Critical Time Intervention (CTI) for GPD Case Management Programs

GPD Aftercare Program

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Welcome

- Housing Innovations
  - Suzanne Wagner
  - Andrea White
- Goals for the Session
- Housekeeping
  - PLEASE TURN YOUR CAMERAS ON AS MUCH AS YOU CAN
  - Put your name as you would like to be addressed as your screen name
  - We love interaction – please raise hand, use emojis, type comments in the chat box or just unmute and talk.
  - Please put in the chat your name, agency, location (city, state) and how long your PROGRAM has been implementing CTI.

Agenda

- Overview of Critical Time Intervention
- Phase Planning and Facilitating the Transition
- Managing Staff Turnover
- Resources for CTI
- Closing

Poll: How long have you (personally) been using CTI in your practice?

Introduction

- CTI is a practice focused on the transition, making the transition from GPD or shelter with on-site services to a life in the community with a network of care and support.
- This will require Veterans to manage and use the network to get their needs met and achieve their goals
- The goal of the GPD Case Management program is to increase each Veteran's skills and resources so that they are able to manage life as case management (CM) ends
- The GPD CM will not solve every challenge that led to homelessness but will teach Veterans how to ask for help and teach problem-solving skills to how to consider their options.
- In order to do this the CM must step back so that Veterans can practice with these skills and resources.

Phases of CTI

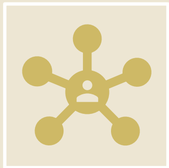
- Pre-CTI: Housing Planning and Preparation
- Phase 1: Move in and Transition to the Community
- Phase 2: Try-out/Practicing
- Phase 3: Transfer/Termination/Step Down
  - Phase 1 begins when person moves into housing
  - Phases 1-3 last approximately 2 months each
  - CTI ends approximately 6 months after move in to housing

CTI Key Model Characteristics

- Client-driven partnership that respects choices, rights and dignity
  - Client Goal focus – not symptom based
- Structured, time-limited intervention focused on TRANSITION
  - Last no more than 6 months after move in
- Manualized intervention - most intense in the early phases
  - Four phases of decreasing intensity of contact, step back
- Highly focused assessment and service plans
- Uses weighted caseload for Standard Caseload Equivalents (SCE's)
- Focuses on working the resources and handoff to a network of care for sustainable supports (includes landlords/property management)
- Team approach with weekly team supervision
- Build skills, motivation and opportunities for success

CTI Phases Chart	Pre-CTI (In Outreach, Shelter or Interim Housing Pgm)	Phase I: Transition (Begins when person moves into housing)	Phase II: Try- Out	Phase III: Transfer
Time frame/Intensity of Contact	Flexible	2-3 Months/Intense Weekly	2-3 Months/Moderate Bi-weekly	2-3 Months/Low Monthly
Objective	Relationship Building Assessment	Complete Identification of Resources and connect client	Monitor resource impact and client connection/access	Complete transfer of services to the community
Action Steps	Educate/Advocate Begin Phase Specific Plan Begin connection to resources Begin accessing benefits and income	Accompany each person to appointments, follow up to ensure connection Phase I Specific Plan Work on tenancy skills, income. Maintain motivation	Make adjustments to plan in collaboration with client Phase II Specific Plan	Meet with new service providers or others in the support system; reflect on work with client Phase III Specific Plan
Potential Barriers	Housing placement may be delayed due to multiple challenges Often challenge to maintain motivation	Lack of resources; person hesitant to engage Several competing "priorities"	Client may not be ready to assume rent for RRH or tenancy in PSH; resources may be inadequate	Both person and worker may have difficulty ending, especially if goals aren't met.
Strategies	Collaborate with Housing Specialist to teach/model housing location process; present services as a helpful resource, not an obligation	Do advance work of creating resource networks Prioritize needs based on relevance to housing stability	Empower client to do what they can on their own; create alternative plans if necessary Use skill building techniques	Reduce involvement gradually and inform person early on about the length and nature of CM support

