

Implementing Critical Time Intervention (CTI) to Enhance Care Coordination for Homeless- Experienced Veterans (Session 2)

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Agenda



Introductions, Reminders and Recap of Last Session

Assessment Domains for CTI and Risk Factors for Housing Instability

Housing Stabilization/Service Planning

Linking to Community Resources and Developing an Individual Resource Guide

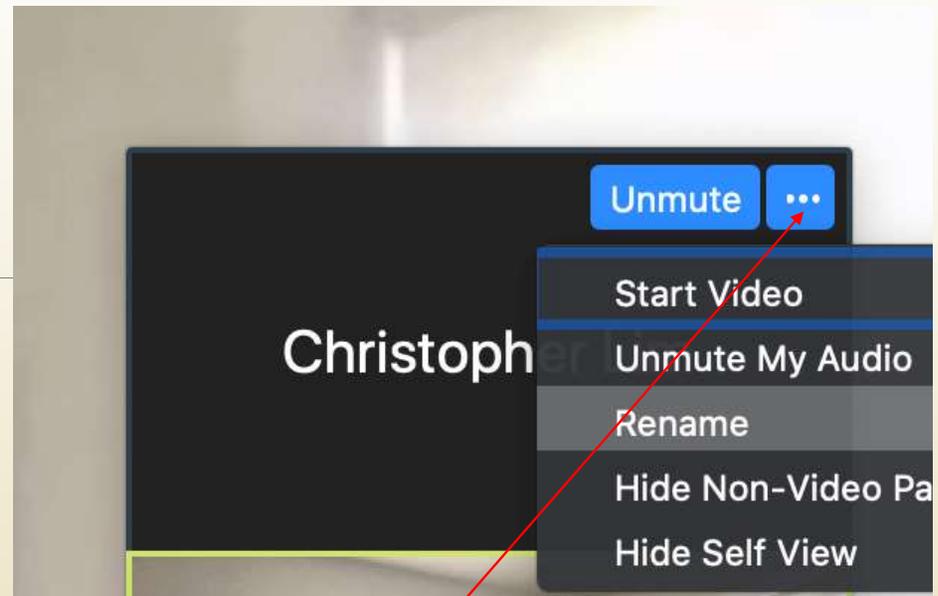
Phases of CTI and Worker Roles

Case Discussions

Wrap-up and Questions

Reminders

- 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 first and last name as your screen name
 - Please sign in to the chat box, with your first and last name and agency name
 - We will upload the slides, handouts and the evaluation to the chat box momentarily
 - We love interaction – please raise hand, indicate in chat box that you would like to comment or just unmute and talk!
 - We are recording this so....



Recap of Session One

- Support through transition
- Phased approach
- Decreasing intensity
- Support tenancy skills and lease compliance
- Connect to network of supports
- Focused assessment and service planning
- Partnership/shared decision-making model between Case Manager and Veteran
- Comments? Questions? Reflections?



The Assessment and Plan Forms

Documentation can help guide and structure staff's work

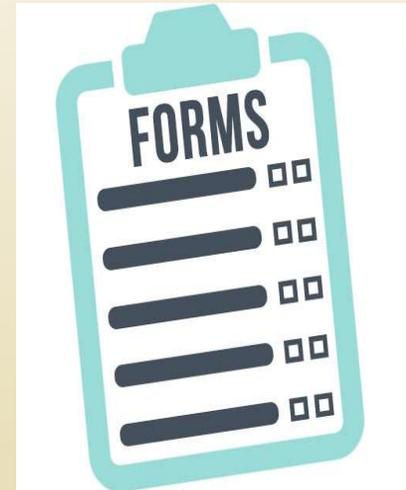
Examples are "CTI Informed"

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

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



Homelessness History -

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

Use Stages of Change to Assess Motivation for Housing

Stage	Relationship to Problem	Staff Tasks
Pre-Contemplation	No awareness/interest in addressing problem/housing issue	Ask q's/ raise awareness of obstacles to goals
Contemplation	Aware of problem & considering housing	Pros & cons of changing/not
Preparation	Making plans for how/when to change	Options: strategies, supports & services
Action	Changing behavior (pursuing housing)	Support/eviction prevention
Maintenance	Change sustained for 3-6 months	New goals/continue eviction prevention
Relapse	Return to problem behavior/homelessness	Assess stage and intervene accordingly

Discussion

- 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?



