

FINAL REPORT

Project: Evaluating and Mainstreaming Project Outreach, an Integrated Mental Health/Substance Abuse Treatment Program for Homeless Persons

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The Project Outreach Team (PORT) is a multidisciplinary behavioral healthcare program that provides comprehensive services for homeless mentally ill individuals in Washtenaw County. Since its creation in January 2000, PORT has received generous support from the Ethel and James Flinn Family Foundation for implementation, operation, and evaluation activities. PORT is also funded by a coalition of federal, state, and local agencies including Medicaid, the Michigan Department of Community Health, the city of Ann Arbor, Washtenaw County, the Washtenaw Community Health Organization (a joint UM/Washtenaw County agency), and the Project for Assistance in Transition from Homelessness (PATH; a federal/state project). In this final report to the Flinn Foundation, we will describe the evolution of PORT into a nationally recognized model for providing evidence-based services and treatments to homeless mentally ill adults; summarize the results of the PORT evaluation study; and report on our progress in disseminating our findings.

THE PORT PROGRAM

Services

The goals of PORT are to engage untreated homeless mentally ill adults at shelters and in public spaces and advocate on their behalf; to treat clients using a best practice model; and to transition clients after stabilization into the public mental health system. The PORT program model makes use of elements from several evidence-based interventions and treatment methods. From its inception PORT has incorporated components of the Assertive Community Treatment (ACT) model and the Critical Time Intervention (CTI) into its programming. Like ACT, PORT uses a multi-disciplinary

team and intensive services to engage and treat clients. Drawing on the CTI model, PORT provides intensive social support while linking clients with housing and the established public mental health system. In 2002 PORT added Integrated Treatment (IT) services for individuals diagnosed with co-occurring mental illness and substance use disorders. IT is an evidence-based treatment approach that combines substance abuse and psychiatric services within one hybrid program. The PORT IT program now includes four types of group therapy, each focusing on the concerns of individuals at a particular stage of recovery. For example, several groups target individuals in the earliest stages of recovery; another group is for men who have had some period of sobriety; a third is a supportive group for women with dual diagnoses and focuses on issues of violence, abuse, and other traumatic experiences; and finally, for those in recovery, there are Dual-Recovery Anonymous (DRA) groups modeled on Alcoholics Anonymous.

The most recent addition to the array of PORT services is an innovative Jail Diversion Program (JDP) which addresses the fact that individuals who are homeless and mentally ill are at increased risk of becoming involved with the criminal justice system, often for misdemeanors or nonviolent offences that result from their psychiatric symptoms. For example, it has been estimated that between 20 and 30% of individuals in the Washtenaw County jail are taking some type of psychotropic medication. The JDP, a partnership of PORT and other members of the mental health and criminal justice system, currently consists of three interventions: 1) pre-booking diversion, in which the PORT staff works closely with the law enforcement and the legal communities to intervene before the person is arrested or formal charges have been filed; 2) post-booking diversion which focuses on transitioning incarcerated individuals back into the community and linking them with a "medical home" to coordinate mental health, physical health, and substance abuse services; and 3) a Street Outreach Court in which one of the 15th District Court judges holds court at sites that are accessible and acceptable to homeless mentally ill individuals. A future component of the Jail Diversion Program will be an intensive case management program for persons with mental illnesses and/or substance use who are currently incarcerated.

In sum, PORT has evolved into a truly comprehensive treatment program that can meet the diverse needs of homeless mentally ill adults in Washtenaw County. These

services (summarized in Figure 1) include: assertive street outreach, intensive case management, psychiatric treatment, Integrated Treatment for individuals with both mental illness and substance use disorders, a medication management clinic (Meds-Only), vocational skills development (including two work Enclaves – grounds-keeping at county administration buildings and indoor maintenance at the Delonis homeless shelter, supported employment, and targeted competitive employment); and a Jail Diversion Program. Currently about 215 individuals are enrolled in PORT and we estimate conservatively that 100 new clients will enroll during the coming year.

Education

In addition to the provision of services, PORT serves as a training site for students in undergraduate, graduate, and medical house officer training programs at the University of Michigan, Eastern Michigan University, and Wayne State University. PORT also, at the request of the state PATH coordinator, helps train providers from other homeless programs in the state of Michigan.

