Ohio Administrative Code

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

Effective: April 1, 2025

(A) As used in this rule:

(1) "Certified family peer supporter," "certified youth peer supporter," and "certified peer supporter" have the same meanings as in rule 5122-29-15.1 of the Administrative Code.

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

(3) "Clinician" means any of the following:

(a) A licensed professional counselor, licensed professional clinical counselor, licensed professional clinical counselor - supervisor, master's level counselor trainee, independent social worker, independent social worker - supervisor, social worker, social worker trainee, independent marriage and family therapist, marriage and family therapist, or marriage and family therapist trainee licensed or registered under Chapter 4757. of the Revised Code;

(b) A licensed psychologist as defined in section 4732.01 of the Revised Code;

(c) A psychology trainee, psychology assistant, or psychology intern who is working under the supervision of a licensed psychologist as defined in section 4732.01 of the Revised Code and is registered by the supervising licensed psychologist as described in division (B) of section 4732.22 of the Revised Code.

(4) "Community behavioral health services provider" means a community addiction services provider or community mental health services provider, or both, as defined in section 5119.01 of the Revised Code.

(5) "Crisis" means a situation defined by a young person, the young person's family, or a person

responsible for the welfare of the young person that is causing stress or discordance to the young person, the young person's family, or the community.

(6) "De-escalation" means reducing the intensity of behaviors or emotional distress for a young person and/or their family to minimize effects that might otherwise prompt the use of more restrictive interventions.

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

(8) "Minor" means an individual under eighteen years of age who is not emancipated.

(9) "MRSS provider" means a community behavioral health services provider that is certified under this rule to provide MRSS.

(10) "MRSS team" means the team of individuals described in paragraph (G) of this rule that is employed by, or under contract with, an MRSS provider to provide MRSS.

(11) "MRSS team member" means an individual member of an MRSS team.

(12) "Qualified behavioral health specialist" or "QBHS" has the same meaning as in agency 5122 of the Administrative Code pertaining to qualified behavioral health specialists.

(13) "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 or behavioral symptoms, traumatic circumstances, or any distressing situation as identified by the young person, the young person's family, or another person responsible for the welfare of the young person that has compromised or impacted the young person's ability to function within their family, living situation, school, or community.

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

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

(2) When there is a contagious medical condition present in the home;

(3) When there is inclement weather that prevents or makes it dangerous for the MRSS team to travel to the young person or their family; or

(4) When a mobile response has been requested but a clinician is not available to respond, in person, as part of the MRSS team.

(D) The initial mobile response by an 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 phase up to seventy-two hours and then a stabilization phase. From the initial mobile response to the end of the stabilization phase, MRSS may be provided for up to six weeks or forty-two days. If the caller requests mobile response later than sixty minutes, the response will occur within forty-eight hours or the next business day, whichever occurs first. In instances where the initial mobile response occurs later than sixty minutes from the time of dispatch, the MRSS team will maintain documentation that supports the extended response time as being appropriate.

(E) To be certified for MRSS, a community behavioral health services provider will also maintain certification from the department for all of the following:

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

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

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

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

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

(F) The community behavioral health services provider is to be able to provide all allowable services by telehealth as defined in agency 5122 of the Administrative Code pertaining to telehealth.

(G) MRSS team

(1) Subject to paragraph (G)(2) of this rule, an MRSS team will consist of both of the following:

(a) A clinician who demonstrates and maintains competency in the care and provision of services to young people.

(b) One of the following:

(i) A certified family peer supporter or certified youth peer supporter. The certified family peer supporter or certified youth peer supporter will also demonstrate competency in the care and provision of services to young people and have a scope of practice that includes young people with mental health disorders and substance use disorders.

(ii) A QBHS. The QBHS will also demonstrate competency in the care and provision of services to young people and have a scope of practice that includes young people with mental health disorders and substance use disorders.

A QBHS, certified family peer supporter, or certified youth peer supporter is to receive at least one hour of supervision each week from a clinician regardless of whether the QBHS, certified family peer supporter, or certified youth peer supporter is working in an individual or group setting.

(2) If the clinician on the team, described in paragraph (G)(1)(a) of this rule, requires clinical or work supervision pursuant to rule 4757-17-01, 4757-23-01, or 4757-29-01 of the Administrative Code, any

other rule adopted by the Ohio counselor, social worker, and marriage and family therapist board, or any rule adopted by the Ohio board of psychology, the team is also to include an independently licensed professional to supervise the MRSS team. The independently licensed professional will hold a valid and unrestricted license to practice in Ohio.

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

(H) An MRSS provider is to undergo a fidelity review once every twelve months 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 provider fidelity rating tool indicated by the department on the department's MRSS web site.

(I) 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 the department through the data management system designated by the department.

(J) Each MRSS team member and after-hours telephonic crisis de-escalation support staff person will complete the department's approved initial and ongoing MRSS trainings as appropriate to their role.

