



Ohio Administrative Code

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

Effective: July 1, 2022

(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.

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

(C) 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 be delivered using a telehealth modality. Common times that telehealth would be appropriate are:

(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 weather that prevents or makes it dangerous for the MRSS team to travel to the young person or family.

(D) The initial mobile response 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 than 60 minutes from the time of dispatch, the MRSS team will maintain documentation that supports the extended response time was an appropriate response.

(E) In order 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.
 - (5) Therapeutic behavioral services and psychosocial rehabilitation as defined in rule 5122-29-18 of the Ohio Administrative Code.
- (F) The community mental health services or addiction services provider will 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 MRSS team will consist of at least:



(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 Ohio professional boards that includes a scope of practice for behavioral health conditions. This provider will also demonstrate and maintain competency in the under twenty-one years of age population. The independently licensed supervising practitioner will also be considered a member of the MRSS team. 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 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 peer supporter will also demonstrate competency in the care and services of individuals in the under twenty-one years of age population and has scope of practice for persons age twenty-one and under with mental health disorders and substance use disorders.

(ii) A QBHS as defined in rule 5122-29-30 of the Administrative Code. This QBHS will also demonstrate competency in the care and services of individuals in the under twenty-one years of age population and has scope of practice for persons age twenty-one and under with mental health disorders and substance use disorders.

(2) The MRSS 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.

(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.

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

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

(M) Providers of MRSS will assure the service meets the following:

(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.

(2) 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) The initial mobile response occurs in accordance with paragraph (D) of this rule.

(4) 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) 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:

(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 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 mobile response team is dispatched to de-escalate the presenting crisis. Once the family is stabilized, the family is re-connected with the existing service.

(2) Mobile response

(a) The mobile response team 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 initial response is done by a single team member, that team member will meet the standards of paragraph (H)(1)(a) of this rule.

(b) 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 the following:

(i) An urgent assessment of the following elements for de-escalation: Understanding what happened to initiate the crisis and the young person's and their family's response or responses to it; 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.

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

(vii) Initiate 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.

(3) Stabilization

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

(b) 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 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 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 or participate in planning meeting(s) 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.
- (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 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 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.