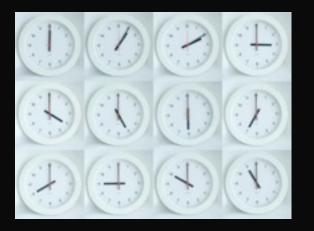




Ken Kraybill May 2013



Time limited



Time limited

Focused



Time limited

Focused

Three phases

New York City Fort Washington Armory Men's Shelter, 1992

A CENTRAL PROBLEM

Shelters, prisons, and inpatient units in psychiatric hospitals often fail to provide continuity of care once the person moves into housing.

Lack of support during this critical time of transition from institution to community often results in recurrent homelessness.



CTI is a specialized, time-limited intervention for the critical transition period from institutional to community care for people experiencing homelessness and mental illness.

It is designed to bridge the gap between homeless specific services and community services.

CTI holds promise for preventing recurrent homelessness in a variety of settings and







A TASTE OF CTI

PRE-CTI

- Introduce self and your role
- How are you feeling about moving into your own place?
- What concerns do you have?
- What are you looking forward to?
- What do you see as your strengths?
- Who are you already connected to in the community?
- What additional connections interest you
- How can I best assist you in this transition?

PHASE I TRANSITION

- What are the 3 or 4 most important areas you'd like to focus on together during the coming months?
- Which one do you want to start with? What is your goal?
- What are the reasons you want to focus on this issue? Your most important reason?
- How might you go about it to succeed? How confident are you? How can I help you to meet this goal?

PHASE II TRY-OUT

- How are things going with meeting the goals?
- What issues are arising e.g., experiencing nightmares due to the quiet, non-stimulating environment of living indoors – haunting memories are coming back.
- How do you respond in trauma-informed manner – create safety, connection?

PHASE III TRANSFER OF CARE

- How are you feeling about how things are going in your life and your community connections?
- What are you hopes, dreams as you move forward?
- Process bringing CTI relationship to a close. Celebrate gains and successes.

PRINCIPLES OF CTI

A COMMUNITY-BASED MODEL

A COMMUNITY-BASED MODEL

CTI is a two-way street, with the client becoming acclimated to community services and the community connecting with the client.

CTI strives to have the client live in the least restrictive environment possible, but with the maximum amount of support needed.

CTI addresses client needs along a continuum.

- Time limited
- Three phases with decreasing intensity of services over time
- Focus on only a few areas of intervention at a time
- Community outreach, assessment, monitoring and intervention – not office– based
 Small case loads

- Harm reduction approach to behavioral change
- CTI Team supervision by a CTI trained MSW or Psychiatrist
- Early engagement with client
- Early linking to community
- No drop outs: no CTI intervention is shorter than 9 months

PHASES OF CTI

PRE CTI	PHASE 1 TRANSITION TO COMMUNITY	PHASE 2 Tryout	PHASE 3 TRANSFER OF CARE
	3 MONTHS	3 MONTHS	3 MONTHS
ASSESSMENT OF COMMUNITY LINKS AND	INTENSIVE SUPPORT AND ASSESSMENT OF RESOURCES FOR THE	TESTING AND ADJUSTING SUPPORT SYSTEMS FROM PHASE ONE	TRANSFER OF CARE TO COMMUNITY RESOURCES FOR LONG-TERM SUPPORT
CLIENT STRENGTH	S TRANSITION OF CARE TO COMMUNITY PROVIDERS		

Areas of Intervention in CTI

mental health

money management

substance use housing life skills family support

Before CTI begins, the CTI worker and client agree on 2-3 areas for intervention focus.

Not all will be applicable.

CTI's Therapeutic Stance

Active and Focused Supportive and Empathic **Clarifying and Asking** Flexible and Consistent Fostering Autonomy while **Remaining Available**

