

A closer look at one of our partners: Thresholds

In March 2018, Co-Director of the Health Lab Harold Pollack met with Nicole Richardson, VP of Clinical Operations, and Jill Valbuena, Program Director, from Thresholds to learn more about how they serve individuals with mental illness in the Chicago area.

The Health and Crime Labs are currently partnering with Thresholds on the Mental Health Emergencies: Alternative Response and Treatment (MHEART) project.

The full conversation, edited for clarity, is provided below.

Health Lab: Can you tell us how you first got into this work and what your role is now?

Jill: My name is Jill Valbuena. I've been with Thresholds for about 20 years. My first experience right of college was working with women who were experiencing homelessness. I just fell into that and had a passion for the population. When I started at Thresholds, I worked on what was then an ACT [Assertive Community Treatment] team. And I also worked with our mobile assessment unit which works with individuals experiencing homelessness. Currently I am the Program Director for our Justice Program. So we serve adults with mental illness. On one team in particular – the members are either from the Cook County Jail or adult probation program. So adults with mental illness who are involved with the criminal justice system who oftentimes very much overlap with the homeless population.

Nicole: I'm one of the VPs of clinical operations, and I've been here for 26 years. I started out as an outreach worker doing street outreach; I have probably had every clinical [position] possible in the chain of positions that you can have. I currently oversee 6 programs at Thresholds, so it's pretty broad – I have some niche programs, such as for adults who are deaf or hard of hearing, the Justice Program, The Mobile Assessment Unit, Private Access, Intake and Implementation. That's about it. I think the important part is that we've both done this work. We don't do it now, but it's part of our blood. We've been here forever, so we're committed to the mission, to the population.

Health Lab: Can you tell us about outreach generally and ACT teams? How many outreach workers, ACT teams at Thresholds?

Nicole: I think there's ~20 ACT teams. We try to geographically group teams; there's a high concentration of ACT services on the North side because that's where people want to live. Thresholds has about 1500 employees but that's including clinical and administrative.

Health Lab: Who is the typical outreach worker – what kind of training, what is the typical person like who is doing that kind of role?

Jill: It varies. Typically we require a Bachelor's degree, but we also have a number of Master's level staff with licensure. We really look for individuals who have a passion for working with this population; people who are willing to go out in the community and feel comfortable with that. There's definitely the right "fit" in terms of individuals that we hire, but there is a variety of backgrounds of folks that work here.

Nicole: Every new staff person goes through new staff orientation – it's about a week. Then they spend some time shadowing current staff. Back when Jill and I started, we spent a lot of time shadowing

current staff, and that was really critical. But because the environment has changed and we have fee-for-service, we need people hitting the streets a little bit sooner, so we've had to move away but are hoping to move back to that because it's really a key component to people's orientation to the team, the culture, that kind of thing. The way we get paid is by billing Medicaid for our services, so we need to be able to capture our time in billable contacts.

Health Lab: Can you give an overview of the work that outreach workers are doing – does it look different across teams?

Jill: Much is similar, but there are differences depending on the nature of the program. The mobile assessment team exclusively serves people experiencing homelessness. Our teams are working with people coming out of the jails so we typically serve people coming out of Cermak and then work with them upon release on community integration. For the ACT teams, referrals can come from any source – our intake department, individuals coming from nursing homes, individuals coming to us from homelessness or coming out of the jail. I would say a lot of the goals are similar for individuals that we serve. A lot of individuals are interested in housing, employment, we work really closely with people on psychiatric and medical stabilization. A lot of our work is around engagement – getting to know someone and what their personal recovery goals are and how what we have to offer might benefit them.

Health Lab: What does a typical day look like and what are their core responsibilities?

