Care Management Entity Quality Collaborative
Technical Assistance Webinar Series

The Role of Mobile Response and Stabilization Services to Support CMEs

May 25, 2011, 2:00 - 4:00 p.m., ET

For audio and to participate, dial: (866) 699-3239
Meeting/Event Number: 716 761 871
In case of technical difficulties, call (609) 528-8400

This document was developed under grant CFDA 93.767 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.
Our work with state and federal agencies, Medicaid health plans, providers, and consumers focuses on:

- Enhancing Access to Coverage and Services
- Improving Quality and Reducing Racial and Ethnic Disparities
- Integrating Care for People with Complex and Special Needs
- Building Medicaid Leadership and Capacity
Maryland, Georgia and Wyoming Collaborative CHIPRA Grant Project

- Goal: Improving the health and social outcomes for children with serious behavioral health needs.

- Implement and/or expand a Care Management Entity (CME) provider model to improve the quality - and better control the cost - of care for children with serious behavioral health challenges who are enrolled in Medicaid or the Children’s Health Insurance Program.
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Designing, Developing and Implementing Mobile Crisis Teams Within a Care Management Entity to Serve Children & Adolescents With Serious Emotional Needs and Their Families

Presented By:

Bruce Kamradt, MSW, Director Wraparound Milwaukee
Christopher Morano, PhD, Director Wraparound Milwaukee – Mobile Urgent Treatment Team (MUTT)
Wraparound Milwaukee

- Is a unique “system of care” for children and adolescents with serious emotional, behavioral and mental health needs and their families
- Functions as a Care Management Entity overseeing the planning and delivery of services to children with SED across mental health, child welfare and juvenile justice systems
- Includes provision of mobile crisis services and crisis supports to families
Wraparound Milwaukee’s Mobile Urgent Treatment Team (MUTT)

MUTT is:

- 24/7 crisis intervention service
- Operated by Milwaukee County’s Behavioral Health Division – Wraparound Milwaukee Program
- Designed to provide crisis intervention services in the community in any situation in which a child’s behavior escalates so that the parent, caregiver or other community person feels that the child may require help to keep the child and community safe.
Benefits of Mobile Crisis Services to the Care Management Entity (CME) and Community

- Travel to the location of the crisis to support the child & family
- Identify the nature of the issues causing the crisis, and the danger or risk posed to the child or someone else
- Prevent the need for out-of-home placement of the child in a psychiatric inpatient unit, residential treatment center or detention facility; reduce foster care disruption
- Initiate a crisis response and treatment plan in the child’s home to stabilize the child and help reduce the incidence of a future crisis
- Link the child and family to other community mental health services or other supports
- Provide short-term case management and follow-up that may reduce the need for other formal services
- Operate and oversee crisis/respite resources such as a crisis group home, foster home or crisis beds in a residential center
Milestones for Mobile Urgent Treatment Team (MUTT) and Crisis Services

1994 – MUTT developed as component of Wraparound Milwaukee Program to provide crisis intervention for youth with SED and serve as hospital diversion strategy.

1996 – HFS 34 created in Wisconsin to define “crisis services” and a new expanded benefit in State Medicaid Plan.

1997 – Milwaukee County Wraparound developed a coordinated plan under HFS 34 to address the emergency mental health needs of youth in the county utilizing the MUTT team.

2002 – Wraparound Milwaukee initiated “optional stabilization” services including crisis beds in group homes or treatment foster homes and crisis 1:1 stabilization.
Milestones for Mobile Urgent Treatment Team (MUTT) and Crisis Services (cont’d)


2006 – Milwaukee Public Schools contracted with BHD – Wraparround Milwaukee ($470,000) for dedicated mobile crisis services team for Milwaukee Public Schools (MPS).

