Recording Link: https://youtu.be/X7fehHQsBkw

Critical Time Intervention Rapid Re-Housing Programs

Contra Costa County

Session 5

September 21, 2022

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Welcome & Reminders

- Housing Innovations
  - Suzanne Wagner & Andrea White
- Goals for the Training
- Housekeeping
  - PLEASE TURN YOUR CAMERAS ON AS MUCH AS YOU CAN
  - Please put your first and last name as you would like to be addressed as your screen name
  - We love interaction – please raise hand, use “reactions”, type comments in the chat box or just unmute and talk!
  - **Please put in the chat: What was the most fun thing you did this summer?**

Recap of Session Four

- Case discussions of people in Phase 3
- Working with Landlord and Property Managers
  - Developing relationships
  - Teaching tenancy skills
  - Eviction prevention
- Harm Reduction Plan for Eviction Prevention
- Poll: Action Planning: Follow up to Training

Agenda

- Review of the CTI Model and Defining Features
- Program Implementation and Self-Assessment Tool
- Supports for the Practice – workload management, team meetings, supervision, sample documentation
- Planning for Next Steps

How is CTI Different?

- Structured and time limited intervention
- Goal focused - not symptom based
- Transition is the focus of the work
- Depends on community connections to services and supports for sustainability (including landlord)
- Community and home-based service
- Staff step back and adjust their roles with each phase
- Adjust documentation to reflect areas of assessment and no more than 3 goals in service plan

CTI Key Model Characteristics

- Client-driven partnership that respects choices, rights and dignity
- Time limited
  - 6 - 9 months
- Four phases of decreasing intensity of contact
- Manualized intervention - most intense in the early phases
- Highly focused assessment and service plans
- Smaller weighted caseload
- Weekly team supervision and modifications to documentation
- Uses other evidence-based practices

CTI Phases Chart	Pre-CTI (In Outreach, Shelter or Interim Housing Pgm)	Phase I: Transition (Begins when person moves into housing)	Phase II: Try- Out	Phase III: Transfer
Time frame/Intensity of Contact	Flexible	2-3 Months/Intense Weekly	2-3 Months/Moderate Bi-weekly	2-3 Months/Low Monthly
Objective	Relationship Building Assessment	Complete Identification of Resources and connect client	Monitor resource impact and client connection/access	Complete transfer of services to the community
Action Steps	Educate/Advocate Begin Phase Specific Plan Begin connection to resources Begin accessing benefits and income	Accompany each person to appointments, follow up to ensure connection Phase I Specific Plan Work on tenancy skills, income. Maintain motivation	Make adjustments to plan in collaboration with client Phase II Specific Plan	Meet with new service providers or others in the support system; reflect on work with client Phase III Specific Plan
Potential Barriers	Housing placement may be delayed due to multiple challenges Often challenge to maintain motivation	Lack of resources; person hesitant to engage Several competing "priorities"	Client may not be ready to assume rent for RRH or tenancy in PSH; resources may be inadequate	Both person and worker may have difficulty ending, especially if goals aren't met.
Strategies	Collaborate with Housing Specialist to teach/model housing location process; present services as a helpful resource, not an obligation	Do advance work of creating resource networks Prioritize needs based on relevance to housing stability	Empower client to do what they can on their own; create alternative plans if necessary Use skill building techniques	Reduce involvement gradually and inform person early on about the length and nature of CM support

CTI Practice Emphases and Shifts

- Maintaining Engagement
- Working the person's plan (as opposed to staff's)
- Focused Assessment and Service Planning
- Home Visits and Community Based Fieldwork
- Working the Resources and Landlords
- Stepping Back
- Moving to Crisis Prevention Orientation
- Using Motivational Interviewing Techniques
- Adjustments to Documentation and P &P

