

Implementing Critical Time Intervention (CTI) to Enhance Care Coordination for Homeless- Experienced Veterans Supervision and Support for the Practice (Session 5)

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Introductions

- Housing Innovations
 - Suzanne Wagner
 - Andrea White
- Goals for the Training
- 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 and indicate if you would like a certificate
 - We will upload the slides, handouts and the evaluation to the chat box
 - 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....



Agenda



Introduction and Reflections on CTI Model

Practice Shifts in CTI

Supports for CTI Implementation

Supervision Tasks

Wrap-up and Questions

GPD Case Management

- Focused on transition to stable housing and decreasing returns to homelessness and GPD programs
- Case management is short term – six months
- Key tasks include strengthening long term network of care and support, managing tenancy and increasing income
- Goal-focused intervention
- Requires supervisory and organizational support to implement



CTI Key Model Characteristics

- Time limited
- Three phases
- Decreasing contact
- Highly focused
- Small weighted caseload
- Community based
- Weekly team supervision



CTI Phases Chart	Pre-CTI (In GPD or HCHV Pgm)	Phase I: Transition	Phase II: Try- Out	Phase III: Transfer
Time frame/Intensity of Contact	Flexible	2 Months/Intense Weekly	2 Months/Moderate Bi-weekly	2 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	Accompany client to appointments, follow up to ensure connection Phase I Specific Plan	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	Lack of resources; Client hesitant to engage Several competing “priorities”	Client may not be ready to assume rent; resources may be inadequate	Both client 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	Reduce involvement gradually and inform client early on about the length and nature of CM support

Support for CTI

Supervision and agency support key to implementation

Focus

- High quality services consistent with the practice
- Achievement of program goals and outcomes
- Support and resources for staff and participants
- Complex needs and challenges posed by participants
- Development of staff skills and knowledge of CTI and other EBP's

CTI Practice Emphases/Shifts

Maintaining
Engagement

Working the
person's plan
(as opposed to
staff's)

Focused
Assessment and
Service Planning

Home Visits and
Community
Based Fieldwork

Community
Resource
Coordination

Stepping Back

Moving to Crisis
Prevention
Orientation

Using
Motivational
Interviewing
Techniques

Adjustments to
Documentation
and P & P

Discussion

- What do you think about implementing CTI?
- Are you doing it already?
- How do you see integrating this practice into your work/program/agency?



Working with Community Resources



- Core to the practice
- Part of worker's job is to ensure resources are working for consumers, frequent check-ins with the service.
- Staff new to community services will need training on community resource options, application and enrollment processes.
- Staff should visit community programs to get a feel for them.
- Sometimes meetings with senior staff to negotiate roles and responsibilities and an MOU (Memorandum of Understanding) and troubleshoot issues

Home Visits and Field Work



Teaching the skills to be in a person's space, structuring the visit and addressing safety concerns

- Home visits challenge boundaries
- First home visit modeled by the supervisor or seasoned colleague
- Must have P+P for safety in the field

Supervisor can periodically accompany staff on home or field work to observe and assess competencies

Pandemic considerations

Working with Housing Providers

- Clarify expectation about roles
- Education of staff on:
 - Using the Coordinated Entry system to identify options and manage the applications
 - Working with landlords to support lease compliance and stable tenancy
 - Role and transition process when people move into supported housing or other options that provide ongoing support
 - Tenants rights, housing subsidy process and rules, reasonable accommodations, fair housing, eviction process



Stepping Back

- Identify services and supports needed to maintain community living
- Focus on connecting to community resources and building skills
- The worker remains involved but must step back and allow person to try on their own
- This can be difficult for workers
- Give permission for extra time to teach skills
- Monitor movement through phases



