

Coming Together to Support Children and Families in Crisis

CrisisCon 2023



Alliance
Health



Presenters



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What is MORES

Mobile-Outreach-
Response-
Engagement-Services

It's a mobile response
to children and families
where "the family
defines the crisis"

MORES is specifically designed as an immediate response to:

- Meet the self-defined needs of children, youth and young adults, and their parents/caregivers
- *Deescalate and ameliorate a crisis before more restrictive and costly interventions become necessary*
- *Ensure connection to necessary services and supports*

Key services that *shift from overuse of high-end services and supports to home- and community-based services*

MORES Goals:

Maintain

- Maintain youth in their current living situation and community environment, reducing the need for out-of-home placements, which reduces the need for inpatient care and residential interventions.

Support

- Support youth and families by providing trauma informed care.

Promote

- Promote safe behavior in home, school, and community.

Reduce

- Reduce the use of emergency departments (ED), hospital boarding, and detention centers due to a behavioral health crisis.

Assist

- Assist youth and families in accessing and linking to ongoing support and services, including intensive clinical and in-home services, as needed.

MORES

Core Components

72 Hour Component

- Face to face within 1 hour
- Family defines the crisis
- Crisis De-escalation
- Assessment

Up to 8 Weeks of Stabilization

- Connection to community supports and services
- Reconnection with activities such as sporting activities, arts such as acting and painting, extra curricular activities within the school as examples
- In-home clinical support for the youth and family
- Connection to higher level of support if determined necessary

How is MORES Different than Mobile Crisis Management (MCM)

- Population Served
- Funding Sources
- Length of Treatment
- MCM: tends to be reactive to a crisis episode. It's designed to be a single response and assessment
- MORES: is designed to be both proactive as well as reactive to a crisis. Includes the response and assessment, but is also able to remain in place for up to 8 weeks providing ongoing stabilization and support





MORES Team Members

- Licensed Clinician
- Qualified Professional
- *Family Partner -Parent who has lived experience with a child who has been involved in the behavioral health system*

How Did MORES Comes to Mecklenburg County?

- **Shared Mission:**
 - Keeping children at home with family with wrap around supports
 - Reduce the occurrence of children sleeping in DSS offices and staying in the hospital for months while awaiting placement
 - Minimizing disruptions to foster and kinship placements
- Alliance began discussions with UCONN Innovations Institute on the Best Practices of the MRRS Model of Care for Children
- Mecklenburg County was able to allocate FFPSA money towards the technical assistance and development of a new model of care for children and their families