Awards and Honors

The PORT program and individual staff members have received a number of local, state, and national awards. Most recently, PORT was selected by the U.S. Department of Health and Human Services (DHHS) to receive a 2005 SAMHSA Exemplary Program Award (see press release in attachment 1). The award was given to 12 programs in the United States in recognition of their "using evidence-based and promising practices to serve people who are homeless and have mental illnesses and/or substance use disorders." The award was presented by Charles G. Curie, Administrator of the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (DHHS/SAMHSA), at the National Training Conference of the National Resource and Training Center on Homelessness and Mental Illness (NRTC) on October 26, 2005. During the past year PORT was also cited by the Ann Arbor Main Street Merchants Association and the Ann Arbor Police Department for "outstanding services to homeless individuals." In addition, the PORT nurse, Carol Ludwig, and psychiatrist, Dr. Tim Florence, received an award for extraordinary leadership and commitment to

youth" from Ozone House, an agency in Ann Arbor, which provides services for runaway and homeless youth and their families. Finally, two staff members, John Loring and Nick Puscas, received a "Certificate of Outstanding Achievement for Compassion and Commitment in Helping to Improve the Life of a Citizen in Need" from the Ann Arbor Police Department and the Main Street Merchant Association.

EVALUATION

The PORT evaluation study design and results have been presented in previous reports and therefore will be only briefly summarized here. We conducted a pretest/posttest assessment of outcomes in 45 individuals who had recently enrolled in the program. All participants provided written informed consent and received a clinical diagnostic evaluation. At baseline and every three months for the next 18 months, participants were evaluated with a comprehensive interviewer-administered survey that assessed symptoms of mental illness, physical health status, service utilization, housing and work status, and quality of life. Thirty-three participants (73%) remained in the study for at least one additional follow-up interview. The results obtained using a mixed effects model analysis of the data are summarized in Table 1. (This method has the advantage of using all available data for each subject; i.e. subjects are not excluded from the analysis if they have a few missing data points.) Subjects showed improvements in overall psychiatric symptoms ($p=.01$), as well as in negative symptoms (based on Scale for Assessing Negative Symptoms (SANS), $P=.009$), and depressive symptoms ($p=.03$). There was also a significant decrease in nights homeless or in jail ($p=.01$). However, no significant change was found in utilization of emergency services or rates of hospitalization. (These latter findings are likely due to the very low rates of hospitalization reported at baseline.) A graphic assessment of the changes over time suggests that a significant decrease in symptoms requires about six – nine months in the program (example, see Figure 2), while a significant decrease in the number of nights homeless or in jail occurs within the first three months of participation in the program. We concluded: 1) the PORT comprehensive treatment program can be successfully implemented; i.e., in a small urban area, one team can seamlessly provide engagement and advocacy, treatment and

transitioning functions for mentally ill homeless persons and 2) a six to nine month "dose" of PORT is effective in reducing symptoms and improving housing.

DISSEMINATION OF FINDINGS

We are currently writing an article describing PORT and the results of our evaluation for publication in a peer-reviewed journal. In conjunction with this, we are writing a review of community-based service delivery models for treating homeless mentally ill individuals, which we will also submit for publication. We hope to have both articles completed and submitted by early 2006.

ASSURING THE CONTINUATION OF PORT

Generous funding from the Flinn Foundation has allowed PORT to develop into a model program for providing comprehensive evidence-based services and treatments to homeless mentally ill adults. Our ability to demonstrate the effectiveness of the PORT approach has, in part, contributed to the integration of PORT into the Washtenaw County Community Support and Treatment Services (CSTS), formerly Community Mental Health, making it a permanent part of the spectrum of services available to homeless persons in Washtenaw County. PORT also continues to receive financing from a number of local, state, and federal sources. In addition, PORT has increased the number of eligible clients who are receiving entitlements such as Social Security and Medicaid.

