



Housing Transitions

**QUERI**

***Developing Implementation Leadership in  
Trainees to Enhance Evidence-Based Practice  
Implementation in a VA Homeless Program***

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  - MPIs: Gabrielian, Cordasco, Finley

# Operations Partners

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**VA Grant and Per  
Diem (GPD) National  
Program Office**

**National Center on  
Homelessness among  
Veterans (NCHAV)**

**VISNs 1, 10, 12, 19,  
20, 21, and 22**

# Housing Transitions QUERI Team



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# Ending Veteran Homelessness is an Urgent National Priority



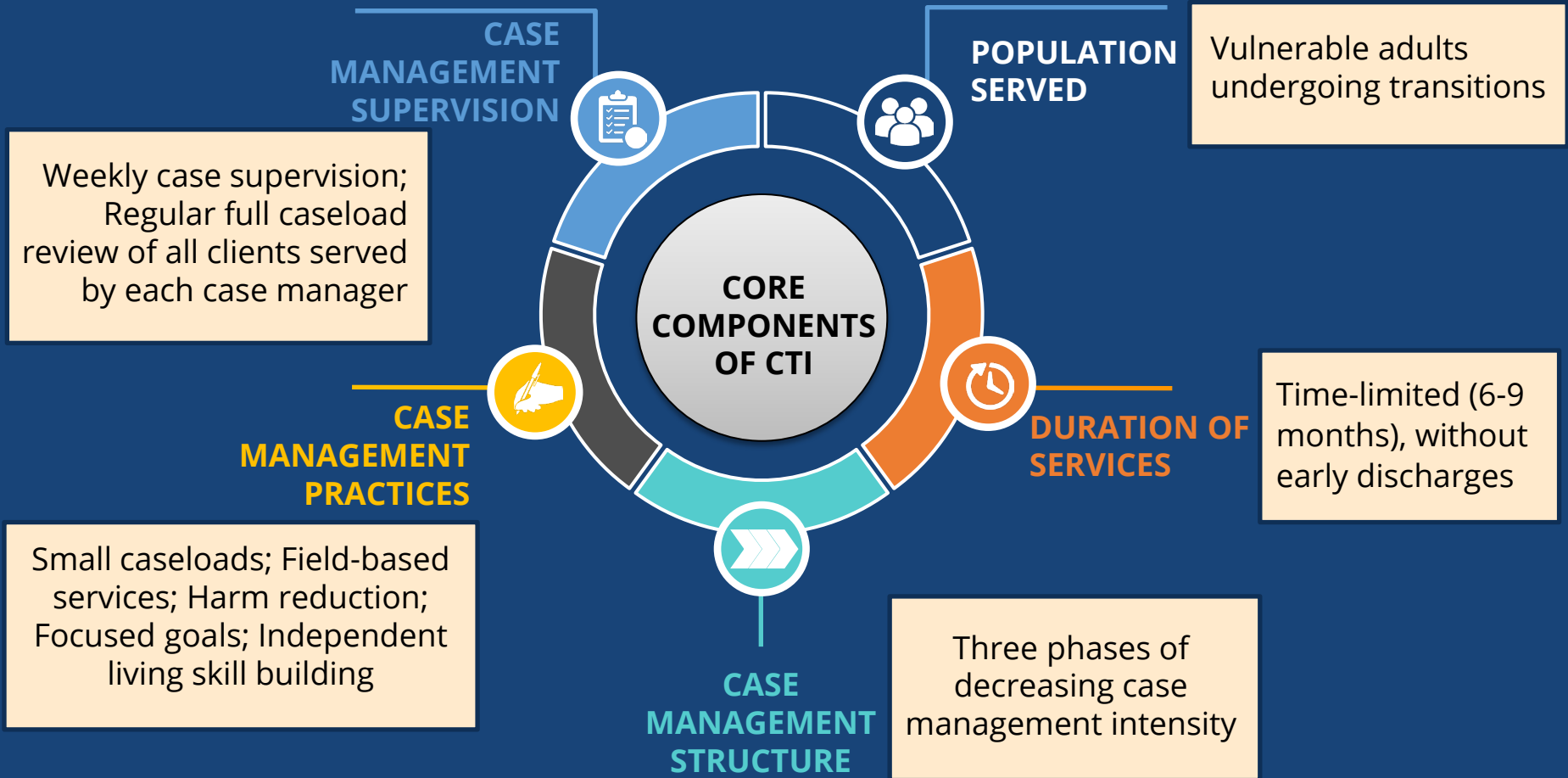
- The VA has made tremendous strides in addressing Veteran homelessness
- Veterans who remain homeless are extraordinarily vulnerable

