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ROOM CODE: 1003

BRINGING CARE HOME: A PILOT PROGRAM INTEGRATING PSYCHIATRY AND NURSING CARE

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Disclosure to Learners

2026 Texas Council Conference

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OBJECTIVES

01

Summarize the rationale and evidence for the benefits of providing home-based care for individuals with severe mental illness and chronic health conditions

02

Identify key components of successful joint psychiatric provider-nurse visits

03

Evaluate insights from psychiatric and nursing staff discussions and apply at least two strategies to develop or improve interdisciplinary workflows and clinical outcomes within their own practice

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WHY HOME-BASED CARE REDUCES HOSPITALIZATIONS
PART I: MECHANISMS OF IMPACT

RISK PATHWAY: TRADITIONAL MODEL GAPS

HIGH- RISK INDIVIDUAL

SMI and co-occurring conditions
History of frequent hospitalizations
Low engagement/ poor adherence

TRADITIONAL MODEL GAPS

Delayed symptom detection
Missed appointments
Limited environmental insight

CRISIS ESCALATION

Symptom destabilization
ED utilization
Psychiatric hospitalization

Without timely, intensive, and in-environment support, symptoms worsen and can lead to avoidable hospitalization

HOME-BASED CARE: MECHANISMS THAT PREVENT HOSPTIALIZATIONS

EARLY IDENTIFICATION

Real-time observation in natural environment, detecting subtle decompensation signs early

IN-HOME INTERVENTION

Medication support and monitoring; immediate clinical response to prevent escalation

ENGAGEMENT AND ADHERENCE

Higher follow-through with treatment and medication; stronger therapeutic alliance

ADDRESS SOCIAL DETERMINANTS

Housing, social support, benefits, transportation, access addressed in real time

CONTINUITY OF CARE

Post-discharge follow up reduces gaps during high-risk transitions

(Bond et al., 2001; Levati et al., 2021; SAMHSA, 2019)

WHY HOME-BASED CARE REDUCES HOSPITALIZATION
PART II: Outcomes and Evidence

RESULT: REDUCED HOSPITALIZATIONS

↓ ADMISSIONS	↓ LENGTH OF STAY	↓ READMISSIONS

KEY EVIDENCE

- ACT/FACT and home-based models are associated with significant reductions in psychiatric hospital admissions and length of stay
- Cost analyses show decreased inpatient and crisis service use, resulting in overall cost offsets over time
- Fidelity to ACT/FACT principles (e.g., caseload, intensity, team approach) is strongly associated with better outcomes
- Home-based care improves engagement, medication adherence, and functional outcomes
- Post-discharge home-based follow up reduces readmissions and support stability during high-risk transition periods

BOTTOM LINE: Home-based care reduces hospitalization through early detection, timely intervention, stronger engagement, and continuity of care

(Bond et al., 2001; Choy-Brown et al., 2020; Dieterich et al., 2017; Larimer, 1999; Marshall & Lockwood, 2011; Rosencheck et al., 1998; SAMHSA 2019)

Home-Based Care Is Important
Evidence from the Last 10 Years

CLIENT EXPERIENCE & SATISFACTION

- Care delivered in a familiar, non-stigmatizing environment
- Increased trust and therapeutic alliance
- Greater flexibility and convenience
- Improved engagement among high acuity and difficult-to-reach consumers

Černe Kolarič et al., 2024
Kruse et al., 2020

QUALITY OF LIFE AND FUNCTIONING

- Improved daily functioning in a real-world setting (e.g., ADLs/IADLs)
- Greater independence and community integration
- Stabilization of housing and routine
- Reduction in symptom-related disruption to daily life

Černe Kolarič et al., 2024
Dieterich et al., 2017

ENGAGEMENT & ADHERENCE

- Increased consistent contact and follow through with services
- Improved medication adherence through in-home support and monitoring
- Reduced missed appointments and disengagement

Dieterich et al., 2017
SAMHSA, 2019

WHY BRING PSYCHIATRY & NURSING INTO THE FIELD?

ACT/FACT Fidelity

- **In Vivo Service Delivery:**

  ACT teams provide services where the client resides

- **Primary Setting:**

  A minimum of 75-80% occur in natural settings

- **Proactive Outreach:**

  Staff actively engage clients in their environment to build trust and ensure treatment adherence

Target Population

What If

The psychiatric visits happened where real-life challenges are occurring?

