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A Proposal to Implement Assertive Community Treatment Into a Primary Care Shelter Clinic

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A PROPOSAL TO IMPLEMENT ASSERTIVE COMMUNITY TREATMENT INTO A PRIMARY CARE SHELTER CLINIC

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This is to certify that **Julie Churcher-Fields** has successfully defended her Graduate Project entitled **"A Proposal to Implement Assertive Community Treatment into a Primary Care Shelter Clinic"** and fulfilled the requirements for the Master of Arts in Nursing degree.

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Dedication

I dedicate this project to my grandmother, Genevia, and my great-aunt Alice. You both were the matriarchs of our family. You showed us the true meaning of caring for others, without you there would be no me; because of all the things you sacrificed, I am now able to go on to achieve greater things. I'll always remember you, with love…

Acknowledgements

A special thanks goes to the dedicated ACT team that I had the honor of working with for the past 13 years. Working with you all taught me holism, compassion, empathy, and the true meaning of providing care to an entire person, not just a condition. Without this experience I would have never learned the key of what drives my passion for people experiencing homelessness and severe mental illness today, “we are all one kind, man-kind.” I would like to thank my mother, Rosemary Churcher, who at a young age I saw caring for people before I even knew what that really meant. To my husband and children (Cliffton, Lyric, and Dallas) for inspiring me to be my very best, supporting me through all the long nights, and for all of the fast food you had to consume over the past few months. A special thanks to Dr. Joyce Miller, for always being there to help me sort out things with an encouraging attitude and to all my professors who I watched teach items of culture and realism that were unheard of too many. Thank you to Augsburg University as an institution that is working towards systemic improvement, presenting challenging topics to us as nurses, to help us grow and think outside of any box.

Abstract

Individuals who are experiencing homelessness and severe mental illness have a difficult time accessing healthcare systems. Without mental health treatment and stable housing, individuals develop multiple needs that must be addressed during an individual visit. Without treatment for mental health symptoms, individuals may experience a negative impact on their quality of life and the ability to get basic needs met. Community organizations have an obligation to provide integrated care with a goal to improve overall health for this population. As nurse leaders there is an opportunity to be advocates and implement innovative ideas to improve care. In a large adult men's shelter clinic, a nurse manager developed a proposal to implement Assertive Community Treatment (ACT) services within a primary care shelter clinic. This proposal was written to support the shelter staff who reported an increased need for mental health services among residents living within the shelter. After researching the grant proposal process for ACT, requirements for ACT services, and the benefits, it was determined that the shelter clinic would not be able to accommodate an entire ACT team; it could still provide added mental health services to improve overall health to individuals experiencing homelessness and severe mental illness residing within the shelter. Jean Watson's Theory of Human Care provided the framework as the human need to belong is a core concept in providing care to marginalized groups of people. This project supports the importance of providing integrated care to build relationships that can improve engagement.

Keywords: homelessness, severe mental illness, healthcare outcomes, grant proposal, assertive community treatment

A Proposal to Implement Assertive Community Treatment into a Primary Care Shelter Clinic

Chapter One: Introduction

As a nurse manager working in a primary care shelter clinic, it is imperative to be aware of the disparities among individuals experiencing homelessness and severe mental illness. Individuals who are diagnosed with a serious mental illness (SMI) experience many barriers within society; navigating the healthcare system is one of these barriers (Minnesota Department of Health [MDH], 2017). Other barriers a person can face include socioeconomic status, substance use, fear of failure, stress, stigma, and the inability to make good decisions and take the necessary precautions to prevent or manage the disease process (MDH, 2017). Collaboration between mental health and primary care providers can help improve access to treatment and ultimately improve physical health outcomes for people who have a SMI. People living with a SMI are more likely to become homeless than the general population (National Coalition for the Homeless, 2019). When persons with SMI become homeless, they are vulnerable to diseases and ultimately can have a permanent decline in function. Healthcare systems must understand some of the challenges that influence a person's individual choices. Within shelter clinics, nurse leaders have an opportunity to develop individualized interventions that promote mental and physical health with a goal of improving mental health status. Assertive Community Treatment (ACT) team services can develop realistic goals for individuals experiencing homelessness and SMI. The model of ACT uses a holistic approach that can help to reduce hospital stays, support basic needs and housing, and provide therapy, chemical support and vocational support to improve quality of life. The

theoretical framework of Jean Watson's Human Caring Theory (2008), provides the foundation for this project of developing a proposal to implement a pilot program for an ACT team at a primary care shelter clinic to address barriers for adult males living with or diagnosed with mental health disorders or presenting with symptoms of mental illness at a large shelter in Hennepin County.

Background

ACT teams provide support to people living with mental health diagnoses. The implementation of an ACT team approach into a primary care clinic has recently been shown to be effective in breaking down barriers when caring for people who have psychiatric symptoms (Mental Health Resources, [MHR], 2016). Many individuals experience various challenges engaging with primary care providers. Building trusting relationships with healthcare providers within primary care settings is challenging, and for those experiencing homelessness survival becomes priority. ACT uses an approach that provides wide-ranging individualized community-based psychiatric treatment, rehabilitation, and care to individuals with serious and persistent mental illness who live within the community (MHR, 2016). ACT teams work to address more than one concern at a time.

Individuals assigned to the ACT team are noted to have avoided or not responded well to traditional methods of treating mental illness. The ACT team include nurses, social workers, and physicians who specialize in mental health (MHR, 2016). According to MDH (2017), there is evidence that team-based care improves healthcare outcomes among people diagnosed with a SMI and experiencing homelessness. Using community outreach programs has shown an increase in patient engagement, treatment compliance,

improvement in medication adherence, follow up, and self-management of illnesses (MDH, 2017). When persons with SMI are consistently taking prescribed medication, they are more likely to make coherent decisions and have a better understanding of their basic survival needs and skills. With support and treatment from ACT their engagement, and state of mind appears, on occasion, to function at a higher level, and the likelihood of being a productive member of society may increase (MDH). It is vital for nurses to gain a deeper level of understanding to provide effective care to these marginalized groups of people.

Working at an adult men's shelter clinic that provides primary care, the shelter staff have noticed an increased effort being taken to engage those who have mental health symptoms versus those who do not (Andre, personal communication, October 30, 2019). (Please note, the name has been changed to maintain anonymity). These mental health symptoms include responding to internal stimuli and paranoia. Healthy People 2020 (2018) emphasize that marginalized persons die 10-15 years early due to the lack of treatment and prevention of disease. Therefore, to improve care for individuals who have SMI and are experiencing homelessness, a proposal to initiate an ACT team into the primary care clinic at the shelter will be developed. The ACT team will include a psychiatric provider, a social worker, and a mental health nurse along with natural supports of families, case managers, community workers, and shelter staff to build relationships and improve health care outcomes for people who are experiencing homelessness and have mental health symptoms.

This project will be implemented at a large shelter clinic for adult males located in Minneapolis, Minnesota. The shelter services 171 shelter beds, 80 pay-for-stay beds, and

80 units of single room occupancy. This shelter is funded by Catholic Charities who have served the poorest and most vulnerable members of the community for 150 years. Catholic Charities is the largest comprehensive social service nonprofit in the greater Minneapolis-St. Paul area, serving thousands of people through 36 different programs at over 17 locations (Catholic Charities of St. Paul and Minneapolis, 2019). Catholic Charities puts their focus where it is most needed within the community, and in addition, the shelter is supported by donors, advocates, and volunteers. Catholic Charities seeks to prevent poverty before it occurs, meets individuals' basic needs in times of crisis, and creates pathways out of poverty (Catholic Charities of St. Paul and Minneapolis). When providing care, it is important to build relationships within the community to provide resources to meet individual needs of people.