# Ending Veteran Homelessness is an Urgent National Priority

- Compared to their housed peers, Veterans who are homeless have worse health, premature mortality, care fragmentation, and discrimination experiences
- There is a pressing need to ***identify effective strategies that support the implementation of evidence-based practices in VA's homeless programs***

**Critical Time Intervention (CTI) is a time-limited evidence-based case management practice that mobilizes support for vulnerable populations during transition periods**

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# ■ Grant and Per Diem (GPD) Program

- The GPD program is a large VA program for homeless Veterans
  - Serves ~23,000 Veterans / year
- Services are offered by VA's community partners
  - Transitional housing (up to 24 months)
  - Supportive services
- Many Veterans transition from GPD sites into independent housing, but lose case management during that transition

# GPD Case Management ("Aftercare") Program

- Time limited (6 months) case management services at ~120 sites across the nation
- Aims to improve housing retention
- Serves homeless-experienced Veterans transitioning to permanent housing from transitional housing
- Minimum caseload of 16 Veterans per case manager



**At present, no specific case management practice is required in the Aftercare program**

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National implementation of CTI will standardize and improve case management delivered in this VA homeless program

**This project's overarching aim is to identify effective strategies to spread and sustain CTI, and evaluate their associated costs, in the Aftercare program**

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# ■ National Implementation Initiative

