Recording link: https://youtu.be/OIAnp6HrbDM

Critical Time Intervention
Rapid Re-Housing Programs
Contra Costa County
Session 2
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Welcome & Reminders

- Housing Innovations
  - Suzanne Wagner
  - Andrea White
- Goals for the Training Series
- Housekeeping
  - **PLEASE TURN YOUR CAMERAS ON AS MUCH AS YOU CAN**
  - **Please put your name as you would like to be addressed as your screen name**
  - **We love interaction – please raise hand, indicate in chat box that you would like to comment or just unmute and talk!**
  - **Please put in the chat box what your favorite morning beverage is**

Agenda

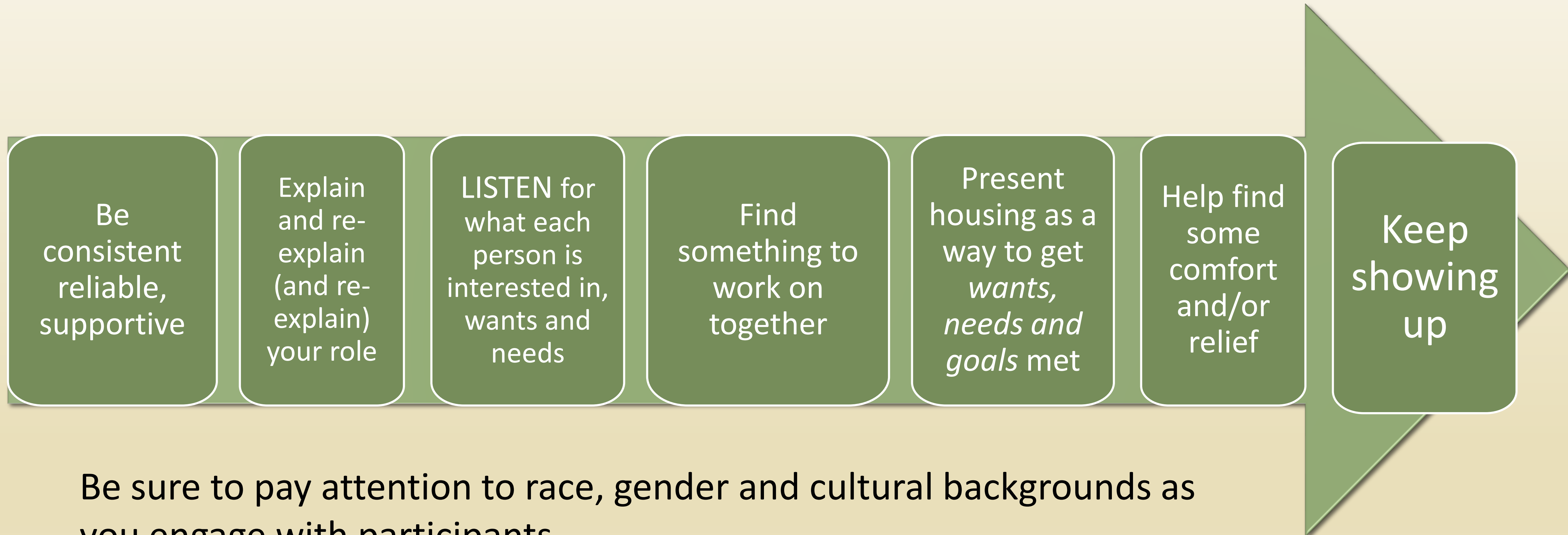
- Introductions, Reminders and Recap of Last Session
- Setting Goals to Develop the CTI Service/Housing Stabilization Plan
- Linking to Community Resources and Developing an Individual Resource List
- Pre-CTI - tasks and strategies
- Wrap-up

Recap of Session One

- Support through transition
- Phased approach
- Decreasing intensity
- Support tenancy skills and lease compliance
- Connect to network of supports
- Focused assessment - key domains
- Breakout discussions on homeless histories
- Comments? Questions? Reflections?

Poll: CTI Reflections

Engagement around Goal-Setting



Be sure to pay attention to race, gender and cultural backgrounds as you engage with participants.