Integrated Community Psychiatry

Where Care Happens Matters

Closer to Home

Stronger Together

Better Outcomes


Priscilla Grasso
Patient

Addressing Power Differentials

- Why does a power differential exist between doctors and patients?
- How does this power difference affect patient care?
- How does power shape behavior?
- Can home visits empower patients?

Benefits of Home Visits

- Reduced barriers related to technology use
- Accessible for individuals with limited technology access
- High patient satisfaction
- Greater comfort within the home

(Phillips et al., 2023)

The Realities

How do social determinants of health directly impact psychiatric stability, treatment adherence, and overall outcomes?


PsychHub
SOCIAL
DETERMINANTS
OF HEALTH

Challenges & Barriers To Home Visits

PILOT PROJECT LAUNCH

- ABH VP
- Medical Team
- Nursing Team
- Safety Team
- Complex Care Leadership
- PICC Team

Timeline & Participants

- Start Date: December 2025
- End Date: June 2026
- Participants: 8 consumers in Complex Care Department
- Direct Staff: 10 UIW Residents & 2 Field Nurses
- Supervisor: Dr. Iken-Tennison
- Supporting Staff: Revenue Cycle, Management

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CONSUMER AND PROVIDER PERSPECTIVES

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JENNIFER & GLORIA'S STORY


really recommend it,

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Breaking Barriers: First of Its Kind in Complex Care

- Consumer: 27-year-old male with Schizoaffective Depressive Type diagnosis
- Medication regimen: Uzedy
- Missed appointments due to psychosis
- Medical Complexities : Eye surgery necessitating strict face-down positioning for 2-3 months
- Success: Consumer received an LAI during provider & nurse home visit

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HOSPITALIZATION OUTCOMES

AVG FREQUENCY OF HOSPITALIZATION PRE HOME VISITS

3.14

AVG FREQUENCY OF HOSPITALIZATION DURING HOME VISITS

.42

AVG DAYS SINCE LAST HOSPITALIZATION

204

87%

REDUCTION

IN HOSPITALIZATIONS DURING THE HOME VISIT PILOT

Analysis included 7 consumers who were enrolled in the home visit pilot. One participant was excluded from pre/during hospitalization analysis comparison due to absence of prior hospitalization

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CONSUMER SURVEY RESULTS OVERVIEW

Summary of 5 Key Categories n= 7 responses

CATEGORY	AVERAGE SCORE (OUT OF 5)	POSITIVE RESPONSES (AGREE OR STRONGLY AGREE)
Q1. Feeling Heard and Respected	4.57/ 5	86%
Q2. Comfort with Sharing	4 / 5	57%
Q3. Consumer Satisfaction	4.42/ 5	71%
Q4. Health and Functional Improvement	3.57/ 5	57%
Q5. Access to Care	4.14/ 5	57%

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Appointment Completions: Pre vs During Pilot

PRE- PILOT (6 months)

65%

AVG Appointment Completion Rate

Kept: 194 Missed: 74 Total: 273

DURING- PILOT (5 months)

68%

AVG Appointment Completion Rate

Kept: 125 Missed: 54 Total: 179

↑3%

AVG Appointment Completion Rate

KEY TAKE AWAY

While overall averages showed modest improvement, several consumers demonstrated substantial improvements in appointment engagement during pilot period.

NOTE: 1 consumer was excluded from pre- and during-pilot comparison due to lack of pre- pilot appointment data

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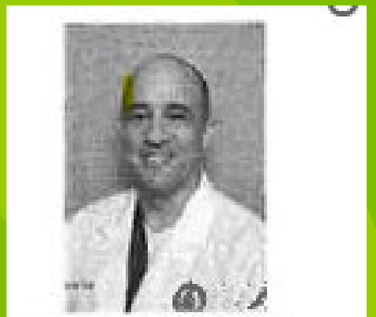
DR. KONG'S VOICE