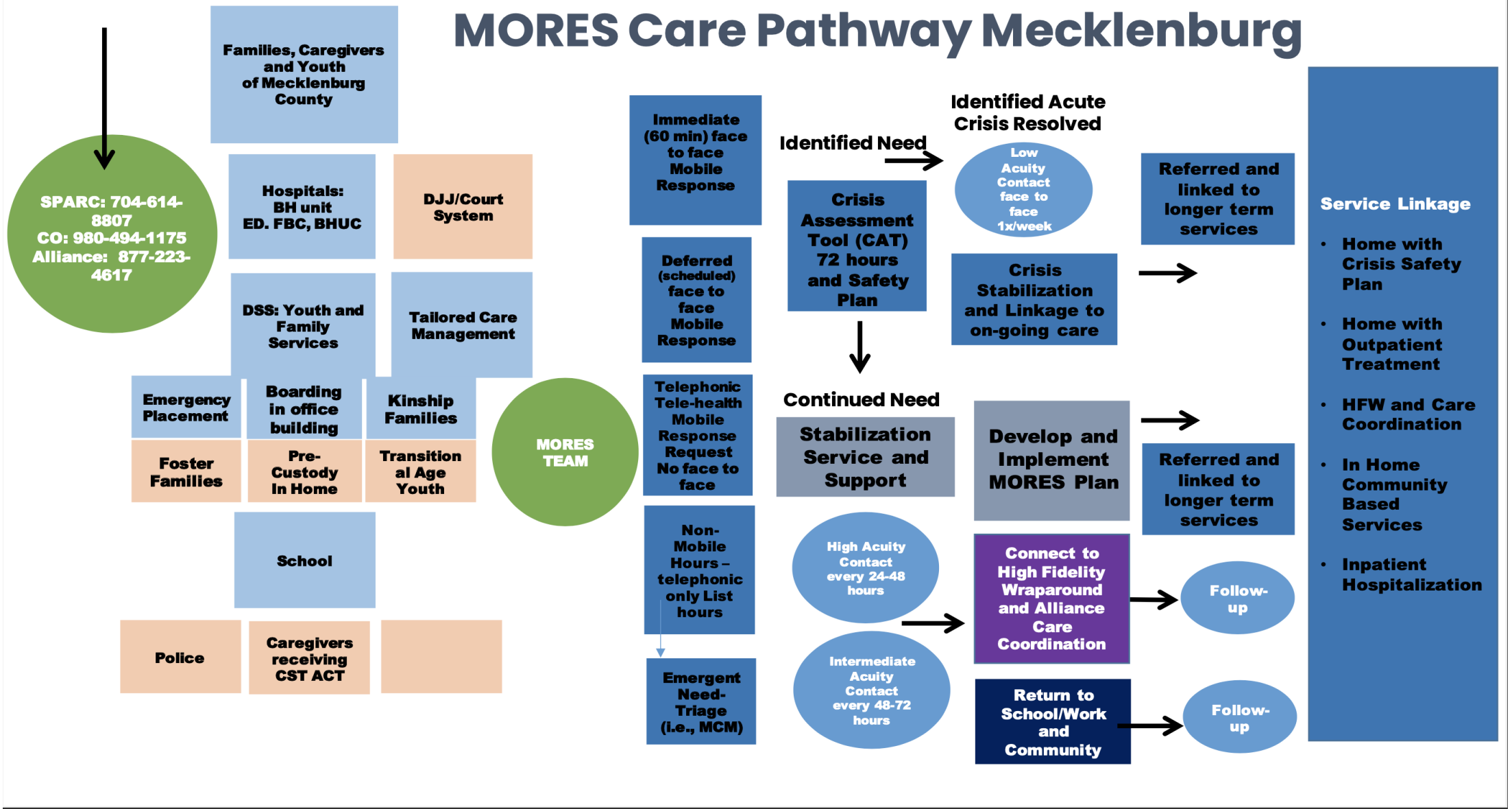
***Viewed as an
Investment for
the Community***

Key Stakeholders and Implementation Meetings

- From the conceptualization through implementation, there were meetings with key stakeholders (Alliance, DSS, Hospital Systems, and Providers) with the UNCONN Innovations Institute
- This allowed for a creation of:
 - Shared Vision
 - Priority Populations
 - Implementation Strategies



MORES Care Pathway Mecklenburg



Lessons Learned & Strategies for Implementation

- ***Collaboration with all Systems is key***
- Determining our Capacity
- Expanding Hours for Increased In Person Response
- Expanding hours
- Creating the “Just Go” Mentality in the community and team
- Allowing the “caller to define the crisis” and being able to be proactive vs reactive like MCM



