Critical Time Intervention and Its Application

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What is Critical Time Intervention (CTI)?

photography by Sara Cuadrado via Getty Images

Evidence-based practice (EBP) designed to:
◦ Assist vulnerable individuals and families
◦ Support people through TRANSITIONS to housing and community life
◦ Build skills and networks of support

Helps people live successfully in the community and reduce returns to homelessness, use of institutions

Manualized and phased intervention - focused assessment and service planning

Incorporates "Supporting EBP's"
◦ Harm Reduction, Person Centered Planning, Family Psychoeducation, Motivational Interviewing, Stages of Change
◦ Assumes staff have basic engagement, assessment and counseling skills

Applications

Increasing adoption by homeless programs

Focus on housing planning and preparation <u>before</u> move and supports <u>post</u> move to housing

Assisting people in:
◦ Permanent Supportive Housing
◦ Housing First projects
◦ Rapid Rehousing and SSVF
◦ Moving on from Shelter and Transitional Housing

Presenters

Daniel Herman – Silberman School of Social Work

Paul Duncan – Mental Health America of Los Angeles

Suzanne Wagner – Principal, Housing Innovations

CTI Application

INTEGRATING CTI

Using CTI with Chronically Homeless Persons in Permanent Supportive Housing

Downtown Women's Center – Los Angeles, CA
◦ Full CTI implementation in permanent supportive housing
◦ Dedicated CTI worker
◦ Handoff after Phase 3 to on-site team

Project HOME – Philadelphia, PA
◦ "CTI-Informed/Infused" practice
◦ Assessment and service planning forms use CTI domains
◦ Intensive support immediately post move in
◦ Using case conferencing and clinical consultation

Core Components of CTI

Focused on housing stability and achieving life goals	• Person-centered recovery orientation
Time-limited (6-9 months)	• Although other services may continue post 9 months
Three 3-month phases of decreasing intensity	• Phase 1: Transition to the community • Phase 2: Try out • Phase 3: Transfer of care or termination
Pre-CTI	• Planning and preparing for the transition • Important phase

Core Components – 2

Limited Focus	• 1-3 goals in identified assessment domains
Interventions focused on preventing and addressing threats to community living and housing stability	• 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 supports