Adjustments to Documentation

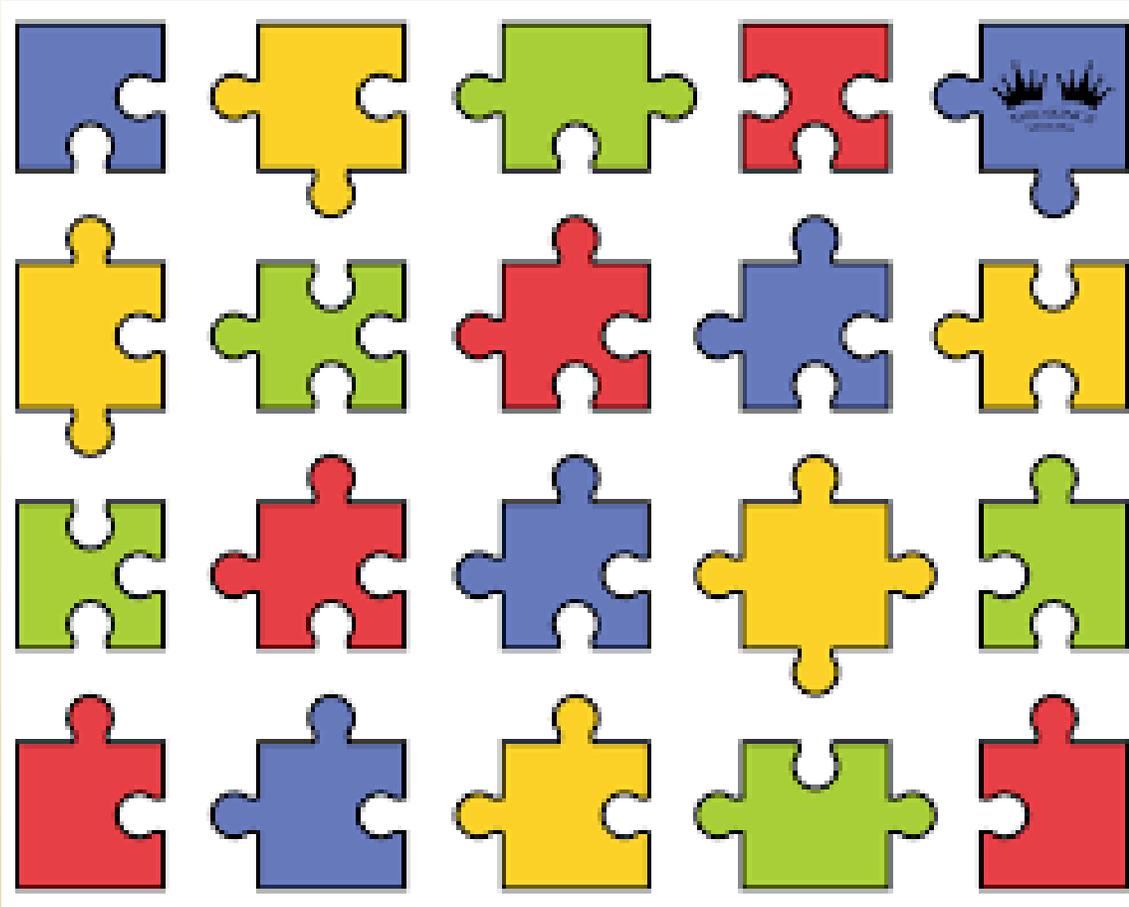


- Paperwork can help shape and reinforce CTI practices
- Adapt forms currently in use to include CTI
- Ensure community stabilization goal is central
- Ensure tracking for assessments and plans
- Limit goals to two or three
- Use areas of focus for assessments
- Assessments connect to service plan
- Provide sample chart notes and review in supervision
- Sign off by supervisor on notes and plans

CTI Documentation

- CTI Assessment Domains
- CTI Service Plan
- CTI Progress Note
- CTI Closing Note
- Team/Group Supervision Form
- Weighted Caseload Tracking Form
- CTI Implementation Self-Assessment





Discussion

Are there gaps/challenges/barriers to implementation?

Are community resources available?

How comfortable are staff in letting go? What about in working with landlords?

An Effective CTI Supervisor....



