

# The Practice of CTI within the GPD-CM Program

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April 3<sup>rd</sup>, 2024



Housing Transitions

**QUERI**

# Agenda



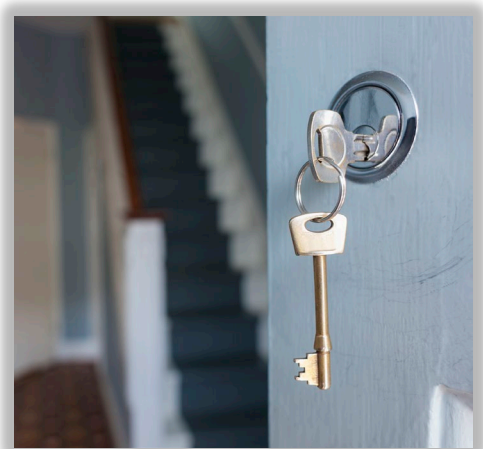
1. Managing caseloads
2. Tapering intensity of services across phases
3. Building a resource and support network
4. Vignette & Discussion

*\*A reminder to turn on cameras when possible. This helps us build community and support our presenters. If your site needs additional cameras, please email Taylor ([taylor.harris2@va.gov](mailto:taylor.harris2@va.gov)) and we will arrange to get them to you.*

# GPD CM Caseload Requirement



- The GPD Case Management (CM) grant provides grant funding for time-limited case management services.
- The goal is to improve the retention of housing by providing case management to Veterans who were previously homeless and are transitioning to permanent housing from programs, and Veterans at risk of losing their housing.
- GPD-funded case managers must maintain average monthly caseload of at least 16 Veterans.



- In CTI, the goal is an average *weighted* caseload of 20 or less.
- CTI also has the goal of improving housing retention. By applying CTI core components (e.g., tapering services, building a resource and support network, manageable caseloads, phase planning), housing retention can be improved.
- The weighted caseload tracker is a tool for managing your caseload and can help with implementing other components of CTI.

- Program requirement of 16 and CTI average of 20 weighted cases...



- Achieving both is possible when you have a steady flow of Veterans enrolling in the program. Practicing CTI can also help.
- Let's walk through some examples using the weighted caseload tracker.





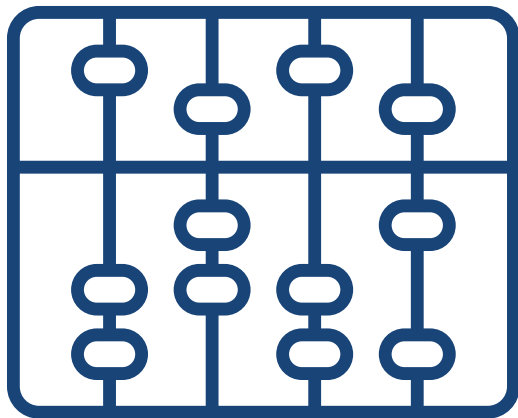
# Discussion of Referrals and Enrollment

- \*\*16 Veterans on your caseload should be a priority to maintain compliance with the program's requirements.
- Developing a steady referral stream and recruitment practices can help to achieve program requirements and practice CTI the way it is intended.
- We understand that this can be a big challenge.

Even if your caseload is frontloaded currently, developing these systems now can help to balance it in the near future.