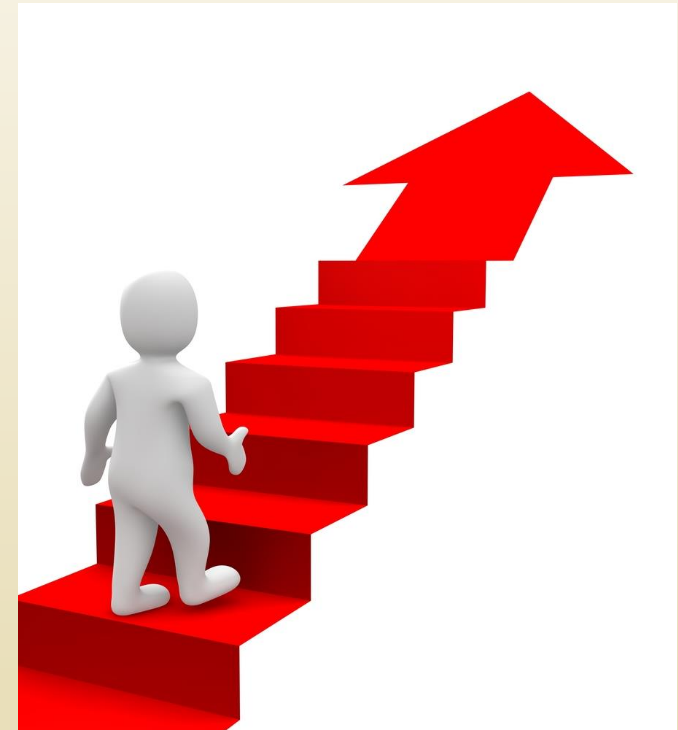
CTI Measures of Success

- Maintaining housing in the community
- Increase in income
- Network of supports
- Fewer emergency interventions
- Structure, purpose and valued role(s)

Poll: CTI Implementation Strategies

Goals for the Implementation Session

- Discuss ideas for implementation by CTI elements
- Identify resources and supports needed, barriers to and questions about implementation
- Share input on what type of structure(s) will help support implementation



Reflections

Aspects of CTI are you already integrating into your programs?

Please type in the chat box

- tenant goal focus in interventions
- focused assessment
- focused service/housing stabilization plans limited to 3 goals
- learning about housing and homelessness history
- connecting to a network of care/support
- developing individual resource lists
- teaching tenancy and self-advocacy skills
- planful coordination with landlords/property management
- helping people develop structure and purpose in their lives
- helping people address issues that result in lease violations or present housing risks

CTI Implementation Self-Assessment Tool

- Tool to assess your program's progress on implementing CTI practices
- 30 domains scored on scale of 1 to 5
- Overall score is an average w/max 5
- Conduct post-implementation as check in

Reviews the following Areas:

- CTI Main Components
- Engagement
- Initial Assessment
- Linking Process
- CTI Worker Role
- Clinical Supervision
- Fieldwork Coordination
- Documentation

Implementation Self-Assessment

Go to: CTI Implementation Self-Assessment Tool

Strategies for Implementation Discussions

Join a breakout group

Introduce yourselves to each other

Discussion prompts:

- What most interests you about implementing CTI?
- What ideas do you have for implementation in your program?
- What questions/concerns do you have?

Support for CTI

Supervision, teamwork and agency support key to implementation

Focus

- High quality services consistent with the practice
- Achievement of program goals and outcomes
- Support and resources for staff and participants
- Complex needs and challenges posed by participants
- Development of staff skills and knowledge of CTI and other EBP's
- Supervision is recommended weekly through team meetings and individual sessions

Focus Areas for Supervision/Support

- Proper weighting of assignments
- Timely movement throughphases
- Assisting workers with making decisions/problem solving
- Sharing of resources between workers and accessing new resources
- Proper documentation (Phase Plans, Progress Notes, Closing Notes)
- Safety on home visits
- Highlighting best practices, common barriers, patterns and challenges in implementation
- Arranging specialized consultation
- Looking at the practice critically, assessing implementation and working on program planning

Team Caseload Management

Weighted Caseload Tracker

- Varies by Phase - **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 ½
- Example
  - 10 people in Phase 1 = 20 cases
  - 10 people in Phase 2 = 10 cases
  - 10 people in Phase 3 = 5 cases

