



Brattleboro Retreat

MENTAL HEALTH AND ADDICTION CARE

Homelessness: Innovative Community Interventions

**Kurt White, LICSW, LADC, Rebecca Burns, BS, RN,
Rhianna Kendrick, and Zach Wigham, MSW**

Tuesday, February 25, 2020

12:00 PM to 1:00 PM

Brattleboro, Vermont

Healthworks, an initiative of the Groundworks Collaborative, is an active partnership between that agency, along with Brattleboro Memorial Hospital and the Brattleboro Retreat to improve outcomes for complex individuals experiencing or at risk of homelessness. The project involves the innovative use of medical and mental health practitioners working outside of traditional office settings, as well as the use of shelter and medical resources to improve outcomes for hospitalized patients. Additionally, Healthworks provides a structure for monthly case conference presentations that aim to both solve clinical dilemmas as well as highlight and work to solve gaps in the system or other mezzo-level issues that may negatively impact client outcomes. This work will be presented by clinical and leadership staff involved in program implementation and design, with relevant data on some of the key aspects of the initiative. Notably, we believe this model could provide a realistic and cost-effective template for working with this population in rural areas.

At the end of this learning event, participants will be able to:

1. Describe a basic framework for the embedded provider model and steps for successful implementation.
2. Identify the job duties, responsibilities, and desirable skills of embedded mental health clinicians and nurses.
3. List two ways that a case-conference presentation in a community setting may help to improve outcomes for vulnerable populations.

Kurt White, LICSW, LADC, is Senior Director of Ambulatory Services at the Brattleboro Retreat. **Rebecca Burns, BS, RN**, is the Director of Community Initiatives at Brattleboro Memorial Hospital. **Rhianna Kendrick** is the Director of Operations at Groundworks Collaborative, and **Zach Wigham, MSW**, is a Social Worker/Therapist 1 at the Brattleboro Retreat and an embedded provider within the Groundworks Collaborative.



