# MEETING VETERANS WHERE THEY ARE AND THE USE OF CRITICAL TIME INTERVENTION (CTI)

# NEW DIRECTIONS FOR VETERANS

We have 4 Grant Per Diem (GPD) programs: Bridge, Clinical Treatment, Low Demand & After-Care Case Management programs. Our transitional housing and after-care programs give veterans an opportunity to rebuild their lives through:

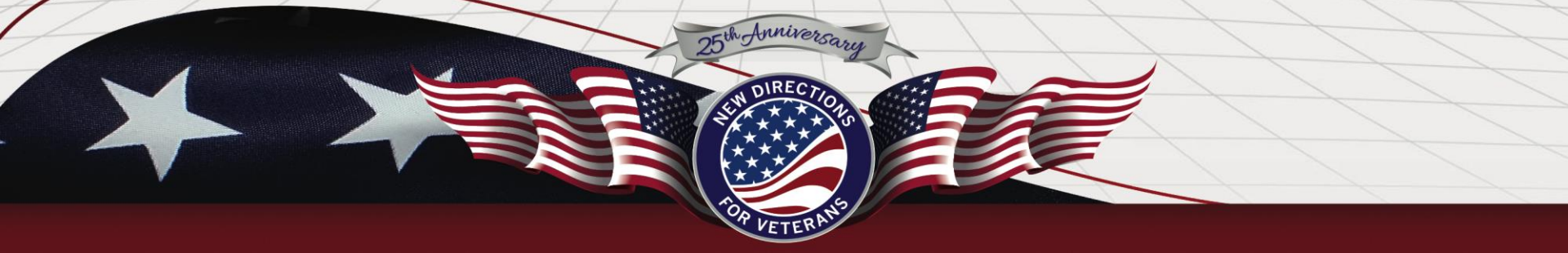
1:1 case management

Money Management

Clinical Therapy

Aftercare Case Management

Neurofeedback Clinic



# NEW DIRECTIONS FOR VETERANS
# INTAKE AND ORIENTATION

- The process of coming into one of our programs begins once we receive the initial referral packet with the necessary documents. (See handouts Universal THA Packet)
- Next the veteran and/or referral source is contacted  so the initial screening can be completed, and then scheduled for an orientation
- The veteran is brought into program as soon as reasonably possible which could be same day or within 24-48hours

# NEW DIRECTIONS FOR VETERANS
## Services

- 1:1 case management
- 1:1 clinical therapy
- Group Therapy
- Clinical Treatment
- Neurofeedback Clinic
- Resources for Employment and Benefit services
- Housing Navigators to assist with Housing Search

# NEW DIRECTIONS FOR VETERANS
# Eligibility

- New Directions serves homeless veterans who meet the eligibility requirements for one of our four programs.
- We serve veterans that are VA Healthcare Eligible and have a positive discharge from the military. We can serve a veteran under a *Humanitarian Stay*, if the veteran does not meet the above criteria. This would be discussed with the VA Liaison over your program
- We serve both men and women veterans

# What is the Critical Timing Intervention Model

- Critical Timing Intervention (CTI) is a time-limited (6 month), evidence-based practice for case management.
- The primary goal of CTI-GPD-CM program is to improve the Veteran's capacity to remain housed during program participation and beyond by effectively connecting them with crucial community supports and helping them to attain greater economic stability.
- CTI-GPD-CM aims to continue housing stabilization for those veterans who enter housing without case management support.

# Core Components of the CTI Model

Core Components of CTI

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 the CTI Model

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 support

# 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

- Maintaining a base in the community
- Increase income
- Network of supports
- Less emergency interventions
- Structure, purpose and valued role(s)

# CTI Building Alliance

- Strength-Based Approach
- Shared Decision Making
- Individualized Case Management
- Recovery Oriented (Hopeful and Trusting)
- Culturally Sensitive
- Transparent
- Trauma Informed

# 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: HARM REDUCTION

- Setting limits to what can and cannot be done while in program and during Shelter-In-Place (Per DPH)
- Providing space for the resident to express themselves (satisfaction survey, statement of recognition or concerns or 1:1 meetings with management)
- Having signs that explain all the policies and procedures posted on bulletin boards
- Training  ALL New Directions staff to be trauma informed, calm and resourceful when coordinating the care of veterans

# CTI-Scenarios and Barriers

- Veteran comes into your program with no identification, minimum income of $971 SSI, connected to HUDVASH, no mental or physical concerns, smokes cigarettes, shots heroin 3x a week, lost his last place due to the apartment being sold (Talking points on how to build rapport and address barriers)
- Veteran has been in their apartment for 5 years, however, recently the veteran has become 6 months behind on their rent and facing eviction, does not want to return back to a Transitional Housing program, believes the owner is “out to get them” and the veterans family support has decided not to engage with the veteran at this time due to recent fall out-(Talking points on how to build rapport and address barriers)