For people who are experiencing homelessness and SMI, tracking medications becomes less of a priority to getting daily needs met. To provide support for medication adherence to people experiencing homelessness or SMI, nurses must be able to meet persons where they are at within the community (World Health Organization, 2007). Meeting people where they are at may mean following up with people residing in homeless shelters, street corners, and under bridges. It includes bargaining with people experiencing homelessness and SMI to improve medications adherence or considering that a patient with a SMI may not deem a chronic illness as a priority due to cognitive difficulties or empathizing with the plight of the person experiencing homelessness. An integrated, multidisciplinary health care team or an ACT team with an outreach focus, along with involvement of local and state agencies, seems best suited to address the components needed to ensure quality of care, to help make people self-sufficient, and to

help them succeed in managing illnesses along with increasing their quality of life (Maness & Khan, 2014). The ACT team and shelter clinic staff seek out people within the shelter and the community; assist with getting them into the shelter clinic or longer-term housing; assist in setting up and monitoring medications when possible; and assist with collaboration between other providers (housing, case management, etc.); and with basic needs such as food, shelter, and clothing (MDH, 2017). Keeping an open mind and prioritizing needs is also essential when providing care. The implementation of an ACT model in primary care can help to address the disconnect observed between providers and patients presenting to shelter care clinics.

The first step in implementing an ACT team is to develop a proposal for funding, involve stakeholders, and leaders. After key stakeholders are on board its important to then review the actual ACT model requirements to see if the shelter clinic can accommodate the model. Once this is complete, the discussion should shift to development of the ACT model by following the Substance Abuse and Mental Health Services Administration [SAMHSA] (2018) guidelines for ACT. The initial steps for SAMHSA include developing the administrative and operations requirements, formulating rules for admission and discharge, and determine staffing requirements which include a ACT leader, psychiatrist, psychiatric nurses, employment specialists, substance abuse specialists, mental health consumers, program assistant, and additional mental health professions with doctorate or master's degrees in social work, nursing, rehabilitation counseling or psychology (SAMHSA, 2018). Following the guidelines will help to achieve the maximum amount of funding to run a productive ACT team (SAMHSA). The purpose of this project is to write a proposal to start an ACT team to

decrease mental health symptoms for individuals residing in a shelter located in Minneapolis, MN.

Significance of the Project

To care for people who have SMI and/or are experiencing homelessness, nursing leaders must remain nonjudgmental and understand the need to address multiple barriers during each visit. According to the United States Department of Housing and Urban Development (2008), one-fifth of the total number of people experiencing homelessness across the United States suffers from a SMI, such as untreated schizophrenia, bipolar disorder, or severe depression. Although all these mental health conditions are manageable with the right medication and treatments, these diagnoses may be debilitating if left untreated. In the absence of proper care, the issue of untreated mental illness costs the federal government millions of dollars a year in housing and services and prolongs their disorders (U.S. Department of Housing and Urban Development, 2008). Many untreated people end up with lengthy hospital stays with preventable diseases that can lead to chronic illness and early death. The most obvious effect of untreated mental illness is a steady and rapid decline in mental health. Mental illness does not improve on its own, and the longer it persists, the harder it is to treat (Young, 2015). People with depression, for example, might only experience a handful of symptoms at first, but when left untreated, they may begin to experience the full range of depressive symptoms that may require more intensive medication, treatment and may lead to a more uncertain recovery journey (Young). ACT can assist in educating people on the importance of early treatment, medication education, and management.

ACT can help facilitate appointments within primary care. Valaitis et al. (2017) conducted a study to determine the benefit of patient navigated programs that used an outreach approach to engage people and families in primary care. This study indicated the benefits of not only engaging families in primary healthcare, but also explored the benefit of social workers versus health care providers in building trusting relationships to improve patient-provider relationships (Valaitis et al.). This study demonstrated the benefits of implementing community-based programs such as ACT and contributed new information that can inform linking patients to the initiation and maintenance of primary care patient navigation programs.

Nurse leaders can help explore creative individualized care strategies that promote dignity and respect and are comprised of a team of multidisciplinary health care professionals to help improve understanding of this patient population. People experiencing homelessness and who have SMI have a difficult time seeking healthcare, and often require assistance to connect with providers. According to Plumb (2000), people who are experiencing homelessness are also plagued by multiple internal and external barriers to obtaining effective care. Internal barriers include the denial of health problems and the intense pressure to fulfill competing needs, such as obtaining food, clothing, and shelter and maintaining safety. External barriers include unavailable or fragmented health care services, and misconceptions, prejudices, and frustrations on the part of healthcare professionals who care for people experiencing homelessness (Plumb). By providing compassionate care for people experiencing homelessness and SMI, nurses can help people manage chronic disease and prevent early death.

Connecting with people is critical to the practice of nursing. Nurses must strive to make meaningful connections with patients and people within the community to make necessary change for people experiencing homelessness and SMI. Nurses must constantly challenge themselves personally and professionally in order to adapt to a continuously changing society. This population is unique, as the barriers they confront are not always a noncompliance issue; rather, this culture needs medical providers to break down the barriers for those who are viewed as "different" in society. Ultimately, this type of transcultural nursing will help improve a person's experience and improve the health of the entire community.

Theoretical Framework: Jean Watson's Human Caring Theory

Jean Watson's (2008) Human Caring Theory provides nurses with a theoretical framework to create an environment of care for individuals who are experiencing homelessness and SMI. Watson's theory gives nurses the ability to influence physical and spiritual surroundings in order to promote healing within the care environment. Using Watson's core concepts of caring moments, and Caritas Processes numbers four and nine, for developing a helping-trusting relationship (human caring) will provide the framework for the proposal to implement ACT services into a shelter clinic for individuals experiencing homelessness and symptoms of SMI.

While providing care to individuals who are experiencing homelessness and SMI, it is imperative to provide nonjudgmental care to address health and go beyond one's personal beliefs and possible bias. Watson (2008) suggested that going beyond one's personal ego is necessary to provide transpersonal care which ultimately creates caring moments. The ACT team can take time to learn individual's stories and gain a deeper

understanding, which can be helpful when providing transpersonal care. These caring moments lead to a genuine presence that supports human to human contact (Watson). ACT strives to view the individual in a holistic way when they are experiencing symptoms from mental illness and make a connection by using and altering the energy within their environment. For example, the ACT team makes connections with individuals in places within the community, such as shelters and street corners. Watson described transpersonal caring as honoring the mind, body, and soul of one's self and the individual within this space, so that a higher level of healing and care can occur. Caring involves an individual perspective and the use of dialogue can help to build caring relationships between two individuals (Morse, 1990). ACT uses individual world views and approach issues that are most important to the person at the time. By doing so, other issues can eventually be approached if the individual feels respected in this way. Watson (2008) suggested that nurses can achieve self-growth and become closer to their inner spirit and its development when caring in this way. The ACT team must be willing to expand their individual world view to increase the realm of practice when caring for marginalized populations.

A priority of nurses caring for this population is to remember the importance of communication to build relationships during the continuum of care. Once a relationship is built, it is more likely that nurses could provide care for individuals in this population; without trust, that is nearly impossible. Morse (1990) says that caring is an interpersonal subjective experience that has physiological responses in humans. The ACT team can also work to coordinate basic needs and provide care in creative ways. This can include scheduling appointments for a food shelf providing community-based mental health

services and medical care. Caregivers must view these needs as equal when providing care and strive to become an advocate for this culture.

People providing healthcare services have an obligation to use a holistic approach when caring for people experiencing homelessness and SMI. Caregivers must connect with people on a deeper level to better understand what healing looks like for the individual to apply care (Watson, 2008). Watson also notes that nurses cannot care for one individual class or race without caring for all people. When applying the Human Caring Theory to experiences of people who are marginalized, nurses must take the concept of transpersonal care and use it intentionally. By addressing concerns that are most significant to a person (food, shelter, bus tokens, etc.) with a goal to address mental health, ACT can have meaningful interactions with people and improved engagement over time.

When providing care, it is important to treat all people with human decency. Watson's (2008) Human Caring Theory suggests that there is a basic assumption that people need people to be treated as a human. The human to human connection is essential to the science of caring to uphold humanity (Watson, 2008). Watson's theory also teaches that within one's body are energetic systems that can be altered to support relationship building, attachments to others, and honoring each other during interactions. Many individuals experiencing homelessness enter through different pathways that can be long or short term. When nurses seek to understand a persons' story, nurses are then seeking to close the gap of separation between themselves and those for whom nurses provide care and ultimately, gain gratification for the individuals instead of just having a superficial connection (Watson, 2008). Watson's theory supports removal of ego, which is necessary

to view all people as valuable regardless of socioeconomic status and supports humility. Being mindful to not look down on others is essential to supporting individuals who are experiencing homelessness and SMI. When hearing someone's story, providers must listen without judgment, treat people with kindness, respect and maintain people's dignity.

