SUPERVISION AND CTI

PURPOSE

1	2	3	4	5
TO TRACK CLIENTS, SUPPORT WORKERS IN MAKING TOUGH DECISIONS	CREATE A SUPPORTIVE SUPERVISORY GROUP	SHARE RESOURCES; INNOVATE/BRAINSTORM TOGETHER	ENSURE FIDELITY	PREPARE FOR A FIDELITY REVIEW

THE SUPERVISION MEETING

CTI- Team or Group is essential, individual is recommended in addition

In CTI, the goal is to review the caseload in depth:

Suggested every week: Review new cases, address crises, ensure clients are being transitioned through the phases.

At least once per month, make sure each case has been touched on

Capture important information about resources***

SUPERVISION DOCUMENTATION

THE TEAM SUPERVISION FORM

CTI RRH Team Supervision Form

Present: _____

Absent: _____

Today's Date: [Month] [Day] [Year]

Instructions:

1. This form is filled out <u>every week</u> 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
				☐
				☐
				☐
				☐
				☐
				☐

CTI Phase Date Form

Program Name: _____

Today's Date: _____ **Filled out by:** _____

| E | = estimated due date |
| A | = actual date |

INSTRUCTIONS:
List all clients ever enrolled in CTI, starting with the first one (i.e., the earliest Pre-CTI start date) and continuing in the order they were enrolled. Copy & paste this if you want to check a box under Reason: ☑

Client Initials	CTI Worker First Name		Start Pre-CTI (Enrolled)	Start Phase 1 (Placed)	Start Phase 2	Start Phase 3	End CTI	Reason (√)	Date
		E:						☐ REFUSED ☐ LOST ☐ DIED ☐ MOVE STATE ☐ LONG INST	__/__/__
		A:							
		E:						☐ REFUSED ☐ LOST ☐ DIED ☐ MOVE STATE ☐ LONG INST	__/__/__
		A:							
		E:						☐ REFUSED ☐ LOST ☐ DIED ☐ MOVE STATE ☐ LONG INST	__/__/__
		A:							
		E:						☐ REFUSED ☐ LOST ☐ DIED ☐ MOVE STATE ☐ LONG INST	__/__/__
		A:							
		E:						☐ REFUSED ☐ LOST ☐ DIED ☐ MOVE STATE ☐ LONG INST	__/__/__
		A:							
		E:						☐ REFUSED ☐ LOST ☐ DIED ☐ MOVE STATE ☐ LONG INST	__/__/__
		A:							
		E:						☐ REFUSED ☐ LOST ☐ DIED ☐ MOVE STATE ☐ LONG INST	__/__/__
		A:							
		E:						☐ REFUSED ☐ LOST ☐ DIED ☐ MOVE STATE ☐ LONG INST	__/__/__
		A:							
		E:						☐ REFUSED ☐ LOST ☐ DIED ☐ MOVE STATE ☐ LONG INST	__/__/__
		A:							

Dates (spanning Start Pre-CTI through End CTI), **Clients Dropped*** (spanning Reason and Date)

* There is a no drop policy for CTI clients, except for these reasons: refused, lost, long-term institutionalization, died.

Refused: This is when a client doesn't want to continue receiving CTI. Participation is voluntary, but be sure to distinguish a true refusal from a temporary change of mind (e.g., due to relapse of symptoms).

Lost: This can only be determined at the end of the 9-month period because people often reappear. Record date found out.

Move State: This is when a client moves out of state. Estimate date this happened, not date worker found out.

Long Inst: This is when a client has long institutionalization. Estimate date this happened, not date worker found out.

