Critical Time Intervention (CTI)

www.DWCweb.org
DWC Trainers

Jenn Ma-Pham
Director of Housing and Clinical Health Services
JennM@DowntownWomensCenter.org
213-680-0600 ext. 2869

Martha Delgado
Associate Director of Scattered Site Programs
MarthaD@DowntownWomensCenter.org
213-680-0600 ext. 2873
Who’s joining us today?
Training Agenda

- Introductions
- DWC’s CTI Project
- Overview of CTI
- CTI Model and Documentation
- Delineation of Roles
- Suggestions for Implementation
ABOUT DWC

The Downtown Women’s Center (DWC) provides permanent supportive housing and a safe and healthy community fostering dignity, respect, and personal stability, and advocates ending homelessness for women.

Founded in 1978, DWC is the only resource in Los Angeles that is exclusively dedicated to serving the unique needs of homeless and very low-income women in downtown Los Angeles’ Skid Row community.
DWC Programs and Services

DWC is nationally recognized as a prototype for unique and effective programs serving homeless women and ending homelessness. DWC served over 4000 women last year.

**DAY CENTER**
- 200 women visit the drop-in Day Center each day
- Popular services: Meals (over 100,000), Showers, Telephones and Mail

**RESIDENCE**
- DWC provides 119 units of permanent supportive housing (2 locations)
- 95% of the women we house stay housed permanently—a high success rate for ending homelessness

**CLINICAL HEALTH SERVICES**
- Case management, mental health services, medical services
- Over 1200 women served

**VOCATIONAL EDUCATION AND SOCIAL ENTERPRISE**
- Education, skill development and on the job training opportunities
- Over 1200 women served
DWC’s CTI Pilot Project

- First application of CTI in Los Angeles started in 2011 at DWC
- Served 80 women in the Skid Row area
- Focused on homeless women moving into permanent housing

- Housed at DWC’s PSH, SRO Housing Corporation’s PSH, and other permanent housing units
DWC’s CTI Pilot Project

- 100% of women stayed housed during the duration of their time in CTI
- 99% of women stayed housed 1 year post graduation from CTI
- Women expressed feeling more capable of handling daily stressors and an increased ability to problem solve
- Women were better able to manage health and mental health symptoms
Critical Time Intervention (CTI)

Evidence-Based Practice

Time-limited Case Management

During Times of Transition
CTI Program Elements

- Used during times of transition
- 3 distinct phases with key activities that encourage tenant independence
CTI Program Elements

Practice is time-limited (9 months)

Minimal case load (10-15) with clinical supervision at least once a week
CTI is carried out in **three distinct phases spanning nine months** as described below:

<table>
<thead>
<tr>
<th>Phase</th>
<th>1. Transition</th>
<th>2. Try-Out</th>
<th>3. Transfer of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timing</strong></td>
<td>Months 1-3</td>
<td>Months 4-7</td>
<td>Months 8-9</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>Provide specialized support and implement transition plan</td>
<td>Facilitate and test client’s problem-solving skills</td>
<td>Terminate CTI services with support network safely in place</td>
</tr>
</tbody>
</table>
| **Activities** | – CTI worker makes home visits  
– Accompanies clients to community providers  
– Meets with caregivers  
– Substitutes for caregivers when necessary  
– Gives support and advice to client and caregivers  
– Mediates conflicts between client and caregivers | – CTI worker observes operation of support network  
– Helps to modify network as necessary | – CTI worker reaffirms roles of support network members  
– Develops and begins to set in motion plan for long-term goals (e.g. employment, education, family reunification)  
– Holds party/meetings to symbolize transfer of care |
CTI Program Elements

Case Management through a Housing Lens
DWC Approach to CTI

- Assertive and coordinated case management (always try and loop back)
- Building community and reducing isolation
DWC Approach to CTI

- Creating a sense of home

- Helping clients redefine their identity and create a new way of life
## Roles of CTI and Property Management Staff

<table>
<thead>
<tr>
<th>CTI Case Managers</th>
<th>Property Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Work with clients to ensure timely rent payments</td>
<td>✓ Work with CTI staff to ensure timely rent payments</td>
</tr>
<tr>
<td>✓ Create goals and agreements with clients to maintain housing</td>
<td>✓ Ensure that tenants adhere to rules and agreements</td>
</tr>
<tr>
<td>✓ Link clients to resources to maintain housing</td>
<td>✓ Make repairs in collaboration with CTI staff</td>
</tr>
<tr>
<td>✓ Provide client and property managers with support</td>
<td>✓ Understand how to handle tenants with active delusions</td>
</tr>
<tr>
<td>✓ Maintain open communication with property managers to resolve tenant related issues</td>
<td>✓ Maintain open communication with CTI case managers to resolve tenant related issues</td>
</tr>
</tbody>
</table>
Review of Documentation

- Assessment Domains
- Housing Stabilization Plan
- Housing Barrier Form
- CTI Markers for Transition
- Supervisor Forms
  - Supervision Tracking
  - Fidelity Scale
Suggestions for Implementation

- May require organization value shift to implement (must be strengths-based, flexible, and require the support of leadership)

- Ensure that the organization has capacity to administer program
Items to consider...

- How much of a systemic shift will be required of you to maintain fidelity with the CTI model?
- When to start CTI with clients?
- How does the CTI model timeline overlap with your program model?
- Lower levels of supports (who do people call for help?)
Brainstorming Staff Roles

- Who will be directly or indirectly impacting the resident’s housing stability?
- Will clients share case managers?
- How will the relationship with the landlord be structured?
- What other systems or factors will impact the resident’s housing stability?