EACH DAY
I guess,



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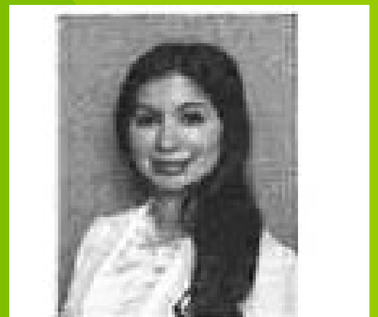

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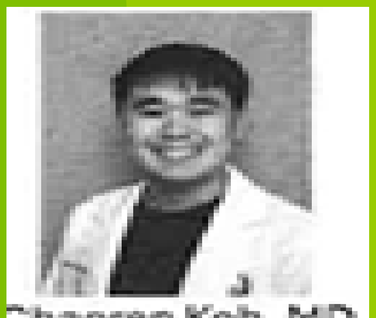

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PSYCHIATRIC RESIDENTS

Provider-Identified Considerations During the Pilot

Safety & Boundary Considerations

- Importance of field safety protocols
- Need for clear expectations and professional boundaries
- Value of joint visits with a nurse

Operational & Workflow Challenges

- Need for clearer workflows and scheduling processes
- Operational flexibility required
- Standardized eligibility and logistics process

Environmental and Engagement Factors

- Home environments introduced engagement variables
- External factors occasionally impacted visit flow
- Variability in client readiness and participation observed

> “I will take into greater consideration the limitations that the patient’s support system also face, and ways to further reduce barriers to medication adherence”
>
> - Provider

CURRENT STATE

Provider (psychiatry resident from UIW/TIGMER) and a nurse conduct follow up visits at the consumer's home

Routine follow up- discussion of current symptoms and how they have changed with treatment, medication adherence and side effects, need for changes to treatment plan, monitoring labs and AIMS

FUTURE CONSIDERATIONS

Long-acting injectable (LAI) administration

- **Optimal consumer care**
- **Financial considerations**

Blood draws for labs

- **Improve treatment adherence**
- **Safeguard consumer safety**

New consumer evaluations

SUPERVISOR'S PERSPECTIVE

"Field visits help to humanize the patients in the eyes of the residents. For example, they can see the issues with transportation to the clinic that might involve multiple bus transfers and a 3-hour transit time to the clinic and how that might affect their ability to come into the clinic to be seen. The patient may not be willingly noncompliant in coming in for their clinic appointments, they do not have the social or economic ability to always make it into the clinic. A patient may have young children at home that will need a babysitter in order for the patient to come into the clinic. It gives the perspective that there are other issues the patient may struggle with beyond the purely psychiatric diagnosis"

Dr. Iken-Tennison

Supervisor

SUPERVISOR'S PERSPECTIVE

Field visits provide a different perspective on the patient's social and economic stressors when seen in their homes. Residents get a sense of the neighborhood and a better appreciation of how the patient lives away from the comparatively sterile clinic environment.

May have family or roommates as stressors. May have a pet or family member that can be a source of support that might be utilized by their treatment team that had not been apparent before.

May need to assist the patient with applying for social supports like food stamps or bus cards.

Does it look like they have been taking their medications? Are their pill bottles full even though it was filled three weeks ago?

It gives us an opportunity to address social issues that are essential to patient well being that may not come up in an office visit

CHALLENGES

Collaborative Documentation

Continuity of Care

Nursing Team

WHAT IS IT LIKE AS A NURSE?

NURSING TEAM

FUTURE DIRECTIONS

1

WORKFLOW REFINEMENT

Clarify scheduling expectations and timeliness

Improve communication around short-notice visits

Standardize provider coordination processes

2

CONSUMER SELECTION & ELIGIBILITY

Standardize criteria for home visit eligibility

Clarify frequency and duration expectations

Clarify expectations & visit boundaries

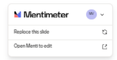
3

DOCUMENTATION & COMMUNICATION

Establish standardized follow-up procedures

Allocate resources for field documentation equipment

Refine field documentation processes



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WHAT ARE TWO CONSIDERATIONS YOUR TEAM WOULD IDENTIFY WHEN IMPLEMENTING OR REFINING HOME-BASED PSYCHIATRIC CARE?

Responses can be up to 200 characters and will appear here.

You can group responses if you get more than 10.

Turn on voting so people can flag their favorite responses.

menti.com
4883 2804

Waiting for participants

Q & A

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THANK YOU