Critical Time Intervention (CTI) for GPD Case Management Programs

Implementing CTI for Veterans with Complex Needs

June 4, 2024

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Welcome and Introductions

- 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

Complex needs: medical and/or behavioral health issues and conditions creating challenges to housing stabilization

- Aging
- Post traumatic stress
- Mental illness
- Substance use
- Mobility and visual/auditory impairments

Role and strategies for the Case Manager

- Assess risk
- Set goals based on values
- Identify behavioral challenges
- Connect to motivation for changing behavior
- Identify resources to treat and remediate issues
- Evaluate progress and provide support
- Reframe if necessary

Resources

Introduction

- CTI is a practice focused on the transition, making the transition from GPD or shelter to a life in the community with a network of care and support.
- In order to do this effectively CTI has a structure, time frames, tasks and skills
- Sometimes there are conditions that interfere with the housing stabilization process.
- Case managers can assist each person served by the program to connect with supports and services to assist them to both address these issues and stabilize in housing and the community.



Issues Veterans may be dealing with



 Aging/Illness: these conditions may include chronic and acute medical conditions, cognitive issues, need for assistance with daily tasks, isolation, hearing, sight, and mobility impairments.

- PTSD and trauma response which may affect persons relationships with other, sleep, startle or sensitivity to stimulus, reactive and may be quick to anger, avoidance and isolation, feelings of numbness.
- Mental Health conditions including mood disorders and psychosis.
 Some may be situational, some maybe of long and continuing duration, may be related to substance use or a medical condition
- Substance use conditions which interfere with functioning in major life roles including housing, work, family and relationships.

Poll: What behaviors are you seeing that put housing stability at risk?

Complex needs: behaviors that impact housing stability

• Health and safety issues

- Unable to manage household upkeep
- Unable to manage personal care
- Unsafe use of stove, hot water, gas etc
- Unable to discriminate danger/maintain physical safety
- Nonpayment of rent
 - Spending on other priorities
 - No income
- Problem visitors
- Disruptive/nuisance behavior





Discussion

Introduce yourselves to one another, agency, location etc.

Discussion prompts:

- What behaviors are you seeing that are putting stable tenancy at risk?
- What are the biggest challenges to housing stability?
- Does it make a difference in your work if the behavior is caused by one condition as opposed to another? (e.g., aging versus substance use)
- What has been helpful in remediating/reducing risks to losing housing?

Helping to cope



- All of the issues listed can interfere with critical roles that Veterans take on in their move to community stabilization such as tenant, worker, family member.
- The Case Management team has several roles in assisting with this transition
 - Assess risk that issue poses to the Veteran and others connect to emergency response
 - Assist the Veteran to identify remedial techniques such as representative payee, homecare, access to psychiatric rehab services targeted to life skills, occupational therapy, environmental mods
 - Connect Veteran to treatment and supports that will assess the issue and provide services in an ongoing way that will follow the Veteran beyond GPD CM

Developing the connection

What we have is a collection of <u>behaviors</u> that interfere with functioning necessary to maintain a life in the community

The task is to help motivate each Veteran to address the <u>behaviors</u> that are interfering

Each Veteran needs HOPE that things can change – that the life they imagine in the community is a possibility

- The roles and tasks we focus on have to lead to something of value for the Veteran -
 - It may not be the current unit but may be house shared with family and friends

 it may be being a peer support specialist it may be a car
- Using the "so that" principle is often a way to get to these values goals



Working from valued goals



 In the GPD case management program we aim to establish a base in the community with each Veteran and identify services and supports that can assist the Veteran to move forward, during and after the program

- This means connecting shorter-term goals and tasks to Veterans' individual aspirations or valued goals
- Everyone needs a reason to change behavior, particularly behaviors that are working for them.
- Once valued goals are identified we begin to identify behaviors that further the goals and behaviors that interfere with these reaching these goals
- Please put in the chat what are the goals or aspirations that mean the most to Veterans you serve

