



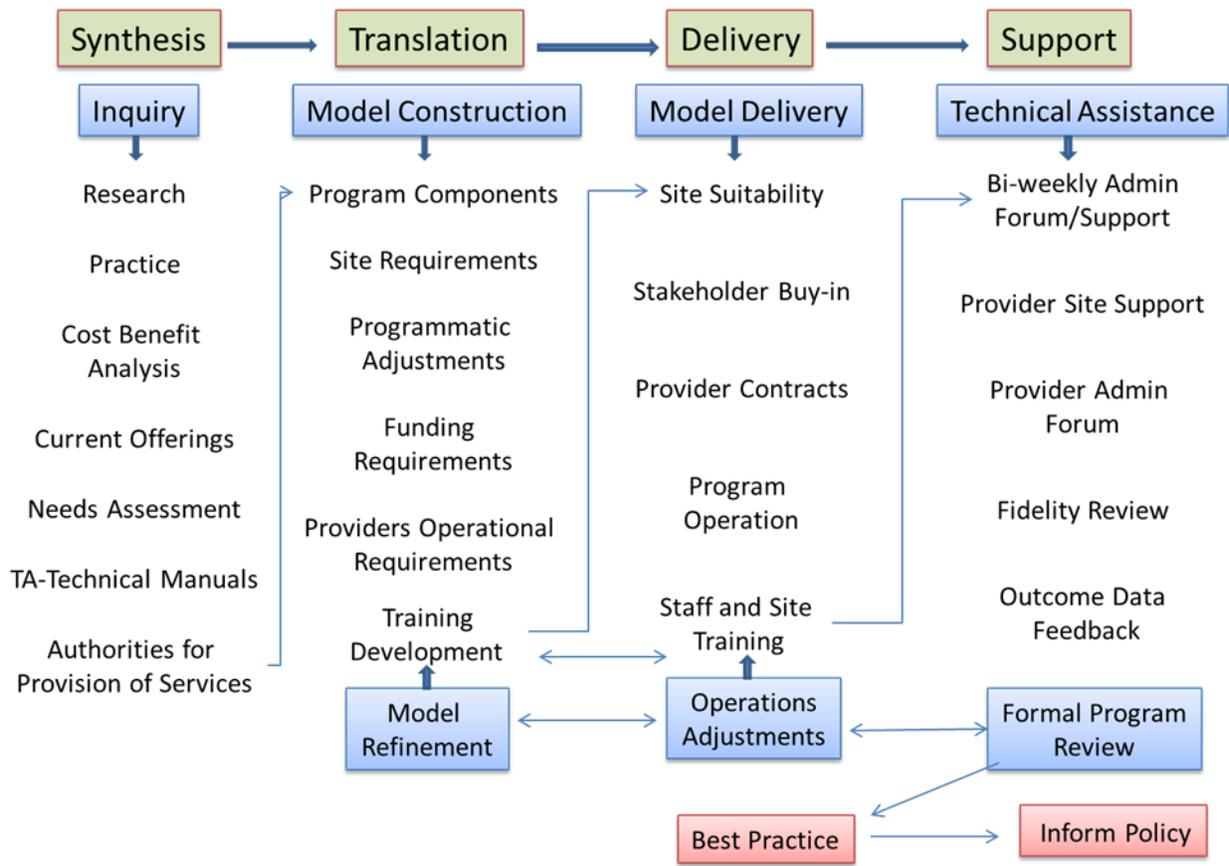
**VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS**

*Research-driven solutions to prevent and end homelessness*

## **Telephone Continuing Care and Recovery Support (TCCRS) for HUD-VASH Clients: AN IMPLEMENTATION FRAMEWORK**

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 abuse and mental illness. Case management services are an 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 the Telephone Continuing Care and Recovery Support (TCCRS) was started in the HUD-VASH Program to test the feasibility of using a model developed at the University of Pennsylvania for providing ongoing counseling, relapse prevention, and recovery support for clients with substance use disorders. The application of this model with HUD-VASH clients is to determine its effectiveness in enhancing housing stability, reducing substance use, and improving mental health outcomes. The TCCRS program is designed to augment the case management service provided by the program and not to replace the routine case management services provided by the program.

To promote the integration of research findings and evidence into implementation of homeless services policy and practice, the National Center has developed an implementation science framework model. There are four key steps in most implementation science models. The model detailed below summarizes the key steps and processes for implementing the TCCRS interventions. The first step begins with synthesis (inquiry), the process of compiling and summarizing information about innovations. The next step is translation (model development), the process of converting scientific knowledge into a practitioner friendly service delivery model. The third step, delivery (model delivery), outlines the specific actions of launching the program in the settings chosen for implementation of the model. The final step, support (technical assistance), details the activities necessary to sustain the model through the process of implementation, refinement, and evaluation of the model. The model is dynamic and interactive, based on the emerging field of implementation science.



