Critical Time Intervention

For Rapid Re-Housing Programs in CT

Refresher Training

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Agenda

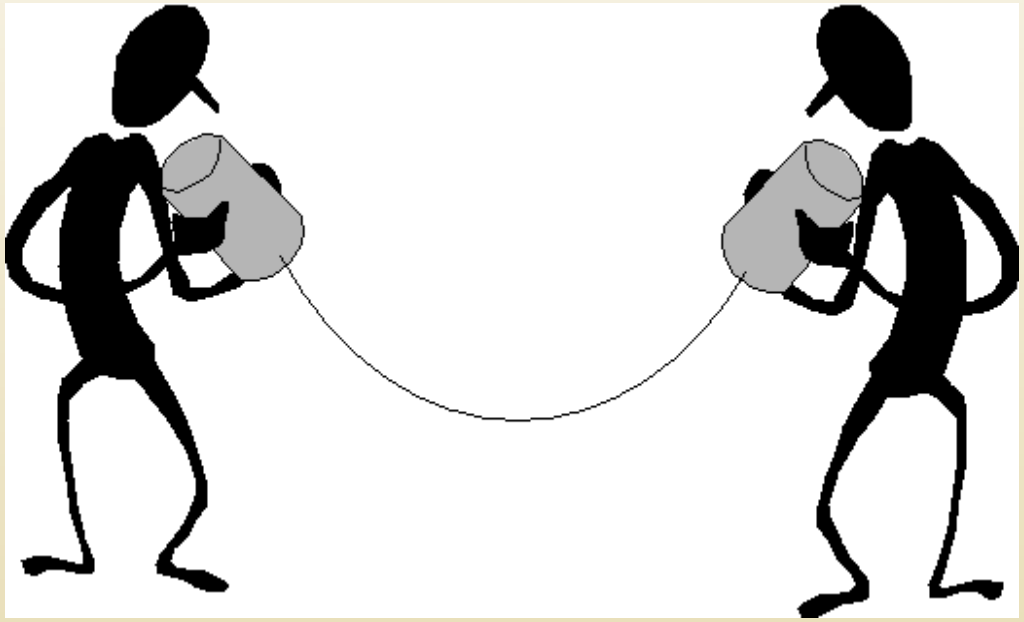
Part I: Recap of CTI Model

Part II: Problem Solving

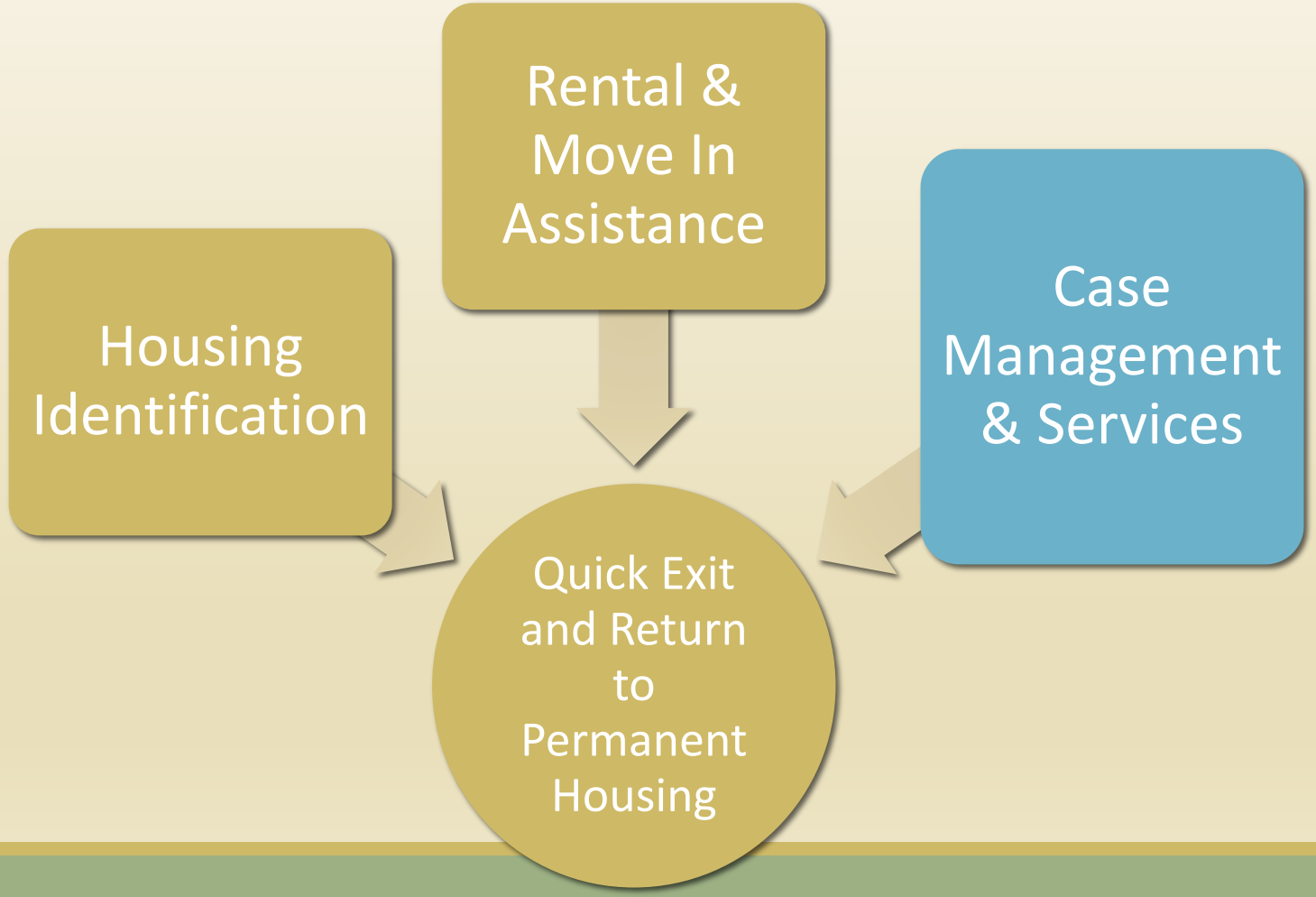
Part III: Crisis Prevention and Goal Setting

Introductions

- Housing Innovations
  - Andrea White
  - Participants
- Announcements:
  - New Technical Assistance approach starting 10/1/2017
  - Housing Innovations, Hunter CACTI, NAEH and CCEH Roles



Core Components of Rapid Rehousing: Where does CTI fit?



CTI RRH Main Objectives

- Stabilize in Housing / Community
- Increase Income through employment, benefits and resources
- Access health care, child care and education services
- Manage financial resources
- Connect to effective informal social and community supports that support housing stability

Key Model Characteristics

- Time limited – 6 months
- Three phases and Pre - CTI
- Decreasing contact
- Highly focused
- Weighted caseload
- Community based
- Weekly team supervision

Core Values

- Community Re-integration – Housing Stability
- Strengths-based
- Individualized
- Culturally sensitive
- Transparent and predictable
- Trauma-informed

Group Discussions

- Divide up in small groups mixing programs if possible
- Discuss two goals that people come into your program with
- Discuss two barriers they have to stable housing

Roles: Effective Case Management

- Connects with each individual / family immediately upon enrollment into RRH based on assessed needs and resources
- Establishes working relationship based on mutual trust and respect
- Identify and connect everyone to needed resources
- Cultivates resources in the community where there are gaps
- Strengthens community partnerships to maximize access to resources
- Phase Specific Housing Plan, adjusting plans as needed.
- Supervision to inform and improve decision making, receive support
- Teaches skills needed to maintain life in the community