Focused Service Planning

Limit the areas of intervention – no more than 3 goals

Focus on the most pressing needs that impact housing

Relate all interventions to long term goals

Be aware this may not be a linear process

Be mindful about moving from crisis

Focus Areas for Service Plan

Focus on greater Self Sufficiency

- Goals setting by Veteran in partnership with the worker
- Connection to high quality sustainable services and supports
- Shared-Decision Making (SDM) model and Harm Reduction approach
- Use success on service plan goals to build confidence for making other changes

Focus on Long-Term Stability

- Use Veteran's goals and housing stability focus
- Help assume role and meet expectations of tenancy and community
- Teach rather than do

Strong Expectation that Person becomes Integral Part of Community

- Work on structure purpose and activity
- Transition and recovery of valued life roles



Components of the CTI Plan - Goals

- Goals set as a team of client and worker
- “So that” principle
- Focus on the issues that affect stability in the community – base on the current crisis and previous episodes of homelessness/ housing instability
- Immediate and longer-term goals clear
 - Focus by phase
 - Use the plan for the intervention
- Steps to reach goal clearly defined and measurable
- Longer term needs require connections to other resources.



Components of the CTI Plan - Roles

Veteran and Worker Role

- Designs plans for two-month intervals
- Reflects areas of the assessment
- Prioritizes areas for work
- Sets time frames for work to be accomplished



Components of the CTI Plan - Resources

Resource Identification



- Clearly defines resources needed to access and/or maintain stability including:
- **Income**, credit repair, legal services, employment assistance/support, financial planning and management, access to medical services, educational support, natural supports, VA and community based treatment services such a mental health, substance abuse, socialization and recreation etc.

Evaluating the Plan



Measure Success

- Use documented steps to reach goal and benchmarks set
- Use service plan as an opportunity for success
- Uses phases to gauge expectations and progress
- Identify need to renegotiate goals and resources
- Reframe setbacks as learning opportunities

Goals Discussion

- PLEASE TURN ON YOUR CAMERAS
- Share examples of goals Veterans are setting.
- What are the reasons behind these goals?
“So that” what?
- In other words, I want to so that



Community Resources

- Develop a Veteran focused resource list
- Identify resources by CTI focus areas tasks
- Review resources in current use
- Add resources developed through work with other consumers
- Identify needed connections
- Income, benefits AND services
- Formal and informal (natural) supports
- **HANDOUT: RESOURCE GUIDE**



Using the Resource Guide

- May take multiple conversations
- Will and should be built over time and throughout the phases
- Standard domains prompts conversations about resources person may not have considered
- Shows areas of strong support as well as gaps
- Opportunity for evaluative conversation about usefulness of resources

Community Resource Guide

Marin's online search tool for information, services and resources.

Food, Rent, etc. 



Care



Health



Education



Legal



Emergency



Food



Housing



Money



Transit

Need Additional Help?

Call the Aging and Adult Information & Assistance Line
at 415-457-INFO (415-457-4636) to speak with a
representative.

Links to Resources



- Ensure knowledge of them – directory, visits to programs, ask users of the service for feedback, know goals of the service and what they provide
- Introduce yourself and your service, especially if there will be a lot of referrals and identify how you can help them meet their goals
- Explain your role and what they can expect
- Gather and share history (with consent) and attempt coordinated planning
- Accompany each Veteran to assist with engagement with new service
- Maintain regular contact to see how things are going
- Keep your promises

Phases of CTI



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

Tasks for Pre-CTI Housing Planning

This phase occurs before moving into housing and should be done by the GPD or shelter/homeless program working with the Veteran to locate housing.

- Educate on housing options and expectations of each.
- Identify goals and preferences.
- Assess housing and homelessness history.
- Assist to connect to income.
- Gather documents for the application process.
- Assist with housing search and negotiations.
- Connect to resources that support community stabilization-treatment and supports.
- Develop a housing stabilization plan.
- Teach tenancy skills.



Case managers will need to assess how much of this work has been done and how much will need to be addressed in Phase One.

Warm handoffs from referring program to the CM Grant programs are highly recommended!