## Strategy #1

Training and Technical Assistance  
"REP" \*  
*16 sites*

## Strategy #2

REP + Coaching\*\*  
"Enhanced REP"  
*16 sites*

\*Replicating Effective Programs (REP) Implementation Framework

\*\*External Facilitation

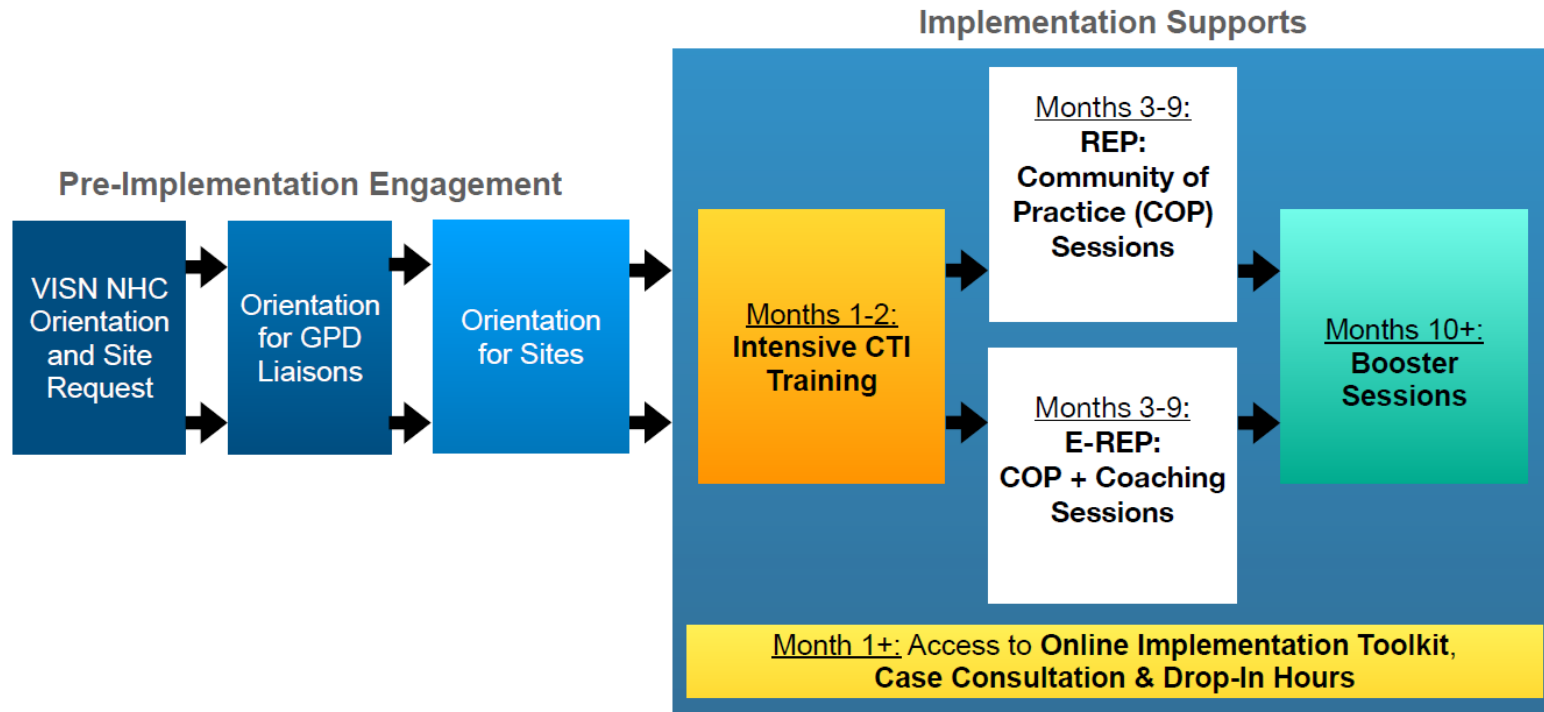
# Implementation roll-out

	2022	2023	2024	2025
Wave 1	January 2022- September 2022	Booster Sessions		
Wave 2		October 2022- June 2023	↓ Booster Sessions	
Wave 3			October 2023 - June 2024	Booster Sessions

➤ Booster Sessions occur quarterly

Each wave includes 10-11  
GPD case management  
Aftercare sites

# CTI implementation for REP and E-REP sites



CTI = Critical Time Intervention; E-REP = Enhanced-Replicating Effective Programs (enhanced with external facilitation); GPD = Grant and Per Diem; NHC = Network Homeless Coordinator; QUERI = Quality Enhancement Research Initiative (QUERI); REP = Replicating Effective Programs; VISN = Veterans Integrated Services Networks

## Participating Sites



Sites across  
the nation  
were engaged  
across 4  
cohorts



# Study Design: Type 3 Hybrid

## Implementation-Effectiveness Trial

### REP:

Training and Technical Assistance (TTA)

[16 sites]

### Enhanced REP:

TTA + Coaching

[16 sites]

**Key evaluation outcomes:** CTI fidelity & sustainment,

Veteran housing stability and hospitalization rates, costs and return-on-investment

# ■ Products for program partners

- Generate two key products for program partners to support continued spread and sustainment of CTI in the GPD case management Aftercare program



Business case analysis



Online Implementation Playbook

# Overview of Evaluation Goals

- Capture *fidelity to REP and external facilitation*
- Compare *CTI fidelity and sustainment* with REP vs. enhanced REP
- Compare *quality metrics* achieved by REP, enhanced REP, and CTI
  - Veteran housing stability, hospitalizations, and other service use
  - Veteran and case manager experiences

# Overview of Evaluation Goals



- Compare *cost and return on investment* for CTI, REP, and enhanced REP
- Assess *contextual factors* that affect CTI fidelity, sustainment, and quality metrics

**We are using  
mixed methods to  
conduct our  
evaluation**



# Fidelity assessment methods and findings from our wave 1 cohort

## Interviews with case managers and supervisors

- Explored changes to case management practice, successes and challenges to CTI implementation

## CTI implementation self-assessment tool (case managers)

- 32-item instrument that rated fidelity to CTI's core components on a Likert scale

## Exemplar case review (case managers)

- 90-minute videoconference with each case manager to complete a templated review form

# Most wave 1 sites had adequate CTI fidelity at 12-months



- We assessed 10 of 11 wave 1 sites and dichotomized the overall CTI fidelity as adequate versus inadequate
- At 12 months:
  - 7 of 10 sites had adequate fidelity (*4 of these sites received coaching*)
  - 3 of 10 sites had inadequate fidelity (*1 of these sites received coaching*)

# Contextual factors across domains impacted fidelity

## Innovation Domain

- Belief that the intervention is a good fit for the program
- Relative advantage over current practice

## Outer Setting

- Existing relationships and linkages to VA and community services
- Geography (urban / rural)

## Inner Setting

- Organizational buy-in
- Mandates regarding contact frequency and field work
- Staff turnover

## Individual Domain (Case Managers)

- Background and training
- Knowledge of VA / community resources
- Experience with EBP implementation

## Individual Domain (Supervisors)

- Clinical versus non-clinical
- Familiarity with / knowledge of CTI
- Accessibility to case managers



# Advancing Diversity in Implementation Leadership (ADIL) Initiative

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*An initiative to grow a diverse pipeline of implementation, quality improvement, and evaluation expertise at the VA*

# ADIL Overview

- Eligibility:
  - Early career investigators; staff with health care or health services background; students in graduate programs
  - Currently affiliated with a QUERI center
  - From populations underrepresented in health-related sciences
- Project Budget/Duration: \$100,000 per year for up to 2 years

# ADIL Application Criteria & Scoring

## Description of the Candidate

- Career stage and aspirations
- Demonstration of potential to implement the proposed project