Caseload

Maximum of 20 ***Standard Caseload Equivalents (SCE)*** applied per worker

SCE give different weight to cases depending on phase

Accounts for differing intensity of work during each phase

Pre-CTI	Phase 1	Phase 2	Phase 3
1.5	2	1	0.5

EXAMPLE: Converting a standard caseload to an SCE caseload					
PER CASELOAD	**Pre-CTI**	**Phase 1**	**Phase 2**	**Phase 3**	TOTAL
Number of clients in standard CW caseload	4	4	4	4	16
Multiplier	***x 1.5***	***x 2***	***x 1***	***x 0.5***	
Number of Standard Caseload Equivalent cases	**6**	**8**	**4**	**2**	**20**

Effective Supervision

Ensures case manager practice is consistent with phase-specific activities and foci of the CTI model

Encourages open communication and demonstrates a willingness to support, as well as instruct, supervisees

Ensures that model-specific case planning and recording documents are being completed correctly and are up to date for all workers

Carefully monitors workers to ensure that phase transition dates are observed

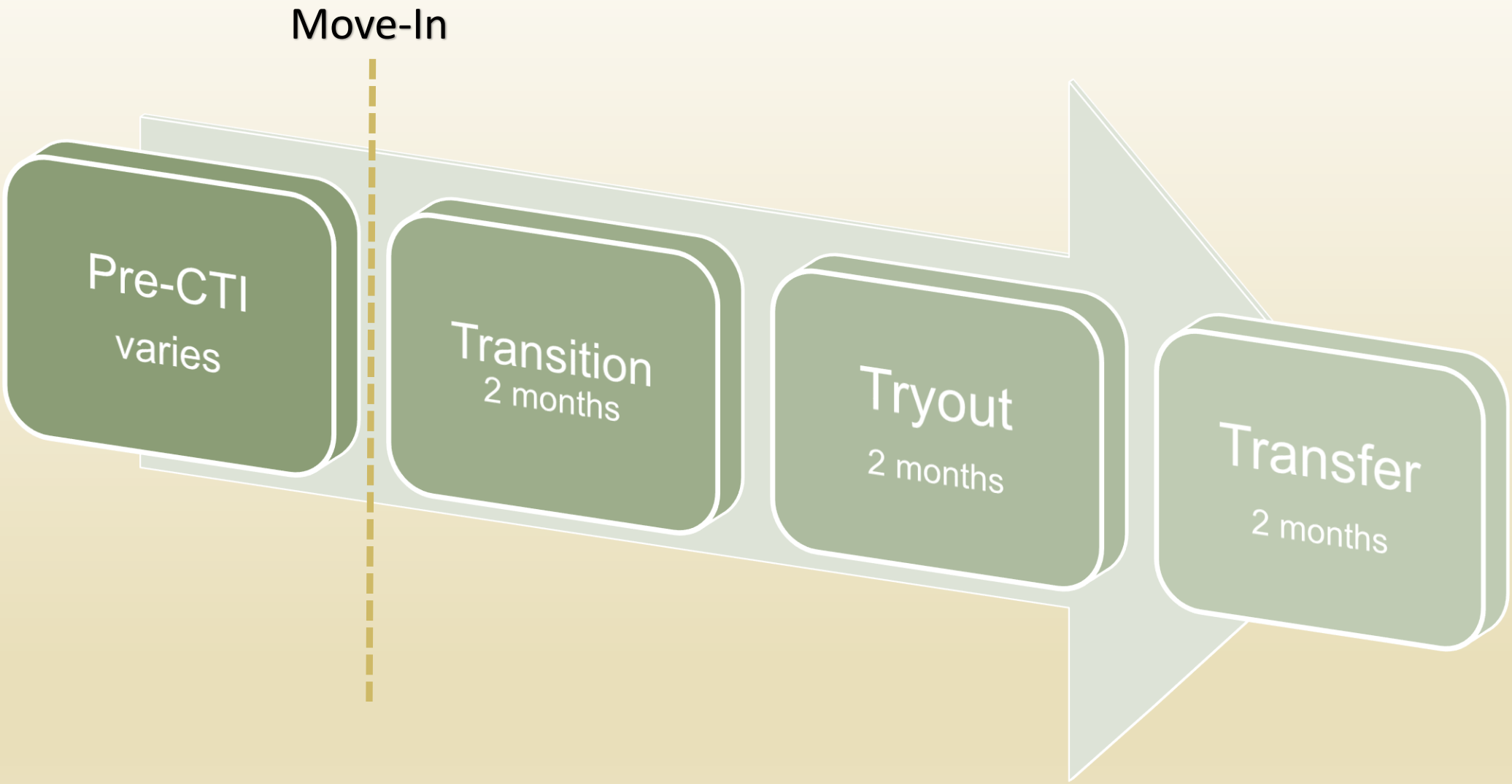
Monitors and manages caseload to ensure there is reasonable time to provide services as intended