Phase One: Transition to the Community

Assistance in making linkages:

- Meeting with the person and the resources
- Refine communication structures with supports

Assessment of new needs and resources:

- Re-engage, review assessment and revise based on current housing and lease compliance.
- Identify resources needed.
- Focus on community support, role and activity

Plan revision:

- Review plan and revise based on priorities, immediate needs and current resources.

Skill building for community resources:

- Provide education about rights, responsibilities, and expectations; model negotiation skills

Phase One: Worker Role

- Clearly articulate your role
- Accompany to housing, meet with provider, assist apartment set up, and acclimate to the neighborhood
- Frequency of contact: at least weekly/more frequently based on need
- Frequent contact with all services, supports and housing provider/landlord
- Develop plan to access needed resources
 - Accompany to resources and teach skills
 - Ensure communication with each services/support
- Assess how the housing is/isn't working for the person
- Focus on purpose, role, connections and activity
- Monitor lease compliance/connect with landlord



Building Skills

- Educating on tenancy rights and responsibilities
- **Modeling** for each Veteran to negotiate for services
- Trying it out and debrief
- Establishing regular check-ins to see if it is working
- Review cost and benefits – **critical thinking**
- **Recognizing** strong partners and good skills
- Renegotiate the relationship as necessary



Changing Expectations

Moving from crisis to planning

- May be from immediate to 15 minutes from now

Critical thinking

- Using strategies and resources that work best for each person

Structure and purpose

- Developing a structure and purpose to days

Developing new or changed life roles

- From homeless to tenant, family member, student, worker, advocate, artist



Roles of Programs



The initial home visits and neighborhood introduction may be made by any team member with the skills and relationship with the person served

- Tour the neighborhood with a person to identify triggers and safe places to be as well as places to avoid.
- Assist a person to set up their home in preparation for working
- Peer Support Specialists can be very helpful in acclimating and assist in finding bank, pharmacy, grocery stores, transportation routes etc.

Roles of Programs - 2



- Adjusting to the Home: a major part of the transition is establishing a schedule (a structure and purpose to days)
 - The outreach and transitional staff will understand the schedule of the person when they were homeless, they can assist in identifying new activities
 - Work brings structure and purpose to each persons lives which helps persons to stabilize in the community
 - The team is in regular contact with the landlord to assist each person in following the lease.

Discussion

- PLEASE TURN ON YOUR CAMERAS
- What kind of resources are you connecting Veterans to in the first phase?
- How does this connect to housing and personal goals?
- Give an example of training and mentoring techniques that helped the Veteran connect to the resource



Phase Two: Try Out/Practicing Phase



- Solidifying Linkages to Community Resources
 - This might include legal assistance, schools for children, religious/spiritual, community treatment and support options
- Promote Independent Living and Tenancy Skills
 - Ensure income in place, financial management, tenancy obligations, schedule and role
- Ensure Communication with Support Systems
 - Monitor progress and connections
- Developing longer term plan
 - Look at non-immediate needs such as education planning, career goals, long term plans for a “home”
- Continue to use motivation – building techniques

Phase Two: Worker Role

Frequency of contact: at least bi-weekly depending on consumer.

At least monthly with services, supports and housing provider.

- This is the beginning of the step-down process and a shift towards resources

Revise plan to address changing needs and resources

- Focus on longer term supports and services



Phase Two: Updates



Update the assessment:

- Recognize progress and continue to build confidence
- Redefine set backs
- Look at missing pieces in past assessment

Update plan

- Review what worked
- Discuss what didn't work
- Integrate the missing pieces
- Goals discussion (importance, priorities and resources)

Phase Two: Communication



Person's network of care providing 50% of the services. Ensure the connections are working

