



Center for the Advancement of
Critical Time Intervention

SILBERMAN SCHOOL *of* SOCIAL WORK
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CTI RRH Model Program Description

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Background

Rapid Rehousing and Case Management

Rapid Rehousing (RRH) is an intervention that provides temporary financial assistance and case management services aimed at moving families and individuals experiencing homelessness quickly out of shelter and into permanent, private housing. The United States Interagency Council on Homelessness (USICH) and the US Department of Housing and Urban Development (HUD) both identify RRH as a key strategy for meeting the national goal of ending homelessness (USICH, 2015).

RRH providers across the country employ an array of services aimed at increasing housing stability, but the nature of the services provided varies greatly from program to program and their success in improving long-term outcomes is largely unknown (Cunningham, Gillespie, & Anderson, 2015). The National Alliance to End Homelessness (NAEH) has proposed the following as the three core components of RRH: are housing identification; rental and move-in financial assistance; and case management (NAEH, 2016). These components may be delivered by a single provider or in partnership with others. All components must be made available to all clients, but services are individualized based on client needs and priorities; thus, not all clients will receive the same mix of services or necessarily participate in all three components.

In 2016, the National Alliance to End Homelessness, the Melville Charitable Trust, and the Connecticut Coalition to End Homelessness partnered with the Hunter College Silberman School of Social Work's Center for the Advancement of Critical Time Intervention (CACTI) to adapt CTI for use in RRH programs. The project's goal is to furnish RRH providers with a standardized best practice model that can be employed across multiple settings, populations and locations. CACTI staff led the development of the adapted model following an extensive review of published and unpublished literature on RRH, interviews with key informants as well as multiple focus group sessions conducted with front-line RRH providers located in several states including Connecticut, California, New York, New Jersey, Virginia and Washington, DC.

Rapid Rehousing and Case Management

The original CTI model was an intensive, nine-month case management approach designed to reduce the risk of recurrent homelessness among adults making a transition from shelters to housing (Susser et. al. 1997). In a set of three timed phases, CTI aimed to connect these vulnerable individuals to crucial services and supports and assisted them in navigating complex systems of care during the transition period. The goal was to create deep, lasting connections to supports that would remain in place after the intervention ended, so that its impact would endure well beyond the end of the active intervention period. Although initially tested with single adults with severe mental illnesses and substance abuse problems, the model developers viewed the approach as potentially relevant to other populations and transition periods. CTI is in broad use nationally and internationally and considerable research evidence supports its effectiveness in a variety of settings (Herman et. al., 2007)

The main differences between the original CTI model and the adaptation described below are the target population, briefer duration and the interface with the rapid-rehousing rental subsidy. As noted, while the original model targeted chronically homeless single adults with severe behavioral health challenges, CTI-RRH will serve families and single adults who do not necessarily have such health challenges and are typically not chronically homeless. While persons served by the original CTI programs often had access to permanent supportive housing, CTI RRH targets persons using time-limited subsidies to rent independent housing. Like its predecessor, CTIRRH leverages timing as a key element in its design, which is critical in the context of providing effective and efficient assistance to persons facing acute housing and economic transitions. CTI-RRH delivers short-term targeted services designed to increase economic resources and connect clients to community supports that will help clients retain housing after the rental subsidy and intervention period end.

Like all case management or care coordination models, CTI relies primarily on mobilizing and organizing existing services and supports; it does not create additional housing, income, treatment or other resources on its own but seeks to maximize access to and the impact of existing resources. Since communities differ significantly on the availability of such resources, its effectiveness can also be expected to differ from place to place. However, the objective of the model is to magnify the impact of services and supports that are present.

Critical Time Intervention for Rapid Rehousing

Goals

The primary goal of CTI-RRH is to improve the client's capacity to remain housed during program participation and beyond by effectively connecting them with crucial community supports and helping them to attain greater economic stability. CTI-RRH is not designed to resolve poverty, and in many cases clients' housing may remain precarious, although most are expected not to return to homelessness. Instead, CTI-RRH aims to best position the client for ongoing housing stability by maximizing available resources and supports. In order to achieve this, the intervention focuses exclusively on factors that directly influence housing stability, including: obtaining and coordinating financial benefits; accessing health care, child care, employment and education services; as well as improving management of financial resources and connecting clients to effective social and community supports that can address other barriers to maintaining stable housing.

Model Summary

CTI-RRH addresses the unique timing and the nature of challenges experienced by RRH recipients by providing highly focused case management services during the period of transition from homelessness to housing and effectively linking clients to supports that will help to sustain resources and assistance after RRH support ends. The model is intended to be flexible; it can be applied to all populations receiving RRH, including single adults, families, and youth and in either rural or urban areas. Its core values are the same, as are the main activities in each phase of the intervention. The main differences between how CTI-RRH will be implemented in different contexts pertain to the intensity of service, and the key focus areas identified as critical in the context of each individual or family's housing plan. These factors will be determined by the CTI worker in partnership with the client and will depend upon the resources available in different settings.

