

Evaluation of a peer-based intervention to improve US military veterans' engagement with services after incarceration

Submission date 01/12/2021	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 06/12/2021	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 17/07/2025	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Veterans leaving incarceration are a vulnerable group that face multiple challenges. Upon release from prison or jail, they are often homeless, have chronic healthcare needs and face difficulties securing employment and housing due to their criminal records. The VA's Health Care for Re-Entry Veterans (HCRV) specialists assess needs pre-release, link VA-eligible Veterans with appropriate services including housing and treatment for mental health and substance use disorders upon release and provide short-term case management after their release.

The Post-Incarceration Engagement (PIE) program was designed to add a peer support component to HCRV to integrate these peer services into HCRV to provide longer and more comprehensive support for reentry Veterans. PIE peer specialists are Veterans who draw upon their lived experience with recovery, familiarity with VA and community services, and understanding of the challenges justice-involved Veterans face. The peer specialists help bridge resources and services across multiple contexts including correctional facilities, community-based organizations, and VA.

PIE aims to improve the health of vulnerable Veterans by improving linkage and engagement in healthcare, including mental health and substance use treatment services. PIE also strives to reduce homelessness by connecting reentry Veterans with temporary housing upon release and assisting them to find transitional and ultimately permanent housing through programs such as the Housing Urban Development – Veterans Affairs Supportive Housing (HUD-VASH). Finally, PIE aims to reduce recidivism (reoffending) and to improve community reintegration by providing tailored peer-support services to help Veterans prioritize goals and identify the steps needed to achieve them.

The PIE project has three specific aims:

Aim 1: Conduct contextual analysis at each implementation site to identify VA and community resources and to describe how reentry Veterans use them

Aim 2: Implement peer support and evaluate outcomes such as linkage to healthcare and housing, and ease/difficulty of getting PIE started and sustained at a given site

Aim 3: Develop an Implementation Playbook describing the steps to start and sustain the practice

Who can participate?

US Veterans who are in the process of being released from incarceration, or who have recently been released from incarceration, at one of the six participating sites.

What does the study involve?

The PIE peer specialists will work with HCRV specialists to assist reentry Veterans leaving prison or jail to connect with VA and the community resources they need. PIE peer specialists can help Veterans with pre-release planning, provide day of release support (including transport from the prison or jail to parole/probation and to their pre-arranged housing), and then deliver tailored services post-release for about 6-12 months. PIE peer specialists help Veterans prioritize goals and identify the steps to achieve them. They provide mentoring, social support and encouragement during what can be a challenging adjustment period. Additionally at some of the sites, the HUD-VASH program will also be involved in the PIE implementation. At those sites, the peer support specialist will function as an interdisciplinary member of the HUD-VASH team and will be trained in both the PIE model and as a HUD-VASH peer.

What are the possible benefits and risks of participating?

Benefits include additional support during the transition out of incarceration. There is a minimal risk of disclosure of past incarceration status associated with participation.

Where is the study run from?

The Center for Healthcare Organization and Implementation Research (CHOIR) at VA Bedford Healthcare System (USA)

When is the study starting and how long is it expected to run for?

October 2020 to December 2025

Who is funding the study?

1. U.S. Department of Veterans Affairs (USA)
2. Veterans Health Administration (USA)
3. VA Quality Enhancement Research Initiative (QUERI) program (USA)

Who is the main contact?

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Type(s)

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Additional identifiers

Protocol serial number
QUE 20-017-PIE

Study information

Scientific Title
Post-Incarceration Engagement

Acronym
PIE

Study objectives
Under higher intensity implementation strategies compared with low-intensity implementation strategies, Post-Incarceration Engagement (PIE) veterans will have greater engagement in health and supportive services and higher odds of placement in housing.

Ethics approval required
Old ethics approval format

Ethics approval(s)
The Veterans Affairs (VA) Bedford Healthcare System Institutional Review Board, in Bedford, Massachusetts, USA determined this study, according to the Veterans Health Administration Handbook 1200.05, to be non-research due to it being a quality improvement initiative for use internal to the VA healthcare system, and not designed to develop or contribute to generalizable knowledge.

Study design

Hybrid Type III effectiveness-implementation stepped-wedge study

Primary study design

Interventional

Study type(s)

Other

Health condition(s) or problem(s) studied

Mental health, substance use disorders, suicide prevention, recidivism, homelessness, co-occurring disorders and physical health in Veterans recently released from incarceration

Interventions

PIE is an enhancement to VA's Health Care for Re-entry Veteran (HCRV) program. It includes intensive peer-specialist support to help link Veterans to services across multiple contexts including correctional facilities, community-based organizations, and VA.

