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School of Occupational Therapy

**Addressing Mental Health and Access to Care in Veterans Transitioning from
Homelessness**

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A capstone project submitted in partial fulfillment for the requirements of the Doctor of Occupational Therapy degree from the University of Indianapolis, School of Occupational Therapy.

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Abstract

Veterans who experience homelessness are at high risk for physical and mental health challenges. Difficulties with mental health and access to proper medical treatment was a gap found in care for veterans transitioning from homelessness. Therefore, this DCE worked to assess mental health and access to care in veterans transitioning from homelessness. The project aspect focused on the pre/post results of two veteran participants in an individualized mental health intervention program consisting of three sessions over eight weeks. Pre/Post test data showed improvements in both veteran participants in different areas, including mental and physical well-being, healthy leisure/quiet recreation participation, and satisfaction with completion of daily ADLs/IADLs. The experience aspect focused on observing the interdisciplinary workings of the care team for these veterans and creating a new standardized referral system to OT services. The standardized referral system allows prioritization of care and increased preparation prior to OT evaluation.

Addressing Mental Health and Access to Care in Veterans Transitioning from Homelessness

This doctoral capstone experience (DCE) took place at the Cincinnati Veteran Affairs (VA) in the Community Outreach Division (COD). Within COD, I worked specifically with veterans who are a part of the U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program. As stated by the VA, “HUD-VASH is a collaborative program which pairs HUD’s Housing Choice Voucher (HCV) rental assistance with VA case management and supportive services for homeless Veterans” (U.S. Department of Veterans Affairs, 2022). Through this program, supportive services are provided to help veterans maintain housing in the community.

I worked in tandem with the Cincinnati VA COD and HUD-VASH program to help veterans who have experienced recent homelessness to sustain housing and thrive in their new home environments. Experts found that, “the experience of homelessness itself exacerbates the myriad mental and physical health challenges Veterans experience” (Crone, et al., 2022, p.2). Therefore, I explored how the implementation of individualized mental health interventions can improve well-being, lead to sustainment of housing, and enhance participation in a safe and healthy lifestyle for this veteran population. I also evaluated and modified the current referral process of veterans in the HUD-VASH program to receive occupational therapy (OT) services. This was vital to make sure that care is prioritized and all veterans that need OT services receive them.

This scholarly report will aim to inform you on the efforts of this DCE to improve mental health and access to care for veterans in the HUD-VASH program. It will provide useful information on the background of the site and population, the guiding theories for the DCE, project design and implementation, and the outcomes of the project.

Background

Veterans are a high-risk population for multiple health and safety challenges following their time in the service (Nichter et al., 2022). Scholars state, “Estimates suggest veterans are approximately 150% more likely to die by suicide, over 50% more likely to experience homelessness, and 6.5% more likely to experience incarceration in comparison to their nonveteran peers” (Fargo et al., 2012; Office of Mental Health & Suicide Prevention, 2019; Ross, Waterhouse-Bradley, Contractor, & Armour, 2018, as cited in Edwards, et al., 2021, p.621). Homelessness is also an issue that has distressing effects on individuals, both physically and psychologically, and can intensify previously existing health issues and challenges (Crone, et al., 2022). The trauma that an individual may experience from homelessness can affect multiple areas of life and well-being. Given that there is high risk for health and safety challenges for both veterans and individuals who experience homelessness, veterans that experience homelessness after their time in service are at higher risk for negative health experiences and the need for care.

Access to and engagement with care can be difficult for homeless or previously homeless veterans. Barriers to care include, but are not limited to, “lack of reliable transportation, competing economic and medical needs, and distrust of the medical system” (Crone et al., 2022 p.2). Due to these barriers related to homelessness, many veterans do not seek out or receive the care they need, specifically when it comes to mental health (Kaplan et al., 2019). Difficulty with accessing services leads to worsening health problems, the presence of co-occurring conditions, and can be a predictor of suicidal thoughts and/or attempts (Tsai et al., 2016, as cited in Holliday, et al., 2022). Some of the common co-occurring conditions that these veterans may experience are mental illness and substance use disorder (Ding et al., 2018, Finlay et al., 2021, as cited in Garvin, et al., 2022). Veterans who experience homelessness can often experience co-occurring

conditions, disorders, and challenges due to a variety of reasons. Co-occurring conditions, physically or mentally, could have pre-existed from the veterans time in service or other contexts of life, but can be exacerbated by effects of homelessness.