CTI-RRH is a six-month model composed of the following three distinct phases, each approximately two months long. Phase One (Transition) aims to engage clients and build an effective relationship, conduct a thorough assessment and develop a housing stability plan that leverages client strengths and community resources, and begins to link clients to needed services and supports. Phase Two (Try Out) focuses on adjusting, maintaining and strengthening these connections as well as the client's capacity to make use of them. Phase Three (Transfer) concludes the CTI worker's role by ensuring the client's connection and

capacity to access needed supports and plan for future challenges on their own. The amount of contact between worker and clients should decrease as clients move through the phases of CTI-RRH promoting a gradual transition to community supports.

Three Phases of Critical Time Intervention

Phase One: Transition	Phase Two: Try-Out	Phase Three: Transfer
Months 1-2	Months 3-4	Months 5-6
<ul style="list-style-type: none"> • Engage client • Assess client strengths and needs • Establish Housing Stability Plan • Provide emotional support as needed • Identify and begin linkage to services and supports 	<ul style="list-style-type: none"> • Continue assessment of strengths and needs • Evaluate support network elements • Adjust supports as needed • Encourage client self-advocacy to saint supports and resources 	<ul style="list-style-type: none"> • Assume monitoring role • Ensure secure connections to services and supports • Terminate relationship

It is recommended that decisions regarding amounts and duration of financial assistance provided to rapid rehousing clients **not be made** directly by CTI workers but by other personnel employed by the provider organization. This is intended to promote the development of a strong working relationship between clients and CTI workers in which clients view the worker as an ally with whom they are comfortable sharing goals, needs and challenges openly and honestly.

Phase One begins (the CTI-RRH “clock” starts) when the client initially moves into housing. The preceding activities--including housing search, placement and move-in—are seen as occurring during a “pre-CTI” period. This period typically focuses on supporting clients to locate suitable housing near supports and resources and is ideally delivered with the help of a housing specialist with specialized expertise in identifying suitable housing.

Regardless of which worker is responsible for assisting with the housing placement process, the CTI case manager will begin Phase One activities when housing has been identified and the move-in process is underway. In cases in which the pre-CTI work is being handled by someone other than the CTI worker, we recommend that the CTI worker meet the client at least once or twice before the move-in date; this facilitates the development of an effective working relationship between worker and client and expedites the worker's assessment of clients' strengths and needs.

Core Components

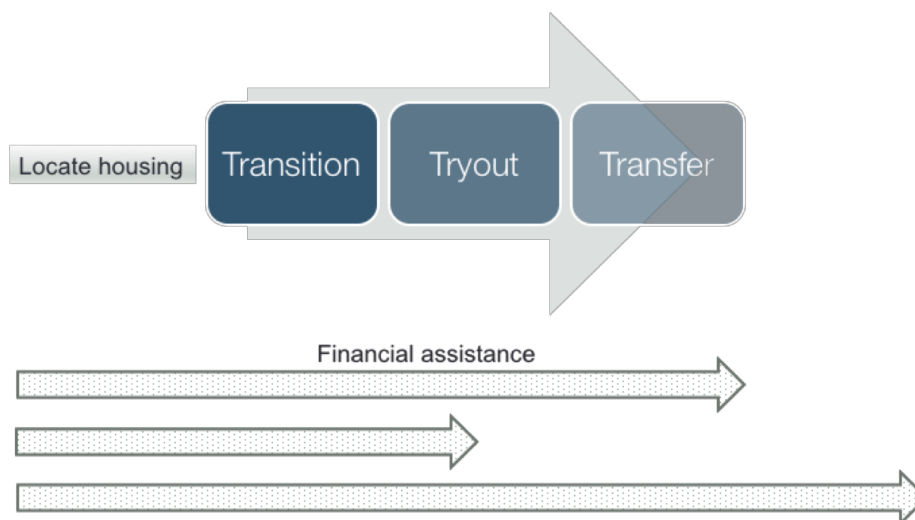
While CTI-RRH shares a number of characteristics with traditional case management approaches, the following are core components that distinguish the model.

- **Time Limited:** Case management assistance is limited to six months duration. It may be extended with explicit justification but only with prior supervisory approval.
- **Three Phases:** The intervention takes place in three phases, each phase having the same duration.
- **Decreasing Contact:** Workers have fewer face-to-face and telephone contacts with clients as the intervention progresses.
- **Highly Focused:** One to three areas of focus for each phase are selected from the program's list of CTI areas.
- **Small Caseload:** Each worker's caseload size is no more than 20.
- **Community-based:** During Phase One especially, significant contact between workers and clients occurs in the community.
- **Weekly team supervision:** Workers have weekly team supervision meetings, led by a supervisor, who is a master's level clinician trained in CTI.