Coming to agreement

All Veterans you serve will not always see their behavior as interfering

- They may have different ways to get to their valued goals without changing behavior:
 - the landlord doesn't need my rent
 - I am fine I don't need homecare
 - I need to do this to keep myself safe
 - I just want to be left alone

Using Stages of Change we can work with people that don't see the problem with behavior

We can also support change by building each Veteran's confidence and feelings of competence through reviewing skills they have shown and supporting those

• Use motivation building techniques

Negotiate the change



Stages of Change

Stage	Relationship to Problem Behavior	Staff Tasks
Pre-Contemplation	No awareness of problem	Ask q's/ raise awareness of obstacles to goals
Contemplation	Aware of issues & considering change	Pros & cons of changing/not
Preparation	Making plans for how/when to change	Options: strategies, supports & services
Action	Changing behavior	Support/relapse prevention
Maintenance	Change sustained for 3-6 months	New goals & strategies
Relapse	Return to problem behavior	Assess stage & re-engage

Resources to support change

Once there is some agreement on goals and behaviors that interfere with goals, we move to strategies

If this is an imminent risk, we may to crisis procedures.

- Know VA Resources and Community-based services
- E.g., can a Veteran be brought to the ER by ambulance from your area, do they provide mobile services, what about involuntary admission, etc.

Sometimes it is remedial. What resources do we have to support Veterans on skills and tasks they may not be able to do?

• Examples are home based primary care, help to manage medications and homecare to manage maintaining units.



Resources for resources



Treating the underlying issue that brings on these behaviors is a key resource for long term life in the community

• This requires expertise, a long-term commitment and access.

The role of the case manager is to help each Veteran identify the need for these resources, access to the resources and building skills to work with the treatment resource to negotiate for the service they need.

Resource development is complicated and has many facets.

Using the Queri resources, the GPD Liaison from your VA, your supervisor and team meetings these resources and access to them can be documented and used by all.

The <u>Veteran Resource List</u> structures work around community resources and supports.

Quick review of tool

<u>CTI Resources and Processes Workbook</u> provides a tool to map your local resources both VA and non-VA

Sustaining resources

- Keeping in contact with the treatment resources is important to ensure continuing access and trouble shooting any glitches with the Veteran.
 - The GPD liaison can also share notes with the treatment providers within the VA to ensure ongoing contact.
- Modeling for Veterans through on-going housing/service planning the mutuality of the experience, flexibility and choice, as well as critical thinking together to assess if an intervention or strategy is working.
 - Full participation in the treatment process is something that Veterans may not expect or be familiar with, the modeling for these expectations in the GPD program is important.
- A warm handoff with the Veteran to all providers is also valuable.
 - The case manager should be able to work with the Veteran to describe the symptoms and how the behavior is interfering with each Veterans' goals and expectations.
- Many of the behaviors we see might be attributed to many conditions, we don't know but many diagnosis are based on symptoms.
 - Giving a clear picture of how the behaviors are affecting Veterans ability to manage and maintain housing is where we start.



Closing



Seeing Veterans struggle is difficult. It is often tempting to go to the "root" of the problem

- "He is drinking and that takes precedence, he has to see that the drinking is the problem"
- It may well be but treating alcoholism is a long process and everyone's relationship with substances is different.

If the issue puts people in imminent risk, we provide services for safety. We address the behaviors that are getting in the way of each Veteran accomplishing their goal of community living

 If a Veteran believes their home is being broken into it may be a delusion based on a number of issues, but our job is helping to problem solve ways to feel safe that don't interfere with tenancy. This sets the tone for treatment and problem solving about how to feel safer.

It is the mutuality, problem solving, setting valued goals and planning that case managers can best provide.

The connection to high quality resources and the transfer of trust is so valuable

The roles of a mentor, connector, planner and partner in the process are key to the case management service and often make the difference for Veterans becoming full participants in their community



Final comments, questions?

Many thanks!