When performing a needs assessment with the OT for HUD-VASH, a common theme mentioned was mental health. One thing that was discussed specifically with this population is the need for exploration of treatment ideas for mental health and addressing anxiety, depression, and PTSD in group and/or individual settings (C. Liber, personal communication, November 10, 2022). These are areas that show a gap in care. Along with this, not every veteran in HUD-VASH is referred to or in need of OT services. Due to OT being a newer role in this area, the referral process is on a need-to-need basis and is put in to the documentation system by the social workers and nurses. Therefore, the OT for HUD-VASH mentioned the need for a way to standardize referrals through a screening and triage process. This will allow all veterans who need OT services to receive them (C. Liber, personal communication, November 10, 2022).

Much of the current literature focuses on mental health in veterans or mental health in the homeless population, but there is a gap when it comes to veterans who have experienced homelessness and how their mental health needs can be met. The purpose of this DCE was to enhance mental health integration into routine treatment and improve access to care for veterans transitioning from homelessness. These two areas are gaps in care that were found both in the literature and through the needs assessment completed with the Cincinnati VA HUD-VASH occupational therapist.

Theoretical Framework

The occupation-based model that guided this DCE was the Canadian Model of Occupational Performance and Engagement (CMOP-E). The CMOP-E focuses on an individual's spirituality,

which consists of the will, sense of self-determination, meaning, and purpose of the person and how the components of person, occupation, and environment affects and is affected by a person's spirituality (Cole & Tufano, 2020). Through this DCE, I worked to discover the spirituality of the veterans I worked with and provided mental health programming that aligned with what is meaningful to them to positively influence their safety, independence, and well-being in their daily lives.

Additional models that guided this DCE are the Transtheoretical Model of Change and the VA's Whole Health Model. The transtheoretical model of change allowed me to look specifically at the causes and triggers of homelessness and challenges with mental health and how it leads to a decrease in wellness. My goal was to help improve areas of health and wellness, with an emphasis on mental health, to enhance occupational performance and help the veterans begin moving through the 6-step cycle of change (LaMorte, 2022). While I recognized that I may not have been able to help veterans complete the full cycle of change in my 14 weeks with them, I hoped to initiate action by helping them notice the need for change and provide an avenue to create healthy goals and a plan to meet these goals. The VA's "Whole Health" model was used as a guide to holistic treatment which aligning specifically with the VA's values and initiatives. Whole Health looks at the person in the center and the eight aspects of the "Circle of Health" surrounding the person. The components of the Circle of Health include "working your body, surroundings, personal development, food and drink, recharge, family/friends/coworkers, spirit and soul, and power of the mind" (Malecki et al., 2020, p. 656). These areas were a good guide for assessment and creating healthy goals. Research shows that improvement in multiple areas of health was achieved when goals were centered around the eight Circle of health self-care areas (U.S. Department of Veterans Affairs Office of Patient Centered Care and Cultural

Transformation, 2021). This Whole Health system of care model and Circle of Health was an important guide when planning my DCE to ensure patient-centered care for veterans to best meet their goals.

Project Design and Implementation

The primary focus when working with the veteran population that is transitioning out of homelessness is usually on finding and providing housing. The support needed to thrive after being housed can be neglected at times. This support is important for participation in healthy occupation, social participation, and community engagement for life satisfaction and sustainment of housing (O'Connell, Tsai, & Rosenheck, 2022). Therefore, when designing this DCE, I chose to focus on supporting mental health, quality of life improvement, and access to care within this population.

