

Linking Mentally Ill Persons With Services Through Crisis Intervention, Mobile Outreach, and Community Education

Project Respond, Mental Health Services West, Portland, Oregon

The 1997 Achievement Award Winners

The American Psychiatric Association honored four outstanding mental health programs in an awards presentation on October 24 at the opening session of the Institute on Psychiatric Services in Washington, D.C. Project Respond, a program of Mental Health Services West, in Portland, Oregon, received the Gold Achievement Award and a \$10,000 prize made possible by a grant from the Roerig division of the U.S. Pharmaceuticals Group, Pfizer, Inc.

The Riverside County Inpatient Mental Health Facility in Riverside, California, the Soft Environment Program of Walter P. Reuther Psychiatric Hospital in Westland, Michigan, and Project BASIC (Better Attitudes and Skills in Children) of the Tennessee Department of Mental Health and Mental Retardation in Nashville received certificates of significant achievement.

The winning programs were selected from among 67 applicants by the 1997 Achievement Awards board, chaired by Ruth E. Frydman, M.D., of Portland, Maine. The awards have been presented annually since 1949.

In April 1993 Mental Health Services West, a large community mental health center in downtown Portland, Oregon, launched Project Respond, a crisis intervention and community outreach team to address the plight of mentally ill people on the streets. Members of the now 12-person team work from vans and are deployed to downtown streets and businesses, to homeless shelters and the corrections system, and to other sites where persons with mental illness who are in distress come to the attention of the police, merchants, and other concerned citizens.

The team members intervene in crisis situations such as a suicide attempt or bizarre behavior, work with the police to confront the problem,

and direct the person toward appropriate services. Team members also visit parks, shelters, and other locations to establish regular contact with homeless mentally ill persons. Over time, these relationships can help remove the barriers of distrust that have kept homeless mentally ill persons from accepting ongoing mental health and support services. By helping homeless mentally ill persons gain access to the existing service system, Project Respond works to reduce the cycle of episodic crises and repeated and costly use of emergency and acute services, including the criminal justice system.

Project Respond also helps educate owners and employees of downtown businesses, staff of community agen-

cies, and other groups who want to learn about mental illness and how to interact with mentally ill persons they encounter in the community. By using community education to increase the public's awareness of and empathy for persons with severe and persistent mental illnesses, Project Respond makes their personal plight and future success meaningful to the community, leading to more opportunities for them and less stigma.

In recognition of its achievement in helping mentally ill persons in the community obtain needed services through a comprehensive program of outreach, crisis management, collaboration between agencies, and community education, Project Respond was selected as the 1997 winner of the Gold Achievement Award presented by the American Psychiatric Association. The award, which includes a \$10,000 prize made possible by a grant from the Roerig division of the U.S. Pharmaceuticals Group, Pfizer, Inc., is presented each year to recognize outstanding programs for mentally ill and developmentally disabled persons. The 1997 award was presented on October 24 during the opening session of the Institute on Psychiatric Services in Washington, D.C.

Project Respond started in 1993 with one vehicle and three staff members. During its first two years, the team was available eight hours a day, five days a week. By 1995–1996, the scope of Project Respond's services had expanded considerably. In July 1995, with the help of a successful community funding campaign, hours were increased to 15 hours a day (from 8 a.m. to 11 p.m.), seven days a

week. A grant from the Department of Housing and Urban Development provided for outreach to the jail, new staff positions, and two new vehicles.

Project Respond now has the flexibility to simultaneously provide regular outreach routes, crisis response, and other client services. Currently the team consists of seven master's-level mental health professionals, a psychiatric nurse practitioner, a part-time psychiatrist, a skills trainer, and a geriatric specialist. Julie Larson, a Qualified Mental Health Professional with extensive outreach experience, is project coordinator. The area served by the team covers the core urban districts of the city of Portland.

The team's community outreach work is backed up by a full range of mental health services available through Mental Health Services West, a private, nonprofit agency. Kristin Angell, M.S.W., M.P.A., is the agency's executive director, and David Pollack, M.D., is the medical director. Sue Beattie, Ph.D., clinical director, provided substantial guidance and supervision in the development of Project Respond.

