A Case Manager's Practical Guide to Implementing MISSION-VET

MISSION, *Veterans Edition*

Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking

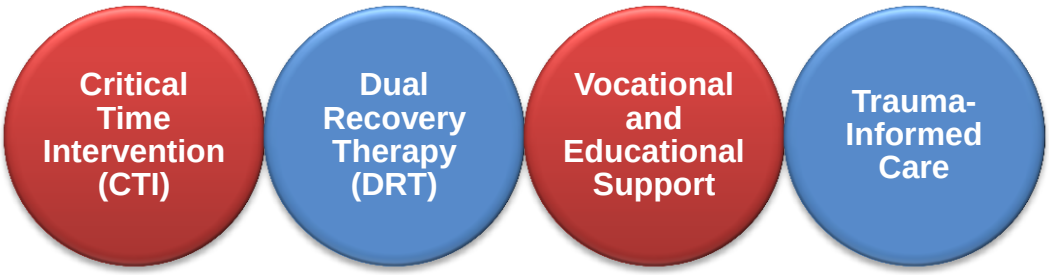
Introduction to the Case Manager's Role

Introduction

Welcome to the MISSION-Vet Team! This is a practical guide for MISSION Case Managers (CM) on "how to" deliver MISSION services. This guide does *not* intend to replace the MISSION-Vet Treatment Manual, but highlights key CM roles and responsibilities; service delivery components; and references useful tools and materials for the CM to use as MISSION-Vet is implemented. Corresponding manual page numbers are provided within this guide which link to detailed information in the manual and workbook. For detailed information on the MISSION-Vet model of care please see pages 32-40 of the treatment manual. To access the manual, visit www.missionmodel.org.

Case Manager's (CM) Role

As part of a team, the Case Manager (CM) works alongside the Peer Support Specialist (PSS). The CM both delivers services as well as links Veterans to providers and other psychosocial supports in the community. The CM delivers four components of the MISSION-Vet model:



With regard to the provision of services, the CM uses Critical Time Intervention (CTI), which is a time-limited form of assertive outreach, to structure service delivery. The CM delivers 13 structured Dual Recovery Therapy (DRT) sessions that address both mental health and substance use problems. In addition to these core components of MISSION-Vet, CTI and DRT, the CM also offers support and linkages around employment, either in the form of job coaching or a referral to a vocational rehabilitation specialist, as well as works in a trauma-informed way for those Veterans whom have previously suffered trauma. Table 1 outlines core and support services provided by CMs. For more information on the core components and the CM's role please see pages 42-54 in the MISSION-Vet Treatment Manual.

Table 1: Brief Overview of Core and Support Services in MISSION-Vet

Critical Time Intervention (pgs. 42-44; 50-52)
CTI is a time-limited, intensive case management model which focuses on critical transition periods, enhances continuity of care, and identifies/strengthens formal and informal community supports to prevent institutionalization and homelessness. It is similar to assertive community treatment, but offered for a time-limited period and includes treatment stages and phases briefly described below.

Phase 1 - *Transition to Community*: The CM will help Veterans identify critical community resources, facilitate the ongoing use of community resources, and ensure that each problem area identified in the treatment plan is targeted.
Phase 2 - *Try-Out*: Veterans become more self-sufficient in the community while the CM offers guided support to help attain goals.
Phase 3 - *Transfer of Care*: The CM fine-tunes linkages to community supports and reflects with each Veteran on the work accomplished.

Dual Recovery Therapy (pgs. 48-50; 116-133)

DRT is an evidence-based psychoeducational therapy that helps Veterans understand the interrelation of mental health problems and substance abuse. The CM will:

- Provide 13 weekly structured DRT sessions, usually in a group format, during CTI phases 1-2
- Facilitate booster DRT sessions, as needed, during CTI phases 2-3
- Complete a DRT status exam for each DRT session
- Review DRT related worksheets completed in the MISSION-Vet Consumer Workbook with the Veteran

Vocational and Educational Support (pgs. 53; 70-75; 154-162)

The CM monitors and supports Veterans' employment and educational goals by:

- Helping Veterans develop employment goals
- Assessing eligibility for vocational benefits and assistance
- Providing linkages to vocational specialists
- Helping Veterans understand benefits packages and retirement plans
- Assisting Veterans in managing conflicts with co-workers or supervisors
- Role-playing job interviews to provide direct feedback in a trusted environment
- Referring Veterans for academic assessments to determine additional educational supports (e.g., tutoring, disability services, etc.)

