



When John Rudolph answers the phone, he never knows who's going to be on the other line. It's often someone in great emotional pain. "To stop that, even if it's just with something you say, is nice," he says.

## Coming to the Rescue: Answering the Cry for Help

*By Jacqueline Marino  
Photographs: Dale Omori*

On a day  
as full of  
potential  
calamity  
as any other,

JOHN RUDOLPH REACHES in his closet past the Dalmatian tie, the Scooby-Doo tie and all the patterned ties his mother-in-law made for him. He pulls out a tie splashed with small red and yellow Superman insignias. He doesn't care whether it matches his shirt, or if it projects the right image; it's all about how it makes him feel.

As he leaves his home - a cozy brick bungalow near where he grew up in West Park - the 31-year-old looks like a high school teacher all the girls have a crush on, not a counselor with the Cuyahoga County Mobile Crisis Team who spends the better part of his week asking clients questions such as, "What medications are you taking?"

He wears his shirts tucked in and his blond hair Catholic school-regulation short. He doesn't smoke. He rarely swears. He looks people in the eye when he speaks to them and listens hard when they answer. He didn't learn this at St. Ignatius High

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1736 Superior Avenue  
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School, or studying psychology at John Carroll, or earning a master's degree in counseling at Kent State. His strong, almost exaggerated sense of empathy for all living things is his gift. It is his curse.

A 20-minute drive separates Rudolph's placid neighborhood from the Bishop William M. Cosgrove Center downtown where he works. On the way, thoughts of the unfinished baby's room that will be a necessity in two months fade as those of Cuyahoga County's mentally ill come into focus.

As he enters the building at 1736 Superior Avenue, his wholesome good looks cause heads to snap. For so many men and women in need, the approachable, gentlemanly Rudolph is a conduit to normalcy, an enthusiastic advocate always willing to search for a warm bed or a much-needed prescription.

On a day like this not long ago, a middle-aged woman in a well-stretched blue shirt covered in deodorant stains sidled up to Rudolph. She smiled and stared at him. In a heavy Spanish accent, she told him she was depressed. She worried that her case manager would take her to "a bad place," and she wanted Rudolph to take her home.

He told the woman he couldn't give her a ride, but he assured her the case manager would take good care of her.

"You have pretty blue eyes," she said suggestively.

It was a manipulative gesture, one that might have annoyed or even repelled others.

Not Rudolph. He understands the language of despair and all its dialects. In jails and hospitals, housing projects and upscale apartments, elementary schools and nursing homes, he helps those testing the last nerve of societal tolerance, those with nothing left to lose.

While Rudolph talks people out of their desperation and into the mental health system, he knows there is much out of his control: The system itself is in crisis.

THE CUYAHOGA COUNTY Community Mental Health Board instituted across-the-system cuts in July. Patients are flooding Northeast Ohio's only psychiatric emergency department at St. Vincent's, which often has to delay admissions from other mental health agencies. Overcrowded shelters regularly refuse new clients. Some mental health agencies have closed intake, reduced staff and cut services.

The mentally ill of Cuyahoga County need a hero. Every day. And every day John Rudolph tries to rise to the occasion.

The Mobile Crisis Team office is three flights up, at the end of a hallway overlooking a courtyard no one ever seems to use. Light-blue cubicles stretch from one end of the room to the other. Many are empty. Few have computers. Phones ring around the clock. When things become really busy, it can take four or five rings before someone is able to pick up the phone.

Mothers call about depressed children. Children call about depressed mothers. Schools call about children who write papers

about wanting to kill themselves. Landlords call about tenants. Hospitals call about patients. Jails call about inmates. Many people call about themselves: They can't stop crying. They can't work. They can't sleep. They can't afford their medications. They want to hurt themselves. They want to hurt others.

They all need different things. They all want the same thing.

Help.

RUDOLPH USUALLY ENTERS the maelstrom to a pile of case folders on his neat desk: Clients he needs to follow up on, and new callers his boss wants him to contact.

He talks to callers for as long as necessary, determines whether they need a referral, an in-person evaluation, or just a good listener. He fills out paperwork. Lots of paperwork. He pours a cup of coffee, black. His boss comes by with more folders. All the while, his phone keeps ringing.

Facing the multiple blinking lines, Rudolph braces himself. It is one of the many ironies of crisis work that those who feel most alone seem to call the hot line at the same time.

When he answers his phone, his words come out slowly, calmly, thoughtfully.

The voices of other crisis workers drift over his cubicle walls.

"There's a long wait list."

