
Critical Time Intervention (CTI) for GPD Case Management Programs

Ending CTI: Challenges and Strategies

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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

- Goals and Expectations of GPD Case Management CTI program
- Strategies to facilitate completing the transition
 - Early engagement
 - Linking to Resources
 - Identifying Motivation to Maintain Housing
- Issues that Effect the Transition
 - Ongoing medical, mental health and substance use
 - Ambivalence to receiving help and maintaining housing
- Using Case Conferencing
- Wrap up



Introduction

- CTI is a practice focused on the transition from GPD or shelter to a life in the community with a network of care and support.
- It is not expected that all issues be resolved, we want to make sure Veterans have the tools and resources to problem-solve as issues come up and confidence in their skills and resources.
- Most Veterans will need assistance going forward, as we all do. That is the key to the network of care and knowing where each individual will need help.
- Veterans are resilient and have many strengths. Ending CTI helps Veterans feel a sense of progress and movement in their lives. Program expectations and preparation help support this.



Poll: What challenges are you having in ending CTI with Veterans?

Strategies to Facilitate the Transition - 1



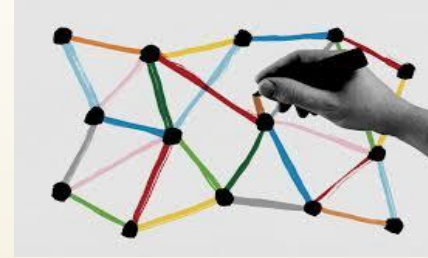
- Early and persistent engagement is key.
- We want to get to know the Veteran, what is important to them, what their histories are and how they approach issues in their life.
- We want to do some goal setting that includes what they would like their life to look like long term and what they hope to accomplish is housing.
 - This encourages Veterans to talk about things that mean something to them individually and provides motivation to maintain their base in the community
- We also want to start helping Veterans engage with needed VA and community resources as soon as possible.
- We also want to start work on “natural supports” from Day 1.

Strategies to Facilitate the Transition - 2

- We want to talk to people about their roles in their life, in the service, in GPD and finally in their housing.
 - Supporting these roles can give Veterans structure and purpose and a way to move forward.
- We want to talk about what they are good at, and others come to them for help with.
- We also want to talk about what they want help with and who they go to for that help or discuss a number of ways they might get that help
- Through these engagement techniques we identify what inspires each Veteran, what is most important and how they see themselves moving forward.
- We come to a common understanding which is the basis if the planning process.



Resource Development



Veterans will have people and supports that they rely on. We want to get to know these supports and ask people to think critically about the supports, what it brings and how they can be helpful.

- For instance, “My church/mosque/synagogue community gives me hope and peace.” “Having time with my friends gives me a break, laughter and sometimes annoyance.”
- Resources for financial, medical and training often have to be developed or changed once a Veteran has moved into housing. Everything is give and take so we want people to identify the pluses and minuses of each service and support.
- As the case manager, we supply information on each service or support. This includes how to gain access now and after the program ends.
 - How long it takes to make the connection is often important information.
 - We want to start making connections as early as possible.

Connecting to Resources



- It is often helpful to go with the Veteran to the first couple of appointments to observe their skills and to assist in making the connections.
- We also want to prepare each Veteran as to what to expect based on our knowledge of the resource.
- For instance, if you go with a Veteran to a visit to a PACT team, you want to do a warm handoff asking the Veteran to describe what they need help with and what is most effective for them.
 - A veteran sees a PACT team and says they like working with one person, having different Doctors is not helpful.
 - Describe the doctor they had at HPACT and how if they hadn't worked with them to see an eye doctor and explained the process, made the appointment, reminded him of the appointment and arranged transportation they probably wouldn't have gone, but now they have good glasses and less headaches.
 - The case manager will know if PACT could supply these services or if they need more help. Possibly discuss with the Veteran if they might be better suited to home-based primary care and set this up.