The PIE peer specialists are Veterans who draw upon their lived experience with recovery, familiarity with VA services, and understanding the challenges justice-involved Veterans face to help their fellow Veterans with reintegration. Working with HCRV specialists, they assist reentry Veterans leaving prison or jail to connect with VA and the community resources they need. PIE peer specialists can help Veterans with pre-release planning, provide day of release support (including transport from the prison or jail to parole/probation and to their pre-arranged housing), and then deliver tailored services post-release for approximately 6-12 months. PIE peer specialists help Veterans prioritize goals and identify the steps to achieve them. They provide mentoring, social support and encouragement during what can be a challenging adjustment period.

The implementation of PIE will include:

1. Providing an implementation manual and training peer specialists and their supervisors on the core elements of PIE and how to conduct the program.
2. Use of lower intensity education strategies, such as monthly calls led by research staff, to answer specific questions from peer specialists and their supervisors' questions and promote a learning collaborative among the peer specialists at PIE sites.
3. Following 6 months of implementation at a site, hold more frequent meetings with each site and use higher intensity implementation strategies such as audit and feedback, to provide increased oversight and technical assistance by research staff including troubleshooting various aspects of the PIE program and its implementation.
4. Evaluation of program outcomes provided on an ongoing basis to site leadership and operational partners.
5. Feedback and tailoring processes as needed.

Intervention Type

Behavioural

Primary outcome(s)

1. Primary care linkage is measured by any VA primary care visit (identified in the VA's electronic medical record system) within 90 days post-release from incarceration or post-enrollment in Post Incarceration Engagement Program, whichever comes later
2. For participants with a mental health diagnosis, mental health care linkage is measured by any

mental health care visit (identified in the VA's electronic medical record system) within 90 days post-release from incarceration or post-enrollment in the Post-Incarceration Engagement Program, whichever comes later

3. For participants with a substance use diagnosis, linkage to substance use treatment is measured by any substance use visit (identified in the VA's electronic medical record system) within 90 days post-release from incarceration or post-enrollment in Post-Incarceration Engagement Program, whichever comes later

Key secondary outcome(s)

1. Linkage to housing services (identified in the VA's electronic medical record system) within 180 days post-release from incarceration or post-enrollment in the Post-Incarceration Engagement program, whichever comes later

2. Recidivism for the first 180 days post-release from incarceration or post-enrollment in the Post-Incarceration Engagement program, whichever comes later, will be monitored by searching statewide and federal inmate locator systems and databases

3. Overdose deaths, which are identified in the US states' opioid overdose databases, within 180 days post-release from incarceration or post-enrollment in the Post-Incarceration Engagement Program, whichever comes later

Completion date

31/12/2025

Eligibility

Key inclusion criteria

1. Veterans who were released from incarceration within the past year

2. Eligible for VA healthcare services

3. Wish to receive services from a PIE peer specialist at one of the sites offering the intervention

Participant type(s)

Other

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Ineligible for VA healthcare services

2. Inability to speak English

Date of first enrolment

01/01/2022

Date of final enrolment

30/09/2025

Locations

Countries of recruitment

United States of America

Study participating centre

VA Southern Nevada Healthcare System

6900 N Pecos Road

North Las Vegas

United States of America

89086

Study participating centre

VA Sierra Nevada Health Care System

975 Kirman Avenue

Reno

United States of America

89502

Study participating centre

VA Maine Healthcare System

Togus VA Medical Center

1 VA Center

Augusta

United States of America

04330

Study participating centre

Manchester VA Medical Center

718 Smyth Road

Manchester

United States of America

03104

Study participating centre

Michael E. DeBakey VA Medical Center

2002 Holcombe Blvd

Houston

United States of America

77030

Study participating centre
Central Texas VA Healthcare System
Doris Miller VA Medical Center
4800 Memorial Drive
Waco
United States of America
76711

Sponsor information

Organisation
Edith Nourse Rogers Memorial Veterans Hospital

ROR
<https://ror.org/015nymp25>

Funder(s)

Funder type
Government

Funder Name
U.S. Department of Veterans Affairs

Alternative Name(s)
Department of Veterans Affairs, United States Department of Veterans Affairs, US Department of Veterans Affairs, U.S. Dept. of Veterans Affairs, Veterans Affairs, Veterans Affairs Department, Veterans' Administration, VA, USDVA

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United States of America

Funder Name
Veterans Health Administration

Funder Name

Quality Enhancement Research Initiative

Alternative Name(s)

VA Quality Enhancement Research Initiative, QUERI

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United States of America

Results and Publications

Individual participant data (IPD) sharing plan

The participant-level data are not expected to be made available due to confidentiality reasons. Data will be stored on a secure server behind the Department of Veterans Affairs firewall.

IPD sharing plan summary

Not expected to be made available