Aligning the Duration of RRH Case Management with Rental Assistance

The duration of financial assistance provided in RRH programs varies widely across service settings, as does the duration of case management assistance. The six-month timeframe for CTI RRH was selected because it offers what we believe to be a reasonable amount of time to complete the three phases, and represents a middle ground between current program models that provide relatively short-term assistance (three months) and those that are much longer (over one year).

However, we recognize that the duration of financial assistance offered may end prior to the end of CTI RRH or extend beyond it as shown in the accompanying figure.



Core Values

The following underlying core values should guide the delivery of the CTI-RRH model.

Strengths-Based

The CTI-RRH worker should ground his or her approach in a strengths-based assessment of the person or family in their environment. The work should center on leveraging the client's inner resources, and connecting and maintaining outer resources for the goal of long term housing stability. Within this frame, the case manager should honor the client's right to self-determination by empowering them to make important decisions about themselves and/or their family employing a shared decision-making approach. In all cases the case manager should work alongside the client as a partner and collaborator in the work.

Individualized

Clients receiving RRH are extremely diverse and will vary in strengths across a broad continuum. Some clients may be capable of resolving their current experience of homelessness with little intervention needed beyond basic financial assistance. Others may have serious challenges associated with mental illness, addiction, domestic violence, or have persistent barriers to employment, thus CTI RRH caseworkers should adjust the level of direct assistance provided based on client's presentation of need. Caseload size may vary depending on program resources, but should be small enough to ensure that individually

tailored services can be effectively delivered. Although the intensity of service provision may begin at different levels for different clients, as noted above, the general direction is from greater to lesser intensity over the three phases.

Culturally Sensitive

The CTI RRH case manager should adhere to a value base that respects the differing world views, perspectives, and experiences of the clients. Clients may have deeply held views about money, government assistance, and financial institutions that inform their decision making and may be in opposition to what the case manager views as constructive in the context of the housing plan. These issues should be approached with sensitivity and care, and honor the self determination of the client. For some clients, helping family members or sending money to their country of origin may be of higher priority than paying a utility bill or buying clothes for an interview. Some clients may not want to disclose information about personal finances and appear to be withholding or “noncompliant”, when in their view, they are safeguarding their privacy. Beliefs about receiving government assistance, lending, borrowing and saving money may also be tied to cultural traditions or values. To the extent possible, case managers should strive to balance the goal of increasing economic and housing stability with a sense of respect and understanding of client values, needs and subsequent choices.

Transparent

Clients have a right to know the exact nature and extent of the services they are eligible to receive, including the duration of financial assistance and case management support that will be provided. In some cases, case workers may believe that clients will lack motivation to complete goals if they know they have several months before assistance ends. However, if clients lack accurate information about the nature and duration of assistance being offered, they may become anxious and confused about how their efforts over the short-term will lead to positive long-term housing outcomes. Transparency maximizes the likelihood of developing an open and productive relationship between worker and client and encourages clients to share important information with the worker. Motivation should be addressed by communicating with the client about the realities of what they can achieve within the given time frame, coupled with a careful plan to achieve those goals.

Trauma Informed

Substantial research demonstrates that the majority of persons who become homeless have been exposed to one or more severe traumatic stressors in either childhood or adulthood or both. Many homeless persons have histories of domestic violence that is itself a common precipitant of homeless episodes. These exposures may lead to a variety of adverse health and mental health impacts that compromise clients' capacities in a variety of life domains. Trauma informed care incorporates an understanding of these impacts into case management practice by emphasizing safety and promoting opportunities for clients to rebuild a sense of control and empowerment. Establishment of trust between workers and clients is central to trauma informed care and is promoted by the values noted above including transparency, cultural sensitivity, shared decision-making, and recovery-oriented strategies to promote safety and autonomy.

Progressive Engagement

The CTI-RRH model is guided by the assumption that the majority of clients can succeed within the six-month timeframe. However, we recognize that some clients may not be stably housed or successfully linked to needed supports by the end of this period. For such persons, programs should have explicit procedures in place that authorize extended or enhanced assistance, however these exceptions should be carefully justified and require approval by supervisory staff.

The CTI RRH Team

CTI-RRH employs a team approach with two key roles:

CTI Workers— provide all case management services during each phase of CTI-RRH. Effective CTI caseworkers function as a trusted ally, advocate and case manager and possess a keen eye for detail and timely follow-up. The ideal CTI RRH worker is a person with a background in human services who is committed to applying Housing First principles to end homelessness. He or she has a firm understanding of the personal challenges and systemic barriers associated with poverty and the experience of residential instability and applies an open, flexible and optimistic approach to the work that does not make unwarranted assumptions or judgments about the client’s situation. He or she should be adept at interdisciplinary team work, comfortable working in the community rather than the office, effective at reaching out and building alliances with other providers, and endowed with a strong ethical sense and respect for the dignity and worth of the client. While some education beyond high school is preferred, a capacity for relationship building, empathy, and support are more accurate predictors of a case manager’s potential effectiveness. An ability to use non-judgmental language in complex situations and consider various options is imperative, as is the capacity to operationalize a family’s goals and objectives.

