Team-ACT implementation with individuals experiencing homelessness: The Healthworks ACT example project

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Assertive Community Treatment (ACT)

- Evidence based model of Assertive Community Treatment (ACT) to support folks with significant and persistent psychiatric care needs and who have been unable to have their needs met by the traditional healthcare systems. The services are provided 7 days a week with night call coverage.
  Tool for Measurement of ACT (TMACT) - UNC Center for Excellence in Community Mental Health

- The goal of ACT is to increase quality of life, decrease mortality and to reduce utilization of inpatient hospitalizations (medical and psychiatric) though increased engagement in a 10:1 ratio of participants to team members

- Focus on providing care through a harm reduction lens:
  (Harm Reduction Principles | National Harm Reduction Coalition)

- The services are traditionally reimbursed through insurance. Each team is rated on a fidelity scale (1-5 with 5 being the best quality). Higher the fidelity score the higher the reimbursement traditionally.

Healthworks ACT

Healthworks ACT is different from traditional ACT in a few distinct ways but still focused on traditional ACT Fidelity though the Tool for Measuring Assertive Community Treatment (TMACT):

1. **Collaboration by multiple agencies to create the program through establishing a LLC (Healthworks ACT LLC):**
    - Brattleboro Memorial Hospital
    - Brattleboro Retreat
    - Groundworks
    - HCRS
2. **Elevating peer voices to a leadership level:**
    - Elevating and Prioritizing Peer Support onboarding and eligibility review to address coercion.
3. **Addition of Primary Care to the model**
4. **Total Panel facing homelessness and housing adversity**

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Collaborating Agencies Descriptions

Brattleboro Memorial Hospital is a licensed, 61-bed, not-for-profit community hospital located in southeastern Vermont, serving a rural population of about 55,000 people in 22 towns in Vermont, New Hampshire and Massachusetts. The BMH medical staff includes board-certified providers in primary care and many other specialties, with a shared mission of providing exceptional health care delivered with compassion and respect. The Brattleboro Memorial Hospital Health System includes the BMH Medical Group, a multispecialty group practice of primary care and specialty care physicians, nurse practitioners, and physician assistants.)

Brattleboro Retreat is a not-for-profit, regional specialty mental health treatment center that was founded in 1834. The Retreat provides a full range of diagnostic and treatment services for individuals of all ages. Nationally recognized as a leader in the field of psychiatry, the Brattleboro Retreat offers a high-quality, individualized, comprehensive continuum of care.)