The Role of the Housing Specialist

Housing identification and lease negotiation

Primary service provider during Pre-CTI phase

Performs much of the work in the Pre-CTI phase, but on call for future negotiations or other challenges/advocacy needs related to housing


Move-In
Pre-CTI
varies
Transition
2 months
Tryout
2 months
Transfer
2 months

	Pre-CTI	Phase 1: Transition	Phase 2: Try- Out	Phase 3: Transfer
Time Frame/ Contacts	Flexible but fairly intense	First 2 Months Intense: Weekly	Second 2 Months Moderate: Bi-weekly	Third 2 Months Low: Monthly
Objective	Housing Location/Move in; Begin CM Assessment and Housing Plan	Adjust Housing Plan; Identify Resources and connect client	Monitor resource impact and client access	Complete transfer of services to the community
Action Steps	Gather required documents Connect to financial Resources, *Educate/ Advocate* Teach skills –begin eviction prevention process Negotiate Lease	Accompany client to appointments, follow up to ensure connection . . Teach critical thinking and negotiation skills	Make adjustments to plan in collaboration with client Continue to teach skills use harm reduction techniques to assist individuals to address challenges	Meet with new service providers or others in the support system; reflect on work with client. Make a plan for future progress, to address challenges and reach goals
Potential Barriers	Housing placement may be delayed due to multiple challenges	Lack of resources; Client hesitant to engage	Client may not be ready to assume rent; resources may be inadequate	Both client and worker may have difficulty ending, especially if goals aren't met.
Strategies	Take opportunities to teach/model housing location process; present services as a resource, not an obligation	Do advance work of creating resource networks	Empower client to do what they can on their own; create alternative plans if necessary	Reduce involvement gradually and inform client early on about the length and nature of CM support

Pre-CTI Phase

- Duration varies
- Objective: Housing Location and Assistance; Begin Relationship with case manager (define roles going forward)
- CM begins assessment process, collaborates with Housing Specialist on Housing Plan and and begins to develop Phase I Specific Plan;
- Goal setting and planning for housing stabilization based on housing and homeless history
- Connection to resources begins in this phase

Tasks for Pre-CTI Planning

- Educate on Options and Expectations of Each
- Identify Housing Goals and Preferences
- Assess Community Living History both homeless and housed
- Assist to Connect to Benefits and Employment
- Gather Documents for the Application Process
- Connect to Resources that Support Housing Stabilization – Formal and Supports
- Develop a Housing Stabilization Plan

Use Stages of Change

Stage	Relationship to Problem Behavior	Staff Tasks
Pre-Contemplation	No awareness of problem	Ask q's/ raise awareness of obstacles to goals
Contemplation	Aware of problem & considering change	Pros & cons of changing/not
Preparation	Making plans for how/when to change	Options: strategies, supports & services
Action	Changing behavior	Support/relapse prevention
Maintenance	Change sustained for 3-6 months	New goals
Relapse	Return to problem behavior	Assess stage and intervene accordingly

Transition from Pre-CTI to Phase 1

- Ideally, the CM has been involved in the the Pre-CTI Phase
- Importance of communication between Housing Specialists and CM throughout with warm handoff
- CM should attend lease signing and/or move-in
- A face to face meeting with person, CM and housing specialist to review work on Pre-CTI Phase, clarify the CM role going into Phase I
- Phase 1 - at least once a week direct contact; assessment, completion of Phase Specific Plan and connection to resources
- Re - assessment related to housing barriers, strengths and challenges
- One to three focus areas chosen from a “menu” of domains

Housing Stabilization Discussion

Housing is the base of each person / families life in the community

In Pre-CTI and based on the housing and homeless history the planning begins to prevent housing loss

How would that happen in these cases?