CTI Practice Shifts

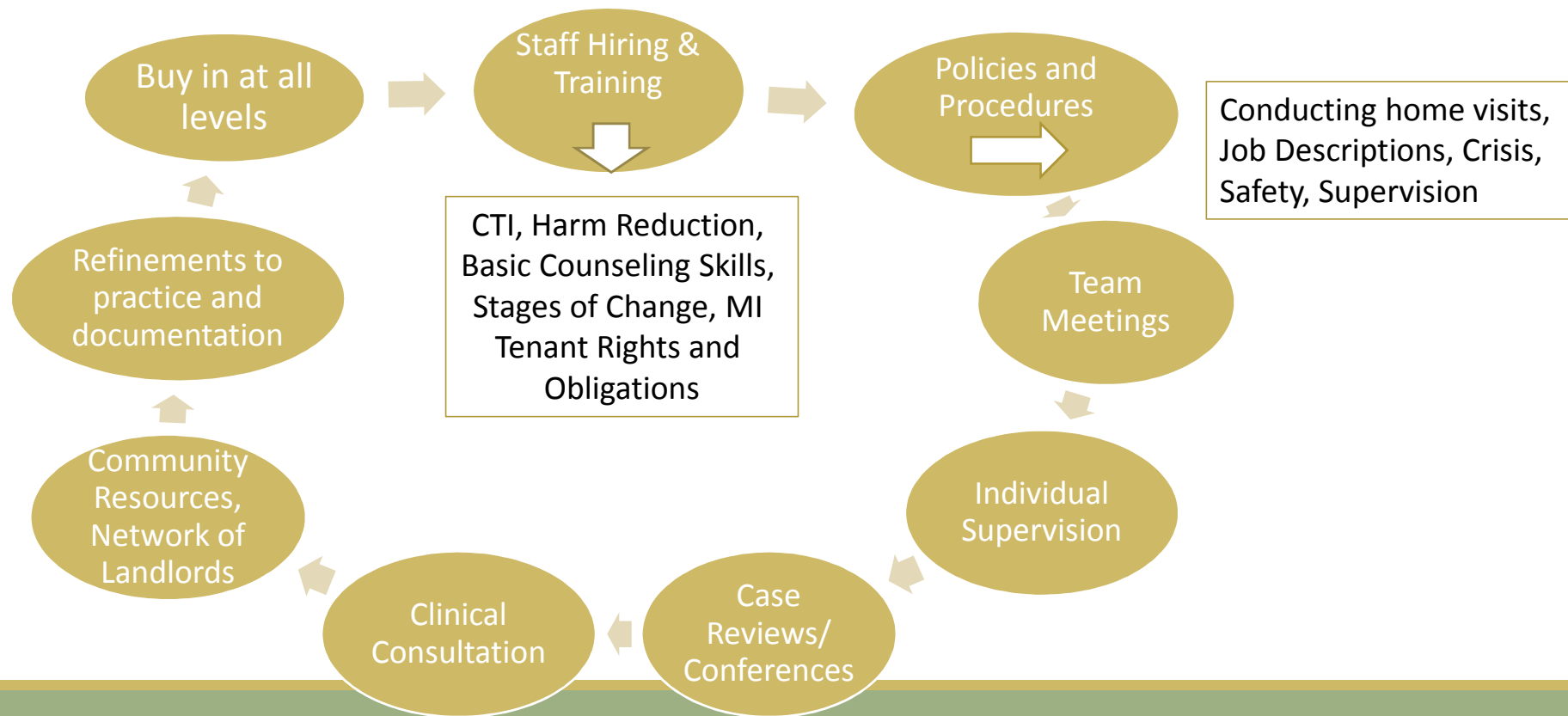|			
Maintaining Engagement	Working the Participant's Plan (as opposed to staff's)	Focused Assessment and Service Planning	Home Visits and Community Based Fieldwork
Community Resource Coordination	Stepping Back/Down Service Intensity	Moving to Crisis Prevention Orientation	Using Harm Reductions Techniques

Adjustments to Documentation and P &P

Supports for CTI Practice

Buy in at all levels

Staff Hiring & Training

Policies and Procedures

Conducting home visits, Job Descriptions, Crisis, Safety, Supervision

CTI, Harm Reduction, Basic Counseling Skills, Stages of Change, MI Tenant Rights and Obligations

Team Meetings

Individual Supervision

Case Reviews/ Conferences

Clinical Consultation

Community Resources, Network of Landlords

Refinements to practice and documentation

Keys to Successful Implementation

Team-based: team meetings at least weekly

Individual supervision at least weekly

Access to clinical consultation

Providing services in the home and community
◦ Travel can be time consuming and is a shift for facility-based s

Persistent engagement
◦ Process not an event
◦ Based on person's expressed needs and aspirations
◦ Offers services and defines worker role

Keys to Successful Implementation - 2

Ongoing assessments of threats to housing stability

Crisis prevention orientation - research shows that the most intensive period of need is the first 6 months; plan accordingly

Connect with natural supports (including spiritual)

Use supporting practices and ensure core competencies
Harm Reduction, Stages of Change, Motivational Interviewing, Person-Centered Planning, Housing First

Caseloads

Caseload size

- 16–18 individuals per worker
- 12–15 families per worker

Varies by stage (Standard Caseload Equivalents – SCE's)

- Phase 1 – each person/family counts as 2
- Phase 2 – each person/family counts as 1
- Phase 3 – each person/family counts as ½

Example

- 10 people in Phase 1 = 20 cases
- 10 people in Phase 2 = 10 cases
- 10 people in Phase 3 = 5 cases

