



VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

***HOMELESS EVIDENCE AND RESEARCH SYNTHESIS [HERS]
ROUNDTABLE PROCEEDINGS***

**Engaging Veterans with Experiences of
Homelessness and Serious Mental Illness in
Primary Care**

December 15, 2021

The National Center on Homelessness among Veterans (the Center) in the Veterans Health Administration (VHA) established the *Homeless Evidence and Research Synthesis (HERS)* Roundtable Series in 2015 as a policy forum. The virtual symposium convenes researchers and subject matter experts to discuss research findings on key issues in homelessness. The online webinar is available to interested parties within and outside of the U.S. Department of Veterans Affairs (VA). Topics covered to date include: **Enumeration of Homelessness** (July 2015), **Aging and the Homeless Community** (November, 2015); **Women Veterans and Homelessness** (May 2016); **Opioid Use Disorder and Homelessness** (February 2017); **Rural Veterans and Homelessness** (June 2017); **Suicide and Homeless Veterans** (February 2018); **Addressing Social Determinants of Health: Exploring Implications for Policy through the Veteran Health Administration’s Universal Screening for Housing Instability among Veteran Outpatients** (September 2018); **Potential Benefits and Pitfalls in Predictive Analytics Among Veterans Experiencing Homelessness** (July 2019); **Housing for Veterans with a Sex Offender History: Policy and Programmatic Solutions to Address Barriers for a High Need Population** (January 2020); and **Where are we with Housing First?** (August 2021).

Links to the recorded webinars and proceedings are available on the Center’s website.

<https://www.va.gov/HOMELESS/nchav/research/HERS.asp>

Engaging Veterans with Experiences of Homelessness and Serious Mental Illness in Primary Care

The proceedings of *Engaging Veterans with Experiences of Homelessness and Serious Mental Illness in Primary Care* is a summary of the presentations and round table discussion that took place on December 15, 2021, in a virtual symposium. The recorded webinar and downloadable copies of the individual presentations are available here: [HERS: Engaging Veterans with Experiences of Homelessness and Serious Mental Illness in Primary Care - VA Homeless Programs](#)

Facilitator

Dina Hooshyar, MD, MPH, Director, National Center on Homelessness among Veterans

Presenters

Jessica Dietch, PhD, Assistant Professor, Oregon State University School of Psychological Science, Corvallis, OR

Connor Drake, PhD, MPA, DISCO K12 Scholar Medical Instructor, Duke School of Medicine, Department of Population Health Sciences, Durham, North Carolina

Karen M. Goldstein, MD, MSPH, Co-Director, Durham VA Evidence Synthesis Program, Associate Professor of Medicine, Durham VA Health Services Research, Duke Department of Medicine, Division of General Internal Medicine, Durham, North Carolina

Megan Shepherd-Banigan, PhD, MPH, Core Investigator, Department of Veterans Affairs, Durham, NC; Assistant Professor, Durham VA Health Services Research Duke School of Medicine, Department of Population Health Sciences, Durham, North Carolina

Technical Expert Panel

Daniel Bradford, MD, MPH, National Director, Intensive Case Management Services, VA Central Office, Division Chief, Psychosocial Rehabilitation and Recovery Services Mental and Behavioral Health Services, Durham VA Medical Center, Professor of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC

Sonya Gabrielian, MD, MPH, Physician and Health Services Researcher, Department of Veterans Affairs, West Los Angeles, CA

Robert Rosenheck, MD, Professor of Psychiatry, Epidemiology and Public Health, and the Child Study Center, Yale Medical School, West Haven, CT

Michal Wilson, MD, Medical Advisor, Homeless Programs Office, VA Central Office, Washington, DC

Planning Committee

Roger Casey, PhD, LCSW, National Center on Homelessness among Veterans

Derrick Crowley, National Center on Homelessness among Veterans

David Hines, VHA Employee Education System

Dina Hooshyar, MD, MPH, National Center on Homelessness among Veterans

Nora Hunt-Johnson, MS, National Center on Homelessness among Veterans

Martin Oexner, VHA Employee Education System

Sebrina Posey, LCSW, National Center on Homelessness among Veterans

Jack Tsai, PhD, National Center on Homelessness among Veterans

Proceedings written by Brianna Harmon-Moore, LCSW, Eastern Kansas Healthcare System, with input from *HERS* presenters and planning committee.

Introduction:

The experience of homelessness and sequelae of mental illness are individual vulnerabilities that may impact access to mental and physical health care, threaten household stability and hinder community integration. What intervention services are available for these adults who experience housing insecurity and have serious mental illness (SMI)? To date, there have been no systemic examinations of the literature on interventions to improve engagement in care for populations with these intersecting needs.