For evaluation purposes, the participants completed the Canadian Occupational Performance Measure (COPM) and part of the VA's Personal Health Inventory (PHI) before and after intervention programming. The COPM is an evidence-based outcome measure that was completed to identify occupational performance problems, concern, and issues for the individual. It also measures the needs, expectations, and wants of the individuals daily life and activities (Law, et al., 2014). The PHI is a self-reported measure related to an individual's perceptions on their physical, mental, and emotional well-being and life satisfaction (U.S. Department of Veterans Affairs, 2019). These theoretically based evaluation methods were chosen to look at changes in mental health, well-being, and occupational performance after intervention programming to properly assess outcomes related to the purpose of the DCE.

After the evaluation was completed, I worked with my site mentor to schedule the veteran participants and discussed frequency of visits based on their needs. Together, my site

mentor and I decided on seeing the veterans every other week for about eight weeks resulting in three sessions dedicated to intervention. This left some buffer room for cancellations and reschedules. I then started outlining and creating content for the first individualized sessions with the veteran participants based on their assessment results. The following sessions were planned based on veterans' personal goals, prior session feedback and results, and cooperation and participation with interventions. Administration of the COPM and PHI outcome measures were completed before and after the completion of the intervention sessions.

Other aspects of my project included the completion of modifications to the referral system to assist with prioritizing and improving access to care for all veterans in HUD-VASH who need OT services. This went from referrals occurring within evaluation and progress notes of team members to a condensed and uniform referral document for the team to fill out and provide directly to the occupational therapist. This form contained more information about the veteran and the challenges observed to allow the occupational therapist to triage the caseload, prioritize veterans based on needs, and prepare for sessions in advance. Lastly, for retention purposes in the realm of mental health treatment, I completed a plethora of research and created an Evidence-Based Mental Health Resource Guide for the HUD-VASH OT and other team member to use and refer to when integrating mental health into treatment.

Project Outcomes

This section explains the evaluation process and associated outcomes of the DCE. The full evaluation plan is represented in Appendix A. This table shows that participants completed a two-part evaluation, consisting of the COPM and PHI, before and after the intervention period to effectively measure project outcomes. It also shows that an interview-based collection method

was used to evaluate the change in access to care before and after the installation of the new referral process to OT services.

The COPM helped to identify the needs, expectations, and wants of the individuals daily life and activities and the occupational performance problems, concern, and issues that are barriers to meeting these occupational needs. Areas of focus for intervention were chosen for each participant based on their identification of the importance of each area of the COPM. The COPM areas of focus for participant one were household management, quiet recreation, and socialization. The COPM areas of focus for participant two were functional mobility, quiet recreation, and socialization. These areas were used as a guide for planning intervention sessions. The pre-post test COPM results for both veteran participants are represented in Figure B1. These results showed an improvement in total performance and total satisfaction scores for the areas of focus for participant one. Participant two showed a slight decrease in total performance and satisfaction scores for the areas of focus, likely due to poor circumstances of increased pain at the time of post evaluation. Despite this, the participant reported feeling equipped with resources to improve participation in quiet recreation activities and scores were maintained for the focus area of socialization. Maintaining current levels was an important focus with veteran two due to high initial scores on the COPM.

The VA PHI helped understand the veterans' perceptions on their physical, mental, and emotional well-being and life satisfaction. The pre-post test PHI results for both veteran participants are represented in Figure B2. These results show that participant one improved in their physical well-being and maintained life satisfaction. Participant one decreased in mental/emotional well-being, likely due to circumstances related to grief associated with the time of the year the post-evaluation was administered. Participant two showed an improvement in

mental/emotional well-being and maintained progress in physical well-being. Patient showed a decrease in overall life satisfaction, but did not expand on reasoning for this change.

Evaluation of change in access to care before and after the installation of the new referral process to OT services was completed. This was done through interviewing the OT on the HUD-VASH team. Results show that, while the new referral process is still in the process of being adopted into practice, the HUD-VASH OT can already notice a difference in being able to prioritize care and be better prepared for effective treatment (C. Liber, personal communication, November 10, 2022).