CTI Supervisor— oversees services delivered by the team’s CTI workers. Through involvement and practice with people affected by homelessness, the supervisor demonstrates proficiency in guiding the case worker’s activities during all phases of the intervention. He or she ensures that caseworkers practice is consistent with the phase-specific activities and foci of the CTI model and that clients’ progress is carefully monitored to ensure that phase transition dates are observed. He or she also ensures that model-specific case planning and recording documents are being completed correctly and are up to date for all workers. The supervisor should encourage open communication and demonstrate a willingness to support, as well as instruct, supervisees. The supervisor should be a masters level social worker or other human service professional.

The Three Phases of CTI RRH

Pre-CTI (Housing Placement)

During the Pre-CTI housing placement phase, the client and housing specialist work together to identify housing in a location that is acceptable to the client and ideally nearby familiar services and supports. Strong advocacy in this phase is crucial, as barriers to successful housing placement can include landlord discrimination, lack of affordability, a limited housing stock, or difficulty locating housing nearby clients' workplace, their children's schools, or family and friends. Families or individuals who settle for poorly located housing may be more likely to move quickly and may lack access to familiar supports and services. These circumstances reduce overall housing stability and increase the risk that clients will become homeless again. Special consideration in this phase is necessary for clients who have experienced domestic violence in order to ensure they are housed in a safe location.

The housing specialist should remain as the primary service provider until the client has successfully moved in to their new home. However, CTI worker should aim to meet the client when the housing search begins and, if possible, attend the lease signing. These efforts will promote effective engagement and help the worker develop a preliminary picture of the client/family's strengths, challenges and priorities. Unlike the following three CTI phases, which each have a fixed duration, pre-CTI may vary in duration as the housing identification process is unpredictable. The transition of primary responsibility from the housing specialist to the CTI worker should follow in a carefully planned manner. This may include a conversation between the client/family, the housing specialist and the CTI worker to discuss what was learned during the housing placement phase, along with the passing of information related to client's needs and strengths that can be valuable to the case manager in moving forward to Phase One of CTI.

In many communities, there is a shortage of affordable housing for people with extremely low incomes. Affordable rent has traditionally been defined as an amount that does not exceed 30% of a household's income. However, in many communities may no longer be a realistic goal. Therefore, programs should not on their own define affordability for individual clients and should instead work with them to identify housing that the client feels both meets their needs and fits within what they project to be a reasonable future budget.

While this should ideally be housing in which the client is a permanent lease-holder, non-typical arrangements such as single room occupancy units or shared housing should not be ruled out.

As noted above, there should ideally be a separate housing specialist who provides housing services in the Pre-CTI phase. The work of a housing specialist is complex and involves both direct client interaction and establishing effective connections with private landlords and local housing organizations, both of which are time-consuming and require specialized knowledge and skills. The reality is that some agencies lack sufficient resources or demand to employ separate workers for these tasks. In these cases, the CTI worker may be responsible for both housing search/placement activities as well as delivering the subsequent CTI-RRH intervention.

Phase One: Transition to Housing

The transition phase is centered on continuing the engagement, relationship-building, assessment and planning, ideally building from the process that began in the Pre-CTI phase.

Assess Needs and Strengths

During this phase, the case manager should conduct a thorough assessment of the client's needs as well as social and economic resources. Special attention should be given to factors precipitating housing loss in the past, since experience demonstrates that similar issues and problems are likely to recur. Because the intervention is time-limited, services must be prioritized; some can be addressed later but a few will need immediate attention. Careful assessment of concrete needs ensures that all possible sources of income are leveraged on behalf of the client. This may entail helping the client obtain welfare subsidies they are entitled to as well as connecting to employment or workforce development programs, as needed. In some cases, CTI workers will assist clients in applying for longer-term, more permanent housing subsidies if available. In addition to a comprehensive understanding of income needs, case managers working with families should investigate special areas of need related to financial management, health and wellbeing, and children's care and education.

Assessment of Financial Management & Negotiating Shifts in Income

Clients will have a wide and diverse range of need in the area of managing their financial resources. Some people experience homelessness as a result of a sudden and unexpected decrease in income, and not because of their inability to manage household funds. In fact, many low-income households are highly skilled at handling limited resources therefore workers should not assume that clients are deficient in this area. Conversely, some clients--including those with modest financial resources--will need a great deal of assistance in negotiating and managing finances. A thorough assessment that explores the strengths, challenges and client's wants in this area will assist the case manager in designing an appropriate intervention.

