



# Comprehensive Mobile Response & Stabilization Services for Children, Youth, Young Adults & Families

## Framing the Work

Maryland is committed to supporting children, youth, young adults, and families in being safe, healthy, and successful in their homes, schools, and communities. Maryland is designing and implementing a full continuum of crisis services for families in support of this goal.

Mobile Response and Stabilization Services (MRSS) is an evidence-based child, youth, and family-specific intervention model designed to meet the youth and caregiver’s sense of urgency when children and youth begin to demonstrate behavioral changes associated with the early phase of a crisis. Children’s crisis situations significantly impact the caregiver and wider circle of family and friends because of the nature of their relationship.



**20-25%**  
of school-aged youth are impacted by chronic behavioral health concerns.



**56%**  
increase in suicide rates in youth over the past decade.<sup>1</sup>

## Emergency Room Diversion

Emergency rooms (ERs) are being used as an access point for mental health services due to insufficient community crisis response services currently available to all youth throughout Maryland. ERs are not designed to provide adequate care for children and youth experiencing a mental health crisis. This practice is expensive, inefficient, and potentially traumatizing for both youth and families.<sup>2,3</sup>

During the COVID-19 pandemic, the proportion of children’s mental health-related visits to the ER among all pediatric visits increased beginning April 2020 and continued to remain high through the following Fall,<sup>4</sup> especially those for suspected suicide attempts.<sup>5</sup> A good, modern children’s crisis system is the most cost effective and efficient way to interrupt pathways to ERs while supporting youth to remain in their homes, schools, and communities.

## Setting the Vision

Maryland is committed to designing and implementing MRSS that:

- Is **customized** to meet the needs of children, youth, young adults, and families;
- Provides **timely, relevant services** and supports to prevent escalation of challenges and dangers and to improve outcomes;
- Uses the **child and family's definition of a crisis** and recognizes children, youth, young adults, and families as experts on their own needs;
- Provides **individualized, trauma-responsive** services and supports to meet needs across domains, including peer support, suicide prevention, and in-home services;
- Recognizes and addresses challenges posed by structural and historical inequities and oppression and **continually assesses systems, processes, and services** for problems associated with implicit bias and racial and ethnic disparities;
- Is **culturally and linguistically responsive** and connects families to appropriate community-based services; and,
- **Leverages the strengths** of children and families, providing services and supports that are aligned to their identified needs.

For more information regarding Maryland's strategic vision, see the full document [here](#).

“**CRISIS SERVICES FOR MENTAL HEALTH SHOULD BE LIKE A FIRE DEPARTMENT WITH SERVICES AVAILABLE IN EVERY NEIGHBORHOOD. ANYONE CAN EXPERIENCE A MENTAL HEALTH CRISIS IN THEIR FAMILY.**”

- JANE WALKER, FOUNDING EXECUTIVE DIRECTOR, MARYLAND COALITION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH; FOUNDING EXECUTIVE DIRECTOR, FAMILY-RUN EXECUTIVE DIRECTOR LEADERSHIP ASSOCIATION; AND, PARENT, 2013/18

## Where Does Maryland Go From Here?

The Maryland Behavioral Health Administration (BHA) seeks to redesign and expand MRSS to be available in each of Maryland's 24 jurisdictions. BHA will be partnering with families, youth, provider organizations, and state and local public child- and family-serving agencies to design, implement, evaluate, and sustain MRSS for children, youth, young adults, and families.

### This work will be supported through:

- Family and youth engagement and partnership;
- Technical assistance, including national best practices in MRSS that are customized to meet the needs of Maryland's children, youth, young adults, and families;
- Development and implementation of a strategic framework and implementation plan; and,
- A Maryland MRSS Quality Improvement Collaborative to enable peer learning, provision of subject matter expertise and technical assistance on best practices and sustainable financing, shared data collection and analysis, and cross-jurisdictional work.

## Next Steps

1. Conducting an environmental scan of existing mobile response and stabilization services in each of the 24 jurisdictions to inform immediate and long-term action steps with data obtained, in part, from the Local Behavioral Health Authorities and Core Service Agencies;
2. Prioritizing strategies for MRSS in regions without any existing crisis response capacity;
3. Selecting a crisis assessment tool and MRSS training curriculum to ensure consistent approaches and decision-making statewide;
4. Selecting performance and outcomes measures to support continuous quality improvement and evaluation activities;
5. Identifying opportunities to leverage and align with federal initiatives, including implementation of 988: The National Suicide Prevention Hotline; and
6. Communicating with partners developing Maryland's adult crisis response system to ensure all Marylanders receive consistent information, referrals, and access to services and support.

For more information regarding the Maryland Department of Health, Behavioral Health Administration, please visit us [here](#).

## Citations

<sup>1</sup> Hoover, S., & Bostic, J. (2020). Improving the Child and Adolescent Crisis System: Shifting from a 9-1-1 to a 9-8-8 Paradigm. Available from <https://www.nasmhpd.org/sites/default/files/2020paper9.pdf>

<sup>2</sup> U.S. Department of Health & Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA). (2020). National Guidelines for Behavioral Health Crisis Care-A Best Practice Toolkit. Available from [www.samhsa.gov](http://www.samhsa.gov).

<sup>3</sup> Lo, C. B., Bridge, J. A., Shi, J., Ludwig, L., & Stanley, R. M. (2020). Children's mental health emergency department visits: 2007–2016. *Pediatrics*, 145. <https://doi.org/10.1542/peds.2019-1536>.

<sup>4</sup> Leeb, R. T., Bitsko, R. H., Radhakrishnan, L., Martinez, P., Njai, R., & Holland, K. M. (2020). Mental health–related emergency department visits among children aged <18 years during the COVID-19 pandemic — United States, January 1–October 17, 2020. *Morbidity & Mortality Weekly Report*, 69. <http://dx.doi.org/10.15585/mmwr.mm6945a3>.

<sup>5</sup> In May 2020 ER visits for suspected suicide attempts began to increase among adolescents (aged 12 to 17), especially girls. Suspected suicide attempt visits were 50.6% higher among girls during February to March 2021, compared to the same period in 2019; visits increased 3.7% among boys. In Maryland, preliminary suicide death data from the Maryland Office of the Chief Medical Examiner shows an 18% increase in the total number of suicides within the state from 2019 to 2020. Source: Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:888–894. DOI: <http://dx.doi.org/10.15585/mmwr.mm7024e1external> [icon](#).