Ensures case manager practice is consistent with phase-specific activities and foci of the CTI model



Encourages open communication and demonstrates a willingness to support, as well as instruct, supervisees



Ensures that model-specific case planning and recording documents are being completed correctly and are up to date for all workers



Carefully monitors workers to ensure that phase transition dates are observed



Monitors and manages caseload to ensure there is reasonable time to provide services as intended

Focus Areas for Supervision

- Proper weighting of assignments
- Timely movement through phases
- Assisting workers with making decisions/problem solving
- Sharing of resources between workers
- Proper documentation (Phase Plans, Progress Notes, Closing Notes)
- Safety on home visits
- Highlighting best practices, common barriers, patterns and challenges in implementation
- Looking at the practice critically, assessing implementation and working on program planning



Support for Staff



- Workers may struggle with moving clients through phases if goals not met
- Emphasize their role in connecting to long term community resources that can address client goals' over the long term
- Define success as connection to resources (including family and friends), transfer of care to community
- Advocate for resources staff need to do their jobs

Structured Supports

Individual and Team Supervision:

- Weekly staff supervision meetings
- Caseload tracking through the phases

Case Conferencing:

- Highlight best practices, identifies themes around barriers, highlights resources, provides clinical consultation

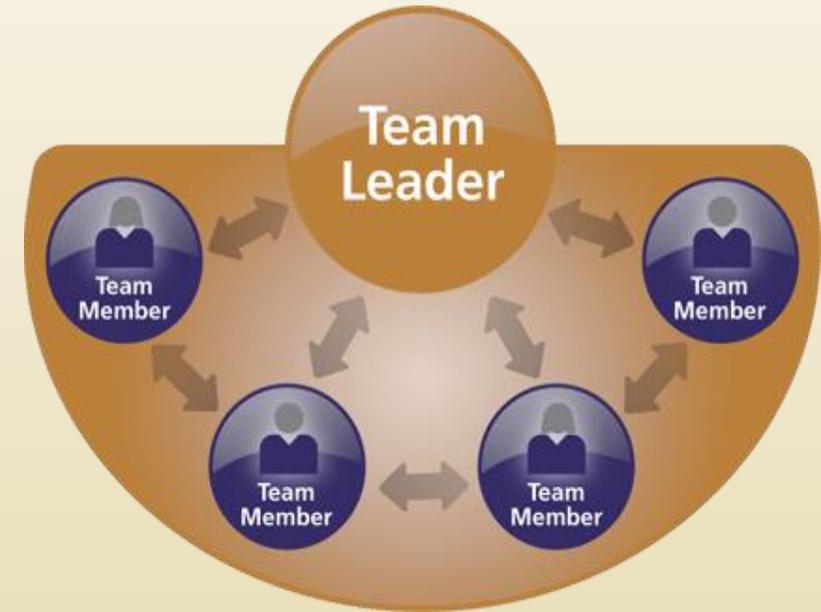
Team Meetings:

- Team meetings have an informational, monitoring and support function, track where people are in the transition and identify common barriers, share information and resources among team members, alert team to people in distress or crisis, identify best practices, review everyone at least briefly



What to Expect in Team/Group Supervision

- Case presentation of each new client
- Review of cases that will end intervention within the coming month
- Review of cases that are facing major crisis or cannot be located
- Review of cases that have experienced major success or positive change
- Brief review of entire caseload every two weeks to ensure that phase changes are on schedule and that cases are not overlooked



CTI Team Supervision Form



This form is filled out every week during the team supervision meeting to document in-depth discussions about the highest priority clients (use reasons listed below as a guide).

Before the meeting, the case manager fills in the names of clients with highest priority, based on past week's fieldwork and any change to client status and records explanation and one reason code.

The supervisor places a **✓** mark in the far right column next to each client who has been discussed.