Many clients are 'unbanked' for a variety of reasons that may include fears related to immigration issues, distrust of banks, or a concern that wages will be garnished for unpaid debts. Others may have limited experience with banks and feel safer dealing with cash. Case managers should be sensitive to the client's comfort level with banking and seek to educate clients and offer other options where needed.

Clients may need a range of financial assistance that extends beyond the case manager's expertise. This may include credit repair issues, unpaid or unfiled taxes, and facing child support arrears or debt collectors. The role of the case manager is to assess these situations and locate and link the client to programs or experts that can assist them in these areas. Financial issues for people who have experienced homelessness are often laden with emotion, and clients may be reticent about sharing information that they view as embarrassing or shameful. Therefore, the case manager's efforts to build trust and rapport with the client are critical to both obtaining an accurate assessment and serving as liaison/advocate to community resources in this area.

The ability to pay rent over the long term is a primary challenge for many families and individuals exiting the shelter system. An increase in income does not automatically lead to increased self-sufficiency as clients often face a reduction in welfare benefits which may negate their initial gains. This is a "welfare cliff" and a critical time for intensive intervention. Clients need assistance in negotiating this perceived disincentive, and CTI RRH case managers should be well-informed about their local welfare eligibility criteria in order to anticipate these shifts. These rules are complex and change rapidly, therefore case managers will need to regularly check with local welfare agencies to stay abreast of new developments.

Assessment of Children's Educational and/or Child Care Needs

Homelessness can significantly disrupt a child's education, which leaves them less likely to develop the skills necessary to avoid poverty as an adult. Nationwide, only 77% of homeless children attend school regularly and 51% have had to transfer schools two or more times (US Department of Education, 2004). Homeless preschoolers have historically faced significant barriers to education, and recent years have seen a drop in their enrollment in publicly funded pre-school (National Center for Homeless Education, 2011).

The CTI RRH case manager should seek to ensure that school age children are in an appropriate school setting and, if necessary, are receiving additional supports to address emotional/behavioral and academic needs.

The bureaucracy of public school districts can be daunting, complex and intimidating to parents, many of whom are not aware of their rights under the law. The case manager should be prepared to advocate on behalf of the parent and child or help them link to an

organization within the system who will, such as a school's McKinney-Vento liaison. Children who have recently experienced homelessness may be struggling to adjust to a new school environment, which can manifest in a decrease in academic achievement, difficulty with peers, and/or emotional and behavioral challenges. These circumstances create strain for the entire family, and can lead to a setback in the parents' ability to achieve other goals. Children may need additional mental health supports beyond the capacity of the school district to provide.

Parents who cannot access affordable, quality child care will not be able to work. At the current market rate, high child care costs for low income families necessitate connection to child care vouchers, or programs such as Universal Pre-K and HeadStart. Case managers should establish relationships with local child care providers as a means to successfully connect clients to reputable, affordable programs. Parents should not be pressured to leave their children in low quality, unreliable child care. This places the child at risk, and will not aid the parent in achieving longer term work and housing goals.

Assessment of Health and Wellbeing Needs

Homelessness restricts a person's access to critical health supports. The source of health care has been found to be significantly different between housed and homeless individuals. In families, homeless children are half as likely as housed children to use a primary care physician for services and twice as likely to use hospital emergency room or have no source of care (Shinn, et al, 2008). This result was also found for mothers (Duchon, Weitzman, & Shinn, 1999). Food insecurity is prevalent among low-income families, but homeless children are more likely to experience severe hunger (Weinreb, Wehler, & Perloff, 2002). Having recently experienced homelessness and relocated to a potentially new neighborhood, CTI-RRH clients may be separated from known health care providers, and are likely not to have had regular access to care during their shelter stay.

CTI-RRH workers should work to ensure that clients have access to health insurance and a new primary care physician or clinic in their new neighborhood. Since finances may continue to be strained, food insecurity can become an ongoing threat. Workers should remain aware of the household's access to nutritional food through SNAP benefits, but also by connecting clients to local food pantries which may be used in emergencies or to supplement regular food shopping.

Establish the Housing Retention Plan

The assessment will inform the development of the Housing Retention Plan. The housing plan establishes a broad guide for the planned activities of the CTI worker throughout the intervention that will increase the likelihood that clients will retain housing following the end of RRH support. It should clearly describe the expected housing arrangement that clients will occupy when CTI ends along with the expected plan for affordability so that the housing can be maintained in the months to follow. Projected income needs and sources should be identified along with attainable steps needed in order to achieve needed income targets.

The plan should clearly identify the barriers to obtaining or maintaining permanent housing, such as low income, poor or no credit history, criminal records, and previous evictions, so that they may be adequately addressed during the CTI-RRH intervention. Quality Housing Retention Plans should explicitly identify strengths and resources the client possesses that will aid them in overcoming the identified barriers and meeting their goals.

