Project Title	*C1: Care Transition Teams*
Project ID	**C1**
Project Pathway	Care Transitions
Project Objective	Time-limited care transition program led by a multi-disciplinary team that follows the 'Critical Time Intervention' (CTI) approach to providing care at staged levels of intensity to support patients with serious mental illness during transitions from the hospital setting to the community. CTI has been applied with veterans, people with mental illness, people who have been homeless or in prison, and many other populations. It is aimed at preventing readmissions to acute care, inappropriate use of the ED, and recurring homelessness among individuals with mental health conditions.
Target Population	Adults with serious mental illness transitioning from the hospital setting into the community.
Target Participating Organizations	Hospitals (including New Hampshire Hospital), primary care providers, behavioral health providers, community-based social services organizations
Related Projects	N/A
Project Core Components	The project requires implementation of a three-phase model, based on the evidence-based Critical Time Intervention program. Each of the phases is approximately three months. The intervention is led by a single bachelor or master's degree caseworker trained in CTI and supervised by a mental health professional. Key elements of the project include the following: **Phase 1:** The case worker provides support and begins to connect client to providers and agencies that will gradually assume the primary support role. During Phase 1, the case worker: • Meets client prior to discharge • Collaborates with the mental health professional and primary care provider (including VA providers for veterans dually enrolled in VA care and Medicaid care) on client assessment(s) and, with client, develop and document a care transition plan • Makes home visits to meet with client and caregivers, teach conflict resolution skills, and provide support as needed • Identifies and meets with existing supports and introduces the client to new supports as needed. **Phase 2:** The caseworker monitors and strengthens support network and client's self-management skills, assesses support network effectiveness, and helps client to makes changes as needed. The caseworker monitors client progress and encourages client to increase levels of responsibility. **Phase 3:** The caseworker completes the termination of CTI services with the client's support network safely in place. More information can be found at:

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	http://www.criticaltime.org/

Process Milestones	As part of the 2017-2018 semi-annual IDN reporting process, IDNs are required to demonstrate that organizations participating in this project (as identified in the approved IDN Project Plan) have achieved the following process milestones during, or in advance of, the timeframes noted.
	
	Jan-Jun 2017 Reporting Period
	
	1. **Development of implementation plan, which includes:**
	    a. Implementation timeline
	    b. Project budget
	    c. Work force plan: CTI staffing plan; recruitment and retention strategies
	    d. Projected annual client engagement volumes
	    e. Key organizational/ provider participants
	
	2. **Design and development of clinical services infrastructure, which includes identification or development of:**
	    a. Standardized protocols for Care Transition Team model including patient identification criteria, standardized care transition plan, case worker guidelines, and standard processes for each of the program's three phases
	    b. Roles and responsibilities for CTI team members
	    c. Training plan
	    d. Training curricula
	    e. Agreements with collaborating organizations, including New Hampshire Hospital if applicable
	    f. Evaluation plan, including metrics that will be used to measure program impact
	    g. Mechanisms (e.g., registries) to track and monitor individuals served by the program, adherence, impact measures, and fidelity to evidence-supported project elements (e.g., re-hospitalization data)
	
	July-Dec 2017 Reporting Period
	
	3. **Operationalization of program**
	    a. Implementation of workforce plan
	    b. Deployment of training plan
	    c. Implementation of any required updates to clinical protocols, or other operating policies and procedures
	    d. Use of assessment, treatment, management, and referral protocols

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	4. Initiation of data reporting
	    a. Number of individuals served (during reporting period and cumulative), vs. projected
	    b. Number of staff recruited and trained (during reporting period and cumulative), vs. projected
	    c. Impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements
	
	Jan-Jun 2018 Reporting Period
	
	5. Ongoing data reporting
	    a. Number of individuals served (during reporting period and cumulative), vs. projected
	    b. Number of staff recruited and trained (during reporting period and cumulative), vs. projected
	    c. Staff vacancy and turnover rate for period and cumulative vs projected
	    d. Impact measures as defined in evaluation plan
	
	Jul-Dec 2018 Reporting Period
	
	6. Ongoing data reporting
	    a. Number of individuals served (during reporting period and cumulative), vs. projected
	    b. Number of staff recruited and trained (during reporting period and cumulative), vs. projected
	    c. Staff vacancy and turnover rate for period and cumulative vs projected

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