- Jack has spent all his money by the first week of the month and has no money to set up his household or buy food. He has been evicted for non-payment.
- Patti and her children have left a domestic violence situation. She has never had a lease on her own and has taken her boyfriend back three times.
- Sylvia is looking for work. She hasn't worked in 10 years and is likely to get an entry level job. The rent is high.

Focus Area Domains- Phase 1

- Financial: income generation, budget management and planning, meeting basic needs
- Housing: Meeting obligations of tenancy, plan to maintain housing
- Health & Mental Health
- Family and Children: education, child care, special needs
- Life Skills: problem solving, planning, negotiations skills

Housing Perspective

Eviction
revention Role cha

The expectations of a lease or the community do not change and apply to everyone

Conditions of the lease must be made clear and consistently enforced

Lease violation issues will often be a reason to seek services

Workers focus on BEHAVIORS that interfere with functioning as a tenant and as a member of the community

Obligations of a Lease/Tenancy

- Allow all residents to have quiet/peaceful enjoyment
- Not engage in criminal activity in unit, common area or grounds
- Keep unit free of health and safety hazards
- Dispose of garbage and waste appropriately
- Make required rental payment to landlord on time
- Keep utilities current and paid

Phase One: Transition to the Community

CTI RRH Tenant Resource Guide

Assistance in making linkages:

- Meeting with the person and the resources
- Refine communication structures with supports
- Transportation, child care, education, employment

Assessment of new needs and resources:

- Re-engage, Review assessment and revise based on current housing and lease compliance. Identify resources needed. Focus on income and sustainable community support, role and activity

CTI planning revision

- Review plan and revise based on priority areas, immediate needs and current resources.

Skill building for community resources

- Provide education about rights, responsibilities, and expectations; model negotiation skills

Phase Two: Try-Out

- Moderate Intensity- Direct contact at least biweekly
- Main objective: Monitor the impact of resources on housing and community sustainability and adjust as needed.
- Focus on maintaining resources independently of the case manager.
- Monitor to assess whether linkages are working and if resources are making an impact (critical thinking)
- Revisit and adjust Phase Specific Plan to reflect the reality of resources now and in the future
- Continue to focus on barriers to housing stability and problem solving
- Emphasis on what is wrong with the **plan**, not what is wrong with the **person**.

Building Skills

- Educating on rights and responsibilities
- **Modeling** for each person/family to negotiate for services
- Trying it out and debrief
- Establishing regular check-ins to see if it is working
- Review cost and benefits – **critical thinking**
- **Recognizing** strong partners and good skills
- Renegotiate the relationship as necessary

Phase Three: Transfer

Low Intensity- Direct contact 1-2X per month

Final phase focuses on completing the transfer of primary case management responsibility to the community resources that will provide long- term support to the client

Formal ending of client-CM relationship

Phase Three Tasks

- Meeting together with key people in the support network
- Reviewing the work, reflecting on what was accomplished, what is ahead
- Review plan for client if challenges to housing stability arise in the future
- Avoid temptation to end services too early if client appears to be doing well!

Case Discussions

Case studies of people in Pre-CTI and each of the 3 CTI phases.

Small groups select an example.

Discuss barriers to housing access or stability.

Discuss tasks, skills and resources needed to achieve housing stability and movement to the next phase.

Report back: plan for work with the person to address housing issues and help move to the next stage.

