
Implementing Critical Time Intervention (CTI) to Enhance Care Coordination for Veterans in GPD Case Management Programs

Session 3

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Welcome & Reminders

- Housing Innovations
 - Suzanne Wagner
 - Andrea White
- Goals for the Session
- Housekeeping
 - PLEASE TURN YOUR CAMERAS ON AS MUCH AS YOU CAN
 - Please put your first and last name as you would like to be addressed as your screen name
 - Interaction – please raise hand, use emojis, type comments in the chat box or just unmute and talk!
 - Put in the chat box your agency, location and whether you prefer a pool, the beach, lake or some/all?



Agenda



Introductions, Reminders and Recap
of Last Session

Phases of CTI and Worker Roles:
Phases One, Two and Three

Case Discussions

Wrap-up and Questions



Recap of Session Two

- Housing and Homeless History
 - Assessment
- Developing the Housing Stabilization Plan
- Establishing the Network of Care and Using the Resource Guide
- Phases of CTI: Pre-CTI and Warm Handoffs
- Case Study: “So that” principle in goal-setting
- **Polls:**
 - **How many of you are interested in using/adapting the Veteran Resource Guide?**
 - **What about using the Stabilization/Service Plan Form?**

Poll: Using tools

Can you see yourself using the Veteran's Resource Guide we reviewed last session?

- Yes
- No
- Maybe
- What guide?
- Add comments in chat or shout out

What about using or adapting the Stabilization/Housing Goals Plan form?

- Yes
- No
- Maybe
- What form?
- Add comments in chat or shout out

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

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 – who is the best person to do this?
- Frequency of contact: at least weekly/more frequently based on need
- Frequent contact with all services, supports and housing provider/landlord
 - Scheduling regular check ins
- Develop plan to access needed resources
 - Accompany to resources and teach skills
- 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



Breakout Discussions – Phase One

PLEASE TURN ON YOUR CAMERAS AND JOIN A BREAKOUT GROUP

- Introduce yourselves to each other
- Think about and discuss people you are working with who are in housing less than 2 months (Phase 1).
 - What behaviors are you seeing that are creating barriers to maintaining housing (potential or actual lease violations?)
 - What successes have you seen?
 - What type of supports/interventions have been most helpful?



Phase Two: Try Out/Practicing Phase



- Months 3 and 4 in housing
- 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 the Veteran

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 and update the assessment to address changing needs and resources

- Focus on longer term supports and services
- Recognize progress and reframe set backs



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



Veteran'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.
 - Veteran's goal providing structure
 - Increasing income supports housing stabilization.

Participation in the planning process

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

Breakout Case Discussions: Phase Two

PLEASE TURN ON YOUR CAMERAS AND JOIN A BREAKOUT GROUP

Introduce yourselves to each other

Select a person to discuss: Marco or Silvia

Questions/Prompts for discussion

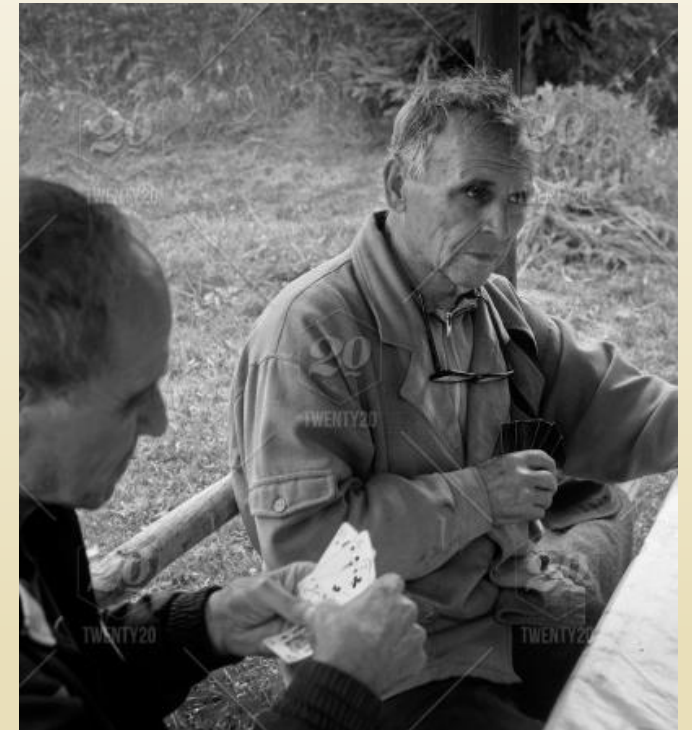
- What is your assessment of the situation and potential barriers to stability?
- What else do you want to know?
- How would you and the tenant address it?
- What were some of the challenges you anticipate in addressing the issue(s)?
- What is the plan?



Marco - Phase Two

Marco has been in his housing for 5 months. He has had a couple of issues but is mostly stable. He got along well with the landlord and was working with the VA employment program. This all stopped. He now has a friend from the GPD program living with him. He is in trouble with the landlord who knows this guys is living with him. There are frequent noise complaints, seems to be drinking going on and he is short of money. He only paid half the rent last month and his friend can't go back to GPD.