"If he's saying he wants to kill himself, that's serious."

"Has the gun been secured?"



The pile of paperwork grows taller as Rudolph tries for days, weeks, even months to find clients the services they need.

Rudolph shuts it all out and keeps talking.

Whenever he's not talking to callers, he's ringing hospitals, other agencies, and family members, following up on clients. Rudolph handles between 15 and 20 calls on a typical day.

But many days are atypical.

When LTV idled its West Side mill in Cleveland in June 2001, and when terrorists attacked the United States on September 11, 2001, the phones started ringing and didn't stop.

"Nine-eleven was out of control," says Joel Proskovec, a seasoned crisis worker who shares a cubicle with Rudolph. Proskovec says he took at least 45 calls the day after the Twin Towers fell.

This past August, he was called to assess an emergency room patient "on high alert for terrorism."

"The guy was in full camo with the stuff on the eyes, the boots, everything," Proskovec says. "He even showed me his [military] badge, which was a fake." The man was admitted to the hospital for psychiatric treatment.

Counselors liken the mental health system to a safety net. When people fall through it, they end up in the emergency room. The ER is just above jail. Jail is just above rock bottom. When people ask Rudolph about the job he's held for the past four years, his first in the mental health field, it's sometimes easier for him to describe what he's not.

He's not an emergency worker. If someone calls to report an in-progress suicide attempt, he calls the police.

He's not a psychiatrist. He doesn't prescribe medication.

He's not a therapist. He doesn't follow his clients through the treatment process.

And, despite the tie, he's no man of steel. He's a crisis worker, and he's doing the best he can.

"Fragile and vulnerable." That's how William Denihan, chief executive officer of the Cuyahoga County Community Mental Health Board, describes the area's mental health system. It is suffering from budget crises at state and local levels. Funding to the board from the county has been decreasing since 2000, while funding from the state has remained flat. In fiscal year 2003, the board had \$4 million less to allocate to the agencies it funds for non-Medicaid residential, employment and some crisis services.

Mental Health Services Inc., which operates the Mobile Crisis Team, had kept the hot line open 24 hours a day, but the

team no longer goes into the community between the hours of midnight and 8 a.m. - the shift with the fewest calls for evaluations.

When Rudolph joined the Mobile Crisis staff in 1998, there were 19 full- and part-time people on the adult team. Now there are 13. The child team has been reduced from eight staffers to six. These days, Rudolph must make more phone calls trying to find treatment for people, and is told "no" more often.

The objective is to keep mentally ill people in the community, to keep restraints, doctors, drugs - and certainly prison bars - to a minimum. Ideally, only those dangerous to themselves or others, or those incapable of caring for themselves, go to the hospital. The additional challenges mean that Rudolph is seeing fewer good outcomes and more cases that make him feel powerless.

It's the cases involving children that bother him the most. Sometimes the problem is systemic - the dearth of beds for the severely mentally ill or the shortage of child psychiatrists. Other times, the problem lies with "idiot parents" who abuse or neglect their children. One 12-year-old boy witnessed his mother using crack so often that he was able to describe the process to Rudolph in excruciating detail.

"There are days that the stress level is high enough that I think, 'This much stress in one person's life is not worth it,'" he says. On those days, he ponders leaving. He could find a job where he would have his own computer and wouldn't have to answer his own phone. He could earn more money. But comfort is less important to him than living the way his Catholic faith dictates he should.

"I want to help people no one else wants to help," he says. "It's a much greater thing to do this, to talk to the people no one else wants to talk to. I know I can handle doing this because I know it's right."

CRISIS WORKERS MUST be prepared for anything when the phone rings. There could be a suicidal person on the other line or someone just needing to talk. Then there are the "nuisance callers." Their names fill an entire chalkboard: A woman who speaks in a baby's voice, a man who eats soiled diapers, a man who threatens child rape, a woman with an Asian accent who says she's fine, then hangs up. These individuals have real mental health problems, but they abuse the line by repeatedly calling and refusing assistance.

Sometimes, the workers have to take extraordinary measures to help callers. Team member Lisa Palmieri remembers an elderly man who telephoned on the one-year anniversary of his wife's death.

"He said he was going to kill himself because he loved his wife," she says. He refused to give his name and Palmieri couldn't trace the call because it had been transferred after hours from his bereavement group's hot line.

"We knew his wife had diabetes [he told them] and we found the name of a woman in an obituary who had died on that day and given money to a diabetes association," she recalls. The team called the funeral home, which provided an address so that the police could go to the widower's home. The officers took him to the hospital, preventing any tragedy that night.