## Project Plan

- Potential for impact
- Feasibility
- Alignment with QUERI priorities

## Mentoring and Training Plan

- Will lead to candidate growth
- Alignment with project plan

# Workforce Well-being to Enhance Resources and Care for Homeless-Experienced Veterans (WWERC) ADIL

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# High turnover and burnout may impede CTI's implementation and effectiveness

- Employee turnover is high across homeless service organizations
- Their rates of burnout are on par with that of other health care provider populations
- We know very little about the impacts of evidence-based practice implementation for this workforce cohort

# We observed indicators of poor workforce well-being at implementation sites

- High rates of turnover within the GPD Aftercare Program

	Wave 1	Wave 2
GPD Liaison turnover	2 (of 11) 18%	5 (of 10) 50%
GPD case management grantee staff turnover	11 (of 36) 31%	13 (of 29) 45%

- Frequent reports of Aftercare staff feeling overwhelmed and under resourced

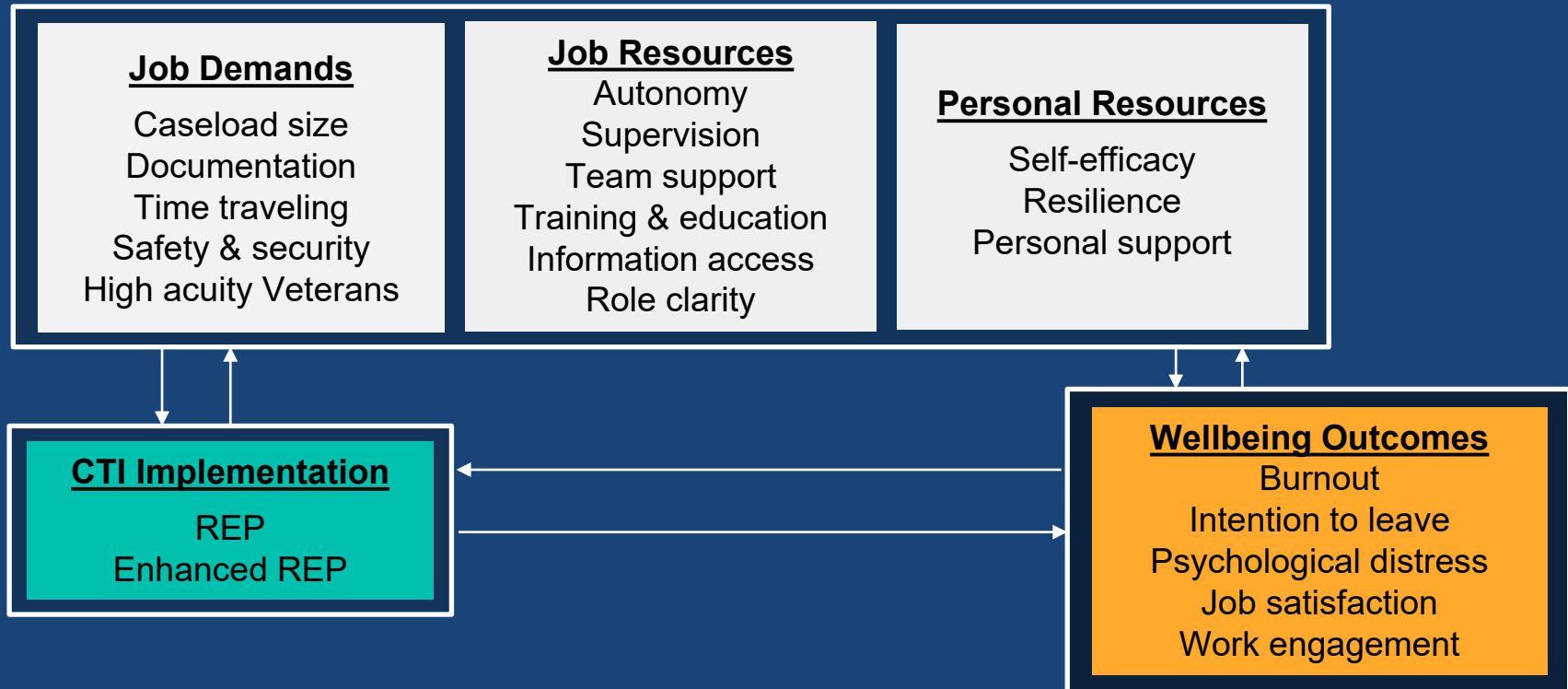
# This Prompted Questions Related to Workforce Wellbeing

Why are case management staff leaving their positions?

Are there modifiable factors related to turnover?

Can our implementation strategies support well-being among case management staff?