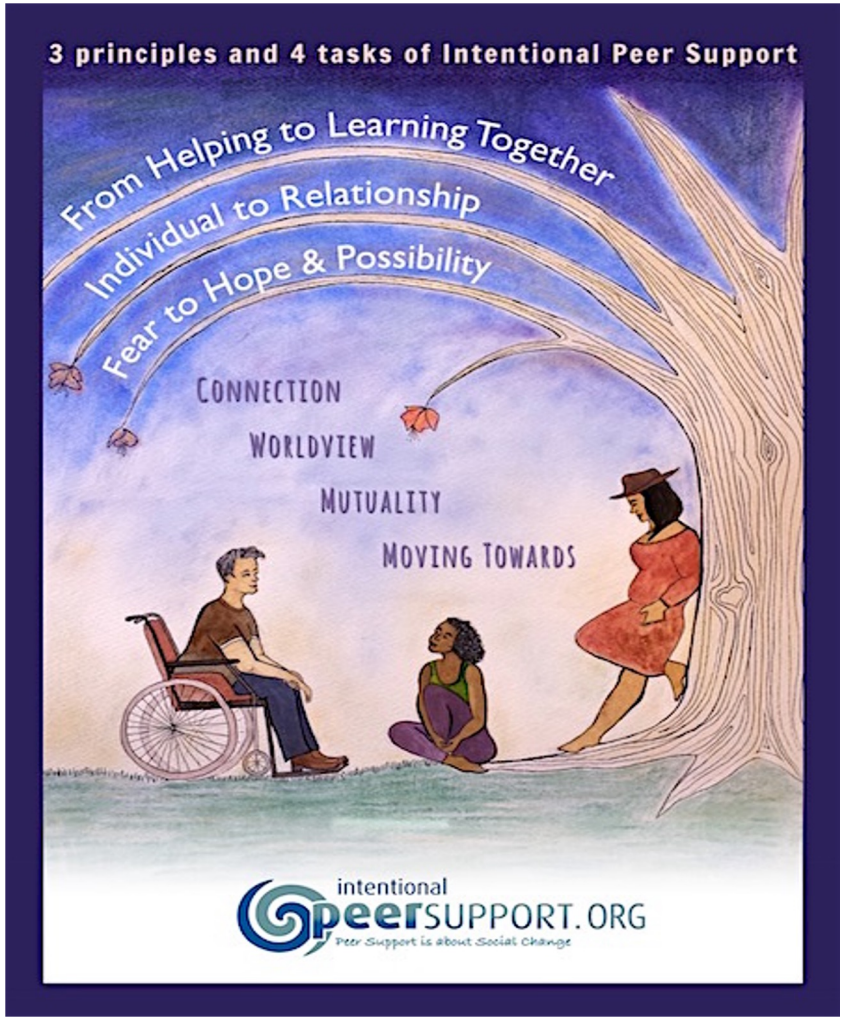
Groundworks Collaborative (**Groundworks Collaborative** was established in 2015 following the merger of two well-established organizations: the Brattleboro Area Drop-In Center and Morningside Shelter (having previously been in existence for 27 and 36 years respectively). Groundworks Collaborative provides ongoing support to families and individuals facing a full continuum of housing and food insecurities in the greater Brattleboro area.)

Health Care & Rehabilitation Services of Southeastern Vermont is a multi-faceted, non-profit, state designated community mental health agency, which has been serving residents of Windham and Windsor counties since 1967. By 1990, the agency had evolved into the comprehensive human service provider it is today with major programs in mental health, substance abuse and developmental disabilities. HCRS' mission is to provide creative, collaborative, and compassionate health care services that are responsive to the needs of our communities. HCRS envisions a community where people are inspired, empowered, and supported to lead healthy and meaningful lives. HCRS currently serves approximately 4,000 Vermonters each year.)

Peer Support

Peer support is embedded in multiple layers of Healthworks ACT team.

- To help reduce the co-optation of peer support
- Provide a connection to the larger psychiatric survivor movement
- Provide alternative perspectives



We do our best to represent the voice of the psychiatric survivor community in agency practices, policies, and culture and to help move the system to a more holistic, non-pathologizing, and rights-conscious approach.

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Primary Care

Exam room onsite at Groundworks if needed

Ability to do wound care & full wellness exams

Screenings

Medication Assistance

All staff document in the same medical record

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Creation of Healthworks ACT

Emerging of ongoing complexity, increasing need, and all too often, our interventions felt like “not enough”, as we witnessed the harsh reality that “systems” were not really designed for this level of acute and chronic need

When systems fail our most vulnerable, we don't fail them. We rise to the challenge, together. We bridge the gaps, build the connections, and ***become the safety net they need***. This team, this work, is our commitment to not just fixing the cracks, but creating a foundation where everyone has a chance to thrive.

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Timeline in brief

2013/14- Morningside Shelter approached the Brattleboro Retreat about co-locating service. Vermont Community Foundation provides funding for a social worker for 10 hours/week at the shelter site

2015- Morningside Shelter and the Drop-in Center (which operated the Seasonal Overflow Shelter and the Day Shelter), previously two organizations, merged to form Groundworks Collaborative: This raised the question of embedded clinicians in these other parts of the system

2016- BMH joined the collaboration with an embedded RN with a focus on care coordination and to connect people to primary care

This was a critical moment for the project, as, for the first time, we had three agencies involved, and began to have team meetings to discuss systems issues and specific cases

