

# Housing Transitions QUERI



*Intensive CTI Training for GPD Case Management  
Aftercare Grantees*

**QUERI-VISN Partnered Implementation Initiative  
(PII) 21-185**

January 11, 2022

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# Timeline

Activity	Time
➤ Intensive CTI training	January – February 2022
Implementation support	March – September 2022
On demand case consultation	March – September 2022
Fidelity assessments	January 2023 and June 2023
Toolkit availability	January 2022 – September 2025
Booster sessions	October 2022 – September 2025

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# Implementing Critical Time Intervention (CTI) to Enhance Care Coordination for Veterans Leaving GPD Programs

## Session 1

January 11, 2022

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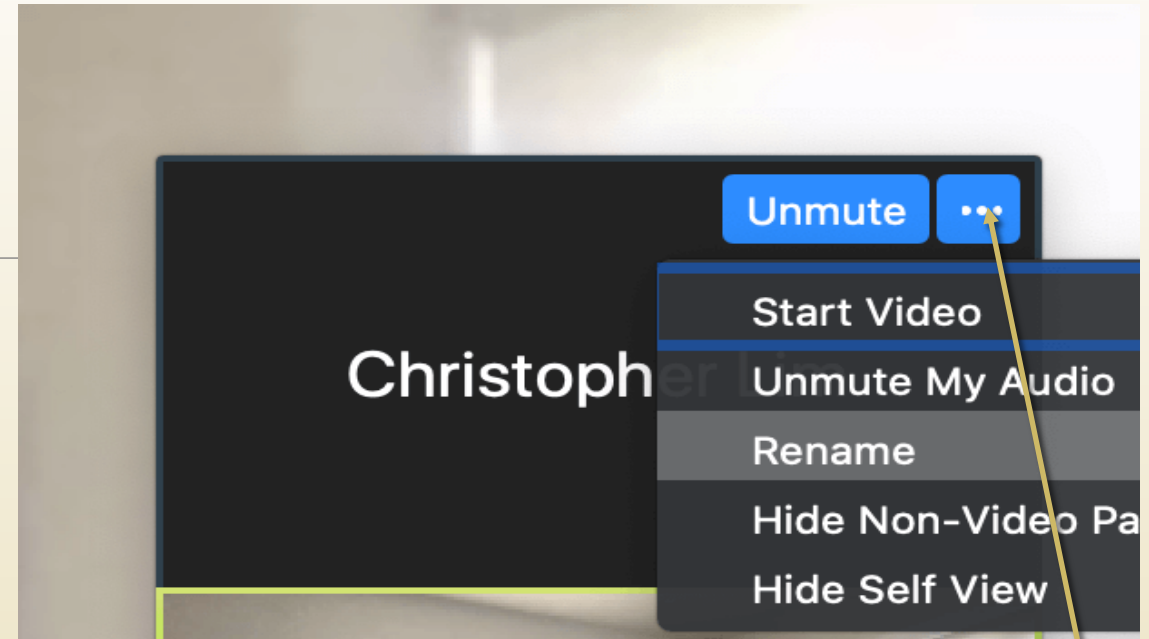
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# Welcome

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- Housing Innovations
  - Suzanne Wagner
  - Andrea White
- Goals for the Training Series
- Housekeeping
  - PLEASE TURN YOUR CAMERAS ON AS MUCH AS YOU CAN
  - Please put your name as you would like to be addressed as your screen name
  - We will upload the slides to the chat box momentarily
  - We love interaction – please raise hand, use emojis, type comments in the chat box or just unmute and talk!



# Agenda



Introductions

Overview of the CTI Model

CTI and Housing Stability

Assessment Domains for CTI and Risk Factors  
for Housing Instability

Wrap-up and Questions

# Introductions

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- TURN ON YOUR CAMERAS PLEASE
- AND TYPE IN THE CHAT BOX
  - Name
  - Role
  - Agency
  - How long working with Veterans and people who have experienced homelessness?
  - Favorite ice cream flavor?



# What is Critical Time Intervention (CTI)?

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Evidence-based practice (EBP) designed to:

- Support people through TRANSITIONS
- Build skills and networks of support

Helps people with high needs live successfully in the community and reduce returns to homelessness, use of institutions

Incorporates “Supporting EBP’s”

- Harm Reduction, Housing First, Person Centered Planning, Family Psychoeducation, Motivational Interviewing, Stages of Change
- Assumes staff have basic engagement, assessment and counseling skills



# Transitions





# Core Components of CTI

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Focused on housing stability and achieving life goals

- Person-centered recovery orientation

Pre-CTI Phase

- Planning and preparing for the transition
- Important phase before move-in

Three 3-month phases of decreasing intensity starting at move in

- Phase 1: Transition to the community
- Phase 2: Try out
- Phase 3: Transfer of care or termination

Time-limited  
(6-9 months post move-in to housing)

- Although other services may continue post CTI intervention





# Core Components of CTI – 2

## Limited Focus

- 1-3 goals in identified assessment domains

Interventions focused on preventing and addressing threats to housing stability and achieving personal goals

