

Critical Time Intervention For Rapid Rehousing Programs

Technical Assistance Replication Plan

Lessons from a Pilot in the State of Connecticut

Acknowledgments

The Critical Time Intervention (CTI) Pilot for Rapid Rehousing (RRH) programs in the State of Connecticut was made possible by support from the Melville Charitable Trust, the Connecticut Department of Housing and the tremendous efforts of the provider agencies who implemented this intervention.

Project Advisory Group Members

Melville Charitable Trust

Connecticut Department of Housing

Center for the Advancement of CTI at the
Hunter College Silberman School of Social Work

National Alliance to End Homelessness

Connecticut Coalition to End Homelessness

Housing Innovations



Overview

Purpose of the Technical Assistance (TA) Replication Plan

This TA Replication Plan (Plan) is a guide intended as a resource for funders, policy makers and practitioners who are interested in providing a program of technical assistance to organizations implementing the Critical Time Intervention (CTI) model in Rapid Rehousing (RRH) programs. CTI and RRH are complementary interventions with CTI offering a structure for practice that focuses service interventions. This Plan was developed based on lessons learned in the state of Connecticut which piloted an adaptation of CTI in the Department of Housing's (DOH) RRH programs. This Plan provides an overview of the project and the CTI model and provides a phased plan for implementing CTI along with a program of training and technical assistance.

Overview of CTI

CTI is a time-limited evidence-based practice that mobilizes support for vulnerable individuals during periods of transition. CTI has been successful in supporting the return to housing of people with serious mental illness, people experiencing homelessness, veterans and many other groups, and is in wide use across the US, Europe, Latin America and elsewhere. CTI facilitates housing stability, community integration and continuity of care by ensuring that a person develops tenancy skills and can meet the obligations of a lease, accesses and increases economic resources, and establishes enduring ties to the community and support systems to prevent a return to homelessness. Strong evidence supports CTI's effectiveness.

The adapted model has four phases: development of a trusting relationship along with housing planning and preparation (Pre-CTI); transition to the community (Phase 1); "trying-out" the community supports (Phase 2); and transfer of care (Phase 3). It is characterized by being time-limited and decreasing in intensity, as well as by having structured and regular supervision and caseload review.

CTI 4 RRH

CTI is especially well-suited as a case management model in support of rapid rehousing with homeless individuals and families because both models share important characteristics and

goals. First, CTI is time-limited; its explicit aim is to provide intensive, targeted support during a critical period and then withdraw. As such, it is compatible with efforts to intervene with people in crisis, especially during periods of housing instability. Second, CTI is not intended to become a primary source of ongoing support for vulnerable people; CTI workers aim to engage clients, locate effective services and supports in the community, and effectively link them together to promote long-term stability. Finally, CTI is highly focused; CTI workers do not try to address all needs that vulnerable individuals and families may have. Rather, CTI focuses only on the key areas that place the client at risk of future housing instability. As many readers know, rapid rehousing programs provide time-limited financial assistance and housing-focused case management support with the goal of ending housing crises as quickly as possible and connecting people with community resources post-program. Thus, CTI and RRH are a natural pairing.

Brief Description of the CT “CTI 4 RRH” Pilot Project

This project was made possible through the support of the Melville Charitable Trust (“Melville”) and the State of Connecticut Department of Housing (“DOH”). In partnership with Melville and DOH, the Center for the Advancement of CTI at the Hunter College Silberman School of Social Work (CACTI), the National Alliance to End Homelessness (NAEH), the Connecticut Coalition to End Homelessness (CCEH) and Housing Innovations adapted the CTI model for state-funded RRH projects across Connecticut and provided a two-year program of technical assistance (TA) and training to participating agencies.

The purpose of this project was to develop a CTI services model matched to rapid rehousing in order to improve outcomes for homeless families and individuals and reduce homelessness. RRH providers are not always clear on what services to provide. They are uncertain as to how to meet the needs of low barrier clients (those who need little assistance other than financial) versus high barrier clients (those that have had multiple episodes of homelessness, or who are disabled). They struggle with the different needs of individuals and families. They are unsure about when to cease providing services and, conversely, when further assistance is needed. In short, they do not have a standardized but flexible, short-term case management and services model that is geared to rapid rehousing. Further, there is no standardized approach to training, technical assistance and support for organizations and staff implementing rapid rehousing services. This is often the result of limited resources, time and/or expertise to plan and deliver staff education programs.