Engagement, Goals and Motivation

Veterans engage in the relationship with the case manager to get what they need and want.

- No one sees a case manager to give up something they perceive they need or to be told how to move forward with their lives.
- The relationship has to be Veteran-led and based on the Veterans' aspirations and felt goals.
- The Veteran must see the worker as able to help them. The case manager must have something to offer.

Unless it is based on what is truly important to each Veteran it is hard to maintain motivation or address ambivalence in completing tasks.

- For instance: there is always something that seems more compelling than paying rent every month but if the Veteran connects paying rent to maintaining their place and the place is a step towards reuniting with family, getting a car or having a girlfriend or boyfriend, it does seem more compelling and motivation increases
- If a Veteran is spending their money on alcohol but they have a dream of owning a house, if that dream seems possible it may be a reason to look at the alcohol expenses.

The path which is often trying has to be worth it in each Veterans own thinking.



Addressing Challenges



- Sometimes Veterans have challenges caused by physical, mental health and substance use issues.
 - They may see their condition as permanent or hopeless. They may have not been helped in the past. They may see substances or in some cases mental health issues as a refuge.
- Unless we can get some ambivalence going there is little hope of change.
 - Ambivalence comes from the behavior getting in the way of something they want and that means something to them.
- This requires hope that what they aspire to is possible, confidence that they have the skills and resources to make the change and move towards the goal they identified.
- It also requires reasonable expectations for the case manager.
 - There is no way to resolve long term issues in six months nor is it the goal of the program. The goal of the program is to assist Veterans with skills and resources to move forward.
- Using Case Conferencing in supervision and team meetings can be very effective in addressing barriers and challenges

Case Presentation Template

- Background information (while protecting anonymity of Veteran)
 - Demographic information
 - Age
 - Gender
 - Race/Ethnicity
 - Marital/Relationship status
 - Sexual Orientation
 - Current housing situation
 - Medical, mental health or substance use concerns
 - CTI Phase
 - Reason for becoming homeless/ experiencing housing instability?
 - What existing supports (financial, social, familial) upon enrollment in Aftercare?
 - What are the Veteran's strengths?
 - What is challenging the Veteran's stability or ability to exit the program?
 - What areas do you want feedback on?

- Goals
 - What are the Veteran's 1-3 goals for current phase?
 - What are action steps for the goals in the current phase?
 - How is goal achievement going? What are the facilitators or barriers to the Veteran accomplishing goals for this phase?
 - What resource and supports linkages are being established to address each goal?
- Planning for the future/ upcoming Phases
 - Thinking ahead, what goals may need to be adjusted or repeated?
 - How are you transferring skills to the Veteran?
 - How are you promoting autonomy and independence in housing?

Poll: Do you use case conferencing in your practice?

Case Discussions



Jack is having multiple physical and health challenges. He is unable to maintain his unit and get to his appointments on his own. He is visited by his grandchild which gives him joy. He wants to stay where he is. The case manager got him in PACT which manages his care, and they have referred him to home-based primary care. He has been referred to community-based homecare, but the wait is long. He is a good advocate but is confused by the system. He is coming to the end of CTI.

Jill is a veteran who is drinking a lot and isolating in her apartment. The case manager knows she has been treated for depression in the past, but she refuses it now. Her apartment is cozy and well kept. She clearly cares about it. She had hoped to reunite with her grown children but that has not gone well. She does have a friend in the building that checks on her every morning. In the GPD program she was often the one that helped others, listened to them and offered support, that has stopped. She talked of yearning for a connection but does not think that is possible.

Discussion Questions

- What would help here: skills, resources?
- Can you discharge this person and what needs to be done in order to do that?
- If this person is extended can/will these issues be resolved in the time for the extension?

Group Discussions



Introduce yourselves to one another

Discussion prompts:

- What would help here: skills, resources?
- Can you discharge this person and what needs to be done in order to do that?
- If this person is extended can/will these issues be resolved in the time for the extension?

