

**CRITICAL TIME INTERVENTION (CTI) TRAINING**

**2019**

**Handouts**

* CTI Fidelity Scale
* CTI Self-Assessment
* Assessment Domains
* Housing Stabilization Plan
* Housing Preferences Worksheet
* CTI Phases – Markers for Transition and Staff Role
* Resident - Tenant Resources Directory
* Lease Violation Roles Chart
* Harm Reduction Plan
* Case Review Outline
* Phase-Date Tracking Form
* HUD Disability Verification Form
  + <https://portal.hud.gov/hudportal/documents/huddoc?id=90103.pdf>
* USICH Risk Mitigation Funds Quick Guide
  + <https://www.usich.gov/resources/uploads/asset_library/Risk_mitigation_funds_quick_guide.pdf>

| **Critical Time Intervention (CTI) Fidelity Scale** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Fidelity Item** | | Not  Implemented |  |  |  | Ideally  Implemented |
| **1** | **2** | **3** | **4** | **5** |
| **Components** (compliance fidelity – 40 points) | | | | | | |
| **CMP1** | **Three Phases** | <60% | 60%-69% | 70%-79% | 80%-89% | ≥90% |
| Intervention was carried out in three 3-month phases. | | | | |
| A 3-phase intervention has:  1) a treatment plan for each phase  2) phase end dates at 3-6-9 months (±2wks) from placement | | | | | |
| **CMP2** | **Focused** | <60% | 60%-69% | 70%-79% | 80%-89% | ≥90% |
| Treatment plans focused on 1 to 3 CTI focus areas. | | | | |
| A focused treatment plan:  1) is limited to 1-3 areas  2) selects only from the 6 areas in CTI protocol  3) is based on risk to long-term housing stability | | | | | |
| **CMP3** | **Early Engagement** | <60% | 60%-69% | 70%-79% | 80%-89% | ≥90% |
| Clients were engaged by worker while still in institution. | | | | |
| Early engagement of client means that, before placement, the worker:  1) meets at least 3 times with client  2) reads client’s chart from institution | | | | | |
| **CMP4** | **Outreach** | <1 point | 1-1.9 | 2-2.9 | 3-3.9 | ≥4 points |
| Community outreach occurred before end of Phase I. | | | | |
| Outreach means that the worker has:  1) at least 2 community-based meetings with client  2) no less than 3 communications with client (calls; office or community-based meetings)  3) at least 1 meeting with primary residential linkage  4) at least 1 meeting with primary mental health provider  5) no less than 3 communications with linkages (calls; office or community-based meetings) | | | | | |
| **CMP5** | **Early Linking** | <60% | 60%-69% | 70%-79% | 80%-89% | ≥90% |
| Client and linkages were brought together soon after placement. | | | | |
| Early linking means that the worker:  1) escorts client out of institution to residence  2) escorts client to 1st community mental health appointment  3) holds joint planning meeting with client & community linkages to modify Phase 1 svce plan | | | | | |
| **CMP6** | **Monitoring Links** | <60% | 60%-69% | 70%-79% | 80%-89% | ≥90% |
| Client stability and community linkages were monitored. | | | | |
| Monitoring community linkages means that the worker:  1) has no less than 6 total monitoring contacts, some with client and some with linkages.  2) steps back, only intervening to take action when linkages are ineffective. | | | | | |
| **CMP7** | **9-Month Follow-Up** | <60% | 60%-69% | 70%-79% | 80%-89% | ≥90% |
| Cases were not dropped before 9-month post-placement date. | | | | |
| A client with a complete intervention:  1) is touch with worker and receiving intervention at the 9-month date (±2wks)  2) receives at least 7 months of active intervention (i.e., excluding gaps when client disappears) | | | | | |
| **CMP8** | **Time-Limited** | <60% | 60%-69% | 70%-79% | 80%-89% | ≥90% |
| Intervention lasted at least 7 and no longer than 9 months. | | | | |
| A client with a time-limited intervention:  1) does not receive CTI after the 9-month date (±2wks) and received at least 7 months of CTI | | | | | |
| **Structure** (context fidelity – 20 points) | | | | | | |
| **STR1** | **Caseload Size** | >34 cases | 29-34 | 23-28 | 17-22 | ≤16 cases |
| Average caseload was ≤16 clients equally distributed across the 3 phases and engagement period *or ≤18 SCE clients* | | | | |
| Convert caseloads at 3 points during assessment period to Standard Caseload Equivalents (SCE). | | | | | |
| **STR2** | **Team Meetings** | less than once a month | > every 3 wks to once a month | > every 2 wks  to every 3 wks | > once a wk  to every 2 wks | once a week or more often |
| Team supervision meetings were held once a week. | | | | |
| Assess frequency over a 1-month period at 3 different time points during assessment period. | | | | | |
| **STR3** | **Case Review** | <60% of cases | 60%-69% | 70%-79% | 80%-89% | ≥90% of cases |
| Each case was reviewed by coordinator or supervisor at least once a week. | | | | |
| Define caseload for each of 3 different time points during assessment period. Assess frequency as in STR2. | | | | | |
| **STR4** | **Organizational Support** | <1 pt | 1-2.4 | 2.5-3.9 | 4-5.4 | ≥5.5 pts |
| Agency safety & performance protocols were consistent with CTI, and director was supportive of CTI team. | | | | |
| A agency for which the CTI team works meets the following 6 requirements:  1) staff hiring & training consistent with CTI, low turnover rate  2) safety & performance protocols consistent with CTI  3) agency director advocates for CTI team with other agencies & institutions  4) assures basic resources for inter-worker/worker-client communication from the field (cells, receptionist)  5) assures availability of transport for outreach requirements of CTI  6) provides minimum annual budget per client ($100 depending on what else agency offers clients) | | | | | |