In this *Homeless Evidence Research Symposium (HERS)*, we present the report: *Primary Care Engagement Among Individuals with Housing Insecurity and Serious Mental Illness: An Evidence Map*. This systemic review evaluates the quantity and distribution of intervention types and components to improve engagement in primary care for individuals with experiences with homelessness and SMI (Shepherd-Banigan et al., 2021).

Presentations

VA Evidence Synthesis Program and Healthcare Engagement with Homelessness and Mental Illness

Megan Shepherd-Banigan, PhD, MPH

VA Evidence Synthesis Program

Approximately 20-25% of the adults in the homeless population experience severe and persistent mental illness (SMI). In addition, these same individuals experiencing homelessness have a wide array of additional interpersonal and environmental stressors, including limited access to interpersonal supports and community resources, stigma, and bias of mental illness in addition to homelessness, increased involvement with legal issues, and often overlapping substance use issues as well. Because of the barriers these individuals face, preventative medical health care is often not accessed by these individuals.

Dr. Shepherd-Banigan describes those individuals experiencing homelessness who have diagnoses of SMI, are high utilizers of emergency care, low utilizers of preventative care, and highly likely

to have chronic illness. Individuals experiencing homelessness also have a death rate that is 25 years younger than that of the general population. This project was developed to evaluate and assess specific intervention strategies that have been studied among adults who are homeless or at high risk of becoming homeless and who also have serious mental illness in order to promote engagement in primary care. The project's report addresses interventions evaluated in the general homeless population, not specifically the homeless Veteran population.

Conclusions

In order to fully evaluate this question, the VA Evidence Syntheses Program (ESP), VHA, Health Services Research & Development Service, developed a systemic evidence map to evaluate literature over the course of nine months. The team applied a rigorous process to systematically identify eligible studies. The team's goals during this process were to understand the scope of the literature that examined interventions to improve primary care engagement for populations with SMI and experiences of homelessness and to identify strategies used (Shepherd-Banigan et al., 2021).

Research Findings and Summary

Connor Drake, PhD, MPA

Research Findings

Dr. Drake reports that almost 5,000 articles were identified for review over the course of nine months. Of those articles, only 191 articles met criteria for a full review. Among the 191 articles, 22 described 15 unique interventions to enhance engagement with individuals with history of mental illness and homelessness in primary care. Most of the articles referencing specific intervention strategies were in the United States, with a small percentage in Canada. One of the highlighted studies identified in this research was the Access to Community Care and Effective Support Services (ACCESS) Project.

The ACCESS Project was funded by the Department of Health and Human Services and took place from 1994 to 2000 across 18 sites throughout the United States to address gaps in care or “care fragmentation” which has been identified to occur within community agencies when working with individuals with complex needs such as homelessness and SMI. ACCESS tested the effectiveness of systems integration strategies to support patients with experiences of homelessness and mental illness. Specifically, funds were used to enhance systems integration in communities. These enhancements ranged from joint funding for interagency initiatives, reduction of regulatory barriers, information sharing, up to full-service delivery integration.

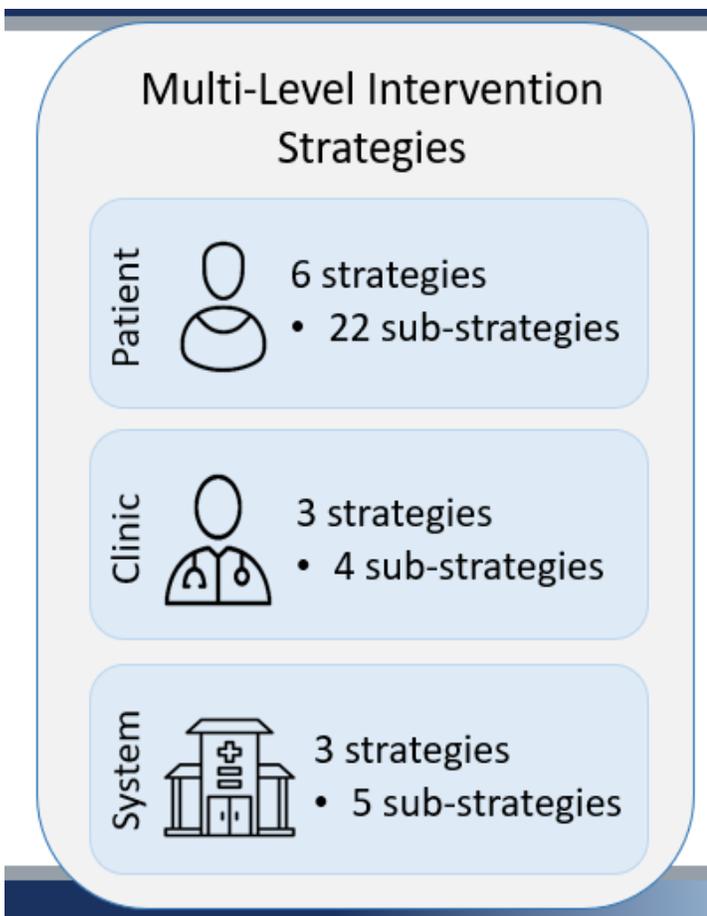
Strategies for Success

Dr. Drake presents overall findings of the research project and strategies to better serve this population at patient, clinic, and system levels to enhance outcomes of engagement with these identified individuals experiencing homelessness and SMI.