2007 – Mobile Urgent Treatment Team part of MPS Safe Schools/Health Students grant to train target schools on mental health assessments, crisis intervention techniques, etc.
Core Components of the Mobile Crisis Services Delivery System in Milwaukee County

- Mobile Urgent Treatment Team
- Crisis Safety Plans and Response Plan
- Crisis /Respite Beds
  - Residential Treatment Centers
  - Group Home (dedicated crisis group home)
  - Foster Homes
- Crisis 1:1 Stabilization Workers
- Preferred Inpatient Provider
Emergency Mental Health Service Programs Wis. HFS 34
Emergency Mental Health Service Programs

http://www.dhs.state.ia.us/mhdd/docs/CMH-1-1.pdf

- Established standards and procedures for certification of county or multi-county emergency mental health service programs.
  - “…every county in Wisconsin under Chapter 51 – mental health law must provide emergency services…”

Definitions –

- “Crisis” – a situation caused by an individual’s apparent mental disorder which results in a high level of stress or anxiety for the individual, persons providing care for the individual or the public which cannot be resolved by available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual.
- “Crisis plan” – a plan prepared under HFS 34.23(7) for an individual at high risk of experiencing a mental health crisis so that if a crisis occurs, staff responding to the situation will have the information & resources they need to meet the person’s individual needs.
“Mobile crisis service” – a mental health service which provides immediate, on-site, in-person mental health service for individuals experiencing a mental health crisis.

“Response plan” – a plan of action developed by program staff under HFS 34.23(5).

“Stabilization services” – optional emergency mental health services under HFS 34.22(4) which provide short-term, intensive, community-based services to avoid the need for inpatient hospitalization.
Program Requirements for Certification as Emergency Crisis Provider

- Program Administrator/Clinical Director (must be licensed psychologist eligible for/in national register or licensed psychiatrist)
- Additional Staff qualified under HFS 34 to meet specific needs of the community as identified in emergency mental health services plan
  - Psychiatrists
  - Psychologists
  - Certified Social Workers
  - Nurses
  - Occupational Therapists
  - Other Qualified Mental Health Professionals
  - Mental Health Technicians or Para Professionals
- Must Provide Clinical Supervision
- Approved Orientation and Training Program
- Plan for Provision and Coordination of Emergency Services
Mobile Urgent Treatment Team Staff Composition

- 2.5 Clinical Psychologists
- 20 Master’s Level Staff (Certified Social Workers)
- 1 Psychiatric Nurse
- 1 Consulting Psychiatrist
- Over 200 Crisis 1:1 Stabilizers available from 7 contracted community agencies
Funding Options for Mobile Crisis Services

- Fee-for-Service Medicaid
- Pooled Funding
- Designated crisis monies from Child Welfare and Milwaukee Public Schools
What are Pooled Funds?

CHILD WELFARE
Funds thru Case Rate
(Budget for Institutional Care for Chips Children)
($3900 per youth per month)

JUVENILE JUSTICE
(Funds Budgeted for Residential Treatment and Juvenile Corrections Placements)

MEDICAID CAPITATION
($1661 per Month per Enrollee)

MENTAL HEALTH
- CRISIS BILLING--MUTT
- Crisis B.--CW--$750,000
- Crisis B.--Schools--$440,000

WRAPAROUND MILWAUKEE CARE MANAGEMENT ORGANIZATION
(CMO)
$45 M

CARE COORDINATION

CHILD AND FAMILY TEAM

PLAN OF CARE

PROVIDER NETWORK
200 Providers
70 Services

($3900 per youth per month)
# Current Wisconsin Medicaid Maximum Allowable Fee Schedule for Crisis Services

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<tr>
<th>Procedure Code</th>
<th>Procedure Code Description</th>
<th>Modifier and Modifier Description</th>
<th>Contracted Rate</th>
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<th>Reimbursement (Federal Share) Paid on and After 10/1/07</th>
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<td>$139.54</td>
<td>$80.19</td>
<td>$80.40</td>
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</table>
What Medicaid Covers for Crisis Intervention Services