(K) An MRSS provider will ensure the service meets all of the following standards:

(1) Except as provided in paragraph (K)(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 be scheduled for a mobile response the next business day. The after-hours telephonic crisis de-escalation support is to be provided by a community behavioral health services provider that is certified under this rule as an MRSS provider or is certified for behavioral health hotline service as defined in rule 5122-29-08 of the Administrative Code.

(2) Not later than the date that is three years from the effective date of this rule, the MRSS provider is to provide the service twenty-four hours a day, seven days a week, including holidays.

(3) The service is to be provided on a mobile basis, except under the limited circumstances where the service may be provided using a telehealth modality as described in paragraph (C) of this rule. MRSS is provided where the young person is experiencing the crisis or where the family or other individual responsible for the welfare of the young person requests services, not at a static location where the young person will present themselves.

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

(5) The service is to be provided by MRSS team members who are eligible to provide the service as described in agency 5122 of the Administrative Code pertaining to eligible providers and supervisors.

(L) MRSS provides immediate de-escalation, rapid community-based assessment, and stabilization services to help the young person remain with their family in their home and/or community. MRSS consists of three phases: screening/triage, mobile response, and stabilization. Some young people do not need all three MRSS phases 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:

MRSS may be initiated through direct connection with the MRSS provider or call center designated by the department. 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 young person or young person's family in crisis, where 911 is not indicated, are responded to with a mobile response.

(c) If a young person or their family is already involved with an intensive home-based service (IHBT), the mobile response team is dispatched to de-escalate the presenting crisis. Once the crisis situation has been de-escalated, the young person or 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, their family, or the other individual responsible for the welfare of the young person within the designated response time, as determined by the end of the triage assessment. The initial response may be scheduled outside of the designated response time if requested by the caller. If a call for mobile response is made after the MRSS provider's operational hours, the mobile response is to occur within forty-eight hours of the call or the next business day, whichever occurs first.

(b) The initial response will be conducted by:

(i) A clinician;

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

(iii) A combination of at least one QBHS and either another QBHS or a certified family peer supporter or certified youth peer supporter as described in paragraph (G)(1)(b) of this rule.

(c) If a clinician is unable to be present in person at the location described in paragraph (L)(2)(a) of this rule, the QBHS, certified family peer supporter, or certified youth peer supporter is to contact the MRSS team's clinician before leaving the premises of the site of the response so that the clinician can participate in the initial response by telehealth. 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.

(d) The MRSS team will provide de-escalation services for up to seventy-two hours until the young person and their family are stable; de-escalation services will include all of 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 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) An initial safety plan to be developed with and provided to the young person and their family at the end of the first face-to-face contact.

(iii) Crisis intervention and de-escalation with the young person or their family using strategies as appropriate to meet the unique needs of the young person and family. Such strategies include, but are not limited to, ongoing risk assessment and safety planning, teaching of coping and behavior management skills, medication, family 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) assessment performed by an MRSS team member who is a certified CANS assessor if one of the following is the case:

(A) The young person 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 been administered to the young person in the ninety days prior to the MRSS team providing de-escalation to that young person; or

(C) There has been a significant change in the young person's circumstances as determined by the clinician.

(vi) Consultation with the young person or their family to define goals for preventing future crisis and discuss the benefits of the ongoing stabilization phase of MRSS.

(vii) 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 the young person's established behavioral health providers, notifying such providers of the crisis response and assisting with 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 follow the seventy-two hours of mobile response.

(b) 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 and/or their family. Stabilization services are to build skills of the young person and their family, strengthen capacity to prevent future crisis, facilitate an ongoing safe environment, link the young person and their 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 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 MRSS team members to establish linkages and referrals to appropriate community-based services and natural supports; and

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

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

(f) Service Transition

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

(ii) With the permission of the young person or their family, the MRSS team will share the most recent individualized MRSS plan and supporting information with other service providers and/or family-identified natural supports in person, including by video or telephone, and with the young person or their family present when possible.

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

(iv) 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. With the permission of the young person or their family, the transition plan will be shared with the other service providers and/or family-identified natural supports.

(M) Consent for MRSS

A young person who is at least eighteen years of age or an emancipated minor is to consent to their receipt of MRSS. A young person who is at least fourteen but less than eighteen years of age may consent to their receipt of MRSS in accordance with and subject to the limitations in section 5122.04 of the Revised Code. Consent to the receipt of MRSS by a young person under fourteen years of age is to be given by the minor's parent, guardian, or custodian.

(N) Emergency care when consent is not required

Under the emergency care doctrine recognized in Ohio, a minor of any age may receive emergency medical treatment to preserve life and prevent serious impairment without the consent of a parent, custodian, or guardian. Because the department recognizes that it could be difficult to determine whether such an emergency situation exists until the assessment described in paragraph (L)(2)(d)(i) of this rule is completed, the MRSS phases of screening/triage and mobile response are not to be delayed or denied to a minor under fourteen years of age due to inability to receive parental, guardian, or custodian consent. In instances in which an MRSS team is unable to contact the parent, guardian, or custodian to obtain consent for providing screening/triage and mobile response, the MRSS team is responsible for communicating any pertinent follow-up safety planning and/or safety-related information to the parent, guardian, or custodian post intervention.