While caring for individuals who are experiencing homelessness and SMI, nurses must obtain a new perspective of this culture by learning the importance of understanding individual influences and how they affect one's personal view on healthcare and on life in general. By obtaining this view, nurses can further understand how to address people based on their individual needs. Also, as a culturally competent nurse, it is important to understand and appreciate all diversity. By doing so, nurses can begin to better understand how to care for people facing various social determinants of health.

Providers within the healthcare system must continue to come up with creative ways to collaborate care for people experiencing homelessness and SMI. ACT is an intensive nonresidential treatment and rehabilitative mental health services provided according to the assertive community treatment model. Assertive community treatment provides a single, fixed point of responsibility for treatment, rehabilitation, and support needs for clients (MDH, 2017). Services are in a community-based setting and provides a realistic way to improve the health of individuals living with these disparities. (MDH). ACT provides appropriate interventions that continually improve relationships between the healthcare system and the individuals experiencing homelessness and SMI. Writing a proposal to implement ACT into a primary care shelter clinic can help to engage individuals with mental health symptoms in health care conversations. Watson's (2008)

Human Caring Theory provides an appropriate foundation and supports the holistic thinking pattern ACT promotes. This theory helps to influence meaningful interactions between healthcare providers and people experiencing homelessness and SMI. Chapter Two will explore the current literature on homelessness, barriers to care, the benefits of implementing Assertive Community Treatment teams, writing a proposal, and concepts of caring.

Chapter 2: Literature Review

Healthcare disparities continue to negatively affect care provided to marginalized populations. A gap exists in providing effective healthcare services to people experiencing homelessness and SMI seeking healthcare at a shelter clinic. Therefore, nurses who work in primary care settings have an opportunity to consider creative approaches when providing care for these populations. According to the World Health Organization [WHO](2007), individuals who are experiencing homelessness experience chronic illness at a higher rate and typically die 10-20 years earlier than those who are not homeless. The assumption is that once an individual becomes homeless, seeking food and shelter becomes the priority (WHO). Consequently, health concerns are less of a priority due to the deficits of homelessness, severe mental illness, chemical dependency and lack of life structure. Nurse leaders can implement comprehensive services or approaches into practice that support both the cultivation or provision of mental and physical healthcare. This literature review will summarize information focusing on homelessness, pathways into homelessness, barriers to care and discuss research that supports the assertive community treatment (ACT) model, and the concept of care.

Homelessness

Health care providers should have a goal of improving overall health when providing care for a person who is homeless. The National Health Care for the Homeless Council (2009) defines a homeless individual as a person without permanent housing who may live on the streets, in a shelter, mission, single room occupancy, abandoned building or vehicle; or in any other unstable or non-permanent situation; Short-term

homelessness is defined as six months to a year of homelessness, and long-term is defined as one year or longer of homelessness (National Coalition for the Homeless Council, 2019). On October 22, 2018 in the state of Minnesota, there were 10,233 homeless adults, youth, and children counted, an increase of 10% from 2015 (Wilder Foundation, 2018) The 10% increase between 2015 and 2018 follows a decrease of 9% between 2012 and 2015 (Wilder Foundation). There were 4,279 face-to-face interviews that found that most of the homeless population has a chronic mental or physical health condition (Wilder Foundation). Many people who are severely mentally ill may experience symptoms of paranoia which are associated with schizophrenia and psychotic disorders. These symptoms include beliefs about conspiracy and perceived threats towards self (Wilder Foundation). This can be a barrier in their ability to accept treatment or help. One example is that even if a person has a place to live, they may be too paranoid to live there (Lamb & Lamb, 1990). In addition, freezing, violence, and the inability to obtain healthcare all contribute to the extended barriers for a person who is experiencing homelessness and SMI (Lamb & Lamb). Persons who are homeless usually have an elevated death rate when their mental illness is left untreated and are not aware that they are sick, and legally they have the right to refuse treatment (Lamb & Lamb). Leaders in healthcare must be dedicated to breaking down barriers to decrease harm for individuals who are experiencing homelessness and SMI.

ACT teams can continuously work with individuals to support symptoms of SMI and housing which can reduce hospitalizations. The lack of affordable housing does not only affect those who have SMI, but also has a negative effect on the quality of care

which has resulted in unnecessary costs (MDH, 2017). People who suffer from these barriers often visit the emergency room instead of seeking primary care.

Pathways into Homelessness

Understanding the different pathways into homelessness can provide a deeper level of understanding when providing care. Chamberlain and Johnson's (2013) research study used two high volume facilities that serviced homeless or at-risk people to gather qualitative data suggested that there are 5 pathways to homelessness. These pathways are 1) housing crisis which includes households that experience financial burden which led to the loss of the home. 2) family breakdown which includes the loss of one partner within the home due to domestic violence or could be due to death or divorce. 3) substance abuse that causes difficulty with obtaining or maintaining employment. 4) youth-adults are adults who were homeless before the age of 18. 5) mental illness in which homelessness is caused by lack of support and the chronic barriers that SMI create to getting out of homelessness (Chamberlain & Johnson, 2013). It is imperative to understand the pathways into homelessness in order to provide care to individuals experiencing homelessness and SMI.

The promotion of prevention and treatment of SMI is imperative when caring for this population. The severity of disease is much higher among those who are homeless due to cognitive impairment, delays in getting care, and non-adherence to recommended treatments and therapies (Hwang, 2010). Individuals who are experiencing homelessness and SMI are also more susceptible to violence and many reports being assaulted (Hwang). People who are experiencing homelessness have high levels of health care use. They tend to access care through emergency room visits and are admitted up to 5 times

more than those who have established primary care (Hwang). In addition, therapies and treatments are often unrealistic as they are discharged to the streets or shelter with little ability to cope and manage care. There is a significant need to come up with better ways to care for this population and long-term resolutions must remain of extreme importance (Hwang). By improving care for individuals who are experiencing homelessness and SMI, nurses can ultimately improve health for the entire community.

Barriers to Care

The barriers that prevent individuals who are experiencing homelessness and SMI from accessing primary care can be personal and systemic. Personal perceptions of health care providers further enforce barriers and create inequalities within healthcare. The care provider needs to be practical, include priorities of the person, address health concerns, and view the overall outcome for everyone. According to WHO (2007), there are many people recognized to be at risk of inequalities in health; they include individuals who are experiencing homelessness and people with physical and mental disabilities. Data collected by the WHO showed a complex pattern of inequalities in health within the United States and that it will take a multifaceted approach to address the problem. It is recommended that the interventions must address income, education, and social environmental factors. In order to provide support for medication adherence to individuals who are experiencing homelessness, nurses must be able to meet individuals where they are at within the community (WHO). Some of the approaches that providers could utilize include visiting homeless shelters, street corners, and under bridges. An integrated, multidisciplinary health care team with an outreach focus, along with involvement of local and state agencies, seems best suited to address the components

needed to ensure quality of care, to help make these patients self-sufficient, and to help them succeed in managing illnesses along with increasing quality of life (Maness & Khan, 2014). There is a need for programs that would include training health care providers to improve social systems, improve vocational activity and education, provide resources for childcare, affordable housing, family services and targeted health initiatives (Frieden, 2018). Addressing needs concurrently is necessary when caring for individuals experiencing homelessness and SMI.

There is a need to prevent and manage illnesses among people who are experiencing homelessness and have SMI. Providers can provide access points and/or resources to assist with accessing care. In 2012, there were growing numbers of people diagnosed with diabetes who were also experiencing homelessness (Shahnaz & Ferrari, 2012). It was noted that this population of people routinely experience complex barriers navigating the healthcare system. There have been efforts to identify people who are experiencing homelessness and diabetic and engage them ~~on~~ in identifying barriers to care as people who are experiencing homelessness and SMI continue to need education on the best way to manage illnesses (Shahnaz & Ferrari). There is a need to use innovative and assessable diabetes awareness, detection, and prevention programs exploring individual experiences and offering care within spaces within the community that are feasible to individuals experiencing homelessness (Shahnaz & Ferrari). Effective management of chronic illness intended for this population includes understanding social determinants of health, the importance of community partnerships and exploring easier access to care.