THE PHASE DATE FORM

Supervisor ensures small caseloads

PROBLEM: Different level of intensity of work in each phase

KEY

Standard caseload	– – – –
CTI caseload	———
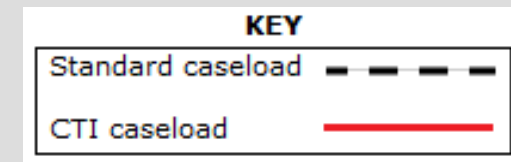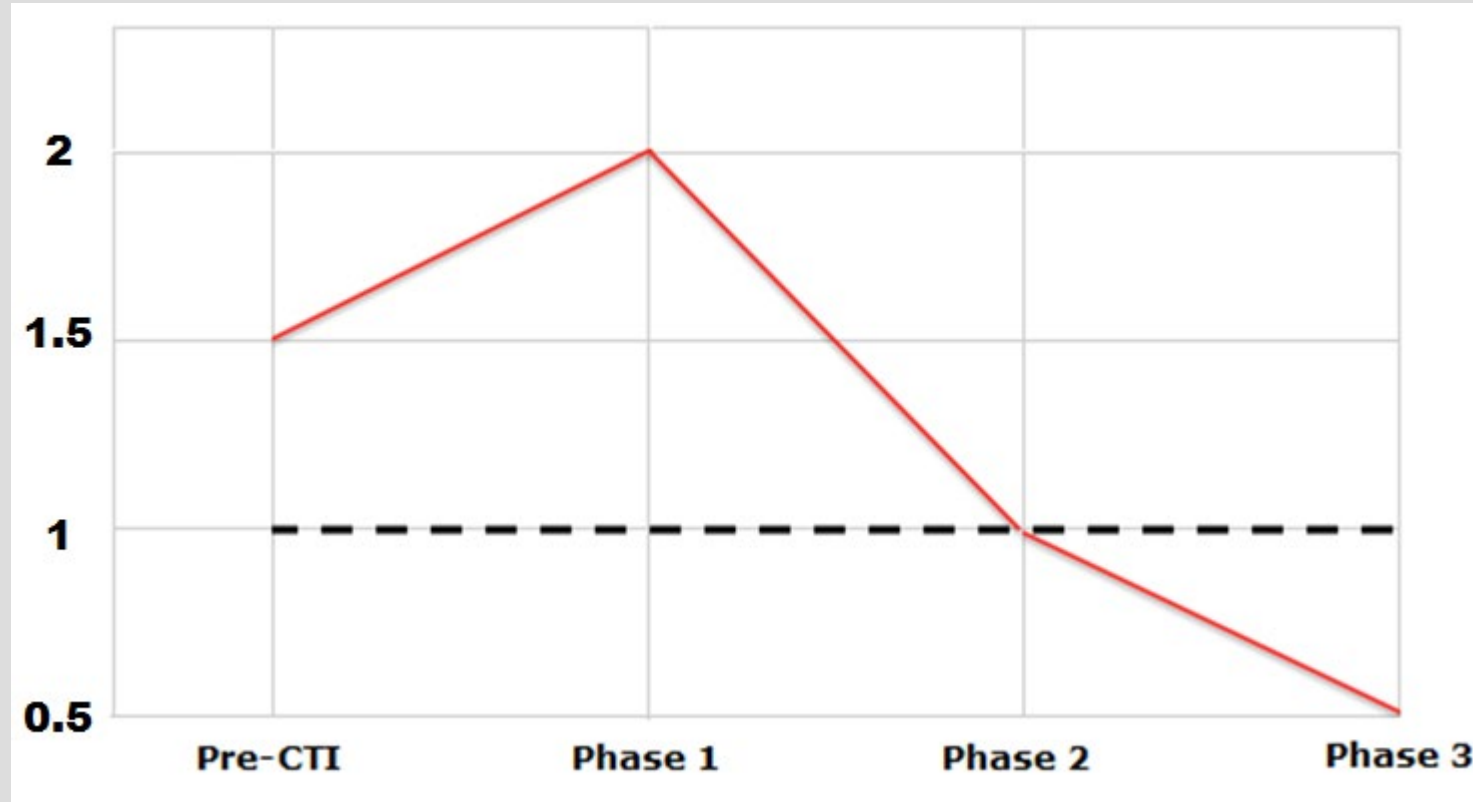
Adjusting client weights for different phases
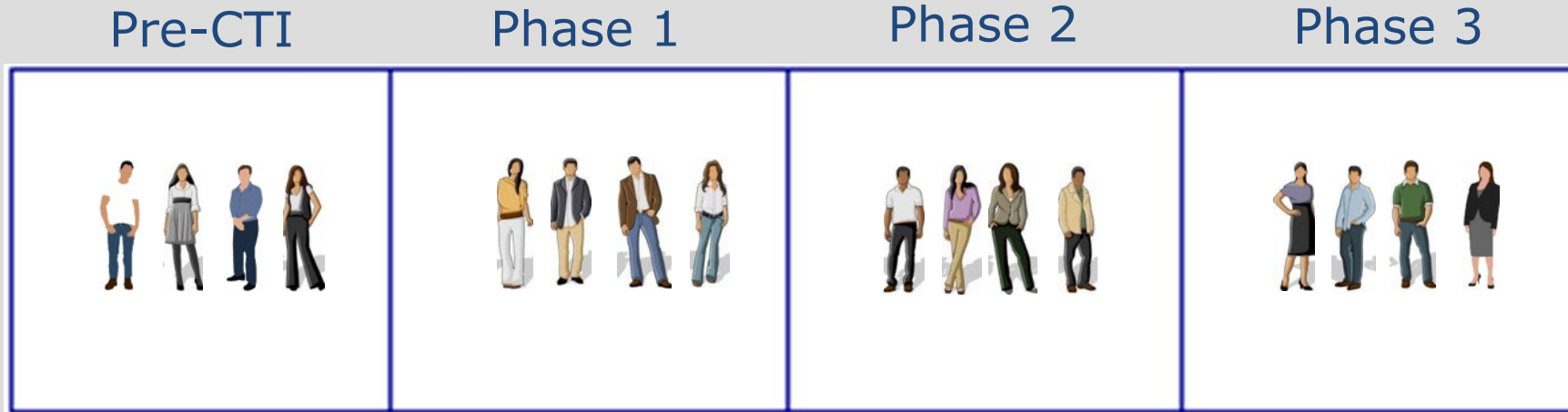
	Pre-CTI	Phase 1	Phase 2	Phase 3	Total
# clients	4	4	4	4	16
	x 1	*x 2*	*x 1*	*x 0.5*	
# weighted cases	4	8	4	2	18

