

Critical Time Intervention & Housing Retention





HOUSING OHIO
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Homelessness
➔
Housing & Housing Retention




Presenters

- Andrea McGriff, Miami Valley Housing Opportunities
- Caleb Dixon, FrontLine Services
- Scott Wingenfeld, Mental Health & Addiction Services
- Roma Barickman, Mental Health & Addiction Services

Moderator:

- Kraig Knudsen, Mental Health & Addiction Services

What we hope to achieve

- Overview of the Cooperative Agreement to Benefit Homeless Individuals (CABHI) & CABHI Enhancement program
- Local insights from CTI Providers
- Sustainability Efforts
- The Results.. Data evaluation piece

Purpose of CABHI

- Cooperative Agreement to Benefit Homeless Individuals is a jointly funded program from SAMSHA with an initiative to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide:
 - accessible, effective, comprehensive, coordinated/integrated, and
 - evidence-based treatment services;
 - permanent housing; peer supports;
 - other critical services
- SAMHSA seeks to increase the number of program-enrolled individuals placed in permanent housing that supports recovery through comprehensive treatment and recovery-oriented services for behavioral health.

Direct Services Offered

- Partnering with ADAMH Boards/Counties that have the highest chronic homeless numbers as reported by PIT- Also current PATH counties
- Ohio implemented outreach for SUD (PATH already allows this for SMI)
- Implementing Benefits Counseling, Critical Time Intervention, Motivational Interviewing/Harm Reduction, Peer Support, SOAR, Employment Services
- All program recipients MUST be linked to permanent housing- housing first OR recovery residences

Cooperative Agreement to Benefit Homeless Individuals

CABHI

- September 2014 through September 2017
- OhioMHAS was awarded a three year/\$3.6 million Grant(\$1.2 million per year)
- Grant co-funded by SAMHSA CSAT & CMHS funds
- 5 Grantees (Cuyahoga, Franklin, Hamilton, Montgomery, Summit ADAMHS Boards & PATH Provider
- Projected to find permanent housing for 820 individuals

CABHI Enhancement

- September 2015 through September 2017
- Ohio MHAS awarded \$3.6 million (\$1.8 million per year)
- To expand current CABHI program & add Peer Supporters, Employment Specialist
- Original Grantees plus Lucas, Mahoning/Trumbull, Stark ADAMHS Boards & PATH Provider
- Projected to find permanent housing for 820 individuals

CRITICAL TIME INTERVENTION

- Critical Time Intervention (CTI) is specialized intervention provided at a "critical time"
- CTI connects people with formal and informal community supports in this critical period
- CTI is a time-limited intervention (9 months), divided into 3 specific phases that focuses on a limited number of focus areas that promote community stability
- CTI is a well-researched and cost effective Evidence Based Practice (EBP)
- CTI has been applied with veterans, people with mental illness, people who have been homeless or in prison, and many other groups.

CRITICAL TIME INTERVENTION (CTI)

Core Components

- Addresses a period of transition
- Time-limited
- Phased approach
- Focused on **housing retention**
- Decreasing intensity over time
- Community-based
- No early discharge
- Harm reduction approach
- Weekly team supervision
- Regular full caseload review
- **Small caseloads- 1:15 ratio**

GOAL OF CTI

- The principle goal of CTI is to ensure successful transitions and prevent re-institutionalization, recurrent homelessness and other adverse outcomes during the period following placement into the community from shelters, hospitals, correctional facilities and other institutions.
- CTI does this in two main ways:
 - Strengthening the individual's long-term ties to community services, family, and friends
 - Providing emotional and practical support to increase autonomy, self care and recovery

4 CORE PRINCIPLES OF CRITICAL TIME INTERVENTION (CTI)

As an evidence-based practice there are four core principles that define CTI and set it apart from other services:

- Focuses on a critical transition period, and is time-limited
- Enhances continuity of care and prevents recurrent homelessness and hospitalizations
- Identifies and strengthen formal and natural community supports
- Complements rather than duplicates existing services