# Adapted Job Demands-Resources (JD-R) Model





## Project Aims

- Examine changes in job resources, job demands, and workforce well-being prior to and following engagement in CTI implementation
- Characterize the relative impacts of two strategies (REP and Enhanced REP) used to support CTI implementation on providers' workforce well-being

# Project Progress

Administered baseline & follow-up  
“GPD-case management workforce survey” to sites  
participating in Wave 2

In baseline qualitative interviews, questions were added  
to elicit work demands (i.e., burnout drivers), and work  
and personal resources

# Enhancing CTI Implementation To Reflect Veterans' Care Experiences ADIL

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# My ADIL Experience

## Summer 2022

- MPH program field studies with Housing Transitions QUERI implementation team
- Supported data collection related to Veteran housing experiences / outcomes

## Fall – Winter 2022

- Continued with HT QUERI as a Graduate Student Research at UCLA
- Early Oct, introduced to ADIL opportunity
- Early Dec, submitted my ADIL proposal

## Spring - Summer 2023

- Notified of funding decision and FY24 start date
- Employed at VA with Housing Transitions QUERI after MPH matriculation

# CTI aims to improve Veterans' linkages to care and care coordination

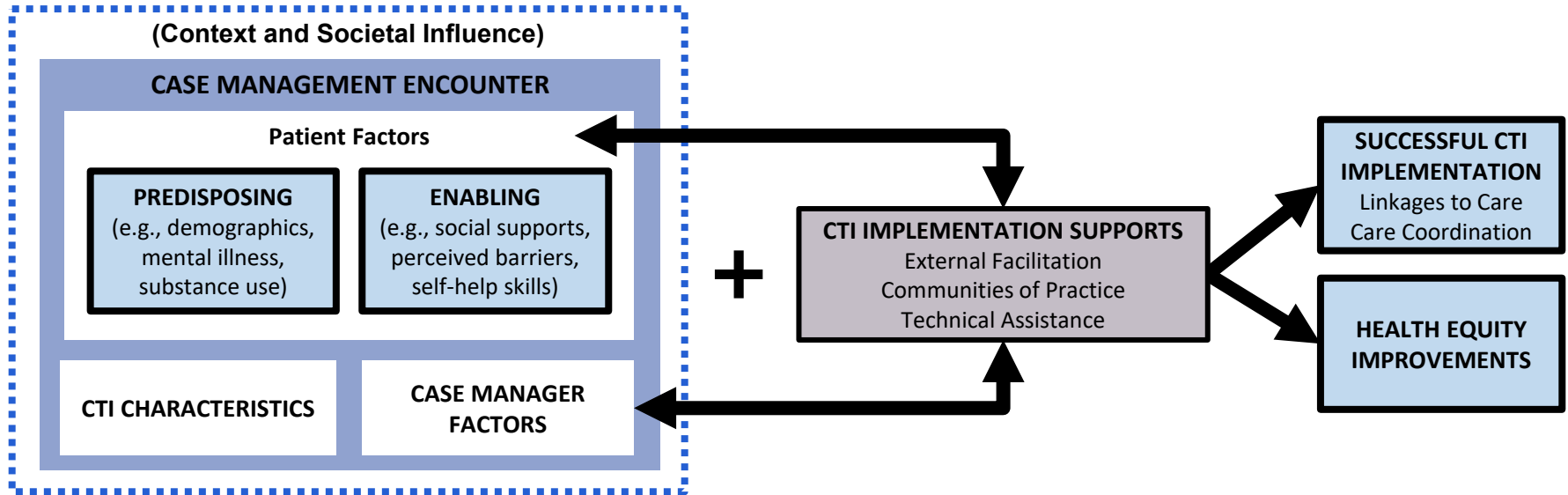
- At-risk and underserved groups are more likely to have negative experiences in health care settings, which may impact care linkages and care coordination
- CTI implementation strategies may be enhanced by a deeper understanding of participating Veterans past care experiences
- Tailored strategies could enhance care linkages and care coordination, thus improving health and promoting health equity

# Project Aims



- Characterize Veteran factors (e.g., health attitudes, discrimination/stigma, and self-help skills) and care experiences that impact CTI implementation.
- Enhance Housing Transition QUERI's implementation package by developing case manager training and external facilitation resources that respond to these Veteran factors and care experiences.

# Adapted Health Equity Implementation Framework, using the Behavioral Model for Vulnerable Populations



# We will use mixed methods to characterize Veteran factors and care experiences that impact implementation

Augment interviews with Veterans  
(n=20)

Surveys with Veterans  
(n=20)

Use data to develop staff training and facilitation supports

Use focus groups to get feedback on training materials



# Questions?

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