VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

Telephone Continuing Care and Recovery Support (TCCRS) Program Summary

Background:
In 2009 VA began a rapid expansion of its HUD-VASH Program for homeless Veterans. This program provides permanent housing with case management services to Veterans and their families, targeting Veterans who are chronically homeless, many of whom have chronic and persistent problems with substance use and mental illness. Case management services are in integral part of this program and are focused on helping the Veteran end homelessness by leaving the street, assisting the Veteran with locating permanent housing, and then providing a strong supportive service package to sustain the Veteran in permanent housing. In 2013 a model development initiative called Telephone Continuing Care and Recovery Support (TCCRS) was initiated by the VHA's National Center on Homelessness among Veterans (the Center) in the HUD-VASH Program to test the feasibility of using a model developed at the University of Pennsylvania for providing ongoing coaching, relapse prevention, and recovery support for clients with substance use disorders. Later, the TCCRS Program was expanded and offered to other Veterans in other VA Housing Programs. The application of this model with VA Housing Program clients was designed to determine its effectiveness in enhancing housing stability, reducing substance use, and improving mental health outcomes. The TCCRS program used a carefully structured design to augment the routine case management service provided by housing programs, rather than be a substitute for these services.

TCCRS Project Objectives:
The primary objective of the project was to determine the feasibility of implementing TCCRS interventions to enhance housing stability, reduce substance use, and improve mental health outcomes among formerly homeless Veterans receiving housing through a VA Housing Program. This program was designed to serve Veterans in VA Housing Programs who had a histories of substance use problems, including use in the past year but not current uncontrolled/heavy use. The program was designed to support Veterans who demonstrated interest in changing their substance use behaviors, (i.e., reducing use or abstaining from use). The program was not intended to serve Veterans with current unmanaged severe mental illness.

The Evidence Base:
TCCRS been evaluated in three NIH funded studies in which the telephone continuing care intervention achieved better outcomes than treatment-as-usual control conditions. In the first study, TCCRS produced higher rates of self-reported abstinence over a 2-year follow-up than

standard group continuing care, lower rates of cocaine positive urine samples than cognitive behavioral therapy (CBT) continuing care, and better liver functioning outcomes than standard care and CBT conditions (McKay et al., 2004; 2005). In another study with 252 alcohol dependent patients, the telephone continuing care intervention produced better alcohol use outcomes than standard care only over 18 months (McKay et al., 2010). Follow-up analyses showed that the treatment effects were larger in women and those with prior treatments for substance use disorders, and in those with poor social support or low motivation to change after a month of treatment (McKay et al., 2011). In a third study with 321 cocaine-dependent patients, TCCRS produced significantly better substance use outcomes than standard care only in those patients who were still using cocaine or alcohol when they started treatment or during the first 3 weeks of treatment (McKay et al., 2013).

How TCCRS Works:

In this project, the TCCRS Program used a modified version of the protocol used in prior research to provide Recovery Coaching and support at-a-distance to Veterans enrolled in VA Housing Programs. The main difference between this protocol and the version used in research studies was that it consisted of coaching rather than clinical care (i.e., therapy or counseling). Therefore, if a Veteran was not doing well, the telephone coach would alert the VA Housing Case Manager at the corresponding VAMC about the situation, rather than attempt to provide more intensive treatment over the telephone. Before a Veteran started TCCRS coaching, he/she engaged in 1-2 initial sessions with the coach, which were usually facilitated by the VA Housing Case Manager. In these sessions, the telephone intervention was explained and potential barriers to engaging in the calls, including phone availability, were identified and discussed. For example, the Veteran and coach decided who initiates each call, based on what was most likely to work well, and Veterans were then provided with a toll-free number to reduce their costs if they were planning to initiate the call. Subsequent calls did not include the Case Manager, unless the Veteran stopped participating in the calls, or there was a need for stepped care due to clinical deterioration. After the orientation call, Veterans received one 20-30-minute call per week over a 6-month period.

Each call began with a brief assessment of any substance use and current risk and protective factors that either interfere with or support recovery. This enabled the coach and the Veteran to track changes over time and to make sure that the content of each session addressed the Veteran's most critical issues. The content of the telephone calls consisted of discussions about current and upcoming stressors and other risk factors for relapse, and ways in which the Veteran could cope with these potential relapse triggers in a healthy way. The calls also focused on how the Veteran could increase positive, recovery-oriented behaviors and experiences. These tele-support sessions were delivered by coaches who were designated as With-Out Compensation (WOCs) employees under the sponsorship of the Philadelphia VAMC and under affiliation agreement with University of Pennsylvania (UPenn). Veterans' progress in sessions and any concerns about clinical deterioration were communicated to the Case Manager at each site. The coaches received regular supervision from Dr. James McKay who has an affiliation with both the Philadelphia VAMC and the University of Pennsylvania.