Summary

When performing a needs assessment with the OT from HUD-VASH, a common theme mentioned was mental health. One aspect that was discussed specifically with the population of veterans transitioning from homelessness is the need for mental health treatment ideas addressing anxiety, depression, and PTSD in group and/or individual settings (C. Liber, personal communication, November 10, 2022). Veterans are a high-risk population for many mental and physical health challenges following their time in service and beginning re-entry to the community (Nichter et al., 2022). Homelessness is a social issue that also poses a great amount of risks to an individual's overall health and well-being (Kaplan et al., 2019). Therefore, veterans who experience homelessness are at an even high risk of oncoming health issues and the pronouncement of existing issues, including risks similar to major mental health concerns, such as suicide. Multiple sources cited that, "Many of the risk factors for suicidality and homelessness among Veterans overlap, including traumatic brain injury (TBI) history, psychiatric conditions, substance use disorder, low income, low social support, and cognitive dysfunction" (Brenner et al., 2017; Crocker et al., 2019; Kang & Bullman, 2008; Lemaire &

Graham, 2011; Metraux et al., 2013; Office of Suicide Prevention, 2019; Pietrzak et al., 2010; Tanielian & Jaycox, 2008; Tsai & Rosenheck, 2015; Twamley et al., 2019, as cited in Keller, et al., 2022).

Therefore, with information found during the needs assessment and literature search, the best direction for an effective project in this setting would be to focus on mental health. Specifically, how individualized and evidence-based mental health intervention incorporated into regular HUD-VASH treatment can affect quality of life and improve outcomes in veterans transitioning from homelessness. Results from the project shows that in just three individualized mental health sessions, veteran participants improved in areas such as mental well-being, healthy leisure/quiet recreation participation, and satisfaction with completion of daily ADLs/IADLs. Veterans maintained original status or showed a decrease in scores likely due to limitations related to life circumstances, length of program, and frequency.

Conclusion

The major finding of this DCE is the need for increased OT presence and mental health integration in the care provided to veterans transitioning from homelessness. The HUD-VASH team was provided with an evidence-based mental health intervention resource guide to assist with increased integration of mental health intervention into treatment. The guide provided evidence for the benefits of all interventions included and allowed for easy implementation from all disciplines with clearly stated instructions and printable templates and resources. The site was also provided with clear pre/post-test data from individualized mental health intervention programming with veteran participants. This data is useful in the advocacy efforts for increased OT presence in HUD-VASH and was presented to the site in a presentation format.

Mental health is a continuously emerging discipline within the scope of OT practice. Further research on the benefits of mental health intervention integration into routine care of veterans transitioning from homelessness is important for the continued development of mental health in OT. Completing research of mental health intervention benefits with this population over a longer period of time, increased frequency of treatment, and a larger sample size could give a bigger picture on the many advantages of mental health in OT on quality of life and independence.

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Appendix A

Evaluation Methods

Objectives	Data to be collected	Data collection method/instrument	Data analysis
Mental/Emotional well-being in veterans will improve.	Participant self-report assessment of individual mental/emotional well-being	VA Whole Health Personal Health Inventory	Analysis of change in mental/emotional well-being from baseline to post-intervention
Occupational function in veterans will increase.	Participant self-report assessment of individual occupational functioning	Canadian Occupational Performance Measure	Analysis of change in occupational functioning from baseline to post-intervention
Life satisfaction in veterans will improve.	Participant self-report assessment of individual life satisfaction	VA Whole Health Personal Health Inventory and Canadian Occupational Performance Measure	Analysis of change in life satisfaction from baseline to post-intervention
Improved access to care through increased use of a standardized referral sheet	OT self-report on prioritization/triage of care before and after use of referral sheet	Interview/Recall	Analysis of change in access to care from baseline to post-improved referral process

Appendix A. This table describes the objectives in which this DCE aims to meet and how progress will be evaluated.

