



Mobile Response and Stabilization Services and Wraparound as Fundamental Components of Systems of Care

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What works best is anything that increases the quality and number of relationships in a child's life. People, not programs, change people.

Dr. Bruce Perry, Mind and Heart Foundation



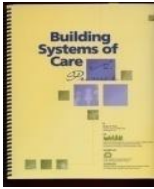
System of Care: A framework for system reform in children's mental health

Building systems of care is inherently strategic process, the science and art of mobilizing all forces-political, economic, financial, psychological-to obtain goals and objectives.



NWIA

Stroul, B (2002). Issue Brief-System of care: A framework for system reform in children's mental health. Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health



Definition of a System of Care



A system of care incorporates a broad, flexible array of effective services and supports for a defined population that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management, and policy levels, has supportive policy and management infrastructure, and is data-driven.

Pires, S. (2010). *Building systems of care: A primer, 2nd Edition*. Washington, D.C.: Human Service Collaborative for Georgetown University National Technical Assistance Center for Children's Mental Health.



Historic/Current Systems Problems

Lack of home and
community-based
services and
supports

Deficit-
based/medical
models, limited
types of
interventions

Patterns of
utilization;
racial/ethnic
disproportionality
and disparities

Poor outcomes

Cost

Rigid financing
structures

Administrative
inefficiencies;
fragmentation

Knowledge, skills
and attitudes of
key stakeholders



CMS/SAMHSA May 2013 Joint Information Bulletin



Intensive Care
Coordination:
Wraparound
Approach

Parent and Youth
Support Services

Intensive In-Home
Services

Respite

Mobile Crisis
Response and
Stabilization

Flex Funds

Trauma Informed Systems and
Evidence-Based Treatments
Addressing Trauma

[Joint CMCS and SAMHSA Informational Bulletin: Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions](#)



System of care is, first and foremost,



a set of values and principles that provides an organizing framework for systems reform on behalf of children, youth and families.

- **Family-driven and youth-guided**
- **Home and community based**
- **Strengths-based and individualized**
- **Coordinated across providers and systems**
- **Trauma-informed**
- **Commitment to health equity through cultural and linguistic competency**
- **Connected to natural helping networks**
- **Resiliency-and recovery-oriented**
- **Data-driven, quality and outcomes oriented**



Pires, S. (2010). *Building systems of care: A primer, 2nd Edition*. Washington, D.C.: Human Service Collaborative for Georgetown University
National Technical Assistance Center for Children's Mental Health.

A Word About Language:





The Building Blocks of Systems of Care:



- Intensive Care Coordination- Wraparound
- Mobile Response and Stabilization
- Service Array
- Cultural and Linguistic Competence
- Community Engagement
- Governance Structures
- Sustainable Financing
- Data and Outcomes

Language is Important:



The Language of System of Care

- *Children, youth, young adults*
- *Parents, caregivers*
- *Residential Intervention*
- *Engagement*
- *Transition*
- *Missing*
- *Family time*

Not the Language of System of Care

- *Clients, cases, consumers*
- *Mom and Dad*
- *Placement*
- *Not motivated*
- *Close, terminate*
- *Run away*
- *Home Visits*



Mobile Response and Stabilization Services (MRSS):

- The crisis is defined by the parent/caregiver and/or youth themselves.
- MRSS is an in-person intervention that is delivered in home or community-settings and available within 60 minutes of contact, with telephonic support until in-person response arrives.
- The stabilization service includes both the youth's ability to manage daily activities and establish clear connections for the youth and family, as needed, to community supports, not just clinical interventions. The stabilization service can be provided for up to 8 weeks.

Goals for MRSS



- ✓ Support and maintain youth in their current living situation and community environment, reducing the need for out-of-home placements and placement changes.
- ✓ Promote and support safe behavior in homes, school, and community
- ✓ Reduce admission to Emergency Departments, inpatient psychiatric units, detention centers and residential treatment centers due to a behavioral health crisis
- ✓ Assist youth and families in accessing and linking to ongoing support and services, including intensive clinical and in-home services.

MRSS Continued:

- There is a distinction between the Response Service component (up to 72 hours) and the Stabilization Service component (up to 8 weeks) but they must be connected.
- Initial Response requires an identified Assessment, Needs Assessment and Safety Planning tools to be implemented.
- Training, supervision and mentoring should be clear, consistent and in line with systems of care or Wraparound services.
- Mobile response teams connect both informal and formal community supports and connections should be made to higher intensity of services, if needed.
- Outcomes should be collected to demonstrate the reach, benefits and impact of the MRSS intervention and support provided.