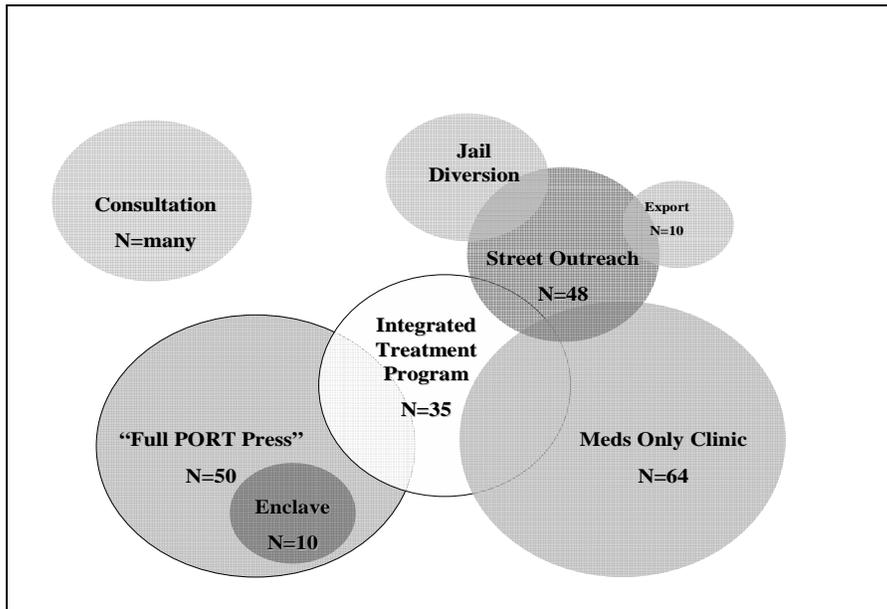
THE FUTURE

In the future, the PORT staff will continue to work toward ending homelessness among people with severe mental illnesses by providing evidence-based services and treatments, by partnering with federal, state, local, and private agencies to reduce barriers to services and increase resources and funding, and by conducting research that addresses important gaps in knowledge.

Figure 1

PORT SERVICES 7/04-12/04

Total clients served: 166



Description of Terms

1. *Full PORT Press*: Complete PORT services including intensive case management.
2. *Meds Only*: Medication management services only (Offered when there is a waiting list for Full PORT Press).
3. *Integrated Treatment*: Treatment for individuals with comorbid mental illness and substance use disorder.
4. *Export*: Persons are returned to their home county for treatment.
5. *Street outreach*: Engaging people where they live on the streets.
6. *Jail Diversion*: includes pre-booking, post-booking, and Street Outreach Court. Program began in 2005 and in third quarter (7/2005 – 9/2005) staff provided 44 pre- and post--booking placements along with 127 counseling units.

Figure 2

CHANGES IN CLINICAL GLOBAL IMPRESSION (CGI) SCORES
(n = 11; Scale: 1 - 7, normal to most extremely severe)