Use Stages of Change to Assess Motivation for Housing

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

Components of the CTI Plan - Goals

- Goals set as a team of client and worker
- “So that” principle
- Focus on the issues that affect stability in the community – base on the current crisis and previous episodes of homelessness/ housing instability
- Immediate and longer-term goals clear
  - Focus by phase
  - Use the plan for the intervention
- Steps to reach goal clearly defined and measurable
- Longer term needs require connections to other resources.

Focus Areas for Service Plan

Focus on greater Self Sufficiency

- Goals setting by Veteran in partnership with the worker
- Connection to high quality sustainable services and supports
- Shared-Decision Making (SDM) model and Harm Reduction approach
- Use success on service plan goals to build confidence for making other changes

Focus on Long-Term Stability

- Use Veteran's goals and housing stability focus
- Help assume role and meet expectations of tenancy and community
- Teach rather than do

Strong Expectation that Person becomes Integral Part of Community

- Work on structure purpose and activity
- Transition and recovery of valued life roles

Breakouts: Goals Discussion (Groups of 3)

- PLEASE TURN ON YOUR CAMERAS
- One person will share an example of something a participant wants to set as a personal goal or give an example of a goal of your own (simple, not too personal)
- One person is the worker and has the “so that” conversation to find out:
  - What are the reasons behind this goal?
  - “So that” what?
  - Try to elicit from the participant, “I want to ……. so that …….”
- The third person is the observer and gives feedback to the other two and reports back on the conversation
  - If there are only two people, please proceed without the observer.

Focused Service Planning

- Limit the areas of intervention – no more than 3 goals
- Focus on the most pressing needs that impact housing
- Relate all interventions to the tenants long term goals
- Be aware this may not be a linear process
- Be mindful about moving from crisis

See CTI-Informed Service Plan

Components of the CTI Plan - Roles

Participant/Tenant and Worker Roles

- Designs plans for two-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, and 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
- Use service plan as an opportunity for success
- Uses phases to gauge expectations and progress
- Identify need to renegotiate goals and resources
- Reframe setbacks as learning opportunities

Poll: CTI Integration

Focus on Resources

- In order to fully integrate in the community, each person needs a range of services and supports
- CTI helps each person or family to connect with and begin to manage each support as a full partner
- Connections to resources is core to CTI practice

Community Resources

- Develop a tenant focused resource list
- Identify resources by CTI focus areas tasks
- Review resources in current use
- Add resources developed through work with other consumers
- Identify needed connections
- Income, benefits AND services
- Formal and informal (natural) supports
- *See: Tenant Resource List*

Using the Resource Guide

- May take multiple conversations
- Will and should be built over time and throughout the phases
- Standard domains prompts conversations about resources person may not have considered
- Shows areas of strong support as well as gaps
- Opportunity for evaluative conversation about usefulness of resources

Community Resource Guide

Marin's online search tool for information, services and resources.

Care

Health

Education

Legal

Emergency

Food

Housing

Money

Transit

Need Additional Help?

Call the Aging and Adult Information & Assistance Line at 415-457-INFO (415-457-4636) to speak with a representative.

Links to Resources

Poll: Resources

- Ensure knowledge of them – directory, visits to programs, ask users of the service for feedback, know goals of the service and what they provide
- Introduce yourself and your service, especially if there will be a lot of referrals and identify how you can help them meet their goals
- Explain your role and what they can expect
- Gather and share history (with consent) and attempt coordinated planning
- Offer to accompany each person to assist with engagement with a new service
- Maintain regular contact to see how things are going
- Keep your promises

Phases of CTI

- Pre-CTI: Housing Planning and Preparation
- Phase 1: Transition to the Community
- Phase 2: Try-out/Practicing
- Phase 3: Termination/Step Down
  - Phase 1 begins when person moves into housing
  - Phases 1-3 last approximately 2 months each

Tasks for Pre-CTI Phase

This phase occurs before moving into housing and may be done by the RRH Program or shelter/homeless program working with the person or family to locate housing. Some evidence shows better outcomes with good Pre-CTI work.

- Educate on housing options and expectations of each.
- Identify goals and preferences and develop a housing plan
- Assess housing and homelessness history.
- Assist to connect to income.
- Gather documents for the application process.
- Assist with housing search and negotiations.
- Connect to resources that support community stabilization-treatment and supports.
- Teach tenancy skills.

Poll: Pre-CTI Housing Preparation

Connecting Pre-CTI to Phase 1

Case managers will need to assess how much of this work has been done and how much will need to be addressed in Phase 1.