Phase	Duration	Purpose	Activities
Engagement (Pre- CTI)			Develop a trusting relationship with client.
Transition	1-3 Months	Provide specialized support & implement transition plan	<ul style="list-style-type: none"> • Provide support & begin to connections • Make home visits • Assist with Housing Transition • Meet with existing supports • Introduce client to new supports • Give support and advice to client and caregivers
Try Out	4-7 Months	Facilitate and test client's problem-solving skills	<ul style="list-style-type: none"> • Monitor and strengthen support network and client's skills. • Observe operation of support network • Mediate conflicts between client and caregivers • Help modify network as necessary • Encourage client to take more responsibility
Transfer of Care	8-9 Months	Terminate CTI services with support network in place	<ul style="list-style-type: none"> • Step back to ensure that supports can function independently • Develop and begin to set in motion plan for long-term goals • Hold meeting with client and supports to mark final transfer of care • Meet with client for last time to review progress made

Miami Valley Housing Opportunities

- Permanent Supportive Housing Provider
- Projects for Assistance in Transition from Homelessness (PATH)
- Other street outreach programs
- Cooperative Agreement to Assist Homeless Individuals (CABHI) and new Critical Time Intervention (CTI) Program: SLATE
- Founded in 1991
- 42 employees
- Serves approximately 1,250 individuals per year
- Services offered:
 - Housing Rental Assistance
 - Property Development
 - Property Management
 - Specialized Homeless Outreach Programs
 - Housing Stabilization – Critical Time Intervention



Selecting CABHI Participants

- CABHI Project in Montgomery County benefitted from the Coordinated Entry Process
- Being a Front Door Assessment Provider was a positive – PATH Director refers directly to Coordinated Entry wait lists for PSH subsidies
 - Selecting CABHI Critical Time Intervention eligible participants
 - Enrolling PATH, other outreach programs' clients, and Gateway Shelter clients in CTI
 - Accessing Permanent Supportive Housing subsidies and (locating housing/landlords)

Selecting Participants

- Target and serve appropriate participants: those with the most needs
- PATH/CABHI Director has key role in Coordinated Entry Process and meetings
 - Specialized reports/meetings to target specific population
 - Specialized reports to target longest episodes
 - Use of HMIS to coordinate resources
- PATH Program staff have significant role with client's transition to CTI Specialists
 - PATH staff know the tenant best- know their barriers
- Whole homeless system works together to benefit the tenant
- CTI Specialist communicates, keeps it all together



Things That Went Well

- **Clinical psychologist integral member of the CTI Team**
 - Assists team with addressing specific tenants' substance abuse and behavioral health problems
 - Supervision
- **Tenant example - REX**



PATH Team as Partner

- **Projects for Assistance in Transition from Homelessness (PATH)**
 - Homeless Certifications/Finding Chronic Population
 - Key role in engagement and Pre-CTI Phase
 - ie: if client doesn't want services or feel comfortable, it is key that PATH worker aids in building rapport
 - Shared responsibilities between workers during transition
 - Desire to make person as comfortable as possible with new worker
 - Both workers go to appointments, apartment viewings with the person
 - CTI services are reserved for those who really need it – PATH constantly assessing for who really needs it
- **Front Door Assessment provides a crucial resource about the tenant**
 - These are done by PATH/Street Outreach Director or Gateway shelter assessors
 - Front Door Assessments are requirements for PSH referrals
 - Provide comprehensive information about their past/current issues, housing history, barriers, daily living activity, etc.

PATH Team as Partner

- **PATH staff members suggest the CTI Specialist for particular clients/tenants**
 - Allow experience and relationship with person to guide who serves them in CTI
 - Diversity of CTI Staff, such as male and female
 - PATH Specialist may need to provide interventions, during phases of CTI
 - ie: PATH Specialist returns to the relationship, if CTI Specialist is having difficulty; PATH may remind tenant of the benefits of not being homeless

Skill Sets for CTI Staff

- **Gift of engaging, down-to-earth, friendly**
 - Experience with services to homeless/formerly homeless – not intimidated
 - Search for personality type that is right for the work
 - Ability to assess situations quickly, provide interventions
 - Compassionate but decisive, a doer
- **Solid clinical knowledge is not enough**
 - Able to do life skills and basic social work
 - Have a peer specialist quality
- **Engaging and motivating a population with many needs**
 - Staff emphasize motivational interviewing and those skills
 - Staff do not need assessment skills (paperwork) but do need to find out tenant's goals
 - Be a coach with the end-goal in sight
- **Part of both Homeless and Behavioral Health Systems**
 - CTI Specialist must be assertive but not abrasive, in order to navigate through providers
 - Be professional with ability to work with other professionals
 - Ability to abide by boundaries with both tenants and professionals
- **Staff that live with harm reduction**
 - Tenant's sobriety is not our focus
 - Comfortable with serving tenants that are still using substances