Site Selection:
VA Housing Program sites that participated in the TCCRS Program were selected by VHA's National Center on Homelessness among Veterans, based on the following criteria:

- The site's ability and willingness to support the TCCRS model development initiative.
- Site participants' commitment to follow the requirements of the program.
- The sites' willingness to acknowledge that no additional funding would be received by engaging in this project. The costs for the Philadelphia-based telephone counselors and technical assistance to operate the program was defrayed by the Center.
- Sites also participated in bi-monthly technical assistance calls conducted by the Center.

Requests for participation were directed to Dr. Roger Casey at the VHA's National Center on Homelessness among Veterans (813-558-7626; e-mail. Roger.Casey@va.gov)

Site Staff Orientation and Training:
Site staff participants were provided the following orientation and training to the TCCRS Program:

- Site Participants were initially provided basic information about the TCCRS Program by Center staff in coordination with UPenn affiliate staff. This included formal presentations by conference call and written material describing the program and program requirements.
- An interview was then scheduled with interested VA Housing Program staff to provide further details and technical assistance relative to site characteristics and Veteran referrals.
- Bi-monthly calls provided ongoing technical assistance and guidance on TCCRS operational issues.

Referral Process and Procedure:
The referral process and Recovery Coaching process are detailed as follows:

- Assessment of Suitability: VA Housing Program staff agreed to screen participants for the TCCRS Program. Two important criteria for the program were:
  (a) Veterans could benefit from relapse prevention services and demonstrate desire for assistance with substance use issues; and
  (b) Veterans who consented to telephone coaching sessions from trained counselors in addition to routine case management services.
- Referral Procedure:
  - Case Managers obtained a signed UPenn Release of Information (attached) and VA Release of Information Form (VHA Form 10-5345);
  - Releases were completed and faxed to Luis Molina (fax: 813-631-3060) (Luis.Molina@va.gov) at the Center based in Tampa. (The FAX also contained the Veteran's HOMES ID number.)
  - Center staff logged the referral, Veteran name, and HOMES ID into the TCCRS data system and forwarded the UPenn referral form to the TCCRS Recovery Coaches.
  - Within three to five days, Veteran received a call from a Recovery Coach.

- The Recovery Coaching Process
  - First Call: TCCRS was explained and potential barriers to engaging in the calls were identified and addressed if possible. A call schedule was then established.
  - Weekly Calls: Recovery coaches established recurring calls on a weekly basis. Calls could be as short as five minutes or as long as 30 minutes.
  - Each call began with a brief assessment of any substance use and current risk and protective factors that either interfere with or support recovery. Any current and potential upcoming stressors, as well as ways in which Veterans can cope with potential relapse triggers in a healthy way were reviewed. Discussions then focused on how Veterans could increase positive, recovery-oriented behaviors and experiences.
  - Program Length: Coaching was structured to continue for up to a 6-month period, but depended on the needs of the Veteran.
  - For more detailed information on the telephone coaching process, refer to: Effectiveness of Extended Telephone Monitoring for Alcohol Dependence Telephone Monitoring and Counseling Manual (Attached).
- Recovery Coaches Feedback to Referring Case Managers: Recovery Coaches contacted referring Case Managers at least once per month by phone to provide a brief update on the Recovery Coaching activities. More frequent contact occurred if the Veteran had concerns, requests, or crises that necessitated communication to address the Veteran's needs.
- Recovery Coaching Emergency Procedures: In the event that Recovery Coaches found the Veteran to be in immediate need of intervention, they were instructed take the following steps to insure the Veteran's crisis is addressed:
  - In more minor crises, (e.g. non-life threatening situations that require less immediate attention) the Recovery Coach contacted the referring Case Manager immediately, discuss the situation with the Case Manager, and provide follow up to insure that the crisis has been addressed.
  - More major crises (e.g. life threatening situations or suicide potential) the Recovery Coach was required to contact the Emergency Room staff of the referring facility or the 911 operator from the Veterans' location and provide sufficient information about the crisis so that a successful intervention could be made, while if at all possible keeping the veteran on the phone. Recovery Coaches completed an incident report and forwarded in encrypted format to the referring Case Manager and to Luis Molina within 24 hours.

