

Executive Summary: Healthworks ACT Pilot Project

Vermont is facing crises in its housing and mental health care systems. Nowhere is this more evident than the state's southeastern corner, where people facing mental health emergencies are regularly boarded in the emergency department for days on end to the detriment of their long-term health and at a great stress and financial cost to the health care system. At the same time, Brattleboro's rental housing vacancy rate is consistently under 2% and Windham County has the second highest rate of homelessness in the state. The people most impacted by these parallel crises are the community's most vulnerable residents—people living without a permanent place to call home, in distress from unmet medical, mental health, or addiction care needs, and unable to access critical care and supports that could potentially shift their trajectory, improve their health and well-being, and—quite literally—save their lives.

As we, as a state, struggle to solve these crises and consider the expensive options before us—to create more psychiatric beds or emergency department space—a collaboration of healthcare and human service providers presents a cost-effective, evidence-based solution that holds promise to improve the health and increase the housing stability of marginalized Vermonters, while also reducing healthcare costs and stress on emergency services.

Building on a strong partnership between the Brattleboro region's homeless shelter, mental health providers, and community hospital, these organizations—Brattleboro Memorial Hospital (BMH), Brattleboro Retreat, Groundworks Collaborative, and Health Care & Rehabilitative Services (HCRS)—propose piloting a new program for healthcare delivery to people experiencing homelessness. This pilot project, Healthworks ACT, will build on a successful initiative in order to reach more people with a significantly more robust, trauma-responsive model for an integrated medical home.

The Healthworks ACT pilot project will:

- Serve 75 people in Windham County who are accessing services for housing insecurity, have a diagnosed serious mental illness, and tend to be high utilizers of emergency care because their mental and medical health care needs are not being met by the current system.
- Use the Assertive Community Treatment model, or ACT, for a patient-centered, integrated mental health, addiction, and medical treatment approach, along with key program tenets of trauma-responsive care, Intentional Peer Support, and an Open Dialog/Collaborative Network Approach.
- Leverage these approaches to create a program that emphasizes shared decision-making, round-the-clock availability, flexibility, and tolerance of uncertainty.
- Bring together peer support advocates, medical providers, behavioral health clinicians, and housing case managers in a cross-agency collaboration.
- Provide care directly to participants through embedded clinicians and services at facilities operated by Groundworks, the community's organization addressing housing and food insecurity.
- Address the gap in care at the preventative and subacute level for people who face difficulty accessing care in traditional healthcare settings.
- Achieve anticipated individual and system outcomes that align with ACT's evidence base, to include significantly reduced hospitalizations and interactions with intrusive, involuntary, and traumatic crisis interventions; reduced symptoms and distress from acute and chronic illnesses; improved quality of life; reduced cost of care; and increased housing stability.

- Reduce trauma, restore dignity, and improve quality of life for our community's most vulnerable residents.

The project's partners bring a wealth of experience in healthcare and service delivery, individual and collaborative histories securing and managing major financial investments from federal, state, and philanthropic sources, and a strong track record of successfully managing complex healthcare initiatives.

BMH, project fiscal agent, leads the region's Blueprint for Health participation, managing the Community Health Team and other Blueprint initiatives and collaborations. The Brattleboro Retreat has a record as a state leader in the provision of Medication Assisted Treatment (MAT) by opening one of Vermont's first Hub programs and partnering with BMH to offer an innovative rapid-access MAT initiative from the BMH emergency department. Additionally, HCRS's programs have received national and statewide recognition with notable successes including a Depression in Primary Care grant from the Robert Wood Johnson Foundation and collaboration with Dartmouth-Hitchcock Medical Center on federally-funded projects.

To complement this healthcare experience, Groundworks Collaborative has earned statewide recognition for its innovative and multi-faceted programming that provides essential support to people facing a full continuum of housing and food insecurities in the Brattleboro area. To deliver its programs and partnerships, Groundworks regularly secures and manages federal, state, and charitable gifts.

Notably, all four partners are members of the Consortium on Substance Use (COSU), a regional collaborative initiative focused on substance and opioid use disorders. COSU secured planning and implementation funding through Health Resources & Services Administration's (HRSA) Rural Communities Opioid Response Program; in its funding round, COSU's \$1 million implementation grant award was one of only 70 awards nationwide and Vermont's only funded project.

Healthworks ACT's \$1.26m. pilot project represents an intelligent financial investment. It holds promise to significantly reduce the total cost of care for a very high-cost population and also to reduce stresses on the community's emergency service infrastructure. One month of integrated care for a participant through Healthworks ACT—including a multi-disciplinary team of peer advocates, social work, care management, nursing, and prescribers—translates to roughly the equivalent cost of one day in the emergency department or one day of inpatient psychiatric care.

The proposed project is a particularly unique ACT model, likely the only one in the nation to combine three innovative approaches. First, people with lived experience hold leadership roles at all levels of staffing and governance, truly endorsing the concept of "nothing about us is without us." Second, this project integrates medical care directly into the ACT model, which traditionally has focused on mental health and substance use services. Finally, the inter-agency, multi-disciplinary collaboration represents a departure from traditional ACT models implemented by one organization.

Healthworks ACT seeks funding for a one year pilot phase to support initial implementation, monitoring, refinement, and measurement of the project's preliminary impact and success. As the project model proves itself through the pilot phase and moves towards its target capacity of serving 120 individuals, the Healthworks ACT team will advocate for incorporation into the state's healthcare payor system with specific billing codes to support the project's longer-term financial sustainability.