Jill: It depends which position you're referring to. Every day looks different – no two days look the same. Visits are scheduled based on the number of members scheduled, the number of outside appointments (medical, psychiatric, benefits) and the number of staff who are present. If we know we need to take Joe to a medical appointment that takes 2-3 hours, we're just going to schedule you to see two or three people. Typically people spend 4.5 hours in the field with members every day, providing direct service – all community-based (in their home, meeting someone in the community, we transport members to appointments and help advocate, do grocery shopping, nutrition, navigating social situations). One thing that is critical about ACT is that our day starts at 8:30 and each morning there's a team meeting. Every member on the team is reviewed; we go through and make sure we know what happened with John yesterday, what the plan is for today or tomorrow, re-tooling treatment plans, deciding if we need to do something different today.

Health Lab: Are the other hours spent in meetings or in administrative plans?

Jill: The 4.5 hours is direct contact, so on top of that there's travel, the morning meeting, and documentation/other treatment tasks (checking pharmacy, making medical appointments).

Health Lab: So suppose a call comes in – we're concerned about someone, here's an address that we have for him. How would you guys field a request like that? How would that go?

Nicole: One of the things that we do at Thresholds is that we bring intake into the field; approximately 85% of our services are done out in the field, and we also do intake there. That's really sight-unseen sometimes. It very well might be that we get this information and we go out and meet with them. Engagement is a huge component – letting people tell their story while we're gathering the information that we need and then determining the type of service that they might need.

Health Lab: What if the person isn't there?

Nicole: We make three attempts. We will leave a letter, we'll call. We don't just give it up, we're going to see if we can find them. If they're there, we'll talk about why we're there, what kind of services we provide, get an idea of what their recovery goals are and then try to match the services to that.

Health Lab: How do you think about confidentiality when the individual isn't there or you haven't been to the house before? How do you balance the desire to reach that person with the confidentiality?

Nicole: At that point, it's not so much of an issue because they're not our client yet. We don't have to identify that we're a mental health agency. Once they're our client, of course it's different. We did a mental health treatment study a few years ago that involved mailing, trying to engage a group of people into services and get them employed. As I recall the letters were not labeled 'Thresholds'.

Health Lab: What about people that might not be friendly? How do you navigate those kind of issues?

Jill: That's not uncommon. We try to be as respectful as possible of that person's concerns and boundaries and consider safety issues if it seems like this isn't going to go well, we're not going to push it. We might try again if it seems worthwhile – if the person is willing to schedule something in the community, but of course we don't want to force ourselves on anyone, and we don't want to put anyone in a bad predicament.

Nicole: Unless there's a safety concern, staff go out on our own. They're pretty fearless- they go all over the city. There are lots of ways to engage somebody – to establish rapport from the beginning.

Health Lab: Building on that, we're curious to understand how outreach workers go about building a relationship with the potential client – how that works, is the intake person going to be the person building that relationship? How does that work if someone's on the fence or a more difficult client? How do you manage that relationship and build trust?

Nicole: Sometimes it's just a matter of coming back and being where you say you're going to be. If I say, I'm going to come back Tuesday at 9:00, that I actually show up and am a reliable person. Homeless outreach workers really focus on: what are the day-to-day concrete needs that we can help you meet? It goes a long way with establishing rapport. Clothes, food, water, winter gear – things like that, things that are helping people to survive. Housing is usually down the line; it's not usually the first thing people want. Sometimes it takes a long time to engage people on the conversation of housing.

Jill: When someone is ready for housing, it's not always accessible.

Health Lab: How do you go about finding [homeless] people?

Nicole: It would be hard without a physical description. If we have a physical description and a last-known location, we can try to find them. We can send a team out; if you know where s/he spends their time (a lot of people spend time in the same place) that would help us a lot. Then we would wait for an opportune time to approach them and engage in a conversation.

Health Lab: Would you go to a shelter?

Nicole: The Mobile Assessment Unit staff go to the shelters, we go to Harold Washington Library a lot – a lot of homelessness people spend time there during the day. We have a great relationship with the library.

Health Lab: How would you describe ACT – how is ACT distinctive?