This impedes the effectiveness of the intervention at a program level. It also impedes an overall change of approach at the community or systems level, and thus the overall ability of rapid re-housing to reduce homelessness. To address these challenges, CTI, an evidence-based case management model focused on providing transitional support, was chosen to form the basis for developing a services model for rapid re-housing. A comprehensive and structured program of training and support was provided for the duration of the pilot.

The pilot project included model development and adaptation of the existing evidence-based CTI intervention for the briefer period of assistance planned for RRH; the development of a fidelity scale, manual, training curriculum, tools and forms for providers; and a two-year program of support through ongoing group trainings for direct service staff and program supervisors, “Communities of Practice” learning collaborative meetings, and one-on-one TA with individual agencies. Planning for the project began in 2016; CTI was launched in the seven nonprofit agencies operating state-funded RRH programs in March of 2017; technical assistance and training was provided from inception through the end of 2018; and fidelity reviews were conducted at four agencies in the summer of 2018.

The pilot was guided by a Project Advisory Group comprised of representatives of all project partners as well as the consultant engaged on the Melville Charitable Trust’s *Secure Jobs*² initiative (an employment-focused program that was implemented in some of the same agencies that were engaged in the CTI pilot). The Advisory Group met at least quarterly (and sometimes more frequently) during the course of the project to assess progress, identify policy issues for follow up, discuss refinements to the model and TA plan, and review the results of the fidelity reviews.

Throughout the course of the project, training, technical assistance and support was provided to the agencies implementing CTI by seasoned practitioners and researchers with extensive knowledge of CTI. All project curriculum, tools and sample forms were posted on CCEH’s website as they were developed.

² See more on Secure Jobs at <https://melvilletrust.org/work/securejobsconnecticut/>

Core Technical Assistance Interventions included:

- **Group Trainings** – ongoing in-person seminars three to four times per year. Topics included Overview of CTI Practice, Supervision and CTI, Building Motivation for Housing Stability, Engagement and Housing Stabilization Services, Connections to Employment and Community Resources. Training sessions were led by CTI trainers and included agency staff and outside resources as presenters based on the topic. Due to staff turnover, some trainings needed to be repeated. Additionally, people integrated the content over time and “booster” sessions were offered based on needs identified as the project evolved.
- **Community of Practice Meetings** – facilitated “learning collaborative” style in-person meetings where agency staff could learn from each other and obtain consultation from CTI TA providers. These meetings focused on a variety of subjects and provided an opportunity for agencies to share best practices, brainstorm around challenges and receive case consultation from the facilitators as well as their peers. Sessions also focused on how agencies were incorporating CTI into their programs and related implementation lessons. Sharing across agencies was invaluable.
- **One-on-one Remote Consultation with Agency Staff** – telephone/videoconferences with individual agencies and CTI experts to review specific program challenges and successes, conduct case reviews and receive consultation from TA providers. The majority of the sessions included case consultation, which provided an opportunity to discuss individual participants in depth and respond to agency and program-specific learning needs. The consultation calls also provided an opportunity to work more in-depth with supervisors and focus on support for staff to promote participant movement through the phases.
- **Fidelity Reviews** – agency chart and document review and interviews with agency staff led by CACTI to assess fidelity to the CTI model. Written reports were distributed to individual agencies and a summary report delivered to the Project Advisory Group. A subset of agencies were offered the opportunity to participate in the fidelity reviews and all found the process helpful for implementation.
- **Tools and resources for agency staff** – a set of implementation tools were developed for agencies. These included a CTI Manual, training curriculum, FAQ’s, CTI Talking Points for the public and clients, a self-assessment tool for agencies to evaluate implementation and a video to “on-board” new hires. Links can be found at <https://www.criticaltime.org/>.

Why Implement CTI in RRH Programs in Your Community?

As noted, CTI and RRH are complementary and staff in the pilot universally reported that it helped to focus their work, prepare clients for the termination of assistance and make effective “warm handoffs” to other services. Since CTI is based on sound housing-focused case management services, the activities and practices it employs are familiar to agencies but the model provides a helpful structure that supports organized delivery of these services. The focused and time limited nature of CTI aligns with the need for RRH programs to limit the scope of direct intervention and connect people to community-based resources necessary for housing stabilization and ongoing support. During the pilot, staff repeatedly expressed that CTI helped them focus and be less overwhelmed by the extensive needs presented by participants. Additionally, CTI offers an opportunity to standardize practice across agencies and programs ensuring a more consistent service experience for consumers. Finally, the blending of CTI and RRH gets good results. RRH programs in Connecticut that implemented CTI had double-digit increases in the number of participants increasing income, average lengths of stay of just over six months and low rates of returns to homelessness (below 10%).



