSOC)[1] at the New Jersey Department of Children and Families (DCF) developed Mobile Response and Stabilization Services (MRSS),[2] an innovative approach to supporting and stabilizing children so they can stay with their families.

casey family programs

NJ MRSS MISSION & GOAL

To help children/youth and their families who are experiencing an emotional or behavioral stressor by interrupting immediate crisis and ensuring youth and their families are safe. MRSS provides the support and skills necessary to improve functioning, relationships, and stability within their home and community.

What is New Jersey's MRSS?

MRSS was created to support children and families **in crisis as defined by the individual child or family**, using the following general guidelines:

- One's sense of balance is disrupted.
- Coping and problem solving skills that may have worked in the past are not working any longer, or are not working well in a family setting.
- Life functioning is disrupted.

Mobile response is delivered to children experiencing escalating emotional symptoms, behaviors, or traumatic circumstances that have compromised or impacted their ability to function within their family, living situation, school, or community. These crises arise from situations, events, and/or circumstances that are unable to be resolved with the typical resources and coping skills, or jeopardize the development of adaptive socio-emotional skills and strengths critical for healthy life functioning. Without intervention, these children — many with histories of trauma — may be at risk of psychiatric hospitalization, out-of-home treatment, legal charges, or loss of their living arrangement.

The goal of MRSS is to **provide intervention and support at the earliest moment families identify that help is needed**. Early intervention increases the opportunity to minimize the likelihood of future crises and supports a child and family's path to success.

How does the MRSS intervention work?

Through MRSS, **a behavioral health worker is available to any family anywhere in the state of New Jersey, at any time**: 24 hours a day, 7 days a week, 365 days a year. MRSS provides immediate support for any family in crisis due to a child's escalating emotional or behavioral needs, whether it is the family's first time asking for help or if the family already is receiving services from a state agency or private provider. Any child up to age 21 is eligible for services. MRSS operates through a trauma-informed lens to understand what the child has experienced and then help the child feel better. MRSS operates with the following guiding philosophy: "**When children feel better, they do better."**

MRSS follows a four-pronged approach:[3]

1. On-site intervention for immediate de-escalation of presenting emotional symptoms and behaviors, including observing, interrupting and shifting dynamics, providing education and skill introduction
2. Assessment, planning, skill building, psycho-education, and resource linkage to stabilize presenting needs, including understanding strengths, triggers, communication, and other key contexts (medical, mental health, trauma, development, patterns of behavior, collateral outreach, etc.)
3. Assistance to the child and family in returning to baseline or routine functioning, and the prevention of further escalation
4. Provision of prevention strategies and resources to cope with presenting emotional symptoms, behaviors, and existing circumstances, and create a plan to avoid future crises

When there is a crisis, an MRSS worker is **available within one hour** to help de-escalate, assess, and develop a plan together with the child and family. MRSS is accessible through a toll-free phone number, which serves as a **single point of entry** to a range of

services. As soon as a parent or caregiver provides verbal consent, an MRSS worker is dispatched to be on site within the hour or at a more convenient time within 24 hours, depending on the family's preferences and needs. MRSS is initially available during the 72 hours following the request for help, with a focus on de-escalating, assessing, and planning, but can be extended for up to eight weeks of stabilization services.

Services vary according to the child and family's individual needs, but often include some combination of the following:

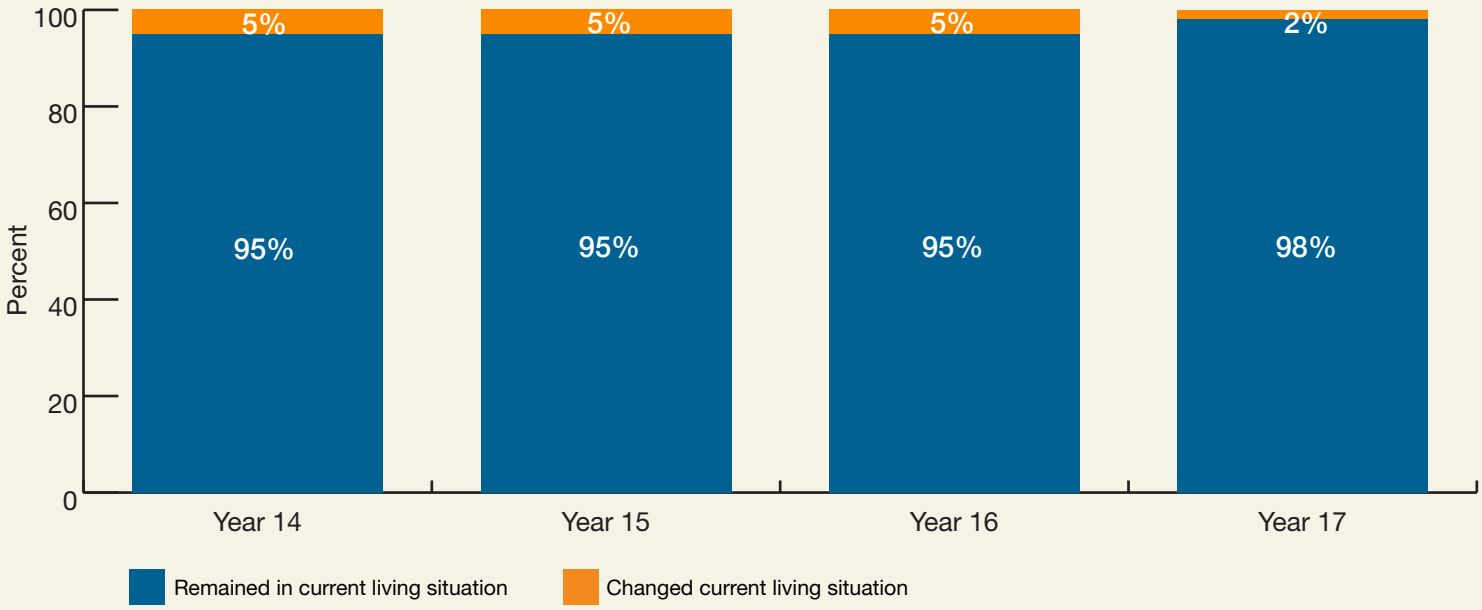
- In-home counseling
- Behavioral assistance
- Caregiver therapeutic support
- Intensive in-community services
- Skill-building
- Medication management
- Coordination and development of informal and natural support systems, such as faith-based organizations, mentors, and peer support
- Coordination of specialized services to address the needs of children with co-occurring developmental disabilities and substance use

In keeping with the CSOC principles and values, the treatment plan is developed together with the child and family and is strengths-based, child-centered, family-driven, community-based, trauma-sensitive, and culturally and linguistically mindful.

Does MRSS support families across the child welfare continuum?

MRSS was implemented in 2004 as a key component in New Jersey's array of services designed to reduce reliance on out-of-home treatment facilities. MRSS is **available to all families in New Jersey**—birth, kinship, foster, guardianship, and adoptive. Families aren't required to be involved with any particular service or system in order to access MRSS.

Families define their own crisis. By working with birth families, MRSS addresses youth and family needs and stabilizes their circumstances, which can prevent the need for higher intensity intervention or additional system involvement, such as entry into foster care. For youth and families who are involved with the child welfare system, MRSS can support youth and foster parents at the time of entry into foster care or at any time during the placement, as well as support a child and family following reunification. MRSS also helps improve relative placement stability, and strengthen post-permanency outcomes by supporting children in guardianship and adoptive families.[4]



	2014	2015	2016	2017
Total Assesments	34,530	37,593	39,693	47,264
Remained Count	32,808	35,756	36,863	46,467

Is MRSS effective?