## Inquiry

*Click on link for TCCRS program specific criteria and process*

**Research:** evidence in peer reviewed or other professional journals or publications that directly references the program model, or components of the model, and discusses process, outcome, utilization, effect, etc.

**Practice:** discussion, presentation in publications or web that cites the model, or components of the model, practice evidence, or model design.

**Cost-benefit Analysis:** review of literature or existing program evaluation studies that demonstrate costs associated with program outcomes; and/or those costs associated with similar programs, costs associated with the lack of or ineffective programs, or use of alternative services.

**Current Offerings:** list, description, or discussion of sites or agencies using the model, or components of the model, and, if available, presentation of effect or impact.

**Needs Assessment:** formal or non-structured assessment through VA or other agency, or combination, providing evidence of value of implementing model.

**Technical Manuals:** presentation of the model or components of the model, in publication or web, as implemented under other funding authorities or agencies presenting description of operational specifics for program managers.

**Authorities for Services Provision:** public law, directives, manuals, circulars, or other documents to authorize services, including EDMs and other internal documents.

## TRANSLATION

### Model Construction

*Click on link for TCCRS program specific criteria and process*

**Program Components:** key program operational principles and components, including intent, population served, course of treatment, outcomes and expected utilization and work load.

**Site Requirements:** necessary elements to implement at sites, general and not specific to individual sites, includes requirement specifics but general enough to list for all sites.

**Programmatic Adjustments:** modifications of model, moving from 'perfect' model, based on research and practice, to a model that retains core components but satisfies unique aspects of VA or site.

**Funding Requirements:** developed based on constructed model, needs assessment, funding availability, and developing site priority – the estimated total for each site and estimated total for all sites, considering startup costs, prorated for implementation date, and possible readjustment of funds once sites are operational.

**Operational Requirements for Providers:** recognizes the VA requirements and, if providers are a component of the model, the provider requirements such as education, facility structure, contractual agreements, etc.

**Training Development:** based on an assessment of design newness and current knowledge of site management and core staff, the necessary elements in educational curriculum development.

## DELIVERY

## Model Delivery

*Click on link for TCRRS program specific criteria and process*

[Site Suitability](#): the necessary infrastructure and support, including ability to obtain facility, contract (if necessary), access, feasibility of location within community.

[Stakeholder Buy In](#): stakeholder commitment, including VA upper, mid, line level staff support as well as community support including political, community provider, continuum, coalition leaders and staff.

[Provider Contracts](#): (if necessary) the contractual arrangements that providers may have existing or in the past and developing those contracts through processes necessary.

[Program Operation](#): initial operational challenges and participant impact.

[Staff and Site Training](#): initial educational scheme, including curriculum and method of delivery, to inform stakeholders through overview, and line level VA and community staff.

## SUPPORT

### Technical Assistance

*Click on link for TCRRS program specific criteria and process*

[Bi-Weekly Admin Forum/Support](#): bi-weekly calls for management and line staff, VA.

[Provider Site Support](#): calls with individual sites to address unique challenges.

[Provider Admin Forum](#): calls with core administration and program leads.

[Fidelity Review](#): on-site or tele-com reviews of model design through methods developed to determine model adoption and adherence.

[Outcome Data/Feedback](#): reviews of participant outcomes – meeting, achieving model intent, and effect.

Formal Program Review: on-site reviews by team staff, to review fidelity, outcomes, community integration, participant process and outcome measures.

## REFERENCES

[Click on link for TCCRS program references](#)

# TELEPHONE CONTINUING CARE AND SUPPORT MODEL IMPLEMENTATION FRAMEWORK DETAIL

## SYNTHESIS

### Inquiry

#### Inquiry-Research

- Over the past 15 years, the University of Pennsylvania has developed and evaluated a model of continuing care for substance use disorders that involves using the telephone to provide ongoing counseling and recovery support. TCCRS can be added to other forms of outpatient treatment, such as VA HUD-VASH case management. 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., in press).

#### Inquiry-Practice

- The primary objective of the current model development initiative is 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 the HUD-VASH program. This program is intended for Veterans in HUD-VASH who have a history of substance use problems, including use in the past year but not current uncontrolled/heavy use. Appropriate veterans should have some interest in changing their substance use behaviors, (i.e., reducing use or abstaining from use). Appropriate referrals would not have current unmanaged severe mental illness.

