

CTI-1: translation (2003-2006)

- Problem inventarisation
- Expert panel
- Test phase

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NYG Shelter in 1990's

CTI-projects 1

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CTI-1: translation (2003-2006)

Homeless schizophrenia spectrum Parnassia (n = 112)

Male: 88%	Incarceration history: 76%
Age: 39 years	
Education: 9 years	Current substance use:
Foreign born: 27%	• Cocaine 36%
	• Heroin 10%
Lifetime homelessness:	• Amphetamine 15%
• 3-12 months: 44%	• Cannabis 52%
• > 12 months: 32%	• Alcohol 34%

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- Adapted manual
- Workbook
- Case histories

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CTI-2: Implementation (2006-2009)

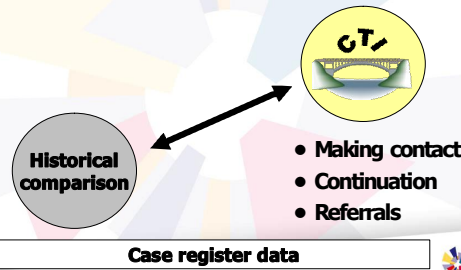
Is it feasible to implement CTI in a naturalistic mental health care setting?

- Does the team adhere to minimal pre-set intervention standards?
- Can changes in relevant problem areas be attained?

Is the team more effective?

CTI-projects 2 

CTI-2: Effectiveness (2006-2009)




• Making contact

• Continuation

• Referrals

Case register data

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Future (2008 - ...)


Fine-tuning / training / feedback systems

Opportunities for randomized trials

- Out of prison transition
- Homeless shelters

→ promote outflow




CTI-projects 3 


Teamwork

- Elie Valencia
- Diede Schols
- Wijbrand Hoek
- Annicka van der Plas
- Project team
- Team OGGZ Parnassia (TOP)

Financial support


- Parnassia Bavo Psychiatric Institute
- Stichting tot steun VCVGZ
- ZonMW
- Fonds Nuts OHRA



CTI-projects 3 

Characteristics of CTI

- Time-limited intervention to integrate a continuum of care based on existing community services
- Strengthens individual's ties to services, family and friends
- Provides emotional and practical support during period of engagement and transition into continuous care
- Limited goals



CTI trajectory in 3 phases

- Phase 1: Transition
 - Making contact
 - Assessment
 - Planning
- Phase 2: Try-out
- Phase 3: Transfer of care

Time limited: 6 to 12 months