Veterans Benefits Resources

Which services are covered by the Veterans Benefits Administration (VBA)?

- Disability Compensation, Pension, Fiduciary, Education, Veteran Readiness and Employment (VR&E), Home Loans, Insurance, Administrative Review, Military-to-Civilian Transition Programs

How can a Veteran apply for a disability rating (service-connected benefits) and who can help?

- A disability rating could be between 0%–100%. A disability rating may give you access to certain VA benefits, such as compensation and ongoing health care.
- Who can help file a claim?
 - Work with an [accredited Veterans Service Organization \(VSO\)](#) free of charge
- What do accredited representatives and VSOs work on?
 - They work on behalf of Veterans and service members—as well as their dependents and survivors. They can help you understand and apply for benefits, like:
 - Disability compensation, Education, Veteran Readiness and Employment (VR&E), Home loans, Life insurance, Pension, Health care, Burial benefits
- Help Veterans gather supporting documents (like a doctor's report or medical test results)
- File a claim or request a decision review on behalf of the Veteran
- Provide added support, like helping with transportation to medical appointments or emergency funds
- Vet Centers can also provide VA benefits explanation and referral
 - Vet Centers are community based to be more accessible in areas where you live. [Locate a Vet Center](#) near you or call 1-877-927-8387
- How to file a claim:
 - Apply online using [How To File A VA Disability Claim | Veterans Affairs](#)
 - Write to the Pension Management Center (PMC). You can find more information at [How To Apply For A VA Pension As A Veteran | Veterans Affairs](#) or call 800-MyVA411 at 800-698-2411 and talk to a VA staff member.
 - Complete a claim form in-person at a VA Regional Office
 - Where is my nearest VA Regional Office?
 - [Find VA Locations | Veterans Affairs](#)

- Designed for Aftercare case managers and their supervisors
- Answers frequently asked questions regarding Veteran Benefits Resources
- Serves as an information hub for each GPD Aftercare site to refer to
- Can also be used to orient new GPD staff to the resources and processes

The **Veterans Benefits Resources** can be found on our Tools & Resources page:

www.VACTIToolkit.com/cti-tools-and-resources.html

Closing

- The process for ending CTI begins at admission.
- Engagement and goal setting happens early and often. This is an ongoing process.
- Veterans have to be partners in establishing goals and the housing plan. Unless the plan reflects their priorities, they may not be motivated to participate. Then we have two plans: the Veteran's and the case manager's.
 - Motivation is also dependent on hope, meaning and confidence.
- It takes a village; people need more assistance than one case manager can provide. Use supervision, team meetings, expertise on your team, other Veterans, the GPD Liaison, but most importantly the Veteran you are serving
- Connect to resources and supports as early as possible and advocate for better responses
- Think about what can be accomplished in the six months of the transition and what the follow up needs to be, determining what resources are needed.
 - Will extending CTI give enough time to resolve the barriers?



Wrap up

Final comments, questions? Many thanks!

Next Booster Session – December 3, 2024

PLEASE TURN ON YOUR CAMERAS TO SAY GOOD-BYE



[Getting Started Page](#)

[Intensive CTI Training Page](#)

[CTI Tools and Resources](#)

And much more.....

Visit the Housing Transitions QUERI Critical Time Intervention Toolkit

www.VACTItoolkit.com



A screenshot of the VACTItoolkit.com website. The page has a blue and white color scheme with a decorative border. At the top left is the Housing Transitions QUERI logo. To its right is a starburst graphic with the text "Visit the CTI Toolkit www.VACTItoolkit.com". Below this is the title "Critical Time Intervention (CTI) Toolkit for VA Grant Per Diem (GPD) Case Management Aftercare Grantees" and the URL "www.VACTItoolkit.com". A paragraph explains that the toolkit was developed to provide case managers and supervisors with information and resources to support implementation of CTI in GPD case management programs. There are three main sections: "Available Resources" (a scrollable list), "Learn" (How to Use CTI), "Connect" (Community of Practice), and "Consult" (Ask our CTI Experts). The "Available Resources" list includes: CTI Training Videos, Community of Practice Session Videos and Materials, CTI Manual, Fillable Forms/Tools, Case Consultation, Meet the Team, Resources, and Frequently Asked Questions (FAQ). The "Learn" section includes: 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.), and Request a Case Consultation! (CTI experts provide CTI tailored advice about one of your cases.). At the bottom, there is a "Quick Link to CTI Tools & Resources" button and a footer with the email "VHAWLAHousingTransitionsQUERI@va.gov".