CTI Measures of Success

Maintaining housing in the community

Increasing income

Developing a network of supports

Less emergency interventions: ER visits, hospitalization, incarceration, removal of children, school truancy

Structure and purpose in each person's life

Questions and Discussion

Implementation of a CTI informed approach in a Rapid Re-Housing program

Paul Duncan

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Moving to a CTI approach

◦ Initial steps towards implementing CTI in our program
  ◦ Getting agency / program leadership trained in CTI
  ◦ Assessing your current programs practices / policies and procedures
    ◦ Does it make sense for your program
    ◦ Are there external and/or internal barriers that would prevent from doing so
  ◦ Identifying what changes that need to be made
    ◦ Practices, policies and procedures, structure, paperwork, management, etc…
  ◦ Training direct service staff in CTI
    ◦ This is something that may need to be done ongoing and multiple times for staff
  ◦ Creating a plan / manual for your program / agency

Services needs in a RRH program

◦ Who is being served in Rapid Re-Housing programs
  - ◦ Typically people being served have low to moderate barriers and needs
  - ◦ Rapid Re-Housing programs are being implemented with all populations
  - ◦ People of diverse backgrounds
  - ◦ Often times people with high barriers that are unable to receive PSH resources
◦ What services are typically offered
  - ◦ Outreach and engagement
  - ◦ Case management support: (housing location, living skills, benefits, employment, etc…)
  - ◦ Temporary Financial Assistance (varies): Rental Assistance 3 months to 2 years
  - ◦ Referrals and linkage to community resources

Self Resolve

PROGRESSIVE ENGAGEMENT

Light touch and referrals

Limited visits 1x monthly with a check in call. Provide referrals and community linkage

More frequent meetings bi-monthly to weekly. Need moderate support and some care coordination. No significant issues in obtaining / maintaining housing.

Regular meetings sometime multiple time per week. Need significant support and care coordination. Struggle to obtain / maintain housing.

Low Acuity / Low Barrier

Start with low level of support and increase if needed

ASSESSMENT (upon initial enrollment)

Permanent Supportive Housing (PSH)