Appendix B

Pre/Post Outcomes

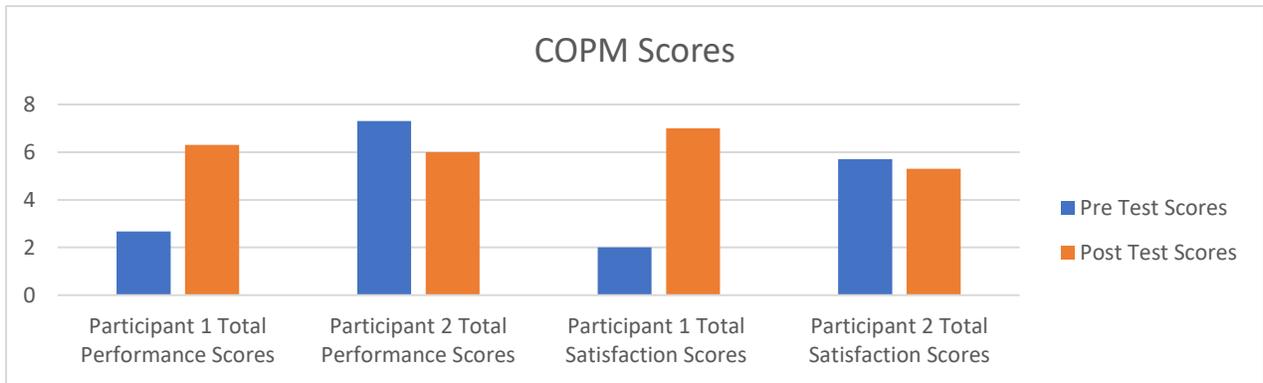


Figure B1. This figure is separated by participant, domain, and pre-post test scores. A higher score indicates higher perceived levels of participant performance and satisfaction.

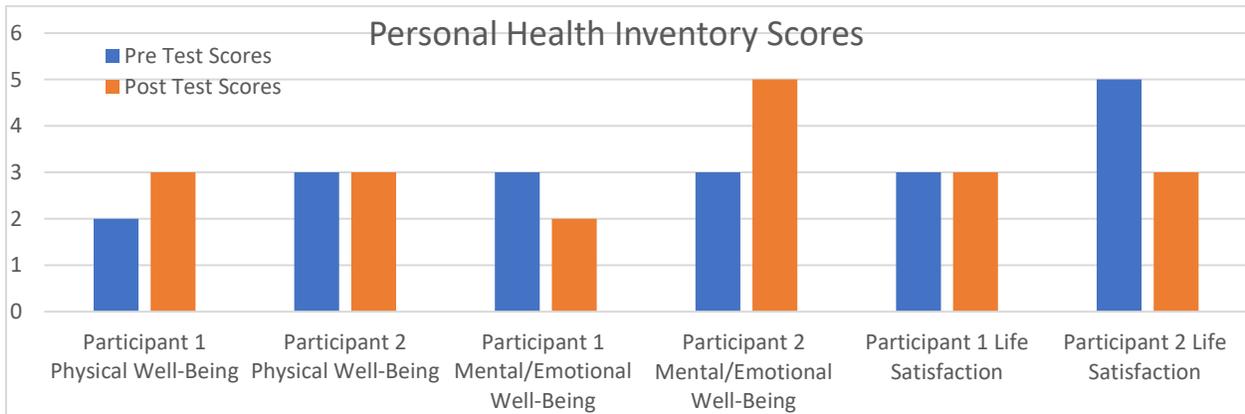


Figure B2. This figure is separated by participant, domain, and pre-post test scores. A higher score indicates higher levels of well-being and satisfaction.