<p>Client's name</p>	<p>Worker's initials</p>	<p>Explain why it is important to discuss this client at today's meeting. Record the reason code in the box. 1=ready to give new case presentation 2=client faced with a crisis or big change 3=cannot be located 4=discuss whether refusal is permanent 5=time to prepare for a new phase 6=time to prepare for end of intervention 7= difficult problem with support network 8= positive occurrence to share with team</p>	<p>Place ✓ mark in box when team discusses client</p>
		<div style="text-align: right; margin-right: 20px;"><input type="checkbox"/></div>	<div style="text-align: right; margin-right: 20px;"><input type="checkbox"/></div>

Clinical Consultation

- Specialized clinical consultation is essential
- Using resources from psychiatry, medical and substance use, trauma specialties within the clinic (such as HPACT or PACT teams) or in the community to provide these services
- Provide input into assessments and plans
- Using the community of practice and individualized consultation
- Assist with coordination of care
- Provide connections with specialty services (such as inpatient programs, PTSD treatment, OIF, OEF teams)



Workload Management

Case loads: Recommended caseloads for CTI worker is up to 1:20.

CTI operates in teams: Time is needed to allow for at least weekly team meetings, for individual supervision and for clinical consultation.

Most Intensive Times: Most intensive period of service is the first two months. Planning for that period is key.

Home Visits: CTI services are largely in the community and in the home. This can be time-consuming due to travel time and is a shift for office-based staff. Pandemic considerations apply.





Team Caseload Management

- Varies by Phase - **Standard Caseload Equivalents (SCE's)**
 - Phase 1 – each person/family counts as 2
 - Phase 2 – each person/family counts as 1
 - Phase 3 – each person/family counts as $\frac{1}{2}$
- Example
 - 10 people in Phase 1 = 20 cases
 - 10 people in Phase 2 = 10 cases
 - 10 people in Phase 3 = 5 cases



Weighted Caseload Tracker

CTI Worker Name: Jane Smith

Date: 2/28/2021

Client Initials	Pre-CTI		Phase 1		Phase 2		Phase 3		End CTI Date
	Start Date	"1" if client in Pre-CTI	Start Date	"1" if client in Phase 1	Phase 2 Start Date	"1" if client in Phase 2	Phase 3 Start Date	"1" if client in Phase 3	
AB			9/1/2020		11/1/2020		1/1/2021		3/1/2021
CD			9/8/2020		11/8/2020		1/8/2021		3/8/2021
EF			9/15/2020		11/15/2020		1/15/2021		3/15/2021
GH			9/22/2020		11/22/2020		1/22/2021		3/22/2021
IJ			9/29/2020		11/29/2020		1/29/2021		3/29/2021
KL			12/1/2020		2/1/2021		4/1/2021	1	
MN			12/8/2020		2/8/2021		4/8/2021	1	
OP			12/15/2020		2/15/2021		4/15/2021	1	
QR			12/22/2020		2/22/2021		4/22/2021	1	
ST			3/1/2021		5/1/2021	1			
UV			3/8/2021		5/8/2021	1			
WX			3/15/2021		5/15/2021	1			
YZ			3/22/2021		5/22/2021	1			
AZ			6/1/2021	1					
BY			6/8/2021	1					
CX			6/15/2021	1					
DW			6/22/2021	1					
Category Total		0		8		4		2	
Total Weighted Caseload								14	

Education and Training



In House Training:

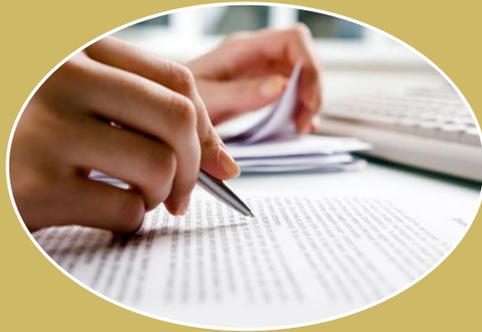
- Done by supervisory staff familiar with any strengths and gaps in knowledge base
- Begins with a CTI overview and Implementation Self-Assessment discussion that reflects how CTI is being applied in the program
- Advantages – train over time and provide targeted skills training

Staff Training Content

- Motivational Interviewing, Stages of Change, Trauma Informed Care, Person-Centered Planning and Recovery
- Fair Housing, ADA, Tenants Rights, Eviction Proceedings, Accessing benefits and entitlements

Supervision Framework

Kadushin, A., Harkness, D. (2002) Supervision in Social Work, 4th Edition, Columbia University Press: New York.