Housing Retention Plan goals can then be used to identify specific focus areas that guide the activities of the worker during each phase of the intervention. These should become the one to three Focus Areas that will guide the worker's activities during Phase One. Focus Areas should be selected from a "menu" of domains that reflect the most common areas of need for the populations being served by the program. These potential Focus Areas should be clearly indicated on the *CTI Phase Plan*¹ document, along with the justification for selecting the Focus Area as well as one or more specific goals associated with each area.

Identify Phase-specific Focus Areas

At the beginning of each phase, the worker and client develop a service plan that identifies a short list of Focus Areas that will be addressed during the upcoming phase and that will guide the efforts of the worker to establish effective links to services and supports. The selected Focus Areas should address needs that are directly tied to the maintenance of stable housing by the family or individual being served and should be selected from a "menu" of areas identified by the program.

There may be a wide array of life challenges facing the client, but only those that are directly associated with threats to ongoing housing stability should be included as Focus Areas in the Phase Plan. As these are addressed, other issues can be tackled if resources and time allow,

¹ See Appendix for sample CTI-RRH Phase Plan and service recording templates

and ultimately the client should be connected to services that will extend beyond the CTI RRH relationship. These potential Focus Areas should be clearly indicated on the CTI Phase Plan document, along with the justification for selecting the Focus Area as well as one or more specific goals associated with each Focus Area.

- Common Focus Areas -

- **Income generation (benefits, employment)**
- **Budget management**
- **Survival needs (food, clothing, furniture, etc.)**
- **Health and mental health**
- **Child care**
- **Transportation**
- **Education (child/adult)**
- **Legal concerns**
- **Family relationship issues**

The initial plan is modified based upon the worker’s assessment of the goodness of fit between the needs and strengths of the client and the demands and supports present in the community. The worker should identify only one to three focus areas during Phase One; these may continue as primary focus areas during the following phases or may be revised to reflect changing needs, resources and available supports. Focus areas should be few in number so that workers’ efforts are not rendered overly diffuse. Limiting focus areas also minimizes the likelihood that case management activities will be inordinately driven by responding to the “crisis-of-the-week” at the expense of maintaining a longer-range perspective that will hopefully lead to housing stability when CTI-RRH ends. At the same time, workers must retain sufficient flexibility so that they can respond in a helpful way when crises emerge and there is no other source of assistance in place (particularly likely during Phase One).

Common Phase One Tasks

As noted above, Phase One typically requires the most intensive direct involvement by the CTI worker in promoting the goals identified in the Housing Retention Plan. Significant in-person contact with clients and members of the client's developing support network is a hallmark of this phase. Such contact is important in order to both help build a solid working relationship with the client as well as to help the worker develop an accurate assessment of clients' needs and capacities and the challenges and opportunities present in his or her environment. Phase One also emphasizes the worker's role in creating solid links between the client and formal and informal sources of support.

The Importance of Home Visits

During Phase One, CTI workers visit the client in their new residence to evaluate the client's adjustment to their home, and maintain frequent face-to-face and phone contact. Some clients may not immediately feel comfortable in a new neighborhood, or may be struggling with negotiating transportation and locating basic services. Accompanying clients to appointments or on errands or to introduce them to local merchants may help them adjust to their new surroundings. CTI workers also help clients strengthen their ability to advocate for themselves. These linking services will taper off as the intervention progresses, with the expectation that the client will eventually be adept at identifying and accessing resources independently.

Forming Linkages

Effective and enduring linkages are crucial to the success of the model. Creating these links differs from simply "making referrals." On the contrary, it should reflect an active, intentional process that is gradually tested and modified as indicated. The process of forming enduring linkages to community providers can be illustrated by the metaphor of a relay race. Although there is a delineated area in which the baton must be passed in any relay (the six-month period of CTI-RRH), the process is most successful when the runner receiving the baton gets a running start. The runner passing the baton and the receiver must run alongside each other as they both share a hold on the baton until it has been securely passed. This represents the shared responsibility for the client outcome that especially marks the latter part of the Transition phase heading into the Try-Out phase. We will explore the process of evaluating the strength of these linkages in our discussion of the Try-Out phase.

Dealing with Client “Resistance”

When the offer of case manager support is rejected during Phase One, workers should recognize that some clients exiting shelter understandably wish to be free of the “system” and may view contact with the CTI worker as an added burden rather than a potentially helpful relationship. In such cases, the worker should attempt to reframe the intervention as a source of support and resources that can be negotiated based on the client’s need and willingness to participate. While workers should continue to make efforts to engage such clients, the decision to accept or reject case management services should ultimately rest with the client. Coercion to receive services is clearly inconsistent with the CTI model’s emphasis on client self-determination and shared decision-making.