- Meeting obligations such as rent and bill payment and maintaining housing
- Following standard community norms and expectations
- Having sufficient money for basic needs
- Relief from disturbing symptoms and connecting to effective treatment

Establishes Linkages to Community Resources

- Develop network of supports/linkages and adjust
- Connect to natural supports

***Poll: CTI Experience***

# Case Management and CTI



Case managers must have adequate time and resources



Access and sustainability of services and supports is critical



Lease and landlord provide the expectations and structure



Goal/Recovery based intervention / not crisis or problem based

# Housing Perspective

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The expectations of a lease or the community do not change and apply to everyone



Conditions of the lease must be clear and consistently enforced



Lease violation issues will often be a reason to seek services



Workers focus on **BEHAVIORS** that interfere with functioning as a tenant and as a member of the community and connect housing stability to personal goals.

# Collaboration for Long Term Community Stability



alamy stock photo

EDFBMP  
www.alamy.com

CTI promotes collaborations based on:

- Common goals
- Common understanding of eligibility, needs and resources
- Commitment to achieving participant goals
- Effective outreach to high need people on behalf of the system, identifying the right resource for each person
- Clear roles and responsibilities for staff
- Clear expectations for participants
- Good communication and ensuring all experience with participants within the system is shared
- Cross team collaboration and warm handoffs to ensure the continuity of care

# CTI Measures of Success

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Maintaining a base in the community

Increase income

Network of supports

Less emergency interventions

Structure, purpose and valued role(s)

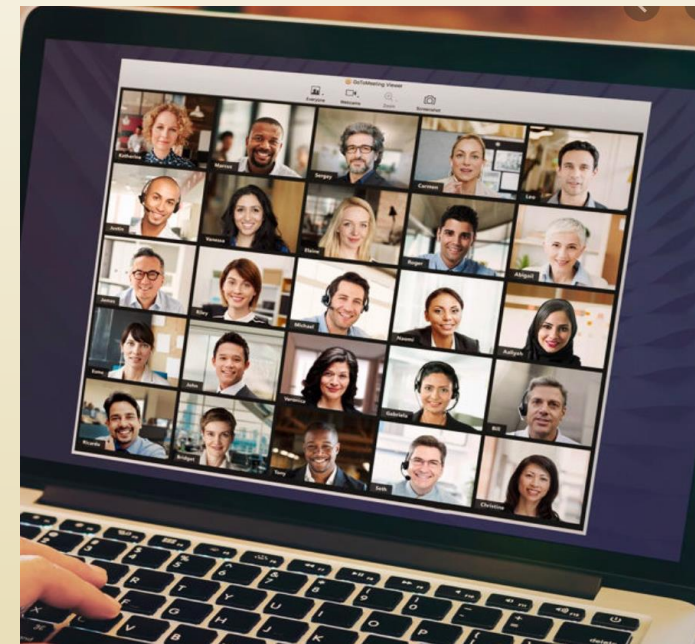


**POLL: CTI Implementation**

# Discussion Breakouts

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- PLEASE TURN ON YOUR CAMERAS AND “JOIN” YOUR GROUP
- Reactions to the CTI model
- Previous or current experience with CTI
- Elements of CTI you are already implementing
- Questions or comments



## Evidence for CTI



Original research at Columbia University on work with homeless single adults with serious mental illness in a large shelter in NYC. Based on housing focused clinical case management approach. Developed from the “ground up”.

Applied and researched in a variety of settings with different populations. Reduces returns to homelessness, use of emergency interventions and institutions. See [www.criticaltime.org](http://www.criticaltime.org)

Outcomes of critical time intervention case management on homeless veterans after psychiatric hospitalization.

- Using nonrandomized pre-post cohort design with a one-year quarterly follow-up, evaluated CTI for homeless Veterans leaving VA inpatient care.
- CTI cohort had 19% more days housed, 14% fewer days in institutional settings, and reported lower alcohol use, drug use, and psychiatric problems.
  - 19% lower Addiction Severity Index (ASI) alcohol use scores.
  - 14% lower ASI drug use scores.
  - 8% lower ASI psychiatric problem scores.



# How is CTI Different?

- Structured and time limited intervention
- Goal focused - not symptom based
- Transition is the focus of the work
- Depends on community connections to services and supports for sustainability (including landlord)
- Community and home-based service
- Staff must step back and adjust their roles with each phase
- Adjust documentation to reflect areas of assessment and no more than 3 goals in service plan



# CTI Requires Organizational Supports

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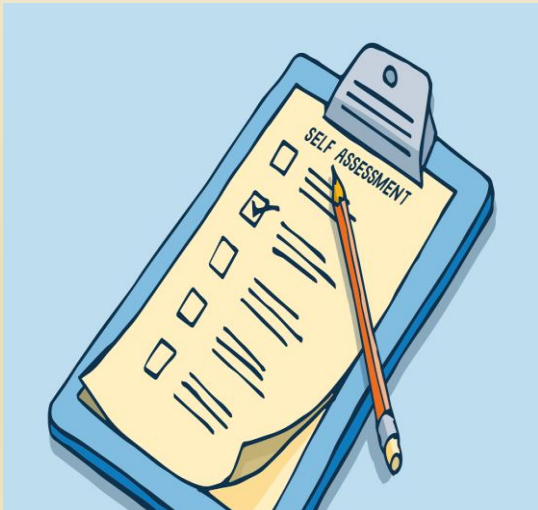
- Buy-in at all levels of the organization including the GPD and HCHV contract beds
- Hiring the Right People
- Structured Supports: Supervision, Team Meetings, Case Reviews/Conferencing
- Clinical Consultation
- Workload Management
- Staff Education and Training – ongoing
- Resources
- Policies and Procedures esp. for home visits, confidentiality
- Program Design/Modification process