| **Quality** (competence fidelity – 40 points) | | | | | | |
| **QUA1** | **Role with Client** | <1.5 pts | 1.5-3.4 | 3.5-5.4 | 5.5-7.4 | ≥7.5 pts |
| Worker-client interactions were aimed at client adjustment & continuity of care during transition, and gradual transfer of care. | | | | |
| There are 9 elements to worker’s role with client:  1) initially, temporarily provides direct service if there are delays  2) improves ADL skills by participating with clients on own turf  3) uses motivational interviewing techniques for substance abuse problems  4) is accessible & responsive to client from field  5) balances advocating for client with encouraging adherences to CTI goals & community rules  6) balances informal relationship/providing extras/special events with maintaining professional boundaries  7) regularly probes for changes in psychiatric symptoms  8) regularly probes about plans to move/eviction threats; makes intensive efforts to locate missing clients  9) balances fostering autonomy with remaining available | | | | | |
| **QUA2** | **Role in Community** | <1.5 pts | 1.5-3.4 | 3.5-5.4 | 5.5-7.4 | ≥7.5 pts |
| Worker’s role in community emphasized creating & strengthening linkages between client & community with aim of long-term housing stability. | | | | |
| There are 9 elements to worker’s role in community:  1) meets together with client & linkages to adjust Phase I treatment plan  2) educates providers about CTI role  3) informs community linkages about client’s history, and strengths & risks; gives them support  4) provides psycho-education to family about client’s mental illness & treatment  5) is accessible & responsive to community linkages from field  6) encourages communication & mediates between linkages / between client & linkages  7) regularly updates Community Linkage contact information  8) is always prepared in field (blank forms, ID, business cards, Release of Info forms, summary of CTI/HIPAA)  9) regularly updates Community Linkage contact information | | | | | |
| **QUA3** | **Intake Assessment** | <.5 pts | .5-1.4 | 1.5-2.4 | 2.5-3.4 | ≥3.5 pts |
| Intake assessment was thorough, yet focused on history relevant to CTI. | | | | |
| There are 4 elements to the intake note:  1) demographic information  2) psychiatric, medical, substance use histories  3) strengths & barriers defined in terms of community living skills & support network  4) residential history: homelessness, experience with CRs, past risks to housing stability | | | | | |
| **QUA4** | **Phase Planning** | <.5 pts | .5-1.4 | 1.5-2.4 | 2.5-3.4 | ≥3.5 pts |
| Planning included phase-appropriate rationale, goal and plan. | | | | |
| There are 4 elements to each treatment plan:  1) rationale for phase areas based on past phase’s goal & new problems (for Ph I plan: based on client’s history)  2) areas defined prior to phase start date; general goals recorded for each area  3) plan revised with community linkages soon after phase start date, including specific steps for each goal  4) phase date & signature | | | | | |
| **QUA5** | **Progress Notes** | <.5 pts | .5-1.4 | 1.5-2.4 | 2.5-3.4 | ≥3.5 pts |
| Documentation of intervention reads like a story (without gaps). | | | | |
| There are 4 elements to each progress note:  1) presents full & coherent story date, time, signature  2) follows up on past note & specifies the next step  3) corresponds to only one communication type (call, meeting, etc)  4) date/time of the communication & signature | | | | | |
| **QUA6** | **Closing of Case** | <.5 pts | .5-1.4 | 1.5-2.4 | 2.5-3.4 | ≥3.5 pts |
| Closing note summarized intervention and prognosis for continuity of care & housing stability. | | | | |
| There are 4 elements to each closing note:  1) summarizes intervention & client’s progress that is attributable to CTI  2) summarizes final transfer-of-care meeting with client and community linkages together  3) describes last meeting with client, including feedback on CTI  4) makes prognosis for client’s continuity of care & housing stability | | | | | |
| **QUA7** | **Clinical Supervision** | <1 pt | 1-2.4 | 2.5-3.9 | 4-5.4 | ≥5.5 pts |
| Team meeting discussions emphasized CTI principles and focused on only a few cases (new, difficult, closing) in the context of their current phase & areas. | | | | |
| Clinical supervisor meets the following 6 criteria: (rating of 0 if not MSW, psychiatrist, psychiatric nurse or other licensed professional)  1) emphasizes CTI principles during case discussions (transfer-of-care, focused, monitoring, tracking clients)  2) case presentations for all newly enrolled clients  3) closing presentations for all clients nearing end of intervention  4) discusses cases in context (of current phase & plan)  5) focuses on most difficult cases (in addition to new & closing above)  6) completes a Team Supervision Form for each team meeting. | | | | | |
| **QUA8** | **Fieldwork Coordination** | <1 pt | 1-2.4 | 2.5-3.9 | 4-5.4 | ≥5.5 pts |
| Coordinator monitored plan deadlines for all cases and implemented effective system for preventing & resolving fieldwork problems. | | | | |
| Fieldwork coordinator meets the following 6 criteria:  1) regularly monitors deadlines for plans  2) facilitates inter-worker communication and safety  3) prepares for vacation/sick day coverage  4) models CTI in the field for less experienced workers  5) regularly reviews charts for missing information & quality  6) regularly updates & distributes CTI Case Tracking form | | | | | |