Phase Two: Try-Out

This stage is devoted to testing and adjusting the linkages to services and systems of support that have been established during Phase One. Some areas will need to be targeted for more intensive work, especially those that may not be operating effectively. Particular attention should be paid to areas and issues that have triggered housing crises in the past. The case manager should use his or her judgment about how active to be at this stage; ideally, the case manager should step back a bit and observe how sturdy the new community links are and intervene where further adjustment of existing linkages (or the development of new ones) is needed.

Where areas of the system and elements of the Housing Plan seem to be operating smoothly, the case manager can become less active with the client. In areas that are taking more time to settle and when problems arise, a case manager may assist in providing mediation to find a suitable resolution. In this stage, the CTI RRH case manager can make a fuller needs assessment in the context of the client's new living situation. There he or she will see the client at home with basic resources in place and observe where there continue to be holes in the system and where the client needs more or less support or services.

When problems arise between the client and new community providers, the CTI RRH case manager might schedule a meeting with all parties to try to resolve the difficulty. It is very important during this stage for the case manager to act as a liaison between the client and his or her resource providers. These new community connections are still tenuous and need to be reinforced as much as possible.

Assessment of Linkage Viability and Plan Progress

During this phase the CTI RRH case manager steps back to see how well the client can manage their housing stability with the current support system and is ready and able to step forward again if needs arise. The goal is to allow the client to maximize strengths while remaining available to help in areas where additional support may be needed. While some direct, assertive intervention by the CTI RRH case manager may still be necessary, the priority should be placed on building client capacities while strengthening linkages with community-based supports. In assessing the linkage, emphasis should be placed not only on ability of the community resource to respond to and meet the client's needs but also on the client's ability to seek and make use of help that is provided.

The case manager should continually re-assess the client's need for, and access to relevant behavioral health resources, the need for which may become more apparent as the worker's relationship with the client solidifies. If the client has experienced obstacles to care, now is the time to address those barriers by either locating a new support or troubleshooting the existing linkage. To the extent possible, clients should be empowered to act on their own behalf with the case manager standing by, ready to step forward if necessary.

Common Obstacles Encountered

In some cases, the leveraging of community resources, welfare benefits and work will not be sufficient to support the payment of monthly rent without additional financial assistance. In such cases, case managers and clients should work together to re-assess the long-term viability of the housing plan and think creatively about other means of increasing resources, such as apartment-sharing (if reasonable), or reuniting with family members who can assist.

Having sufficient financial resources to cover rental costs does not necessarily mean clients will always pay their rent in full or on time. In such cases, workers should not assume clients are behaving irresponsibly. Clients may have multiple economic pressures on them that aren't readily visible or that aren't shared. This may include family members in need or unexpected expenses for children. These obligations may seem like a low priority to case managers, but they may be an opportunity for an individual to give back to someone who has helped them or to feel competent as a provider for their family. Phase Two is a good time to assist clients with negotiating these challenges by revisiting the Housing Retention plan. A strong working relationship, if established during Phase One, will help the case manager to initiate conversation around potentially challenging and sensitive topics such as this.

Phase Three: Transfer

The final phase of CTI-RRH focuses on completing the transfer of primary case management responsibility to the community resources that will provide longterm support to the client. The number of direct contacts with the client should be few during this phase as the worker ideally functions more as a consultant than in a direct helping role. Throughout the intervention, the CTI worker should have gradually reduced his or her role in directly assisting the client with the goal rendering him or herself an unnecessary component of the client's support network. This gradual process ensures that the termination of CTI is not perceived by the client as a sudden, potentially traumatic, loss. It also helps the worker to be more confident that terminating the case management relationship will not lead to abrupt housing loss as the client is forced to confront future challenges on their own. One of the strengths of the CTI model that differentiates it from traditional case management services is that the transfer-of-care process is not abrupt; instead, it intentionally occurs over the full intervention period.

The main task in the final phase is to ensure that the most significant members of the support system meet together and, along with the client, reach a consensus about the components of the ongoing system of support. Ideally, this occurs at least one month before the end of the intervention.

Assessment Linkage Viability and Housing Retention Plan Progress

Since the CTI RRH relationship will be ending after this phase, it is vital that all links to community providers are secure. Last minute fine-tunings may be needed, but ideally everything should be in place for the client's network of long-term support. During these last two months, the CTI RRH case manager, client, and various key network members should meet together to discuss the transfer of care, and go over long-term goals. These key network members might include informal supports like friends, family members, or community organizations and more formal service provider supports including therapists and employment specialists. Ideally, this discussion should take place at least one month before Phase Three ends, to allow time to address any obstacles. If it proves too difficult to organize a face-to-face meeting, conference call may be an appropriate option.

In some cases, the worker and client may believe that ongoing support from the worker should be extended beyond the planned ending date of this final phase. While there may be

specific circumstances that would necessitate such an extension, these should be rare and well-justified. Reasons to extend the phase might include: time-sensitive issues around benefits, employment, relocation in which some important status change is imminent; a hospitalization or other health-related crisis experienced by the client or a family member; or other situations in which a short extension of services is clearly indicated. In these cases, the worker should clearly document the reasons for such an extension and seek supervisory approval at regular the team meeting.