#### Inquiry-Cost Benefit Analysis

- The costs for providing case management and housing to the nearly 60,000 Veterans in the HUD-VASH Program is substantial, averaging approximately \$57 per day.
- The cost of providing TCCRS as an augmentation to the case management services provided for HUD-VASH clients would be relatively small.
- If TCRRS is effective in sustaining Veterans in permanent housing, the savings generated from preventing costly hospitalization and emergency care could be potentially significant.

- There are also potential savings using this model due to reduction of travel for case management home visits.
- The TCCRS program may have significant potential for enhancing services in rural areas where extensive travel for case management services may be reduced due to cost and time considerations.

#### **Inquiry-Current Offerings**

- VA currently provides the following housing programs that provide case management and supportive services for homeless Veterans:
  - HUD-VASH: The HUD-VASH program offers permanent housing with case management/supportive services in a joint partnership with HUD. The program targets chronically homeless Veterans and families, and provides the Veterans with placement in permanent housing of the Veteran's choice through a Housing Choice voucher.
  - Grant and Per Diem: This grant program provides transitional housing and supportive services to homeless Veterans via grants and per diem payments to non-profit community providers.
  - HCHV Contract Residential Treatment: This VA program provides contract time limited residential treatment services with community based providers for homeless Veterans. VA operates a Safe Haven model development program for chronically homeless Veterans under the authorities provided for this program.
  - Domiciliary Care for Homeless Veteran Programs: This VA program offers time limited residential treatment services to homeless Veterans. The facilities are usually on the grounds of the VA Medical Centers and have capacity to provide care for Veterans with mental illness and substance abuse treatment issues.
  - Prior to the testing of the TCCRS model in the HUD-VASH Programs, telephone interventions have not been consistently applied in a structured model in any of VA's Homeless Programs

#### **Inquiry-Needs Assessment**

- Approximately 70,000 formerly homeless Veterans are enrolled in VA's HUD-VASH Program and require case management services and an array of other wrap-around services to sustain them in housing, reduce their substance use, and treat their mental health problems.
- The model may also be applicable for several of the community housing programs listed above and for Veterans provided homelessness prevention services in the Supportive Services for Veteran Families Program. At the present time the initiative is focused on Veterans in the HUD-VASH Program and in the GPD Program.

#### **Inquiry-Technical Manuals**

- The TCCRS Program uses a structured assessment and interview protocol with Veterans enrolled in the program. The TCCRS Program also uses the Telephone Monitoring and Counseling Manual produced by Deborah Van Horn, Ph.D. and James R. McKay, Ph.D. that provides guidance on program operations. A copy of the manual is attached in Appendix A.

- The HUD-VASH Program utilizes a technical manual called the *HUD-VASH Resource Guide*. The program also utilizes a technical assistance guide by Dr. Sam Tsemberis called *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction*. It should be noted that the Housing First approach has become policy for all VA Homeless Programs.

### **Inquiry-Authorities for Provision of Services**

The HUD-VASH Program provides housing and supportive services under two authorities. Specific authority for Section 8 housing that encompasses HUD's Housing Choice voucher program is provided by the Housing and Community Development Act of 1974. The 2008 Consolidated Appropriations Act (Public Law 110-161) enacted December 26, 2007, allocated \$75 million dollars funding the HUD-Veterans Affairs Supportive Housing (HUD-VASH) voucher program, authorized under section 8(o)(19) of the United States Housing Act of 1937. Public Law 110-161 also provided the funding and authority for VA to provide case management services for Veterans enrolled in the HUD-VASH Program.

The authority to provide TCCRS services is derived from the authority provided in Public Law 110-161 granting VA authority for provision of supportive services for Veterans enrolled in the HUD-VASH Program.

## TRANSLATION

### **Model Construction**

#### **Model Construction-Program Components**

- Recovery coaching and support is provided at-a-distance to Veterans participating in HUD-VASH and GPD Programs at various VA Medical Center's throughout the country.
- Coaching, rather than clinical care (i.e., therapy or counseling), is provided to Veterans to assist both Veterans and their HUD-VASH case managers and GPD Program Liaisons in relapse prevention, reducing or preventing substance use and identifying issues that need to be addressed.
- When a Veteran is not doing well, the telephone coach alerts the Veteran's local case manager.
- This program is intended for Veterans in HUD-VASH and HUD=VASH Programs who have a history of substance use problems, including **ANY** use in the past year.
- Participating Veterans should, however, have demonstrated interest in changing their substance use behaviors (reducing use or quitting).
- Appropriate referrals would not have unmanaged severe mental illness diagnoses as these Veterans typically require a higher level of care.
- Calls are weekly and can be as short as just five minutes or as long as 30 minutes. Coaches are aware that often cell phone minutes availability can be problematic and will keep this in mind in terms of the call schedule.
- Calls can continue for up to a 6-month period, but depend on the needs of the Veteran.
- Each call begins 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 are reviewed.