No matter the challenge, Rudolph manages to stay cool. His words change, but not his emotion.

AT SOUTHWEST GENERAL Health Center's emergency room, one day in early August, Rudolph sits with a client, a young man who had sliced his wrists with a paring knife. Only a thin, half-open curtain separates them from a major trauma.

There are rustling sounds and footsteps and then the thump of a body being moved from a stretcher to a bed.

A shout for "Suction!"

A nurse grabs the curtain and yanks it across the rod, causing Rudolph to jump up from his folding chair and pull it closer to his client's bed.

Over loud beeps and barked orders, Rudolph asks the young man, a food service worker, what he's good at.

"Lying, cheating, stealing," he says, avoiding Rudolph's eyes.

The counselor doesn't let the response derail his line of questioning.

What do you like to do?

Nothing.

What interests you?

Nothing.

What do you think you need?

He doesn't know.

Nurses run in and out of Rudolph's curtained area, grabbing syringes, mumbling apologies, trying to save a life in their own way.

The young man sits on the bed, his shoulders slumped. The long red vertical wounds on his wrists have begun to scab. Before long he tells Rudolph his girlfriend left him. He's homeless. Until eight days ago, he had been using two bags of heroin

a day. This morning he woke up wanting to die.

He says he regrets not being able to find a sharper knife.

When he finally looks up, Rudolph can see tears filling the young man's eyes. "I'm 20 years old and I don't have anything to live for," he says.

Rudolph leans even closer to the bed. That's OK, he tells him. You have a lot of time to figure out your life. Rudolph knows what the young man needs.

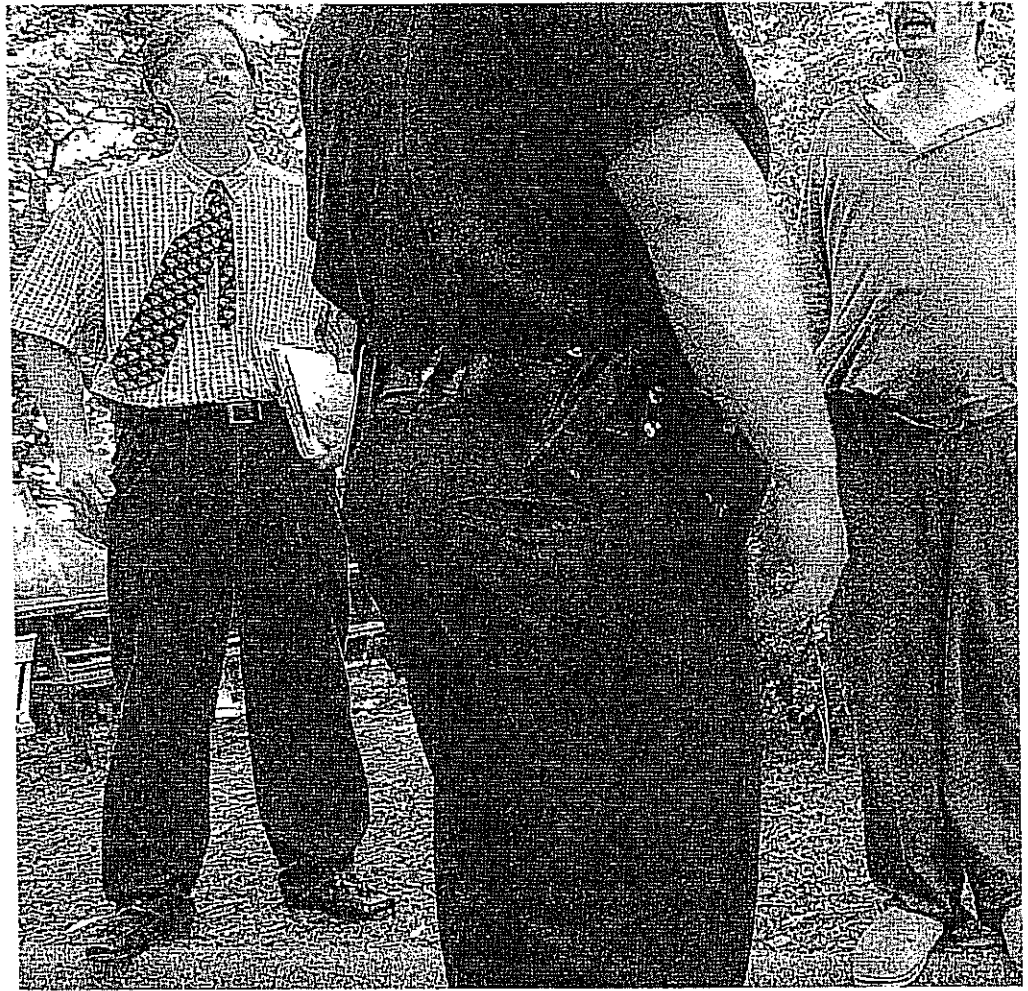
Rudolph excuses himself, walks behind the admissions desk and ducks into a room cluttered with discarded snack wrappers and hard-bound medical books. For nearly an hour, he fills out paperwork. He calls his supervisor and then punches in the number for the state hospital, Northcoast Behavioral Health Care System. (He has it memorized.) He is transferred, put on hold several times and disconnected twice before he talks to someone who agrees to admit the young man.