Recovery Coaches Monthly Summary

The Recovery Coaches prepared a monthly summary with the following items and submit through their supervisor to Luis Molina (Luis.Molina@va.gov) and Roger Casey (Roger.Casey@va.gov):

1. Number of Veterans served by referring site
2. Number of calls made per Veteran by referring site
3. Number of referred Veterans who have not participated in the program in the last 60 days

TCCRS Participation Sites

The following sites are currently active with the TCCRS Program:

- Ann Arbor, MI
- Atlanta, GA
- Bedford, MA
- Butler, PA
- Miami, FL
- Salem, NC
- Wash DC
- Detroit, MI
- VISN 2

Program Evaluation:

The following data elements were used to evaluate the effectiveness of the TCCRS Program:

- Number of Referrals
- Number of Referral Accepted
- Number of Visits/Client
- Brief Addiction Monitoring Assessment Data (BAM) A brief description of this assessment can be found at: http://www.mentalhealth.va.gov/providers/sud/docs/BAM_brochure_8-20-08.pdf

Data Elements of TCCRS that Were Not Pursued Due to Termination of Program:

- Participant Housing Stability Analysis utilizing HOMES data
- Development and use of a TCCRS Model Fidelity Instrument

Summary of Program Data:

A total of eight facilities participated in the TCCRS model development initiative. The eight sites generated 104 referrals for telephone coaching. The telephone coaches made contact and had coaching sessions with 77 Veterans at least one time and 45 Veterans had three sessions or more telephone coaching sessions.

BAM assessments were conducted on Veterans who were willing to participate in the assessment process. Thirty-five Veterans received a BAM Assessment at least one time and 11 Veterans received a second BAM assessment.

The telephone coaches reported that Veterans found the support they received from this program to be very helpful in maintaining their recovery and housing stability. The long term benefits of helping Veterans maintain recovery and housing stability was not assessed and would require a follow-up study. It is recommended that further research be conducted on sites that use telephone coaching to determine long term effectiveness of this intervention modality.

TCCRS Program Summary:

In March 2016 the formal TCCRS model development initiative ended and staff from the participating sites took over continued telephone coaching of the Veterans participating in the program. As of March 30, 2016, there were 77 participating in telephone coaching.

This program demonstrated promise as a low cost support service to sustain Veterans in their personal recovery and in sustaining their ability to retain their housing. In many instances, personal recovery for homeless Veterans involves a host of support services coming together in a coordinated way with the right timing, and most importantly, as something the Veteran sees as valuable and wants. TCCRS has all these key factors:

- The program is voluntary.
- Veterans make the calls to their coach when they feel they need the support and on their schedule.
- The program has a strong recovery focus.
- The program is designed to support Veterans for a relatively brief time during a period of high vulnerability (transition to permanent housing).
- The program has a high degree of portability and can be adapted to support Veterans in other permanent and transitional housing settings.
- The model can be adopted at facilities with minimal cost by setting up a system of coordination between housing case managers and substance use counselors, brief training on the coaching model, and periodic coordination conferences of staff involved in the project.

Some barriers to model implementation were noted during the TCCRS model development implementation and evaluation:

- Some Veterans did not have access to cell phones, available minutes on their phones, or other telephone access to contact their coaches.
- Telephone coaches were not available on a 24/7, seven day/week basis and Veterans need for coaching support did no always coincide when coaches were available.

Facilities desiring to establish telephone coaching recovery programs for Veterans in their housing programs at their local facilities are encouraged to contact the Center for information about the model, technical assistance, and training on the recovery coaching model.

Attachments:

TCCRS - Implementation slid

Monitoring and Counseling manual

TCCRS Model Development Impler

UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

1-800-789-PENN (7366) • pennhealth.com

Telephone Continuing Care and Recovery Support
3440 Market Street, Ste 370
Philadelphia, PA 19104

PHONE LINE: 1-866-715-5530
Fax referrals to: 813-631-3060
ENTER HOMES ID NUMBER:_____

I, _____, request and authorize **The TCCRS Staff** to (please initial on line):

___ obtain information from:
___ release information to:

[ENTER SITE AND PROGRAM]

I understand that the information to be exchanged includes information regarding my treatment for drug and/or alcohol dependence.

Information requested:

When contacting me, I authorize TCCRS to (please initial on line):

___ leave voicemails at the phone number provided.

___ leave messages with whomever answers at the number provided.

I certify that this request has been made freely, voluntarily, and without coercion and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Re-disclosure of my medical records by those receiving the above authorized information may not be accomplished without my further written consent. Without my express revocation, this consent will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient).

_____ _____
Date Client's Signature

_____
Client's Date of Birth/phone number

_____ _____
Date Staff member's Signature