The Project Outreach Team (PORT): A Transitional Assertive Community Treatment Program for Homeless Persons with Severe and Persistent Mental Illness

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Introduction

Homelessness is a pervasive social problem in the United States, with up to 2 million persons homeless over the course of a single year (National Coalition for the Homeless, 1999). Locally, reports in 1997 and 2000 estimated that 1500-1800 individuals experienced homelessness in Washtenaw County in a given year; that 310 of these homeless adults are mentally ill; and that half of those have a co-occurring substance use disorder (dual diagnosis). About 170 of the 310 homeless mentally ill individuals were not receiving necessary services. (These figures are likely to underestimate the true prevalence of these disorders due to the difficulties in calculating population estimates for groups who do not have a permanent residence.) It has been shown that homeless individuals with mental illness or dual diagnoses face greater vocational obstacles, are in poorer physical health, and have more contact with the legal system than those without a mental illness. Moreover, they generally have difficulty accessing the services necessary to meet even their most basic needs because they are frequently distrustful, suspicious of, and hostile to any offers of contact by psychiatric service providers ((National Coalition for the Homeless, 1999, Goldfinger, 1990).

The Project Outreach Team (PORT)

PORT was created in January 2000 in a pioneering collaboration between the state of Michigan, Washtenaw County, the City of Ann Arbor, the Washtenaw County Health Organization, the Flinn Family Foundation, and University of Michigan. The goals of PORT are to engage and treat homeless mentally ill adults (and since 2002, those with co-occurring substance use disorders) who are not otherwise receiving services and then to transition them to traditional community treatment programs. PORT accomplishes these goals through a unique combination of evidence-based interventions that can serve as a model for other community-based mental health service programs for homeless individuals. The tenets of Assertive Community Treatment (flexibility, a multi-disciplinary approach, clinical case management, and a team approach to care while maintaining a low client to clinician ratio) serve as the basis for the team's engagement and treatment activities. The theory of Critical Time Intervention is incorporated into PORT's approach to transitioning clients to traditional Community Mental Health service providers. As advocated by CTI, the team continues to provide time-limited services to individuals who are being transitioned in order to ensure a successful transfer of primary responsibility for care. Moreover, with the addition of a substance abuse specialist, PORT can provide integrated mental health and substance abuse treatment for dually diagnosed clients. These structural elements of PORT are combined with a variety of clinical approaches that have been identified as critical for the successful programs (Drake, et al., 1998). These

include assertive outreach in which clinicians seek to engage potential clients on the streets, under bridges, or in other public places; stage-wise treatment where clinicians adjust service activities to meet the specific needs of clients at each phase of their recovery; and motivational interviewing.

Evaluation

To evaluate the effectiveness of PORT, clients who gave consent completed a one-hour structured interview administered by trained research assistants at baseline and every third month thereafter for 18 months. Information was obtained about homeless status, symptoms, functioning, safety, and quality of life. Clinical and symptom status were also assessed at each time point by trained research personnel using the Brief Psychiatric Rating Scale (BPRS), Scale for the Assessment of Negative Symptoms (SANS), Global Assessment of Functioning (GAF), and Clinical Global Impression (CGI).

Forty-three subjects with primary psychotic and major mood disorders participated in the evaluation; with a refusal rate of 33%. Forty-three clients participated in the evaluation. A majority of the participants were male (70%) and white (51%). Twelve participants identified as black (28%) while one identified as Asian (2%) and eight as ‘other’ (19%). The mean $\pm$ SD age at entry was 41.8 $\pm$ 13.0 years. The typical participant was unmarried (98%) and had at least a high school diploma (77%). Preliminary results indicate that the PORT intervention is effective in engaging clients in treatment and in reducing client symptomatology and homelessness. Further evaluation using Hierarchical Linear Modeling techniques is underway.

References

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