Critical Time Intervention (CTI) Presentation
The CUCS Institute

NAEH Conference
Center for Urban Community Services

CUCS offers a range of programs & services to more than 20,000 individuals and families in NYC.

- Permanent Housing
- Transitional Housing
- Single Stop
- Street Outreach
- ACT Team
- Janian Medical
- Housing Resource Center

CUCS shares knowledge with several thousand direct care staff annually through:

The CUCS Institute for Training & Research
OVERAL GOALS OF TODAY’S PRESENTATION

To help participants understand the Critical Time Intervention model and its benefits.

- Teach Critical Time Intervention principles & core values
- Review the CTI Approach
- How to make the transition to CTI a success
AGENDA

I. Why Develop a Transitional Intervention

II. Core Elements of Critical Time Intervention

III. Overview of CTI Phases

IV. CTI Approach - Recovery, Harm Reduction, Stages of Change & Motivational Interviewing

V. How to Introduce CTI to consumers and Providers

VI. Helping Staff Transition to CTI Care Coordination
“If a person has little to no recovery capital (e.g., is homeless, unemployed, and alienated from family), he or she has few resources to draw from when assuming the hard work of recovery, and is thus unlikely to succeed. If a person has adequate recovery capital, he or she is likelier to recover independently or with formal help. **Recovery supports are crucial for people who have lost (or never really had) the recovery capital needed to set about recovery in a fully effective and sustainable way.**”

-Larry Davidson, PhD
WHY DEVELOP A PROGRAM TO ASSIST WITH TRANSITIONS?
Identifying the Problem
SOME OF THE PROBLEMS

- transitions can be difficult
- persons can easily fall between the cracks without support
- many individuals don’t know how to access community services
- costly for persons to use emergency services or in-patient care vs. community services
The Solution?
CTI BRIDGES THE GAP

- Shelter
- Prison
- Hospital
- Transitional Housing
- Fragmented Care
CORE ELEMENTS OF CRITICAL TIME INTERVENTION
CRITICAL TIME INTERVENTION [CTI]

- a well-researched & cost effective Evidence Based Practice proven to assist with transitions

- a specialized intervention provided at a “critical time” [typically from institutional to community care]

- connects people with formal & informal community supports

- is a time-limited (typically 9 mos), divided into 3 phases

- concentrates on a limited number of focus areas that promote successful transition
Intense Period of Engagement

Assessment

Choose Focus Areas

Begin Linkages

PHASE I
Transition to Community

PHASE II
Try Out

Less Frequent Meetings

Adjusting & Monitoring the Linkages

PHASE III
Transfer Of Care

Finalizing Linkages

Adjusting & Monitoring the Linkages

Termination

DIAGRAM OF CTI
9 MONTH PERIOD OF TIME
CTI AIMS TO SOLIDIFY SUPPORTS AS IT SPANS THE PERIOD OF TRANSITION
CTI RESEARCH

- Fort Washington Armory in NYC
  - reduced risk of recurrent homelessness
  - cost-effective: $50,000 savings per person
- homeless families in Westchester County
- adults with SMI in VA system
- parolees re-entering the community in New Jersey
- latest research is taking place in South America and also studying CTI using Peer Specialists
WHAT THE CTI RESEARCH HAS TAUGHT US

- during transition people may need enhanced level of support
- supports need to be drawn from community more broadly
- care coordination needs to be highly focused and individualized
- people need ongoing support that CTI sets up
UNDERSTANDING CRITICAL TIME INTERVENTION
CTI APPROACH

CTI is focused on:

- strengthening community linkages
- limiting areas of focus to 2-3 areas essential to making the transition successful
- gradually transferring care from CTI Worker to community
- alternative to traditional approach of building skills, by linking the person to community supports that can do so
BARRIERS TO STABILITY

- Systemic barriers
- Personal barriers
- Worker /client relationship barriers

What are some examples of each?
# BARRIERS TO STABILITY

<table>
<thead>
<tr>
<th>Systemic</th>
<th>Personal</th>
<th>consumer/Worker Relationship</th>
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<tbody>
<tr>
<td>• Limited resources</td>
<td>• MH/substance abuse challenges</td>
<td>• Worker does not believe the</td>
</tr>
<tr>
<td>• Fragmented services</td>
<td>• Medical challenges</td>
<td>consumer is ready for</td>
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<tr>
<td>• Lack of affordable housing</td>
<td>• Trauma</td>
<td>independence</td>
</tr>
<tr>
<td></td>
<td>• Difficulty with social skills</td>
<td>• Consumer does not trust worker</td>
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<td></td>
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<td>• Lack of or miscommunication</td>
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ADDRESSING OBSTACLES

- strengthening individual's long-term ties to community services, family, and friends
- identify skills/supports needed to maintain stability
- define roles & expectations (including the role of outside providers and their buy-in to this practice)
- assist people with securing an income
- build on consumers' strengths to further goals of independent functioning
SIX FOCUS AREAS
NON-CTI FOCUSED ROLE OF THE CASE MANAGER

