

MCORT Success Stories

Cathy:

Success Story 1:

MCORT was dispatched to the home of a PS that explained that she was feeling sad but was unsure why as there were no significant life stressors she could identify. The person served (PS) was a woman in her 30's connected to care through a counselor and couldn't understand what had changed in her life to cause the pervasive sadness she was experiencing. The team worked and the person served worked collaboratively and discovered that it was her family's dynamic that was the cause. Upon reaching this revelation, the team had a role play exercise to introduce assertiveness training to practice boundary setting. Additionally, the team supported the PS through how she would bring this into the counseling space so that her counselor could assist her with enhance these skills. PS reported feeling so much better and expressed immense gratitude for the team's initial response and subsequent check-ins.

Success Story 2:

Team received a dispatch request for a woman in her 70's who expressed anxiety surrounding her recent COPD diagnosis. She was using urgent care regularly, as she was unaware that she had a primary care physician (PCP). MCORT validated the concerns of the person served (PS) including giving her the space to share the ways the diagnosis has impacted her life. MCORT also helped the PS call her insurance company to receive an explanation of benefits and identify her PCP. The team then supported the PS as she made an appointment with her PCP and walked her through other specialists; she would need a referral for, such as a pulmonologist to effectively manage her COPD. Person served was able to make her appointments and was incredibly thankful for the support provided by MCORT, calling the team "angels."

Success Story 3: (Shared at MHB Meeting last year)

When MCORT called the PS to confirm that he was still interested in receiving MCORT services, PS informed them that he was still interested in the visit, however, he was hungry. Team responded that they would be picking him up soon to bring him to a nearby diner for lunch. After he ate, they made their way back to the motel, where PS has been staying for the last few months.

Upon arriving, PS was notified that he was being evicted. MCORT proceeded to help PS pack his belongings and remained on site contacting multiple shelters in the area to coordinate drop off. After making over a dozen calls, MCORT took PS to the local social services office where they were told that they did would not be able to help as they were getting ready to close in 5 minutes. Since the employees at the social work office had worked with this PS before and were aware of his diagnosis, they recommended the team take him to St. Clare's Hospital. PS was in his mid-fifties with a diagnosis of schizoaffective disorder, a history of one suicide attempt and passive SI.

The team proceeded to wait with him to provide support throughout the admissions process. They also spoke with the hospital staff to ensure that his belongings could be kept there for the duration of his stay. Hospital staff confirmed that they would not discharge the PS until they

could secure housing for him. PS called MCORT from the hospital to update them that he was doing well. The team was with the PS for over 5 hours.

Lauren:

We met with a PS in the Fall struggling with active suicidal ideations and plan, stemming from depression related to an abusive work environment, coupled with struggling to effectively communicate with their partner. According to this PS, we helped her avoid unnecessary inpatient hospitalization, we assisted her with understanding the need to advocate for one's self and provided her strategies & tools to make communicating with her partner easier.

This PS contacted CarePlus' MCORT director in hopes of getting in touch with us. That Director connected them to Kevin, so that they could thank us for the help we provided and that they felt heard by us. Kevin forwarded that information to us!

Sarah:

The person served was experiencing significant emotional overwhelm related to multiple life stressors, including grief following the death of a loved one, unresolved trauma connected to past abuse, and ongoing financial stress. These challenges had begun to impact their emotional well-being and overall sense of stability.

The outreach team provided a supportive and nonjudgmental space for the person served to openly share their experiences and emotions. Through active listening, emotional support, and validation, the team helped the person feel heard and understood during a difficult time.

In addition to offering emotional support, the outreach team collaborated with the person served to identify appropriate community resources and supports to help address their current needs and stressors.

By the end of the interaction, the person served expressed appreciation for the outreach team's presence, support, and willingness to listen, thanking the team for being there for them during a vulnerable moment.