Supporting Families Across the Continuum of Need

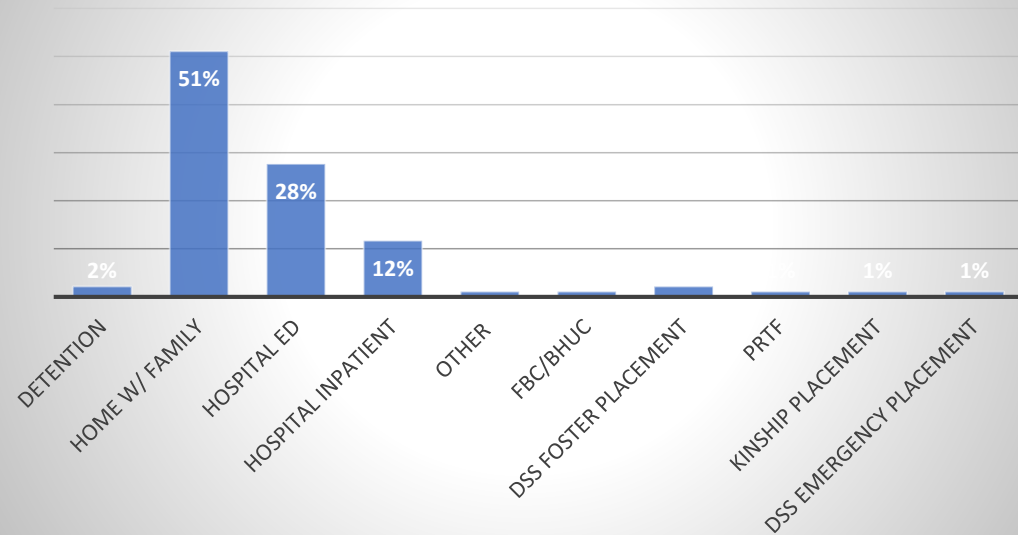
- We had a referral from a Pre-K Program for a 4 YO who was having behaviors in school, had been suspended off of the transportation to school, and whose mom was about to have a baby
- We had a referral from a father who called at his “wits end” about his teenage daughter who was bouncing from friend’s home to friend’s home and was not following family rules
- We had a referral from an Alliance Care Manager for a teenager who had been in an inpatient bed for a year awaiting placement in a PRTF

Who Are We Serving in MORES?

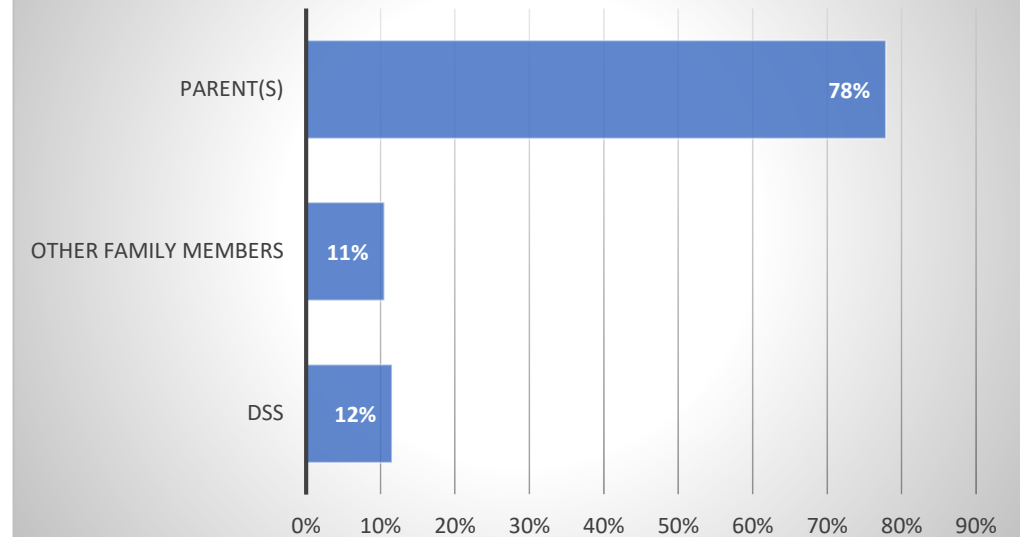
Referral Trends:

- The majority of children (51%) referred have been at home at the time of referral to MORES
- Majority of kids have been in their parent's custody (78%)
- Approximately 35% of our referrals have Standard Plan Medicaid Coverage and require a change in their coverage to receive services
- Approximately 25% of referrals have come from phone calls from parents/family members