- Wisconsin Medicaid may only pay county human service agencies to provide crisis intervention services or the agencies with which they contract to actually provide these services under HFS 34, Wisconsin Admin. Code.
- Agencies must be certified under HFS 34 to be eligible to be reimbursed for the provision of crisis services.
- Recipients being discharged from a hospital or residential treatment center are eligible for crisis intervention services only when:
  - The recipient is likely to experience an emergency or crisis if the crisis services are not provided
  - Other services which might maintain the recipient in the community are not available
- For recipients in an inpatient psychiatric hospital or residential treatment center, the only covered crisis services are:
  - Development of a crisis plan
  - Services to assist making the transition to the least restrictive level of care
What Medicaid Covers for Crisis Intervention Services (cont’d)

- Wisconsin Medicaid uses the same definition for “crisis”, “crisis plan”, “stabilization services” as those in State Admin. Rule (HFS 34).
- Covered crisis intervention services include:
  1. Initial assessment and planning.
  2. Crisis linkage and follow-up services.
  3. Optional crisis stabilization services.
What Medicaid Covers for Crisis Intervention Services (cont’d)

1. Initial Assessment and Planning –
   • Initial contact, assessment and referral to other services.
   • Response plan – provision of crisis services and referrals necessary to reduce or de-escalate crisis and help recipient return to a safe and more stable level of functioning.

2. Crisis Linkage and Follow-up –
   • Review and update the response plan.
   • Follow-up intervention prescribed in a response plan including relieving recipient's state of crisis, reducing risk of a worsening crisis, reducing risk of physical harm to the recipient or others, resolving family crisis to prevent out-of-home placement; improving child & family coping skills or assisting recipient in making the transition to least restrictive level of care.
What Medicaid Covers for Crisis Intervention Services (cont’d)

Crisis Linkage and Follow-up (cont’d) –

- Follow-up interventions such as evaluations, referral options, etc.
- Coordinate the resources needed to respond to the situation.
- Assist in recipient’s transition to least restrictive level of care.
- Follow-up on crisis plan and/or developing a new crisis plan.

3. Optional Crisis Stabilization Services

- Only covered to reduce or eliminate a recipient’s symptoms of mental health condition to reduce risk of hospitalization or residential treatment placement.
- Assist in transition to less restrictive setting.
- Stabilization services maybe provided in:
  - Recipient home
  - Clinic
  - School
  - Foster or group home
Optional Crisis Stabilization Services Provided By Wraparound Milwaukee & MUTT Team

- **Crisis Respite Beds** –
  - Temporary placement in a group, residential treatment or treatment foster home.
  - One dedicated 8 bed group home for boys among resources.
  - Medicaid pays per diem up to $80.00 per day.
  - Facilities must be certified & supervised by MUTT and all recipients covered under active crisis plan.

- **Crisis 1:1 Supervision** – short-term intervention provided in or outside the youth’s home designed to evaluate, manage, monitor, stabilize and support youth’s well-being and appropriate behavior consistent with youth’s crisis/safety plan. The crisis stabilizer is a paraprofessional, trained in: Understanding crisis intervention and in techniques to help family recognize high risk behaviors; modeling and teaching effective interventions to de-escalate the crisis; and identifying and assisting the youth with accessing community resources that will aide in stabilizing the child.
Mobile Crisis Services for Child Welfare and Milwaukee Public Schools

- Developed in 2005 & 2006
- Mobile Crisis Services for Foster Families in Child Welfare
  - Developed to improve placement stability of youth in foster care ($440,000 contract plus Medicaid)
  - 3 two-person teams dedicated to 24/7 coverage
  - 200 families served, 93% sustained in planned placement
  - Crisis 1:1 stabilizers in homes supervised by MUTT-FF
- Mobile Crisis Services for the Milwaukee Public Schools
  - Developed to reduce school suspension and deal with students with undiagnosed or unmet mental health needs resulting in disruptive classroom behaviors
  - 3 two-person teams though they may go out individually
  - Provides mental health consultation to teachers, social workers, guidance counselors in schools
  - Crisis 1:1 stabilizers may go into schools
Components of Crisis Plan

- Demographic information
- How do we define crisis for this youth?
- What strengths can we use?
- Special risks we should be aware of?
- What family and community supports can we contact?
- What places in the community might help?
- How can we help the caregiver?
- What specific steps should we take?
- Relevant medical information
  - Includes listing of medications
  - Diagnostic label
Sample Crisis Plan

WRAPAROUND MILWAUKEE
Reactive Crisis Plan

DRAFT

NOTE:

- Direct... Make this update/review... Crisis Plan.
- If a third-party document... the Crisis Plan.

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Notable Accomplishments of Mobile Urgent Treatment Team

- 3000 MUTT contacts in 2010, 1800 face-to-face contacts
- 284 of 340 youth seen (84%) face-to-face where child was at immediate risk of inpatient psychiatric hospitalization were diverted to alternative services in the community (1st Qtr. Of 2010)
- Total hospital days for youth with SED enrolled in Wraparound have decreased from over 5000 days in 1996 to under 400 in 2010
- Average length of hospital stay in 2007 for youth with SED was only 2.4 days
- Consistent high family satisfaction with service
- MUTT involved in training of over 1800 Milwaukee Police officers designed to raise awareness and understanding of mental health needs of youth
- $7.5 million in Medicaid revenue earned in 2010
Satisfaction Survey

MILWAUKEE COUNTY MENTAL HEALTH DIVISION
CATC/WRAPAROUND-MUTT SATISFACTION SURVEY

Date surveyed: ________________
Circle one: Child Guardian/Caretaker
Circle the answer which most reflects your feelings

1. How satisfied are you with the team’s courteousness and respect?
   Very dissatisfied 2 Moderately dissatisfied 3 Satisfied 4 Mainly satisfied 5 Very satisfied

2. How satisfied are you with the amount of help you received?
   Very dissatisfied 2 Moderately dissatisfied 3 Satisfied 4 Mainly satisfied 5 Very satisfied

3. If a friend were in need of similar help, would you recommend the Mobile Urgent Treatment Team to him or her?
   No, definitely not 2 Probably not 3 Neutral 4 Probably yes 5 Yes, definitely

4. If you were to seek help again in the future, would you call the Mobile Urgent Treatment Team?
   No, definitely not 2 Probably not 3 Neutral 4 Probably yes 5 Yes, definitely

5. Did you get the kinds of services you wanted?
   No, definitely not 2 Not really 3 Neutral 4 Generally yes 5 Yes, definitely

6. Have things improved as a result of your call?
   No, definitely not 2 Not really 3 Neutral 4 Generally yes 5 Yes, definitely

Comments: _____________________________

Reviewer: ____________________________
Questions?

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Children’s Crisis Outreach Response System (CCORS)

King County Mental Health, Chemical Abuse & Dependency Services Divisions

Susan C. McLaughlin, Ph.D.
Children’s Mental Health Planner
Children’s Crisis Outreach Response System (CCORS)

- **History of Redesign**
  - Bed crisis
  - Long wait lists
  - Funding crisis
  - Previous model not meeting community need

- **Values of New Crisis System**
  - Single, integrated, comprehensive system of crisis outreach, stabilization and transition to community
  - Promotes strengths and skill building
  - Supports maintaining youth in their home
  - Needs and priorities of youth and family determine how and when services are rendered
Funding for CCORS

- County (sales tax) – 9.6%
- Federal – 43%
- State (Regional Support Network) – 4%
- State (Children’s Administration) – 43% (since Oct. 2007)

- Medicaid eligible children enrolled in outpatient MH benefit receive crisis services from the enrolling agency
CCORS Staffing Structure

- Three Supervisors
- Seven Pods
  - Two Crisis Intervention Specialists (15)
  - One Family Advocate (8)
  - One Parent Partner (6 FTE)
- Behavioral Support Specialist (1 FTE)
- Four Crisis Shift Workers (*NightRiders*)
- On Call CIS Pool (2)
CCORS Continuum of Care

- Emergent Crisis Outreach
- Non-Emergent Outreach
- Stabilization Services
- Crisis Stabilization Beds
- Intensive Stabilization Services (ISS)
Eligibility Criteria for CCORS

- Child or youth between age 3 and 17
- Not enrolled in the King County Mental Health Plan (publicly funded system)
- In acute crisis for which a serious emotional disturbance cannot be ruled out
- Physically located in King County at the time of the crisis

*This is a free service to youth and families*
Emergent Crisis Outreach

- Central Crisis Line with access to a “live” person 24/7
- Telephone dispatch from Crisis Clinic to CCORS team
- Outreach to the site of the crisis (home, school, ER, etc.)
- Team of a Children’s Mental Health Specialist and a Family Advocate or Parent Partner
Emergent Crisis Outreach

- Outreach within 2 hours of initial call
- Provides immediate de-escalation and/or stabilization of crisis
- Assessment completed on site to identify priority needs, action steps and stabilization goals
- Crisis Prevention Plan developed with family and youth to include natural supports and community resources that will help in future crises
Non-Emergent Outreach

- Crisis Clinic determines family is stable but requires outreach the next day

- Two slots per day, Monday – Friday (10:00 AM and 6:00 PM)

- All calls on weekends referred as crisis outreach
Ongoing Crisis Stabilization

- Utilizes flexible strategies to keep the child or youth in the home until the crisis is stabilized including ongoing, intensive in-home services
- Develops community and natural supports
- Intensive in-home support and parent coaching
- Skill building for youth and parents
- Access to emergent psychiatric services
- Linkage to other supports and services
- Available for up to 8 weeks
- Coordination and referral for hospitalization when necessary
Intensive Stabilization Services (ISS)

- Began in October 2007
- Co-funded by Regional Support Network (RSN) and Region IV Children’s Administration
- Additional level of intensity
- Up to 90 days
- Limited capacity that requires approval
Eligibility Criteria for ISS

- Children and youth age 3 through 17
- Residing in King County
- Screened and referred by an RSN or DCFS gatekeeper who determined:
  - The functioning of the child and/or family is severely impacted due to family conflict resulting from significant emotional or behavioral problems; and
  - The current living situation is at risk of disruption; or
  - Intensive Stabilization Services are needed to safely transition a child or youth into an appropriate living situation; and
  - The child is not served through other intensive community service providers (e.g., Behavioral Rehabilitation Services).
Intensive Stabilization Services (ISS)

- Immediate Assessment of Needs and Priorities
- Initial Wraparound Team Building and Facilitation
- Crisis and Safety Planning
- Focus on Skill Building, Parent Coaching, and Behavioral Management
- Intensive, In-home Support
- Assistance in implementing a permanent living arrangement for the child including extensive efforts to identify alternative placements (e.g. relatives and/or other natural supports)
- Crisis Stabilization Beds
- 24/7 Crisis Response
Crisis Stabilization Beds (CSB)

- Therapeutic Foster Homes Across the County
- No-decline Contracts
- Single Room Occupancy
- Voluntary Stay
- Typically 72 Hours – Up to 14 Days Maximum
- Reconciliation Appointment Scheduled at Time of Placement
Other Important Thoughts

- Have a reason everyday for why the family is or is not being seen
- Do not allow things to not get done!
- Coordination with other systems
  - Build team immediately
  - Discharge and discharge plans
  - Placement
- Psychiatric services and medications
- Regular training to enhance worker skills
Quality Assurance

- Implementation and Oversight Team
  - County Staff
  - Agency Staff
  - Crisis Clinic Staff
  - Crisis & Commitment Services Staff
  - Family
  - Host Parent
  - Children’s Administration Team