Jill: The ACT model at Thresholds is that we have a total, multi-disciplinary team approach. We have a nurse on every team, a psychiatrist who's dedicated 10 hours a week to every team. We have a staff member who identifies as being in recovery from a mental health issue themselves and they're able to share that as appropriate. We have a staff person who specializes in IDDT (Integrated Dual Disorders Treatment), and we have a vocational specialist. Those are some of the key components. The team approach means that it's a shared caseload. All the members on the team are familiar with all of the cases, so there's a lot of purposeful communication among staff members because they're sharing the caseload – they share responsibility for visiting the members out in the community and helping with their various needs. We may decide that if a person has a medical appointment and would be best handled by a nurse or best addressed by a male or female staff, we can schedule accordingly due to the flexibility of the team. It's also a nice model in the sense that if someone has the day off, the member has 5 other people that they already know and feel comfortable with.

Health Lab: It seems like one of the challenges would be to keep the [ACT team members] busy enough.

Jill: They're busy enough – it's an issue of having enough time to get the documentation done, but they're very very busy. We're working with people on every aspect of needs that they have: housing, physical health, employment, public benefits, reunification with family, trauma support, individual therapy. We do everything.

Health Lab: How do you tell if someone is appropriate for ACT services – how and when does that decision get made?

Jill: It's considered to be the highest level of community care in the state. The state determines medical need based on a tool called the LOCUS [Level of Care Utilization System], which evaluates and scores the complexity of someone's physical and mental health issues. In addition to that, we're doing an assessment to see if they need CST [Community Support Team], which is a step down level of care that we have at Thresholds as well. Within ACT, we have the capacity to see folks 7 days a week if necessary. We see most people at least 3 times a week, lots of people 5 times a week, so we do have staff that rotate working weekends and have 24/7 crisis line availability for those members.

Health Lab: How long does ACT last for? Is there a time limit?

Jill: There's not a time limit. It's based upon them moving to another level of care or not needing that level of support anymore. We're constantly reassessing using the LOCUS score but also our clinical impressions. The goal is to help someone not need us anymore – if someone does need ACT long-term, as long as they continue to meet the criteria for that, that's fine.

Health Lab: How is CST different?

Jill: The main difference is CST services do not require there to be a nurse on the team, they don't have access to the psychiatrist 10 hours a week. They don't operate 7 days a week typically (on rare occasions, as necessary). There's definitely some crossover, it's very similar.

Nicole: There are some individuals who would theoretically move between those two services quite often.

Health Lab: Someone who seems to be very stable who was on ACT, you would step him down to CST?

Nicole: Yes, and we also have another level of service, CSI [Community Support Individual]. That's for folks who are even more independent – more of a maintenance service. CST is typically 3 times a week, CSI might be once a week or every other week. It's more of a maintenance level of care. We may decide to move them to another team (that's hard for people sometimes) but we try to be very flexible and have a very individualized approach, always assessing and giving members the least restrictive or least intensive services.

Health Lab: Is there a formal assessment that happens? Is there a typical or average amount of time that people would be on ACT services before they're ready to move down a step?

Nicole: It's both – formal assessment and observational. Every year we do a mental health assessment which is really comprehensive. It's assessing for different life domains, seeing if there's any change in their function in those domains. Every 6 months we do a care plan: have they been able to stay out of the hospital? Have they been able to maintain their diabetes? And then there's the daily observation of their living environment.

Jill: It really varies – I'd be hard pressed to give an average.

Health Lab: What's an example of a success story?

Nicole: It really depends on where the member is when we start this journey and where they want to go. Maybe it's just a matter of them accepting visits – that's a success story. They're seeing us regularly, getting housed – that's success. They're back in touch with people who are important to them – that's a success story. We measure success differently and maybe smaller than other entities might, but all of that is success.

Jill: I think that's really important to look at – what success is for that individual as opposed to what I would want them to be successful at. We might have someone we work with for a long period of time who declines offers of housing and to have someone move inside can be really amazing for that individual. Housing tends to help symptoms. That can be really hard for folks to access. From there, and you might have someone who gets a job, gets stable benefits, reconnects with family, opportunity to engage in social activities when previously, they were isolated.

Health Lab: Do you sometimes deal with people who have legal responsibility to be in treatment?