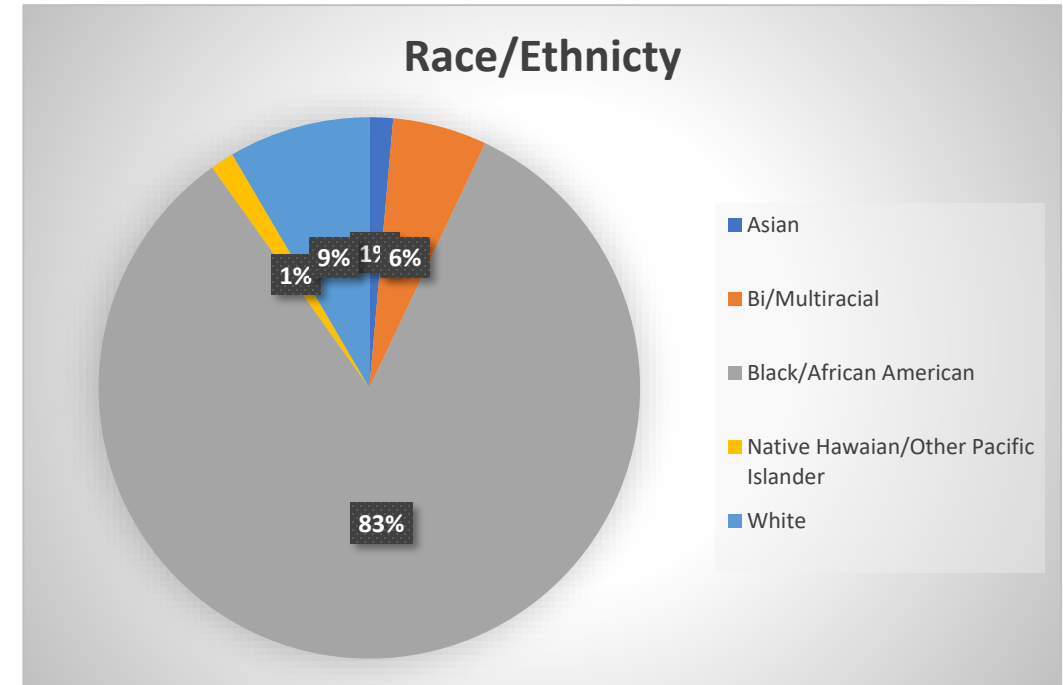
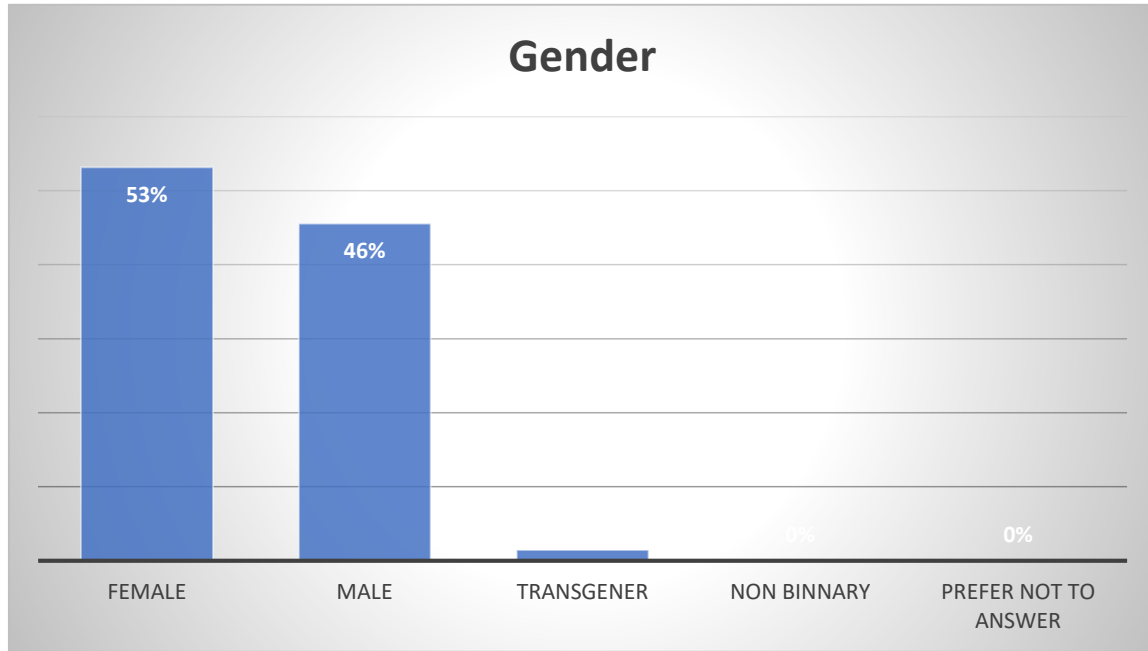
Placement/LOC At Time of Referral