## CTI-Scenarios and Barriers

- 77 y/o Veteran has been admitted to program with a HUDVASH voucher, has income of 80% Service Connection, can do ADLS, however, needs a walker; has Asthma, and is applying for a apartment on the 3rd floor, Management is hesitant to allow the veteran to move in as he appears to be a fall risk- (Talking points on how to build rapport and address barriers)
- 28 y/o veteran with no income, substance use (smokes marijuana), qualifies for few benefits as he only served 6 months in the military, applied for HUDVASH (pending), only has military ID and a social security card, could possibly not qualify for EBT/GR (Talking points on how to build rapport and address barriers)

# CTI-Communication w/ VA and Providers

- The first step is to engage and establish a working relationship with the veteran and the community agency
- Know the goals of the service provider and what services they provide
- Introduce yourself and your service, then identify how you can help them meet their goals
- Maintain regular contact
- Accompany veterans  when they are engaging with a new service
- Keep your promises

# CTI-Communication w/ VA and Providers

- Develop a veteran focused resource guide
- Identify resources based on the veterans goals
- Stay up to date on resources already in use
- Identify needed connections in the community
- Understanding income, benefits AND other financial services
- Formal and informal (natural) supports
- Community meetings
- Case Conferences/quarterly Program Reviews

# CTI-Meeting Goals w/ CTI

- Goals set as a team with client and worker
- 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 are clearly stated
- Focus by phase
- Use the plan for the intervention
- Ensure steps to reach goals are clearly defined and measurable

# CTI-Goals w/ CTI

- 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

# CTI-Meeting Goals w/ CTI

Focus on Long-Term Stability

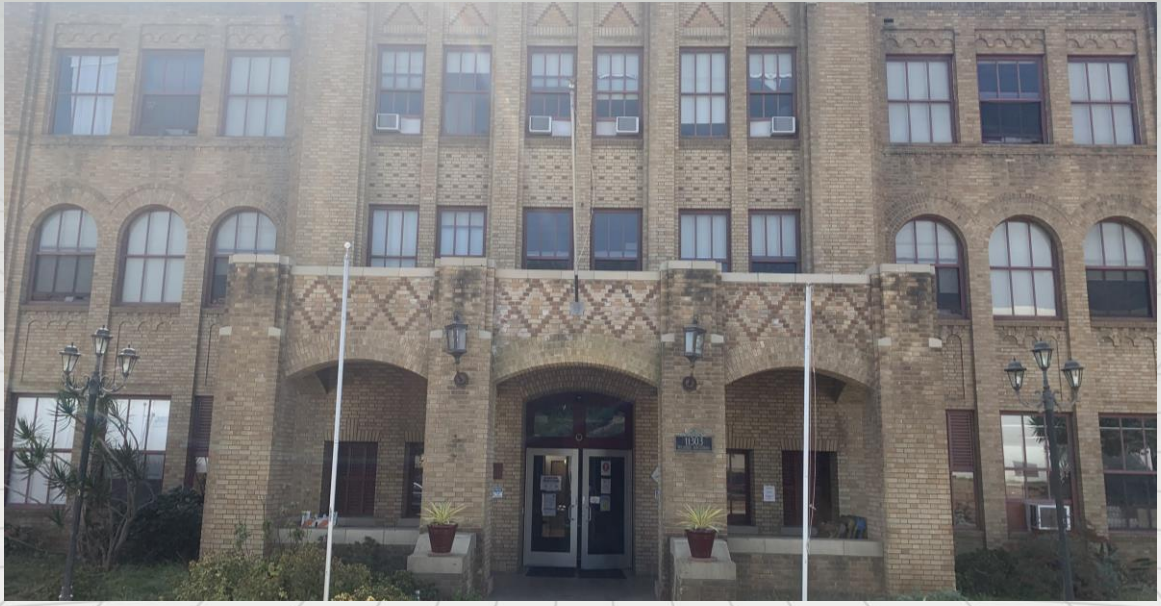
- Use Veteran's goals and housing stability focus
- Help assume role and meet expectations of tenancy and community
- Teach rather than do

Strong Expectation that Person becomes Integral Part of Community

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

# NEW DIRECTIONS FOR VETERANS

- Questions, Comments and Answers



# NEW DIRECTIONS FOR VETERANS-BUILDING 116

**Dr. Maurice Carter, Psy.D**
**New Directions *for* Veterans**
**Director of Transitional Housing**