MEAN CGI SCORE: CHANGE OVER TIME

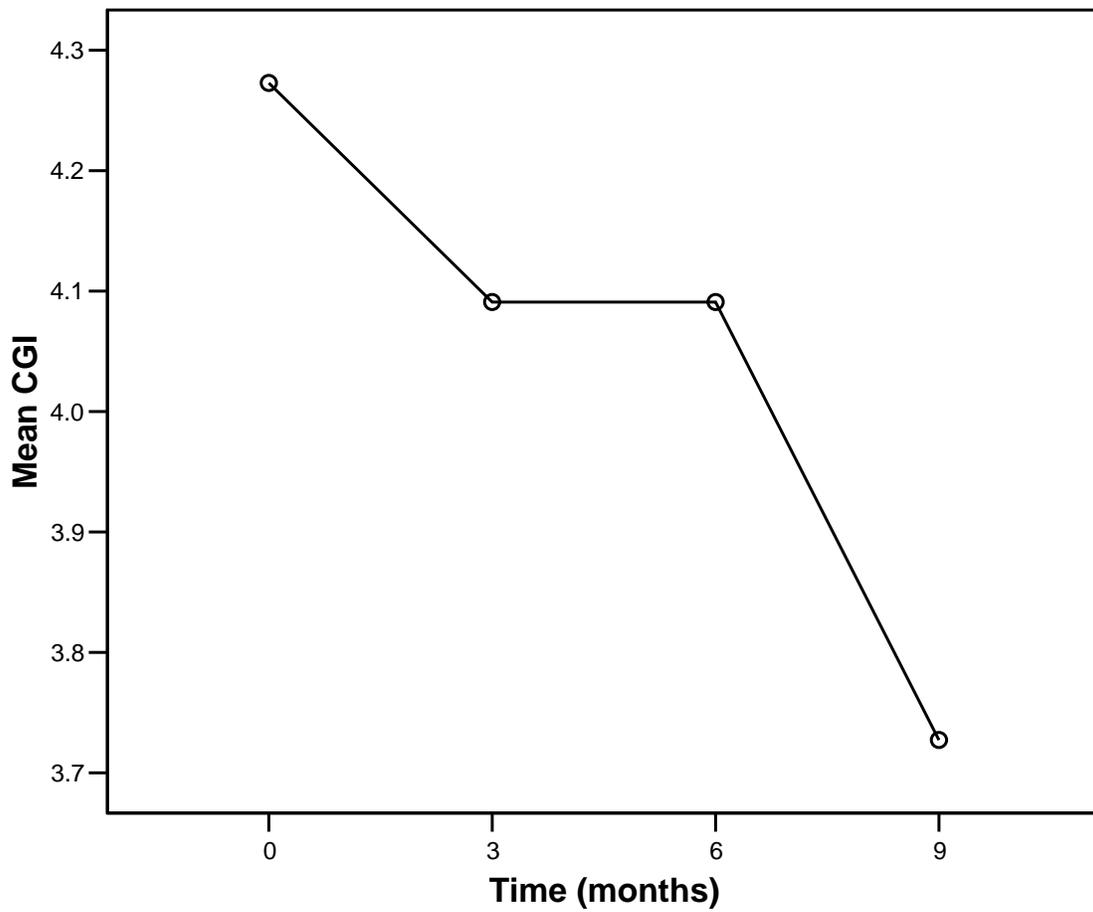


Table 1

**PORT EVALUATION: CHANGE IN SYMPTOMS AND HOUSING STATUS
(n = 33)**

Outcome	Rate of change (slope)	p-value
<i>Symptoms</i>		
BPRS total	-.29	.01
BPRS negative	-.08	.05
BPRS positive	-.06	.36
BPRS depression	-.11	.03
SANS	-.15	.009
CGI	-.02	.08
GAF	+.34	.05
Nights homeless/jail	-.43	.04

Notes:

1. These analyses were done using a mixed effects model approach which uses all available data for a subject; i.e. subjects are not excluded from the analysis if they have some missing data points.

2. Abbreviations:

BPRS: Brief Psychiatric Rating Scale. The total score (average score for all items provides a measure of overall symptom severity. We also calculated three BPRS subscales: positive symptoms, negative symptoms, and depressive symptoms. (Higher scores indicate greater severity.)

SANS: Scale for Negative Symptoms. Rates the severity of negative symptoms of schizophrenia. (Higher scores indicate greater severity.)

CGI: Clinical Global Impression scale, A one item scale rating overall severity of illness. (Higher scores indicate greater severity.)

GAF: Global Assessment of Functioning. A one item scale rating overall functioning. (Lower scores indicate greater functioning.)

Attachment 1: Press Release for SAMHSA 2005 Exemplary Program Award

FOR IMMEDIATE RELEASE

Local Homelessness Program Honored By U.S. Department of Health and Human Services

ANN ARBOR, November 7 – The Project Outreach Team (PORT), a provider of health care and housing services for individuals who are homeless in the Washtenaw County region, has been recognized by the U.S. Department of Health and Human Services (DHHS) as an Exemplary Program for 2005. The program was nominated for the award by Monica Bellamy, Homeless Housing Program Specialist for the Michigan Department of Community Health. Project Outreach is one of 12 programs recognized from across the United States.

The Exemplary Program Award was presented by Charles G. Curie, Administrator of the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (DHHS/SAMHSA), at the National Training Conference of the National Resource and Training Center on Homelessness and Mental Illness (NRTC) on October 26, 2005. Accepting the award on behalf of Project Outreach was Team Psychiatrist Dr. Timothy Florence.

The NRTC National Training Conference was held at the Hilton Washington Hotel in Washington, DC, from October 26 to October 28. This was the third biennial meeting of the conference, which is an educational seminar for mental health and substance abuse treatment professionals as well as service providers who work with individuals who are homeless. The conference is sponsored by the Center for Mental Health Services (CMHS), one of SAMHSA's three centers. Exemplary Award winners were selected by a peer-review panel of professionals and consumers based on seven criteria that included: use of one or more identified evidence-based or promising practices; linkages with or use of mainstream services/resources; positive client outcomes; evidence of addressing homelessness among individuals and families with mental illness and substance use disorders; homelessness prevention; consumer involvement; and culturally sensitive services and supports.

In addition to the Project Outreach Team, the other Exemplary Programs included: Homeward Bound, Anchorage, Alaska; Project HOPE, Concord, California; El Hogar River City Community Homeless Program (RCCHP) and Turning Point Community Program's Homeless Intervention Program (HIP), Sacramento, California; Fellowship House's Community Housing Program, South Miami, Florida; Helping Other People Through Empowerment, Inc., Baltimore, Maryland; Maryland SSI Outreach Project, Baltimore, Maryland; Worcester Homeless Families Program, Worcester, Massachusetts; 350 Lafayette Transitional Living Community (The 350 TLC), Center for Urban Community Services, Inc. (CUCS), New York, New York; Albert and Mildred Dreitzer Women and Children's Treatment Center and Families United Supportive Housing (FUSH), Programs of Palladia, Inc. New York, New York; Homeless Outreach Program at Southeast, Inc., Mobile Psychiatric Unit and Project Liaison, Columbus, Ohio; and The Neighborhood Living Project (NLP), Pittsburgh, Pennsylvania.