Technical Assistance Replication Plan

Technical Assistance Replication Plan

What follows is a phased approach that can be used to support CTI implementation in RRH programs. We estimate that most systems will require roughly two and a half years between initial project planning to full implementation. By no means is this list of tasks exhaustive, and implementation involves many sub-tasks not described here. Some tasks are sequential but many are iterative especially after the first year.

Phase 1 Tasks: Project Planning and Program Development (Allow at least 4-6 months)

- **Define your Project Advisory Group and Project Manager.**
 - Organize an ongoing project advisory group. Identify expert stakeholders in key areas, such as RRH, CTI, employment, and local policy issues as well as funders and advocates. Plan to discuss the implementation process on a conference call or in person, at least monthly for the first year to address policy issues, program development questions, share learning, and shape technical assistance. It is important that this group is committed to "owning" the implementation and sees itself in a leadership role.
- **Convene monthly Project Advisory Group meetings for the first 12 months of work.**
- **Identify resources and engage TA and Training Providers and Fidelity Reviewers.**
- **Determine if you will implement CTI with all RRH programs or a specific cohort.**
 - If agencies are new to the provision of RRH services as well as CTI, there may be benefit to waiting until after at least six months of RRH implementation before implementing CTI. This allows time to develop basic operating policies and procedures, enroll some participants and get a basic understanding of the RRH model.
 - Ensure agency decision-makers are involved at the beginning and at various points throughout the process. CTI is not just a case management service. There are policies, procedures and resources needed to support implementation that require

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the involvement of executive/leadership staff. For example, policies and procedures regarding the frequency of assessment and service plans, documentation requirements and safety in the field usually require revisions to align with and support sound CTI practice. And staff need resources for work in the field and the community. A home visit might require two workers due to neighborhood safety concerns or connections to community services may be better negotiated at the agency level, rather than by individual workers.

- **Allow time for model and program development before providing trainings or beginning implementation.**
 - Establish a model development team that includes people with knowledge of both RRH and CTI. The model development team may or may not be the same people as the Project Advisory Group, but will likely include people who are participating in the Advisory Group. And the Advisory Group may include individuals who are not involved in model design. For instance, some funders may not want to be part of model design but will be important on the Advisory Group.
 - Ensure that the RRH program model and CTI practice are designed and aligned before beginning implementation.
 - Ensure there are clear standards for the administration of RRH financial assistance to support consistency and objectivity in decision-making. RRH encourages financial assistance to be provided in an individualized and flexible way depending on the needs of each household. Therefore, clear standards for the administration of assistance provide guidance to staff and help ensure fairness in the process.
 - Identify any adaptations that need to be made to your RRH program model to align with CTI.
 - *For example, you may need to change your policies around when and how RRH workers begin engagement of new participants in order to provide services in the Pre-CTI phase. Or you may need to think about how to separate case management service delivery from the administration of rental assistance.*
 - Develop policies and procedures and required CTI forms for the program especially in relation to the CTI assessment and service plan.

- Define level and type of services available when CTI intervention ends if some participants will remain in RRH after CTI ends.
- Adopt the CTI forms developed through this pilot or modify existing documents to align with them.
 - *This will allow for the implementation to achieve fidelity with the model, and prepare for a fidelity review. CACTI recommends modifications to service documentation (e.g., service plans and assessment forms) to be consistent with and reflect the practice. Additionally, documentation can shape and drive staff interventions, thereby reinforcing CTI concepts and increasing fidelity to the model. Documentation requirements should be disseminated prior to implementation.*
- **Ensure adequate staffing levels and supervision are provided. The staffing structure should meet recommended caseload size, align to the CTI model and allow for adequate supervision of CTI workers. Separate the roles of rental assistance administrator and CTI case manager.**
- Ensure that agencies have the resources to meet the recommended caseload and supervisory ratios delineated in the CTI model. Good supervision is core to the practice and supervising CTI workers is essential for successful implementation. Supervisor to staff ratios should be in the 1:7 FTE (full-time equivalents) range. The role of the supervisor in CTI is well-defined and goes beyond basic accountability and compliance functions. Supervision also involves reinforcing CTI concepts, helping staff to understand and respond effectively to the needs of participants and advocating for resources that line staff need to do the work.
- CTI recommends that weekly supervision be provided by a master’s level professional. This work is complicated and time-intensive. If caseloads are too high and/or supervision is inadequate, implementation effectiveness will be substantially undermined.
- Additionally, CTI recommends “de-linking” financial assistance and case management services so that they are independent of one another and a household may receive

