Care Coordination for Homeless Veterans

Implementing Critical Time Intervention to enhance care coordination for homeless-experienced Veterans

VA’s Grant and Per Diem (GPD) programs are residential programs for homeless-experienced Veterans (HEVs), funded by VA grants to community partners. This PII Start-up will implement Critical Time Intervention (CTI)—a rigorously studied, structured, and time-limited case management practice—for HEVs transitioning from VA Greater Los Angeles’ (VAGLA) GPD programs to independent living. Effective CTI implementation can enhance care coordination for this vulnerable population.

Improved care coordination for homeless-experienced Veterans can improve housing outcomes and engagement in health services

GPD programs are a critical part of VA’s plan to end Veteran homelessness. Unfortunately, the period following GPD discharge is associated with adverse outcomes, including hospitalizations and returns to homelessness. Yet, until recently, care coordination efforts ceased at GPD discharge. In 2019, in response to a Congressional mandate, VA awarded $30 million to 128 GPD programs to provide six months of case management for HEVs transitioning to independent living who would not otherwise receive case management. These awards are intended to improve HEVs’ housing outcomes.

At present, no specific case management paradigm is required of these GPD awardees. In partnership with VA’s Homeless Program Office (HPO), VISN 22 leadership, and the National Center on Homelessness Among Veterans, we will implement CTI within VAGLA’s GPD case management awardees to ensure the best-possible use of GPD-awarded funds. The figure below depicts the salient elements of CTI and the anticipated impacts of this practice on quality of care.

Phase 1: Transition
- Specialized support and transition plan

Phase 2: Try-Out
- Facilitate and test problem-solving skills

Phase 3: Transfer of Care
- Terminate services with support network safely in place

Anticipated impacts
- Enhanced Patient Aligned Care Team (PACT) engagement, mental health outcomes, and housing outcomes
Approach and aims

In addition to CTI training and technical assistance, we will use external facilitation—a robust implementation strategy used widely in VA—to support the implementation of CTI within GPD programs that receive case management funds. To prepare for national implementation of CTI within these programs, we aim to:

1. Engage providers to plan for CTI implementation at three VAGLA GPD programs.
2. Implement and evaluate CTI for HEVs transitioning from three VAGLA GPD programs to independent living.
3. Refine tools to support CTI implementation, including evaluation measures, educational materials, and a facilitation guide, in preparation for scale up and spread of CTI within GPD programs.

Guided by the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework, we will focus on processes and outcomes of CTI implementation.

Expected impacts

If the process and implementation outcomes of this PII Start-up are favorable, we view this evaluation and the planned implementation tools as a foundation for national implementation of CTI in GPD programs that receive case management funds.

If you would like to learn more or partner with us, please contact Jenny Barnard at Jenny.Barnard@va.gov

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