2017- BMH Sponsored Respite Bed established at Morningside House

HCRS joined the collaboration with a SUD Specialist

2018 - Embedded providers begin to meet and collaborate more formally

2019-2022 - ACT as a model considered and formally developed as a proposal, with funding secured in 2022. COVID pandemic shines a light of seriousness of the need in our community, and embedded clinicians begin working across multiple sites of service

2023 - Healthworks ACT LLC is formed, and services begin to be offered in Spring 2023

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Why TMACT?: Fidelity to adherence improves outcomes

- Fidelity Based tool: The Tool for Measurement of Assertive Community Treatment (TMACT)© PROTOCOL: This is the foundational document developed by Moser, Monroe-DeVita, and Teague. It provides a detailed explanation of the model, its components, and the fidelity scale. You can find it here: https://www.med.unc.edu/psych/cecmh/wp-content/uploads/sites/880/2020/11/TMACT-Protocol-Part-II-1.0rev3_2018_final-posted.pdf
- "Assertive community treatment for homeless persons with severe mental illness" (Bond et al., 2001): This influential review in Psychiatric Services examined multiple studies and found ACT to be effective in reducing hospitalization and improving housing stability for homeless individuals with mental illness.
- "The impact of assertive community treatment fidelity on outcomes for persons with severe mental illness" (McGrew et al., 1994): This early study in Psychiatric Services established a link between higher ACT fidelity (as measured by earlier scales) and better client outcomes. This underscores the value of TMACT's refined fidelity measurement.
- "Predicting outcomes in assertive community treatment: the role of treatment fidelity" (Monroe-DeVita et al., 2009): This study found that higher TMACT scores were associated with reduced hospitalizations and better community tenure for individuals with SPMI.

Healthworks ACT, LLC

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Service Continuum

Brattleboro Memorial Hospital

- Program Coordinator (data and grant management)
- Primary Care Provider
- Nursing

Brattleboro Retreat

- Team Lead/Manager
- Social Worker
- Psychiatric Prescriber

Groundworks Collaborative

- Case Management

HCRS

- Peer Support

Left to right: Tara Abbott, Matthew Allen, Currie Murphy, Scott Robinson, Anna May Seaver, Cori Hompesch
Not Pictured: Patrick Dowd, Brendan Houlihan, Daniel Weidner

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Inclusion Criteria for Healthworks ACT

To qualify for ACT Services people must have the following:

- An established connection to Groundworks Collaborative
- Intentional focus away from diagnosis - Significant mental health needs that **impact functional ability** to attend appointments or engage in outpatient services traditionally offered.

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Who are we serving?

- **95% identify as male,** 5% identify as female, 0% non-binary or other.
- Black, Indigenous and people of color (BIPOC) are overrepresented in Healthworks ACT participation compared to community demographics.
- **21% of participants identify as BIPOC compared** to 2.9% of the Brattleboro population identify as BIPOC.
- 42% of participants receive SSI/SSDI.
- **100% of participants have a diagnosed mental health diagnosis**. Top diagnoses include Schizophrenia (47%) and Major Depressive Disorder (38%) and Bipolar I (17%).
- **99% of participants have a diagnosed substance use disorder**.
- 70% participants have multiple untreated chronic medical conditions.
- 76% of current participants are justice-involved individuals. (Forensic ACT-FACT)
- 72% are experiencing homelessness and 28% are significantly housing insecure
- 100% have Medicaid and or Medicare Insurance

