Integrating Treatment and Housing Services for Homeless Veterans: A Recovery Oriented System of Care Approach in Tucson Arizona

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Health Care for Homeless Veterans Program (HCHV)
Statistics to bore you with

Old Pueblo Community Services Veterans Served in Tucson in 2010 - 2011

- Grant & Per Diem: 138
- Rapid Emergent Housing: 160
- Chronically Mentally Ill: 31
- SATP - 1: 136
- SATP - Aftercare: 118
- EMPOWR: 49

Total: 632
Statistics to bore you with

• 41040 veterans are enrolled for services
  - 25% diagnosed with Substance Use Disorders (SUD)
  - 20% - Post Traumatic Stress Disorder (PTSD)
  - 9% - Military Sexual Trauma (MST)
  - 2% - Traumatic Brain Injury (TBI)
  - 8% - Homeless
Military Sexual trauma and Traumatic Brain Injuries are most probably under reported

Many veterans are unaware they are eligible for VA services

Increasing numbers of women and families are being seen in the Homeless Program
Programs - Outreach

• Community Outreach
  - Teams of social workers locate and provide linkages to services for Veterans who are homeless
  - VA teams work with other community partners outreach groups
  - HCHV staff visit community organizations and provide in-service on available services and how to access services
Five Year Plan to End Homelessness for Veterans

- Plan implemented December 2009
- In 2008 there were 230,000 homeless Vets
- In 2011 number has decreased to 75,000
- Implemented “No Wrong Door Policy” states any Vet can get enrolled in services whatever the situation immediately
- Women Vets are the largest growing homeless population in America
Programs - Housing

• Rapid Emergent Housing
  - Admissions on 24/7 basis
  - Provides up to 90 days of transitional housing
  - Target populations are inpatient hospital discharges and emergency department contacts
  - Provides immediate housing for Veterans Court participants
• Transitional Housing
  - Grant and Per Diem Programs
    • Provides up to 24 months of housing
    • Programs have general targeted populations
    • Three Agencies presently participating
    • 124 available beds
    • Treatment plans and case management are integral parts of the programs
    • Agency-owned with VA oversight
Programs - Housing (cont)

• Transitional Housing (cont)
  - Contracted housing
    • Rapid Emergency Housing (described above)
      - 16 beds expanded to 40 beds
    • CMI/SMI stabilization housing
      - 6 beds expanded to 8 beds
    • SATP Stabilization and Aftercare Programs
      - 16 beds expanded to 32
• Permanent housing
  - HUD/VASH Program
    • Collaboration between HUD (housing) and VA (case management)
    • Currently has 315 Housing Choice vouchers
      - 30 Project-based vouchers to be deployed in October 2011
  • Services currently available in Pima and Cochise County
• Shelter Plus Care Housing
  - HCHV collaborates with community agencies to provide several S+C beds to veterans.
  - Provides alternative permanent housing with reduced level of case management.
Veterans Court

- Provides alternative to incarceration
- Vets can “opt” in or out when arrested
- Provides:
  - Short term housing
  - Case management
  - Treatment in lieu jail
  - “Clears” warrants
Other services

- Daily walk-in clinic
- Clothing room
- Showers
- Laundry
- Short term case management
Evidence Based Practices

- Community Reinforcement Approach
  - CRA Based Workshops
  - Social Events
- Contingency Management
  - Recovery Rewards
- Cognitive Behavioral Therapy
  - Individual/Group Counseling
- Peer Recovery Support
  - Telephone Based Continuing Care
  - Peer Support Groups
Engaging, Motivating, and Providing Opportunities Within Recovery

• Recovery Oriented System of Care for Homeless Veterans
  – Outreach
  – Housing
  – Outpatient Substance Dependency Treatment
  – Skills Based Workshops
  – Peer Support
  – Aftercare Groups
  – Alumni
Recovery-Oriented Systems of Care

INDIVIDUAL FAMILY COMMUNITY

ROSC provides responsive, outcomes-driven approaches to care.
ROSC Developmental Stages

Separation
Communication
Cooperation
Integration
ROSC

Recovery Oriented System of Care

Substance Abuse Counseling
Life Skills
Physical Health
Mental Health
Mutual Aid
Employment
Mutual Aid
Peer Support
Housing
Evaluation
Program Evaluation