- Calls then focus on how Veterans can increase positive, recovery-oriented behaviors and experiences.

### **Model Construction-Site Requirements**

- Participating HUD-VASH sites are chosen based on their ability and willingness to support the TCCRS model development initiative. Participating sites use the following TCCRS protocol:
  - HUD-VASH case managers and GPD Liaisons determine whether TCCRS could be of help to any Veterans in their recovery from substance use.
  - For any interested Veterans, a release of information forms (Attachment B) is completed and faxed to the TCCRS Liaison in the Tampa office of the National Center on Homelessness among Veterans. Within five days, Veterans receive a call from a recovery coach.
  - In the first call, TCCRS is explained and potential barriers to engaging in the calls are identified and addressed if possible. A call schedule is then established

### **Model Construction-Programmatic Adjustments**

- The model was adapted from a Philadelphia program that provided longer term support and coaching interventions to clients with substance abuse disorders
- The TCCRS Program for HUD-VASH clients provides both interventions for substance use disorders and interventions designed to provide housing stability.

### **Model Construction-Funding Requirements**

- Participating sites receive no additional funding. The costs for the Philadelphia based telephone counselors and technical assistance to operate the program is born by the National Center on Homelessness among Veterans.

### **Model Construction-Training Development**

- Training for staff participating in the program is provided by the National Center on Homelessness among Veterans.
- Training for TCCRS coaches is provided by University of Pennsylvania.
- Staff participating in this program participate in weekly calls sponsored by the National Center on Homelessness among Veterans and TCCRS subject matter experts.

## DELIVERY

### **Model Delivery**

#### **Model Delivery-Site Suitability**

- Participating sites are selected from experienced HUD-VASH program participants who have demonstrated willingness and ability to follow a model development protocol.
- Facility HUD-VASH staff must agree to screen HUD-VASH participants for the TCCRS Program. Two important criteria for the program are (a) clients who can benefit from relapse prevention

services, a desire for assistance with substance use issues and (b) clients who consent to telephone coaching sessions from trained counselors in addition to routine case management services.

### **Model Delivery-Stakeholder Buy-In**

- Site Participants are initially provided basic information about the TCCRS Program from staff of the National Center on Homelessness among Veterans. This includes formal presentations by conference call and written material describing the program and its requirements.
- An interview is then scheduled with interested HUD-VASH Program staff to provide further details and technical assistance.
- Site participants are then chosen to join the TCCRS Program based on their commitment to follow the requirements of the program.

### **Model Delivery-Program Operation**

- HUD-VASH case managers first determine whether TCCRS could be of help to any Veterans in their recovery from substance use.
- Veterans who choose to participate are referred and discussed with the TCCRS Program Manager and/or the telephone coaches based in Philadelphia.
- For Veterans requesting referral to the TCCRS Program, a release of information must be completed and faxed to the TCCRS office in Philadelphia.
- After the referral and acceptance to the TCCRS Program, Veterans receive a call from a recovery coach.
- In the first call, TCCRS is explained and potential barriers to engaging in the calls are identified and addressed if possible. A call schedule is then established.
- Calls are weekly and can be as short as just five minutes or as long as 30 minutes. Coaches are aware that often cell phone minutes availability can be problematic and will keep this in mind in terms of the call schedule.
- Calls can continue for up to a 6-month period, but depend on the needs of the Veteran.
- Each call begins 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 are reviewed.
- Calls then focus on how Veterans can increase positive, recovery-oriented behaviors and experiences.

### **Model Delivery-Staff and Site Training**

- The TCCRS Program Manager and telephone coaches have received extensive hands on training on the TCCRS model by developers of the TCCRS intervention.
- HUD-VASH staff from the participating sites also receive brief training on the TCCRS Program and their responsibilities regarding referral and coordination with Philadelphia TCCRS staff.

## **SUPPORT**

### **Technical Assistance**

#### **Support-Weekly Admin Forum/Support**

- Ongoing technical assistance is provided to all HUD-VASH site participants on a weekly basis.

- Feedback regarding the clinical response of HUD-VASH program participants occurs during these weekly sessions.
- Client Interventions are sometimes modified after discussion on the technical assistance calls.

### **Support-Fidelity Review**

- A formal fidelity instrument to evaluate TCCRS Program fidelity has not been developed at this point, but will likely be developed as the program grows.

### **Support-Outcome Data Feedback**

- Client outcomes are discussed on each weekly technical assistance call.
- Detailed outcome evaluation is being conducted by National Center on Homelessness among Veterans and will be shared and published as more data from the program becomes available.

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