Trauma-Informed Care (pgs. 53-54; 77-82; 163-174)

Being "trauma-informed" means being aware of the possibility of trauma among Veterans; knowing and being able to recognize symptoms of trauma; being aware of the impact trauma has on the lives of Veterans; being able to screen for trauma; and knowing how and when to refer out for specialized help. MISSION is *not* a PTSD intervention. The CM will:

- Screen for and identify trauma-related symptoms and disorders
- Refer Veterans to resources qualified to treat trauma-related disorders as necessary
- Create a welcoming and safe environment
- Focus on resilience, self-healing, mutual support, and empowerment
- Ensure voice, safety, autonomy, choice, trustworthiness, and the elimination of coercion

Getting Started with MISSION-Vet

The Case Manager has the primary responsibility of orienting the Veteran to the program and its expectations. The following are steps that the CM can take to identify, orient, and initiate treatment planning with Veterans. Further detail on initiating the delivery of MISSION-Vet services can be found on pages 46-48 and Appendix D, pages 111-115, of the manual.

Step 1: Screening and Enrollment of Participants

All referred Veterans should be screened to ensure that they meet program eligibility criteria. Eligibility criteria for MISSION-Vet include:

- Homeless, at risk for homelessness, or recently exited homelessness and are now living in the community
- Diagnosed with both a co-occurring substance use disorder and mental illness (COD)
- Willing to take part in the program and receive services, and able and willing to live in the community

During the screening, the CM describes the MISSION-Vet program to the Veteran, and if he/she is eligible and interested, the CM proceeds with the enrollment process (i.e., reviewing and signing enrollment documentation such as the treatment contract and releases). Following the screening and enrollment process, the CM conducts a thorough mental health, substance use, and psychosocial needs assessment.

Step 2: Providing Veterans with an Orientation to MISSION-Vet

The introductory meeting is an opportunity for the CM to learn about the Veteran's goals, barriers, strengths, hopes, and interests, as well as, triggers, coping skills, and available supports. The CM describes his/her role as the Veteran's designated CM and how the program works. The PSS can also be included in this introductory meeting but may do one on his/her own as well. The meeting is usually scheduled for 45 minutes. Table 2 includes areas to review with the Veteran during his/her orientation to MISSION-Vet.

Table 2: Key Program Elements to Review with MISSION-Vet Clients

Key Program Elements	
MISSION-Vet Structure	• Program Length (2, 6, or 12 months) • Team Based Approach: CM and PSS work closely together as a team to help the Veteran; CM and PSS have distinct yet complementary roles • Frequency, duration, location of intervention (e.g., weekly DRT sessions, home-based, and in community sessions)
MISSION-Vet Goals	MISSION-Vet… ✓ Addresses co-occurring mental illness and substance use disorder (COD) ✓ Helps the Veteran in reaching personal goals in his/her recovery

	✓ Helps the Veteran transition into the community ✓ Helps the Veteran reach employment and/or educational goals ✓ Encourages the Veteran to engage in healthy community activities that he/she enjoys ✓ Provides linkages and transportation to community resources to help the Veteran meet his/her goals
Program Requirements and Policies	• Confidentiality (i.e., mandatory reporting, communication between PSS and CM) • Information sharing - Release of information for outside providers

Step 3: Initiating Treatment Planning

The treatment plan is informed by the mental health, substance use, and psychosocial needs assessment; discussion of the Veteran's goals, supports, personal strengths, and potential obstacles to recovery; and information gathered from other sources (i.e., medical records, probation, and other providers). The CM, with feedback from the PSS, collaboratively develops a treatment plan with the Veteran and then discusses it in detail to ensure an understanding of goals. An example of a MISSION-Vet treatment plan is on page 17 of this guide, as well as in Appendix G of the treatment manual on pages 142-143. The CM and the Veteran review the treatment plan regularly to identify new goals and ways to solve challenges the Veteran may come across on his/her road to recovery. The treatment plans are also reviewed regularly in team meetings and fine-tuned when necessary to reflect achievements, changed or new goals, and updated objectives. Although the CM is responsible for the treatment plan, the CM solicits and integrates the PSS's feedback into the plan throughout treatment.