*Updated 12-1-2014*

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| **Assessment Domains (CTI-Informed)\***  **This document highlights the core assessment domains for CTI and is “CTI-Informed”. This is not a required or official CTI form.** | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and Date of Enrollment in Pre-CTI:** | | | | | | | | | | | | | | | | | | | | | | |
| **Basic Demographics:** age, ethnicity, household composition, current location etc. | | | | | | | | | | | | | | | | | | | | | | |
| **Housing and Homelessness History – Last 5 years** | | | | | | | | | | | | | | | | | | | | | | |
| **Name/Location** | | | | | **Type** | | | **Start** | | | | **End Date** | | **Leaseholder** | | | | **Reason Leaving** | | | | |
|  | | | | |  | | |  | | | |  | | Yes or No | | | |  | | | | |
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| * Ever evicted from housing? Y or N Reason: | | | | | | | | | | | | | | | | | | | | | | |
| * Ever in foster care? Y or N | | | | | | | | | | | | | | | | | | | | | | |
| * Barriers to Housing Stability e.g., Disruptive behaviors, trouble budgeting, visitors create problems, involved in illegal activity, no experience as lease holder, noncompliance with rules | | | | | | | | | | | | | | | | | | | | | | |
| * Housing Plan – short and long-term | | | | | | | | | | | | | | | | | | | | | | |
| * Housing Goals | | | | | | | | | | | | | | | | | | | | | | |
| * Motivation to Maintain Housing: | | | | | | | | | | | | | | | | | | | | | | |
| **Employment History – Last 5 Years** | | | | | | | | | | | | | | | | | | | | | | |
| **Employer** | | | | **Position/Title** | | | | | | **Wage** | | | **Start** | | **End** | | **Reason for Leaving** | | | | | |
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| * Employment Goals | | | | | | | | | | | | | | | | | | | | | | |
| * Services currently receiving | | | | | | | | | | | | | | | | | | | | | | |
| * Services Needed to Access or Maintain Employment | | | | | | | | | | | | | | | | | | | | | | |
| * Motivation to obtain employment | | | | | | | | | | | | | | | | | | | | | | |
| **Income, Benefits and Entitlements** | | | | | | | | | | | | | | | | | | | | | | |
| **Income Sources** | | | | | | | **Status Plan** | | | | **Income Source** | | | | | | | | **Status Plan** | | | |
| Unemployment Income | | | | | | |  |  | | | General Assistance | | | | | | | |  | | |  |
| Supplemental Security Income (SSI) | | | | | | |  |  | | | Retirement from Social Security | | | | | | | |  | | |  |
| Social Security Disability Income (SSDI) | | | | | | |  |  | | | Other (list): | | | | | | | |  | | |  |
| Veteran’s Disability Payment | | | | | | |  |  | | | Alimony or other spousal support | | | | | | | |  | | |  |
| Private Disability Insurance | | | | | | |  |  | | | Unemployment Insurance | | | | | | | |  | | |  |
| Worker’s Compensation | | | | | | |  |  | | | Veteran’s Pension | | | | | | | |  | | |  |
| **Plan to apply for or maintain income benefits** | | | | | | | | | | | | | | | | | | | | | | |
| * Task | | | | | | | | | | | * Responsible Party | | | | | | | | | | | |
| Does person have a representative payee? 🞏 Yes 🞏 No  If yes, Name: Relationship: Phone number: | | | | | | | | | | | | | | | | | | | | | |
| **Noncash Benefits** | | | | | | **Y or N** | | | | |  | | | | | | | | | | **Y or N** | |
| Food Stamps | | | | | | Y or N | | | | | Private Health Insurance | | | | | | | | | |  | |
| Medicaid | | | | | | Y or N | | | | | VA Medical Services | | | | | | | | | |  | |
| Medicare | | | | | | Y or N | | | | | Other: (list) | | | | | | | | | |  | |
| **Goals and Plan to apply for or maintain noncash benefits** | | | | | | | | | | | | | | | | | | | | | | |
| * Task/Goal | | | | | | | | | | | * Responsible Party | | | | | | | | | | | |
| * Barriers to Obtaining/Maintaining Benefits and Entitlements: | | | | | | | | | | | | | | | | | | | | | | |
| **Debts** | | | | | | | | | | | | | | | | | | | | | | |
| Current debts? Yes No - If yes, list totals  Utilities $\_\_\_\_\_\_\_\_ Credit Card $\_\_\_\_\_­­­\_\_\_\_ Medical Bills $\_\_\_\_\_\_\_\_\_ Car $\_\_\_\_\_\_\_\_Overdue Child Support $  Rent $ \_\_\_\_\_\_\_\_\_\_\_\_ Mortgage $ \_\_\_\_\_\_\_\_\_\_\_\_ Gambling $\_\_\_\_\_\_\_\_\_\_IRS $ Other: (Include informal debts) $\_\_\_\_\_\_\_\_  Are wages being garnished? Yes No If yes, what amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you pay child support, monthly amount? \_\_\_\_\_\_\_\_ Back payment amount? \_\_\_\_\_\_\_\_ Total Monthly debts $ | | | | | | | | | | | | | | | | | | | | | |
| * Credit Status/Score | | | | | | | | | | | | | | | | | | | | | | |
| * Plan to pay off debts | | | | | | | | | | | | | | | | | | | | | | |
| * Services Needed | | | | | | | | | | | | | | | | | | | | | | |
| * Motivation to resolve credit/debt issues | | | | | | | | | | | | | | | | | | | | | | |
| * Financial Goals | | | | | | | | | | | | | | | | | | | | | | |
| **Legal** | | | | | | | | | | | | | | | | | | | | | | |
| * Legal Resident Y or N | | | | | | | | | | | | | | | | | | | | | | |
| * Probation/Parole Status Name of PO: Date Supervision Ends | | | | | | | | | | | | | | | | | | | | | | |
| * Felony history for last 5 years: | | | | | | | | | | | | | | | | | | | | | |
| Date | Charge/Crime | | | | | | | | | | | | | | | | | | | | |
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| * Incarceration history for last 5 years: | | | | | | | | | | | | | | | | | | | | | |
| Start Date | | End Date | | | | | | Facility | | | | | | | Reason/Charge | | | | | | |
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| * Current involvement – e.g., engaging in criminal activity, current legal proceedings, outstanding warrants, subject to order of protection, etc. | | | | | | | | | | | | | | | | | | | | | | |
| * Services Needed | | | | | | | | | | | | | | | | | | | | | | |
| * Goals | | | | | | | | | | | | | | | | | | | | | | |
| * Motivation to resolve legal issues | | | | | | | | | | | | | | | | | | | | | | |
| **Education History** | | | | | | | | | | | | | | | | | | | | | | |
| * Highest Grade Completed or Current Enrollment:   🞎 Grade in School if Enrolled: 🞎 Some HS 🞎HS Diploma or GED 🞎Some College 🞎 Associate’s Degree 🞎Bachelor Degree 🞎 Technical Certification - Field: 🞎Other | | | | | | | | | | | | | | | | | | | | | | |
| * Name of School: | | | | | | | | | | | | | | | | | | | | | | |
| * Current status 🞎 In school 🞎 Applying | | | | | | | | | | | | | | | | | | | | | | |
| * Current progress | | | | | | | | | | | | | | | | | | | | | | |
| * Has IEP or Section 504 Plan? Y or N. If Yes, check all that apply below | | | | | | | | | | | | | | | | | | | | | | |
| * Comments on Academic Functioning (attendance, grades, learning ability, behavioral issues etc.) | | | | | | | | | | | | | | | | | | | | | | |
| * Education Goals | | | | | | | | | | | | | | | | | | | | | | |
| * Services Needed | | | | | | | | | | | | | | | | | | | | | | |