***What challenges are you facing with recruiting, enrolling, or managing your caseloads?***

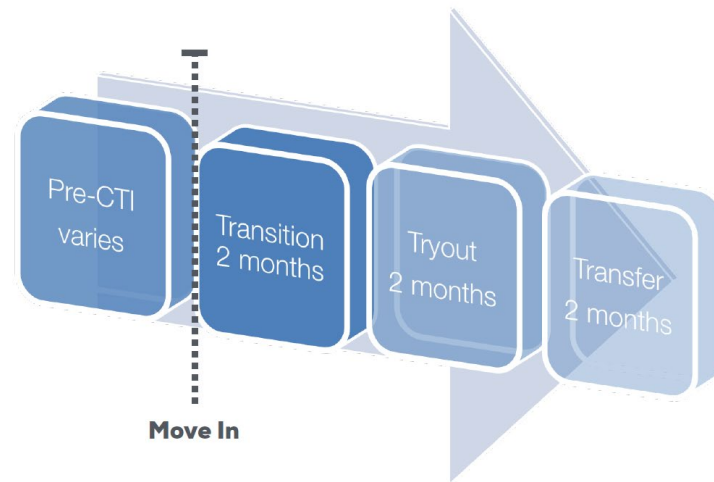


***What recommendations do you have for addressing this?  
What has worked?***

# CTI Core Component: Tapering Support

- Tapering intensity of case management services happens as the network is built and care is transitioned to the providers, resources, supports, and services (the care network)

- Phase 1: Meeting weekly
- Phase 2: Meeting 2 times/month
- Phase 3: Meeting monthly



- Communicate the structure of CTI and GPD Aftercare Case Management upfront and throughout the Veteran's time in the program
  - Frequent reminders of Phase transitions, your role in each phase, time left in each phase, upcoming discharge/termination
- Develop and refine your CTI pitch
- Manage expectations around your efforts, the Veteran's efforts and the role of the network of care

## What is Discharge Planning?

Is a dynamic, flexible, comprehensive, and collaborative process that starts at the time of program admission

Identifies the Veteran's plans and needs to support them after exiting

Involves the Veteran and is tailored to their specific needs

- CTI incorporates core principles of discharge planning
- CTI Closing Note: tool to support successful discharge

- ✓ Termination is deemed most successful and satisfactory (by providers and clients) when there is a plan in place to support the clients after exit
- ✓ Celebrate the achievements of the work and goals met
- ✓ Allow for reflection and feedback
- ✓ Acknowledge negative feelings around termination
- ✓ Establish boundaries of the relationship moving forward
- ✓ Process within supervision

- Mr. O'Dell is a 55 yo male Veteran who transitioned to PSH from the GPD program. You worked with him for a few months while he was in transitional housing (pre-CTI).
- Throughout Phases 1 and 2, you've worked on several recovery goals (i.e., budget management, establishing routine mental health care for his PTSD diagnosis, and VA medication management care).
- Overall, Mr. O'dell has been doing great – he completes the action steps for his goals, he attends his appointments, he reports back that he is satisfied with his housing and doesn't feel he needs an additional supports or services when you are planning his Phase 3 goals.

- In Phase 3, as you start preparing for discharge (in month 5 of the program), Mr. O'Dell seems surprised the program is ending, even though you've mentioned it was 6-months several times. He is upset that your time together is coming to an end.
- When you explain that you've helped him to build a network of supports and resources (his other providers, the Veterans at his PTSD support group, and his money management training) that will support him after, he tells you that he doesn't want to use any of those services/people and just wants to work with you.

- **What are your initial thoughts and impressions about Mr. O'Dell?**
- **How would you respond to Mr. O'Dell?**
- **Has anyone experienced this before, or something like it?**
  - *What was the outcome? Maybe it did not go as planned or maybe it was successful?*
  - *How did you handle it?*
  - *What went well?*
  - *What would you do different next time?*



- **(Optional) Drop-in Hour: April 10<sup>th</sup>, 2024**

10-11am AKST/ 11am-12pm PST / 12-1pm MST / 1-2pm CST / 2-3pm EST

- Topic spotlight: Referrals and resources for Veterans
- Stop by if you have questions, would like to discuss a case, or have a burning desire to learn more about CTI!

- **Next CoP: April 17<sup>th</sup>, 2024**

10-11am AKST/ 11am-12pm PST / 12-1pm MST / 1-2pm CST / 2-3pm EST

- **Case Presentations: Donna (Salvation Army) & Austin (First Step Housing)**