- Entitlements
- Mental Health Services
- Family
- Employment
- Substance Abuse
- Health & Medical Services
- Leisure Issues
- Housing
- Spiritual Needs
- Integration to the Community
CTI FOCUSED ROLE OF CTI WORKER

- Substance Abuse Treatment
- Housing Crisis Prevention

Consumer & CTI Worker
SIX FOCUS AREAS OF CTI TO SUPPORT TRANSITION

- Housing Crisis Prevention
- Life Skills Training
- Substance Abuse Treatment
- Psychiatric Treatment & Med Mgmt
- Money Management
- Family Intervention
3 PHASES of CRITICAL TIME INTERVENTION
PHASE I: TRANSITION TO THE COMMUNITY
PHASE I: TRANSITION TO THE COMMUNITY

TIME FRAME: MONTHS 1 - 3

- begins the first day the worker receives the consumer
- this is the most intense period of CTI where bulk of the work is:
  - engaging consumer
  - addressing crises
  - assessing for potential long-term support systems (CTI allows you to have the “End Game” in mind (e.g. what the client will need in order to successfully remain in the community)
- begin linking with formal and informal supports
CTI Worker Role:

- engage consumer
- develop CTI Plan based on no more than three of the 6 focus areas
- meet with community caregivers
- assess potential long-term support systems
- provide direct service as needed
ASSESSMENT IN CTI

- focus on how consumer is going to remain stably housed
- include how consumer will get needs met without you
- assess linking needs and client’s strengths along a continuum of needs
- assess needs/strengths in each area of intervention
- assess community’s ability to meet consumer needs
ASSESSING OTHER PROVIDERS

- agency philosophy
- agency mission and outcome success
- experience with homeless, mentally ill clients
- experience in co-occurring disorders
- understanding & use of new practices
- pay attention to detail
Phase II:  
Try Out [Transfer Of Care to Community Begins]
PHASE II: TRY-OUT

Time Frame: Months 4-6

- meet less frequently with consumer
- adjust systems of support for the consumer
- monitor effectiveness of supports & intervening as needed
- Try-Out phase is about adjusting systems of support for consumer & locating gaps in services that need further adjustment
- Often involves negotiation and mediation
• emphasis should be on how the individual uses the array of formal and informal supports

• if consumer wants you to be involved with informal supports then informal supports can be involved in care coordination meetings

• when consumer doesn’t want you to talk to informal supports the emphasis should be on how the consumer can best use these people when in need
PHASE II: TRY OUT/LINKING WITH PROVIDERS

- linking consumer with outside providers (medical, psychiatric, outpatient, substance abuse, ...)
- “bridging” consumer to providers & between the providers themselves
- similar to working with individual consumers, just on a larger scale — a systems scale
- ensure release of information consents signed
HAVING GOOD RESOURCES

- important to have “connections” to reputable, dependable & accommodating service providers [formal & informal]

- vital tool to use in connecting consumers to services in the community

- important to continue to add additional resources and to keep this document up to date [living document]
CTI Worker may need to link the consumer with less formal sources of support:

- family
- friends
- faith-based institutions
- recreational
- social activities
PHASE II: TRY OUT - NEGOTIATION/MEDIATION

- transition can be unsettling for many persons
- community collaterals must work together & communicate
- plenty of opportunities for CTI-worker to negotiate and mediate conflicts and preferences
- anticipating and responding to issues that need negotiating and/or mediating is most helpful
CARE COORDINATION

- CTI places a premium on doing more work on care coordination than on case management (working directly with the individual)

- care coordination is about having all of the individual’s providers (both formal and informal) meet/know/be aware of each other and what they are working on so everyone is working together as a team

- this is difficult to do and takes a lot of time and effort; the goal is to try and have as many people on the person’s team to be aware of the other providers and coordinate services
Phase III:
FINAL TRANSFER OF CARE & GRADUATION
PHASE III: TRANSFER OF CARE

Time Frame: Months 7-9

- completing transfer of care to community resources
- work leading to transfer has been done throughout previous phases
- monitor, fine tuning and finalizing long-term supports
- transfer care (includes final transfer of care meetings w/consumer and all primary supports)
- graduate: celebrate all the work that has been done over the 9 months (includes a final meeting/celebration)
PHASE III: TRANSFER OF CARE - GRADUATION

- termination with consumer can be challenging to both consumer and the CTI Worker
- if not addressed, termination/graduation can undermine the transition
- termination should begin upon enrollment and re-emphasized throughout all phases
- focus on helping consumer transition to community living and terminate successfully with CTI Worker
Reducing the Intensity of Services During the Three Phases
DECREASING INTENSITY OF SERVICES

- ensure consumer & providers know, from beginning, CTI is time-limited & services will reduce gradually