| **Family/Dependent Children** | | | | | | | | | | | | | | | | | | | | | | |
| * Household status and composition | | | | | | | | | | | | | | | | | | | | | | |
| * Name and ages of children | | | | | | | | | | | | | | | | | | | | | | |
| * Names and relationships of supportive family members | | | | | | | | | | | | | | | | | | | | | | |
| * Child custody and child support status | | | | | | | | | | | | | | | | | | | | | | |
| * Has children in foster or kinship care - Y or N | | | | | | | | | | | | | | | | | | | | | | |
| * If Children’s Services Involvement – status, worker name and contact | | | | | | | | | | | | | | | | | | | | | | |
| * Domestic Violence history | | | | | | | | | | | | | | | | | | | | | | |
| * Services Needed | | | | | | | | | | | | | | | | | | | | | | |
| * Goals regarding family | | | | | | | | | | | | | | | | | | | | | | |
| * Motivation to use services | | | | | | | | | | | | | | | | | | | | | | |
| **Physical and Behavioral Health** | | | | | | | | | | | | | | | | | | | | | | |
| * Diagnosis: Mental Health, Medical, Substance Abuse, Mental Retardation, etc | | | | | | | | | | | | | | | | | | | | | | |
| * Severity of Each Illness | | | | | | | | | | | | | | | | | | | | | | |
| * Treatment history for each diagnosis | | | | | | | | | | | | | | | | | | | | | | |
| * Current Treatment/Service Providers - Name, Organization and Phone Number | | | | | | | | | | | | | | | | | | | | | | |
| * Previous Treatment Providers (last 3-5 years) – Agency/Hospital, Dates of service | | | | | | | | | | | | | | | | | | | | | | |
| * How health issues impact community stability   🞎paying rent 🞎disruptive behavior 🞎hoarding 🞎noise 🞎visitors Other: | | | | | | | | | | | | | | | | | | | | | | |
| * Current medications | | | | | | | | | | | | | | | | | | | | | | |
| * Adherence to medication regimen 🞎 Almost Always 🞎 Sometimes 🞎 Never | | | | | | | | | | | | | | | | | | | | | | |
| * If substance abuse diagnosis, current status and impact on functioning   🞎 Actively using, not a problem 🞎 Actively using & a problem 🞎Reducing use 🞎 Abstinent: Sobriety Date   * Frequency of Use: 🞎 Daily 🞎 Several Times Per Week 🞎 Once a Week 🞎 Less than 1X a Week | | | | | | | | | | | | | | | | | | | | | | |
| * Hospitalizations in last 3-5 years - Dates, Reasons, Hospital Names | | | | | | | | | | | | | | | | | | | | | | |
| * Detox in last 3 years – Number of inpatient detox stays | | | | | | | | | | | | | | | | | | | | | | |
| * Services Needed | | | | | | | | | | | | | | | | | | | | | | |
| * Motivation to use services: Pre-contemplation, Contemplation, Preparation, Action, or Maintenance * Narrative explanation | | | | | | | | | | | | | | | | | | | | | | |
| * Goals | | | | | | | | | | | | | | | | | | | | | | |
| **Independent Living Skills/ Supports** | | | | | | | | | | | | | | | | | | | | | | |
| * Nature of social relationships – identify supports and significant others, also identify negative influences and relationships | | | | | | | | | | | | | | | | | | | | | | |
| * History of seeking and using help/assistance | | | | | | | | | | | | | | | | | | | | | | |
| * **Independent Living Skills Checklist** | | | | | | | | | | | | | | | | | | | | | | |
| 1 - Mostly Independent 2 - Needs Help Sometimes  3 - Needs Help Most of the Time 4 - Always Needs Assistance NA – Not Applicable | | | | | | | | | | | | | | | | | | | | | | |
| 1. Paying bills | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. Budgeting and managing money | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. Maintaining entitlements and other paper work | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. Maintaining a home | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. Preparing/obtaining meals | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. Travelling | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. Personal care/hygiene | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. English proficiency | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. Literacy | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. Awareness of needs and knowing when to seek help | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. Able to access help when needed | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. Managing health/behavioral health needs and services, etc | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. Taking medications | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. Keeping appointments | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| 1. Discriminating danger/asserting and protecting self | | | | | | | | | | | | | | | | | | | | | 1-4 | | |
| **Total Score on Independent Living Skills (Maximum score = 60 points)** | | | | | | | | | | | | | | | | | | | | |  | | |
| * Goals and ability and motivation to improve skills: | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- |
| **Barriers Summary** | | |
| **Income**   * No income * Recent decrease in income * Receiving unemployment/other time-limited income * Sanctioned or timed out on benefits | **Debts**/**Expenses**   * Monthly obligations exceed monthly income * Poor credit history * Currently in bankruptcy * Subject to Child Support Enforcement/owes SS |
| **Education and Employment**   * Not enrolled in school (and should be) * Awaiting IEP * No High School Diploma or GED * Unemployed * Currently in temporary or seasonal job * Inconsistent work history | **Legal** **Issues**   * On parole * On probation * Felony in last 5 years * History of violence * Current legal involvement * Undocumented immigrant |
| **Housing** **History**   * Multiple episodes of homelessness * One or two legal evictions * More than 2 evictions * Never had own lease * Evicted from subsidized housing * History of institutional care – e.g., foster care, prison | **Family** **Status**   * Current or past involvement with foster care system * Has children in foster care * Domestic violence survivor * Current involvement with batterer * Subject to Order of Protection |
| **Health/Disability**   * Chronic physical illness * Health crisis, detox or hospitalization in the past year * Multiple hospitalizations in past year. #: * Ongoing medical needs and no health insurance * Multiple disabling conditions * Disabling condition has negatively affected community stability * Not in treatment for ongoing issues | **Supports/Independent Living Skills**   * No ID * No or limited support networks * History of being unable or unwilling to seek help * Engaged in abusive relationship * Limited English proficiency * Literacy problems * Gaps in Independent Living Skills * History of problem visitors * Hoarding problems * Inadequate financial management skills |
| **Strengths Summary** | |
| **Income and Financial:** | **Mental Health and Substance Use:** |
| **Employment:** | **Family and Supports:** |
| **Housing:** | **Skills:** |
| **Health:** | **Education:** |
| **Other:** |  |