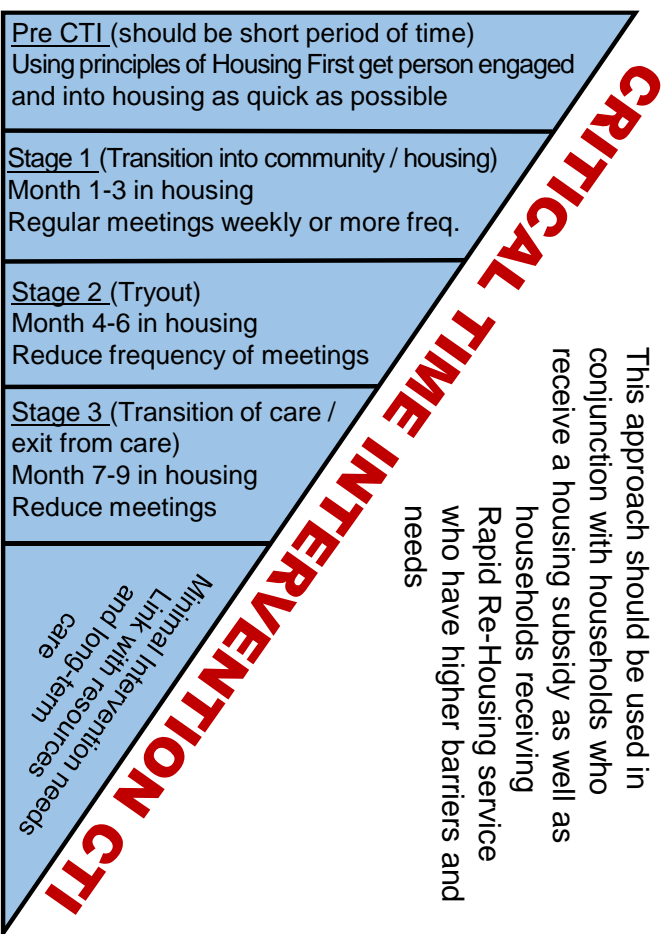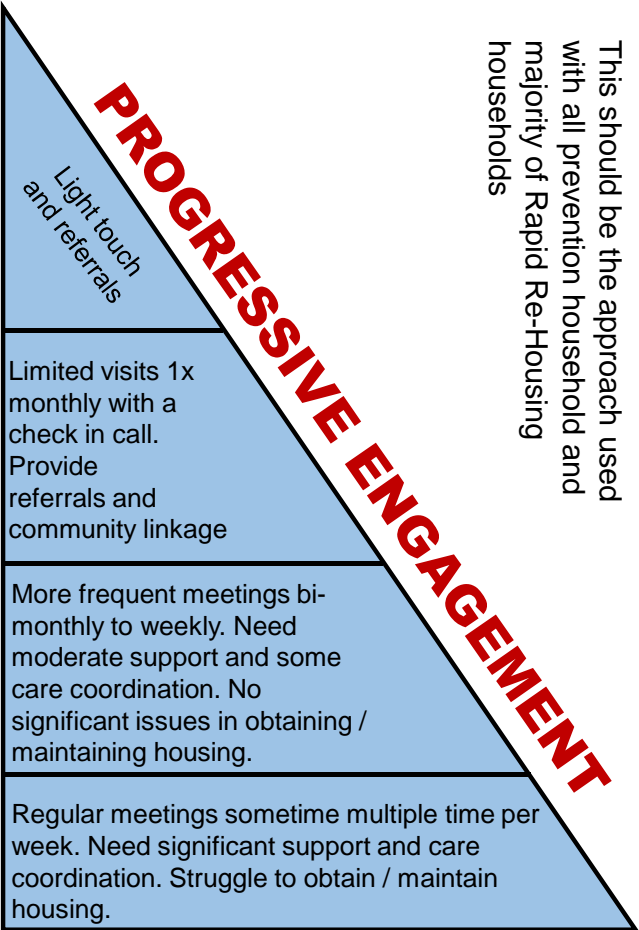This should be the approach used with all prevention household and majority of Rapid Re-Housing households

*A CTI approach can be used for people moving into PSH, however should have ongoing assessment of need of care when looking at reducing care.

Households assessed with needs of ongoing indefinite support with housing

CRITICAL TIME INTERVENTION CTI

Pre CTI (should be short period of time) Using principles of Housing First get person engaged and into housing as quick as possible

Stage 1 (Transition into community / housing) Month 1-3 in housing Regular meetings weekly or more freq.

Stage 2 (Tryout) Month 4-6 in housing Reduce frequency of meetings

Stage 3 (Transition of care / exit from care) Month 7-9 in housing Reduce meetings

Minimal intervention needs Link with resources and long-term care

High Acuity / High Barrier

Start with high level of support and reduce over time

This approach should be used in conjunction with households who receive a housing subsidy as well as households receiving Rapid Re-Housing service who have higher barriers and needs

By: *Paul Duncan*

Challenges in implementation & ideas

◦ External Factors

- ◦ Is your local CoC / system of care in line with housing first and CTI philosophies
- ◦ Lack of affordable housing
- ◦ Contractual obligations with households to be served

◦ Internal Factors

- ◦ Hiring the right people for your program and managing staff turn-over
- ◦ Being able to implement multiple service approaches in an individualized manner
- ◦ Managing the flow with people coming in and connecting with direct service staff
- ◦ Being able to provide the supervision and team support needed

How incorporating CTI has benefited

◦ Improved quality of services
  ◦ Services are structured, yet individualized to the persons need
  ◦ Better identification of who needs high level of services and those who can self-coordinate
  ◦ Staff feel better prepared to meet the needs of those they are providing services

◦ Improved program outcomes
  ◦ Increased housing retention long term
  ◦ Increased linkage to public benefits as well as community employment
  ◦ Decreased hospitalization and incarcerations