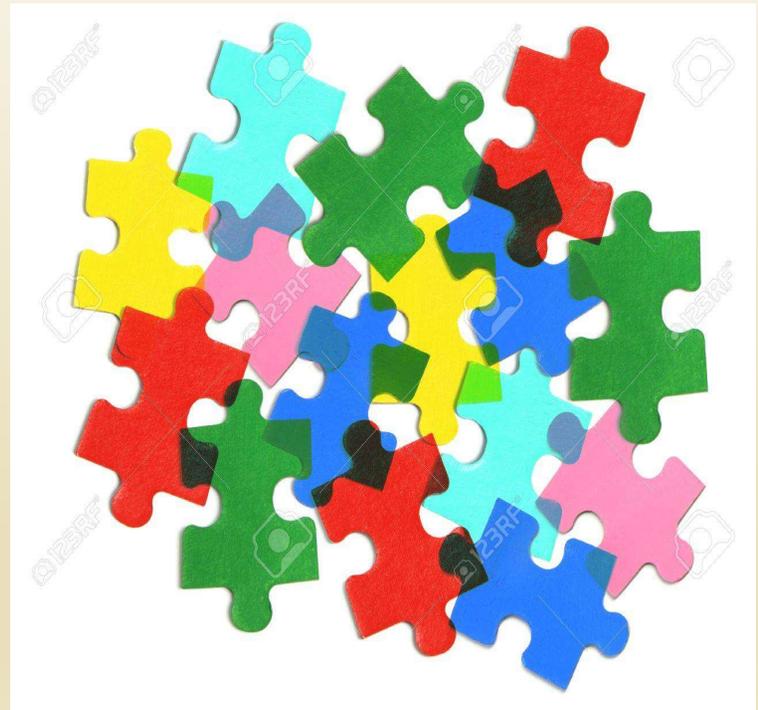
- Keep communication between housing provider and other services.
- Employment programs are play an increasing role.
 - Person's goal providing structure
 - Increasing income supports housing stabilization.

Participation in the planning process

- Each team's experience with each person is different. All contributing to the assessment and planning process is valuable

Discussion

- PLEASE TURN ON YOUR CAMERAS
- Give an example of a Veteran that had some housing issues in the second phase
- How did you and the Veteran address it?
- Did it reflect the housing plan?



Phase Three: Step Down

Fine Tuning Linkages

Higher Level Skills Training

- Focus on Negotiating Skills

Plan to Address Risks to Housing Stability as they arise

Step down and let go: having other linkages take primary role

- Ensure needs are met, develop adjust linkages if needed
- Assess worker role going forward
- Develop formal plan with household and Linkages

Planning for the long term



Phase Three: Worker Role

- Frequency of contact: monthly with person and at least monthly with services, supports, and landlord.
- Planning for post-CTI and beyond
- Working with person to use resources in future
- Develop list of all contacts and supports with the resident
 - WRAP plan and a crisis plan if needed
 - https://recoverydevon.co.uk/wp-content/uploads/2010/07/WRAP_Book_A4.pdf
- Discuss progress, skills and resources developed and ongoing risks/threats to housing stability



Phase Three: Worker Role - 2

Review progress made



- CTI Closing Meeting with Participant - Evaluation of the CTI and any recommendations for the future
- Identification of ongoing challenges to stability and development of plan to address pre-crisis

- Meeting with all resources including family, housing, services and supports – discuss roles
- Develop a plan for next six months
- Identifying more long term goals and identifying resources for assistance
- Document Plan
- May be difficult to get all parties together – may need to be separate meetings

Case Conderencing

Case studies of Veterans of Veterans in Phase Three

Small groups select an example.

Discuss barriers to housing access or stability.

Discuss tasks, skills and resources needed to achieve housing stability post-CTI

Report back: plan for work with the Veteran to address housing issues and help move to the next stage.



Case Conferencing Phase Three - Josh

Josh has been doing really well in housing.

- His apartment is clean and organized.
- He pays his rent.
- He has a job, cooking part time in a restaurant and he is connected with Employment.
- He goes to the VA for services and his blood pressure is under control.
- He is off the meds for depression with his doctor's ok.
- He wants to buy a car.
- Marijuana is always present in his bloodwork; he also likes box wine. He is not interested in treatment and says he enjoys having a glass of wine...or two with a smoke in the evenings. "Nothing wrong with that," he says.



Case Conferencing Phase Three - Mahdi

Mahdi has been doing well in housing.

- He initially had a hard time budgeting but has improved a lot.
- He has paid his rent on time for the last 3 months. He had talked about wanting a girlfriend and starting a family.
- Early on he made some questionable choices and was hurt. This was also the core of some of the budgeting problems.
- He has a girlfriend now for two months. She has several children.
- He would like to move them in and be a family.



Wrap up and Evaluation

Many thanks, see you all next week!

Please complete the evaluation.

PLEASE TURN ON YOUR CAMERAS TO SAY GOOD-BYE