Custody at Referral



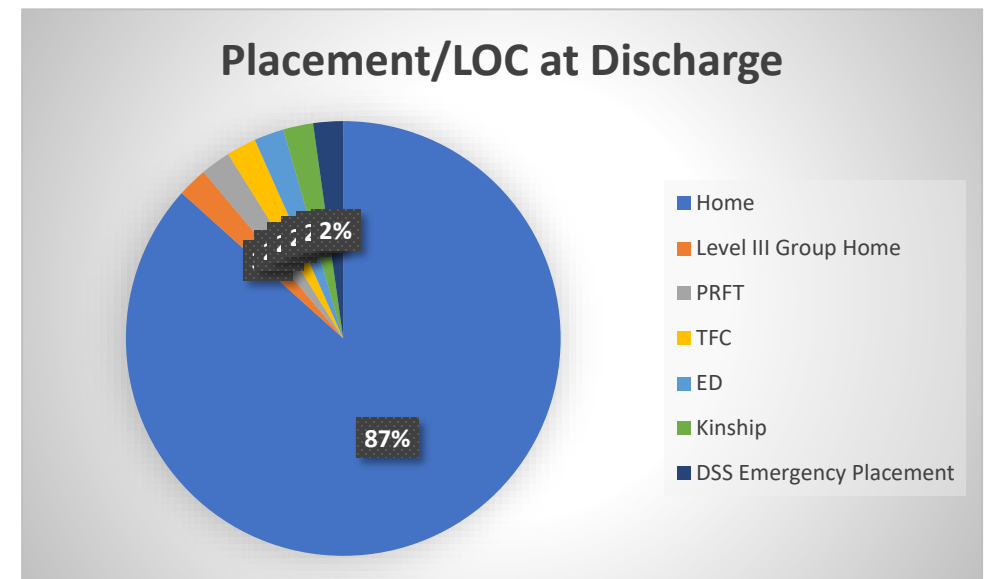
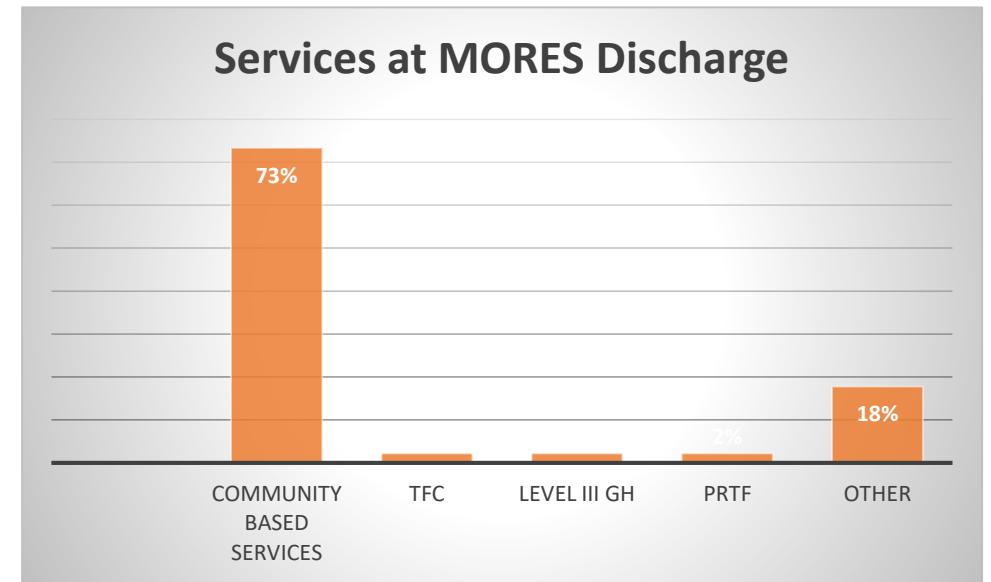
Demographic Data for MORES Referrals