Essential services

Crisis intervention

Crisis response is the first priority of the Project Respond team. Community partners such as the police, staff of community detoxification and public inebriate services, city tour guides, owners of businesses, retail employees, apartment managers, shelter staff, family members, and others contact Project Respond to report a disturbance or concern involving a mentally ill person. They may also call anytime they encounter someone who appears to be in distress regardless of the person's mental status. The mobile team is notified via cell phone or central dispatch and goes to the site to provide evaluation and consultation.

When the caller reports an imminent crisis, such as a suicide attempt or bizarre behavior, the Project Respond team is dispatched to the scene within minutes. If the caller reports a situation involving a weapon or an assault, the team immediately notifies the police. In such situations, the police are the primary responders, although Pro-

ject Respond staff also arrive on site to provide consultation and evaluation. If the immediate crisis is resolved, the team can take over primary responsibility for addressing the situation from the police. When a caller reports a situation that presents a less imminent risk, Project Respond provides an estimated time of arrival, usually within an hour of the initial call.

Project Respond clinicians are broadly empowered to intervene in a variety of situations. The clinician assesses the situation, interviews witnesses, and conducts a mental health assessment of the person in distress. Most often, the problematic behavior can be defused, and appropriate services can be initiated. For those who called the team, the clinician provides information about mental health problems and the resources available to deal with them.

If the situation requires further action, Project Respond staff have the authority to initiate an immediate petition for civil commitment and arrange for involuntary transportation to a hospital for further evaluation of the distressed person. Team members follow the police to the hospital and are available to provide emergency room staff with information and consultation about the person's case, allowing the police to return more quickly to the streets.

Occasionally, an immediate solution to a crisis is elusive, as when a homeless mentally ill person initially resists contact with mental health professionals. However, Project Respond's mobile capability allows team members to return repeatedly to the site to reevaluate an ongoing situation and perhaps intervene during another visit.

As Project Respond's presence in the community has increased and its hours of operation have expanded, the number of crisis calls handled by the team has grown, from 433 in its first year of operation to 972 in its fourth year. Of those 972 calls, more than a third were resolved through hospitalizing the person, with a later discharge to housing and ongoing mental health care; obtaining the person's agreement to be voluntarily housed, with ongoing services; or admitting the person to a detoxification facility.

Outreach

When the Project Respond team is not engaged in a crisis call, team members are a visible presence on the streets as they approach disenfranchised, often homeless, mentally ill people and work to build their trust. Individuals who need general outreach services may be identified as a result of a crisis call. In addition, the team regularly visits parks, shelters, freeway underpasses, and other locations frequented by homeless people.

For a homeless mentally ill person living on the street or in a shelter, a team member usually starts the engagement process with a low-key, nonthreatening acknowledgment of the person's presence through verbal and nonverbal communication. An offer of basic supplies such as a warm beverage, food, a blanket, dry clothes, or meal vouchers may be made. The actual approach is individualized based on the person's demeanor, the setting, and safety considerations. This process can be described as opening a window in which trust is developed by meeting basic needs with no strings attached. In the past year, Project Respond staff made contact in this way with 406 homeless mentally ill persons who had not previously used the service system.

The ultimate goal of outreach is to establish a viable, consistent, trusting relationship that ultimately allows the team to help homeless mentally ill persons gain access to services such as housing, financial support, and continuing mental health services. Some individuals readily respond and accept these services. Others harbor debilitating suspicion or have experienced real or imagined mistreatment, which requires that the team persevere for some time—often months or years—in its patient, consistent, respectful approach. As the relationship develops, Project Respond clinicians are able to establish a diagnosis, develop a service plan based on individual needs and limitations, and encourage the person to seek help—all while the person is still on the streets. In the past year, the team made 2,306 follow-up visits to mentally ill persons who were not yet ready to accept housing services.

In addition, the ability to seek missing persons on the street has been a

major asset of the project. This service has been heavily used by case managers, parents, and even people from outside Portland seeking lost children. Case managers alert Project Respond when one of their clients has destabilized and has possibly become suicidal. The team is often able to find the client and arranges for temporary hospitalization and a return to services. Project Respond keeps a notebook with about 300 open cases of missing persons, complete with pictures and letters from their families to give to them should they be found.