Case Manager's Responsibilities: Critical Time Intervention (CTI)

The CM works in collaboration with the PSS to provide services and support to Veterans on their caseloads. As Veterans are introduced to MISSION-Vet, CMs are responsible for the orientation, assessment and linkage, treatment, and tracking of each Veteran through the program. Table 3 outlines the key CM responsibilities per CTI phase. An outline of CTI phases and CM responsibilities can be found in the treatment manual on pages 50-52 and case examples can be found in Appendix G beginning on page 139.

Table 3: Case Manager's Responsibilities per CTI Phase

CTI Phase 1: Transition to Community
During CTI Phase 1, CMs: ➢ Meet with each Veteran to orient them to the MISSION-Vet model and program requirements ➢ Work together with Veterans to develop comprehensive treatment plans that include Veterans' treatment needs, individual goals, and identification of appropriate team responses to meet these needs ➢ Provide DRT sessions, usually in a group format, delivered at least once a week ➢ Meet with each Veteran once a week for a case management session focused on assessing and providing linkages to community supports ➢ Assess and track each Veteran's progress and use of the community resources/supports that have been established ➢ Provide assertive outreach to ensure treatment engagement and retention (i.e., home visits, in-community sessions, etc.)
CTI Phase 2: Try-Out
During CTI Phase 2, CMs: ➢ Work together with each Veteran to monitor and revise treatment goals in the treatment plan ➢ Provide remaining DRT sessions and begin to provide booster DRT sessions as needed ➢ Meet with each Veteran, as needed, for case management sessions ➢ Continue to facilitate linkages that have been established ➢ Identify problem areas that need new linkages, and provide Veterans with additional community linkages; empower Veterans to identify resources independently ➢ Monitor for slips and relapse. If relapse occurs it should not be punished - it should be framed as something that can occur on the road to recovery ➢ Continue to identify any gaps in Veterans' support systems, barriers in accessing services, or areas where more support is needed ➢ Begin to taper frequency and intensity of the intervention as Veterans become more independent in the community ➢ Increase assertive outreach if Veterans become disengaged (i.e., no shows)
CTI Phase 3: Transfer of Care
During CTI Phase 3, CMs: ➢ Review and fine-tune community-based resources and supports with each Veteran ➢ Meet with providers to review the transfer of clients' care and identify any gaps in services ➢ Reflect on accomplishments during the program ➢ Discuss a discharge and transition plan with each Veteran ➢ Discuss the end of participation in MISSION-Vet in a framework that acknowledges the work accomplished as another step in recovery

Assertive Outreach

The CTI phases described above rely heavily on the delivery of assertive outreach by CMs and PSSs. Assertive outreach is a way of organizing and delivering care via a CM/PSS team to provide intensive, highly coordinated, and flexible support and treatment for Veterans across CTI phases. It includes such activities as home visits, meeting with Veterans in their local communities, etc. It has been found to increase engagement and improve outcomes. CMs engage in assertive outreach activities throughout MISSION-Vet delivery. Outreach should be increased when concerns regarding engagement arise, for example if the Veteran begins to miss appointments or disengage.

Case Manager's Responsibilities: Dual Recovery Therapy (DRT)

DRT is an evidence-based therapy that addresses both mental health and substance use recovery. DRT sessions help Veterans understand the relationship between their mental health problems and substance use, and how to address the challenges these connections bring. DRT is delivered in 13 weekly sessions in CTI phases 1-2 and booster sessions are delivered as needed in CTI phases 2-3. Sessions can be delivered in a group or individual session format, however group sessions are highly recommended. Additional information on DRT can be found in the MISSION-Vet Treatment Manual on pages 48-50 and in Appendix E beginning on page 116.