Termination Issues- Preparing for the End of Case Management and Financial Assistance

A particularly salient issue during this phase is dealing with the end of the relationship between the client and the CTI worker. Clients may have anxiety about making ends meet and express doubt in their ability to manage. Case managers may have similar worries about how a client will do without their support. These anxieties may be legitimate in the face of ongoing financial strain, and termination may be equally difficult for both case manager and client.

This phase is a good time to review and reflect on the work that the client and CTI worker have done together. This is an excellent opportunity for workers to have a strengths-based conversation with their client about the progress they have seen during their work together and why they feel they are ready to move on independently. They might want to look at where the client was in the beginning of the intervention, where he or she moved to during the intervention period, and what the challenges are for the immediate and long term future. The case manager should ensure the client is aware of steps they can take in maintaining secure housing should unexpected challenges arise. These steps may include legal assistance or housing loss prevention services. The case manager should also discuss with the client who they will call in case they have questions or need further assistance, especially if the case manager will no longer be available as an ongoing support.

During this phase, the worker should be especially alert to responding to clients' feelings about separation, as the termination of the relationship may bring up painful feelings related to past losses. It is quite common for persons who have been homeless to have experienced significant disruptions in supportive relationships during childhood and adulthood that may still resonate strongly for some. In addition, the social service system itself constantly places clients in the position of needing to terminate supportive relationships as they move between programs, institutions and other settings. Even when clients are not moving on

themselves, frequent staff turnover in service delivery settings adds further instability to the interpersonal environment. While the end of the CTI intervention necessitates the termination of yet another relationship, the goal is to organize this process in an open, planned, and respectful way so that it can be seen as marking a point of achievement and providing hope for the future rather than as a sudden, potentially traumatic, loss.

It is important that the CTI case manager convey confidence that the client can continue to make progress and grow. The termination of the CTI RRH relationship can then be a step in the journey to greater self-sufficiency. Now that the client is stabilized, he or she may be able to revisit forgotten longer-term goals. The conversation, however, should also be framed with an understanding of reasonable goals to set for the near future. In this context, the two should discuss the client's strengths, new skills, vulnerabilities, and the "safety net" in place should the client need it. Finally, the client and CTI case manager should talk about their relationship-- what it has meant to them, and what they have gotten out of it. If appropriate, a small celebration may also be a nice way to mark the end of the CTI relationship.

Supervision in CTI-RRH

To ensure program quality and encourage fidelity to the CTI model, it is important that organizations provide regular ongoing supervision of workers delivering CTI in rapid re-housing programs. As noted above, supervisors should be either social workers, psychologists, mental health counselors or other masters-level human service professionals. Weekly team supervision sessions are the recommended format. This is seen as superior to individual supervision because it encourages sharing of important community resource information between team members as well as providing a forum for joint problem-solving and support. Supervisors should also put in place procedures to ensure that case planning and recording form are complete and updated regularly. Team meetings include the following elements:

- Case presentation of each new client
- Review cases that will end intervention within the coming month
- Review cases that are facing major crisis or cannot be located
- Review cases that have experienced major success or positive change
- Brief review of entire caseload every two weeks to ensure that phase changes are on schedule and that cases are not overlooked

References

- Duchon, L., Weitzman, B. C., & Shinn, M. (1999). The relationship of residential instability to medical care utilization among poor mothers in New York City. *Medical Care*, 37, 1282-1293.
- Herman, D., & Conover, S., (2002) *Critical Time Intervention Manual*, New York, NY: Center for the Advancement of Critical Time Intervention.
- Herman, D., Conover, S., Felix, A., Nakagawa, A., & Mills, D. (2007). Critical time intervention: an empirically supported model for preventing homelessness in high risk groups. *Journal of Primary Prevention*, 28(3-4), 295-312.
- Samuels, J., Hartnett, W., & Felix, A. (2011). *SSH Direction Home Workbook: Critical Time Intervention for Homeless Families*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration
- Shinn, M., Schteingart, J. S., Williams, N. P., Carlin-Mathis, J., Bialo-Karagis, N., Becker-Klein, R., & Weitzman, B. C. (2008). Long-term associations of homelessness with children's well-being. *American Behavioral Scientist*, 51, 789810.
- Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W., & Wyatt, R. (1997). Preventing recurrent homelessness among mentally ill men: a "critical time" intervention after discharge from a shelter. *American Journal of Public Health*, 87(2), 256-262.
- Weinreb, L., Wehler, C., Perloff, J., Scott, R., Hosmer, D., Sagor, L., Gundersend, C. (2002) Hunger: its impact on children's health and mental health. *Pediatrics*, 110(4).



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