Othe

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HOUSING STABILIZATION PLAN (CTI-Informed)** | | | | | |
| Type of Plan:  Initial Plan  Update Date of Plan: From to | | | | | |
| Phase of Work:  Pre-CTI/Housing Planning (Pre-Move)  Phase 1: Transition  Phase 2: Try Out  Phase 3: Transfer/Termination | | | | | |
| **Goals from Previous Plan** (If applicable) | | | **Status/Achievements and Barriers** | | |
| **1** | | |  | | |
| **2** | | |  | | |
| **3** | | |  | | |
| **Goals – Establish and Prioritize Goals Based on Current Assessment and Risk Factors** | | | | | |
| **Goals (for this assistance period)** | | **Target Completion Date (mo/yr)** | | **Case Manager/ Service Coordinator Tasks** | **Participant Tasks** |
| **Goal 1:** |  |  | |  |  |
| Check Area:  Housing Stability  Financial  Health/Mental Health  Substance Use  Family and Friends  Life Skills | |
| **Goal 2:** |  |  | |  |  |
| Check Area:  Housing Stability  Financial  Health/Mental Health  Substance Use  Family and Friends  Life Skills | |
| **Goal 3:** |  |  | |  |  |
| Check Area:  Housing Stability  Financial  Health/Mental Health  Substance Use  Family and Friends  Life Skills | |

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Name: |  | Date: |  |
| Staff Signature: |  | Date: |  |
| Participant Signature: |  | Date: |  |
| Supervisor Name: |  | Date: |  |
| Supervisor Signature: |  | Date: |  |