Weighted Caseload Tracker

CTI Worker Name: Jane Smith **Date:** 2/28/2021

	Pre-CTI		Phase 1		Phase 2		Phase 3		
Client Initials	Start Date	"1" if client in Pre-CTI	Start Date	"1" if client in Phase 1	Phase 2 Start Date	"1" if client in Phase 2	Phase 3 Start Date	"1" if client in Phase 3	**End CTI Date**
AB			9/1/2020		11/1/2020		1/1/2021		3/1/2021
CD			9/8/2020		11/8/2020		1/8/2021		3/8/2021
EF			9/15/2020		11/15/2020		1/15/2021		3/15/2021
GH			9/22/2020		11/22/2020		1/22/2021		3/22/2021
IJ			9/29/2020		11/29/2020		1/29/2021		3/29/2021
KL			12/1/2020		2/1/2021		4/1/2021	1	
MN			12/8/2020		2/8/2021		4/8/2021	1	
OP			12/15/2020		2/15/2021		4/15/2021	1	
QR			12/22/2020		2/22/2021		4/22/2021	1	
ST			3/1/2021		5/1/2021	1			
UV			3/8/2021		5/8/2021	1			
WX			3/15/2021		5/15/2021	1			
YZ			3/22/2021		5/22/2021	1			
AZ			6/1/2021	1					
BY			6/8/2021	1					
CX			6/15/2021	1					
DW			6/22/2021	1					
	Category Total	0		8		4		2	
							Total Weighted Caseload	**14**	

Structured Supports

Individual and Team Supervision:

- Weekly staff supervision meetings
- Caseload tracking though the phases

Case Conferencing:

- Highlight best practices, identifies themes around barriers, highlights resources, provides clinical consultation

Team Meetings:

- Team meetings have an informational, monitoring and support function, track where people are in the transition and identify common barriers, share information and resources among team members, alert team to people in distress or crisis, identify best practices, review everyone at least briefly

Team Meetings

Often a good time to review CTI areas and do some mini trainings specific elements of CTI

Review resources currently in use and encourage staff to discuss new resources they have developed

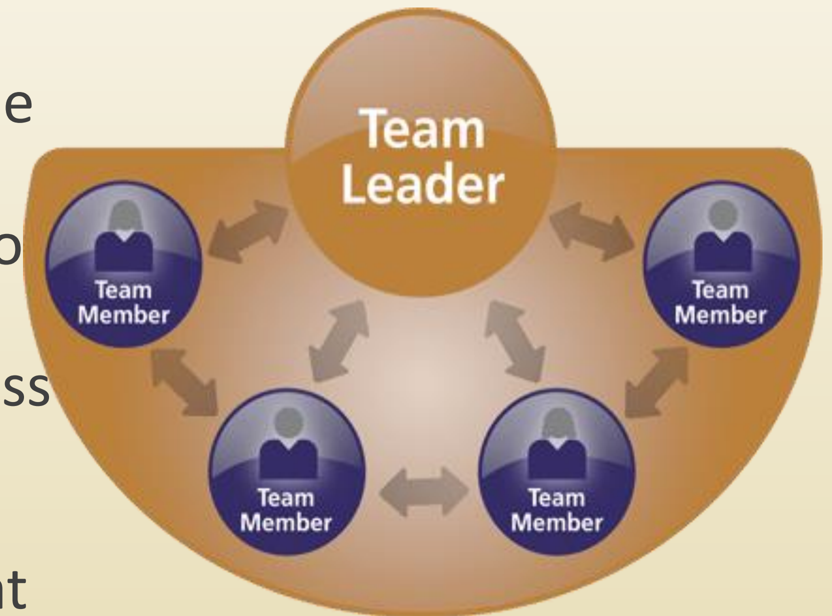
Encourage staff to train on their areas of expertise

- One staff may be particularly good at SSI applications, negotiating for food stamps, another may be the landlord whisperer

Good time to identify systemic barriers to accessing resources and enlist the supervisors or other agency senior staff help in negotiating pathways

Focusing CTI Team Meetings/Group Supervision

- Case presentation of each new client
- Review of cases that will end intervention within the coming month
- Review of cases that are facing major crisis or canno located
- Review of cases that have experienced major success positive change
- Brief review of entire caseload every two weeks to ensure that phase changes are on schedule and that cases are not overlooked



Poll: Team Meetings

CTI Team Supervision Form

Team Supervision Form

This form is filled out every week during the team supervision meeting to document in-depth discussions about the highest priority clients (use reasons listed below as a guide).