Housing Stabilization Services

- **Use tenancy type of language**
 - Address person as tenant
 - Prioritize the lease as a guide for tenant's behavior – follow the lease
- **Lessons Learned**
 - View landlord as a partner; continuous communication
 - Document any phone calls or conversations of any kind that involve the landlord/tenant relationship
 - CTI Specialist should not have higher aspirations for the tenant than the tenant does for themselves
- **Supervision of CTI Team as a role of stepping in when CTI Specialist needs to address specific challenges**
 - Utilize the CABHI Supervisor as coach for the team, especially to advise how to address communication and coordination with other providers/resources
 - Awareness of the inconsistencies between housing providers

Housing Stabilization Services

- **Phase One Engagement**
 - Are tenants bored? Have staff help them find purpose, a new routine, healthy socialization opportunities
 - Engage sufficiently with tenant in Phase One, while tenant must know that the program ends in one year
- **Tenant's Linkages to Other Supports**
 - CTI Specialist should invest completely but gradually monitor themselves as backing out of the tenant's life
 - One guiding principle is to prepare for the end of the program's services from the beginning of the relationship
 - Address who will assist the tenant once CTI Specialist withdraws
 - Hand off at the end: nervous that when we pull out at the end, their housing may be in jeopardy if other supports don't succeed or stay involved

Clinical Participation in Team

- Clinical psychologist integral member of the CTI Team
 - Assists team with addressing specific tenants' substance abuse and behavioral health problems
- Tenant example - TRISH



Sustaining CTI Services

- Supportive Living Assistance for Tenant Empowerment
 - S.L.A.T.E.
 - Funded by Montgomery County's Combined Funding Campaign Including United Way and Homeless Solutions
 - CABHI Provided opportunities for foundation for success
 - 94% housing retention rate
 - Like CABHI, includes a partnership with Supported Employment provider



FrontLine Service

- Private non-profit community behavioral health organization in Cuyahoga County.
- In operation since 1988.
- Provider of choice in Cuyahoga County for administering services to some of the most vulnerable members of our community: homeless, severely mentally disabled, those in psychiatric crisis and adults and children who have been traumatized by violence in their home or community.
- More than 350 employees
- Provides mental health and supportive services to more than 30,000 adults and children each year.
 - Resolving Crisis
 - 24/7 Suicide Prevention Hotline
 - Ending Homelessness
 - Outreach, shelter, psychiatric, and supportive services
 - Overcoming Trauma
 - Supported Employment



Bridges to Housing

- FrontLine Services adapted a pre-existing housing outreach program, Bridges to Housing (B2H), to implement the goals of the CABHI program.
- B2H aims to prevent recurrent homelessness by bridging the gap between homeless services and housing services and extending this linkage over a period of approximately nine months.
- Each case manager is a mediator between the client's concerns and available social services.



Bridges to Housing

- Along with CTI, B2H emphasizes treatment intensity, stages of change, motivational interviewing, harm reduction, housing first, SSI/SSDI Outreach, Access, and Recovery (SOAR) and supported employment.
- 94% of program participants maintained permanent housing while enrolled in the program.
- We have continued to have success with the SOAR program. Maintained an average approval rating of 70%, above the SOAR national average approval rate of 65%.



Bridges to Housing

- Partnership with EDEN Inc., who provides the Property Management. FrontLine provides the supportive services.
- FrontLine maintains a list of all the identified chronically homeless individuals and ranks them based on their length of homelessness and their vulnerability.
- Bridges to Housing staff attend weekly PSH Prioritization and PSH Placement meeting with the continuum of care to advocate for client to be housed and to identify new referrals.

Pre-CTI Phase – The Case of E.R.

- Client was introduced to the CABHI team in 3/21/2017. His CTI Case Manager made frequent/consistent efforts to outreach him at his campsite in the woods behind a cemetery, where he had been homeless for 18 years, to complete a Diagnostic Assessment, to provide practical assistance, to complete the PSH application, and to establish and maintain a trusting therapeutic alliance. E.R. was ambivalent about housing and denied two housing placements before ultimately being housed in December of 2017.



Phase One – The Case of P.E.

