

Critical Time Intervention and Its Application

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What is Critical Time Intervention (CTI)?



- 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

CTI Applications

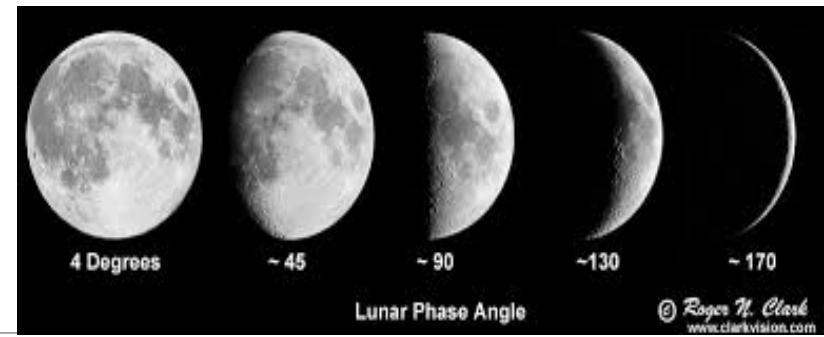
- Increasing adoption by homeless programs
- Focus on housing planning and preparation before move and supports post move to housing
- Assisting people in:
 - Permanent Supportive Housing
 - Housing First projects
 - Rapid Rehousing and SSVF
 - Moving on from Shelter and Transitional Housing



Transitions



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 – begins in new home
- Phase 2: Try out
- Phase 3: Transfer of care or termination

Pre-CTI/Housing Planning

- 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 Services

Establishes Linkages to Community Resources

- Develop network of supports/linkages and adjust
- Connect to natural supports



Assessment and Planning Domains

Areas of Focus for Assessment and Planning

- Housing and homelessness history and barriers to stability
- Income and financial literacy, education/training and employment
- Life skills
- Family, friends, and other supports
- Psychiatric and substance abuse issues
- Health and medical issues



Assessment reviews history, current, strengths, barriers and GOALS by domain

Assessments/service plans conducted monthly during Pre-CTI and updated during each phase

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

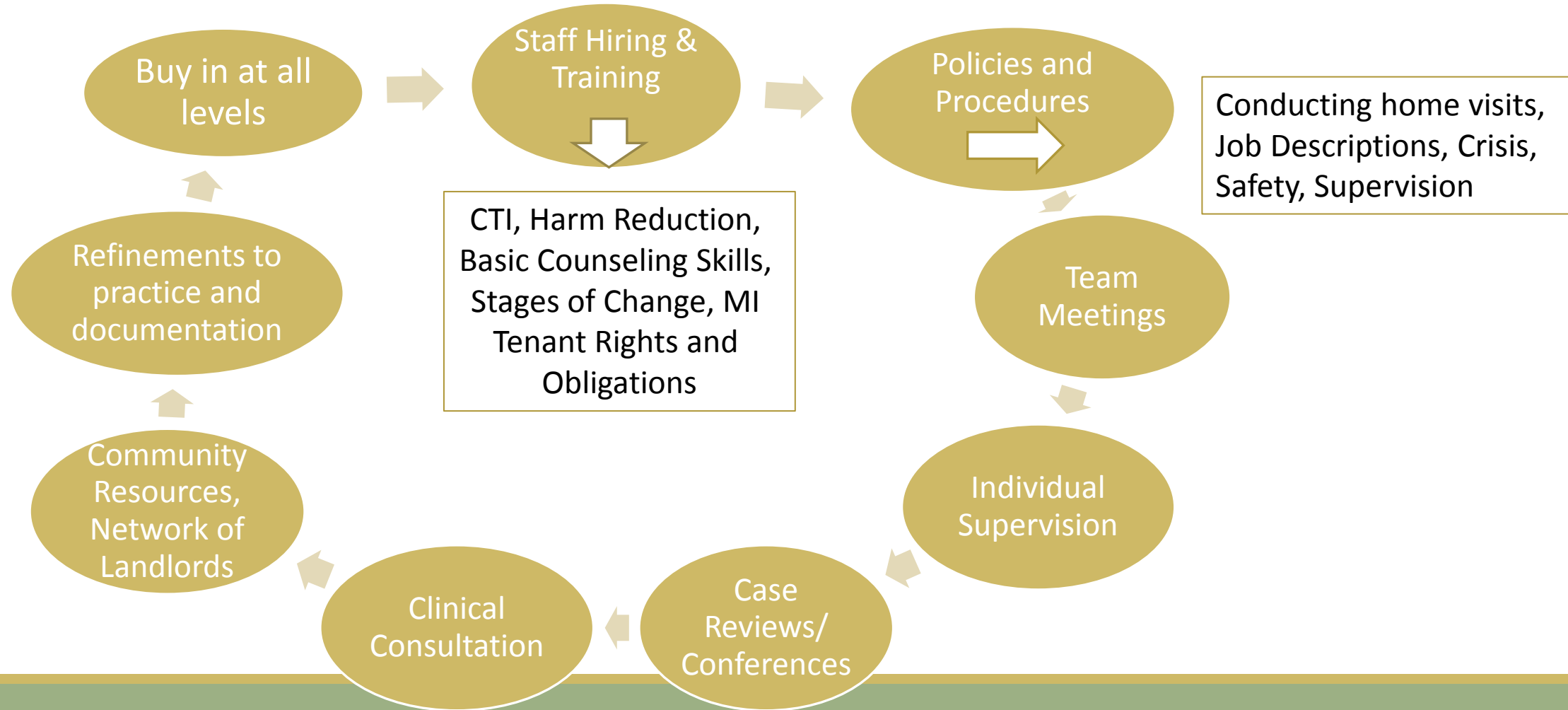
Stepping
Back/Down
Service Intensity

Moving to Crisis
Prevention
Orientation

Using Harm
Reductions
Techniques

Adjustments to
Documentation
and P & P

Supports for CTI Practice



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
- 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 EBPs and ensure core competencies

Caseload Management

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 $\frac{1}{2}$

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