For some programs, Pre-CTI weighted cases = 0.5 x clients

Try to keep an even distribution of clients across the phases

Too big
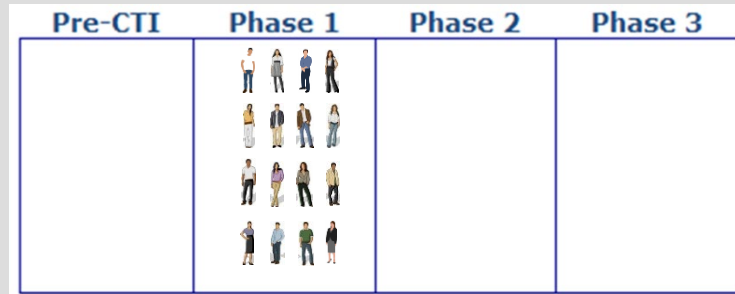
	Pre	1	2	3	
# clients	0	**16**	0	0	16
Adjusted	0	32	0	0	32

Too small
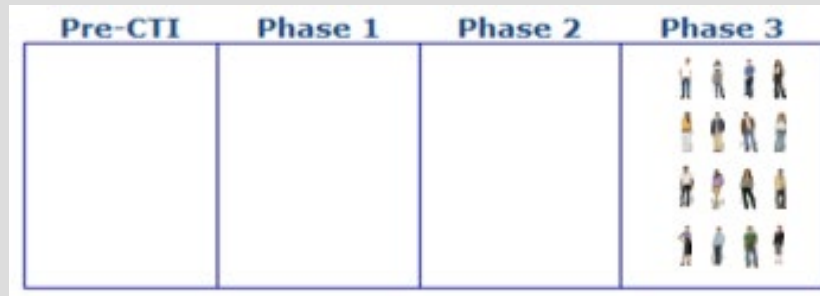
	Pre	1	2	3	
# clients	0	0	0	**16**	16
Adjusted	0	0	0	8	8

