

THE BUFFALO NEWS

Two Nonprofits Get Millions to Reduce Mental Health Case Strain On ECMC, Other Hospitals

Jon Harris

April 26, 2026

Linda McCartan, a licensed mental health counselor, couldn't have been more excited to join Jewish Family Services of Western New York in January. There, she is leading the launch of a team that will work closely with Erie County Medical Center to help adults with serious mental illnesses, including those who also struggle with substance use disorders, get the care they need to avoid readmissions to the hospital.

This Critical Time Intervention (CTI) team holds the promise of increasing support for some of the area's most vulnerable adults, including homeless people, while also decreasing soaring costs for emergency psychiatric care. The team's potential is why McCartan has been "eating, sleeping, breathing everything CTI" since joining JFS of WNY, devouring books, participating in trainings and attending conferences to get ready.

"There's this group of individuals who just have such intense needs," said McCartan, director of the CTI program at JFS. "If we don't find a good way to support them, they will continue to have those fallbacks where they're back in the hospital for a readmission or emergency room visit, and that's traumatizing for individuals, as well."

CTI teams like this one are being developed across New York State, a main component in the state's "efforts to ensure New Yorkers are connected to behavioral health support within their community and prevent them from needing emergency care once they leave a hospital or emergency room setting," said Justin Mason, spokesperson for the state Office of Mental Health. The CTI teams are expected to focus on individuals diagnosed with mental illnesses who have complex needs or conditions, are at risk for multiple hospitalizations and who lack community supports.

To date, OMH has awarded more than \$47 million to establish these teams, including 42 supporting adults and eight for youth. Thirty-seven of those teams are now operational statewide.

CTI teams in Western New York include JFS partnering with ECMC to serve patients in Erie, Niagara, Orleans, Genesee and Wyoming counties; Endeavor Health Services partnering with ECMC, BryLin Hospital, Niagara Falls Memorial Medical Center and Wyoming County Community Hospital, also covering Erie, Niagara, Orleans, Genesee and Wyoming counties; and Monroe Plan Inc. working with Olean General Hospital to serve Cattaraugus and Allegany counties.



Jewish Family Services and Endeavor Health Services will be partnering with Erie County Medical Center to develop CTI teams that aim to help reduce mental health rehospitalizations. Derek Gee, News file photo

For its CTI teams, JFS received a five-year, \$4.8 million grant from the state Office of Mental Health, while Endeavor landed \$4.68 million over five years. That gives both providers a steady runway of money to support the teams, positive news in a mental health field where funding is notoriously erratic.

The teams across the state have the potential to help thousands of people, particularly those who are stuck in a revolving door of inpatient care and not enough community supports.

"My hope would be that it'll reduce some of the cycling in and out of the ERs, just reduce that recidivism and hopefully start to prevent further kinds of crises," said Elizabeth Mauro, president and CEO of Endeavor. "Because if you can keep people stable and build up those supports – and this is really focused on community supports – I think then you're going to really just kind of turn that corner."

While each downstate CTI team is expected to have 10 staff members with a monthly capacity of 130 people, upstate teams will have seven employees who can serve 80 people a month and rural teams will have three staff members to serve a monthly capacity of 30 people, according to [the state's program guidance](#).

JFS and Endeavor have hired some members of their CTI teams but are still recruiting more employees, navigating a difficult hiring climate in the mental health field. While JFS' CTI team is

nearly ready to start seeing patients, Mauro said Endeavor anticipates launching its CTI team within the next 60 days.

The partnership with JFS and Endeavor should help ECMC, which sees more than 10,000 arrivals a year in its Comprehensive Psychiatric Emergency Program, or CPEP. That operation has been known to get busy and overwhelmed, meaning it can take days sometimes for a patient to be seen by a psychiatrist. JFS and Endeavor supporting the frequent users of CPEP can only help.

The CTI teams are modeled on an evidence-based model that is a time-limited, phased care management approach to bolster continuity of care during transitional times – like when a person is discharged from a hospital and returns to a community setting.

Each team is multidisciplinary. Once the CTI team at JFS is fully staffed with seven employees – it has three now and is recruiting for the other four positions – there will be two licensed mental health providers, a nurse and four care managers, including two who will be peers with lived experience in the mental health or addictions field. That gives each CTI team expertise in behavioral health, medical and lived experience, which should provide "a very rich level of service," noted Kathryn Diebold, vice president of behavioral health and wellness programs at JFS.

The teams will need to build relationships with partner hospitals. Ideally, McCartan said, the CTI team will get to the hospital before a patient leaves to help craft a discharge plan.

"It's very much boots on the ground," McCartan said.

The CTI teams will work with people in a phased manner. Over the course of nine months, McCartan said, the idea is to slowly reduce the frequency of contacts between the patient and the CTI team.

The first three months will include intensive work with the person over multiple meetings a week to ensure linkages to follow-up care with a mental health provider and to address other barriers. For instance, McCartan explained, some people may encounter issues with housing, transportation or food, all barriers that can keep a person from engaging in treatment after a hospitalization.

"It's a very risky time when someone is leaving the hospital because they may not have many social supports," McCartan said.

Over time as connections are made, the team slowly pulls back to monitor and support, empowering the person to take the lead so they don't become too dependent on care management.

While there are many other care management agencies and programs, what makes CTI different is the "intensity of contact," Diebold said. For the past decade, Diebold explained, agencies across New York have struggled to deploy the proper intervention to help those patients who are considered complex or at high risk of repeat hospitalizations. The CTI teams will be tailored specifically to meet the needs of high-risk individuals.

"I think that's the gap that CTI covers, is being able to do a more intense, more person-centered level of intervention for these more complex, high-utilizers," Diebold said.