HEALTHWORKS INNOVATIVE INTERVENTIONS WITH HOMELESS POPULATIONS

REBECCA BURNS, RHIANNA KENDRICK, KURT WHITE, & ZACH WIGHAM

FEB 25, 2020



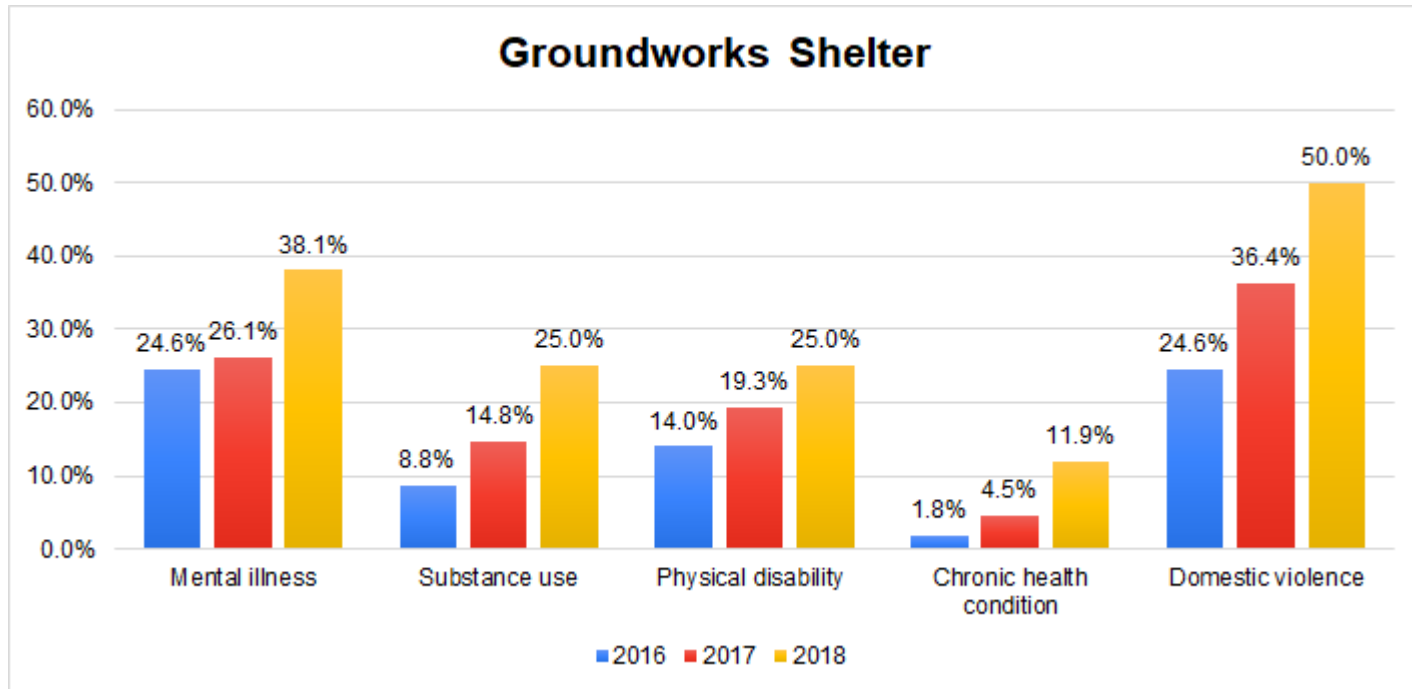
OVERVIEW OF THE ISSUE: MULTIMORBIDITY IN HOMELESS POPULATIONS

Homelessness can result in substantial unmet medical, mental health, and other social services needs (Baggett, O'Connell, Singer, & Rigotti, 2010). The practice team involved with the Healthworks project has seen medical problems that include both untreated chronic conditions (asthma, diabetes, hepatitis, HIV), as well as those caused or exacerbated by homelessness (infectious disease, wound care, malnutrition), and also by untreated mental health and addiction issues (injection site infections, etc.). Intentional and unintentional overdose, short- and long-term exposure to substances, interpersonal violence, and risk of suicide are also risks in this vulnerable population.

Rural systems present special challenges, as infrastructure and resources to build systems that address the needs of the most vulnerable and complex homeless populations are often lacking, or difficult to deliver on a rural geography (Forchuk et al., 2010).

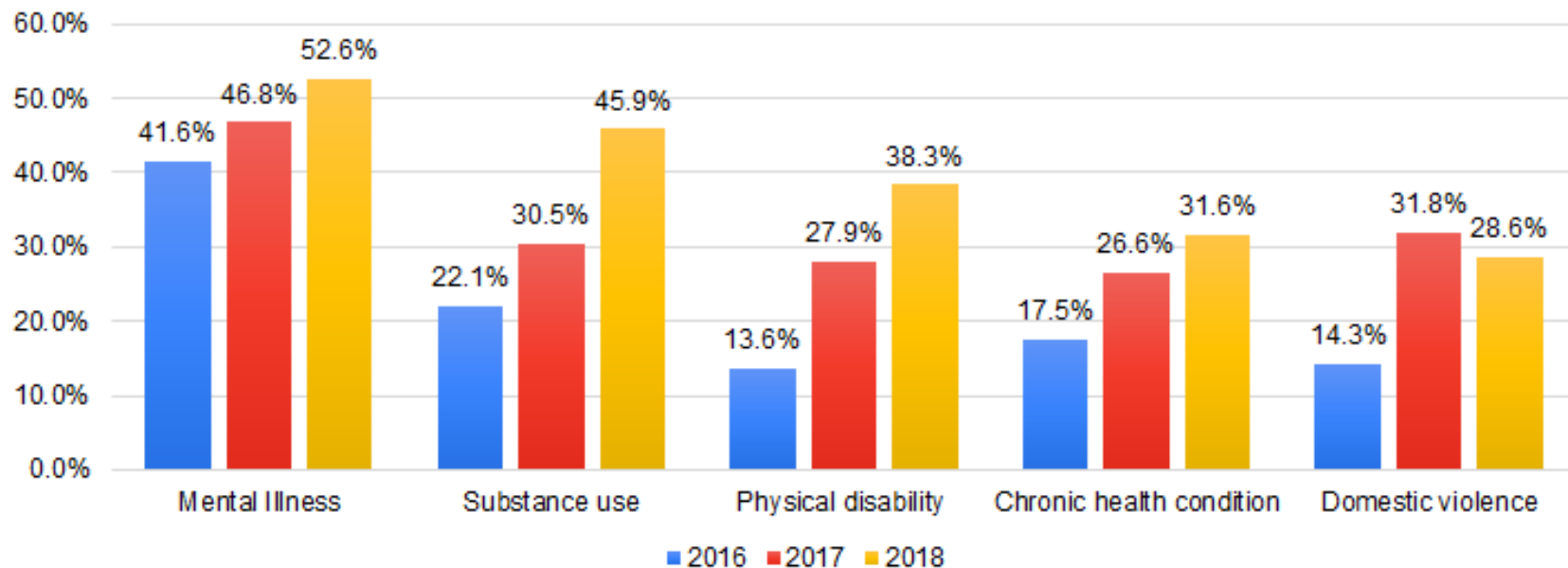
Groundworks data from self-reported shelter admission data showcases that this population often has multiple identified mental health and medical needs on admission to the shelter, including a combination of mental illness, substance use, physical disabilities, and chronic health conditions.