Key Elements of Planning



Engagement: Preferably with the case manager from GPD through a warm handoff and some overlapping services. Get to know the Veteran let them tell their stories, their aspirations, their experiences

Assessment: using the assessment form look at domains designed to help Veterans stabilize in housing. Have the conversation and assess what you hear, the history and what you see. Update at least every two months, keeping in mind the assessment will unfold over time

Goal Development and Motivation: develop the longer-term goal that Veterans can feel and want. Let Veterans dream some. The process goals we focus on in the phases need to be connected to those longer-term goals. Use the “so that” principal to see what Veterans want out of the process goals

Developing the Plan: using the information gathered with each Veteran you will develop a housing plan. The plan is limited to three goals all directly connected to stabilizing in housing and built to gather equity towards long term aspirations. Keeping in mind the long-term goals will require connections to resources that can be sustained past GPD case management

Transitioning through the Phases

In the first two months of CTI you have more intensive time with each Veteran.

- Skill building and Connecting to resources is a key focus.
- Accompany Veterans to their first appointments and work out a way to digest the feedback received and discuss next steps.

The second two months is less intensive.

- Veterans get a chance to fully practice skills and determine if more support or training is needed.
- Resources developed in Phase One are expanded.
- Skill building and practice building confidence is emphasized.
- Keep in mind the step down is by time not progress on goals.
- Goals may need to be framed and reworked in order to be workable.
- The case managers job is to keep it moving realizing not all goals will be complete in six months

Transitioning through the Phases - 2

The last two months most of the services are provided by each Veterans network of care.

- Depending on the discharge plan, for instance HUD VASH, independent unit, room, the goal is for the Veteran to be able to move forward towards their goals and use supports they have accumulated.
- GPD CM helps each Veteran establish a base in the community and plants the seeds to continue to move forward.
- Implement warm handoff with new housing services and/or key service providers/supports

Step–Down Case Examples

What are your options for services in these situations, knowing that each Veteran is entering Phase Three where contact is reduced? Think about the Veterans skills they can use to resolve this and what resources are available to them.

- A Veteran has been developing a relationship with the landlord with your mentorship. Something happens such as the landlord enters their apartment without them knowing. The Veteran is upset and demanding to move. Building tenancy skills and getting a landlord reference had been a key goal. The Veteran is in their fourth month of CTI.
- A Veteran is participating in CWT and feels they are not making enough money to live the life they want. This work experience provides needed income but also gave the Veteran structure in their days and he was proud of it. He is worried without the CM providing some transport, food referrals and help with the subsidy that this won't be enough. He is in his fourth month of CTI.

Step–Down Case Examples - 2

What are your options for services in this situation, knowing that the Veteran is entering Phase Three where contact is reduced? Think about the Veterans skills they can use to resolve this and what resources are available to them.

- A Veteran had his claim for a service-connected disability rejected. He had been hopeful and was working with the Vet Center to assist in the process.
- This is discouraging and the Veteran will no longer go to the Vet Center, he also doesn’t want to see his VA doctor.
- This was his plan to increase his income and it is affecting his relationship with key resources.

Staff Turnover

- Case Management is based on relationships and there is a lot of turnover not just in this program but in most case management programs
- If a staff member leaves, we all strive for the process to be as planful as possible.
- The case manager can give a warm handoff with the Veteran to the next worker and discuss their work together and giving the Veteran a chance to talk to the new worker about what they want to work on together
- If this is not possible the plan and assessment should be updates giving the new worker guidance. A supervisor or other staff who knows the Veteran can provide the introduction.
- Be prepared to go over what the worker can offer and what the Veteran wants to accomplish in the time remaining. The worker should contact the network of care to let them know about the transition of workers.