Pre-CTI Clarisse

Clarisse is a young mother. Her child is two and is in day care for the first time now that Clarisse is in the shelter. The baby loves it and Clarisse likes having some time to get things done. Clarisse has lived with her Mom, her boyfriend and now the shelter for two months.

She wants her own house. She knows she has to get a job. She had a job at Subway but got fired. She braids hair on the side. She knows she needs something steady. She wants help.

Phase 1 - Mike

Mike has been homeless for years. He has slept outside and stayed in shelter. He had a house, a family and worked construction. He hurt his back and was out of work. He hit the end of his benefits but the pain was still intense. He got involved with some pills and when they were too expensive he drank. His family and his house disappeared with the salary and his union benefits. He has had housing for about a month.

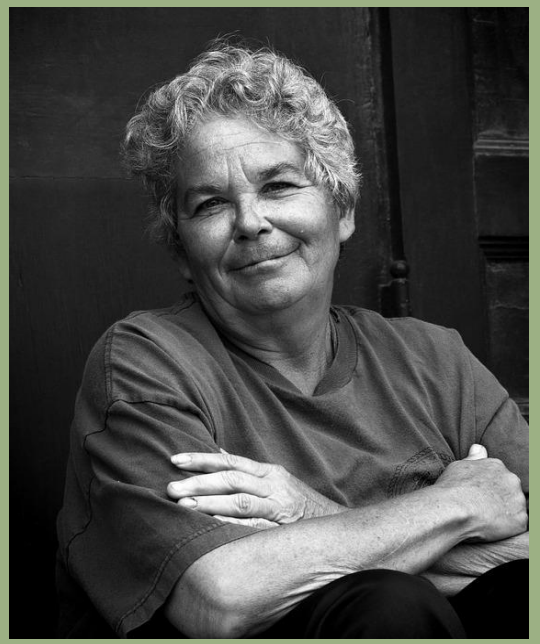
His plan is to go back to work. He just wants a hand up. He does spare jobs for the shelter and the church but it is not much money. He has been looking but not had any luck. He is starting to drink more. He is ducking staff. He originally wanted to get a job and see his kids. Now he just wants to be left alone.

Phase 2 - Jewel

Jewel has been in housing for three months. Her children are in school and her house is nicely kept. She receives TANF but knows she will have to get a job. She wants a job during school hours only. She says her kids are too tired to be in an after school program. She tried it but was not happy. She says her job was not worth it.

She asks the worker about applying for SSI for her kids. She says that that works for other people. She says she will never make enough to pay the rent. She tells them she can not pay her portion of the rent next month. She complains that this is unfair.

Phase 3 - Petra



Petra has been in housing for 5 months. She worked with her case manager and applied for SSDI. She now receives $1100 a month. She wanted to go back to work but it was too hard. She is worried if she works now she could lose her benefits. She does help a neighborhood lady with her cleaning and makes a few dollars. Her small apartment with utilities is $900; she has $200 left for everything else.

She misses her old life. She says the highlight of her week is going to the doctor. She likes to knit but feels she can not afford the wool and patterns. She is worried about the holidays coming. She feels she can not see her friends and bring nothing. She thought it would be good once she got housing, but it is not.

Goal Setting

Goal Setting Process

- Establishing the relationship
- Goal Based Assessment
- Education and Resources
- Planning
- Measuring progress

Establishing the Relationship

- People come in for services to get housing - a base in the community
- Listen to their story
- What are their expectations?
- What can we offer people – what is the process
- What is the workers role?
- What is the clients role?
- How would we work together?

Case Management: Engagement Strategies

- Pro-active (relentless) outreach
- Introduce yourself and how you can be helpful
- Repeated, predictable, non-intrusive patterns of interaction to establish trust
- Responding to felt needs
- Respecting boundaries
- Allowing people as much control as possible over interactions
- Be patient and relentless
- Listen
- Start slowly

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 children
- Psychiatric and substance abuse issues
- Health and medical issues

Assessment looks at history, current, strengths, barriers and GOALS

Assessments and service plans reflect the participant's goals

Goal Based Assessment Strategies

- Let the story unfold:
  - Explore what the persons choice means
  - History (i.e. housing, employment, safety) -
  - How person became homeless: what worked what didn't, how they lived
  - Preferences: what does the person want
  - Financial Issues
  - Implications of disabilities or service needs and how this relates to goal
  - Long term goals: how do they see their future?

