

MORES

Mobile Outreach, Response Engagement, and Stabilization



Working Together to Keep Youth in
Their Communities and Homes



Partners has a unique, multi-layered approach to ensuring care for children. We focus on developing innovative service options that de-escalate behavioral health issues, keep children in their homes and communities, and improve the lives of both the child and their support system. Through ongoing communication and collaboration with our community stakeholders, providers, and county-specific Community Collaboratives, we have made a concerted effort to build a system of care for children that includes a variety of unique service options to enhance the continuum of care.



Mobile Outreach, Response Engagement, and Stabilization

In 2018, Partners Health Management, Catawba Valley Behavioral Health and Phoenix Counseling Center began a pilot that offered a new service for youth in Burke and Gaston counties. The service, Mobile Outreach, Response, Engagement and Stabilization (MORES), is an enhancement of traditional Mobile Crisis and was based in part on a program in New Jersey from the early 2000s.

MORES offers de-escalation and care during the crisis episode, however, unlike traditional crisis services, a team of clinicians continues to work with the child and caregiver until they are engaged in treatment with a clinical home.

Description:

MORES is a mobile crisis intervention for children and adolescents ages 3-21 years who are experiencing escalating emotional or behavioral symptoms or traumatic circumstances which have compromised their ability to function in their day-to-day environment. The MORES philosophy is “just go,” meaning a call for help comes in and the team of one or two mobilizes to be on site within 45 minutes. The team includes clinicians, qualified mental health professionals, family partners and access to child/adolescent psychiatry.

The MORES Difference:

MORES helps bridge the gap between the initial crisis call and engagement with behavioral health provider/services beyond the first appointment. Often, mobile crisis is considered to only be needed when the child is threatening to harm themselves or someone else. This is not the case with MORES. The MORES team continues to work with the child and family to identify factors that may contribute to the child’s emotional or behavioral symptoms, such as social determinants of health, physical health care and family/support systems. The MORES team completes the assessment that can be handed off to the provider to allow the youth and family to quickly engage in treatment services and not have to go through another assessment.

The MORES “just go” philosophy means a team will be on site, **ready to help within 45 minutes**

MORES has two phases of care:

Phase I - *Response and Assessment*

The first phase consists of face-to-face response to the youth in crisis, in which the youth is assessed for treatment needs. A member of the team arrives at the child's location within a 45-minute period to help with an emotional or behavioral crisis (unless deferred response is requested by the parent/caregiver.) This immediate face-to-face response is designed to address the needs of children and families in their homes, schools and communities.

Phase II - *Outreach, Stabilization, Engagement, Transition to Services & Supports*

The second phase consists of up to eight weeks of follow-up care for the youth and the family, if needed. Assessment activities are repeated in this stabilization, engagement and transition phase to ensure treatment needs are being met. The emphasis in Phase II is on meeting child and family needs in a way that stabilizes the current situation and prevents further crises from occurring.

Purpose:

- To serve children in their homes, schools and communities
- Reduce the number of visits to hospital emergency rooms
- Divert children from inpatient hospitalization if a lower level of care is a safe and effective alternative
- Divert children from unnecessary court involvement
- Decrease number of juvenile complaints and young adult arrests

Objectives:

Child and Family:

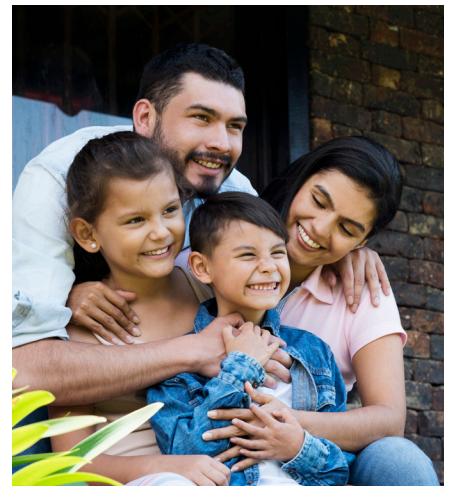
- Stabilize the presenting crisis
- Address and eliminate barriers to accessing behavioral health services through active family engagement strategies including use of Family Peer Support
- Promote/enhance emotional and behavioral functioning
- Facilitate engagement of the child and family, and link to the appropriate level of services and supports
- Empower and educate children and families to monitor, manage and cope with situations that may lead to further crisis
- Strengthen the family and youth's natural support system

To be eligible for MORES, the child must:

- Be between the ages of 3 and 21
- Meet medical necessity criteria
- Be enrolled in Medicaid in a participating county
- Not currently receiving behavioral health services

Interventions may include:

- Crisis intervention and de-escalation
- Counseling
- Behavioral assistance
- Skill building
- Medication management
- Caregiver and youth engagement, support or stabilization services



The Family Partner is a key member of the MORES team and helps build relationships with families/caregivers. A student who was acting out and performing poorly was found to live in a household where three children were sleeping in one twin bed. The MORES team was able to facilitate getting two additional beds for the household and the student.

Provider:

- Provide crisis-oriented behavioral health services that are highly mobile and responsive to child and family needs
- Provide appropriate screening, early identification and assessment of suicide risk, trauma exposure, substance use, exposure to and risk of violence, eating disorders and other clinical presentations
- Include family members and natural supports in all aspects of the planning and treatment process, whenever possible
- Increase community awareness of behavioral health needs by providing education and outreach to children, families, schools and communities

Child-Serving System:

- Ensure that all children and their families have access to crisis, prevention and intervention services and supports
- Exhaust all possible options to maintain youth in their homes and communities, and prevent placement in more restrictive care settings such as emergency departments, inpatient hospitalization, and detention/jail

Requesting MORES Services:

Request MORES (or any mobile crisis service) by calling **Partners' Access to Care Call Center at 1-888-235-HOPE (4673)**. Call Center specialists collect basic information (demographics, presenting issue, location of child, brief safety screen including presence of weapons in the home, imminent risk of harm to self or others) and provide initial triage to determine the appropriate action.

If there is a medical emergency or a weapon present, the Call Center generally will transfer the call immediately to 911 for law enforcement intervention. (MORES may also be notified for support during or immediately following law enforcement intervention.)

Calls received during mobile response hours, that are not triaged as “transfer to 911” or “211 information only,” are transferred to a MORES provider via a warm transfer. The Access Call Center specialist includes a recommendation of mobile crisis response or deferred mobile crisis response, based on the request of the family. During the warm transfer from the Access Call Center specialist, the MORES clinician will inform the parent/caregiver/caller of their estimated arrival time.