EMPOWR Project
EMPOWR Program Evaluation Logic Model

**Pre-treatment Phase & Referral**

90-day Treatment Phase
- Housing Services
- Health Services
- Support Services

30-day Post-Tx
- Continuing Care

**Program Outputs**
- 350 vets treated (50 female & 300 male)
- 100 relapsed vets treated
- 325 vets placed in transitional housing
- Participation rates for counseling services
- Use of social services
- ROSC model implemented

**Program Outputs**
- 175 vets receive services
- ROSC model implemented

**Outcomes at Discharge**
- Length of stay in Tx
- Tx completion rates
- AOD use at discharge
- Health & MH at discharge
- Employment & housing status at discharge

**Outcomes 6-months post-baseline**
- AOD use
- Health & MH status
- Employment status
- Housing stability
- Social connectedness
- Engagement in risky sexual behavior
- Contact with CJ system
- ROSC practices institutionalized

**Process Evaluation**

**Outcome Evaluation**
<table>
<thead>
<tr>
<th>Process Goals</th>
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<tbody>
<tr>
<td>G-1. Implement a Recovery Oriented System of Care (ROSC) substance abuse treatment model that provides evidence-based services.</td>
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<tr>
<td>a. Promote adoption of ROSC model by providing professional development services to 15 staff in: (1) Motivational Interviewing; (2) Community Reinforcement Approach; and (3) Contingency Management therapy.</td>
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<td>b. Provide 8 hours of professional development to clinical staff each quarter.</td>
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<td>G-2. Provide an outreach &amp; screening component.</td>
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<td>a. Provide outreach 13 times per month at partner agency sites.</td>
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<td>G-3. Provide a transitional housing component.</td>
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<td>a. Provide transitional housing to 65 veterans per year (designate 29 beds in OPCS facilities for veterans per year).</td>
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<td>G-4. Provide a 90-day outpatient substance abuse (SA) treatment component.</td>
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<td>a. Provide SA treatment services to 70 unduplicated vets per year (10 female; 60 male).</td>
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<td>b. Provide the following services (as needed) to clients during treatment phase:</td>
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<td>(1) individual counseling; (2) process group (gender segregated) sessions; (3) weekly peer support groups; (4) life skill sessions; (5) employment coaching; (6) drug-free social events; and (7) other support services as needed (e.g., transportation, childcare, literacy skills, health promotion/prevention).</td>
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<td>c. Provide peer recovery support specialist to each client who will be contacted monthly.</td>
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<td>d. Maintain a case load of 1 case manager per 25 EMPOWR clients.</td>
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## G-5. Provide a 30-day continuing care (post-outpatient treatment) component.

a. Provide continuing care services to 35 unduplicated veterans per year.

b. Provide the supportive services to clients during continuing care phase: (1) weekly aftercare group sessions; (2) peer coaching; (3) weekly employment coaching; and (4) monthly social events and alumni group activities.

### OUTCOME GOALS

## G-6. Consistent delivery of the ROSC model’s evidence-based services (e.g., Motivational Interviewing, Community Reinforcement Approach, and Contingency Management) will produce positive substance abuse treatment outcomes.

a. Counselors who more consistently use evidence-based practices will receive higher client satisfaction ratings as measured by the *Session Rating Scale*.

b. More frequent/consistent use of evidence-based treatment strategies (e.g., Motivational Interviewing, Community Reinforcement Approach, and Contingency Management) will contribute to better treatment outcomes as measured by the *Outcomes Rating Scale* (client’s perception of progress).

## G-7. EMPOWR’s use of the ROSC model (which includes supportive services) will contribute to positive behavioral, economic, and social outcomes for clients.

a. Clients who participate in more employment coaching, literacy/educational activities, and life skills training sessions will have better employment and economic outcomes than those who do not receive these services.

b. Clients who receive more supportive services will have better social outcomes than those who receive fewer or no supportive services.
18 employed (26.%) 

12 working full time (17%) 

Slightly more than 55% unemployed & looking for a job 

1/10 disabled & unable to work
Health, Housing & Child Custody
Abstinence & Consequences
Providing professional development activities to EMPOWR staff = Training... Training... And MORE training...
 Upon returning to civilian life, what are the most important needs of veterans?
What services provided by EMPOWR have been helpful?

- Workshops
- Peer-to-Peer Sessions
- EMPOWR counselors
- Medical and Behavioral Health Services
What could be done to improve the services provided by EMPOWR?

**ENHANCE:**

Communication, Flexibility, & Organization

**PROVIDE:**

Choices & Materials