Warm Handoffs

'Warm' handoffs are recommended and a standard CTI practice

- Joint meeting with current and future workers and the Veteran
- Build bridge between workers and the participant, transfer engagement
- Review rights and responsibilities for housing
- Share info on what possible threats to stable tenancy may be
- Review roles of present worker and new support, worker or service
- Discuss what people can expect from the last worker – how will follow up be handled? Are they available for a consult?
- May set up weekly meetings to discuss new persons when you have regular referrals from another program to yours

New Worker Orientation

- All new workers should get an orientation to the agency and to the expected documentation
- Ensure all new workers have participated in a CTI training or watched the recordings with an experienced peer or supervisor.
  - This is critical so the new worker can ask questions and practice skills.
- Get familiar with tools and resources (See slides 17-19)
- Ensure that the new worker is introduced to the Veteran by a team member that knows the Veteran
- Team meetings and clinical consultations as well as supervision is important for the worker to get acclimated and gain confidence
- Ideally, the new worker would be given a chance to shadow other workers and at least be accompanied by other workers on a home visit

Discussion: What has your experience been? What has been most helpful in bringing on new staff?

Closing

- CTI is a practice focused on the transition, making the transition from GPD or shelter with on-site services to a life in the community with a network of care and support. It is a transition to the next step
- Key to the transition is to identify supports and services that can help Veterans to move to their next step on the path the goals they have identified are important to them.
- The GPD case management program plants the seeds and helps the Veteran to develop a structure and plan. Some Veterans will have different skills than others.
- Sometimes plans don't work, we regroup and reframe. Keeping in mind the tools we have and the timeframe. This is also the case with the program issues such as turnover that can throw a wrench into the work.
- The GPD CM will not solve every challenge that led to homelessness but will teach Veterans how to ask for help and teach problem-solving skills to how to consider their options.
- In order to do this the CM must step back so that Veterans can practice with these skills and resources.
- Want to teach Veterans to implement a plan after GPD case management ends

Visit the Housing Transitions QUERI Critical Time Intervention Toolkit

www.VACTItoolkit.com

Getting Started Page

Intensive CTI Training Page

CTI Tools and Resources

And much more…..

Housing Transitions QUERI

Visit the CTI Toolkit www.VACTItoolkit.com

Critical Time Intervention (CTI) Toolkit for VA Grant Per Diem (GPD) Case Management Aftercare Grantees

www.VACTItoolkit.com

The CTI Toolkit was developed to provide case managers and supervisors with information and resources to support implementation of CTI in GPD case management programs.

Available Resources

- CTI Training Videos
- Community of Practice Session Videos and Materials
- CTI Manual
- Fillable Forms/Tools
- Case Consultation
- Meet the Team
- Resources
- Frequently Asked Questions (FAQ)

Quick Link to CTI Tools & Resources

Learn How to Use CTI | **Connect** Community of Practice | **Consult** Ask our CTI Experts

- **Check out The Getting Started page!** An overview of the training, resources, and technical support available to participating case managers and supervisors.
- **Visit the CTI Training page!** Includes an outline of the intensive CTI Trainings and information about CEUs.
- **Explore the Community of Practice page!** Find out when the next Community of Practice session will be held and watch videos of past sessions.
- **Request a Case Consultation!** CTI experts provide CTI tailored advice about one of your cases.