- CCORS Operations Team
Data Collection

- Monthly Reports from CCORS Agency
- King County Data Information System
- ISS Quarterly Reports
Total Referrals

* May – Dec only  ** ISS started in October

- 2005*: 479
- 2006: 594
- 2007**: 716
- 2008: 738
- 2009: 914
- 2010: 984

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Response to Referral*

*Crisis referrals only
Location for Emergent Outreach

Average Response Time = 56 Minutes
Disposition After Emergent Outreach

- Remained in living situation: 70%
- Natural support: 5%
- Hospital Referral: 20%

Jan. 2009 – April 2011
Non-Emergent Outreach Utilization

96% of NEO’s kept by family
99% of NEO’s occurred in the community
Disposition After Non-Emergent Outreach

Jan. 2009 – April 2011

Remained in Living Situation
Natural Support
Hospital Referral

Percent

0
10
20
30
40
50
60
70
80
90
100
ISS Referrals

*Total capacity decreased from 20 new per month to 17 new per month

Overall utilization increased from 41% of capacity in 2008 to 65% in 2009 and 2010

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53
ISS Disposition for 2010

- **Hospital Diversion**: 62% Goal Met, 38% Goal Unmet
- **Prevent Placement**: 68% Goal Met, 32% Goal Unmet
- **Stabilie Living Situation**: 82% Goal Met, 18% Goal Unmet

Legend:
- **Goal Met**
- **Goal Unmet**
Questions?

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New Jersey Mobile Response and Stabilization Services (MRSS) Overview

Brian Hancock          Nicole Stemberger
Deputy Director       Program Director
NJ-DCBHS               Robin’s Nest, Inc.
MRSS Overview

- Mobile Response Framework
- Mobile Response and CME
- Mobile Response and Family Crisis Intervention Unit (FCIU)
- Outcomes
Mobile Response Framework

- 15 Contracts Covering 21 Counties
- 1 Hour Response Time
- Individual and Team Response
- BA-Level responders, Clinical Oversight
- Orientation Training in Model
Mobile Response Framework

- Central Call Center at ASO
- Triage Process by Licensed Clinician
- Dispatch Decision Only at ASO
- Conference Call to Mobile Response & Stabilization Services (MRSS)
- Can Agree to Scheduled Dispatch
Crisis Model

- 72-Hour Crisis Response
- 8 Week Stabilization Management
- Use of Community Resources and Access to Flex Funds
MRSS Staffing

- Full and Part-time Employees
- Shifts- 24/7
- Salary differentials and extra pay
- Locations/Satellites
MRSS and CME

- CME has primary crisis response responsibility
- MRSS is available when CME is unable to adequately respond to crisis
- Coordination and communication is vital
MRSS and CME

MRSS:

- Identifies Children In Need of CME
- Refers to CME, and Ensures Transition to Longer-Term Care Management
MRSS and FCIU

- Family Crisis Intervention Unit (FCIU) (a.k.a. PINS, CHINS)
- Combined Units
- Ability to Avert Court Involvement, but
- Petition Available if Necessary
Referral Data

Cumberland/Gloucester/Salem Counties:
MRSS to CME:
- 2010
  - 22% (211 referrals of 947 dispatches)
- 2011 (as of 4/30)
  - 23% (89 referrals of 389 dispatches)

CME to MRSS:
- 2010
  - 19 referrals
- 2011 (as of 4/30)
  - 6 referrals
Outcomes: Stability of Residence
Percent of Children remaining in living situation during mobile response episode

- Remained in Living Situation
- Changed Living Situation

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Outcomes:
Subsequent Residential Placement
Percent of children with any residential placement after mobile response, 2006-2009

![Pie chart showing 97% No Subsequent Residential Placement and 3% Subsequent Residential Placement]
Questions?

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  ![Q&A icon]

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