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

Paul Duncan pduncan@mhala.org



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**

households majority of Rapid Re-Housing Limited visits 1x monthly with a check in call.

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

with all prevention household and

This should be the approach used

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

reducing care.

Light touch and teleptals

Provide referrals and community linkage

housing.

More frequent meetings bimonthly to weekly. Need moderate support and some care coordination. No

significant issues in obtaining /

maintaining housing.

Low Acuity / Low Barrier

support and increase Start with low level of if needed

> (upon initial enrollment) ASSESSMENT

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

High Acuity / High Barrier

Start with high level of support and reduce over time

By: Paul Duncan

ermanent Supportive

needs of ongoing indefinite Households assessed with support with housing

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

needs who have higher barriers and

Minimal Property of the Control of t

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