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- one and not the other. The model also recommends that the administration of financial assistance and delivery of case management services be separated and provided by different staff members. This mimics the “real world” where landlord and support provider are distinct roles. When the case manager assumes both roles, participants may not share important information with staff for fear it will affect receipt of continued financial assistance.
- **Consider how the RRH workers will be able to provide Pre-CTI services while clients are still homeless. Clearly delineate the relationships between outreach, shelter and RRH staff to promote early assessment, relationship-building and ensure all Pre-CTI Phase tasks are assigned and covered.**
 - CTI in RRH begins while the household is homeless (Pre-CTI Phase) and continues for up to six months after move-in to permanent housing. The Pre-CTI phase is critical and intensive. Ideally, a participant works with one CTI worker for all four phases of CTI, from Pre-CTI/housing preparation through the process of being housed and termination.
 - In many RRH programs, services begin once the household is referred for housing search and time for engagement and completing all Pre-CTI tasks is very limited. As such, shelter and outreach staff may have critical roles in the Pre-CTI Phase. In these instances, the link between shelter/outreach and RRH staff must be clearly delineated with defined roles, coordination structures and dedicated resources for the Pre-CTI tasks.
- **Train executive and supervisory staff in the model and address organizational supports needed for implementation. It is vital that agency leaders understand and support the changes in resources and practice that are required to deliver the model.**
- **Formalize agency connections to community-based services and establish organizational- level working relationships with community resources need by RRH participants.**
 - CTI emphasizes connections to mainstream and other community-based resources. Localities across the country vary in the amount and extent of services available. During program development, inventory available resources and formally connect them to the CTI initiative (through MOU’s etc.) before implementation.

- Additionally, agency leadership should be encouraged to develop organizational-level relationships with the community resources they are likely to be using most frequently such as employment and public benefit services. Time spent by individual staff advocating for resources on a case-by-case basis can be reduced if these higher level organizational arrangements are in place. Staff will also likely need to access new resources and referrals which can be time-consuming for individual workers to seek out and make connections with. Connections to resources is central to CTI.
- **Develop training and technical assistance plan for year one of CTI implementation. Timing and “dosing” of training and technical assistance are important. Ensure that multiple levels of staff are engaged, training is not just offered at the beginning and that ongoing support is adjusted based on need.**
 - Develop talking points to explain the program and model to staff, clients, other agencies and the general public.
 - During the program development phase, agency leadership should be trained on core CTI concepts and related organizational supports and adaptations. Sessions with agency executives and manager will also be needed on an ongoing periodic basis throughout the course of the project.
 - Consider the ongoing engagement of agency leadership and supervisory staff in TA supports. If the program is large enough, separate learning collaboratives specifically targeted to leadership and supervisory staff could be instituted. Due to time constraints for people in these positions, timing and frequency will be important to establish and adjust as needed.
 - Ideally, initial training and the start of CTI implementation are happening almost simultaneously for direct service staff. Initial training should not be delivered too far in advance of implementation as the content will not be immediately applicable and trainings will be less effective.
 - Staff will also need booster trainings each year to review key CTI implementation issues. Additionally, given frequent staff turnover, training and TA topics will need to be repeated, especially the CTI practice training.

- New knowledge gaps will also emerge for training in “supporting practices” such as engagement, basic counseling skills, motivational interviewing strategies and accessing community-based resources and other supports. CTI practice assumes staff proficiency in basic engagement, counseling and service planning skills so planners will need to assess training needs and address these skill gaps in the training plan.
- In scheduling TA support, survey participating agency staff on time constraints and availability. Initially, monthly learning collaborative activities and one-on-one consultation will likely be needed but after the first 6-9 months, support may shift to alternating months and eventually some activities may be conducted quarterly.
- As noted, a number of tools and resources were developed for the projects including FAQ’s, CTI 4 RRH Talking Points, a brief onboarding video for new staff and sample forms. Although in-person trainings were very well-attended, the onboarding video was rarely used. Staff varied in their self-directed use of written tools and Communities of Practice meetings provide opportunities to distribute paper version of these resources and help staff see their usefulness.
- For many staff, they are just too busy to go to websites and browse through documents or view a video, even if it is relatively brief. That said, in the provider evaluations of the TA program, all tools were found helpful by some participants which suggests offering an array of tools to address different learning styles.
- **Develop performance outcome evaluation measures and plan and collect baseline data.**
 - As in any sound program development process, design your evaluation framework before beginning project implementation.
 - Establish outcome measures that will be tracked during the program development period. Where possible, collect baseline performance prior to implementation. Determine if there will be a comparison group and if so, collect baseline data from these programs.
 - Plan to collect and report on performance outcome measures at least quarterly and review in learning collaboratives, one-on-one TA and Project Advisory Group meetings.