**Housing Preferences Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Features** | **STATUS** | **IDEAL** | **NEGOTIABLE/NON** |
| *Where I am now* | *What I would love –*  *my dream* | *What I would accept* |
| Location/neighborhood |  |  |  |
| Unit type – apartment, house, etc. |  |  |  |
| Housing Program Type – RRH, PH, PSH, SRO, Scattered Site Apts, Shared etc. |  |  |  |
| Access to transportation |  |  |  |
| Proximity to significant others |  |  |  |
| Proximity to services |  |  |  |
| Services availability on site |  |  |  |
| Elevator |  |  |  |
| Cooking facilities |  |  |  |
| Shared amenities – kitchen, bath, living space |  |  |  |
| Pets |  |  |  |
| Wheel chair accessibility |  |  |  |
| Disposable income |  |  |  |
| Meal service |  |  |  |
| Other amenities – outdoor space, laundry on site, near shopping, transportation, etc. |  |  |  |
| Reasonable Accommodations |  |  |  |

**Critical Time Intervention**

**Markers for Transition to Next Phase**

**Pre-CTI: readiness**

* Eligible for the program
* Housing Identified
* Assessment Complete

**Tasks Pre-CTI**

* Develop plan to maintain housing
  + Educate on rights and responsibilities of tenancy
  + Connect with Resources need to maintain housing
    - Access to financial resources and plan to meet needs
    - Access to services including medical, psychiatric, substance and relationship to housing
    - Access to supports both existing and new and plan to access housing and use of time
    - Role of CTI case management, intensive work with client
  + Accompany to resources

**CTI: Phase One: readiness**

* Move into housing
* Plan is in place to maintain housing and role of CTI worker defined
* Person has at least two services and at least one support identified in the community
  + Appointment or plan is in place to meet with resources
  + Release of information complete
* Had meeting with landlord/managing agent and on-site team if applicable

**CTI Phase One Tasks**

* Frequency of contact: at least weekly with resident more frequently based on need. Frequent contact with all services, supports and housing provider. Weekly or bi-weekly contact with on-site team or case management provider.
* Accompany to housing and assist to set up apartment
* Develop plan to access needed resources
  + Accompany to resources
  + Define role of worker and resident
  + Ensure communication with each source of services and support
* Address immediate issues that affect housing
* Address crisis
* Begin to look at long term supports and services
* Focus on purpose and activity

**CTI Phase two: readiness**

* Less crisis
* Person has something to do during the day
* Connections in the community in place
  + Good communication with services, supports, housing
  + Person able to access the supports set up independently
  + Residents actively engaged in evaluating services, supports and housing
* At least half of support and services are happening in the community
* Crisis has decreased
* Supports are identified to address housing issues: rent, maintaining apartment and getting along with neighbors

**CTI Phase two: Tasks**

* Frequency of contact: at bi-weekly depending on resident. At least monthly with services, supports and housing provider. More frequently with any on-site team or case management service.
* Revise plan to address changing needs and resources
  + Focus on longer term supports and services
* Continue to address crisis, identifying how these will be addressed long term
* Address any threats to housing focusing on using community supports
* Evaluate and identify needed additional connections in the community
* Encourage resident to use connections and discuss effectiveness
* Regular communication with all referral sources

**CTI Phase three: readiness**

* Crisis stabilized and person has a plan for immediate needs
* Plan in place and resources to address barriers to housing retention as they come up
* Person gets at least 75% of direct services from community (can be on-site team, ICM etc) services and supports
* Regular communication with resources

**CTI Phase three: tasks**

* Frequency of contact: monthly with resident and at least monthly with services, supports, and landlord. Contacts should be more frequent with the on-site team.
* Planning for 6-9 months and beyond - Working with resident to use resources in future (for specific tasks). Develop list of all contacts and supports with the resident
* Review progress made
* Final meeting with all resources including housing, services and supports – discuss roles
* Identifying more long term goals and identifying resources for assistance

**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: |
| Case Manager / Team: | Tel: | Address: |
| Other 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(s): | 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: | Y/N/NA | Location: |
| Crisis Plan: | Y/N/NA | Location: |
| Permission to Enter Unit | Y/N/NA | Location: |
| Advance Directive/Living Will  Medical Health: | Y/N/NA | Location: |
| Advance Directive  Mental Health: | Y/N/NA | Location: |
| Plan for care of children: | Y/N/NA | Location: |

**Housing:**

|  |  |  |
| --- | --- | --- |
| Landlord/Property Manager Name: | Tel: | Address: |
| Housing Program Contact: | Tel: | Address: |
| CTI Services: | Tel: | Address: |
| Legal Services: | Tel: | Address: |
| Utility Company: | Tel: | Address: |
| Emergency Financial Assistance: | Tel: | Address: |
| Representative Payee: | Tel: | Address: |

Housing documents:

|  |  |  |
| --- | --- | --- |
| Lease: | Y/N | Location: |
| House Rules: | Y/N/NA | Location: |
| Notice(s) from Building | 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: Income and Benefits**

|  |  |  |
| --- | --- | --- |
| Social Security Office: (or last office had benefits) | Tel: | Address: |
| VA Benefits Office: | Tel:  Claim # | Address: |
| Person Assisting with Application/Re-Connect/Appeal: | Tel: | Address: |
| Public Assistance/TANF: | Tel: | Address: |
| Medical Insurance: | Tel: | Address: |
| Bank: | Tel: | Address: |
| Emergency Assistance: Rent and Utilities | Tel: | Address: |
| Food Bank(s)/Pantry: | Tel: | Address: |
| Employer: | Tel: | Address: |
| Person who helps with Financial: | Tel: | Address: |
| Representative Payee / Conservator: | Tel: | Address: |