Dual Recovery Status Exam

The DRT Status Exam is used in every DRT session to structure the session to focus on both mental health and substance use. The exam is formatted as a checklist, and functions as a "to-do" list and helpful guide for the CM to use during sessions. The CM can have a copy of the exam with him/her in the session and check to ensure that he/she has covered each item on the exam. The exam is located on page 16 of this guide. For additional tools and techniques to structure DRT sessions, also reference Appendix F, beginning on page 134 of the MISSION-Vet Treatment Manual.

Ways to Structure Individual DRT Sessions

DRT sessions are fairly structured sessions; however the session content should be individually tailored to the Veteran's needs and goals. The following techniques and activities are common to individual DRT sessions and can be used as a guide to structure the session.

- **Welcoming**. The CM begins by welcoming the Veteran to the session. The CM can use the DRT Status Exam checklist to structure a welcoming check-in.
- **Introduction of the Topic**. The CM introduces the DRT topic and explains why it may be important and relevant to the Veteran's goals. The CM should directly relate the topic to the Veteran. To build on the topic, the CM provides a brief informative and interactive presentation of the DRT topic by integrating materials from the exercises and readings in the Consumer Workbook; encouraging the Veteran to record any notes or insights to the exercises; and using engaging questions to prompt discussion.
- **Engagement and Feedback**. The CM provides the Veteran with a safe environment to engage in a discussion of his/her understanding of the topic and an opportunity to share personal connections with the topic. This allows the CM to engage and offer clarification and additional feedback to the Veteran on his/her individual circumstance in an empathic and respectful manner.
- **Modeling.** The CM teaches the Veteran the skills offered by the DRT session by modeling them. CMs may role-play skills with the Veteran to illustrate how to use the skill. For example, during the "Anger Management" session the CM may choose a situation and role-play the situation in session to model adaptive ways to manage situations which trigger anger.
- **Reorientation**. The CM encourages the Veteran to engage in effective actions that reinforce new skills or insights.
- **Closing**. It is important that some signal be given to indicate that the session is formally closed. Some sessions end with a summary of take home points, review of a collective goal, or homework - something to try during the coming week. For example, if the Veteran learned positive ways to manage situations which trigger anger,

he/she is encouraged to try them before the next session. The Veteran should be reminded of the time and place of the next session.

Ways to Structure Group DRT Sessions

Similar to individual DRT sessions, group DRT sessions are fairly structured sessions but have a slightly different format. Group size ranges from 5-10 members and sessions last between 45-60 minutes. The following activities are common to DRT groups and can be used as a guide for structuring the group. It is not necessary to incorporate every activity mentioned here in each group meeting agenda.

- **Greeting of New Members**. Older members greet and welcome new members at the door when they arrive, introducing them to other members.
- **Opening of Meeting**. At the agreed upon time, the meeting is called to order by the CM or a designated group member. Some groups open meetings with a quote, mantra, or even a mindfulness activity, such as relaxation breathing.
- **Introduction of Members**. Going around the room, each member can introduce himself/herself and state their reasons for coming to the group. This is especially appropriate for new groups forming to help members get to know one another and learn about common concerns. Offer members the option to "pass," if they would rather not introduce themselves.
- **DRT Status Exam Round Robin Check-in**. Going around the room in a "round robin" style, and utilizing the Status Exam structure if preferred, each member can provide a Reader's Digest version of their week in the following areas: substance use since last meeting; tracking of mood symptoms since last week using a scale from 1-10; medication compliance or changes; engagement in pro-social supports and activities (e.g., 12 steps, pro-social peers and family members). An outline for participation can help keep members on track when they speak. This outline can be posted in the room to remind members of the structure.
- **Discussion, Education, and Information Sharing Related to DRT Topic**. Here are some ways to structure the group discussion:
    - ***Introduction of the Topic.*** The CM provides an introduction to the topic, why it was chosen, and why it is something important for members to think about. To build on the topic the CM provides a brief didactic and interactive presentation of the DRT topic. The CM encourages participating members to use the exercises and readings in the Consumer Workbook to follow along with the material covered during DRT sessions, and to record any notes or insights to the exercises.
    - ***Round Robin.*** The CM can ask a question to spark discussion. Otherwise, the CM may ask members how they responded to exercises in the Consumer Workbook and go around the group as each member responds, giving everyone an opportunity to share their insights and responses.
    - ***Brainstorming***. Ideas are shared in a spontaneous way. Creative thinking is encouraged by not judging any particular idea. For example, during the "Scheduling Activities in Early Recovery" session, members can call out all of the positive activities they have engaged in and the CM can write them on a flip-chart to generate discussion of activities.
    - ***Role-playing.*** Acting out a situation (e.g., how to communicate effectively with your spouse) can be helpful and fun. Some members enact the role-play while others observe and react or comment.
- **Closing**. It is important that some signal be given to indicate that the meeting is formally closed. Some groups end with a mantra, collective goal, or homework - something to try for the group during the coming week. For example, members may be encouraged to try one of their peers' positive activities that were called out during the discussion. Members are reminded of the time and place of next meeting.