Education: Clarify What You Can Offer

- Role of the worker
- Housing Options and Expectations of Each
  - Rights in housing
  - Expectations of tenancy
    - Rent payment and subsidy schedule
    - Quiet enjoyment
    - Maintaining apartment
- Financial Realities
- Process and timelines

Housing Stability is the Focus of the Work

1

Connect the goals to housing – housing stabilization is the explicit goal

2

Address the barriers to housing through problem solving

3

Use Harm Reduction Techniques by developing alternate resources

4

Remember the goal

Problem Solving Strategies

ASSESSMENT, SKILL BUILDING, PLANNING, TRY - OUT

History

What is the persons experience dealing with problems?

Give an example of a crisis or a situation where you had to act quickly, that went well.

Give an example of a crisis or situation where you had to act quickly that you think could have gone better.

- What happened?
- What did you try?
- Did anyone help?

Tenant as Guide

- Ask about who they anticipate getting help from in the following areas
  - Housing, Financial, Family, Basic Needs, Resources, etc.
- Ask about what they help people with and what they ask for help with
- Encourage each person to look at their skills critically and reflect on past successes

Develop Options

Situation	Options	Likely outcome
Late Rent Notice	1: Ignore 2: Contact Landlord to reach payment agreement 3: Get help from friend/ church/case manager 4:Leave the apartment	
Call from Principal of school		
Child w/ a fever for 2 days		
Neighbor is too loud		
Visitor refuses to leave		

Assist to develop a plan

- In a crisis situation what is most helpful?
- What are the resources you might use?
- What helps you to remain calm?
- What helps to figure out a plan?
- What has been least helpful?

Harm Reduction Plan

Housing Risk	Options	Factors in favor	Factors against	Non-negotiable
Not able to find job, too tired. Not able to pay rent	Get more benefits	Would not have to work, worker would get off my back	Not enough money, hard to maintain, takes too long	The voucher is time-limited
	Ask for extension	Rent paid, not having to work	Temporary, have to develop a plan	
	Live with my sister	More money, help with kids	She is not always nice	

Focused Service Planning

Limit the areas of intervention

Focus on the most pressing needs that impact community living

Relate all interventions to long term goals

Be aware this may not be a linear process

Be mindful about moving from crisis

Components of the CTI Plan - Roles

Participant and Worker Role

- Designs plans for three month intervals
- Reflects areas of the assessment
- Prioritizes areas for work
- Sets time frames for work to be accomplished

Components of the CTI Plan - Resources

Resource Identification

- Clearly defines resources needed to access and/or maintain stability including:
- Income, credit repair, legal services, employment assistance/support, financial planning and management, access to medical services, educational support, natural supports, community based treatment services such a mental health, substance abuse, socialization and recreation etc.

Evaluating the Plan

Measure Success

- Use documented steps to reach goal and benchmarks set
- Uses phases to gauge expectations and progress
- Identify need to renegotiate goals and resources
- Reframe setbacks as learning opportunities

Next Steps for Technical Assistance

- Community of Practice (CoP) Meetings
  - Monthly from October 2017 to March 2018
  - Bi-Monthly thereafter: May, July, September 2018
  - Keep with 3rd Friday of the Month?
- Individual Team Consultation Calls
  - Monthly One-Hour Phone Consultations from October 2017 through January 2018
  - Bi-Monthly thereafter: March, May, July, September 2018
- Group Trainings
  - Three separate full-day trainings to be held over the course of the year.
  - Topics TBD based on CoP and Individual Consultation

Closing and Evaluations

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