- The tenant was identified as a high utilizer of ED/hospital services and her case was discussed during monthly meetings with health care staff from across the county. She stayed at the NHWC homeless shelter and drank heavily and frequently blacked out on the streets, necessitating EMS and ED services. Four months after she was housed, the ED social worker contacted the CABHI Manager to inquire if the client had died because she had not been to the hospital since being housed. CABHI staff has helped hundreds of client access/maintain housing during the past three years, adding to the cost savings achieved by linking individuals with Housing First projects.

Phase II – The Case of K.K.

- During phase one of CTI the tenant was linked with the Supported Employment program and secured gainful employment at a pizzeria near his apartment. Client lost the job, but during phase two of CTI the tenant was linked with SOAR services and shortly thereafter was approved for SSI. His CTI Case Manager assisted him with relinking with VA psychiatric, physical health, and anger management services. Created a housing success plan and advocated with Property Management to get his 30-day eviction notice rescinded after an incident during which he used abusive language and made threats against staff

Phase III – The Case of M.B.

- Client was chronically homeless in the men's shelter and was housed at the Liberty PSH building. He struggled immensely with maintaining a clean unit and he was often taken advantage of by other tenants. During phase II, CTI staff assisted with transferring him to Safe Haven I where was offered a higher level of care. During phase III of CTI, staff assisted the tenant with meeting the conditions of his probation and ensured that his linkages were in place prior to closing his case.



Bridges to Housing

- FrontLine Service is committed to maintain an active Critical Time Intervention program in Cleveland and sustainability planning/implementation is underway.
- In March of 2018 the program began providing billable services to program participants.
- Possible funding from the Cleveland/Cuyahoga County Office of Homeless Services.
- Possible SAMHSA funding via the Treatment for Individuals Experiencing Homelessness grant.



CABHI Evaluation & Data Outcomes



Scott Wingenfeld, MPA

CABHI Evaluation Methodology & Terminology

- Pre-test Post-test Design
- Self report, face-to-face interviews

Instrument Used

- Substance and Mental Health Services Administration (SAMHSA) + Center for Substance Abuse Treatment (CSAT) + Government Performance and Results Accountability Act (GPRA) + National Outcome Measures (NOMs)

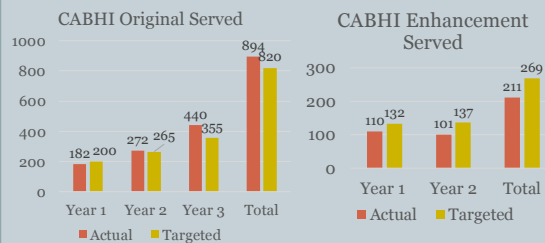
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SAMHSA CSAT GPRA NOMs

CABHI Evaluation Methodology & Terminology

- **WHO:** Assess every individual connected to housing and receiving Critical Time Intervention
- **WHY:** Required of all SAMHSA CABHI grantees
- **WHEN:** Three data collection points occurring at:
 - Intake upon lease signing (Phase I)
 - 4-7 Months after intake (Phase II)
 - Termination of CTI Services (Phase III)
- **BY WHOM:** Data collected by CTI Specialist
- Entered via OhioMHAS online data portal
- Incentives offered
 - Varied by local service provider

CABHI Total Clients Served

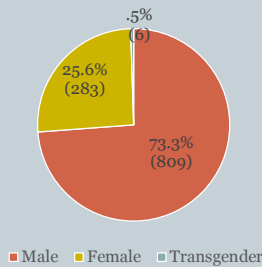


Who did CABHI Serve?

- 1,105 total clients served
 - Frontline Service (Cuyahoga) – **330**
 - Southeast Inc. (Franklin) – **128**
 - Greater Cincinnati Behavioral Health (Hamilton) – **264**
 - Miami Valley Housing Opportunities (Montgomery) – **160**
 - Center for Support Services & Behavioral Health (Summit) – **88**
 - Help Hotline Crisis Center Inc.(Mahoning/Trumbull) – **26**
 - ICAN Inc. (Stark) – **54**
 - Neighborhood Properties (Lucas) – **55**