Consultation and community education

Since April 1993 Project Respond has made more than 4,000 community consulting contacts to educate members of the public about the needs of mentally ill persons. In the course of outreach, Project Respond staff regularly talk with staff of other community services where disenfranchised mentally ill people are likely to congregate, including homeless shelters, free-meal sites, missions, and single-room-occupancy hotels. Staff of these services help the Project Respond team by identifying individuals they believe to be mentally ill and in need of services. The team's regular contact, in turn, provides these community partners with dependable consultation about mental illness and how best to interact with the mentally ill people they encounter.

In addition, the Project Respond team provides consultation and training to businesses and other concerned groups, including banks, department stores, hotels, restaurants, private security companies, health clinics, the state employment office, churches, and the city zoo. All of these groups and organizations have reported increased contact with mentally ill persons, especially those who are homeless, and are seeking practical advice about how to interact, stay safe, and be helpful.

Project Respond has developed natural partnerships with local landlords and apartment managers. The team works to stabilize disruptive or unsettling tenants, thereby preventing evictions, and educates the landlords and managers about appropriate responses

to difficult behavior. The team responded to 180 crisis calls from landlords in the past year and provided formal training to groups such as the Portland Housing Authority.

Project Respond's vital partnership with the Portland Police Bureau is also enhanced through the team's community education efforts. Apartment managers, businesses, and other community agencies learn that it is often more appropriate to call Project Respond rather than the police to address problems involving mentally ill people. In addition, Project Respond has become a major training resource for the police. The Project Respond coordinator advises the curriculum board of the Portland police force's new crisis intervention team, which provides officers trained in mental health for each city precinct. She also facilitates crisis intervention training for police officers, which includes critiques of videotaped role-played interactions with mentally ill people.

Project Respond also provides training to students of the Portland State University School of Social Work and students and trainees from other schools and programs, including psychiatry residents from Oregon Health Sciences University, medical interns and residents, students in programs training physician assistants, nursing students, emergency medical technicians, and staff of crisis hotlines. Project Respond staff meet with graduate students in a seminar on homelessness and provide information on the program's philosophy, functions, and target population. The team also leads students on a tour of local social service agencies that serve homeless persons. These trainees have learned about the lives of mentally ill people in the community by riding along with project staff and by seeing first-hand how services are provided to persons who are disconnected from the general service system or who are too acutely ill to find services for themselves.

Integration of services

Project Respond's work in crisis intervention, outreach, and community consultation is integrated into the continuum of care provided by Mental Health Services West. Project Re-

spond team members are able to connect clients with comprehensive outpatient care and a range of residential services from short-term shelter to independent living. Psychiatric treatments, including psychiatric evaluation, medication, substance abuse treatment services, and counseling, are interwoven throughout the services continuum.

For example, a team member can accompany a mentally ill person to the agency's day treatment program and depend on day treatment staff to make a special effort to connect with the person, perhaps by offering a hot meal, a shower, or simply the opportunity to spend time in a safe and supportive environment. To make the transition even easier, Project Respond's psychiatrist and nurse practitioner also serve clients who are in case management with the day treatment team. The goal of Project Respond is to help the client make the transition from outreach-based services into so-called regular case management, thereby avoiding some of the pitfalls of moving from one provider to another.

Often mentally ill persons served by Project Respond have multiple or confusing symptoms that elude a clear diagnosis or suggest the need for services from several agencies. Currently, Project Respond works with more than 80 agencies to coordinate care across multiple diagnoses and to break down barriers to service. The Project Respond team does the detective work to determine the identity of the client, performs assessments in the street if the person is not yet willing or able to come to a clinic, and brings together multiple agencies to develop a coordinated plan of treatment. Team members walk the bureaucratic maze, advocate for flexibility, and help the staff of related agencies understand the clients' symptoms.

In 1995 Project Respond helped secure a \$495,000 grant from the Department of Housing and Urban Development to develop the Vulnerable and Homeless Outreach Network (VAHON), a collaborative project of six agencies who are sharing resources to bring disabled homeless people off the streets. The VAHON team, which includes representatives of city, county, and private nonprofit social service

agencies works with key providers who pull together a package of services for difficult-to-serve homeless persons who have often been rejected by more mainstream service providers. A member of the Project Respond team helps VAHON in making diagnoses and performing functional assessments of potential clients.