Unfortunately, people who are experiencing homelessness and SMI often struggle with managing the illness and often end up with numerous complications both chronic and acute. The leading cause of diabetes ketoacidosis (DKA), is poor adherence to insulin therapy in inner-city patients. Several behavioral, socio-economical, and educational factors contributed to poor compliance (Randall et al., 2011). Being aware of such factors and creating culturally appropriate interventions may reduce exacerbation of symptoms among people experiencing homelessness and SMI.

Assertive Community Treatment

An Assertive Community Treatment (ACT) team is a group of mental health providers, nurses, and licensed social workers who are actively engaged within the community helping address problems and essentially supporting individuals within their environment. ACT teams aim to reach solutions to complicated problems based on a new understanding of complex solutions by using a team approach, providing therapy, and involving individuals and other natural supports during care discussions. The concept of complex solutions is seen as revolutionary, but is simply guided by holism rather than reductionism (Sierchio, 2003). This approach has recently become of interest to government agencies to improve outcomes for people with complex mental health diagnoses. It is goal based and aims to improve quality of life and reduce lengthy hospital stays (Sierchio). The use of ACT teams in primary care settings can improve mental and physical health outcomes for people experiencing homelessness and SMI.

Community-based clinics have an opportunity to involve a multiple support approach when providing care. Recently, mental health and social services are increasingly shifting away from traditional case management models. Instead, the ACT

model builds on the strengths of other models but takes it to a whole new, client-centered level. ACT involves an intensive and comprehensive approach to case management defined by smaller caseloads, a multi-disciplinary team approach, shared caseloads, services delivered by the team in a person's natural environment, unlimited timeframe, and 24-hour coverage (MDH, 2017). There is evidence to support breaking down barriers to medical care with an objective to monitor patients of low socio-economic status with group medical visits for those who were at risk of chronic disease (Thompson, Meeuwisse, Dahlke & Drummond, 2014). Implementation of group medical visits to address group cohesion, therapeutic effects of group problem solving and support, and implementation of behavior-change interventions can improve healthcare outcomes (Thompson et al.). Nurses have the necessary skills and knowledge base to help make positive change for this population.

Individuals experiencing homelessness and SMI often need support-systems to thrive within the community. By using the ACT team, individuals can be reached within the community and provided healthcare in spaces that are not typical. Due to the complexity of experiencing homelessness and having SMI, many individuals have a difficult time tracking appointments, obtaining jobs, and seeking food and/or shelter. In addition, many individuals experiencing these disparities also have concurrent substance abuse patterns. The ACT team can provide supported vocational opportunities, chemical dependency treatment, and housing options all in one visit (Pettersen, Ruud, & Landheim, 2014). With the use of ACT, there is an increase in obtaining and maintaining housing, increased vocational activity, less or shorter hospital stays during crisis, and an improved understanding of illness and goals for self (Pettersen et al.). The

implementation of ACT can help individuals become more interactive with others within their community.

ACT teams support individuals who are transitioning back into the community post-hospitalization. They support medication and symptom management, and help to reduce homelessness (Bond & Drake, 2015). ACT supports many different areas of someone's life by using a holistic approach; these areas include activities of daily living, finances, illness management, or anything else that interferes with adjusting in the community (Bond & Drake). The model of ACT is an effective treatment approach that has facilitated deinstitutionalization and has successfully reintegrated thousands of individuals with severe mental illness back into their communities.

ACT teams are instrumental in improving medication adherence. The use of secured devices such as cell phones to deliver medication reminders have helped tremendously in adherence outcomes, management and monitoring for hard to reach populations such as individuals who are experiencing homelessness (Burda, Haack, Duarte & Alemi, 2012). When a person diagnosed with SMI is taking their medication, they are more likely to make coherent decisions and have a better understanding of their basic survival needs and skills.

The giving of items to individuals to participate can generate an encounter with the ACT team. These items would include bus tokens, food, and clothing to assist with meeting basic needs. Falk (2006) says that the theory of reciprocity proves that individuals evaluate an act of kindness by its underlying intention and notes that there can be varying reciprocal responses given the specific environment. Within the shelter, there are often bus tokens, small snack and beverage items that are used to help engage

individuals in healthcare conversations. These items help establish an initial conversation and are often the reason there is a second encounter.

Writing a Proposal

In order to implement an ACT team at a primary care shelter clinic, it will require a grant proposal to be written. The process will need to be guided by the recommendations outlined by the Substance Abuse and Mental Health Service Administration [SAMHSA] (2018). The steps include stating the problem, describing the problem, designing the program per ACT fidelity standards, locating federal funding sources, and then writing the proposal.

Problem

Identifying a problem that has measurable results, is crucial in receiving funds from sources who support the problem. In this section of the proposal, stakeholders are identified as community members, shelter staff, shelter residents, and clinical staff. It is important to describe the impact of social and economic costs as well (SAMHSA, 2018). Clearly stating the problem supports educating the grant approver(s) of the concern and the possible need for monetary support.

Achievable Outcomes

The next step is to describe by listing the actual outcomes. Examples include; 1) individuals who are experiencing homelessness and have SMI will have reduced mental health symptoms. 2) individuals who are experiencing homelessness and have SMI will have reduced psychiatric hospitalizations. 3) individuals who are experiencing homelessness and have SMI will have improved overall health. 4) individuals who are experiencing homelessness and SMI will have improved quality of life (SAMHSA,

2018). Achievable outcomes should be based on realistic individual goals that are created with the help of the individual being served.

Design the Project

In order to complete this section SAMHSA (2018) provides specific criteria that is needed to create ACT team services. “Based on the ACT model, a multi-disciplinary team is available around the clock to deliver a wide range of services in a person’s home or other community settings. ACT was developed to deliver comprehensive and effective services to those who live with the most serious psychiatric symptoms, the most significant social functioning challenges, and whose needs have not been well met by traditional approaches. ACT is a service delivery model, not a case management program. The ACT team model is composed of 10-12 multi-disciplinary behavioral health care staff who work together to deliver a mix of individualized, recovery-oriented services to persons living with SMI to help them successfully integrate into the community. Team members themselves provide the comprehensive array of services directly rather than through referrals. Caseloads are approximately one staff for every 10 individuals served. Services are provided 24 hours - 7 days a week, if needed and wherever they are needed. ACT teams often find they can anticipate and avoid crises (SAMHSA, 2018). The design of the project is in line with all of the criteria needed to implement ACT services.

Funding Sources

ACT teams are funded by federal grants. According to Federal Grants (2020), federal grant awards of financial assistance are given to recipients to carry out work for a charitable public purpose or for the public good. There are certain requirements and

obligations, that if not satisfied will lead to possible legal consequences. Federal grants are awarded to state and county governments or to nonprofit agencies who have been designated as tax-exempt organizations under the Internal Revenue Service (Federal Grants, 2020). It is important to understand all the criteria that needs to be tracked and reported in order to continue receiving support.

Write the Proposal

The last part of the proposal is the actual grant writing process. This section includes drafting the proposal, making edits, completing check lists, and submitting before deadline (SAMHSA, 2018). It includes identifying the problem, achievable outcomes, design of the project, locating funding sources, and evaluation.

Concept of Caring

Nurses have a responsibility to provide holistic care for individuals experiencing homelessness and SMI to help them obtain treatment for psychological distress. The International Council of Nurses, [ICN] (2002), defines care as an integral part of the healthcare system encompassing the promotion of health, prevention of illness, and care of physical and mentally ill. Nurses should understand that care has a broad range and can include restoring health from an illness or providing individual care for an episode of illness in order to promote the long-term health of an entire population (ICN, 2002).Watson's (2008) caring theory allows the nurse to practice the art of caring and provides compassion to ease people and families during times of suffering and promotes healing and dignity. When caring for individuals experiencing homelessness and SMI, the nurse must remain culturally sensitive while providing care which will help the nurse to connect to the patient and understand what healing looks like for the person (Watson,

2008). In addition, nurses must be able to become creative in order to improve healing within a care setting. There have been many interventions to enhance self-competence, sense of control, self-worth that can also reduce self-stigma within people who have SMI (Gelkopf, 2011). These interventions include teaching coping skills like distraction techniques (music, television, hobbies), support with addiction recovery, and therapy (National Alliance on Mental Illness, 2019). Watson's (2008) theory provides a platform for nurses to use such healing modalities by intentionally influencing the environment and creating a healing setting for people. Nurses can talk openly about mental health to help reduce stigma to this population.