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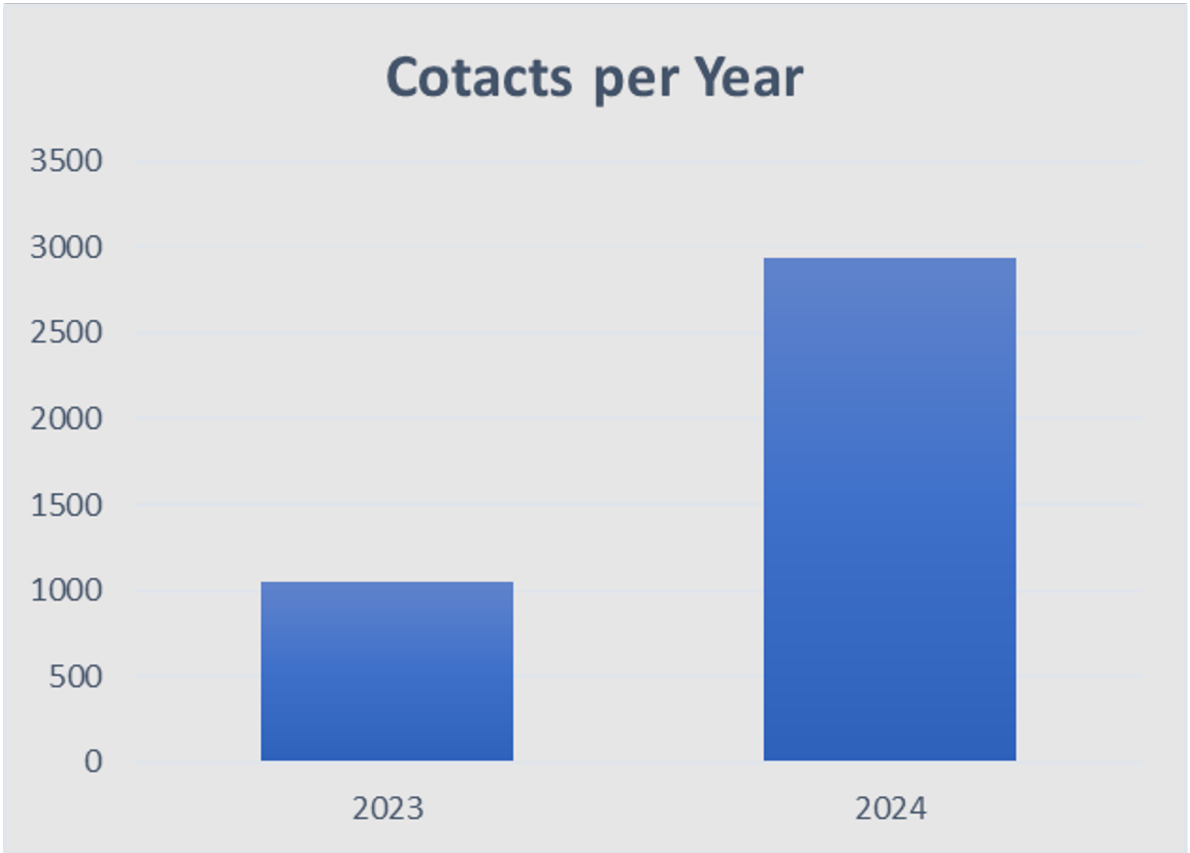
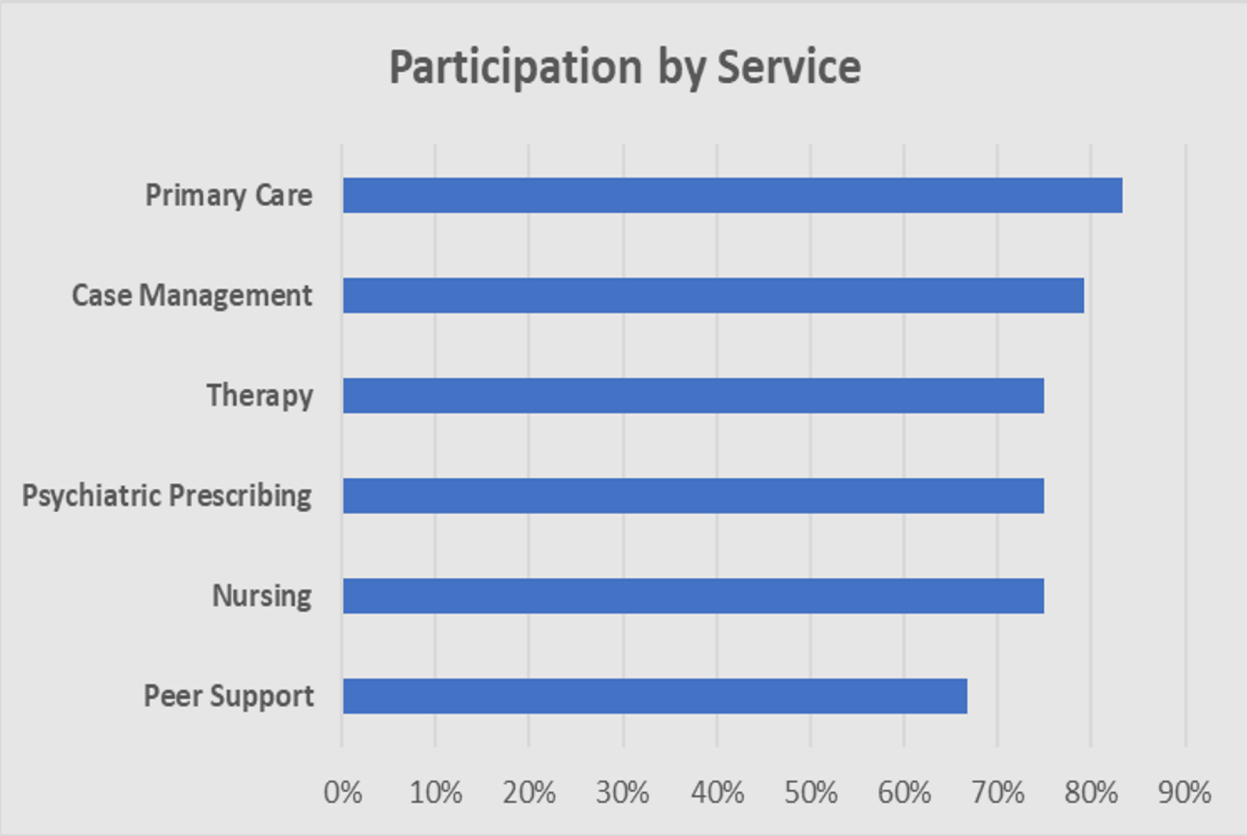
Service Connection