Staffing

All members of the Project Respond team are trained both in outreach and in responding to crisis calls. In addition, each staff member has a special role related to his or her discipline or experience.

The team psychiatrist, Neil Falk, M.D., known as the "street shrink," accompanies staff on the street as his schedule allows and is available for phone consultation. He also has a substantial administrative role, working closely with the project director to develop key components of the program, including outreach protocols, community training, medication management, and liaison with other agencies.

The team's psychiatric nurse practitioner works on the street doing outreach and crisis response. She addresses clients' health-related issues and works closely with the psychiatrist in monitoring clients' medications and educating clients about symptoms and treatment. These services are usually provided in the clients' environment during the normal course of outreach and in crises.

The skills trainer follows up with homeless mentally ill clients the team has engaged. She goes with clients to appointments for entitlements and health care and assists them in obtaining housing, clothing, and other necessities. She also assesses clients' activities of daily living so an appropriate level of care can be arranged and helps facilitate positive outcomes as clients interact with service providers.

Project Respond has access to the services of a geriatric specialist who is part of a multiagency team that responds to referrals of elderly persons with psychiatric symptoms believed to be at risk in private homes, single-room-occupancy hotels, shelters, and residential facilities. The specialist also follows up with elderly clients and provides consultation about men-

tal health issues with case managers, foster care providers, and family members. This person carries a beeper and responds to Project Respond crisis and outreach workers when they encounter an elderly person.

The remaining Project Respond staff are responsible for doing outreach and responding to crisis calls. Each staff member also has specific responsibilities designed to address special mental health needs in the community. Two staff members evaluate inmates in the jail psychiatric unit. Three staff members are assigned to visit specific shelters and soup kitchens on a regular basis. They provide consultation to the staff, assessments of new residents who are of concern, and ongoing contact with known clients with the goal of helping them secure entitlements, housing, and continuing psychiatric care.

Funding

Project Respond has resulted from a serendipitous blend of agency and community goals. The staff of Mental Health Services West were convinced that a large population of homeless mentally ill persons survived on the streets, undetected by any helping agency. At the same time, studies indicated that the number-one need of the downtown business community was for a mobile mental health team.

The Association for Portland Progress, an organization of downtown businesses, was convinced of the need for these services and provided initial funding for Project Respond. A successful fundraising campaign followed, achieving the \$1.2 million campaign goal, as well as winning some large federal grants. In 1996 the Murdock Charitable Trust awarded Project Respond a \$200,000 grant, which covered half of its annual budget of \$400,000 in its fourth year of operation. Businesses that fund Project Respond continue to do so because they have perceived an improvement in the downtown environment.

Plans for the future

In 1995 Project Respond's work helped to leverage a \$3.3 million five-year federal grant to renovate and operate a residential facility for homeless mentally ill persons. The facility in-

cludes a 24-hour drop-in center and offers intensive outreach for clients who disappear from service. In April 1997 Project Respond changed its base of operations from the main clinic at Mental Health Services West to the new residential facility. The move was a natural extension of services to Project Respond's outreach model. The program now has a facility that is accessible to its target population where it can provide shelter and transitional living for persons with a history of homelessness and mental illness.

By addressing the problems of mentally ill persons on the streets, by reaching out to those who have been reluctant to seek help, and by providing practical information about mental illness, Project Respond has given the community a basis for hope. The project team has helped homeless mentally ill people start on the path to rehabilitation and the community at large to develop empathy for and interest in finding solutions to problems involving mentally ill persons. These vital links between attitudes and services hold promise of empowering the downtown Portland community for years to come.

However, the future of Project Respond is uncertain. Much of its initial funding was the result of private resource development, with the expectation that the program's success would demonstrate its value and generate additional funds. The program's selection as winner of the 1997 Gold Achievement Award certainly validates its excellence.

With the advent of managed mental health care contracts, services are being reorganized through multiple competing health plans rather than geographically defined service areas. For Project Respond, the first hurdle is to convince managed care organizations of the value of providing outreach services to homeless and mentally ill individuals. The next hurdle involves negotiating contracts that provide the fiscal support necessary for Project Respond to continue. ♦

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