Avg Age 15 years, 2 months

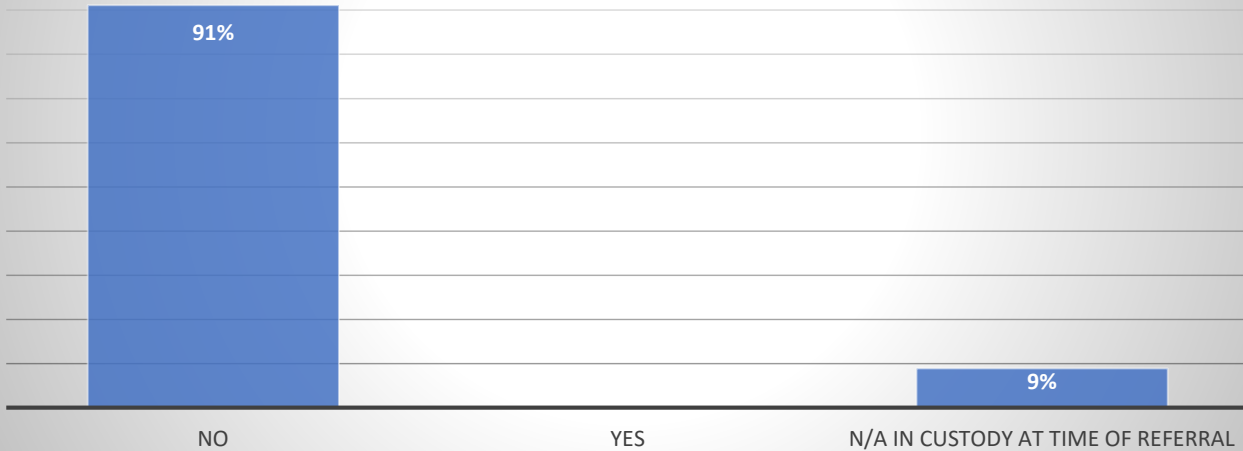
Discharge Data

- Avg Weeks in TX: 7 weeks
- Avg # of Contacts: 26
- Avg ACE Score: 4.2
- 87% of youth are discharging from MORES at home with family
- 73% of families are linked to and participating in community-based services

