

NO. 4: SYSTEMS OF CARE: DESIGNING MOBILE RESPONSE AND STABILIZATION SERVICES FOR ALL

Unprecedented investment in behavioral health crisis response has given states the opportunity to transform their systems – but equity must be at the center of the planning.

Background

After decreasing for a decade, the rate of death by suicide rose by 4% from 2020 to 2021, making suicide the second leading cause of death among people ages 10 to 34. Drug overdose deaths are rising precipitously, with particularly devastating results among African Americans, Latinx people, and American Indians and Alaska Natives. Nationwide, pediatric behavioral health emergency department (ED) visits have increased dramatically, particularly for youth with Medicaid or no health insurance. After initial assessment, youth will stay in the ED or be transferred to an inpatient medical unit until a bed becomes available at an inpatient psychiatric facility – sometimes hours, days, or even weeks later. Youth visits to the ED for psychiatric reasons are rising most quickly for Black and Hispanic/Latino youth.

Opportunities to Build an Equitable Crisis System

Unprecedented investment in behavioral health crisis response has given states the opportunity to transform their systems – but for these efforts to be effective in addressing disparities, equity must be at the center of the planning. Medicaid funding for mobile crisis services through the [American Rescue Plan](#) and the [Consolidated Appropriations Act](#) (passed in December 2022) included several provisions aimed at enhancing and evaluating the behavioral health crisis continuum.

Medicaid is the nation's single largest payer of behavioral health services. The Centers for Medicare and Medicaid Services (CMS) and state Medicaid agencies are well positioned to partner with state behavioral health authorities and other stakeholders to plan, implement, and monitor behavioral health crisis response system improvements. Furthermore, the Medicaid population in particular may benefit from these changes, as 39% of Medicaid recipients have mild, moderate, or severe mental health or substance use disorder conditions.

Advancing equity in systems requires a holistic approach to crisis response, including services that are culturally responsive, linguistically accessible, and developmentally appropriate. Unfortunately, the crisis response systems in many states were designed for adults, and are only now being adapted to meet the needs of youth as well.

Defining Mobile Response

In mobile response and stabilization service (MRSS) models designed for children, youth, young adults and their families, the term “stabilization” refers to a holistic, longer-term process. However, under Medicaid service definitions, *mobile response* (i.e., the initial response plus up to 72 hours of intervention) may have a separate Medicaid code for billing from *stabilization* (6 to 8 weeks of services), even though they are conceptualized together under the umbrella of MRSS.



The NASMHPD - TTI Knowledge Bites [webinar series](#) was produced by the [National Association of State Mental Health Program Directors](#) in 2023. Each webinar is accompanied by a Knowledge Bite summarizing recommendations, community examples, and resources.

In adult service models, formal stabilization services are typically of shorter duration than in youth systems, and providers focus on close coordination with other entities to promote recovery. Many adult systems are evaluating opportunities to coordinate care more effectively between crisis services and upstream services (such as housing or employment) and are seeking to adopt System of Care principles (see below).

Key Components of Effective Mobile Response Applicable to Adult and Children/Youth Systems

- Single point of access for crisis services
- “No wrong door” approach
- Trauma-informed, culturally and linguistically responsive care
- Integration of peer support services
- Embedded into continuum of services that support whole person care
- Crisis should be defined by the caller
- 24/7 rapid response
- De-escalation, clinical assessment, and intervention
- Follow-up services and connection to upstream support
- Promotion of community stabilization

Considerations for Children, Youth and Young Adults (and their Families)

MRSS models for youth are grounded in [Systems of Care](#) principles:

- Family- and youth/young adult-driven
- Equitable and accessible to all children, youth, young adults, and their families
- Culturally humble and linguistically competent
- Trauma-responsive
- Strengths-based and individualized
- Data-driven and outcome-oriented

These models include the use of standardized and validated suicide screening, youth- and family-specific assessment tools, and safety plans developed collaboratively with the parent/caregiver and the youth.

Recommendation

As states build or enhance their behavioral health crisis response systems, State Behavioral Health Authorities should 1) partner with their Medicaid state agency to maximize funding, and 2) commit to using a Systems of Care approach for crisis response services across the lifespan. Given the specific needs of children, youth, and young adults, designing a child-specific model of mobile response and then adapting that model to address the needs of adults and other special populations (e.g. individuals with autism spectrum disorder or intellectual/developmental disabilities) is likely to bring about better outcomes and greater return on investment overall. This approach supports increased efficiency for the planning and implementation of the system.



Additional Resources

- **SAMHSA**
 - [National Guidelines for Child and Youth Behavioral Health Crisis Care](#)
 - [National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit](#)
- **NASMHPD**
[Making the Case for a Comprehensive Children's Crisis Continuum of Care](#)
- **Innovations Institute, University of Connecticut School of Social Work:** [Mobile Response & Stabilization Services National Best Practices](#)
- **State Learning Collaborative**
[Learning Community - #CrisisTalk \(crisisnow.com\)](#)
- **KFF**
 - [Behavioral Health Crisis Response: Findings from a Survey of State Medicaid Programs](#)
 - [Financing Behavioral Health Crisis Services: 2022 NRI's 2022 State Profiles Updated April 3, 2023](#)
- **Manley, E., Schober, M., Sulzbach, D., & Zabel, M. (2021)**
[Mobile Response and Stabilization Best Practices. \[Fact Sheet\]](#). Available from [The Institute for Innovation & Implementation: theinstitute.umaryland.edu](#).
- **The Center for Law and Social Policy (2021)**
[Youth Mobile Response Services](#)