The Value of MRSS within a Crisis Continuum

- Can effectively deescalate, stabilize, and improve treatment outcomes
- Designed to intercede upstream, before urgent behavioral situations become unmanageable emergencies
- Instrumental in averting unnecessary ED visits, out-of-home placements and placement disruptions, and in reducing overall system costs
- Keep a child, youth or young adult safe at home, in the community, and in school whenever possible.
- Viable alternative to acute care and residential treatment because they consistently demonstrate cost savings while simultaneously improving outcomes and achieving higher family satisfaction

Technical Assistance Collaborative. (2005). A Community-Based Comprehensive Psychiatric Response Service: An Informational and instructional monograph. Retrieved from <http://tacinc.org/media/13106/Crisis%20Manual.pdf>



Important Points about Wraparound

- Wraparound is a defined, team-based service planning and coordination process
- The Wraparound process ensures that there is one coordinated plan of care and one care coordinator
- Wraparound is not a service per se, it is a structured approach to service planning and care coordination
- The ultimate goal is both to improve outcomes and per capita costs of care





What's Different in Wraparound?

- High quality Teamwork
 - Collaborative activity
 - Brainstorming options
 - Goal setting and progress monitoring
- The plan and the team process is driven by and “owned” by the family and youth
- Taking a strengths based approach
- The plan focuses on the priority needs as identified by the youth and family
- A whole youth and family focus
- A focus on developing optimism and self-efficacy
- A focus on developing enduring social supports

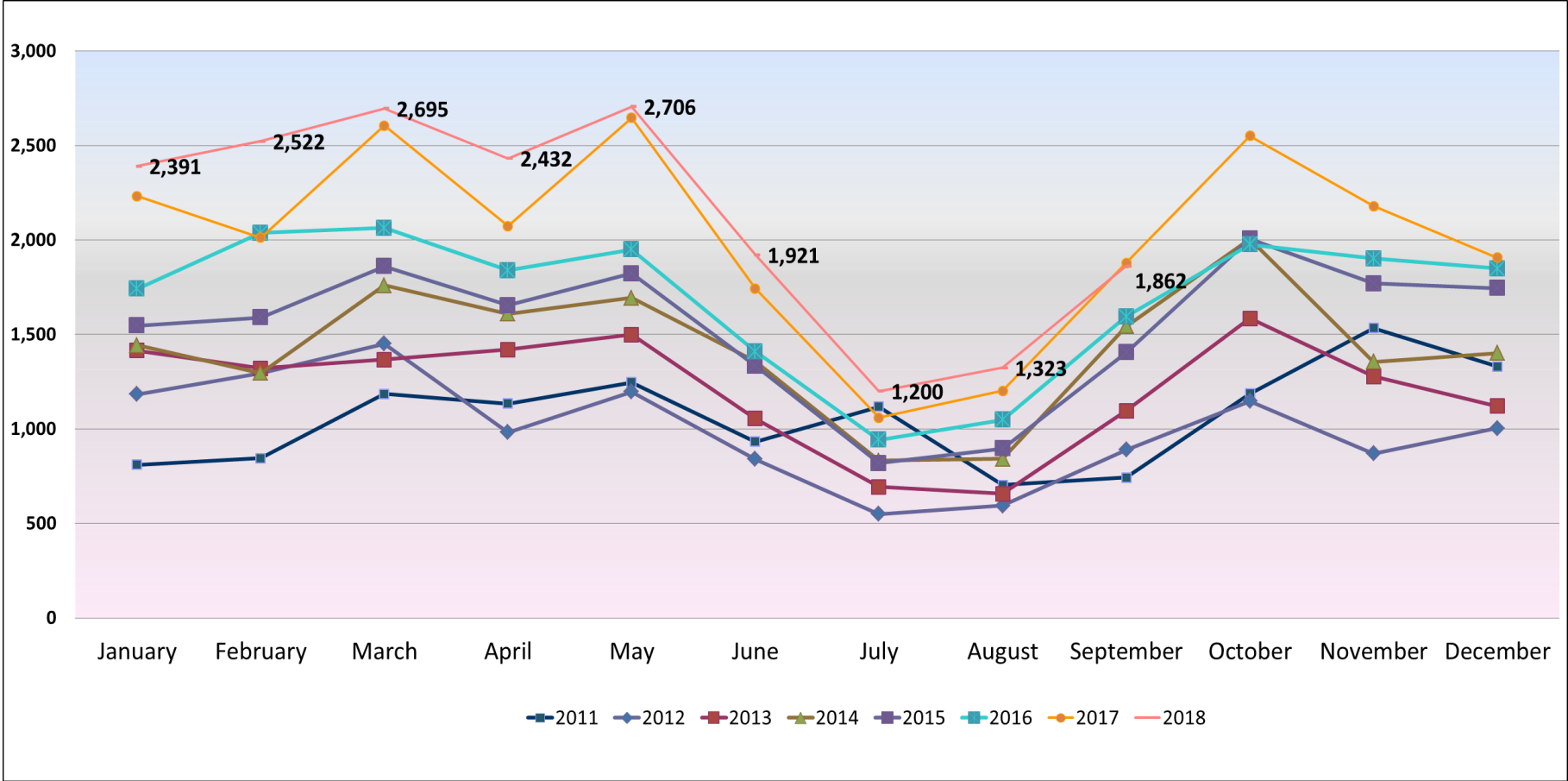


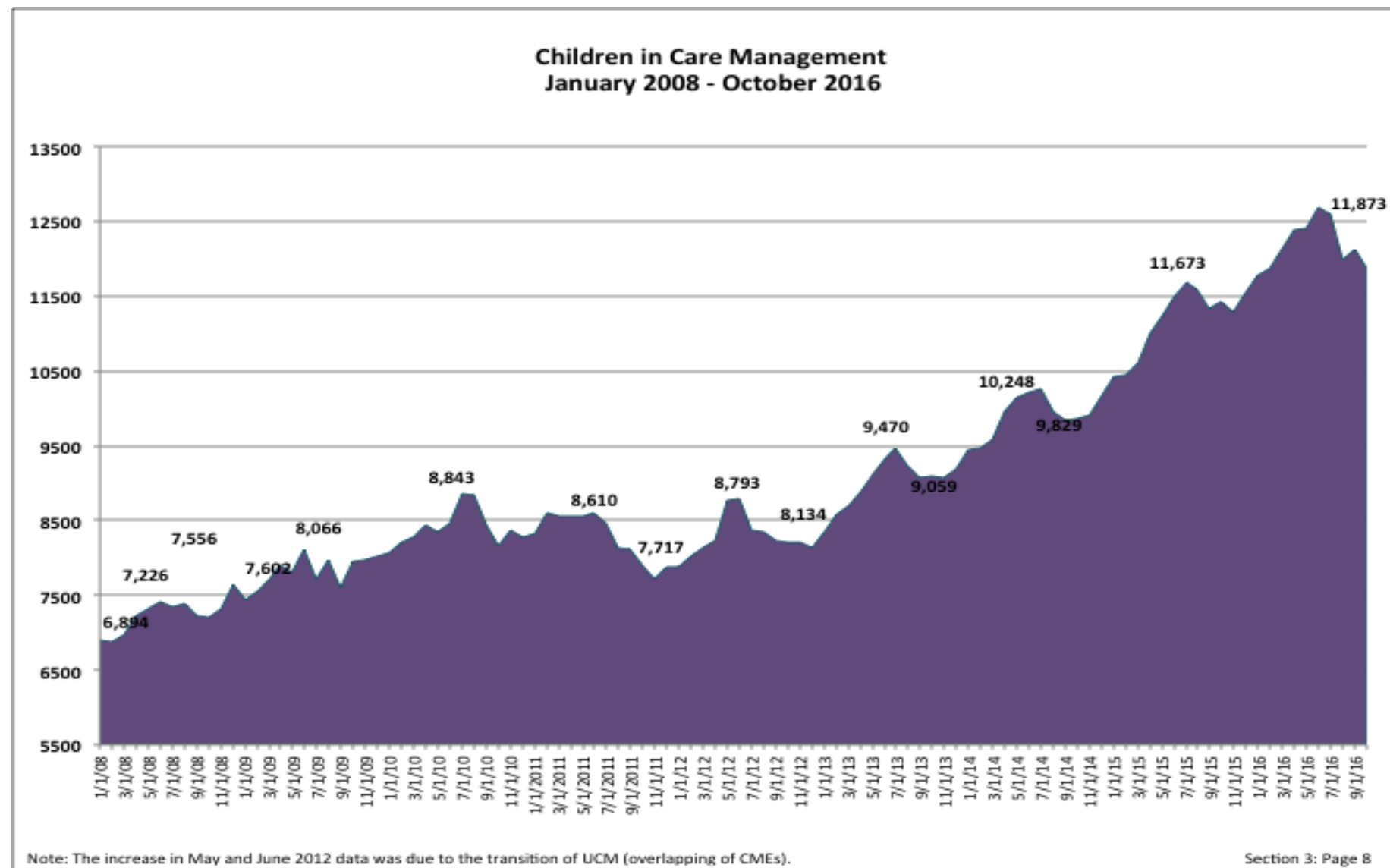
Service Array to Support MRSS and Wraparound

- Intensive In-Home and Community Supports
- Outpatient
- Intensive Outpatient
- Respite
- Residential Treatment



NJ Mobile Response & Stabilization Trend







Lessons from the Field:

- Set the vision and don't move away from the vision
- Communicate, communicate, communicate
- Youth and family voices are the drivers to innovation
- The building blocks to systems of care work in coordination and not as well in isolation
- Community engagement and participation is essential
- It is not a program, but systems transformation



References:

- Blau, Caldwell, Lieberman (2014). Residential Interventions for Children, Adolescents, and Families. Routledge, NY and London.
- Making the Case for a Comprehensive Children's Crisis Continuum of Care; NASMHPD 2018;
https://www.nasmhpd.org/sites/default/files/TACPaper8_ChildrensCrisisContinuumofCare_508C.pdf
- Pires, Sheila; Building Systems of Care: A Primer; 2002;
https://gucchd.georgetown.edu/products/PRIMER_CompleteBook.pdf
- Pires, Sheila; Customizing Health Homes for Children with Serious Behavioral Health Challenges; 2013;
<https://nwi.pdx.edu/pdf/CustomizingHealthHomes.pdf>
- Intensive Care Coordination Using High Quality Wraparound: Rates and Billing Structure; TA Network; 2015;
<https://theinstitute.umaryland.edu/media/ssw/institute/national-center-documents/Intensive-Care-Coordination-Using-HQ-Wraparound-Rates-and-Billing-Structure.pdf>
- Stroul, B.A., & Blau, G.M. (Eds.). (2008). *The system of care handbook: Transforming mental health services for children, youth and families*, Baltimore, MD: Paul H. Brookes Publishing Co.
- Glasser, H. (2018). The nurtured heart approach. Retrieved from <https://childrenssuccessfoundation.com>
- Huckshorn, K. (2008). Six Core Strategies to Reduce Seclusion and Restraint Use. Retrieved from <https://www.nasmhpd.org/content/six-core-strategies-reduce-seclusion-and-restraint-use>

- Arauz, Eric C., An American's Resurrection: My Pilgrimage from Child Abuse and Mental Illness to Salvation. Treehouse Publishing, St. Louis, MO, 2012.
- Armstrong M.I., Blase, K., Caldwell, B., Holt, W., King-Miller, T., Kuppinger, A., Obrochta, C., Policella, D.N., & Wallace, F. (2006). *Final report: Independent assessment of the New Jersey's children's behavioral health care system*. Tampa, FL The University of South Florida. Louis de la Parte Florida Mental Health Institute. (FMHI Publication #239)
- Berrick, Ken and Sprinson, John S. Unconditional Care; Relationship-Based, Behavioral Intervention with Vulnerable Children and Families, Seneca Center. Oxford University Press, NY 2010
- Burns, Barbara and Kimberly Hoagwood. Community Treatment for Youth: Evidence-Based Interventions for Severe Emotional Disturbance. Oxford Press, NY, 2007.
- Dennis, Karl and Lourie, Ira. Everything is Normal Until Proven Otherwise: A Book About Wraparound Services. CWLA Press, Washington, D.C., 2006.
- Lyons, John S. Redressing the Emperor: Improving Our Children's Public Mental Health System. Praeger Publishers. Westport, Connecticut and London. 2004
- Perry, Bruce D. M.D., Ph.D. and Szalavitz. The Boy Who Was Raised as a Dog and other stories from a Child Psychiatrist's Notebook. Basic Books. New York, NY, 2006.
- Saxe, G., Ellis, H., Brown, A. Trauma Systems Therapy for Children and Teens. The Guilford Press, NY 2016.
- Siegel, Daniel J. M.D. Mindsight: The New Science of Personal Transformation. Bantam Books, NY, NY 2010.
- Solomon, Andrew. Far From the Tree: Parents, Children, and the Search for Identity. Scribner. NY, NY 2012.
- Stroul, B., Dodge, J., Goldman, S., Rider, F., & Friedman, R. (2015). *Toolkit for Expanding the System of Care Approach*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.



Questions





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