Jill: We work a lot with folks on probation or sometimes parole, but we are the mental health provider, so we are not the reporter to the court. Typically we try to collaborate with the individual to help them manage whatever the requirements are of their probation. Often the folks that we serve are on mental health probation which can require that they see a mental health provider – Thresholds is one of many. Our services are voluntary, we don't typically take mandated clients. Really we're trying to help people maneuver and manage the system, whatever the expectations are. Typically we're happy to report that people are regularly engaged in our services, but we don't typically report the negative stuff unless there's a serious issue or subpoena. We're not the law enforcer, we're the mental health provider.

Health Lab: We were curious in the difference between outreach broadly and targeted outreach. Is there a difference? Does Thresholds do both?

Nicole: If it's intake, we always have a name – that person has been referred. If it's mobile assessment, it's really homeless outreach – encountering people, making an assessment of whether they have mental illness.

Health Lab: How do you take care of people with cognitive issues?

Nicole: Everyone who comes into Thresholds has to have a severe persistent mental illness – that's the number one criteria. They could have a dual diagnosis, and we would approach them the same way in determining the level of services that they need. We do have some folks with cognitive issues, particularly in our 24 hour supervised Residential programs, which are the highest level of services offered at Thresholds (a higher level of service than ACT), but the residents do have a primary diagnosis of a mental illness. We approach the services from their mental health needs; often focusing on life skills for greater independence.

Health Lab: How do limited resources affect Thresholds and the work that you're able to do?

Jill: It absolutely does.

Nicole: The biggest issue is that Medicaid doesn't pay for all of our services, it barely pays for ACT. It doesn't pay for CST and CSI in terms of covering the cost to provide the service. That's a challenge. You don't have the luxury of providing services that have value that you can't bill for (for example, looking for people). You need referrals who are ready to go because our teams can't spend time looking for people who are loosely engaged. We used to spend a lot of time just trying to engage somebody, we might not even know their name. You can't bill for that, so it presents a real challenge for our staff. Still, we do have teams who are not solely reliant on Medicaid Fee For Service, who are grant funded. It's kind of a luxury to have grant-funded programs who can do that initial outreach and help us have a spectrum of services which is really critical. This homeless outreach piece is really critical to our mission, in my opinion.

Health Lab: How did the lack of a state budget affect your ability to function?

Nicole: We are fiscally very smart as an agency. We were always able to make payroll, all our members got their services because of how we do our budgeting. We weren't able to expand during that time, we had experienced a lot of growth prior to that – that's probably the biggest impact. We really only take people through a couple of avenues – mobile assessment, there are a couple of other programs that have their own intake (justice program, veterans program). Generally as an agency we had to shut down the front door a little bit.

Health Lab: There must be a burnout issue. How long do people stay in that job and how do you manage the human experience of that?

Nicole: Typical length of stay is about 2 years for an outreach worker. That's not very long. I always tell people give yourself a year to learn the job. We try to promote a lot of self-care, we try to give staff access to things that will help them to have a better work-life balance (wellness offerings, gym membership). The team model is really critical to helping some of that burnout. There are other people you can get support from – team supervision, team support.

Health Lab: What do they go on to do?

Jill: We like to promote from within. People move on for all types of reasons.

Health Lab: What's the pay range?

Jill: Starting salary for an outreach worker is \$25-32.5k.

Nicole: They can go to a private organization and make more.

Health Lab: What has kept you passionate about the work that you do?

Jill: It has been the experience of getting to know so many wonderfully amazing, resilient people. The members that we serve are really an inspiration to me to keep going. When we see those good things happen or difficult things, and being able to be surrounded by a great team of people to process things and help things get better for folks.

Nicole: I came to this job 26 years ago with a degree in French. I remember my interview like it was yesterday, I got to go out and meet some members and I came back and told the woman who interviewed me, "I think I could do this." People who want to work with this population really want to work with this population from the heart. We're a strong agency with a great reputation. We have people who have been here for 30-35 years. The members, the coworkers, the agency all contribute to why we stay at Thresholds.