'Warm' handoffs are recommended and a standard CTI practice

- Meeting between the shelter/outreach worker and RRH staff
- Build bridge between workers and the participant
- Review rights and responsibilities for housing
- Share info on what possible threats to stable tenancy may be
- Review RRH worker's role
- Discuss what people can expect from the last worker – how will follow up be handled? Are they available for a consult?
- May set up weekly meetings to discuss new persons when you have regular referrals from another program to yours

Breakout Discussions: Pre-CTI Tasks

Discussion Prompts:

1: Which services are people getting before moving into housing in your program/community?

Examples:

- Education on housing options and expectations of each.
- Identify goals and preferences and develop a housing plan.
- Assess housing and homelessness history.
- Assist to connect to income.
- Gather documents for the application process.
- Assist with housing search and negotiations.
- Connect to resources that support community stabilization-treatment and supports.
- Teach tenancy skills.

2. What are the gaps in the pre-CTI services in your community/program?

3. How is Pre-CTI work communicated to the RRH Case Management Program?

Examples:

- Warm hand off
- Ongoing consultation
- Presentation to Housing Team
- Written/electronic case records
- Offer information when asked
- Coordinated Entry Application
- Not communicated
- Other

Wrap up

Please turn on your cameras to say “good-bye”.

Many thanks, see you next week!

CTI Phase Plan

Phase #: Phase 1 ☐ Phase 2 ☐ Phase 3 ☐

Today's date: ______ /______ / ______ **Client's name:** ________________________________

Date phase starts: _____ / _____ / _____ **Due date for end of phase:** _____ / _____ / _____

CHECK THE AREAS FOR THIS PHASE: (Choose 1 to 3 areas)

Area		Area	
Benefits	☐	Natural supports	☐
Employment	☐	Budget management	☐
Survival needs (food, clothing, furniture, etc.)	☐	Health and mental health	☐
Child care	☐	Children's health and mental health	☐
Transportation	☐	Housing	☐
Education (child/adult)	☐	Legal concerns	☐

Area #1 ________________________

Reason for choosing this area:

Overall goal for this area:

Area #2 ________________________

Reason for choosing this area:

Overall goal for this area:

Phase #: ______ Phase Plan Date: _______________ Client's Name: ________________________________

Area #3 ________________________

Reason for choosing this area:

Overall goal for this area:

SUMMARY OF ACHIEVEMENTS IN EACH AREA

Complete this section at the end of Phase 1 and Phase 2 only. Use this information to plan for next phase.
At the end of Phase 3, write the *Closing Progress Note* instead.

Area #1: ____

Area #2: ____

RESOURCE LIST: [Year]

HoH Name:

Family Member Names:

Address:

Telephone# Email:

Emergency Resources:

If there is a risk to safety please call 911. Have this sheet with you for contacts

Trusted Neighbor or Friend:	Tel:	Address:
Friend with phone:	Tel:	Address:
Social Services Support:	Tel:	Address:
Permission to Enter Home / Relationship	Tel:	Address:
Care for Children and Relationship:	Tel:	Address:
Care for Pet and relationship:	Tel:	Address:
Treatment Provider:	Tel:	Address:
Legal Assistance:	Tel:	Address:

Documents for Emergencies:

Insurance Cards:	Y/N/NA	Location:
Medical Alerts: (allergies, conditions)	Y/N/NA	Location:
List of medications:		
Crisis Plan	Y/N	Location:
Health car proxy	Y/N	Location:
Permission to Enter Unit	Y/N/NA	Location:
Advance Directive /Living Will	Y/N/NA	Location:
Plan for care of children:	Y/N/NA	Location:

Housing:

Landlord Name:	Tel:	Address:
Subsidy Administrator:	Tel:	Address:
Support Services:	Tel:	Address:
Legal Services:	Tel:	Address:

Housing documents:

Lease:	Y/N	Location:
House Rules:	Y/N/NA	Location:
Notice(s) from Landlord	Y/N/NA	Location:
Rent Receipts:	Y/N	Location:
Inspection Schedule:	Y/N	Location:
Inspection Form	Y/N	Location:
Utility bills:	Y/N/NA	Location:
Housing Plan	Y/N	Location:

Financial:

Social Security Office:	#	Address:
Person Assisting with Application:	Tel:	Address:
Public Assistance/FS:	#	Address:
Medical Assistance:	#	Address:
Bank:	Tel:	Address:
Emergency Assistance: Rent and Utilities	Tel:	Address:
Food Bank (s)	Tel:	Address:
Clothing Bank	Tel:	Address:
Employer:	Tel:	Address:
Person who helps with Financial:	Tel:	Address:
Representative Payee:	Tel:	Address:

Financial Documents:

Social Security Award Letter:	Y/N/NA	Location:
TANF/PA Award Card:	Y/N/NA	Location:
Medical Assistance Card:	Y/N/NA	Location:
Bank Statement:	Y/N/NA	Location:
Rent Receipts:	Y/N	Location:
Utility Bills:	Y/N/NA	Location:
Tax Records:	Y/N/NA	Location:
Pay Stubs:	Y/N/NA	Location:
Identification:	Y/N	Location:
Tax forms, W2	Y/N/NA	Location:

Medical:

Primary Care Provider:	Tel:	Address:
Specialty Care Provider:	Tel:	Address:
Dentist:	Tel:	Address:
Emergency Room:	Tel:	Address:
Transportation:	Tel:	Address:
Homecare Provider:	Tel:	Address:
Pharmacy:	Tel:	Address:
Friend to call for Support:	Tel:	Address:

Medical Documents:

Medical Insurance Card	Y/N/NA	Location:
Appointment Calendar	Y/N/NA	Location:
List of Medications	Y/N/NA	Location:
Healthcare Proxy	Y/N/NA	Location:
Crisis Plan	Y/N/NA	Location:
Advance Care Directive:	Y/N/NA	Location:

Mental Health

Psychiatrist:	Tel:	Address:
Clinic:	Tel:	Address:
Therapist:	Tel:	Address:
Case Manager/ ACT:	Tel:	Address:
Pharmacy:	Tel:	Address:
Life Coach:	Tel:	Address:
Club Houses/ Peer Support	Tel:	Address:
Hot Lines:	Tel:	
Warm Lines:	Tel:	
Friend to call for Support:	Tel:	Address:

Mental Health Documents:

Insurance Card	Y/N/NA	Location:
Appointment Calendar	Y/N/NA	Location:
List of Medications	Y/N/NA	Location:
Crisis Plan	Y/N/NA	Location:
Advance Care Directive:	Y/N/NA	Location:

Substance Recovery Resources:

Counselor:	Tel:	Address:
Program:	Tel:	Address:
Peer Support/Sponsor	Tel:	Address:
Friend for Support	Tel:	Address:
AA/NA Home Mtg	Contact:	Address:

Substance Recovery Resources:

Recovery Plan:	Y/N/NA	Location:
Crisis/Relapse Prevention Plan:	Y/N/NA	Location:
Insurance Card:	Y/N/NA	Location:
Meeting Book:	Y/N/NA	Location:

Education and Employment:

Employer:	Tel:	Address:
School: both HoH and children	Tel:	Address:
Teachers	Tel:	Address:
Employment Program:	Tel:	Address:
Counselor:	Tel:	Address:
Education Advisor	Tel:	Address:
Tutor:	Tel:	Address:
Peer/ Colleague	Tel:	Address:

Education / Employment Documents

Pay Stubs	Y/N/NA	Location:
Insurance Card	Y/N/NA	Location:
Social Security Card	Y/N/NA	Location:
GI Bill Award Letter/Documentation:	Y/N/NA	Location:
Voc Rehab Letter/Documentation:	Y/N/NA	Location:
Schedule: For HoH and each child	Y/N/NA	Location:
School documents for children: Vaccination Cert., transcripts, report cards, evaluations, plans for special needs	Y/N/NA	Location:

Community Connections

Faith Community	Tel:	Address:
Family	Tel:	Address:
Friends for every family member	Tel:	Address:
Camp/Afterschool	Tel:	Address:
Child Care	Tel:	Address:
Sports Team	Tel:	Address:
Community Center	Tel:	Address:
Clubs	Tel:	Address:
Veterans Center	Tel:	Address:
Library	Tel:	Address:
Food Bank/Pantry		
Dog Park		
Other:		
Other:		

Phase #: _____ Phase Plan Date: ______________ Client's Name: ______________________________

Area #3: ____

Client Signature: _________________________________

CTI Worker signature:_________________________________

Supervisor signature:_________________________________