He doesn't want to talk to the worker. He says he is grown and can live his life as he sees fit. The landlord should mind is own business. He is not going to leave his buddy out there; the worker just doesn't understand. The worker should get the buddy an apartment too, after all he is a veteran.



Silvia – Phase Two



Silvia is just turned 60 and has lived in housing for 5 months, she has children who were raised by her mother and sister. She has been in shelters, encampments, the domiciliary and had a brief stay in GPD. She was happy to get her own place and has begun re-connecting with her grown children.

Silvia had been doing well, paying rent and making friends in the building. She was working with the harm reduction specialist and had decreased her drinking. Silvia was getting consistent medical care for the first time. She had a plan to save for a larger apartment and is thinking of selling her baked goods at the farmer's market. All this has changed.

She is no longer taking care of herself or her unit. She often looks disheveled, and she is clearly drinking a lot. She has not paid rent in two months and is ducking the landlord. You try to check in with her and she starts to cry. She says she might as well just go back to the encampment. She wants you to leave her alone.

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

Ending CTI – Closing Meeting and Note

CTI RRH Closing Note


Center for the Advancement of
Critical Time Intervention

SILBERMAN SCHOOL of SOCIAL WORK
UNIVERSITY OF CALIFORNIA

Client Name:
Last Name First Name

CTI Worker Initials:
Initials

Today's Date:
Month Day Year

Date Closed:
Month Day Year

Final Meeting with Client

Final Meeting Date:
Month Day Year

What was discussed at this meeting? Check all items that apply.

Ongoing challenges to housing stability

Review of client's progress since beginning of CTI intervention

Client feedback about CTI intervention

Review of linkages to resources

Other, please specify:

Notes:

Long-Term Plan

What are potential threats to long-term housing stability, and community adjustment?
(These are barriers that existed during CTI and continued throughout. Check all items that apply.)

Not enough income to pay rent

Conflict with family members

Conflict with friends

Unstable child care/lack of child care

Dissatisfaction with apartment unit

Mental health

Physical Health

Notes:

What resources are available to help support long-term housing stability?

Family

Name	Relationship	Contact

Name	Relationship	Contact

Friends

Name	Relationship	Contact

Name	Relationship	Contact

Community Organization For example: Employment, Child Care, Public Assistance

Name	Relationship	Contact

Name	Relationship	Contact

Providers For example: Primary Care Providers and/or Mental Health Care Provider

Name	Relationship	Contact

Name	Relationship	Contact

What is the CTI RRH Worker's Role after closing date?

Role:

Worker's Contact Info:

Is the CTI RRH Worker available for follow-up visit? No Yes

CTI RRH Worker Signature: _____ Today's Date: _____

Client Signature: _____ Today's Date: _____

Supervisor Signature: _____ Today's Date: _____

Breakout Case Discussions – Phase Three

Turn your cameras on and introduce yourselves to each other. Decide whether to discuss Josh or Mahdi.

Discuss barriers to housing stability. What concerns do you have about the individual maintaining the unit?

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

Develop a 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.

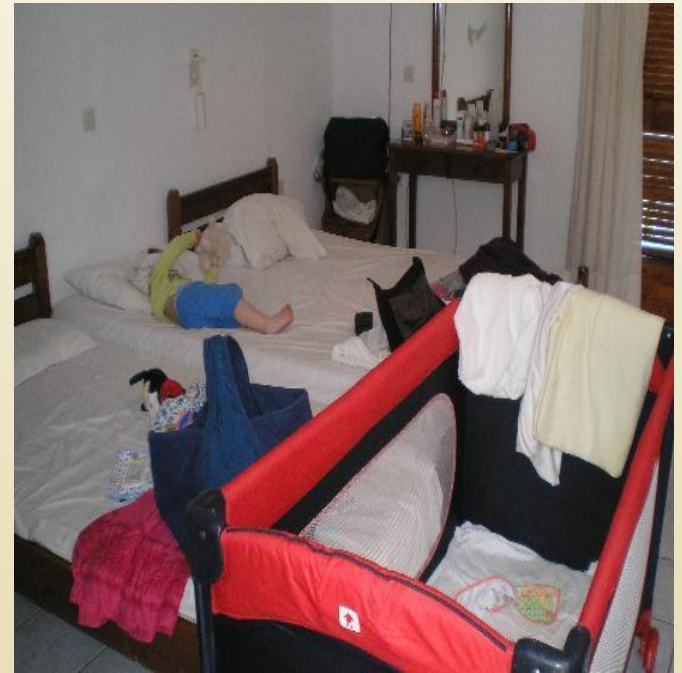
- His apartment is clean and organized.
- He pays his rent.
- He has a job, cooking part time in a restaurant and he is connected with Employment.
- He goes to the VA for services and his blood pressure is under control.
- He is off the meds for depression with his doctor's ok.
- He wants to buy a car.
- 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

Many thanks, see you next session!