Still have questions? Email us! VHAWLAHousingTransitionsQUERI@va.gov

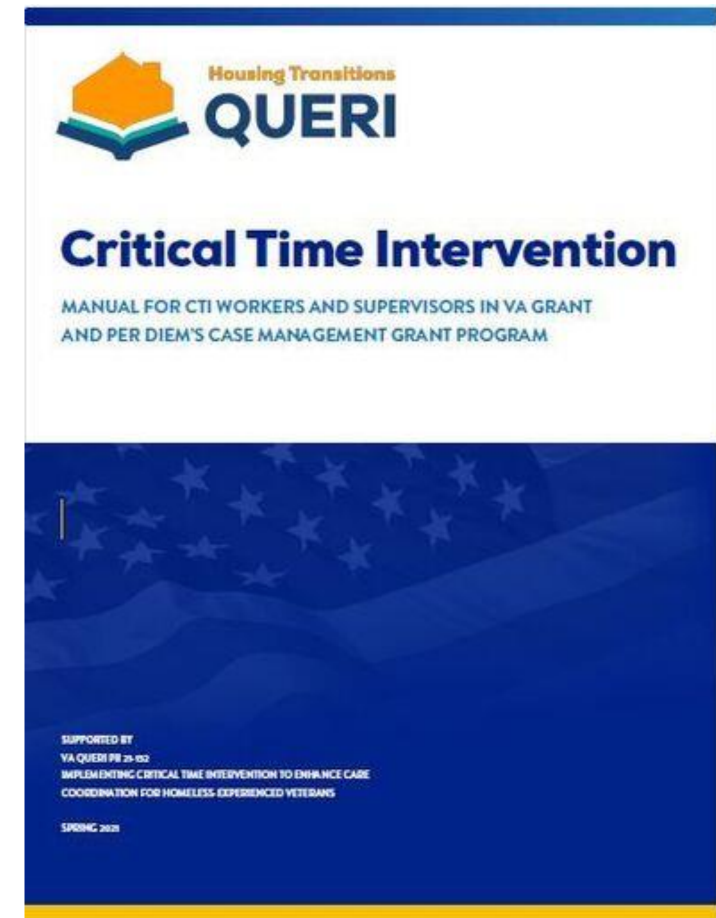
CTI Tools and Resources

The **CTI Tools and Resources page** of the CTI Toolkit includes **downloadable and fillable PDF** forms that can be used by GPD aftercare grantee case managers and supervisors to support the delivery of CTI

- The Assessment Domains and Phase Plan focus on domains that most effect housing retention, identifies goals, defines roles
- The Veteran Resource List structures work around community resources and supports
- The Harm Reduction Plan helps Veterans think through options to mitigate behavior that is threatening tenancy/creating risk for eviction
- The Closing Note outlines the process for the end of the transition and provides guidance for final meetings and handoffs to network of care.

Plus, many more…

VA CTI GPD Case Management Manual



Additional CTI Resources

Housing Transitions QUERI

- Center for the Advancement of Critical Time Intervention (CACTI) www.criticaltime.org
- Join the CACTI Global Network https://www.criticaltime.org/global-network/join/
- Facebook : Critical Time Intervention (CTI) Global Network https://www.facebook.com/groups/1651442821759519/
- CTI Implementation Manual

Wrap up

Final comments, questions?

Many thanks!

PLEASE TURN ON YOUR CAMERAS TO SAY GOOD-BYE

Examples of Stepping Back or not

Option A	Option B
+ You know the Veteran is going	+ You are setting up a system the Veteran can use long term
- This becomes a full-time commitment Veteran needs CM to go to all appointments	- Doesn't always work at first, appointments may be missed, takes time to teach the skills and help Veterans learn the system
- You have six months to help make the transition	+ You have six months to help make the transition

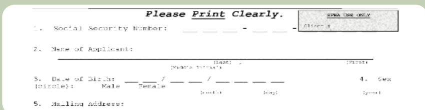
A Veteran connects with a primary care Doctor at the VA. The worker goes with him and helps establish the connection. The Doc recommends about 5 specialty programs

A. The worker plans to accompany to all appointments and handle follow-up. They are worried the Veteran will not go otherwise. They discuss follow up with the Veteran
B. The worker teaches the transport system to the VA so the Veteran can go to the PC appointment. They help the veteran work with the hospital and the Veteran to set up the specialty appointments with transport and with the PC to monitor the appointments or the worker refers the Veteran to PACT

Staff Knowledge and Skills

Basics of local landlord tenant law:

https://bals.org/help/resources/tenants-handbook



Please Print Clearly.

Financial application and certification processes

Apartment standards and requirements

Subsidized housing rules & processes

Negotiation skills