<p>2</p>	<p>Cont Orientation</p> <p>Off-Site Time: Research- 32 hours</p>	<ol style="list-style-type: none"> 1. Complete Literature Review by end of the week 2. Complete Needs Assessment by end of week 3. Orient to OT group sessions by Thursday 	<p>Complete entirety of literature review since change of project/site</p> <p>Finalize needs assessment questions</p> <p>Observe 1st group session and take notes</p>	<p>Review findings and project purpose with site mentor</p> <p>Ask for feedback on literature review</p> <p>Review MOU</p> <p>Set up time for Needs Assessment- complete and record</p> <p>Review notes on group and reflect on how direction of the group regarding your project: mental health focus</p>	<p>1/17/23</p> <p>1/13/23</p> <p>1/12/23</p>
<p>3</p>	<p>Screening/Evaluation</p>	<ol style="list-style-type: none"> 1. Begin literature search for additional outcome measures for data collection 2. Start to create educational content for education and advocacy on role of OT 3. Administer 1 outcome measure with veteran participant 1 for pre intervention data (COPM was decided) 	<p>Begin to compile a list of at least 5 evidence-based outcome measures to review for use</p> <p>Meet with mentor to discuss site expectations of presentation</p> <p>Discuss with site mentor the best evidence-based outcome</p>	<p>Write down key words of target outcomes measured and save/write down outcome measures as they are found</p> <p>Create PowerPoint outline and begin to fill in content</p> <p>Schedule time to see veteran and implement outcome measure</p>	<p>1/20/23</p> <p>1/20/23</p> <p>1/18/23</p>

		4. Finalize MOU and review with site mentor	<p>measure for individual veteran based on chart review and personal experience</p> <p>Schedule meeting with site mentor to discuss capstone timeline and edit MOU</p>	Finalize MOU	1/20/23
4	Screening/Evaluation	1. Observe social worker in the field	Observe and interview social worker in the field to better understand their role on the interdisciplinary team	Make a list of questions to discuss with social worker and take notes during visit to review and reflect on	1/23/23
	Implementation	2. Complete literature search for additional outcome measures for data collection	Pick 1-2 evidence-based outcome measures from the list of 5 to discuss with OT site mentor	Compile a list of at least 5 evidence-based outcome measures to review for use and begin to review	1/27/23
		3. Complete powerpoint presentation of educational content related to the role of OT at the site and when and how to refer to OT services	Send presentation to OT site mentor for review	Fill in outline with educational content and attach an accurate reference page	1/26/23
		4. Begin compiling and reviewing literature from		Create outline for portfolio and separate	1/26/23

		<p>literature review to create evidence-based mental health intervention portfolio</p> <p>5. Begin reviewing referral documentation</p> <p>6. Complete “Whole Health for Mental Health and Well-Being” Certification course</p>	<p>Create separate folders for each evidence-based mental health intervention to put literature and other data</p> <p>Collect and compile referral documentation received from mentor</p>	<p>literature into correct intervention folders</p> <p>Read all referral documentation and take notes on pros and cons of system as it stands- review this with OT site mentor and discuss purpose and direction for referrals</p>	<p>1/24/23</p> <p>1/25/23</p>
5	Screening/Evaluation	<p>1. Complete evaluation and collect “pre data” on veteran participant 2</p> <p>2. Continue 1st draft of evidence-based mental health intervention portfolio</p> <p>3. Create rough draft of referral documents</p>	<p>Complete COPM and PHI on 1 veteran participant</p> <p>Complete 2 sections of EBP mental health intervention portfolio</p> <p>Create list of important referral</p>	<p>Schedule evaluation session with veteran participant and document results and assessment</p> <p>Collect information from literature review and other resources to organize information into guide</p> <p>Compile, annotate, and review existing referral information</p>	<p>2/1/23</p> <p>2/3/23</p> <p>2/3/23</p>