CABHI Demographic Data

Percentage Housed by Gender

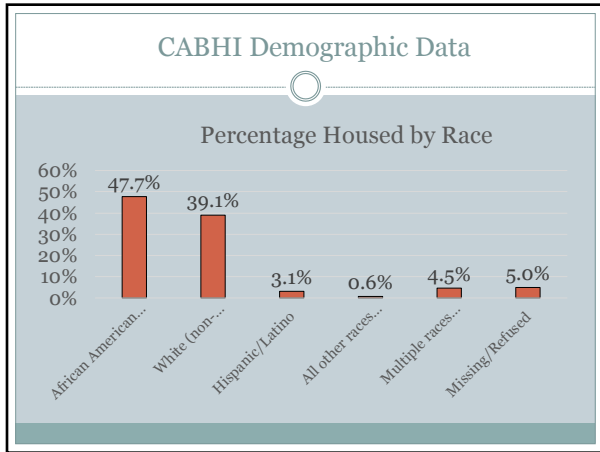


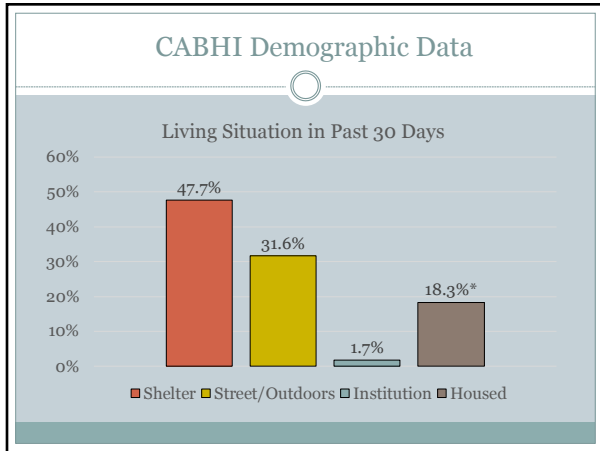
CABHI Demographic Data

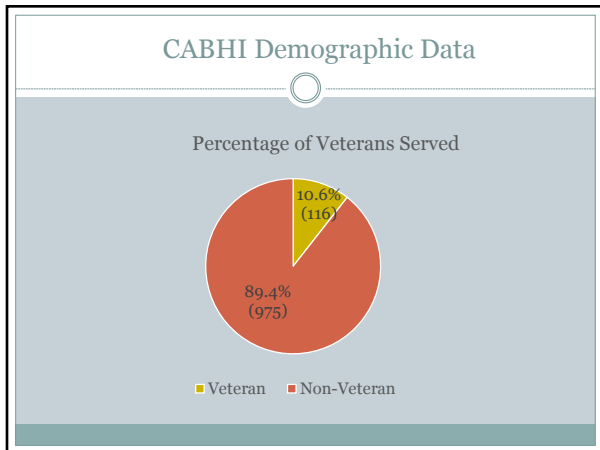
Age Group at Intake

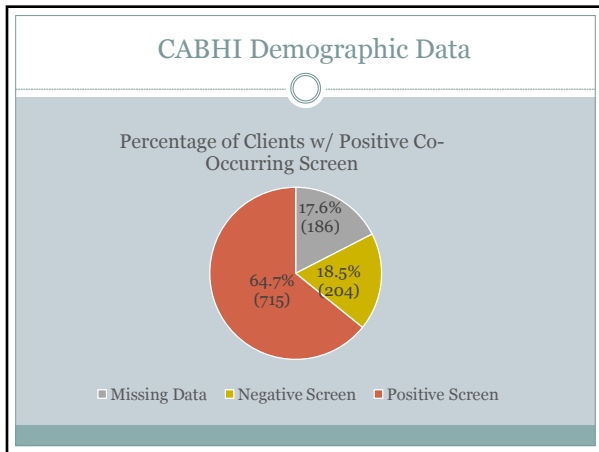
18-24	25-34	35-44	45-54	55-64	65+	Missing	Total
64	157	204	353	269	46	12	1105
5.8%	14.2%	18.5%	31.9%	24.3%	4.2%	1.1%	100.0%

- Mean/average age – 45.7 years
- Most frequent age at intake – 56 years
- Youngest housed – 18 years
- Oldest housed – 81 years
- Most common age group 45-54









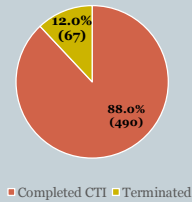
- ### CABHI Demographic Data
- Other Background Information
- 32.3% less than high school education
 - **43.9% reported alcohol use in past 30 days**
 - 21.7% reported illegal drug use in past 30 days
 - 1.7% reported IV drug use
 - 10.9% on parole or probation
 - 4% of women were pregnant when linked to housing
 - 4.3% have lost custody of child(ren) due to court order
 - **56.6% reported exposure to trauma**
 - 19.2% reported a disability payment in past 30 days

- ### Looking at the impact of our program
- Did our clients stay housed?
 - Did our client's quality of life improve?
 - Did our clients get a job or receive job skills and training?
 - Did our client's substance use and mental health symptoms improve?
 - Did our clients gain access to mental health, substance abuse, or other social support services?
 - Did our clients rely on the emergency room less?
 - Were our clients less involved with the criminal justice system?