Since its inception in 2004, MRSS has consistently **maintained 94 percent of children in their living situation at the time of service, including children who are involved with the child welfare system**.[5] Over the last four years, between 95 percent and 98 percent of children served by MRSS have remained in their current living situations. While it is difficult to attribute the effect to any particular intervention, it is clear that New Jersey's service array, including MRSS, is having a positive impact, as the number of youth in out-of-home treatment/residential settings has also decreased consistently over the same time period.[6] Finally, families have reported high satisfaction with services, with a 250 percent increase in families accessing MRSS.[7]

How does MRSS support new foster care placements?

MRSS has been available to support youth and resource families since the program's inception. Based on the success of MRSS, a departmental policy was created that supported expanded access to serve all children entering out-of-home placement for the first time, or subsequent placement disruptions, with the goal of supporting the transition and preventing a crisis that might cause the placement disruption. This new approach was initiated in a single county (Mercer) in August 2015 and implemented statewide in April 2017.

Now, when a child is removed from his or her home, an MRSS worker automatically is assigned and dispatched to meet with the child at the relative or

foster placement within the first 72 hours. During this initial meeting, the MRSS worker meets individually with the child to acknowledge the trauma the child is experiencing and discuss how they can work together to address any worries or challenges the child might have with sleeping, eating, schoolwork, etc., as a result of this trauma. The MRSS worker also meets with the caregiver and discusses similar issues and strategies so the caregivers can feel more equipped to respond to any potentially challenging behaviors at the outset. This initial visit also establishes a relationship between the caregiver and MRSS, so that the caregiver is more likely to ask for help before there is a crisis.

How is MRSS funded?

MRSS is supported through the following sources of funding:

- Medicaid Rehabilitation Option, a Medicaid component that allows for reimbursement under Early Periodic Screening Diagnostic and Testing
- State funding for children who are not eligible for New Jersey Family Care, the state's public health care plan, and do not have private insurance
- Third-party liability coordination, for those families that may have other forms of insurance coverage
- Wrap/Flex funds, to support services not covered by Medicaid.

1 New Jersey Department of Children and Families. (2016). *Inventory and need assessment for New Jersey children's behavioral health*. Retrieved from http://www.njleg.state.nj.us/OPI/Reports_to_the_Legislature/behavioral_health_inventory_2016.pdf

2 Interviews with Elizabeth Manley, Children's System of Care Assistant Commissioner, New Jersey Department of Children and Families, November 14, 2017, and Lisa von Pier, Division of Child Protection and Permanency (CPP) Assistant Commissioner, Betsy Sunder, CPP Deputy Director, and Michelle Adams, CPP Deputy Director, New Jersey Department of Children and Families, December 15, 2017.

3 Personal communication, Katherine Stoehr, Deputy Commissioner for Operations, New Jersey Department of Children and Families, May 3, 2018.

4 New Jersey Department of Children and Families. (2016). Inventory and need assessment for New Jersey children's behavioral health. Retrieved from https://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/2016.Inventory.and.Need.Assessment.for.New.Jersey.Childrens.Behavioral.Health.pdf

5 New Jersey Department of Children and Families. (2017). *The role of mobile response in transforming children's behavioral health: The NJ experience.* Retrieved from https://www.macmhb.org/sites/default/files/attachments/files/Transforming%20New%20Jersey%E2%80%99s%20Children%E2%80%99s%20Behavioral%20Health%20The%20Role%20of%20Mobile%20Response%20PowerPoint.pdf

6 New Jersey Department of Children and Families. (2016). I*nventory and need assessment for New Jersey children's behavioral health*. Retrieved from http://www.njleg.state.nj.us/OPI/Reports_to_the_Legislature/behavioral_health_inventory_2016.pdf

7 New Jersey Department of Children and Families. (2017). *The role of mobile response in transforming children's behavioral health: The NJ experience*. Retrieved from https://www.macmhb.org/sites/default/files/attachments/files/Transforming%20New%20Jersey%E2%80%99s%20Children%E2%80%99s%20Behavioral%20Health%20The%20Role%20of%20Mobile%20Response%20PowerPoint.pdf

P 800.228.3559
P 206.282.7300
F 206.282.3555

casey.org | KMResources@casey.org

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