



NATIONAL COALITION *for* HOMELESS VETERANS

A Wraparound Treatment Engagement Intervention for Homeless Veterans With Co-Occurring Disorders

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Quick Takeaways

- The low-intensity wraparound treatment known as MISSION has been shown to improve outcomes for homeless veterans being treated for co-occurring disorders (CODs) when combined with VA's Treatment as Usual (TAU).
- MISSION participants spent fewer nights in psychiatric hospitalization and were less likely to drink to intoxication and experience serious tension and anxiety than those who received TAU alone.

Summary

The report studies the intervention, known as Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking (MISSION), in augmenting VA TAU when engaging and retaining homeless veterans with CODs in care.

MISSION includes four therapeutic components: 1) Dual Recovery Therapy (integrated mental health and substance use disorder treatment); 2) assertive community treatment using Critical Time Intervention (CTI); 3) Peer Support; and 4) Vocational Support. To implement MISSION, a case manager and peer specialist work with a homeless veteran to receive treatment and engage in the community through education, vocational training, and CTI.

Findings

333 homeless veterans were enrolled in the experiment; with 218 receiving the MISSION intervention along with TAU and 115 received TAU alone. The assignment for the groups was not random, as homeless veterans were placed in groups based on availability of a MISSION treatment slot at the time of enrollment.

The authors found that, compared with TAU alone, homeless veterans who underwent the MISSION intervention attended at greater rates the outpatient sessions scheduled in the 30 days before the 12-month follow-up assessment. MISSION participants also spent fewer nights in psychiatric hospitalization and were less likely to drink to intoxication and experience serious tension and anxiety than those who received TAU alone. Both groups showed statistically significant improvements in substance use and related problems at one year.

Conclusion

Despite the limitations noted in the study (including the lack of random assignment) the authors expressed their view that MISSION is a helpful wraparound intervention for augmenting TAU. They recommend future research (though HUD-VASH is currently studying it) to determine whether MISSION increases housing stabilization and improves satisfactions with housing placement.