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A day in the life of our ACT Team

All services ***IN*** the community

- Daily Meeting

On call system

- Provide participants with on call support between the hours of 8pm-8am M-F and on weekends
- Ability to support in person after hours on a case by case basis

Safety

- START Assessment Risk Assessment: START Manuals | BC Mental Health and Substance Use Services
- BROSET violence checklist https://www.risk-assessment.no/files/bvc-versions/BVC%20English.pdf

Staying Connected

- The ACT team members utilize a HIPAA compliant messaging application to connect in real time **(Trillian)**
- Use of BMH's EMR to document and collect data

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Funding - Healthworks ACT

- Received funding from various sources (state, federal, town and private donation)
- Official Launch of the Healthworks Program February 1,2023

REVENUE SOURCE	AMOUNT
VDH COC Grant	$75,000
Federal appropriation via SAMHSA	$681,000
HRSA grant (annually for 4 years)	$500,000
Thomas Thompson Trust (annually for 3 years)	$100,000

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Future and Sustainability

- To date, the Healthworks ACT Program has been funded by grants and donations. However, it is an intensive interventions that needs to be sustained as a part of the broader mental health system
- This is needed because systems as current;y designed are not meeting the needs of this specific population, as we have found repeatedly (and which is a driver of the homelessness crisis in VT and nationally)
- As a strong evidence-based intervention, there are defined “codes” for billing for such services, if a mechanism and rate can be found - (H0039 & H0041). There may have to be differentiation between fidelity-based services which provide wrap-around outreach to unhoused individuals from those which are more focused on providing supports in a housing-first model
- While the cost savings of the program may be able to be realized in the long-term, we have found that there is a significant backlog of needed care, both medical and psychiatric, so any cost-savings may not be immediately evidenced. That said, there is evidence that a fidelity-based model, specifically, will reduce costs and improve outcomes. For example:

  "The effectiveness of assertive community treatment for homeless people with severe mental illness: a systematic review and meta-analysis" (Kirst et al., 2017): Published in BMC Psychiatry, this meta-analysis further strengthened the evidence, showing that ACT significantly decreased hospital use and improved housing stability for this population.