Financial Documents:

|  |  |  |
| --- | --- | --- |
| VA SC or NSC Award Letter/ Application Documents | Y/N/NA | Location: |
| SS Award Letter: | Y/N/NA | Location: |
| PA Award Card: | Y/N/NA | Location: |
| Food Stamps Award Card: | Y/N/NA | Location: |
| Medical Assistance Card: | Y/N/NA | Location: |
| Bank Statement: | Y/N/NA | Location: |
| Rent Receipts: | Y/N/NA | Location: |
| Utility Bills: | Y/N/NA | Location: |
| Tax Records: | Y/N/NA | Location: |
| Pay Stubs: | Y/N/NA | Location: |
| Budget: | Y/N/NA | Location: |
| Government Issued ID: | Y/N/NA | Location: |

**Medical:**

|  |  |  |
| --- | --- | --- |
| Primary Care Provider: | Tel: | Address: |
| Specialty Care Provider: | Tel: | Address: |
| Dentist: | Tel: | Address: |
| Emergency Room: | Tel: | Address: |
| Hospital: | Tel: | Address: |
| Health Home Contact: | 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: |
| Medical Proxy/Advance Directives | Y/N/NA | Location: |
| Crisis Plan | Y/N/NA | Location: |

**Mental Health:**

|  |  |  |
| --- | --- | --- |
| Psychiatrist: | Tel: | Address: |
| Clinic: | Tel: | Address: |
| Therapist: | Tel: | Address: |
| Case Manager/ CTI: | Tel: | Address: |
| Housing Program Case Manager/Act/ICM | Tel: | Address: |
| Pharmacy: | Tel: | Address: |
| Life Coach: | Tel: | Address: |
| Club House/Drop In Centers | Tel: | Address: |
| Recovery Center: | 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: |
| Recovery Plan | Y/N/NA | Location: |
| Crisis Plan | Y/N/NA | Location: |

**Substance Use:**

|  |  |  |
| --- | --- | --- |
| Counselor / SUD Specialist | Tel: | Address: |
| Program: | Tel: | Address: |
| Peer Support/Sponsor: | Tel: | Address: |
| Friend for Support: | Tel: | Address: |
| AA/NA Home Mtg.: | Contact: | Address: |
| Detox: | Tel: | Address: |
| Sobering Up Center: | Tel: | Address: |
| Methadone Maintenance Program: | Tel: | Address: |

Resources:

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

**Education and Employment:**

|  |  |  |
| --- | --- | --- |
| Employer: | Tel: | Address: |
| School: | Tel: | Address: |
| Teachers/ Instructors | 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 Award Letter/ Documentation | Y/N/NA | Location: |
| Voc. Rehab Letter / Documentation | Y/N/NA | Location: |
| Work / School ID: | Y/N/NA | Location: |
| Schedule: | Y/N/NA | Location: |