CABHI Outcomes Study Sample

- 483 individuals represented in sample
- 3 different completed interviews occurring at:
 - Intake interviews at lease signing
 - Follow-up four to six months after intake
 - Discharge at termination of services or 9-12 months after intake
- Served by CABHI program in one of six Ohio counties
 - Cuyahoga -Montgomery
 - Franklin -Summit
 - Hamilton -Lucas
- Received Critical Time Intervention, various other support services, and linked to permanent supportive housing

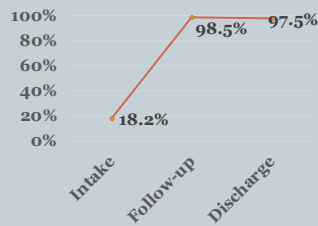
CABHI Discharge Outcomes



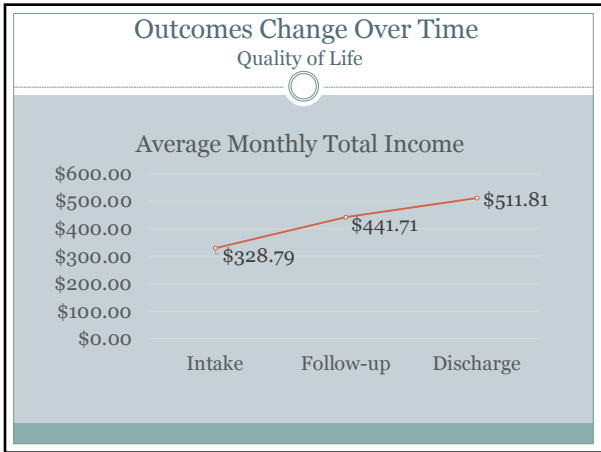
Early Termination Reasons

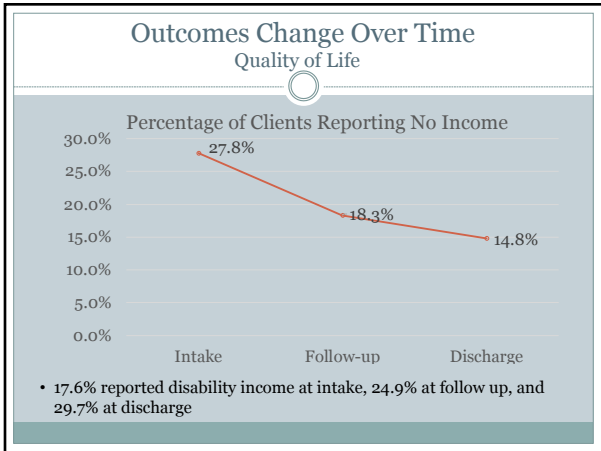
- Involuntarily discharged due to nonparticipation – 19 (29.2%)
- Left against staff advice without satisfactory progress – 12 (18.5%)
- Left on own against staff advice w/satisfactory progress – 8 (12.3%)
- Death – 7 (10.8%)
- Incarcerated due to offense committed while in treatment with satisfactory progress – 4 (6.2%)
- Involuntarily discharged due to violation of rules – 4 (6.2%)
- Referred to another program or other services w/satisfactory progress – 3 (4.6%)
- Referred to another program or other services w/unsatisfactory progress – 3 (4.6%)
- Transferred to another facility for health reasons – 2 (3.1%)
- Incarcerated due to old warrant or charged from before entering treatment with satisfactory progress – 1 (1.5%)
- Incarcerated due to old warrant or charged from before entering treatment with unsatisfactory progress – 1 (1.5%)
- Other – 3 (4.6%)