Before the meeting, the case manager fills in the names of clients with highest priority, based on past week's fieldwork and any change to client status and records explanation and one reason code.

The supervisor places a **√** mark in the far right column next to each client who has been discussed.

Client's name	Worker's initials	Explain why it is important to discuss this client at today's meeting. Record the **reason code** in the box. 1=ready to give new case presentation 2=client faced with a crisis or big change 3=cannot be located 4=discuss whether refusal is permanent 5=time to prepare for a new phase 6=time to prepare for end of intervention 7= difficult problem with support network 8= positive occurrence to share with team	Place √ mark in box when team discusses client
		☐	☐

CTI Service Documentation Tools

- The <u>Assessment Domains and Housing Plan</u> provides focus on domains that most effect housing retention, limits goals, defines roles
- The *<u>Participant/Tenant Resource Guide</u>* structures work around community resources and supports
- The *<u>Harm Reduction Plan</u>* helps participants think through options to mitigate behavior that is threatening tenancy/creating risk for eviction
- The *<u>Closing Note</u>* outlines the process for the end of the transition and provides guidance for final meetings and handoffs to network of care.

Implementation Planning Discussions

- Join a breakout group
- Introduce yourselves to each other
- Discussion prompts:
  - Which of the tools/resources/strategies discussed most resonates with you and would you like to implement tomorrow if you could?
    - Implementation Self-Assessment
    - Team Meetings Form
    - Weighted Caseloads/Caseload Tracker
    - Service Documentation: Service Plan, Assessment, Tenant Resource List, Harm Reduction Plan, Closing Note
  - What support do you need from your agency to implement CTI?
  - What barriers/obstacles would you anticipate?

Poll: Implementation Support

What support might help you to integrate CTI into your program/unit/department?

1. Implementation work group or committee
2. Learning Collaborative
3. Adapt/adopt CTI tools/sample forms/resources
4. Forums for more discussions with other supervisors
5. More reading on CTI
6. More training or consultation on CTI
7. Other (please type in the chat box or shout out)

An Effective CTI Supervisor….

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

Wrap up and Closing

CTI Implementation can take many forms – Informed, Infused, All-In

Good luck with your implementations!

Slides at the end for reference

Many thanks!

PLEASE TURN ON YOUR CAMERAS TO SAY GOOD-BYE

Practice Shifts: Reference Slides

Focused Assessment and Service Planning

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

Service plans limit goals to 3 and reflect the participant's goals and connect housing success to personal goals

Home Visits and Field Work

Teaching the skills to be in a person's space, structuring the visit and addressing safety concerns

- Home visits challenge boundaries
- First home visit modeled by the supervisor or seasoned colleague
- Must have P+P for safety in the field

Supervisor can periodically accompany staff on home or field work to observe and assess competencies

Pandemic considerations

Working with Community Resources

- Core to the practice
- Part of worker's job is to ensure resources are working for each person, frequent check-ins with the service.
- Staff new to community services will need training on community resource options, application and enrollment processes.
- Staff should visit community programs to get a feel for them.
- Sometimes meetings with senior staff to negotiate roles and responsibilities and an MOU (Memorandum of Understanding) and troubleshoot issues

Working with Housing Providers

- Clarify expectation about roles
- Education of staff on:
  - Working with landlords to support lease compliance and stable tenancy
  - Role and transition process when people move into supported housing or other options that provide ongoing support
  - Tenant's rights, housing subsidy process and rules, reasonable accommodations, fair housing, eviction process

Stepping Back

- Identify services and supports needed to maintain community living
- Focus on connecting to community resources and building skills
- The worker remains involved but must step back and allow person to try on their own
- This can be difficult for workers
- Give permission for extra time to teach skills
- Monitor movement through phases

Adjustments to Documentation

- Paperwork can help shape and reinforce CTI practices
- Can adapt forms currently in use to be CTI-informed
- Ensure community stabilization goal is central
- Limit goals to two or three
- Use areas of focus for assessments
- Assessments connect to service plan
- Provide sample chart notes and review in supervision
- Sign off by supervisor on notes and plans
- Supporting documentation: Participant Resource Guide and Harm Reduction Plan were well-received by staff during training

Contra Costa County CTI Session 5
Breakout questions

Breakout #1: Strategies for Implementation Discussion

- Introduce yourselves to each other
- Discussion prompts:
    - What most interests you about implementing CTI?
    - What ideas do you have for implementation in your program?
    - What questions/concerns do you have?