Just right
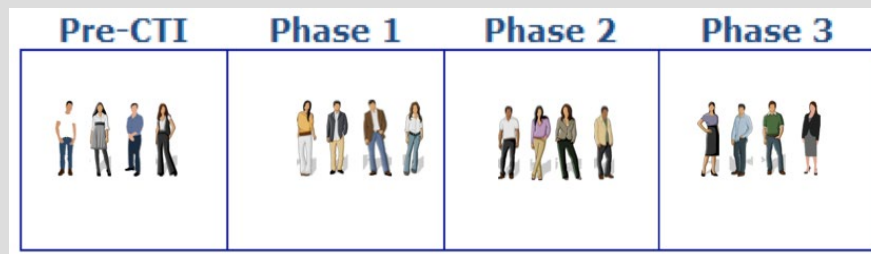
	Pre	1	2	3	
# clients	4	4	4	4	16
Adjusted	6	8	4	2	20

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WEIGHTED CASELOAD TRACKER

RRH CTI Case Manager Weighted Caseload Tracker

| Case Manager Name: | | | | | Caseload As of | | 1-Jan-22 | | | | | | |

Client - Intake Date	Date Housed	Pre-CTI Individual	Pre-CTI Family	Phase 1 Date	Phase 1 Individual	Phase 1 Family	Phase 2 Date	Phase 2 Individual	Phase 2 Family	Phase 3 Date	Phase 3 Individual	Phase 3 Family	Estimated Discharge Date
Jose	N/A	1											
Jimmy	1/10/22			1/10/22	1								
Anita	11/1/21			11/1/21			1/1/22	1					
Shauna	9/1/21			9/1/22			11/1/22			1/1/22	1		
Category Total		1.5	0		2	0		1	0		0.5	0	
Total Weighted Caseload =					5								

SUPERVISOR ROLE IN CULTIVATING RESOURCES

Raising Awareness in the Community about what CTI is... NOT long term Case Management, and not mental health care

Creating higher level partnerships with key organizations, such as job training organizations, mental health providers, community colleges, other state agencies

Securing "Buy In" from Senior Staff around reduced caseloads, qualifications of new hires (use cost effectiveness research)

Measure your progress; fidelity and effectiveness

ADVOCACY

Making Key Stakeholders aware of deficits in the community

Example: Childcare for working parents in Connecticut; problems in the referral system

Consider yourself the conduit for information "up the chain" that your supervisees bring

- This creates pressure- funders don't want their money going to waste-
- It empowers the front line worker, who often feel they cannot make a difference and have very little power.

CTI PROGRAM EVALUATION: FIDELITY AND OUTCOMES

FIDELITY VS OUTCOME MEASUREMENTS

- Fidelity is a measure of how true the delivery of an intervention is to the original design of the model.

- Fidelity must be measured before outcomes. If fidelity is low, than outcomes cannot be correlated with CTI.

- Fidelity can be tracked informally by using the Self Assessment Tool.

- A fidelity review is a formal process, much like a research study, that more thoroughly examines fidelity. This can be conducted by an external reviewer or an internal research or program quality assurance team.

CTI PROGRAM EVALUATION- FIDELITY

- TRACK DOCUMENTATION and USE OF THE SELF ASSESSMENT TOOL

  - Phase plans, progress notes, closing summary, Phase Date Form

  - SELF ASSESSMENT TOOL- suggested use bimonthly, then quarterly

  - Elicit Feedback from Staff and Clients

THE CTI SELF ASSESSMENT

CTI-RRH Self-Assessment

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

Summary of Achievement in Each Area	Score
Time-limited *(financial assistance may extend beyond end of CTI)*	
1. CTI workers provide no more than six months of CTI after the date a client starts Phase 1.	
Three Phases	
2. Beginning after Pre-CTI, the intervention takes place in three phases, each phase lasting two months.	
Focused	
3. Using the *Phase Plan*, CTI workers select 1-3 focus areas for each phase.	
4. All focus areas on the *Phase Plan* must be selected from the list of predetermined CTI areas.	
Small caseload size	
5. Each FTE CTI worker has no more than 20 weighted cases (using the *Weighted Caseload Tracker).*	
Weekly team supervision meetings	
6. Supervision takes place as a team, consisting of the supervisor and more than one CTI worker. *For agencies with only one CTI worker, supervision is between the supervisor and CTI worker.*	
7. Team supervision meetings are led by the supervisor, who is a clinician (MSW or equivalent) and has been trained in	