**Community Connections:**

|  |  |  |
| --- | --- | --- |
| Church/Synagogue/Mosque/Temple etc. | Tel: | Address: |
| Family | Tel: | Address: |
| Friends | Tel: | Address: |
| Club/Drop-in Center | Tel: | Address: |
| Classes (Art, Music etc.) | Tel: | Address: |
| Sports Team | Tel: | Address: |
| Community Center | Tel: | Address: |
| Library | Tel: | Address: |
| Veterans Center (VFW, VVLP, etc.) | Tel: | Address: |
| Other | Tel: | Address: |
| Other | Tel: | Address: |
| Other | Tel: | Address: |
| Other | Tel: | Address: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Lease Violation Flow Chart: Sample (adapt for your locality)** | | | |
| **Timeframe** | **Actions by Landlord** | **Actions by Supportive Services** | **Discussion** |
| Date of Incident | Landlord may document incident, speak with tenant and/or depending on level of violation may send tenant a notice to cure violation within three (3) days, copy of notice is cc'd to supportive services. | Supportive Services receives copy of incident and talks to tenant. Reviews process and tries to negotiate a time frame and plan to cure | Services may participate in the investigation and discussion with tenant. If a three day notice and the violation can be cured, let landlord know |
| Reoccurring or continuing violations | Three day letter instructs tenant to "cure" violation (i.e. excessive clutter) or to stop behavior and avoid a reoccurrence (noise) provides time frame. Usually if there is another incident a 3 day letter to cure will be issued. If violation continues or reoccurs after the XXX violation; Landlord may schedule an formal conference with tenant and their case manager to develop a corrective plan of action or address reasonable accommodation. | Lease violations can be discussed in the monthly call or a check in meeting with landlord.  Services contacts tenant to discuss second incident, offers assistance, explains process of eviction and second attempt to develop a corrective action plan  Supportive services will participate in the conference letting the tenant know their options prior to the meeting | Landlords may not be willing to offer this second violation option however it may be preferable to pursuing eviction. Services may work with landlord and tenant to determine assistance needed and if the tenant may need a plan or reasonable accommodation |
| **Timeframe** | **Actions by Landlord** | **Actions by Supportive Services** | **Discussion** |
| Non-compliance with plan to cure | If tenant fails to comply with corrective plan of action; management will prepare a thirty (30) day notice for non-compliance. Supportive Services and case manager will be advised of action.  Property management may accept a corrective action plan/reasonable accommodation request developed with supportive services to stop the process | Services seeks to engage tenant and assess situation Possible Actions: 1. Assist in resolving issues develop a corrective action plan/reasonable accommodation with time frame 2. Provide assistance in accessing emergency assistance 3. Services unable to engage tenant or unable to develop resolution 4. Review eviction process and right to an attorney 5. Services discusses alternative housing arrangements with tenant | Management and Services will discuss issues that occur and any re-occurring violations. All tenants with recurring violations will be discussed in the monthly meeting. If an accommodation is needed these issues should have been addressed by this time. |
| Unable to develop plan or cure within 30 days | Proceed with Eviction Tenant advised to seek legal assistance Services copied on all notices | Assist to get a lawyer.  Review process and appeals, discuss alternative housing.  Review Stipulation Process. | PM/SS will keep each other updates on any changes. Seeking a stipulation would be discussed |
|
|
|
| **Timeframe** | **Actions by Landlord** | **Actions by Supportive Services** | **Discussion** |
| Not following plan, repeated offences after notice to cure or no response to three day notice | Tenant advised to seek legal assistance, Services copied on all notices, only reasonable accommodation requests considered, stipulation through the courts may be an option.  Management petitions for unlawful detainer | The tenant must file a response with 5 days and may be asked to pay a fee. Services encourages tenant to seek legal assistance and provides referral for legal help; effort is also made to get tenant to access emergency assistance, alternate arrangements identified, explain the court process and appeals. Any reasonable accommodation requests developed with attorney. | All changes in the plan will be negotiated through the courts or the attorney |
| After issuance of unlawful detainer | Plan to cure violation can no longer be entered into between landlord and tenant | Services receives copy of court summons |
|  |  |  |
|  | If Stipulation is granted landlord monitors compliance and communicates with tenant and services on progress. | If a Stipulation is granted, services assists tenant to follow the stip. Educates around specifics in the agreement and consequences of not following. |
|  | Court authorizes eviction or issues Stipulation | Services reviews court process with tenant and encourages tenant to obtain legal assistance if they haven't already. Review alternate living arrangements |
|  |  |  |  | |  |  |
| A stipulation is a stay of the eviction for the tenant to follow the plan negotiated with the judge. If the tenant does not follow the plan the eviction proceeds. Stipulations are often effective in maintaining tenancy and curing the tenancy violation. | | |  | |  |  |
| **Please note: This document is not intended as legal advice but simply to capture a process. Tenancy laws vary by locality. Please review with Attorney** | | |  | |  |  |
|  | |  |  |
|  | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Housing Risk/ Problem/Violation** | **Options to resolve the problem/violation** | **What do I like about this option? (e.g., pros, factors in favor, from tenant’s perspective)** | **What are the downsides of this option? (e.g., cons, factors against, from the tenant’s perspective)** | **What is non-negotiable?** |
|  |  |  |  | **Landlord/Housing Provider**: Risk/violation must be resolved and lease requirements met  **Tenant**: |
|  |  |  | **Landlord/Housing Provider**: Risk/violation must be resolved and lease requirements met  **Tenant**: |
|  |  |  | **Landlord/Housing Provider**: Risk/violation must be resolved and lease requirements met  **Tenant**: |

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| **CTI Phase-Date Tracking Form**  **For CTI Workers and Supervisors\*** |

| **Supervisor Name:** | | | | | **Worker Name:** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CTI Worker** | **Veteran**  **Name** | **Date Enrolled in Pre-CTI** | **Phase 1 Start (Date of Move in)** | **Phase 2**  **Start Date**  ***(Planned)***  **(Actual)** | **Phase 3**  **Start Date**  ***(Planned)***  **(Actual)** | **Date Case Closed**  ***(Planned)***  **(Actual)** | **Dates of Supervisory Review** |
| **EXAMPLE** J. Jones | Mr. Smith | 9/10/17 | 11/15/17 | *2/15/18* | *5/15/18* | *8/15/18* | 12/13, 12/21, 1/4, 1/14, 1/20, 1/27, 2/3, 2/9, 2/16, 2/24, 3/7, 3/13, 3/21, 3/27, etc. |
| 2/17/18 | 6/1/18 | 9/2/18 |
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\*This form tracks participant progress through the phases of CTI, supervisory reviews and can be used for fidelity review.

**CTI Case Review Outline**

*This outline is meant as an aide to organizing information about a household for discussion and consultation in a case conference. Not very question needs to be answered – just those that are relevant to the discussion. Most of the time, this is a verbal presentation but the outline can be used to organize a written summary.*

1. Basic Demographics (age, household composition, homelessness and housing history, housing plan/situation)
2. Engagement in Services: how the person is connecting to the worker, shared tasks
3. Focus Areas in the Service/Housing Stabilization Plan (from CTI Assessment Domains)
4. Any current challenges and reason case was selected for conference
5. Relevant information from the assessment domains and barriers to stability
   1. Housing
   2. Income
   3. Physical Health
   4. Behavioral Health
   5. Family, significant others and supports
   6. Skills
6. Participant strengths, supports and successes
7. Risks to housing stability, e.g., behaviors/symptoms, rent payment issues
8. Efforts made to address the risks and/or expand on the strengths
9. How does person see these risks, what is their response, is this consistent with their priorities?
10. Resources being used and/or needed (include communication structure with the resource)

*After the above relevant information is presented (maybe 10 minutes or so), the Team Leader, Supervisor, Clinical Consultant or Staff Person facilitates:*

* Feedback, questions and discussion with the group and develops next steps