Consumer Workbook Utilization in DRT Sessions

Using the Consumer Workbook for DRT sessions requires close coordination between the CM and the PSS regarding what is occurring in DRT sessions. Outside of the DRT session, the PSS works with Veterans on completing the DRT exercises in the workbook for the upcoming DRT session and/or Veterans may choose to do this work individually with just a quick check-in with the PSS about it. Completing the DRT worksheets is not a substitute for the DRT groups – Veterans are encouraged the week of the individual or group DRT session to review that session topic with the PSS. Veterans are encouraged to bring the completed worksheets and workbook to the DRT session.

DRT Sessions with Corresponding Consumer Workbook Pages

Below are descriptions and examples of the content in each of the 13 DRT sessions with the corresponding worksheet pages in the Consumer Workbook, found in Section C beginning on page 73.

Session 1: Onset of Problems *Exercise Worksheets located on pgs. 75-77 of the Consumer Workbook*	
Description of Topic	Veterans learn about the dynamic relationship between mental health and substance use problems.
Notes for the Facilitator	*Explain* that there is usually a pattern to when symptoms begin and that symptoms for mental health and substance use are often interrelated. *Show* Veterans how to fill out the timelines and go over the sample. *Discuss* common patterns amongst Veterans in a group.

Session 2: Life Problem Areas *Exercise Worksheets located on pgs. 78-80 of the Consumer Workbook*	
Description of Topic	CMs and Veterans will review the problems they have experienced in major life domains and examine the degree to which these problems have affected their lives.
Notes for the Facilitator	*Explain* that this exercise will help Veterans and their MISSION-Vet teams understand how problems related to mental health and substance use are each affecting their quality of life. *Explain* that these problems will reoccur in discussions throughout DRT. Go around the group and have Veterans *share* problems and *give examples* from each area, focusing on one area at a time. **Note**: Following sessions build upon and use the problem areas identified during this session.

Session 3: Motivation, Confidence, and Readiness to Change *Exercise Worksheets located on pgs. 81-82 of the Consumer Workbook*	
Description of Topic	Veterans complete a readiness ruler worksheet for each domain or life problem identified in Session 2. Rulers will help Veterans understand their stage of readiness to address each problem area.
Notes for the Facilitator	*Explain* to Veterans that a sense of importance, confidence, and readiness are all aspects of motivation.

	Encourage Veterans to answer honestly for each area they address. Go around the group and have Veterans *share* problems they explored, the motivation they find to address them, and implications for recovery. **Note**: Having extra rulers during all sessions will make it easy for Veterans to explore different areas in which change is needed in their lives as they go.

Session 4: Developing a Personal Recovery Plan *Exercise Worksheets located on pgs. 83-85 of the Consumer Workbook*	
Description of Topic	Treatment goals are reviewed and emphasis is placed on the importance of using and engaging in community substance use and mental health resources necessary to meet treatment goals.
Notes for the Facilitator	*Build* on the life problem areas identified in Session 2, *encourage* Veterans to refer back and *identify* positive steps they can take to address the problem. *Encourage* Veterans to *share* their thoughts with others who play a key role in their hopes for recovery. Give Veterans the opportunity to *share* around various strategies they have suggested for themselves in each area. **Note**: Encourage Veterans to use the PICBA tool on page 22 of the Consumer Workbook to decide how they want to address each set of problems.