  "Cost-effectiveness of assertive community treatment teams: a systematic review and meta-analysis" (Kilian et al., 2017): This review in Psychiatric Services specifically looked at cost-effectiveness and found that ACT can lead to cost savings by reducing hospitalizations and other expensive services.

Expansion of model

- It may be that in areas of the State where there is a concentration of unhoused or housing insecure individuals, the implementation of such a model may make sense, especially if a coalition of agencies may be willing to work together to provide a greater complement of services than each could alone
- We expect that there may be many interested stakeholders in such a broader implementation, noting the multiple and cross-system impacts of this population falling through the cracks of current systems
- Agencies who have implemented other versions of ACT, for example, might consider expanding services in partnerships to offer a fidelity-based outreach model to still higher-needs groups; there is also a possible overlap with forensic ACT teams, which may serve a similar population (based on our experience at high level of judicial involvement with our population).

Community Impact

Effective outreach services are not *only* about helping individuals, it's about strengthening the entire community. By proactively addressing the needs of our most vulnerable, we reduce the strain on emergency rooms, medical units, and other healthcare providers, allowing them to focus on their core missions and improve care for everyone.

We have received praise and feedback from a diverse group of community participants, in our implementation thus far:

- Dental Center
- Courts
- Emergency Department
- Specialty medical practices
- Inpatient psychiatry
- Police

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Client Impact

Participant 1 joined Healthworks ACT 12/8/23 and was homeless living at the Groundworks shelter after living in his vehicle for some time. He had many unmet psychiatric and medical needs. This participant needed intensive care management and wrap around support in the beginning that included navigating hospital stays and medical equipment while being homeless. Since joining ACT participant 1 with tremendous support from the team has moved into his own apartment, purchased a vehicle, attended hearing voices groups, and is giving back to to the homeless community. Recently he threw his very first birthday party and invited the whole team it was an heartfelt gesture and shows how meaningful the connection to the team is to him.

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Client Impact

Participant 2 joined Healthworks ACT on 7/20/2023 after years of homelessness that included living under a bridge for some time. This participant had a long traumatic history with the mental health system and was not interested in any traditional mental health interventions. ACT worked because we were able to meet him where he was at and on his schedule, removing a lot of the barriers that come with traditional mental health services. With the support of the ACT team this participant was able to move into his first apartment in supported housing. The ACT team is an integral component to him being successful in his apartment which includes conflict management, budgeting, and housekeeping. Today this client meets regularly with many members of the team including a therapist for casual non formal conversations at his request.

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Challenges

- Funding and challenges of multiple grants management (need for sustainable landing)
- Complex organizational structure has pluses and minuses
- Transient population - inherent inefficiencies in care delivery
- Underestimated importance of team building - but also, cohesive teams perform in a way that exceeds the impact of the sum of individuals!
- Very high levels of acuity across multiple axes of complexity
- Housing supports, even with robust supportive programs, are not always ready to house individuals with the highest levels of acuity, leaving a gap
- Incarceration and legal involvement has complicated engagement for several participants
- Re-envisioning our hypothesis of bringing people into care - significant work to create something totally NEW in a community

Lessons Learned

- Addressing the healthcare needs of individuals experiencing homelessness requires a collaborative, integrated approach that breaks down systemic barriers and recognizes the interconnectedness of medical, mental health, substance use, and social support needs.
- We want to draw special importance to integration of the *medical* needs in this population, and difficulty in accessing care in traditional systems
- Basic advocacy and support/case management work is essential but insufficient in meeting needs of this highly complex population
- Funding models often operate in silos, making it difficult to secure dedicated resources for programs that bridge multiple systems. However, we hope that in recognizing the shared value and investing collectively, we can create a more sustainable and impactful solution for all stakeholders.

What questions can we answer for you?

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