CTI PROGRAM EVALUATION- OUTCOMES

- Using HMIS to track returns to shelter, - adding a column for CTI to identify who among those who returned received CTI- limitations include movement of clients

- Using survey tools to gather data from clients

- Measuring other things, such as the number and type of linkages, or income increase

NOW WHAT? IMPLEMENTATION

GETTING STARTED

- Everyone on board

- Decide how to transition current caseload, or just start with new referrals

- Set a Start Date

- Prepare Documents

- Reach out for help!

- How to reach me:

- Cjhanesworth@gmail.com or 512-395-7727

KEEPING IT GOING

Use Resources:

- CACTI Website https://www.criticaltime.org/

- Create a "learning collaborative"- meet regularly as a staff to discuss challenges, victories, share ideas- or you can use an online platform for group chat (make sure it is HIPPA compliant)

- Schedule coaching sessions or implementation

FREQUENTLY ASKED QUESTIONS

Critical Time Intervention for Rapid Rehousing
Providers' Frequently Asked Questions

Case Planning

CTI RRH training indicated that client visits should be at least weekly in Phase 1, bi-weekly in phase 2, monthly in Phase 3 and more as needed in any given phase. Do all of those visits need to be face to face visits or visits in their homes?

In Phase 1, visits should be face to face whenever possible, but don't have to be in the client's home. After Phase 1, telephone contacts can take the place of some face to face visits.

What are the guidelines for how many supports should be set up in each phase?

There are no specific guidelines for the number of linkages, as they will vary case to case. The test of whether the linkages are adequate is how well the system is operating, and whether or not the client is achieving their goals.

What is the best method for identifying goals for the Phase Plan?

The purpose of CTI for Rapid Rehousing is to connect clients to supports and resources that increase the likelihood for long term housing stability. Therefore, the goals in each phase *should be directly related to this outcome*. A good first step is to thoroughly explore what caused the client to lose their housing, and make goals that directly address these issues. For example, if a person lost a job due to symptoms of depression, an appropriate goal for Phase I would be to connect the person to mental health counseling and/or psychiatric services. If a person lost their housing due to domestic violence, appropriate goals would be family counseling, linkages to social supports and legal assistance. If the client has already been connected to these supports in the shelter, a good Phase I goal may be ensuring these supports are maintained throughout their transition to a new community.

The main purpose of CTI in Rapid Rehousing is to link people with a support network to reduce the likelihood of repeated housing loss. What if your client doesn't want to be linked to other services, or isn't comfortable with case managers contacting their

Yes, discharge is indicated. This would not be a case where extending timeframe would likely be appropriate. However, the case manager should have explored the client's reason's for declining connection to services along the way, and taken steps to address their concerns.

A client loses their housing in Pre CTI, Phases 1, 2 or 3 but still has need of services. Do they have to re-enter the homeless system and connect with other case management, or should we work with them until something else is found, or until the six months is up?

The answer to this question may differ depending on the referral process in your region. If the client becomes homeless again and the system allows for it, it would make sense to try and rapidly re—house them again with the support of the CTI team that knows the client.

Extending Beyond The Pre CTI Plus Six Month Service Time Frame

People in our program can get up to 12 months of financial assistance, but CTI is only for six months. What do we do with clients who are still receiving financial assistance, but no longer receiving CTI?

Remember, the six month time frame does not begin until the client is housed, therefore your time with them includes Pre-CTI. If CTI ends, and financial assistance continues, you should provide whatever case management visits are required by your funder. At this point, community linkages should be providing support to the client.

