

Critical Time Intervention:

An Evidence-Based Practice Moving Us Closer to Zero:2016

Agenda

- Background
- What is CTI? An Overview
- Why do CTI?
 - Evidence of Effectiveness
 - Example in Bridgeport
- How to CTI?
 - Fidelity - the Principles
 - Implementation Tips
 - Organizational supports
- Discussion

Background

- Developed in the mid-1980s by an onsite mental health team working in a large municipal men's shelter in the Bronx
- Mostly men with psychiatric disorders
- Many returned to homelessness after being housed
- Could not navigate the fragmented and complex system of care on their own
- Hypothesis was that these men would be more successful if they were connected to long-term support from community resources



CTI: Critical Time Intervention

- Focused on Housing Retention and Life Goals
- Time-limited (9 months, 12 months for families)
- Three 3-month phases of decreasing intensity that begin when the person is housed



CTI Overview (cont)

Pre-CTI

- Developing Trust
- Informal Assessment (current supports in place, needs, barriers)
- Housing Selection and Planning

6 Focus Areas for Assessment and Service Planning

1. Housing stability barriers/housing crisis prevention
2. Income and financial literacy/money management
3. Life skills training
4. Family, friends and other supports
5. Psychiatric and substance abuse issues
6. Health and medical issues

CTI Overview (cont)

Focused Services

- 1-3 areas from 6 service areas
 - Based on threat to long-term **housing stability**
 - Rent payment
 - Following rules re visitors, noise etc
 - Keeping unit healthy and safe
 - Only allowing those on lease to live there
 - Other lease requirements
- AND
- Access to care and supports
 - Lots of focus on linkages and making them work
 - Think about natural supports

CTI Overview (cont)

- Recovery-Focused
- Focus on Self Sufficiency
- Focus on Long-Term Stability
- Strong Expectation that Person becomes Integral Part of Community
- Motivational Interviewing
- Harm Reduction

The Evidence

- CTI first tested by Columbia University in randomized trial on homeless men with serious mental illness in large NYC shelter in early 90s
 - Significantly reduced risk of recurrent homelessness after placement into housing
 - Showed cost savings of about \$50,000 per person
- Second randomized trial a decade later on homeless men and women after discharge from inpatient treatment
 - 9 months after CTI ended there was still a protective effect on both homelessness and rehospitalization
- Has been applied and researched in a variety of settings and with different populations
 - Homeless families in Westchester County
 - Adults with SMI in VA system
 - Parolees re-entering the community in New Jersey
- For more research go to:
http://sssw.hunter.cuny.edu/cti/research_categories/research-2/

CTI Implementation in Bridgeport

- The Bridgeport Housing First Collaborative
 - Began implementation in 2011
 - Have housed over 200 people since then
 - Many families – so not all have been chronically homeless
 - 96% remain stably housed
 - Strengthened partnerships with community providers

How to Implement CTI?

Core Components

- Addresses a period of transition
- Time-limited
 - 9 months but may vary with population
- Phased approach
- Focused
 - service plans focus on 1-3 goals at a time
- Decreasing intensity over time
 - Worker steps back every 3 months
- Community-based
- No early discharge
- Small caseloads (15-18 individuals per worker, families may be less)
- Harm reduction approach
- Weekly team supervision
- Regular full caseload review

Implementing CTI (cont)

- Seek Training
 - Center for the Advancement of CTI
 - Housing Innovations
 - Center for Urban Community Services
- Use Resources
 - <http://sssw.hunter.cuny.edu/cti/about-us/>
 - www.samhsa.gov
 - <http://www.cucs.org/training-and-research/evidence-based-practice/critical-time-intervention>
- Challenges
 - Staff letting go
 - Getting others agencies and systems to do their jobs
 - Providing quality close supervision and clinical consultation
 - Caseload levels
 - Funder requirements

Key Ingredients of CTI

- Services are community-based
- Persistent Engagement
- Ongoing assessments of housing barriers to prevent housing loss
- Connect with other mainstream and community-based services – benefits and services
- Connect with natural supports including spiritual

Key Ingredients of CTI

- Focus on eviction prevention and use the structure of the lease to guide your interventions
- Use Evidence-Based Practices (EBP's)
 - Motivational Interviewing
 - Person-centered Planning
 - Harm Reduction
 - Supported Employment
 - IDDT – Integrated Dual Disorder Treatment
 - Trauma Informed Care
 - Permanent Supportive Housing

Key Ingredients of CTI: Supporting the Team

- Supervision:
 - At least: weekly individual supervision, weekly team meetings with case conferencing
- Case Conferencing:
 - Highlight best practices, identifies themes around barriers, highlights resources, provides clinical consultation
- Team Meetings:
 - Team meetings have an informational, monitoring and support function, track where people are in the transition to and identify common barriers, share information and resources amongst team members, alert team to people in distress or crisis, identify best practices
- Training

Measures of Success

- Maintaining housing
- Increase Income
- Network of supports
- Less emergency interventions: ER visits, hospitalization, incarceration, removal of children
- Structure and Purpose in each persons life

Discussion

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