There is compassion in his words and in his actions. But his disposition is calm, seemingly unaffected by the afternoon's events. It might be why, after only four years on the job, he's the third most senior crisis intervention specialist.

"I've seen them come and go in two years," says John Karliak, a crisis worker for six years. "We're like Sisyphus rolling the big rock up the hill. I ask the program manager to not let it roll down on my shift."

CRISIS WORK CARRIES the threat of danger. Rudolph's wife, Julie, a former case manager at Mental Health Services, worries about her husband's safety. Hot-line callers sometimes threaten the staff. Management has posted a memo warning that an ex-convict who served time for a rape conviction has been engaging in "stalking-type" behavior near the building.

Avoiding danger is easier said than done at Cosgrove. As a well-known, centrally located site for free meals and mental health services, it attracts a large crowd outside the building at all hours. On a little patch of lawn across the street, men and women sit on milk crates and cardboard boxes. Some snooze. Others mumble incomprehensibly to themselves or solicit passers-by for change. Workers in the building regularly call the police to deal with a variety of disturbances. Yet the scene outside the office is more predictable than situations outside the eyeshot of its security guards.



After Rudolph fails to persuade Daniel to go to the hospital willingly, he inv

In July, Rudolph saw a middle-aged cocaine addict at St. Michael Hospital who had come to the emergency room threatening to kill himself. Team members had seen the thin-faced, beady-eyed man at emergency rooms twice before. Lying on the bed in his hospital gown, partially covered by a blanket, the man ignored many of Rudolph's questions.

When it became clear he would not be able to elicit enough information to warrant commitment to the state hospital, Rudolph stepped out of the room and conferred with the man's doctor. Both doctor and counselor agreed to recommend drug treatment instead.

Rudolph's patient was not happy when a nurse told him he would be going home. He demanded to see Rudolph. He was pulling on his jeans when the counselor entered the room.

"If I kill myself, it's on you," the man spat.

"No, if you take your own life," Rudolph responded sternly, "it's on you."

The man pounded his fist on the bed and lunged forward, trying to scare

Rudolph. Surprised but not shaken, he simply left the room.

Before he could leave the hospital, a nurse told Rudolph the man was asking for him again. When Rudolph entered the room this time, the man said he knew where Rudolph worked.

"When I take myself out, I'm taking someone else with me," he threatened.

Rudolph let the man's words rattle around in his brain for a while. Was it bluster or a real threat? Later at the office, he decided to call the police.

Such experiences have changed him. "I'm more cynical now than four years ago," he says. "You see so many people who don't want to help themselves. They're trying to play games or they're not seriously mentally ill. You're seeing the dark side of human nature."

Sometimes, though, he reaches someone at the beginning of the tunnel. When a Lakewood mother noticed her son, a football player at St. Edward High School, sulking around the house, depressed and unresponsive, she called the hot line. Rudolph remembers having a long talk with



police. Rudolph forewarns the officers, "He's not going to go peacefully."

the respectful, blond-haired boy, who was still wearing his regulation dress shirt and tie. He recalled how unusual it felt to help someone who reminded him of himself.

WHEN RUDOLPH WAS a student at St. Ignatius, he remembers feeling irritable and depressed over nothing specific. At the time, he didn't realize his family history of depression might have something to do with it. He didn't know about the chemical imbalance in his brain. Six years ago, he started taking medication to ward off the lethargy and sadness.

Sometimes, when he wants to show his clients it is possible to get better, he shares his story.

At the end of their conversation, the young man from Lakewood told Rudolph he wanted help. Rudolph gave him a referral. And when the young man left, Rudolph felt certain he would be fine.

Such a result is precious to Rudolph - and rare. When people call him, they usually are at their lowest ebb. He's learned to measure success in the degrees of agony he spares them. Yet, he worries that sometimes,

despite his best efforts, he may not spare them at all.

THE FIRST CALL ABOUT Daniel\* comes in on a Wednesday. His file lands on Rudolph's desk late Thursday morning.

He flips open the folder and reads another crisis worker's notes from the day before: "Fr. John Henry called reporting client sent to St. Herman's yesterday. Client is soliciting for sex from the other men at the shelter and Fr. Henry will have to put him out tomorrow if this behavior continues. Client is diagnosed with HIV, according to the sister, also bipolar disorder, organic brain syndrome and polysubstance abuse. Meds are Ativan, Paxil, Zyprexa, Wellbutrin "

According to the report, the team received a second call at 10:45 a.m. Thursday. "Fr. John Henry wants you to come get him," another worker had written.

Rudolph isn't thrilled about making the trip to St. Herman's. The downside to a facility that welcomes everyone is that everyone is welcome. While the majority

\* this patient's name has been changed to protect his privacy.

of guests follow the rules, the monastery has a reputation for attracting the most unmanageable of the homeless mentally ill.

Before Rudolph heads over, he calls Daniel's sister in West Virginia, the emergency contact person Daniel provided Father Henry. She tells Rudolph she is upset that the treatment center where he was staying allowed him to leave. She describes her brother as "very vulnerable," "very smart" and "spoiled." Rudolph notes this in the file. She tells him Daniel had been abused and is addicted to OxyContin.

"We all love him," she says. "He needs help."

Mulling over the facts he knows en route to the monastery, Rudolph is 97 percent certain he will recommend psychiatric commitment, reasoning, "He's got to go somewhere."

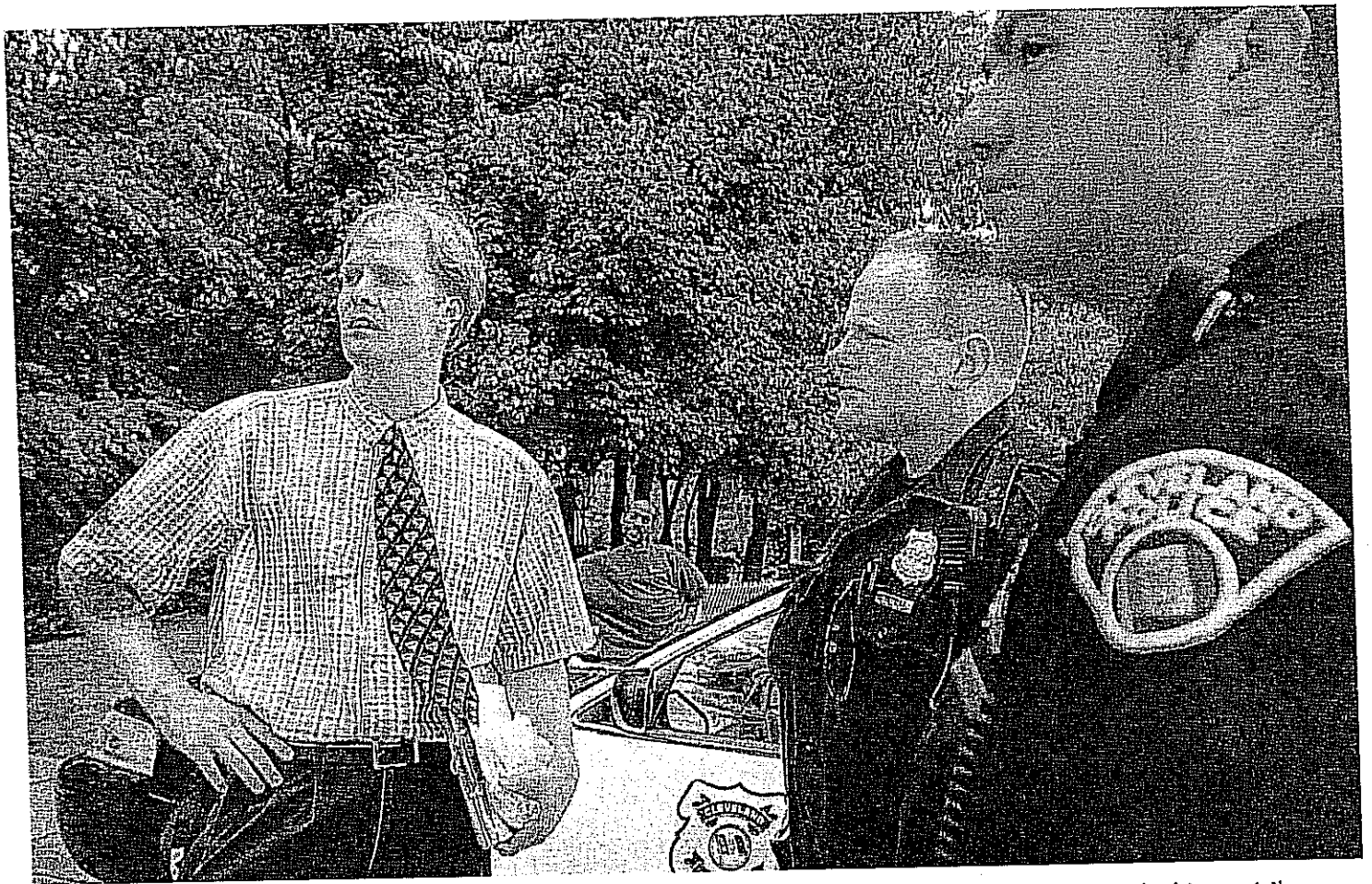
At St. Herman's, Father Henry greets Rudolph in the monastery's sweltering kitchen. The Greek Orthodox priest is wearing a long-sleeved black shirt, his clerical collar, long pants and a gold crucifix around his neck. He looks flushed from the heat. Father Henry escorts Rudolph to a room filled with secondhand couches and a few worn easy chairs. Daniel reclines on a green-and-purple plaid sofa, eating peanuts taken without permission from the kitchen. Before Rudolph sits in the chair next to him, the counselor pets one of three anxious dogs in the room.

