



Division of Prevention and Behavioral Health Services (DPBHS)
Delaware Guidance Services (DGS) Youth Crisis Service
Mobile Response and Stabilization Services (MRSS)
FAQ

What is MRSS?

MRSS stands for Mobile Response and Stabilization Services and is a Crisis Response program available 24 hours a day, 7 days a week, to all children or youth under the age of 18 throughout Delaware. MRSS clinicians provide risk assessments, intervention services, and case management for children in crisis. MRSS services are provided by Delaware Guidance Services (DGS) in partnership with the Division of Prevention and Behavioral Health (DPBHS).

Who can benefit from MRSS?

Any child or youth under the age of 18 in the State of Delaware who is experiencing a serious emotional disturbance or trauma reaction, is at risk of harming themselves or others, or has exhibited other challenges with functioning can benefit from MRSS. This may mean that the child has been observed to be struggling in some way and requires an intervention to prevent further escalation. Families who are struggling with or would like additional support for their child's behavioral/emotional health can also benefit.

How do I access MRSS services?

A child, parent, guardian, or other individual can call the MRSS hotline at 1-800-969-HELP (4357), 24 hours a day, 7 days a week.

What happens when I call the MRSS hotline?

When you call, a Call Center Clinician will ask specific questions to fully document the referral. It is critical for the Call Center Clinician to gather enough information about the situation to assess level of danger and determine the most responsible course of action. The valuable information gathered by the Call Center Clinician is provided to the responding MRSS clinician who will provide the risk assessment.

What is the average response time?

MRSS clinicians are geographically located to assure a rapid in-person response time. Most responses occur within 60 minutes after the dispatch request is made or medical clearance has occurred. Response time is contingent upon distance, level of staffing, and triage information provided.

Where are assessments provided?

Risk assessments are conducted in-person where the child is located such as a school, home, community/after-school program, emergency department, etc. or through telehealth.

What happens during a risk assessment?

During a risk assessment, the crisis clinician assesses youth for risk related to safety concerns including but not limited to self-harm, suicidal ideation, aggression/violence towards others, runaway behaviors, etc. The clinician works with the child and parent/guardian to identify and implement interventions to support the child and family and stabilize the crisis situation. The goal of the risk assessment is to provide help in the least restrictive environment, whether this is at the child's home, through respite, or a temporary placement in a crisis-bed or inpatient hospital setting.

What happens after the risk assessment?

If a decision is made for the client to stay in the community after the risk assessment, a crisis clinician will provide crisis intervention services and case management for up to 45 days for all children in need of behavioral health services. While services are open, the clinician works with the child and family on continued stabilization of the crisis and prioritizing connection to appropriate behavioral health services.

Is Parental/Guardian involvement and consent needed?

Yes. MRSS is a voluntary treatment service. MRSS can only provide an assessment for a child with parent/guardian consent. Additionally, parent/guardian involvement is essential to obtain a full understanding of the child's history and risk to help inform the most appropriate recommendations and next steps.

What if I am not the child's parent/guardian?

In situations where an individual other than a parent/guardian is making the MRSS referral, the individual should first contact the parent/guardian to inform them of the crisis situation. At that time, the individual making the MRSS referral should request consent from the parent/guardian for an assessment to be conducted. The individual should also request the presence of the parent/guardian at the location the assessment will take place (e.g., school, hospital, police station).

Are there any exceptions to Parent/Guardian consent?

Yes. If a child is at imminent risk of harming themselves or others (as defined by the assessment of danger in the Delaware Code for juvenile detainment¹), and good faith efforts have been made to reach the parent/guardian without success, MRSS can begin an assessment without parental consent while efforts continue to reach the parent/guardian. A child in the custody of DFS can be assessed if DFS is unable to be present for the assessment.

What is my financial eligibility?

¹ **"Dangerous to self"** means, by reason of mental condition, there is a substantial likelihood the minor will imminently sustain serious bodily harm to oneself. This determination shall take into account a minor's history, recent behavior, and any recent act or threat. **"Serious bodily harm"** means physical injury which creates a substantial risk of death, significant and prolonged disfigurement, significant impairment of health, or significant impairment of the function of any bodily organ.

MRSS assessments and follow-up services are available for children and youth regardless of income and health insurance status.

Can MRSS take custody of a child?

No. MRSS does not have the authority to take custody of a child or assume responsibility for a child without the presence of an adult responsible for that child. A representative of the child's school, police officer, or medical professional may be present if the parent/guardian is not present.

Can MRSS transport a child?

No. MRSS clinicians are not permitted to transport children and youth.

What if the child is injured or intoxicated?

If a child is injured or appears to be under the influence of drugs or alcohol, the referring party or school should initially manage the situation as a medical emergency. After the child is medically evaluated, MRSS will complete their assessment.

What if the child is already connected to Higher Level of Care Services with PBH?

If a child is already connected to a community mental health provider through an existing service [e.g., OP/TSF (formerly IOP Therapy), MST, FFT, Family Based Therapy], consider calling that provider for support first. A mental health provider who has an existing therapeutic relationship with the child may have valuable insight into de-escalating the situation. If MRSS is also needed, or if the existing provider is not available, call the MRSS hotline to inform the Call Center Clinician of the situation and the attempts to contact the existing provider. Note: children connected to Family Based Services will be evaluated for risk by their Family-Based team.

What if the child is physically violent or in a potentially dangerous situation?

If a child is being physically aggressive or posing a potentially dangerous threat (e.g., has a weapon and is threatening others), dial 911. MRSS clinicians cannot physically restrain a child. MRSS clinicians will assist police in de-escalating the situation using verbal de-escalation strategies. Once the situation is safe and the child is calm enough to engage with the clinician, the MRSS clinician will complete the assessment.

Can MRSS clinicians physically restrain a child?

MRSS clinicians cannot physically restrain a child.

For 24/7 access to MRSS Crisis Services in Delaware, please call:

1-800-969-HELP (4357)