NATIONAL COALITION *for* HOMELESS VETERANS

"Outcomes of Critical Time Intervention Case Management of Homeless Veterans After Psychiatric Hospitalization"

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Quick Takeaways:

- For people with mental illness, the risk of homelessness is especially high during the transition from institutional settings to community settings due to potential gaps in mental health support and housing assistance.
- A modified version of critical time intervention (CTI) case management may improve outcomes for veterans with mental illness transitioning from inpatient psychiatric hospitalization at VA Medical Centers (VAMCs) into the community.

Study:

This study evaluated the effectiveness of a modified version of critical time intervention (CTI) case management for homeless veterans with mental illness being discharged from eight VA psychiatric inpatient units. Critical time intervention (CTI) is a short-term, intensive case management model created to address the transition needs of homeless people with chronic mental illness by transferring care to community resources. For this study, supervision of case managers relied heavily on teleconferences as opposed to the frequent face-to-face supervision of the original CTI model. The planned duration of the CTI intervention was also modified in this study, reduced from the original nine months to six months with an average duration of approximately seven months.

The study followed two cohorts – pre- and post-CTI implementation – over the course of one year. Participants for both groups were recruited from inpatient units based on a number of criteria including diagnosis of a serious mental illness and recent or imminent risk of homelessness. The pre-implementation group received an initial referral to outpatient resources only, while the post-implementation group received the full complement of CTI services.

Findings:

Overall, the study found the outcomes of the modified CTI model to be consistent with those of the original model. While both groups showed significant increases in days housed over the course of the year, the CTI group, on average, reported significantly more days housed and fewer days institutionalized in the previous 90 days. Both groups also showed significant decreases in drug and alcohol use, with those in the CTI group demonstrating even greater improvement. The benefits for the CTI group extended to employment outcomes as well, with small but significant increases in number of days worked and total income.

The modified CTI model demonstrated similar outcomes to those of the original evidence-based model with relatively limited intensity. For example, the CTI case managers received clinical supervision through bi-weekly conference calls instead of face-to-face meetings.

Conclusion:

CTI case management may be an important tool in helping homeless people with mental illness make the difficult transition from institution to community. Taking the model to scale to serve

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large groups such as homeless veterans exiting from psychiatric hospitalization at VAMCs may require changes or modifications. A sustained training program can be used to implement CTI in systems that have little past experience with this approach and which may result in improved housing and mental health outcomes. While the results of this study are promising, further research is required to determine which aspects of the model are essential for effectiveness and which can be adapted or eliminated.