- In addition to common RRH measures such as length of time from program entry to move in, length of time in the RRH program, exits to permanent housing destinations, increases in income and rates of returns to homelessness, the following measures are recommended:
 - *Number of households placed in permanent housing per month;*
 - *Average length of time from entry into shelter to exit to permanent housing (in days);*
 - *Average amount of financial assistance for each household placed in permanent housing each month; and*
 - *Average length of time financial assistance was provided for each household placed in permanent housing*³.
- **Determine if you will conduct fidelity reviews and develop the initial plan during this phase.**
 - Allow a full year of CTI implementation before beginning fidelity evaluation reviews to ensure that all domains can be fully evaluated and there will have been an opportunity for a meaningful number of participants to have completed all phases of CTI.
 - If conducting fidelity reviews, provide information at the beginning of implementation describing the process and documentation information that will be needed. This will enable agency to set up systems and structures that will allow them to participate fully in the reviews.

³ NAEH RRH Performance Benchmarks and Standards. <https://endhomelessness.org/resource/rapid-re-housing-performance-benchmarks-and-program-standards/>

Phase 2: First Year of CTI Implementation

- **Continue Project Advisory Meetings – assess need for continuing monthly or moving to bi-monthly convenings.**
- **Train direct services staff and immediate supervisors in implementing CTI just prior to (within one month of beginning practice) starting the implementation clock.**
- **Establish Community of Practice (CoP) group(s) following these training events.**
 - Determine if training cohort is large enough for separate supervisors/managers and direct service staff CoP groups. About 15 to 20 people is a good size. In mixed groups, staff may be reluctant to share knowledge gaps if supervisors are present. Additionally, supervisors have their own learning needs that they may not want to reveal in the presence of supervisees and/or may not be relevant to line staff.
 - Convene monthly for at least 6 months and then re-assess frequency to determine if group is ready for bi-monthly meetings.
 - Develop agendas for these meetings but allow participants to add issues they are interested in discussing.
 - Allow time for case reviews and consultation from facilitator and peers.
 - Promote peer learning and sharing wherever possible.
- **Begin one-on-one agency consultation in the first month of implementation and provide monthly to bi-monthly one-hour consultation meetings with supervisors (and staff as determined by meeting agenda) based on provider need.**
- **Require submission of CTI forms for review by TA providers.**
- **Review data on performance outcomes on a quarterly basis with Project Advisory Group, in CoP meetings and individual TA sessions.**
- **Convene RRH agency decision makers at about three and nine months post implementation.**
- **After roughly six months of implementation, conduct CTI refresher sessions with line staff and supervisors.**

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- After roughly six months of implementation, focus some CoP meetings and individual TA sessions on the Fidelity Self-Assessment. This will help ensure that the practice is being delivered as designed and to begin preparing agencies for the fidelity review (if applicable).
- **Supporting Trainings:** Offer trainings as needed on basic counseling skills.
- After roughly nine months of providing technical assistance, conduct an evaluation of TA supports provided for and needed by participating agencies.
- Based on the participant evaluation and TA provider recommendations, develop a second year detailed TA support plan.

Phase 3: (Second Year of CTI Implementation)

- Continue project Advisory Group meetings.
- Adjust program policies, practices, resources as needed.
- Continue group trainings with Overview of CTI repeated to address staff turnover.
- Continue training on supporting practices.
- Continue CoP and one-on-one TA — consider alternate months for one-on-one TA and CoP meetings based on need.
- Continue quarterly data reviews.
- Continue to convene RRH agency decision-makers at least biannually.
- Conduct fidelity reviews after CTI has been implemented for at least 12 months. Fidelity reviews should be conducted by an outside entity that has been trained by CACTI. Fidelity review takes about six months from initial agency assessment through final reporting.
- Provide group training post-fidelity reviews based on learning needs identified.

Phase 4: (3 to 6 months after 2nd year of CTI Implementation)

- **Complete final data summary and analysis.**
- **Prepare report on CTI intervention in RRH programs.**
- **Plan for ongoing program support and training for continued CTI implementation in RRH programs.**
- **Convene public meeting to share results and lessons learned.**

Conclusion

CTI and RRH are compatible and complementary practices. Staff found that CTI helped focus their work with participants and gave structure to their interventions. Staff also very much appreciated the technical assistance and training offered and in particular noted that case reviews/conferencing was particularly helpful. A focus on TA for agency leadership is also important to ensure organizational supports are in place for the practice. Strong leadership and good planning help ensure successful implementation of CTI in RRH.



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