Housing Transitions

QUERI



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)

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.

Quick Link to CTI Tools & Resources

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

CTI Tools and Resources

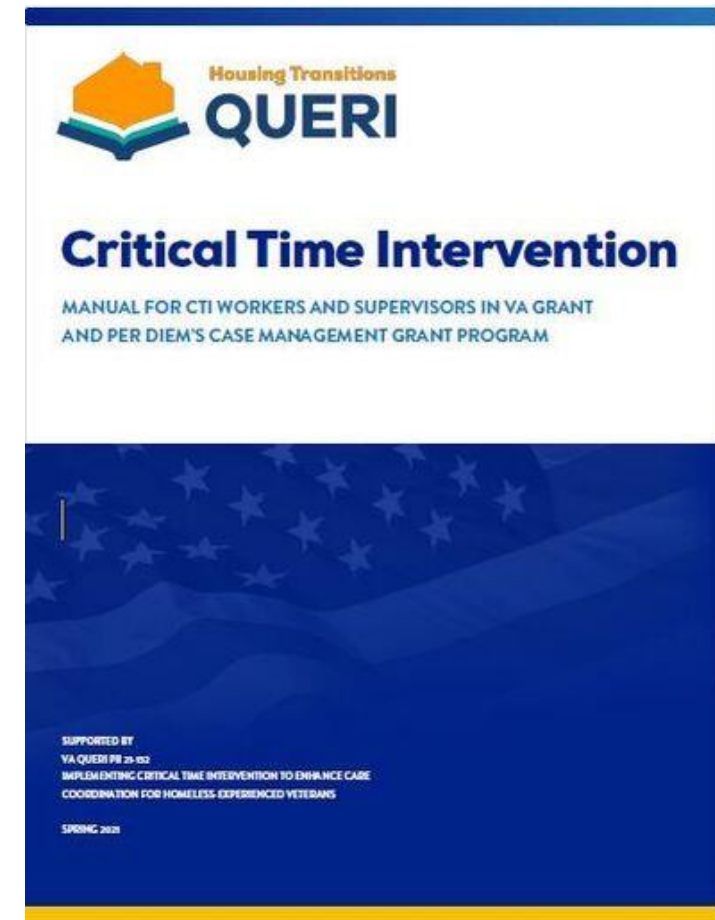


The **CTI Tools and Resources** page of the CTI Toolkit includes **downloadable and fillable PDF** forms that can be used by GPD aftercare grantee case managers and supervisors to support the delivery of CTI

- 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](#)



The CTI Resources and Processes Workbook:

What is it?



- Worksheet recording how to connect Veterans to local resources
 - Questions, organized into topics => guide documentation
- To be filled in by Case Managers and Supervisors
 - In consultation with your local VA GPD Liaison
- A “living document”: to be edited as new information becomes available

Topics



- VA Benefits
- Non-VA Benefits
- Housing
- Vocation Pursuits/Employment
- Legal Concerns
- Physical Health
- Aging
- Mental Health
- Dental Care
- Substance Use Disorder Treatment
- Concerns about VA Health Care
- Veteran Family/Caregiver Supports

Example Questions



- Topic: VA Benefits
 - At your local VA, what resources/processes can you use to determine if a Veteran is VA Health Care Eligible and how do you enroll into this benefit?
- Topic: Housing
 - What local resources/processes can be used to access furniture or stipends for furniture and who would you contact?

- 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](#)