		4. Continue progress on “Homeless Populations” certificate course	information from prior documents and observation-compile into 1 concise referral document		Ongoing
6	Screening/Evaluation	1. Finish evaluation on participant 1	Complete Personal Health Inventory with participant 1	Print and prepare Personal Health Inventory for completion	2/6/23
	Implementation	2. Implement first individualized mental health session with veteran participant 1	Complete first session with participant 1 and complete note/record data	Prepare materials for session: quiet recreation materials and PMR video	2/6/23
		3. Plan first individualized mental health session for veteran participant 2	Document the plan for session 1, including list of materials needed and any references	Complete and compile research for session 1 planning related to results of assessment	2/7/23
		4. Complete draft of evidence based mental health intervention portfolio	Complete remaining 3 sections	Compile and review literature to put together content for remaining sections. Edit and consolidate information for the entirety of the guide	2/10/23
		5. Complete final draft of referral sheet for presentation to HUDVASH team	Apply feedback and edit referral sheet	Present rough draft referral sheet to site mentor for feedback	2/6/23
		6. Complete 1 evaluation and			2/8/23

		<p>1 treatment session in the field for increased clinical experience</p> <p>7. Continue progress on “Homeless Populations” certificate course</p>	<p>Identify 2 veterans to complete eval and treatment sessions with this week</p>	<p>Chart review, prepare, and implement HUDVASH OT sessions</p>	<p>Ongoing</p>
7	Implementation	<p>1. Present clinical conversation on the role of OT and their collaboration with social work to HUDVASH team</p> <p>2. Present new OT referral sheet to HUDVASH team</p> <p>3. Implement interventions from evidence-based MH intervention portfolio when applicable during veteran treatment</p> <p>4. Continue progress on “Homeless Populations”</p>	<p>Complete script and practice for presentation</p> <p>Complete script to explain referral sheet most effectively to team</p> <p>Familiarize self with possible MH interventions to use in general practice and be prepared to implement when applicable during treatment</p>	<p>Determine with my site mentor the slides that I will be presenting, organize a script, practice out loud 2-3 times before presentation and ask for feedback</p> <p>Ask for finalized tech version of referral sheet, review, organize script and practice out loud 2-3 times before presentation and ask for feedback</p> <p>Read through MH intervention portfolio and gain a good understanding of indications and how to grade interventions before use. Chart review and determine good candidates each day</p>	<p>Prep: 2/14/23 Completion: 2/15/23</p> <p>2/15/23</p> <p>2/13-2/16/23</p> <p>Ongoing</p>

		certificate course			
8	Implementation	<ol style="list-style-type: none"> 1. Complete individualized mental health intervention sessions for participants 1 and 2 2. Implement interventions from evidence-based MH intervention portfolio when applicable during veteran treatment 3. Begin updating evidence-based mental health intervention portfolio 4. Continue progress on “Homeless Populations” certificate course 	<p>Plan and implement sessions based on data and goals set at previous session</p> <p>Continue to familiarize self with possible MH interventions to use in general practice and be prepared to implement when applicable during treatment</p> <p>Add additional excerpts of personal experiences implementing interventions with individuals to the portfolio</p>	<p>Review evaluation data and goals and feedback from previous session- plan and add session details to intervention plan, implement session, and write progress notes</p> <p>Chart review and determine good candidates each day</p> <p>Administer interventions and ask individuals for feedback on their experiences and record for future use of data in portfolio</p>	<p>Plan: 2/21/23-2/22/23 Implement: 2/23/23</p> <p>2/23/23-2/24/23</p> <p>2/23/23-2/24/23</p> <p>2/21/23-2/22/23 (remote)</p> <p>Ongoing</p>
9	Implement	<ol style="list-style-type: none"> 1. Implement interventions from evidence-based MH intervention portfolio when applicable 	<p>Continue to familiarize self with possible MH interventions to use in general practice and be prepared to implement</p>	<p>Chart review and determine good candidates for intervention</p> <ul style="list-style-type: none"> - Review current notes from implementation experiences 	<p>2/27, 2/28, 3/2/2023</p>