Breakout #2: Implementation Planning Discussion

- Introduce yourselves to each other
- Discussion prompts:
- Which of the tools/resources/strategies discussed most resonates with you and would you like to implement tomorrow if you could?
    - Implementation Self-Assessment
    - Team Meetings Form
    - Weighted Caseloads/Caseload Tracker
    - Service Documentation: Service Plan, Assessment, Tenant Resource List, Harm Reduction Plan, Closing Note
- What support do you need from your agency to implement CTI?
- What barriers/obstacles would you anticipate?

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Critical Time Intervention

CTI Implementation Self-Assessment

Never or rarely	Sometimes	About half the time	Most of the time	Always
1	**2**	**3**	**4**	**5**

MAIN COMPONENTS	**Score**
Time-Limited 1. CTI workers provide no more than nine months of CTI after the date a client starts Phase 1. *For a 6-month CTI program, they provide no more than six months.*	
Three Phases 2. The intervention takes place in three phases, each phase having the same duration. *(e.g., for a 9-month CTI program, each phase lasts 3 months)*	
Focused 3. One to three areas of focus for each phase are selected from your program's list of CTI areas.	
Small caseload size 4. Each FTE CTI worker has no more than 20 clients on his/her caseload.	
Community-based During Phase 1: 5. CTI workers have at least 3 community-based meetings with the client.	
6. CTI workers have at least 2 community-based meetings with a client's providers and/or informal supports.	
Weekly team supervision 7. The team has weekly team supervision meetings, led by the clinical supervisor, who is a psychiatrist, MSW, or other master's level clinician and who has been trained in CTI.	
Decreasing contact 8. CTI workers have fewer meetings and calls with a client in Phase 2 than in Phase 1, and fewer in Phase 3 than in Phase 2.	
No drop-outs 9. The CTI program does not stop the intervention for a client before nine months. *For a 6-mo CTI program, it does not drop a client before the end of six months.*	
ENGAGEMENT	
10. CTI workers at least 2 meetings or calls with a client during the first month to establish rapport and build trust as early as possible.	
INITIAL ASSESSMENT	
11. CTI workers gather client information that is most relevant to your CTI program's particular transition, population and setting. *(e.g., client's interests, skills, strengths, vulnerabilities, aspirations; and client's history, such as education, jobs, housing, treatment).*	

Never or rarely	Sometimes	About half the time	Most of the time	Always
1	**2**	**3**	**4**	**5**

LINKING PROCESS	Score
<u>During Phase 1:</u>	
12. CTI workers assess the strength of a client's current connections to service providers and informal supports in areas that are relevant to the aim of your CTI program.	
13. CTI workers begin to connect client to providers and informal supports where needed.	
<u>During Phase 2:</u>	
14. CTI workers mediate between a client and his/her support network, especially for new linkages.	
<u>During Phase 3:</u>	
15. CTI workers encourage direct communication between different members of a client's support network (e.g., a family member and a provider), as well as between the client and his/her providers and informal supports.	
<u>Before a case is closed:</u>	
16. CTI workers have a transfer-of-care meeting or call with each of the client's providers and informal supports.	
17. CTI workers have a final meeting each client *They talk about client's experience with CTI and relationship with CTI worker; discuss client's expectations for the future; and review the long-term support network's contact information.*	
CTI WORKER ROLE	
18. CTI workers carry cell phones when they are in the field.	
19. CTI workers reflect the recovery perspective in their interactions with clients. *(e.g., they relate to clients in a genuine way; ask about topics not related to treatment; share their own experiences as a way to normalize client's feelings, etc)*.	
20. CTI workers take a harm-reduction approach to planning with clients how to decrease their risky behaviors. *(e.g., at client's own pace; goal of reducing behavior; non-judgmental)*	
CLINICAL SUPERVISION	
21. The team uses supervision to reinforce practices that are in alignment with the CTI model and to correct staff practices that are not in alignment.	
22. CTI workers give a case presentation at the supervision meeting for each new client.	
FIELDWORK COORDINATION	
23. The fieldwork coordinator selects some (~6-8) high priority clients prior to each supervision meeting for in-depth discussion by the team.	
24. The fieldwork coordinator monitors the CTI workers' documentation to ensure high quality and timeliness.	
25. The fieldwork coordinator meets at least once a month with the CTI workers to briefly review the entire caseload.	

