



St. Joseph's Hospital Health Center's
Syracuse Mobile Crisis Outreach Project

Grant Results Report – April, 2008

BACKGROUND INFORMATION

St. Joseph's Hospital Health Center
201 Prospect Avenue
Syracuse, NY 13203-1805
Phone: 315-448-2872
Fax: 315-423-6820

Contact:

Jennifer Loughran, Coordinator, Mobile Crisis Outreach
315-448-2820
jennifer.loughran@sjhsyr.org

Grant Title: Syracuse Mobile Crisis Outreach Project

Grant Amount: \$149,678

Grant ID: 1591037

Period Covered by the Grant: 01/01/2007 – 12/31/2007

Foundation Program Officer: Kelly Hunt

ABOUT THE GRANTEE

St. Joseph's is a 431-bed health center in Syracuse, New York, with 24,000 inpatient stays and nearly a half-million outpatient visits in 2007.

On the hospital campus, St. Joseph's operates the Comprehensive Psychiatric Emergency Program (CPEP), offering evaluation and treatment, four extended observation beds, and a mobile crisis outreach program.

Syracuse Mobile Outreach Project

THE PROBLEM ADDRESSED

Syracuse residents with mental illnesses encounter a number of barriers when attempting to access quality mental health care. Even when covered by Medicaid or other insurance, they often cannot locate appropriate mental health services and face long waiting lists when they do. Too many individuals rely on a single source of acute mental health care—the Comprehensive Psychiatric Emergency Program (CPEP) at St Joseph's Hospital Health Center—despite whether or not they require intensive emergency services.

CPEP is a partnership among St. Joseph's, Community General, and University hospitals, providing emergency mental health care to the greater Syracuse area. When patients are discharged from CPEP, they are either transferred to an inpatient setting or referred to less restrictive care.

Prior to 2007, CPEP had performed very limited outreach and used existing clinical staff to do so. Although the State Medicaid program will reimburse crisis outreach services, CPEP needed start-up funds to develop, equip, and staff a more accessible outreach program.

PURPOSE OF THE PROJECT

CPEP's leadership believed they could increase access to mental health services in the community through use of a mobile crisis team staffed by trained clinicians. With a properly equipped van, crisis counselors could visit clients at their homes, connect them with needed community services, and reduce unnecessary CPEP visits for patients who do not have true psychiatric emergencies.

When outreach workers intervene when a problem is first identified—before a crisis—they can reduce the likelihood and length of a psychiatric crisis. Additionally, by helping patients follow their discharge plans, they also can reduce repeat visits to CPEP.

UNDER THE GRANT

To launch this new project, staff at CPEP first hired a coordinator, whose initial responsibilities included purchasing equipment, supplies, and a van; developing a policy manual; and working with the hospital's insurance department to set up billing mechanisms. Then a second clinician and a secretary were recruited and trained to round out the mobile crisis team.

The major equipment purchase, an unmarked Toyota Sienna van, is the crisis outreach team's office-on-wheels, complete with a computer, copier, printer, and fax machine.

The van allows the team to stay out in the field all day, if they need to. "We can get paperwork done, pull up information, look for resources online while at a client's home, make copies of insurance cards, and do unanticipated things for clients," says Loughran. She explains how on one home visit a client was concerned that her electricity was going to be shut off—a particularly acute problem since she was diabetic and needed to keep her insulin refrigerated. "In order to avoid a medical crisis, which might trigger a psychiatric crisis, the team was able to copy and fax some information to the billing agency, thereby quickly resolving the situation."

At this time, the majority of mobile crisis referrals come directly from CPEP, whose clinicians can request follow-up home visits for people treated in the psychiatric emergency room. "All CPEP referrals are signed off by a doctor so that we know it is a safe and appropriate visit," says Loughran.

During a typical home visit, the mobile crisis team's two counselors will conduct a home assessment and psychiatric evaluation, monitor for safety, hold a brief counseling session, review a discharge plan, and determine whether the individual has connected with recommended services. "Sometimes we need to make sure that phone calls are made for appointments, that the individual has transportation, or to deal with financial or insurance

barriers,” says Loughran. “When we see more needs at home than we were aware of, we make referrals to other community resources or provide the person with information. We work with support groups, protective services, case management services, food banks—whatever is needed.

Other than CPEP referrals, the mobile crisis outreach team takes referrals over the phone from any source in the community—self-referrals, police, family, friends, neighbors, other agencies, therapists, and physicians. All calls are assessed for having a mental health issue and for safety.

THE FUTURE

Since October 2007, the mobile crisis project has been self-sufficient with an average of 46 visits per month, approximately half of which are paid for by Medicaid. Project staff had hoped to have a second team up and running by December 2007, but as of mid 2008, have not accomplished that.

“Expansion is our next major focus,” says Loughran. “In the beginning, we were quiet about advertising ourselves. We wanted to get firmly on our feet and feel secure in how we were working. Now we are promoting ourselves, letting other agencies know who we are, what we do, and how to access us. As the volume of community referrals increases, our challenge is to respond in a timely manner.”

A second team would be a big help, enabling the project to extend its current service hours (Monday through Friday, 8 a.m. to 4:30 p.m.) to evenings and some weekend hours. With expanded hours across two shifts, both teams would be able to use the same van.

“We are close to meeting our target goal of reducing unnecessary visits to CPEP by 10%,” says Loughran. But she believes they could do much more. “Sometimes agencies

are not contacting us until a crisis occurs. If this is the case, a CPEP visit may be necessary. Ideally we are hoping to avoid crises. We are trying to do more education and build better relations so we get called in earlier,” she says. “For a number of people, the only way they know how to be connected to community resources is through CPEP.”

Unfortunately, according to Loughran, because of the shortage of psychiatrists in the Syracuse area, patients—even those with emergency referrals—may wait three or four weeks for an appointment. “A month can be a really long time to wait, especially for someone who is in a state of crisis. Sometimes the crisis team will go back clients’ homes every couple of days, so they know that they have support; they are not alone,” says Loughran. “We are successful when we bridge people to the resources they need.”