		<p>during veteran treatment</p> <ol style="list-style-type: none"> 2. Begin planning next session for veteran participants 1 and 2 3. Increase progress on Homeless Populations Course 	<p>when applicable during treatment--- focus on interventions that have not been tried yet</p> <p>Document the session plans, including list of materials needed and any references</p>	<p>and notice trends</p> <ul style="list-style-type: none"> - Review interventions that have not been tried yet and understand indications for use <p>Complete and compile research for session planning related to results of assessment and experience from previous session</p>	<p>3/1, 3/3/2023</p> <p>Ongoing</p>
10	Implementation	<ol style="list-style-type: none"> 1. Complete next session plan for participant 1 and 2 	<p>Document the full session plan in individualized mental health plans for each participant, including list of materials needed and any references</p>	<p>Write down check in points to talk about with participant and print out/gather materials needed</p>	<p>3/10/23</p> <p>3/8/23</p>

		<ol style="list-style-type: none"> 2. Administer OT evaluation. 3. Increase progress on Homeless Populations 	<p>Complete thorough review of individual, assess referral sheet, and discuss with site mentor before administering evaluation</p>	<p>Chart review on individual, write down important information, print eval template for note taking</p>	<p>Ongoing</p>
<p>11</p>	<p>Implementation</p>	<ol style="list-style-type: none"> 1. Increased field experience 2. Increased progress on Homeless Populations course 3. Begin dissemination Presentation 	<p>Chart review individuals, assess whether they are appropriate for general mental health interventions and determine which ones-assist site mentor with treatment</p> <p>Create concise and effective PowerPoint presentation for dissemination</p>	<p>Gather materials for treatment after chart review and discuss treatment ideas and plans with site mentor</p> <p>Create an outline of presentation and collect materials from DCE to use for reference to complete presentation.</p>	<p>3/16/23</p> <p>Remote: 3/13 and 3/17/23 (Ongoing)</p> <p>3/13/23-3/17/23</p>
<p>12</p>	<p>Implementation</p>	<ol style="list-style-type: none"> 1. Complete final session with participant 1 	<p>Plan and implement sessions based on data and</p>	<p>Prepare all tangible and online materials for session, write out</p>	<p>3/21/23</p>

	Discontinuation	<ol style="list-style-type: none"> 2. Complete final session with participant 2 3. Collect post data from participant 1 4. Collect post data from participant 2 5. Work on dissemination presentation 	<p>goals set at previous session- have a plan for veteran retention in mental health practices following the completion of intervention programming</p> <p>Create concise and effective PowerPoint presentation for dissemination</p>	<p>session plan for reference</p> <p>Fill in data/information on outline and slides created, cross-check references</p>	<p>3/20/23</p> <p>3/21/23</p> <p>3/20/23</p>
13	Discontinuation Dissemination	<ol style="list-style-type: none"> 1. Present findings and general MH intervention guide to site mentor and HUDVASH COD administration 2. Dissemination Presentation to team 	<p>Present findings and general MH intervention guide to site mentor and educate on use</p> <p>Present findings to HUD-VASH supervisor and community outreach division director</p>	<p>Schedule a time to meet with mentor, print and assemble tangible guide, print web version to PDF</p> <p>Create script and complete 2-3 practice run throughs prior to presentation, proof-read PowerPoint slides and references</p>	<p>3/27/23 and 3/30/23</p> <p>3/28/23</p>
14	Dissemination *Offsite time: 40 hours	<ol style="list-style-type: none"> 1. Poster Creation 2. Scholarly Report work 	<p>Create professional poster outlining DCE project for future use if/when presenting at state or national conferences</p>	<p>Gather all materials from literature review, site dissemination, and project and experience outcomes for use when creating poster</p> <p>Apply prior feedback provided for each</p>	<p>4/7/23</p>

		<p>3. Public Dissemination presentation creation</p>	<p>Assemble all pieces of scholarly report for submission for feedback</p> <p>Create professional PowerPoint to use for dissemination to the public via VoiceThread</p>	<p>section of the scholarly report and assemble into one document</p> <p>Gather all materials from literature review, site dissemination, and project and experience outcomes for use when creating presentation</p>	
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