CTI Skills

Outreach **Engagement** Focusing Evoking Planning Implementing

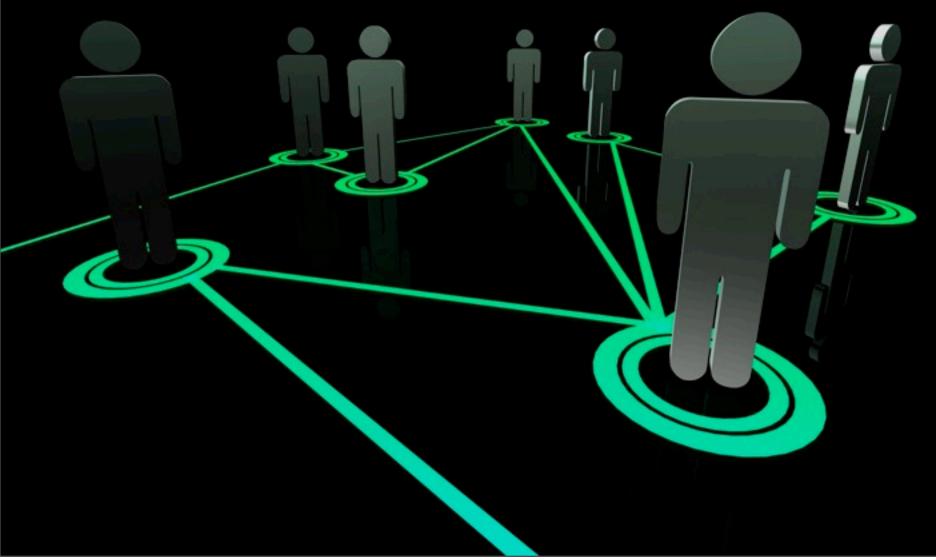
WHO IS INVOLVED IN CTI?

Wednesday, June 5, 2013

THE CTI CLIENT

IS THE CENTER OF EVERYTHING THAT HAPPENS IN CTI

THE CTI TEAM



THE CTI TEAM

A CTI TEAM SHOULD INCLUDE
At least one full-time CTI worker
One clinical supervisor (MSW or Psychiatrist)
One field work coordinator (could be CTI worker who has a half caseload)

THE CTI WORKER

THE CTI WORKER

The CTI worker is a mediator between the client's concerns and what the social system can offer.

Only the CTI worker makes community based visits, often accompanying the client to appointments

CLINICAL SUPERVISOR

The clinical supervisor provides supervision to CTI workers through individual or team supervision (i.e. weekly meetings where clinical issues are presented by CTI workers and addressed by the group)

FIELD COORDINATOR

The field coordinator works with CTI workers to manage case loads, keep track of where each CTI worker is each day, how they do their job, and the phase of CTI for each of the CTI worker's clients.

The field coordinator plays an organizational role for prioritizing issues each week in team meetings.

TEAMWORK

In weekly supervision meetings, everyone provides supervision, not just the clinical supervisor. In this way, CTI workers learn from one another.

TEAMWORK

Because of weekly supervision and each CTI worker providing feedback to others, each CTI worker is familiar with other CTI worker cases.

EDNESDA

TEAMWORK

This means that:

One CTI worker can cover for another while that CTI worker is on vacation.

If two CTI workers have clients in the same apartment complex, when one stops by to see a client, he/she can also visit the other client.

THE COMMUNITY

Community Support includes informal and formal care givers.

EVIDENCE FOR CTI



<u>Design</u>

randomized trial
men with SMI following shelter discharge
9-month intervention, 18-month follow-up
N=100

Fort Washington Armory (Susser, 1997) R18-MH48041

<u>Results</u>

3-fold reduction in risk of recurrent homelessness in CTI group
effect persisted beyond 9 months



NYS Psychiatric Hospitals (Herman, unpublished) R01-MH59716

<u>Design</u>

randomized trial
men & women with SMI following hospital discharge
9-month intervention, 18-month follow-up
N=150

<u>Results</u>

•5-fold reduction in risk of endpoint homelessness in CTI group

•effect strongest for those with more pre-discharge contact with CTI worker



<u>Design</u>

"effectiveness" trial
non-randomized prepost design
men & women with SMI following hospital discharge
multiple sites nationally
N=484

VA Homeless (Kasprow, 2007)

<u>Results</u>

19% more days housed over one year
lower drug, alcohol and psychiatric problem scores

AN EVIDENCE BASED PRACTICE

Listed on SAMHSA's National Registry: <u>www.nrepp.samhsa.gov</u>

CTI compared to usual services was examined in a randomized clinical trial from 1990-1994.

- Site: Columbia-Presbyterian Psychiatrist
 Shelter Program, Fort Washington Armory
 Shelter for Men, New York City
- Treatment group: Men transitioning into community housing receiving CTI for 9 month period of this transition
- Control group: Men receiving existing highquality community services.