What if there is a lack of supportive services in the area to help them achieve their goals? Do we still discharge the client within the 6 month time frame? Again, should or can the time frame be extended?

Yes, you should discharge the client, unless a critical resource is forthcoming and indicates an extension (after a waiting period, child care becoming available, for example). A lack of resources for clients should be noted and shared with program stakeholders, so that they can work with other community leaders to add critical services.

A client disengages with the CTI Worker for a significant amount of time due to relapse, incarceration, hospitalization, residential treatment or other reasons. Later this client reengages. Can the clock for the six month time frame be extended in these circumstances by holding them in their current phase during the disengagement, or starting them over fresh in phase 1?

Yes. It is acceptable to resume where they left off, or to re-start. Re-start would be indicated if the client's situation changes significantly so that essentially a "new" transition process is underway (i.e., lengthy hospital stay, incarceration, etc.)

A client contacts a CTI worker after discharge from the program requesting help for dealing with a crisis or other reason. Do we tell them that we are no longer providing CTI case management and refer them back to their supports and linkages, or do we help them?

Some limited advice and contact is OK but they should be re-directed to new supports and sources of help. The CTI worker should not be ongoing contact for crisis intervention.

Philosophy

There appears to be a conflict between the client centered, harm reduction, housing first, motivational interviewing approaches of CTI and the required case management meetings for RRH. How do we reconcile these two approaches in our work?

CTI (as a case management model) is one aspect of RRH; financial assistance is another. Clients are not required to receive CTI case management, and can opt out. In order to receive financial assistance they are required to meet at least briefly with a case manager one time per month. If this is the only service they are receiving, it does not fall within the parameters of a CTI intervention.

Some partnering agencies in the community do not embrace the CTI approach and collaborating with them can be difficult. Traditional case management strategies seem to prevail, there is a lot of disagreement about how to work with clients. How do we best collaborate with and educate other agencies about CTI and maintain these important partner agency relationships?

CTI lead agencies should consider convening meetings with partner agencies to educate them about the model and discuss potential concerns and conflicts.

Some agencies that agree under contract to use CTI do not engage proper utilization of it. Common phrases/concerns from Case Workers: "CTI doesn't work, this client needs permanent case management", "this client is not appropriate for CTI. He needs a higher level of care" or "this household is waiting for PSH, so why bother with CTI?" How do we check ourselves with this kind of thinking? How do we prepare our teams to change their way of thinking from traditional case management to CTI?

For some, implementing CTI requires a shift in thinking, which can be supported through additional training and supervision. It may be helpful to meet with other workers who have successfully employed the model with similar clients.

CTI is not meant to be a substitute for long-term case management *if that is what the client needs*; it is used to transition a client to the appropriate community supports, including permanent case management when indicated and available.

Many households can end their homelessness with short-term RRH assistance and support; in fact, current nation- wide data suggests that RRH is a successful intervention for many people experiencing homelessness. Our methods for understanding who needs permanent supportive housing and who needs a lighter touch are not always reliable- sometimes people who appear to need permanent supportive housing are able to resolve their situations with temporary help, and sometimes the opposite is true. Helping staff to recognize and believe in clients' strengths and resilience can be addressed in supervision. In case conferencing, a review of successful CTI examples can also help reinforce this.

Ending Services

13. If a client has completely disengaged of their own free will (e.g. after multiple attempted visits to their home, phone calls, texts, emails, letters, collateral contacts, etc.), at what point can we discharge them early from the program and still maintain CTI fidelity? These disengaged clients hold valuable spots in a CTI case load when other clients could be served.

If client makes clear after multiple attempts at engagement that they are not interested in receiving CTI services (with adequate documentation), discharge is appropriate so long as approved by supervisor.

14. A client is doing very well and does not need services but has not reached the six month time frame. Can we discharge early to make more space in the caseload for people who need the services and just do a brief check in monthly for RRH purposes?

Yes, you can do a brief check in monthly, but monthly visits are simply "Phase III", so no need to discharge. By using the weighted caseload, you will be able to add more clients because person in Phase III requires less of your time.

QUESTIONS, COMMENTS?