A FERVENT ANIMAL LOVER, Rudolph keeps a pictorial zoo on the walls of his cubicle. One of his favorite pastimes is feeding birds in his back yard, and he ranks a trip to Noah's Lost Ark, a sanctuary for exotic animals in Berlin Center, as one of his best outings of the summer. At St. Herman's the dog looks at him with such gratitude and pure, unadulterated joy for the head-scratching that Rudolph almost seems complete.

Watching Rudolph interact with the dog makes Daniel suspicious. It's clear from his appearance that Rudolph is not a new "guest" at St. Herman's to be propositioned. When the counselor finally introduces himself, Daniel responds with more questions than he answers. Speaking with a hint of Appalachia in his voice, he wants to know if Rudolph is married, if he has any children, how much money he earns.

Rudolph tells him he isn't there to talk about himself.

Daniel pops a few more peanuts into his mouth before launching into his story. He says he's waiting for his disability check



to arrive at the treatment center he left three days earlier. Once his check arrives, a friend will drive him to West Virginia. He's off his medications for his manic depression, and, yes, he feels he's escalating to mania, but he doesn't want to go to the hospital because he wants to see his own doctor because doctors here won't give him Valium, and he's been on Valium for 20 years. He's in a lot of back pain and he really needs OxyContin, too, because his hands and feet swell and hurt and no other painkiller will help, only OxyContin, and the doctors here won't give him OxyContin, which is why he needs to go back to West Virginia to see his doctor.

Everyone at St. Herman's is stupid, he continues, just like everyone at the treatment center was stupid, and, no, he has not been propositioning people or threatening to infect people with HIV. He is a homosexual, but not an idiot homosexual. Everyone's got someone but him, and he used to have someone, but they've broken up now. By the way, does Rudolph have a cigarette?

Rudolph asks him to go with him to the hospital.

Daniel issues a defiant "No" and stands up. There is an angry, open sore on one side

of his head. He walks out of the room mumbling about not having anyone to love.

Later in the afternoon, homeless men will be coming to St. Herman's for the free showers. Father Henry worries that in the midst of so many unclothed bodies, Daniel will get hurt, or he will hurt someone else. The priest doesn't want to see Daniel in jail, but that's where he will end up if his behavior worsens.

Rudolph can't force Daniel to go to the hospital with him. He leaves the sweltering kitchen, where a heap of ground beef for that night's dinner is browning on the industrial stove, to call his supervisor.

HIS CHEAP, OVERUSED cell phone isn't working. Again. He has to borrow one. Sweat soaks the hair above his ears.

Over the telephone, counselor and supervisor discuss the options. Because Rudolph is concerned that Daniel's behavior is not disruptive enough to warrant a psychiatric evaluation against his will - a process known as "probating" - he calls the Second District Police Station. The officer-in-charge says she will send a squad car.