PLEASE TURN ON YOUR CAMERAS TO SAY GOOD-BYE



Visit the Housing Transitions QUERI Critical Time Intervention Toolkit www.VACTItoolkit.com

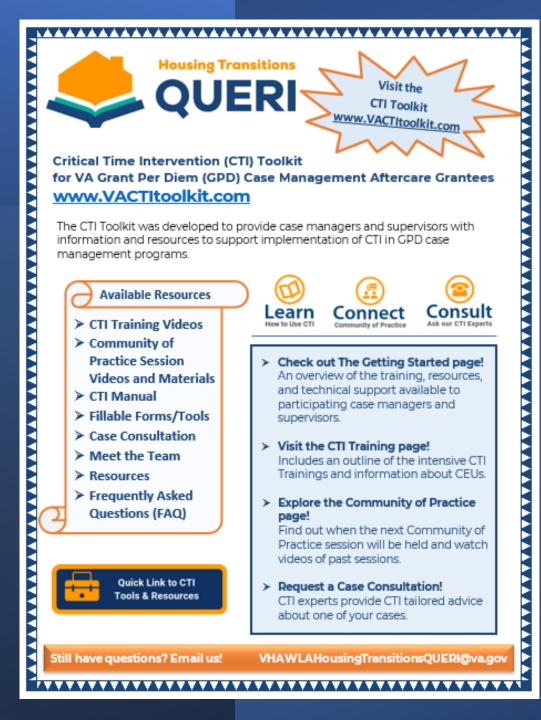
Getting Started Page

Intensive CTI Training Page

CTI Tools and Resources

And much more.....





CTI Tools and Resources

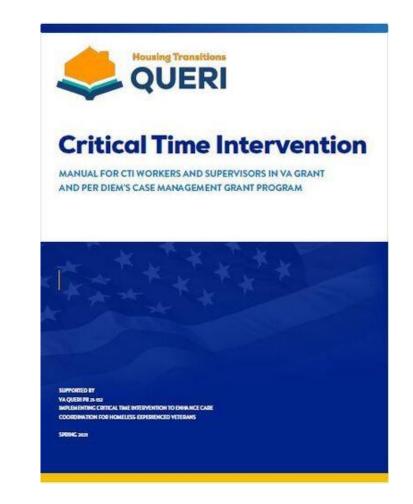


The **CTI Tools and Resources page** of the CTI Toolkit includes **downloadable and fillable PDF** forms that can be used by GPD aftercare grantee case managers and supervisors to support the delivery of CTI

- The <u>Assessment Domains</u> and <u>Phase Plan</u> focus on domains that most effect housing retention, identifies goals, defines roles
- The <u>Veteran Resource List</u> structures work around community resources and supports
- The <u>Harm Reduction Plan</u> helps Veterans think through options to mitigate behavior that is threatening tenancy/creating risk for eviction
- The <u>Closing Note</u> 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







Veterans Affairs

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



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?



Frequently Asked Questions

We're here to help.

Download our FAQs

Your Questions Answered

Can anyone view the recordings in the CTI toolkit?	+
Can anyone join the live CTI trainings?	+
What if I have questions between training sessions?	
When are the Community of Practice sessions?	
Is there a way to get advice about a Veteran on my caseload?	
As a supervisor, how can I support my case managers to use CTI with Veterans?	
If we are already using forms similar to the ones on the CTI website, can we continue to use those forms?	
Who can we talk to if we are having problems recruiting Veterans into our GPD case management program?	

Case Consultation

Expert case consultants use the CTI model to provide tailored advice relevant to your work with Veterans.



Drop-In Hour

Drop-In Hour requires no preparation and provides opportunities to apply CTI with Veterans on your caseloads.



Send Us Your Suggestions Do you have an additional topic you would like us to address in the FAQs? Send your suggestions to VHAWLAHousingTransitionsQUERI@va.gov

Answers to **Frequently Asked Questions** can be found on the FAQ page:

www.VACTIToolkit.com/frequently-asked-questions.html



- Center for the Advancement of Critical Time Intervention (CACTI) <u>www.criticaltime.org</u>
- Join the CACTI Global Network
 <u>https://www.criticaltime.org/global-network/join/</u>
- Facebook : Critical Time Intervention (CTI) Global Network <u>https://www.facebook.com/groups/1651442821759519/</u>
- <u>CTI Implementation Manual</u>