- consistently remind consumer & providers of service reduction

- if consumer comes to you with an issue outside of focus areas, determine if linkages can address and redirect to linkage before addressing it yourself

- work on strengthening consumer’s self-efficacy and see if consumer can address the issue
CTI Uses a Recovery Approach
Mental health recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

www.samhsa.gov
• consumers living with serious mental illness want and deserve more than symptom relief, stabilization, medication, supervision, treatment (medical model)

• the recovery approach means seeing the whole person, not just a diagnosis, and focuses on the potential for growth within each individual

• everyone can recover in their own way
PRINCIPLES OF RECOVERY-ORIENTED SERVICES

- Respect self-determination, “dignity of risk,” & choice
- Collaborative, not hierarchical care
- Consumer is expert on own recovery
- Removal of barriers to services
- Staff belief in inherent ability of all consumers to recover
- Strengths-based
- Access to high quality mental health services
- Multiple pathways to recovery
- Personal meaningful goals
## THE CTI APPROACH

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<tr>
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<td><strong>Harm Reduction</strong></td>
<td>• Helps the consumer reduce the harm associated with maladaptive behaviors <em>i.e.</em> <em>substance abuse</em></td>
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<tr>
<td><strong>Stages of Change</strong></td>
<td>• Raises awareness of how some behaviors impact the consumer’s stability</td>
</tr>
<tr>
<td><strong>Motivational Interviewing</strong></td>
<td>• A communication style that helps the consumer work through ambivalence around behavior change</td>
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PRINCIPLES OF HARM REDUCTION PRACTICES

- accepts that drug use & other harmful behaviors are part of life & strives to minimize the harmful effects rather than ignore or condemn them
- understands drug use is complex & encompasses a continuum of behaviors
- acknowledges some ways of use are clearly safer than others
- calls for non-judgmental, non-coercive services & resources
MOTIVATIONAL INTERVIEWING (MI)

“MI is a consumer-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.” (Miller & Rollnick, 2002)

- is a clinical approach to behavior change
- is a consumer-centered style of counseling
- is directive
- is used to help consumers strengthen and enhance intrinsic motivation to change by exploring & resolving ambivalence
How to Introduce CTI to Consumers & Area Providers
INTRODUCING CTI TO CONSUMERS & PROVIDERS

Marketing Brochures can be used to inform consumers and providers of CTI

- Core components of CTI: CTI phases, time limited nature, areas of focus
- CTI focus: establish a network of providers for the consumer
- Benefits of CTI
- Research effectiveness
Helping Staff Transition to CTI Care Coordination
ORGANIZATIONAL CHANGE IN MENTAL HEALTH

- Funders/Government at all levels are looking for cost-effective and outcome/performance-based interventions that work

- Change can be difficult for organizations and its staff to absorb/accept

- Organizations must support staff during transition/change

Source: Callaly, T. (2005). Organizational change management in mental health. 13(2)
REASONS FOR ORGANIZATIONAL CHANGE IN MENTAL HEALTH

- Increasing demand of services
- Increasing cost of health care
- Demand for improved quality of care
- Better integration of services (a core principle of CTI-network of providers working together)
- Ongoing efforts to efficient and effective service delivery

Source: Callaly, T. (2005). Organizational change management in mental health. 13(2)
RESISTANCE TO CHANGE

- Staff may not see a clear purpose or logic in change initiatives
- Staff may feel that change is implemented in fragmented ways using disorganized methods
- Staff can resist change when there is uncertainty in the outcomes or believe that the change will not benefit staff or service recipients

“My consumers have such complex needs, we cannot possibly meet them all in 9 months”

- CTI does not attempt to resolve all of the consumer’s issues, but rather tries to make the targeted transition a success
- CTI makes the transition successful by linking the consumer to sources of long term supports
- The long-term supports can then work with the consumer on addressing her/his full range of needs
“My consumers come to me with so many needs, I can’t possibly pick just 1-3 areas to work on”

- Choose 2-3 areas of focus that are *most critical* to the transition process

- Research has shown that none of us are able to make progress on more than 2-3 goals at a time and that focusing on a few goals (while acknowledging that other areas will eventually need to be worked on) is generally the most successful approach

- Your areas may change over the course of the three phases as goals are met AND you can even choose an additional area of focus within a phase if you have met all goals within a focus area
allow time for staff to master the CTI model with the phases and narrow areas of focus

allow time for staff to master Recovery, Stages of Change, Harm Reduction and Motivational Interviewing

supervision and staff meetings are critical to reiterate the model and techniques

practice makes perfect
Q&A
For Further Information on CTI Training & Implementation Support contact Jennifer Gholston, Director of Training at jennifer.gholston@cucs.org
Thank You.

Critical Time Intervention:
An Overview

Presented by:
CUCS’ Institute for Training & Research
www.cucs.org