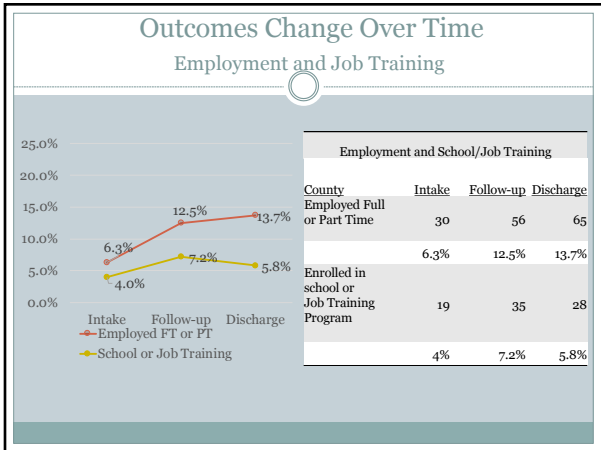
Outcomes Change Over Time Housing Retention

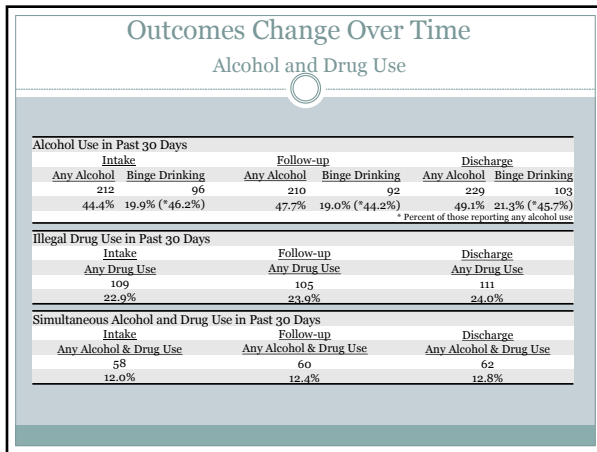


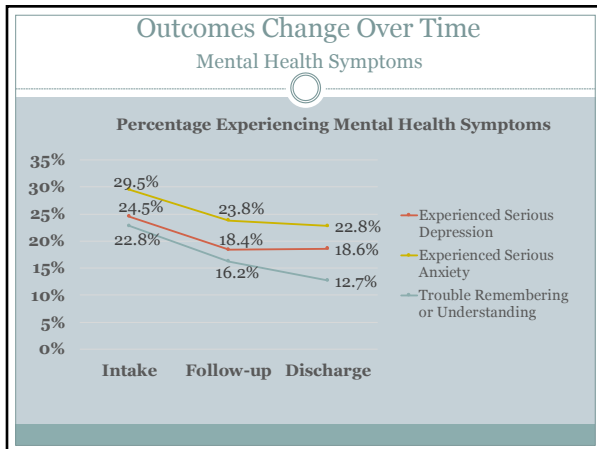
Clients Housed (Own or rent at time of interview)			
	Intake	Follow-up	Discharge
Total	88	451	471
Clients	18.2%	98.5%	97.5%