# CTI Implementation Self-Assessment Tool

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- Tool to assess progress on implementing CTI practices
- 40 domains scored on scale of 1 to 5
- Score is an average w/max 5
- Conduct post-implementation as check in



Reviews the following Areas:

- CTI Main Components
- Engagement
- Initial Assessment
- Linking Process
- CTI Worker Role
- Clinical Supervision
- Fieldwork Coordination
- Documentation

# Why Focus on Housing Stabilization



- Housing is the base for people to stabilize in the community
- Housing provides a structure and expectations
- Housing provides a vehicle to move to proactive role: Tenant
- Housing requires an assertive landlord that will flag any lease violations and give an opportunity to correct the violations
- Housing requires the support of workers to maintain tenancy
- Housing provides an early warning system and can be a trigger to accept services

# The Assessment and Plan Forms

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Documentation can help guide and structure staff's work

Examples are “CTI Informed” [Assessment](#) and Plan

Can adapt forms currently in use

- Modify to incorporate CTI-informed domains and elements

Recommended Frequency

- Update assessment and plans within a couple of weeks after move-in and at each new phase
- See: CTI Informed Service Plan and Assessment Forms



# Assessment and Planning Domains

## Areas of Focus for Assessment and Planning

- Housing and homelessness history and barriers to stability
- Income and financial literacy, education/training and employment
- Life skills
- Family, friends, and other supports
- Psychiatric and substance abuse issues
- Health and medical issues



Assessment looks at history, current, strengths, barriers, motivation and GOALS

Service plans reflect the participant's goals and connect housing success to personal goals

# Understand Housing and Homeless History and **Goals**

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## Housing History –

- Places lived, with whom (last 5 years)
- Experience as a leaseholder
- Roles and responsibilities
- What worked/what didn't
- Satisfaction with current housing
- Housing goal(s)



## Homelessness History -

- Cause of initial episode
- Length of time homeless
- Places stayed
- Routine
- Supports



CTI Assessment  
Domains

***Go to: CTI-Informed Assessment Domains Form***

# Discussion Breakouts

- PLEASE TURN ON YOUR CAMERAS
- What kind of housing and homelessness histories are you seeing?
- Do the Veterans you work with have experience as leaseholders before?
- Are the Veterans you are working with happy in their housing and motivated to maintain it?
- How is housing success connected to people's personal goals?





# Closing

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- CTI and GPD Case Management are focused on the transition to housing
  - Longer term goals require connections to sustainable resources
  - Focus is on establishing and maintaining a base in the community
    - Attention to immediate needs that affect housing retention
    - Assist people to increase income
  - Assess barriers and strengths to maintaining housing
    - Get info from previous workers and Veteran
    - Transfer engagement
  - Work the plan
    - Use the plan to create structure and expectation
  - Establish a resource list
    - Ensure resources are sustainable and committed
- PLEASE TURN ON YOUR CAMERAS TO WAVE GOOD BYE. See you next week!



# Citations

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de Vet, R., Beijersbergen, M., Jonker, I., Lako, D., van Hemert, A., Herman, D., and Wolf, J. (2017). Critical Time Intervention for Homeless People Making the Transition to Community Living: A Randomized Controlled Trial. *American Journal of Community Psychology*, 60(1-2), 175–186

Herman, D., Opler, L., Felix, A., Valencia, E., Wyatt, R.J., & Susser, E. (2000). A critical time intervention with mentally ill homeless men: impact on psychiatric symptoms. *Journal of Mental and Nervous Disorders*, 188(3), 135-140.

Herman, D., Mandiberg, J. (2010). Critical Time Intervention: model description and implications for the significance of timing social work interventions.. *Research on Social Work Practice*, 20(5), 502-508.

Kasprow, W. J., & Rosenheck, R. A. (2007). Outcomes of critical time intervention case management of homeless veterans after psychiatric hospitalization. *Psychiatric Services*, 58(7), 929-935.

Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W.Y., & Wyatt, R.J. (1997). Preventing recurrent homelessness among mentally ill men: a “critical time” intervention after discharge from a shelter. *American Journal of Public Health*, 87(2), 256-262.

# Resources for CTI

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- Center for the Advancement of CTI: [www.criticaltime.org](http://www.criticaltime.org)
- CTI Global Network: <https://www.criticaltime.org/global-network/join/>
- [CTI Implementation Manual](#)
- Facebook : Critical Time Intervention (CTI) Global Network