That's not good enough for Rudolph. He wants more information.

"Would they take him to jail or to a hospital?" he demands, as Daniel shuffles past, his blue-green shirt hanging off his collarbone.

She says the officers will decide when they see him.

While waiting for the police, Rudolph reviews the symptoms of mania Daniel is exhibiting: The fast-paced speech, hypersexuality, an inability to concentrate. While aware of Daniel's illnesses, his racially offensive rantings and unwillingness to listen have gnawed Rudolph's concern for him down to the quick.

"He knew he was saying derogatory things, and he didn't care," Rudolph says. "That was not his mania talking. That was him talking."

A visibly vexed black man who has been keeping track of Daniel's activities for Father Henry approaches the counselor.

"You've got to get him out of here," he says. "Somebody's going to kill him."

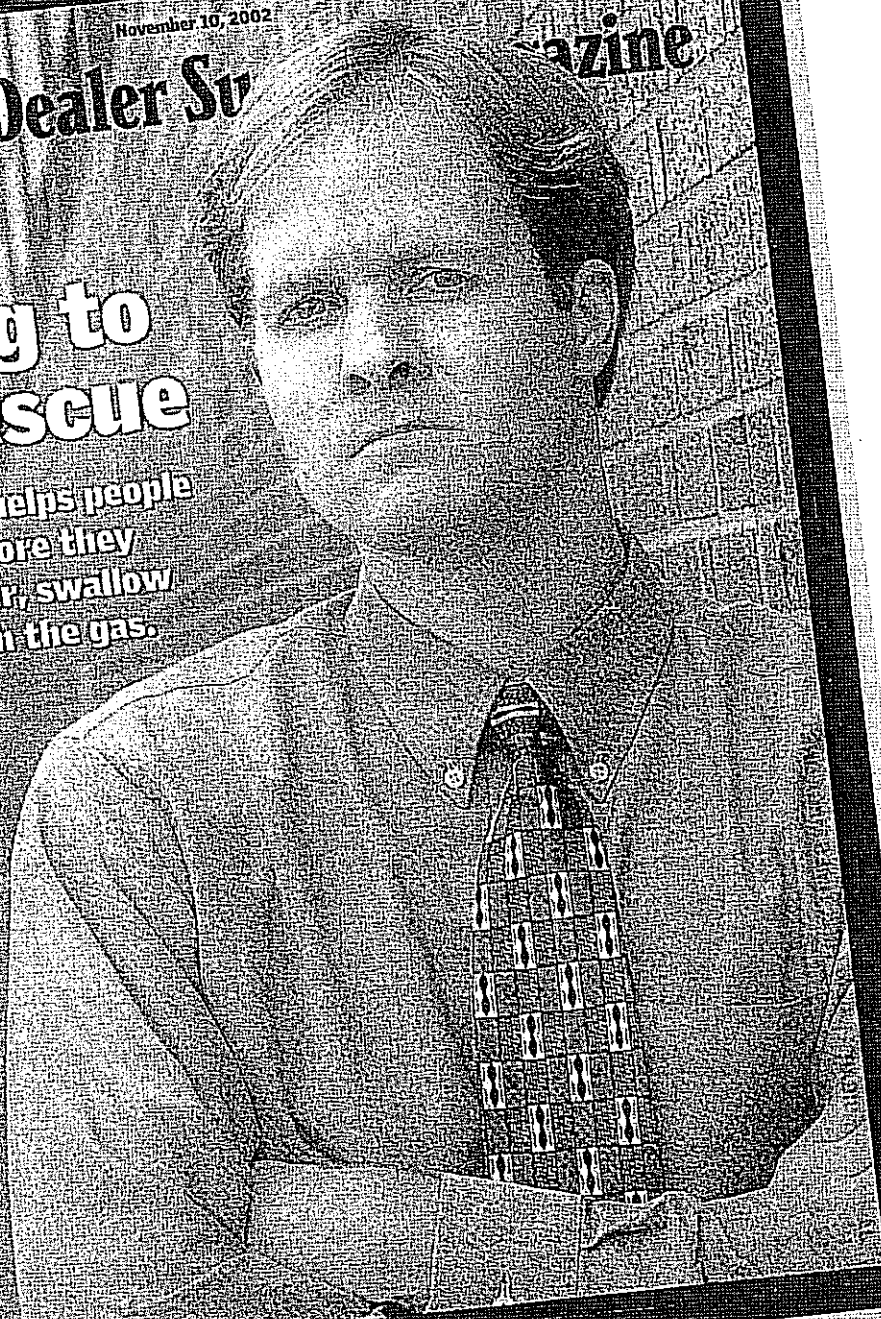
Homeless men walk up the blacktop driveway and sit down at the red-painted picnic tables under a sign that reads, "Come quietly, eat quietly, leave quietly." They have been warned to stay away from Daniel, but they don't always listen.