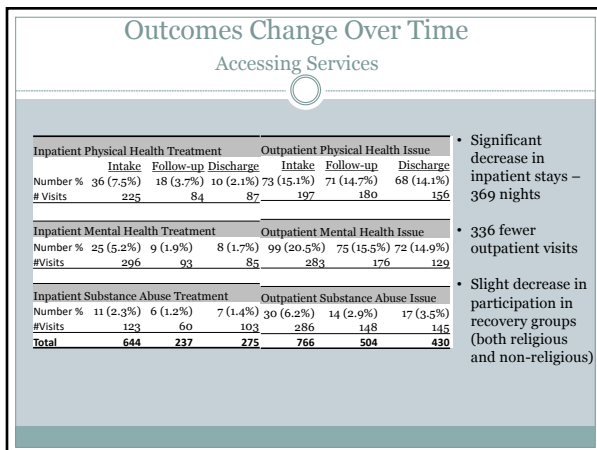


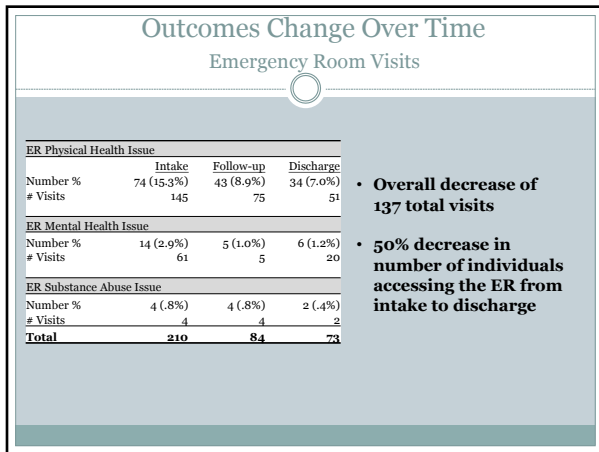


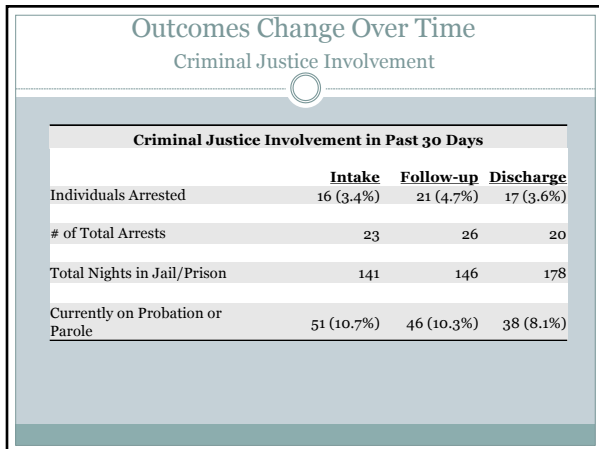


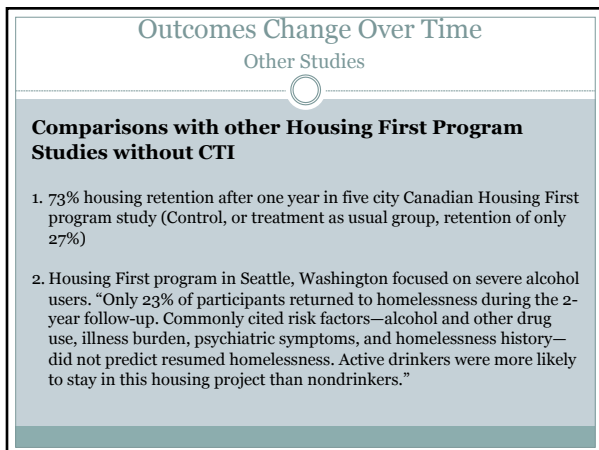












Conclusions

- Outreach efforts led to significant number of chronically homeless individuals and veterans linked to housing-target numbers reached
- Housing retentions higher than traditional housing first programs
- Quality of life enhanced with increased monthly income
- Slight increase in employment and job training
- Little to no change in drug and alcohol use
- Slight decrease in mental health symptoms
- No increase in accessing mental health, substance abuse treatment, or formal recovery supports
- Decrease in Emergency Room visits
- Slight decrease in arrests and probation/parole

Study Limitations & Next Steps

- No control, or treatment as usual group-unable to generalize findings
- CSAT GPRA NOMs are self report and not considered assessments
- Several clients unable/unwilling to conduct all three interviews
 - May alter housing retention rates, other positive outcomes
- 9-12 month limited data-what happens after?
- More detailed analyses looking at different factors (race, gender, employment, alcohol/drug users etc.)

References

1. Aubry, Tim, Tsemberis, Sam, Adair, Carol E., Veldhuizen, Scott, Streiner, David, Latimer, Eric, Sareen, Jitender, Patterson, Michelle, McGarvey, Kathleen, Kopp, Brianna, Hume, Catharine, and Goering, Paula. "One-Year Outcomes of a Randomized Controlled Trial of Housing First With ACT in Five Canadian Cities". *Psychiatric Services* 2015 66:5, 463-469
2. Susan E. Collins, PhD, Daniel K. Malone, MPH, and Seema L. Clifasefi, PhD Susan E. Collins is with the Department of Psychiatry and Behavioral Sciences, University of Washington—Harborview Medical Center, Seattle. "Housing Retention in Single-Site Housing First for Chronically Homeless Individuals With Severe Alcohol Problems", *American Journal of Public Health* 103, no. S2 (December 1, 2013): pp. S269-S274.
3. Wingenfeld, Scott, Dixon, Caleb. "Agency in Focus: Housing Retention and Critical Time Intervention in Cuyahoga County". *OhioMHAS Behavioral Health Trends in Ohio*. October 2017, Volume 4. No. 1