Patient Level Strategies: Dr. Drake indicates that evidence-based therapies, such as Motivational Interviewing and Cognitive Behavioral Therapy, were included in the patient level strategies. Additional strategies at the patient level included fostering trauma informed environments, providing health education, and developing community-based interdisciplinary case management services as well as environmental supports, such as transitional housing, food and income assistance, transportation, and other community assistance. Additionally, strategies that reduced barriers to accessing health and social services were commonly featured (e.g., reducing eligibility requirements and wait times).

Clinical Level Strategies: Commonly observed clinic level strategies included primary care services co-located with other services, such as social service agencies, as well as using interdisciplinary team

models with frequent collaboration. A majority of interventions featured training and workforce development beyond what is required for discipline-specific licensure to promote skills and techniques tailored to this



complex population.

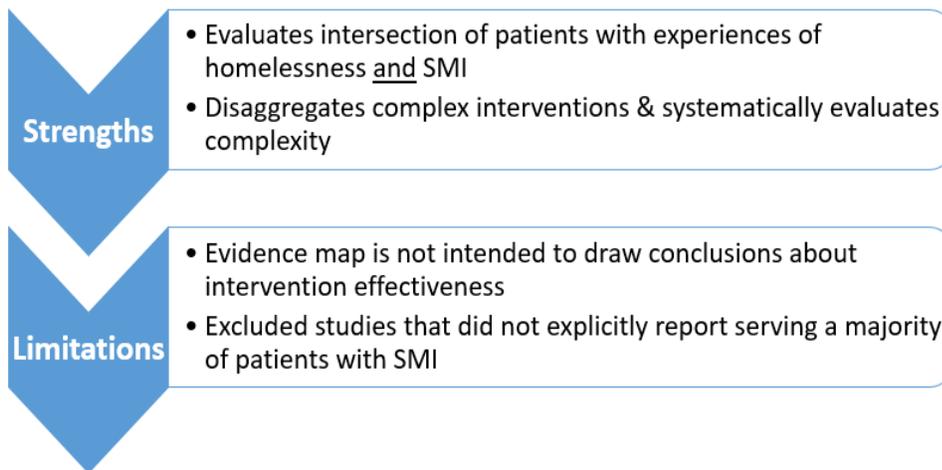
Systems Level Strategies: System level strategies sought to improve identification, engagement, and enrollment at different entry points, outside of the healthcare system, such as community agencies and jails. Additionally, common strategies included multi-sector coordination, shared health or administrative records across agencies, and proactive monitoring and technology infrastructure to support care coordination. Finally, standardized performance metrics to evaluate effectiveness across agencies and clinics were used.

Strengths and Limitations of Research Approach

Jessica Dietch, PhD,

Strengths and Limitations of Approach:

Strengths and limitations of approach

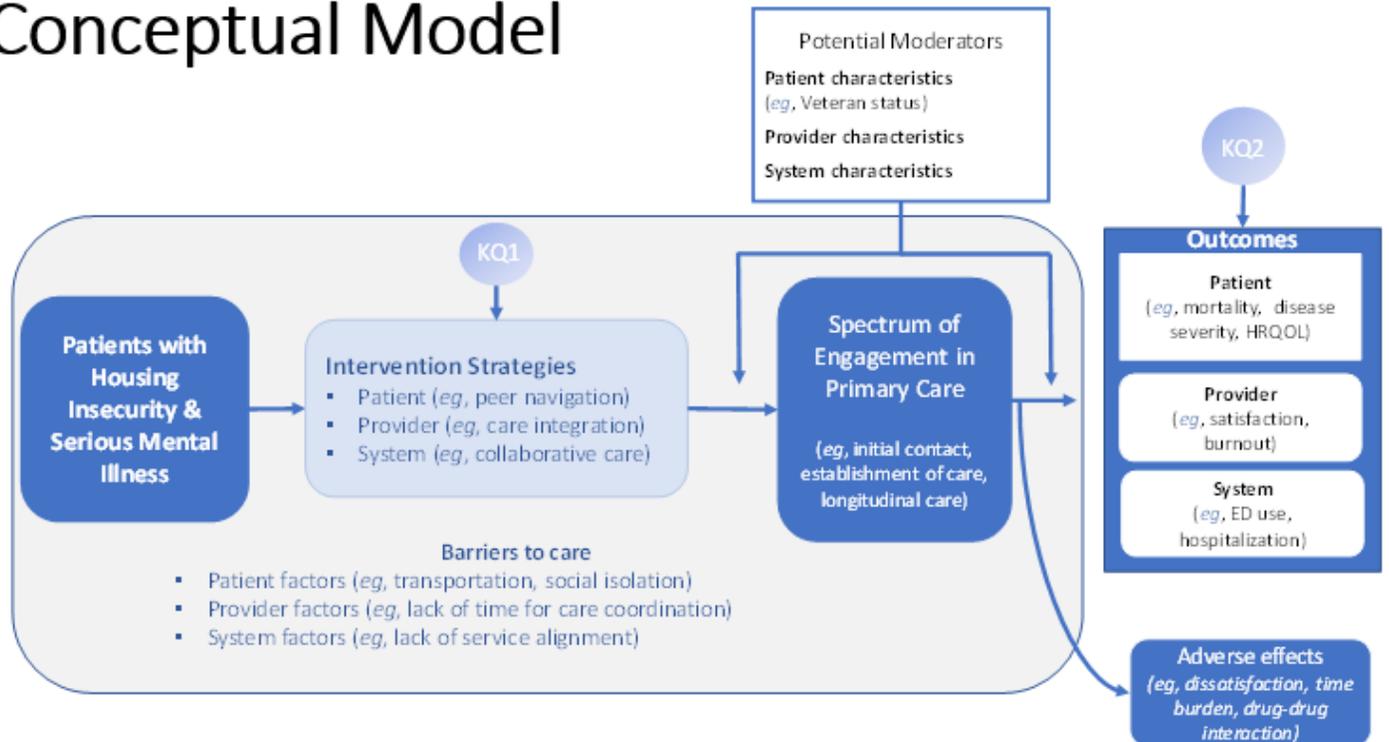


Dr. Dietch reports that Homelessness and SMI engagement in primary care have been studied independently but not in combination. In addition, the interventions that were researched were each divided into several categories of complexity and characteristics.

Dr. Dietch also notes that evidence maps are not designed for the interventions to be rated on effectiveness. Additionally, the review excluded studies whose majority of patients were not diagnosed with a serious mental illness.

Interactive Panel Discussion:

Conceptual Model



The diagram above depicts the conceptual model for the basis of this systematic review. The map identifies patients experiencing homelessness with SMI and outcomes for related intervention strategies, barriers, and engagement strategies.

What outcomes were measured?

The main measure of these studies is housing and a subjective report of physical health experience. For example, one data-driven outcome measure is the 12-Item Short Form Survey (SF-12) which reports physical health components. However, more patient-centered outcomes, which are harder to objectively measure, are lacking.

Implementation:

How can these programs be executed without increasing complexity? Interventions are complicated; however, some existing programs are effective. One potential example, which is utilized by Supportive Services for Veteran Families (SSVF) grantees, is hiring healthcare navigators to assist Veteran homeless population with accessing VA benefits, healthcare, and other services.

Financial considerations:

Mixed results exist among peer-reviewed literature about the relationship between homelessness and receipt of pensions, such as through Social Security Income and VA Compensation and Pension, or having access to the

Affordable Care Act Health Care. These peer-reviewed studies have consistently shown that these interventions improve access to health care; however, they do not consistently impact homelessness or improve housing status.

Ongoing Relationships:

Does the initial relationship impact the longevity of treatment received by individuals with a history of homelessness and SMI? This can be referenced in the conceptual model; however, the studies primarily reviewed vulnerability to obtaining and accessing services.

Final Panel Thoughts:

This thorough literature review came to limited conclusions because rigorous data of the issues are not currently available. The authors demonstrated that the issue is important, and outcomes need improvement, but research to date, consistent with the recent National Academies report on health and supported housing, is inconclusive. Longer-term studies might demonstrate more positive effects.

The authors utilized rigorous systematic review methods to evaluate the literature on the important topic of primary care access in Veterans with experience of homelessness and SMI. The wide variability in outcomes measured and populations studied in published trials to date limits supportable conclusions. The work helps to identify specific gaps in the literature that should be addressed in future work while providing a useful summary of outcomes and methods used in existing work.

References:

Shepherd-Banigan, M., Drake, C., Dietch, J., Shapiro, A., Alishashi Tabriz, A., Van Voorhees, E., Uthapa, D., Wang, T., Lusk, J., Rossitch, S., Fulton, J., Gordon, A., Ear, B., Cantrell, S., Gierisch, J., Williams, J., Goldstein, K. (2021) Primary Care Engagement of Veterans with Experiences of Homelessness and Serious Mental Illness: An Evidence Map. *VA Evidence Synthesis Program Reports*.
<http://vawww.hsrdr.research.va.gov/publications/esp/reports.cfm>