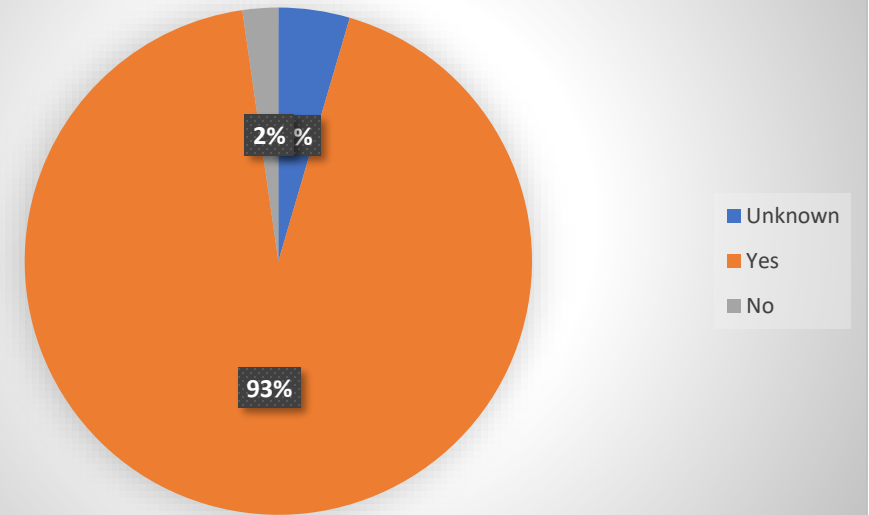


Discharge Data Continued

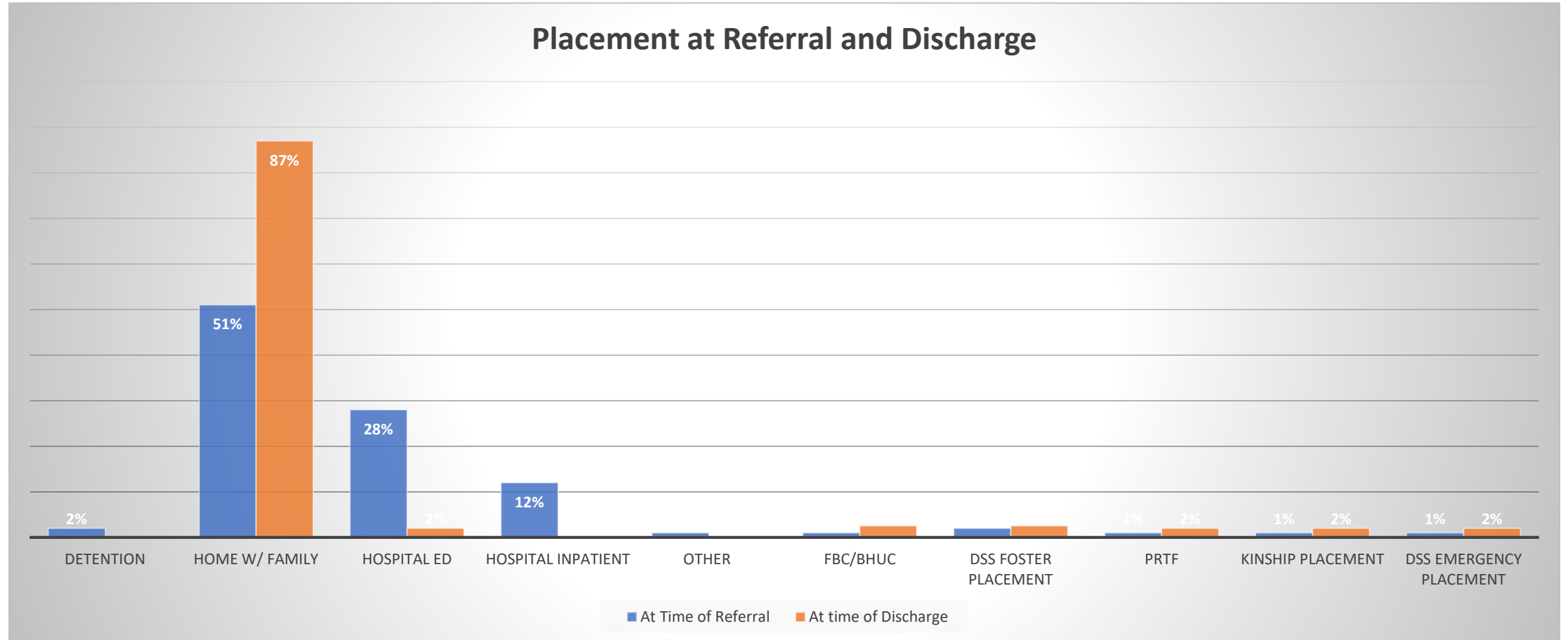
Did Youth Enter DSS Custody During MORES Episode of Care



Did Placement Stabilization Occur?



Level of Care At Referral and Discharge



Defining Success:

- We have a family who called the MORES line requesting an urgent response (within 1 hour). The FSP and TL went as mom was clearly in distress and reporting that she needed help w/ both of her kids
- We were able to respond w/in the hour and supported mom and the kids w/ an immediate plan for safety and support
- Mom has her own MH needs, there are SDOH needs, family trauma, and the behaviors of the 2 children. There was also outside pressure from family members to “not tell them anything”. The team worked w/ mom to meet her where she is at and put a plan in place that felt doable and meaningful for her.
- MORES was able to stabilize the family system. The family was engaged w/ MORES for about 6 weeks and was linked to Family Centered Treatment.
- Family continues to participate in FCT and both children are at home with mom and engaged in school

Reflections from Community Partners



Words from Our Partners

Mecklenburg County Social Worker

- MORES has been involved in several tough cases that we had involving teenagers with very challenging behaviors. They were very prompt in their response to us and in contacting the family. They were able to identify the service needs and incorporate them quickly. They are available for YFS AND the family, especially in crisis situations and are able to help the family process and work toward a better end. They always keep us in the loop of progress and challenges and are ready to present at meetings and court if needed. They have prevented several children from unnecessarily coming into YFS custody by working closely with the child and family to provide crisis support and link the family to services.

Mecklenburg County Juvenile Court Judge

- Reported being very impressed with MORES. The MORES team worked closely with a teen and family after the teen was released from detention to help the child successfully return to the community with needed mental health services.

Questions and
Comments...





THANK YOU!