SOME DATA FROM GW 2016-2018 GW SHELTER



DATA: 2016-18 SOS

Seasonal Overflow Shelter



WHY MIGHT THIS BE SO?

- Lack of available housing coupled with rising housing costs and low wages
- Limited types of housing available to support complex needs
- Ongoing and increased multi-generational poverty
- Opioid epidemic leading to more complex needs, and lack of available resources to best support them
- Social services struggle to support this particular population, lending to Groundworks as the final “safety net”
- Lack of skilled providers leading to many job openings in the area, while providing necessary services with high burnout rates

THE MULTIMORBIDITY DILEMMA

- How to treat a population that is often disconnected, with both acute and chronic medical, psychiatric, and addiction concerns?
- Can be a challenge to find a way to form alliances and intervene at all...
- How do we do so without creating a parallel system of care, which is not sustainable in a rural setting?
- How do we manage the often poor outcomes that accompany multi-morbid populations?

THE STORY OF HEALTHWORKS

- Healthworks as an intervention, is intended as a balm to a medical, mental health, and social service delivery system that works for many, but can't quite find a way to stretch itself as far as multimorbid populations may need. The model involves four main aspects: a shelter-embedded clinical social worker, a similarly embedded nurse, a medical respite bed within a homeless shelter setting, and a collaborative team-meeting that involves both direct care and administrative staff.
- Embedded social worker position
- Embedded nurse position
- Embedded drug and alcohol counselor position
- Medical Respite Bed
- Healthworks team and meetings

GOALS OF HEALTHWORKS HOW WE WORK

- Provide care for the most vulnerable people in our community
- Establish clients with Primary Care Providers, Specialty Providers and Dental Providers
- Coordination of Care
- Management of Respite Bed
- Healthworks Monthly Meeting- medical, behavioral health, and social services providers
- Case Review
- Identifying and Navigating System Issues

CASE EXAMPLE

- The case of TL demonstrates multimorbid complexity and acuity common to the homeless population in our region alongside the common systems-barriers Healthworks faces.
- On 2/10/2020 TL offered her informed consent to have her case used in this presentation, aware and approving of identifying information be used.
- VPR Story: With Annual Point-In-Time Count Underway, A Conversation About Homelessness In Vermont
- What we think this case illustrates:
 - Lack of appointment attendance \neq lack of interest in treatment.
 - An outpatient-centered vision of “accessibility” appears unable to address challenges common to the homeless population
 - The old adage of “don’t work harder than your client” doesn’t sufficiently address the question of systemic barriers

LESSONS LEARNED FROM HEALTHWORKS – FROM ALL OF US

Kurt: “I’ve learned that it’s critical to have all of the players at the table, even when you don’t quite know what the outcome will be. Every life is valuable, and deserves respect and attention. This population takes more effort, without always realizing a profound insight about how the systems should work better; it is just the nature of complex problems, they need to be tackled from every angle, over and over, until something shifts.”

Zach: “The current system of care, despite that system’s enormous expertise and capability, seems to hold barriers to access for those who might need it most. “Resistance”, forgetfulness, a lack of organizational skill, addiction, mistrust... whatever the challenge to access, these are symptoms of the problems we are seeking to treat. Simply put, who’s not showing up for whom?”

Rhianna: “Communities only thrive when all members have their basic needs met. The work of Groundworks in our community is to ensure that those who are most vulnerable have their basic needs met, and yet, we can’t do this alone. Our collaborative partnerships have enabled us to address the complex needs that only appear to be worsening over time. My hope is that we can continue to shift the conversation from how to keep individuals from dying, to how to support all people in thriving.”

Becky: “Navigating the healthcare system is very challenging for the vulnerable population we serve. I’ve learned how imperative it is to have a medical person assisting with this navigation to ensure people are connected or stay connected with healthcare, specifically a primary care provider.”

NEXT STEPS

- Quantifying impact of interventions with HW - working to address what kinds of outcomes matter most, from “housed” to “still alive” to “total cost of care.”
- Work to improve sustainability of the embedded nurse position
- Work to address burnout inherent in caregivers working with such complex populations, and systems obstacles
- Identify underlying obstacles for the overall health and well-being of this population, and work to address those on multiple levels of inference

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Conflict of Interest Disclosure

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