Never or rarely	Sometimes	About half the time	Most of the time	Always
1	**2**	**3**	**4**	**5**

DOCUMENTATION	**Score**
Phase Plan form 26. CTI workers complete a *Phase Plan* form close to the start of each phase. *(~3 weeks before to ~3 weeks after the due date for the phase)*	
Progress Notes form 27. Each *Progress Note* form records only one meeting or call.	
Phase-Date form 28. The *Phase-Date* form is updated and distributed to team members at weekly supervision meetings.	
Team Supervision form 29. The clinical supervisor completes a *Team Supervision* form for each weekly team meeting.	
Caseload Review form 30. The fieldwork coordinator completes a *Caseload Review* form for each monthly caseload review meeting.	

A	Total of scores for items 1 through 30	
B	AVERAGE CTI IMPLEMENTATION SCORE (A divided by 30)	

Not implemented	Poorly implemented	Adequately implemented	Well implemented	Ideally implemented
1.0–1.4	**1.5-2.4**	**2.5-3.4**	**3.5-4.4**	**4.5-5.0**

Weighted Caseload Tracker

CTI Worker Name: Jane Smith **Date:** 6/30/2017

		Pre-CTI		Phase 1		Phase 2		Phase 3		
	Client Initials	Start Date	"1" if client in Pre-CTI	Start Date	"1" if client in Phase 1	Phase 2 Start Date	"1" if client in Phase 2	Phase 3 Start Date	"1" if client in Phase 3	**End CTI Date**
1	AB			9/1/2016		12/1/2016		3/1/2017		6/1/2017
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8	OP			12/15/2016		3/15/2017		6/15/2017	1	
9	QR			12/22/2016		3/22/2017		6/22/2017	1	
#	ST			3/1/2017		6/1/2017	1			
#	UV			3/8/2017		6/8/2017	1			
#	WX			3/15/2017		6/15/2017	1			
#	YZ			3/22/2017		6/22/2017	1			
#	AZ			6/1/2017	1					
#	BY			6/8/2017	1					
#	CX			6/15/2017	1					
#	DW			6/22/2017	1					
#	EV									
#	FU									
#	GT									
#	HS									
		Category Total	0		8		4		2	
								Total Weighted Caseload	**14**	

CTI RRH Team Supervision Form

SILBERMAN SCHOOL *of* SOCIAL WORK
HUNTER COLLEGE | CUNY

Present

Absent

Today's Date:

Month	Day	Year

Instructions:

1. This form is filled out every week during the team supervision meeting to document in-depth discussions about the highest priority clients (use reasons listed below as a guide).
2. Before the meeting, the CTI Worker fills in the names of clients with highest priority, based on past week's fieldwork and any change to client status and records explanation and one reason code.
3. The supervisor places a √ mark in the far right column next to each client who has been discussed.
4. If the entire caseload is discussed during supervision, fill out the CTI Caseload Review form.

Client's Name	Worker's Initials	**Explain why it is important to discuss this client at today's meeting.** Record the **reason code** in the box. 1=ready to give new case presentation 2=client faced with a crisis or big change 3=cannot be located 4=discuss whether refusal is permanent 5=time to prepare for a new phase 6=time to prepare for end of intervention 7= difficult problem with support network 8= positive occurrence to share with team	Place √ mark in box when team discusses client