"They don't know what's going on with him," says Frank Graceffo, who has been

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## Coming to the Rescue

John Rudolph helps people in crisis — before they pull the trigger, swallow pills or turn on the gas.



This article was reprinted with permission from the Cleveland Plain Dealer Sunday Magazine November 10, 2002.

staying at St. Herman's for three months and acts as a sort of house manager. "They'll just knock him out."

Graceffo is amazed at how Daniel's behavior has deteriorated. When he arrived

three days earlier, Daniel handed Graceffo a supermarket produce bag filled with his HIV medications and went outside to bum a smoke. Besides the insistent nicotine addiction, he seemed fine.

Now he was wandering from picnic table to picnic table, fishing for cigarette butts in the coffee-container ashtrays and offending men who had just arrived. The yard buzzes with Daniel gossip. He seems

as oblivious to the chatter as he does to the rules. He continues on his quest for cigarettes and company.

Rudolph takes another deep breath, inhaling the humid air. Despite being the aggressor, Daniel is in more danger than the people he's provoking.

At least he isn't suicidal, Rudolph thinks. But sometimes it's not easy to tell.

NOT LONG AFTER 9/11, he was called to see a paranoid client who was terrified someone would kill him because he looked Middle Eastern. He took the man back to the office where he could see a psychiatrist. After leaving him, Rudolph felt strange and unsettled. With good reason, he would later discover.

After evaluating the man, a muscular 30-year-old laborer, the psychiatrist determined his paranoia made him dangerous to himself and he needed to be committed. But while the psychiatrist was making arrangements, the man ran out of the office and down the street. The team called the police, who immediately went after him, even stopping the buses they thought he might be riding.

Within two hours, police found the man at a public housing building on West 25th Street. As they knocked on the door, the man became scared and jumped out the window. He fell 200 feet to his death.

It was the only time Rudolph had tried to help someone face-to-face who killed himself soon afterward. Encounters like that weigh on him.

It's still hard for him to accept that there are some people no one can save.

AS RUDOLPH STANDS on the curb in front of the monastery, watching for the squad car, he looks down at his tie for inspiration. He knows finding the least-restrictive treatment setting for all depressed, delusional and psychotic people is as probable as leaping tall buildings in a single bound. It frustrates him that as he's become more confident in his own abilities, the system has become weaker, poorer and less reliable. He would love to save people all by himself, but he can't.

"I wish I was Superman," he says. "I wish I could fix everything and heal everybody. I loved that movie Unbreakable where the guy could see things before they happened and stop them."

Unlike the hero in Unbreakable, the most Rudolph can do for Daniel is advise the police and hope for a positive outcome.

Most of the time, he can accept he's not able to save the world. Most of the time, a simple "Thank you for listening to me" satisfies him. Most of the time he can live by his definition of success: Feeling at the end of the day that he gave it his best effort.

More than two hours after Rudolph placed his call to the Second District, a black-and-white squad car pulls into the driveway. In front of two patrolmen, Daniel becomes more agitated. "No, I'm not going to no hospital!" he yells.

The officer says that he could always handcuff him and carry him.

"I'll go when I finish this cigarette," Daniel says after a brief but spirited argument.

When he tries to light another butt from the coffee canister, the officer moves toward him. Daniel drops it and allows himself to be taken to the squad car, where he is frisked and ordered into the back seat.

Rudolph follows the squad car to MetroHealth Medical Center. He parks illegally, enters an ambulance-only entrance and follows a corridor well-traveled by stretchers. In the emergency room, he tells the nursing supervisor what to expect from the unshowered man sitting in a chair looking forlorn.

When Rudolph leaves the hospital, it is not with a flip of his cape and a smile.

Two patrolmen are standing watch over Daniel, their arms crossed. It's hardly the least restrictive environment, but it's better than rock bottom.

And in Cuyahoga County these days, sometimes that's the best a crisis worker can hope for.

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*Jacqueline Marino first gained an appreciation for crisis work in Tennessee, where she used to volunteer for a hot line. She may be reached through [magmail@plaind.com](mailto:magmail@plaind.com).*

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1736 Superior Avenue  
Cleveland OH 44114  
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