The stigma that people who are experiencing homelessness and SMI face can reduce the quality of interactions with providers. When looking at caring for individuals within this population, it has been shown that the best approach to care includes a multidisciplinary team lead by providers with an outreach component that can access county and state-wide resources (Maness & Khan, 2014). Trauma is deeply rooted for many people within this population and nurses must strive to understand the connection between trauma and homelessness. This culture is vulnerable, and re-traumatization becomes a reality for most (SAMHSA, 2014). Concepts for providing care to individuals with trauma can include learning about the individuals' experience and then learning the six key principles of a trauma-informed approach which are safety, trustworthy/transparency, peer support, collaboration, empowerment/choice, and cultural/historical/gender issues (SAMHSA, 2014). When providers seek to understand a person's story, there is an opportunity to close the gap of separation between ourselves and those whom we provide care for and ultimately, there is gratification gained for our

patients instead of just having a superficial connection (Watson, 2008). Providers should aim to empower individuals by allowing them to participate in their care plan.

Nurse leaders must be creative within the clinical setting to provide care to individuals experiencing homelessness and SMI. Creativity can be considered a type of specialty care (Dzaher, 2017). Creative care innovations combined with direct nursing care practices help to empower nurses to provide best quality care and improve health outcomes and should be considered a primary focus for all healthcare workers (Dzaher). Some creative ideas to caring include; meeting individuals where they are at, building trust, giving gifts of reciprocity, involving individuals in all decisions, meeting a need of the individual during the visit, and assisting with accessing mental health providers (Dzaher). Nurse leaders should also strive to be a change agent for individuals who are experiencing homelessness and SMI.

Homelessness and SMI are issues that have several layers and require multiple approaches to address. The barriers that individuals face cannot be fixed with one resolution over another; they require a multifaceted approach to meet the needs of this population. The research studies reviewed in this chapter show that when people have access to housing, they report feeling healthier, more stable and safer (ICN, 2002). In addition, integrating mental health providers in a primary care setting has been shown to reduce symptoms of SMI and can further improves one's overall health (ICN). Nurses can learn to care for concurrent problems by working with ACT teams. Primary care settings should consider implementation of ACT to provide high-quality individualized patient care using a person-centered approach focusing on the whole person. Chapter

Three will describe steps for writing a proposal to implement ACT into a primary care shelter clinic.

Chapter Three: Proposal for Implementing Assertive Community Treatment

Individuals experiencing homelessness and SMI present to primary care shelter clinics seeking treatment and management of physical and mental health concerns. The implementation of an ACT model within the primary care shelter clinics would be ideal in providing comprehensive care to these individuals. The addition of psychiatric care or mental health care into a primary care shelter clinic may feel or seem intimidating to many healthcare workers or professionals, but in fact, mental health is addressed at every contact but in subtle ways. Primary care providers tend to be cautious addressing mental health because of the stigma surrounding mental illness and may choose to gradually build rapport with the individual over time. An important benefit to adding an Assertive Community Treatment (ACT) team at the shelter clinic is that the team can address multiple factors during the same appointment which is important for people who do not return to clinic on a consistent basis. People living within the shelter are facing multiple stressors and many are emotionally unable to cope with many of these concerns. ACT teams can, in the moment, teach coping skills, help with paperwork for benefits such as food support, address housing options, provide medication management, and provide support for chemical health. The fact that shelter staff have noticed an increased need for psychiatry or a mental health treatment team within the shelter clinic makes this intervention appropriate and necessary. In order to implement an ACT team, it is necessary to write a proposal to obtain funding. Consequently, writing a proposal to implement an Assertive Community Treatment team into a primary care shelter clinic to support the experience for people visiting the clinic and could potentially improve health care outcomes for those experiencing mental health symptoms.

Writing the Proposal for Implementing Assertive Community Treatment

As the clinical supervisor for a primary care shelter clinic, it is within my responsibility to address the rising concerns about people living within the shelter who are experiencing severe mental health concerns. To address this issue, I developed a proposal to pilot an ACT team that consists of a psychiatrist, a mental health nurse, a licensed social worker, and a case manager at a primary care shelter clinic located in Minneapolis, Minnesota. This team will collaboratively work to build relationships with people within the shelter with a common goal of assessing the person's mental health needs. In order to show the benefits of ACT teams, I needed to develop the proposal (See Appendix A) that supports this evidence-based model. This proposal will be given to my current manager to recommend that combining mental health care into a primary care setting will increase healthcare outcomes for those experiencing mental health symptoms.

The proposal uplifts the ACT model and aims to show how it can benefit individuals who have mental health symptoms who live within the shelter. According to SAMHSA (2018), it typically takes years to develop a plan to implement ACT teams, but in this case, the county has the unique ability to pilot interventions if they are supported by research to benefit the many diverse populations served. The proposal is intended to provide clarity on ACT, encourage team collaboration, build community partnerships, prepare funding sources, and support future success for the intervention. With the support from the shelter staff, the primary care staff, and other community or family supports individuals who have been hospitalized due to mental health will be referred to ACT.

The contents within the proposal includes the background on the benefits of ACT. The proposal describes measurable achievable outcomes for individuals living within this

population. The proposal highlights the benefits of the evidence-based model of ACT. SAMHSA (2018) requirements was used to write the grant proposal for ACT, and Federal Grants (2020) to obtain funding. Research supports ACT as one of the most effective evidence-based mental health treatment models (SAMHSA, 2018). ACT teams have been shown to reduce hospital use, increase housing stability, moderately improve symptoms and quality of life (SAMHSA). ACT teams are very successful at engaging individuals in treatment and demonstrates better outcomes than any other case management models alone. Therefore, it is important to pursue this opportunity to implement ACT within this clinical setting. Once the proposal is reviewed and accepted, it will be presented to the board of directors and offered to run as a pilot. A grant will be written by management if the outcomes of the pilot are successful.

In order to follow the grant process of ACT (See Appendix B), the application process must be completed using federal guidelines (SAMHSA, 2018). The federal government contracts with SAMHSA to process grant applications for ACT teams. SAMHSA requires that applicants are local public or non-profit entities in order to apply. The evaluation of this project (See Appendix C), uses the Grant Review Process of SAMHSA (2018). The grant review process includes a first and second level reviewing process. The first level uses peer reviewers to evaluate the grant applications for competency, fairness, and uses objective assessments to provide SAMHSA with a sound basis for making funding decisions. Once this process is complete a summary statement is issued to the applicant with an approximate date of approval (SAMHSA). If an application is approved the ACT model is funded for 5 years by the federal government (SAMHSA). The federal government will fund up to $440,700 per program (See

Appendix D), to treat serious mental illness (SAMHSA, 2018). Agencies that receive federal funding for ACT must follow exact standards of the ACT model and report criteria yearly to the United States Department of Health (SAMHSA, 2018). Reporting data is essential to sustaining ACT services.

Nursing Theory

When proposing the idea of ACT, a theoretical framework of providing individualized quality care to individuals who are experiencing homelessness and SMI is uplifted. Watson's Human Caring Theory (2008) provides a guide by teaching factors of care that uplifts dignity, and respect to people living in marginalized populations. This theory supports the model of ACT by using ideas of assisting with basic needs, intentional caring that align with mind, body, and soul with wholeness in all aspects of care (Watson, 2008). By creating a proposal to implement ACT into a primary shelter clinic, it gives people experiencing homelessness and SMI a better opportunity to get needs met and enhance their quality of life. Using Watson's core concepts of caring moments, and Caritas Processes numbers four and nine, for developing a helping-trusting relationship (human caring) provided the framework for the proposal to implement ACT services into a shelter clinic for individuals experiencing homelessness and symptoms of SMI.