Session 5: Decisional Balance *Exercise Worksheets located on pgs. 86-88 of the Consumer Workbook*	
Description of Topic	The worksheet is used to help Veterans identify the benefits and negative consequences of maintaining problematic behaviors and weighing the costs and benefits of continuing problematic behaviors.
Notes for the Facilitator	*Ask* Veterans to pick the biggest problem area in their life. *What behavior is the root of these problems?* *How could it be changed?* *What are the benefits and negative consequences of change?*

Session 6: Developing Strong Communication Skills *Exercise Worksheets located on pgs. 89-91 of the Consumer Workbook*	
Description of Topic	Veterans learn to recognize effective and problematic communication styles. The worksheets will assist Veterans in developing effective communication skills necessary for communication with those who play a key role in their recovery.
Notes for the Facilitator	Have Veterans *identify* elements of poor communication that applies to them. *Discuss* why they have used these forms of communication. Have Veterans *identify* elements of good communication they would like to use. *Role-play* good and poor communication skills and *provide feedback.*

Session 7: Orientation to 12-Step Programs *Exercise Worksheets located on pgs. 92-95 of the Consumer Workbook*

Description of Topic	Emphasis is placed on orienting Veterans who have never attended 12-step meetings to the structure, culture, rules, and language of the program. Emphasis is also on improving attendance at these programs.
Notes for the Facilitator	*Encourage* clients to *share* experiences they have had at programs. *Role-play* ways to overcome any barriers to attendance. *Share* information about types of groups and meeting times in the immediate area. *Talk* about each step and what it means to each Veteran.

Session 8: Anger Management *Exercise Worksheets located on pgs. 96-97 of the Consumer Workbook*	
Description of Topic	Focuses on prosocial skills training, moral reasoning, and anger control training. The goal is to teach Veterans cognitive strategies to combat unhealthy thinking styles. Discuss problematic behaviors in relation to values and goals.
Notes for the Facilitator	*Brainstorm: Why it is that one person gets really angry at something while another person just gets annoyed at the same thing?* *Identify: How do you know when you're really angry? What is the difference between anger and frustration?* *Discuss* negative consequences for becoming angry and out of control. *Share* techniques on cooling down.

Session 9: Relapse Prevention *Exercise Worksheets located on pgs. 98-104 of the Consumer Workbook*	
Description of Topic	Veterans learn to identify and review strategies that can be used to increase the likelihood of sobriety and decrease the chance for relapse. Emphasis is placed on how Veterans' mental health problems can lead to relapse and strategies that can be employed to prevent this from occurring.
Notes for the Facilitator	*Discuss* the chart on relapse prevention. *Review* safe coping strategies, and have Veterans *share* strategies they've found effective. *Fill out* the worksheet on the "Change Plan". *Encourage* Veterans to *practice* positive coping strategies.

Session 10: Relationship Related Triggers *Exercise Worksheets located on pgs. 105-109 of the Consumer Workbook*	
Description of Topic	Veterans will learn how unhealthy relationships can contribute to a high risk of mental health symptom exacerbation and/or substance use relapse.
Notes for the Facilitator	*Discuss* readings that come before the worksheet. *Fill out* the first two questions on the worksheet. Go around the group and *encourage* Veterans to share their answers.

Session 11: Changing Unhealthy Thinking Patterns *Exercise Worksheets located on pgs. 110-120 of the Consumer Workbook*

Description of Topic	Veterans learn how unhealthy thinking patterns can perpetuate emotional problems and result in substance use as a maladaptive coping mechanism.
Notes for the Facilitator	*Discuss* the descriptions of each of the various forms of unhealthy thinking. *Discuss* examples of stinking thinking. *Review* examples identified by Veterans on the worksheet and then i*dentify* healthier responses. *Explain* that we have a choice in how we think about something happening. Assign group members to think of healthy responses for some of their unhelpful ways of thinking.