Administrative:

- Ensure organizational, program, and client goals are achieved through administrative oversight of tasks



Educational:

- Provide education and information to staff to build skills and knowledge to perform their jobs more effectively and develop professionally



Supportive:

- Support staff as they encounter obstacles and experience setbacks in their work
- Assist in setting goals for future performance and professional development



Closing



- Supervision and organizational support are critical to implementing evidence-based practices
- The integration process develops skills and knowledge base
- Often first thing to “skip” due to other demands
- Critical in moving from crises and ensuring high quality services
- Time spent can result in time saved
- Supervisors also need (and deserve) supervision and support

CTI Certificates Available

If you would like a certificate, please indicate this in the chat box along with correct spelling of your first & last name



Wrap up and Evaluation



Many thanks!

Please complete the evaluation

**Request CTI Training Certificate in
chat box with correct name
spelling**

**PLEASE TURN ON YOUR CAMERAS
TO SAY GOOD-BYE**

Tools and Tasks for Supervision

FOR REFERENCE

Individual Meetings

- Preferably weekly
- Both supervisor and worker bring agenda items
- Orients workers to the program mission, goals and outcomes
- Focus on integration of concepts from Evidence Based Practices
- Workers articulate interventions and consumer goals
- Review progress on service plans and movement through CTI phases

Individual Meetings (cont)

- Focus on pro-active interventions to reduce crisis and aid in stabilization
- Focus on the role of other team members
- Provide feedback and guidance on charting – notes and plans
- Administrative oversight to ensure timely assessment, plans and maintaining contacts
- Ensure all clients are reviewed on a regular basis (weekly is the standard)
- Look at individual client outcomes and performance measures

Case Reviews

- Focused on improving staff knowledge and skills
- Cases reviewed together to get input
- Focus on assessment, service planning, and developing creative interventions – rent arrears, crises, nuisance behavior
- Chance for staff to learn to present their work
- Can bring in consultation – RN, Psychiatrist, Psychologist, MD, MSW etc.
- Opportunity for creativity and mutual aid
- Discuss challenging (“stuck”) situations as well as successes



Document

Embedded Document: CASE REVIEW OUTLINE

Team Meetings

- Focus on administrative and systemic issues that arise
- Look at progress as well as common barriers
- Set and review program outcome measures
- Discuss system and resource issues that affect the work
- Identify issues to be discussed in meetings with landlord, service team or property management and report back
- Share resources and information as well as target resources for development

Team Meetings (cont)

- Sharing plans for working with people in crisis so team may provide support and back up
- Prioritize issues for clinical consultation
- Ensure knowledge of P+P's especially regarding safety
- Team building and providing support to the team
- Identify staff training needs and resources for professional development

Team Meetings: Administrative

Admin:

- Documentation review: what is due and assigned
- Schedule for next visits (geographic, joint visits, tenant schedules and needs, backup for sick leave or vacations, schedule for in-office days)
- Schedule for case reviews or clinical consultation
- Review policies and new resources
- Administrative directives and patterns identified from the documentation system

Modeling and Role Plays



- Doing assessments and plans together
- Conducting home visits with staff
- Chairing meetings or running classes for tenants with staff
- Handling Crisis as a team
- Role playing to prepare for a meeting
- Modeling interventions in supervision and the team meetings
- Staff to critique interventions

In House Training

- Advantage of being able to train over time
- Often done by supervisory staff familiar with any strengths and gaps in knowledge base
- Begins with an overview and fidelity discussion that reflects how CTI is being applied in your setting.
- Looking at the outcome data and targeting any gaps
- Might be incorporated into staff orientation or regular in-service schedule.