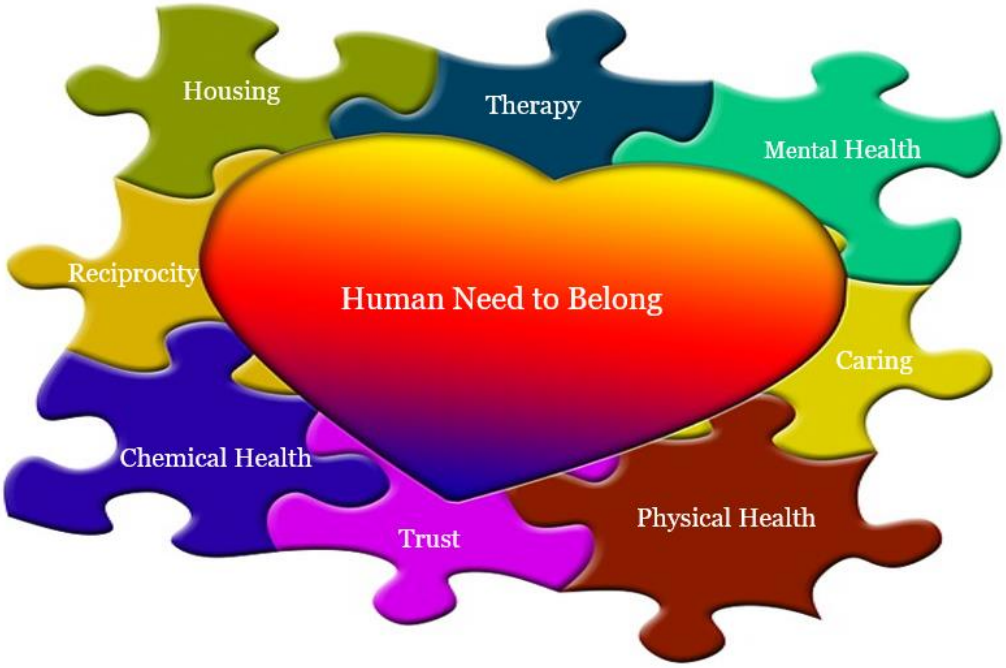
When caring for individuals who are experiencing homelessness and SMI, it is important for providers to collaborate with the individual in treatment planning. Watson's (2008) theory encourages providers to honor the inner lived experiences of the individuals served to provide care with compassion and sensitivity. Evidence shows that individuals living with SMI who are not engaged in the treatment plans have noted

exacerbation of symptoms which can eventually become more difficult to treat (SAMHSA, 2018). Individuals who engage with ACT services have better access potential and improved vocational activity, housing stability, medication adherence, and chemical dependency outcomes (SAMHSA). Therefore, by proposing the implementation of an ACT team we can begin to uphold dignity while providing care and reducing multiple barriers to care for this population such as stigma, trauma, lack of trust to strive improved quality of life and healthcare outcomes.

Model

A model was created to depict the ACT model. The model pictured in Figure 1 uses the concept of a puzzle in which each piece is needed for a common goal. The outer portion of a puzzle is typically completed first to provide a foundation for the middle of the puzzle. The inner piece of the puzzle is created when integrated care meets the needs of an individual fulfilling the human need to belong. The outer pieces are not smooth on the edges as if complete, but instead can also be connected to other pieces and can go on continually until the puzzle is complete. Completion is an individual process, as is the finished puzzle.

Figure 1: The Puzzle of Human Belonging



The ACT model promotes a multidisciplinary approach to meet multiple needs for an individual experiencing homelessness and SMI. It can be viewed as a puzzle. Each piece fits together with the common goal of filling the individuals human need to belong (Watson 2008).

- The Human Need to Belong- ACT works to build trustworthy relationships that empower individuals by including them in decisions about care regarding their housing, therapy, physical and mental health.
- Housing- ACT builds relationships with local landlords to give individuals housing options that they might otherwise not have.
- Therapy- The presence of therapy trained case managers ACT aims to use a therapeutic approach to teach coping skills.

- Mental Health- The presence of a psychiatrist to diagnose and come up with appropriate treatment interventions is critical to the model being successful. The ability to meet frequently to adjust medications improves outcomes.
- Caring- Jean Watson's Caring Theory (2008), provides the foundation for nurses to provide care in a holistic way.
- Physical Health- Case managers build relationships and can connect individuals with primary care. Care coordination aims to collaborate with all providers for best outcomes.
- Trust- Watson believes that building trust is essential to care. ACT team strive to build long-lasting trusting relationships with individuals they serve.
- Chemical Health- Assessments for chemical health needs work to improve recovery outcomes using a harm reduction approach.
- Reciprocity- Focuses on the idea that when gifts are given with good intention, a return gift may also be given. We are seeking engagement by supporting basic needs.

This model depicts the goal of writing a proposal to implement ACT services into a primary care shelter clinic to increase care coordination, reduce mental health symptoms, and improve quality of health and life. As a nurse leader within the shelter clinic it is imperative that all voices are heard as the common goal is to come up with ways to improve outcomes for individuals who have complex needs. Nurse leaders must understand that chronic homelessness has a profound effect on individuals' ability to maintain mental and physical health. Nurse leaders can have a role in the strategic planning process and be a voice to

other leaders on innovative service ideas for marginalized populations. The evaluation for the grant proposal to implement an ACT team will be further explored in Chapter Four.

Chapter Four: Evaluation of Project and Personal Reflection

The project to write a grant proposal to implement Assertive Community Treatment into a Primary Care Shelter Clinic recognizes the need to merge medical and physical health for individuals experiencing homelessness and presenting with SMI. The awareness was initiated by shelter staff who noticed an increase in mental health symptoms of residents impacting their quality of life. This project uplifted the need for writing a grant proposal to implement the Assertive Community Treatment model into a primary care shelter clinic. It is important to provide validity of measuring the success of the grant proposal process. It is equally important to explore what could have been done differently to achieve similar goals for the population. This chapter will explore and assess how the grant process is validated and reflect on personal insights.

Evaluation Process

The evaluation of this project follows the Grant Review Process of SAMHSA (2018). The grant review process includes a first and second level reviewing process. The first level uses peer reviewers to evaluate the grant applications for competency, fairness, and uses objective assessments to provide SAMHSA with a sound basis for making funding decisions. Once this process is complete, a summary statement is issued to the applicant with an approximate date of approval (SAMHSA, 2018). If an application is approved the ACT model is funded for 5 years by the federal government (SAMHSA, 2018). The federal government will fund up to $440,700 per program to treat serious mental illness (SAMHSA). Agencies that receive federal funding for ACT must follow exact standards of the ACT model (See Appendix B), and report criteria yearly to the

United States Department of Health (SAMHSA). The approval of this proposal will demonstrate success.

Personal Reflection

Before working as a nurse leader within a shelter clinic, I worked as an ACT Registered Nurse (RN) for 13 years. I have long been aware of the benefits that ACT teams provide to individuals who are experiencing homelessness and SMI. The idea of combining psychiatric care with physical care remains the focus of the project however I would likely change how I would implement psychiatric care into the shelter clinic. While reflecting on the grant writing process to implement ACT, I did not take into consideration the rules and regulations that organizations are required to follow to meet the federal funding guidelines. After learning about the requirements, the process of implementing a similar ACT model into a shelter clinic may not be realistic. One of the main reasons includes the clinical space, which has limited room for an entire ACT team to reside. Although most of the work is being done with-in the community, it would take more partnerships to provide space for charting and meeting off site. This would not meet the expectations for ACT team meetings that happen daily. I am still in a unique position to be able to implement psychiatric services within the shelter. The shelter clinic is county funded and has a quality improvement goal to provide integrated care for individuals experiencing homelessness and SMI. Therefore, one idea to change is rather than writing a grant proposal to the federal government to implement ACT, I could write a proposal to my program manager to add a psychiatric provider, mental health nurse, and a social worker to the shelter clinic. This could be a team that could work within the clinic and shelter to provide some of the same supports as ACT and not require the same

degree of functionalities as the ACT model. Subsequently, instead of reporting results to the Department of Human Services, we would report results directly to the program manager. The county can fund this program as a pilot to see if it meets the needs of this population. Overall, this could be a more sustainable approach to begin to meet people where they are at and provide individualized care.

This chapter included a personal reflection which exposed that the shelter clinic does not have the capacity to run and ACT team, but supports looking into implementing a psychiatrist, nurse, and social worker to support residents presenting with mental health symptoms. The content also discussed the evaluation process of ACT using SAMHSA 2018 guidelines. Chapter Five will explore the implications, findings, and future plans for the project.

Chapter Five: Implications, Future Plans, and Conclusion

This project proposes the importance of writing a grant proposal to implement ACT team services into a shelter clinic. The project has a focus to improve healthcare outcomes for residents living within the shelter who have symptoms of mental illness. As a nurse leader, I can propose new ideas to meet the needs of the shelter residents. There has been a notable gap in mental health services being provided to the residents within the shelter. This chapter will explore implications, and future plans for the project.

Initially I proposed a project to implement the ACT model and revealed statistical findings of the outcomes indicating improved overall health of individuals experiencing homelessness and SMI to individuals achieve utilizing ACT team services. I realized that the shelter clinic does not have the capacity to expand to implement ACT services. Some of the challenges noted included space issues, clinical hour requirements, and the number of staff required. Due to these issues, the grant proposal would not meet the federal grant funding process and therefore could not be funded. Overall, the shelter clinic is not a realistic place to roll out an ACT team, instead there was a need to explore to the extent to which the shelter clinic can serve individuals presenting with mental health needs.

The implications of implementing mental health services into the clinic will address the mental health concerns of the residents within the shelter. This will decrease the number of emergency calls and reduce hospital stays. Overall individuals who choose to be seen will have improved overall health outcomes. If the clinic continues to only offer primary care, this will eventually become a barrier to providing preventative care and the clinic will not ultimately be meeting the needs of the residents.

The goal of the services is still to show the importance of treating mental health and physical health concurrently to improve quality of healthcare outcomes for individuals living within this population. The next steps will be to find supporting literature that is not specific to ACT, instead specific to the benefits of providing mental health services in collaboration with primary care to individuals experiencing homelessness and SMI. The new proposed idea will be brought to my project manager and will propose implementing a psychiatric provider, mental health nurse, and a social worker. These providers would collaborate with primary care providers and shelter staff during the normal clinic hours and engage with individuals who present with mental health service needs to provide integrated care. I would propose to run the project as a pilot, and I would report the outcomes directly to my manager to continue the services. The implementation of a multidisciplinary approach will enhance the process of providing care to individuals who have mental health symptoms.

This project uses Jean Watson's (2008) Human Caring Theory to support the need to have an adaptable environment to improve interactions with individuals who are experiencing homelessness and SMI. The theory helps to uphold dignity and use of a holistic approach which are key factors to providing care to any population. The literature explored to support ACT also supports integrated care in general. It educates readers on the importance of being non-bias and teaches the importance of treating mental and physical health in combination for best outcomes. The shelter clinic provides space for an intervention to take place, and advances nursing leaders to be forward thinkers and help facilitate innovative ideas to provide care to marginalized populations.

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Appendix A

Proposal to Implement Assertive Community Treatment (ACT) into HG Shelter Clinic

BACKGROUND

- The HG shelter is a large adult men's shelter located in Minneapolis, MN. The shelter services 171 shelter beds, 80 pay-for-stay beds and 80 single occupancy rooms.
- The HG shelter staff have brought to our attention a growing need for mental health services for men living within the shelter. It was reported that an increasing number of residents were exhibiting signs of paranoia, responding to internal stimuli, of which many are not redirectable. They were becoming increasingly concerned that they would have to remove these men from the shelter if symptoms persist as these behaviors cause a safety concern for other residents and the resident themselves.
- The purpose of this proposal is to pilot the implementation of an Assertive Community Treatment (ACT) team into the shelter clinic that will promote recovery through this evidence-based model. The implementation of an ACT team could result in a reduction of acute and institutional services. In addition, there could be an improvement of health care outcomes for people experiencing homelessness and severe mental health symptoms (SMI).
- The ACT team will consist of a psychiatrist, a mental health nurse, a licensed social worker, a chemical dependency case-manager and a peer recovery specialist. This team will work with shelter and clinical staff to engage people within the shelter, build relationships, and assess the need for mental health treatment. Once a need has been established the person will be supported by ACT services.

What is the ACT Model?

- ACT is an evidence-based service-delivery model, with the primary goal of recovery through community treatment and rehabilitation. It serves individuals with the most challenging and persistent problems. Priority is given to people with schizophrenia, other psychotic disorders, and bipolar disorder. Individuals with primary diagnoses of dementia, intellectual disability, or substance, personality, or organic disorders, are not the intended recipients (SAMHSA, 2018).
- The program provides psychiatric services, case management, supportive counseling and psychotherapy, housing support, substance abuse treatment,

employment support, and rehabilitative services. 24-hour crisis support is included, as is team involvement with hospital admissions and discharges (SAMHSA, 2018).

- The team is assertive, not coercive. Care is based in the community and is intensive and frequent. Team members also meet with individuals in the individual's support network. Patient retention is high, and there is no time limit on receiving ACT services. Programs that adhere most closely to the ACT model are more likely to get the best outcomes (SAMHSA, 2018).
- The intent is to implement an ACT Team that will serve individuals who have a severe and persistent mental illness and are:
    - Currently hospitalized or are at risk of being hospitalized; or
    - Incarcerated and due to be released in the County Rural Offices of Social Services region; or
    - Residing in an inpatient or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available; or
    - Having significant difficulty maintaining a safe living situation and/or meeting basic survival needs or residing in substandard housing, homeless or at imminent risk of becoming homeless (SAMHSA, 2018).

GOAL

- To implement an ACT project, promoting recovery through community treatment and habilitation that will result in a reduction in the utilization of acute and institutional services.
- The ACT Team will obtain and maintain credentialing to receive Medicaid reimbursement. The ACT team will follow the State of Minnesota ACT program standards using the SAMHSA for guidelines. Use of the ACT evidence-based practice kit by Substance Abuse and Mental Health Services (SAMHSA) is expected (SAMHSA, 2018).

Requirements

- The Shelter manger will propose implementation of ACT to the HCH manager who will decide if services are supported. If services are supported a grant application will be submitted to SAMHSA for approval (SAMHSA, 2018).

Funding Requirements

- After application is approved the ACT project will be funded by the Federal government for up to 5 years (SAMHSA, 2018). The Shelter Clinic will continuously collect and report participant data to the HCH Administration Information System according to the HCH Administration Policies and Procedures and the contract from SAMHSA (SAMHSA, 2018). These items include:
    - The Shelter Clinic manager will collect and report quarterly outcome measures as determined by consensus of MN ACT teams consistent with SAMHSA guidelines for ACT service (SMAHSA, 2018).
    - The Shelter Clinic manager will submit regular reports to HCH Administration on progress as required by the contract (SAMHSA, 2018).
    - The Shelter Clinic manager will participate with HCH Administration in measuring, reporting, and evaluating the project (SAMHSA, 2018).
    - The Shelter Clinic manager will provide HCH Administration or its designee access to all necessary data and data sources required for completion of the evaluation process (SAMHSA, 2018).
    - *Failure to submit required reports within the time specified may, result in suspension or termination of the contract, withholding of additional awards for the project, or other enforcement activities, including withholding of payments (SAMHSA, 2018).*

Next Steps

- If grant is approved next steps include:
- Hiring of multidisciplinary team needed to operate ACT services;
- Rearranging clinical space to accommodate ACT team services;
- Increasing clinical hours to accommodate ACT services;
- Advertising new ACT services within the Shelter Clinic (In-reach).

Appendix B

U.S. Department of Health & Human Services (https://www.hhs.gov)

SAMHSA
Substance Abuse and Mental Health Services Administration

SAMHSA is accepting applications for up to $23.7 million in grants to treat serious mental illness

Monday, April 2, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for its Assertive Community Treatment grants. The grants will be used to improve behavioral health outcomes by reducing the rates of hospitalization and death for people with a serious mental illness (SMI). SAMHSA expects that the program will also reduce the rates of substance use, homelessness and involvement with the criminal justice system among people with SMI.

The purpose of the Assertive Community Treatment grant is to establish, expand and maintain Assertive Community Treatment programs. The Assertive Community Treatment Model provides around-the-clock support in the form of teams who are available to respond to a home or other setting and avoid crises caused by the symptoms of SMI.

SAMHSA expects to award up to seven grants of up to $678,000 per year for up to five years. The actual amount may differ depending on the availability of funds.

WHO CAN APPLY: Eligibility is limited to states, political subdivisions of a state, American Indian and Alaska Native tribes or tribal organizations, mental health systems, health care facilities, and entities that serve individuals with serious mental illness who experience homelessness or are justice-involved. SAMHSA will make at least one award to a tribe or tribal organization if applicant volume from these organizations permits.

HOW TO APPLY: All applicants must register with the National Institutes of Health's electronic Research Administration (eRA) Commons in order to submit an application. This process can take up to six weeks. If you believe you are interested in applying for this opportunity, you must start the registration process immediately. Do not wait to start this process. If your organization is not registered or you do not have an active eRA Commons account by the deadline, the application will not be accepted. Applicants must also register with the System for Award Management, SAM.gov, and Grants.gov.

APPLICATION DUE DATE: May 29, 2018 at 11:59 p.m. Eastern time. Applications must be received by the due date to be considered for review.

Appendix C

U.S. Department of Health & Human Services (https://www.hhs.gov)

SAMHSA
Substance Abuse and Mental Health Services Administration

Grant Review Process

SAMHSA uses peer reviewers who are subject matter experts and generally not SAMHSA employees. Peer reviewers evaluate discretionary grant applications.

Screening Applications

The Division of Grant Review (DGR) will screen out applications that do not meet the administrative or programmatic requirements of the Funding Opportunity Announcement (FOA). These applications will not go forward to review.

The DGR will notify the business official identified in the application within 30-60 days of receiving the application if it has been screened out.

First Level Review

Peer reviewers evaluate the grant applications through fair, competent, and objective assessments to provide SAMHSA with a sound basis for making funding decisions. A summary statement of the peer review evaluation will be sent to the business official identified in the application.

Second Level Review

In addition to the first level of peer review, some grant programs are subject to review by the SAMHSA National Advisory Council (NAC). The NAC is a second level of review required for programs that exceed the current grant threshold of $150,000. The NAC does not review individual applications but votes (usually en bloc) to agree or not with the peer review results.

Grant Review Principles

The DGR upholds the following principles to make sure that each application receives a thorough and fair review:

- The DGR holds peer reviewers to strict conflict-of-interest (COI) standards.
- The DGR maintains confidentiality for both applicants and peer reviewers.

- The DGR chooses peer reviewers for their knowledge, skills, and expertise related to the particular grant program under review. The DGR also tries to develop peer review groups based on geographic, gender, and ethnic diversity.
- Peer reviewers evaluate and score each application according to the FOA and its criteria for evaluation.
- Peer reviewers consider each application on its own merit and do not compare it with other applications.
- Peer reviewers consider only what is actually written in the application. They do not make assumptions or use any personal knowledge of the applicant.

Avoiding Conflicts of Interest (COI)

The DGR questions all potential peer reviewers about an actual or perceived COI before assigning them to a review committee. A COI is wide ranging and can include:

- Present or past employment (or any other fiduciary relationship) with the applicant or subcontractor (includes the reviewer's relatives)
- Any other relationship with the applicant, subcontractor, or key staff/consultants that could be perceived as COI (e.g., student, teacher, friend, rival, past or present co-worker)
- Being employed by or contractually associated with an organization that has submitted an application for the grant program being reviewed

Application Review and Scoring

The FOA will ask that specific information be included in certain sections of the application. Peer reviewers give credit only for items addressed in those required sections. Credit may be given if applicants refer to relevant items located in other sections of the application if they are not included in the required section.

Budget Review

Reviewers do not score the budget unless stated otherwise in the FOA. However, every application must include a proposed budget that the DGR reviews to make sure all expenditures are justified. The DGR does not consider individual salaries.

Scoring

Peer reviewers score applications on a scale of 0-100. The priority score for each application is the mean of the committee members' total scores.

Participant Protection/Human Subjects Comments and Concerns

Peer reviewers evaluate each application for participant protection/human subjects issues. Reviewers may find an applicant's response acceptable, or reviewers may note a "comment" or "concern." See the FOA for additional guidelines on participant protection/human subjects.

What is a Comment?

A "comment" is reviewer feedback noting a problem with an applicant's response to one or more of the published participant protection elements. However, the problem is not serious enough to require special terms and conditions that would require adjustments and prevent full funding until the applicant addresses the problem.

What is a Concern?

SAMHSA may prohibit making an award with a "concern." Special term(s) and condition(s) may be included in the Notice of Award if the "concern" is not resolved prior to funding.

Grant Review Opportunities

SAMHSA uses peer reviewers to evaluate discretionary grant applications. Learn more about SAMHSA grant review opportunities (http://www.samhsa.gov/grants/review/grant-review-opportunities) .

Appendix D

U.S. Department of Health & Human Services (https://www.hhs.gov)

SAMHSA
Substance Abuse and Mental Health Services Administration

Assertive Community Treatment Grants

Short Title: ACT

Modified Announcement

Modification has been made to the instructions for Attachment 1.

Funding Opportunity Announcement (FOA) Information

FOA Number: SM-18-013

Posted on Grants.gov: Thursday, March 29, 2018

Application Due Date: Tuesday, May 29, 2018

Catalog of Federal Domestic Assistance (CFDA) Number: 93.243

Intergovernmental Review (E.O. 12372):

Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.

Public Health System Impact Statement (PHSIS) / Single State Agency Coordination:

Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

Description

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Grants to Establish and Expand Assertive Community Treatment (Short Title: ACT). The purpose of this program is to establish or expand and maintain ACT programs for individuals with a serious mental illness (SMI). SAMHSA expects this program will improve behavioral health

outcomes for individuals by reducing rates of hospitalization, mortality, substance use, homelessness, and involvement with the criminal justice system.

ACT is considered to be one of the most effective evidence-based programs designed to support community living for individuals with the most severe functional impairments associated with SMI. Such individuals tend to need services from multiple providers (e.g., physicians, social workers) and multiple systems (e.g., social services, housing services, health care).

Based on the ACT model, a multi-disciplinary team is available around the clock to deliver a wide range of services in a person's home or other community settings. ACT was developed to deliver comprehensive and effective services to those who live with the most serious psychiatric symptoms, the most significant social functioning challenges, and whose needs have not been well met by traditional approaches. ACT is a service delivery model, not a case management program. The ACT team model is composed of 10-12 multi-disciplinary behavioral health care staff who work together to deliver a mix of individualized, recovery-oriented services to persons living with SMI to help them successfully integrate into the community. Team members themselves provide the comprehensive array of services directly rather than through referrals. Caseloads are approximately one staff for every 10 individuals served. Services are provided 24 hours - 7 days a week, as long as needed and wherever they are needed. ACT teams often find they can anticipate and avoid crises.

Eligibility

Eligibility is statutorily limited to states, political subdivisions of states (e.g., counties, cities), Indian tribes or tribal organizations (as defined in Section 4 of the Indian Self-Determination and Education Assistance Act), mental health systems, health care facilities, and entities that serve individuals with SMI who experience homelessness or are justice-involved.

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization, and which includes the maximum participation of AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

Award Information

Funding Mechanism: Grant

Anticipated Total Available Funding: $4,746,000

Anticipated Number of Awards: Up to 7

Anticipated Award Amount: Up to $678,000 per year

Length of Project: Up to 5 years.

Cost Sharing/Match Required?: No Proposed budgets cannot exceed **$678,000** in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Applicants should be aware that funding amounts are subject to the availability of funds.

Contact Information

Program Issues

Mary Blake
Community Support Program Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
mary.blake@samhsa.hhs.gov (https://www.samhsa.govmailto:mary.blake@samhsa.hhs.gov)
240-276-1747

Grants Management and Budget Issues

Gwendolyn Simpson
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
(240) 276-1408
FOACMHS@samhsa.hhs.gov (https://www.samhsa.govmailto:foacmhs@samhsa.hhs.gov)

Application Materials

- FOA Document (PDF | 1.05 MB) (https://www.samhsa.gov/sites/default/files/grants/pdf/act-final-foa-revised_4-20.18.pdf)
- FOA Document (DOC | 183.43 KB) (https://www.samhsa.gov/sites/default/files/grants/doc/act-final-foa-revised_4-20.18.docx)
- Pre-Application Webinar Announcement (PDF | 145.06 KB) (https://www.samhsa.gov/sites/default/files/act-pre-application-informational-webinar.pdf)

Useful Information for Applicants

- Application Forms and Resources (https://www.samhsa.gov/grants/applying/forms-resources)
- Applying for a New SAMHSA Grant (https://www.samhsa.gov/grants/applying)

- Search Grants.gov and Apply Now (http://www.grants.gov/web/grants/search-grants.html)

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Title: A Proposal to Implement Assertive Community Treatment

Author(s) of Work(s): Julie Churcher-Fields

Depositor's Name (Please Print): Julie Churcher-Fields

Author's Signature: [signature] Date: 5/8/20

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