Session 12: Changing Irrational Beliefs *Exercise Worksheets located on pgs. 121-124 of the Consumer Workbook*	
Description of Topic	Veterans identify dysfunctional beliefs and learn how to modify those beliefs to maintain flexibility in thinking.
Notes for the Facilitator	Have Veterans read through the examples of irrational thoughts and check those that apply to them. *Review* the examples. Have the group reframe each of the examples.

Session 13: Scheduling Activities *Exercise Worksheets located on pgs. 125-129 of the Consumer Workbook*	
Description of Topic	Veterans learn the importance of scheduling regular healthy activities in maintaining recovery.
Notes for the Facilitator	*Help* Veterans *identify* a guiding vision of what they want their lives to be like and how they want to use their time.

Case Manager's Responsibilities: Providing Vocational and Educational Support

Veterans present with a variety of vocational and educational needs, such as needing help obtaining employment, maintaining employment, and applying for educational programs. The CM's general role includes monitoring and supporting Veterans' vocational and educational goals on the treatment plan; assessing Veterans' eligibility for vocational benefits and assistance; and providing Veterans with linkages to vocational specialists and vocational rehabilitation programs when needed. The CM's role varies slightly based on Veterans' vocational or educational needs as displayed in Table 4. More information on the vocational and educational support provided by the MISSION-Vet team can be found in the MISSION-Vet Treatment Manual on pages 38, 70-75, and Appendix J beginning on page 154.

Table 4: Case Manager's Role in Providing Vocational/Educational Support Based on Veterans' Needs

Employed Veterans	Unemployed Veterans	Supported Education
Veterans continue to need support as they move through different job stages, face challenges and stigma, and learn their role in the workplace, therefore CMs: • Help Veterans understand benefits packages and plan for retirement • Teach skills that will help Veterans maintain employment (e.g., time management, conflict resolution skills, and organizational skills) • Address symptom exacerbation on the job and related coping skills • Discuss the importance of medicine maintenance and impact of medication side effects on job functioning (i.e., timing of medication, fatigue and scheduling job shifts)	Veterans may experience difficulty maintaining a job, therefore CMs: • Identify the positives and negatives of the methods Veterans have been using in their job search and discuss them • Discuss employment in a focused and goal-oriented manner • Develop an employment goal with each Veteran – based on past experience, preferences, and current life situation • Review employment related workbook exercises on pages 46-56 of the Consumer Workbook with the Veteran and utilize employment related resources on pages 72-73 and 154-157 of the manual with Veterans • Identify potential employers and gather necessary employment documents (i.e., applications, resume) and personal documents	Veterans may want to pursue educational goals, therefore CMs: • Explore career and education goals and preferences, so that schools/training programs can be chosen to apply to • Refer Veterans for academic assessments to determine how much additional educational support is needed (e.g., tutoring, mentoring, disability services) • Track each Veteran's progress towards his/her goals by tracking the number of identified potential schools, schools applied for, follow-up school applications, interviews, and outcomes • Form working relationships with the schools Veterans are applying to. Most colleges and training programs have either campus-based support groups for Veterans or university-based Veteran service departments and

	(i.e., social security cards, proof of citizenship, transcripts) • Help Veterans prepare for job interviews by getting the necessary attire, conducting mock interviews, and providing feedback • Track each Veteran's progress towards his/her goals by tracking the number of identified potential jobs, jobs applied for, follow-up job applications, interviews, and outcomes • Educate Veterans, as needed, on the difficulties of the job market and focus on practical barriers to obtaining and maintaining employment • Address possible criminal justice issues/barriers related to employment (i.e., myths vs. realities of having a criminal record and seeking employment)	service coordinators • Assist with enrollment and college readiness tasks (e.g., course selection, books, financial aid) • Provide regular or periodic check-ins to monitor and support each Veteran's academic progress • Provide assistance with Veterans' applications for VA educational benefits

Case Manager's Responsibilities: Trauma-Informed Care Considerations

Many Veterans have experienced at least one traumatic event in their life. Therefore MISSION-Vet CMs are trained to identify and monitor trauma symptoms and their impact on treatment and recovery. With that said, MISSION-Vet is a trauma-informed intervention and *not* a trauma treatment program. Being "trauma-informed" means:

- ✓ Being aware of the possibility of trauma among Veterans
- ✓ Recognizing the symptoms of trauma
- ✓ Being aware of the impact of trauma on the lives of Veterans
- ✓ Screening Veterans for trauma
- ✓ Knowing how and when to refer Veterans out for specialized help

During MISSION-Vet, the CM will screen all Veterans for trauma symptoms. If the Veteran has clinically significant trauma symptoms, the CM will make a referral to have the Veteran formally assessed by a qualified assessor (i.e., licensed clinical professional trained in diagnostic assessment and PTSD assessment/treatment). If the Veteran is found to meet criteria for current PTSD and is in need of PTSD-focused treatment, the CM can work with the Veteran and qualified assessor to identify and enroll the Veteran in an evidence-based PTSD treatment program such as Seeking Safety, Cognitive Processing Therapy (CPT), etc. With close CM coordination and collaboration, PTSD specific treatment can occur simultaneously with MISSION-Vet services. Figure 1 provides an outline of the trauma-informed role of the MISSION-Vet CM. Trauma-informed care is further explained in the MISSION-Vet Treatment Manual on pages 39 and 77-82; Trauma resources can be found in the manual in Appendix K, beginning on page 163.

Figure 1: A Trauma-Informed Case Manager

Trauma-Informed Role of the Case Manager

CMs screen for and identify trauma related symptoms. CMs will use validated screening tools, such as the PTSD Screen (pgs. 171-172 of the treatment manual).

CMs ensure that Veterans who need specialized treatment are referred to resources qualified to treat PTSD and other trauma-related disorders.

CMs serve Veterans with trauma histories who do not require specialized trauma-related treatment by utilizing present focused treatment approaches, where the CM teaches the Veterans coping skills (e.g., altering present maladaptive thought patterns/behaviors, relaxation and breathing exercises), providing psycho-education regarding the impact of trauma on the Veteran's life, and teaching problem solving strategies that focus on current issues.

CMs recognize the links between past trauma and present difficulties when working with their Veterans.

CMs provide ongoing support for those Veterans receiving treatment from a specialized provider.

CMs coordinate care with specialized providers.

DRT Status Exam Checklist

- ✓ **Set agenda for session (Veteran and Case Manager)**
- ✓ **Check-in with regard to any substances used since last session**
- ✓ **Assess substance use motivational level**
- ✓ **Track symptoms of depression or anxiety**
- ✓ **Explore compliance with medications prescribed**
- ✓ **Discuss the primary agenda topic(s) for the session**
- ✓ **Ask about attendance at 12-Step groups and other elements of treatment**

Additional Notes

Example of a Completed MISSION-Vet Treatment Plan

Considerations for MISSION-Vet Treatment Planning

Primary Diagnosis
Major Depressive Disorder, severe, without psychotic symptoms

Secondary Diagnosis
Cocaine dependence, early full remission

Other Treatment Providers
Dr. Smith, VA Primary Care Provider
Dr. Jones, VA Psychiatrist

Service Needs

- **MISSION-Vet**
- **Residential substance abuse treatment (currently participating)**
- **Acute psychiatric care**
- ***Other Needed Services***
    - **Housing Needs: currently receiving residential care**
    - **Outpatient mental health/substance abuse treatment: referral needed once discharged from residential substance abuse treatment**
    - **Medical Care: diabetes management**
    - **Medication Management: psychiatric/diabetes medication management**
    - **Dental Services**
    - **Benefit entitlements**
    - **Vocational Supports: increase job-related experience; link to services**

MISSION Service Delivery

- **Frequency (Weekly, Bi-weekly, Monthly)**
- **Length (2 months, 6 months, 12 months)**

Treatment Goals & Objectives: **Veteran is currently receiving care in VA residential substance abuse treatment program. In addition, Veteran is being followed by MISSION-Vet staff. Veteran has identified the following treatment goals/objectives below:**

Treatment Goal #1: **Maintain abstinence from drugs**
Treatment Goal #2: **Improve management of depressive symptoms**
Treatment Goal #3: **Gain job-related experience**
Treatment Goal #4: **Transition to independent housing**

Next apt: **Mon Tue Wed Thu Fri Sat Sun** Time: **11:00 am/pm**
Provider:
Location: