



Critical Time Intervention in North Carolina

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THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

Critical Time Intervention: Local Pilot and Statewide Championing is funded by a generous grant from the Kate B. Reynolds Charitable Trust.

The project is a collaboration between the UNC School of Social Work and the UNC Center for Excellence in Community Mental Health in the Department of Psychiatry.

All we do is a team effort – many thanks to Janice Bainbridge, Nick Lemmon, Annie Kelly, Marie Funk, Kate Fahje, our social work interns, staff in the UNC Center for Excellence in Community Mental Health and at the School of Social Work.

How did I get here?

- 1984: Shenley Hospital, Hertfordshire, England
- 1991: UNC School of Social Work
- 1992: Club Nova
- 1993: Durham Mental Health Center
- 1993: John Umstead Hospital
- 1995: UNC Schizophrenia Treatment and Evaluation Program
- 2005: OASIS, Early Intervention and Prevention
- 2009: UNC Center for Excellence in Community Mental Health
- 2012: UNC School of Social Work

What is Critical Time Intervention?

- Intensive case management model originally developed for persons with mental illness who were transitioning out of homelessness
- 9 month intervention to ensure a successful transition
- Developed by Dan Herman, PhD, at Columbia University and the NY Psychiatric Institute; now at Hunter College School of Social Work
- Rooted in social work practice principles
- <http://www.criticaltime.org/>



Relationship

SAMHSA Evidence-Based Practice

- <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=125>
- Reduces:
 - Nights of homelessness
 - Hospitalization
 - Negative symptoms

Reducing rehospitalization

- Tomita and Herman, 2012
- RCT with 150 participants, 18 month study
 - Participants:
 - Were being discharged from a psychiatric inpatient hospital
 - Had a history of homelessness
 - Were diagnosed with a psychotic disorder
 - CTI vs. Treatment as Usual
 - Rehospitalization in CTI group 18% vs. 27% in control group

The 100K Homes Campaign

[100K Homes Campaign](#)

[Anderson Cooper on homelessness](#)

Community Partners

Orange County 100K Homes Task Force –
multiagency group formed with specific goal of
housing the most vulnerable homeless

Orange County – Jamie Rohe, Orange County Partnership to End Homelessness
Community Empowerment Fund
Interfaith Council for Social Services
Housing for New Hope
CASA
Cardinal Innovations
Chapel Hill Police Department
Department of Social Services
Piedmont Health Services
UNC Healthcare
UNC School of Social Work
Freedom House

CTI Eligibility

Mental health diagnosis, or evidence of a psychiatric disorder with significant impairments in functioning

AND the following:

Experiencing a critical transition:

Homelessness with a desire to become housed

Discharge from institutional care (hospital, jail)

High risk for losing housing due to psychiatric instability

Extreme difficulty engaging in treatment through typical pathways

Eligibility, cont.

- Ineligible for, or unable to access other enhanced treatments
- Clear need for outreach efforts due to difficulty engaging in treatment and services due to psychiatric symptoms or problematic life circumstances.
- Will evaluate and consider accepting a client with a primary substance abuse problem depending on other eligibility factors

CTI Focuses on Specific Needs

1. Housing
2. Access to benefits and community resources
3. Engagement with mental health and SA treatment
4. Link to medical treatment
4. Developing social supports, including family
5. Money management
6. Independent living skills

9 months, 3 phases

- Pre-CTI: Initiate relationship
- Phase One: Transition to community/or care
 - Frequent contact
 - Community and office
- Phase Two: Tryout
 - Less frequent contact
 - Connection to community providers and natural supports
- Phase Three: Transfer of Care
 - Fewer contacts
 - Work with supports in place

Engagement

- Outreach and development of relationship
- Flexible strategies to engage clients
 - Meet in community or office
 - Funding for concrete needs – housing startup, food
 - Will provide service regardless of person's willingness to engage in treatment, although engagement in treatment is a goal of the team

Teamwork & collaboration

Team roles:

Team leader – licensed clinician

CTI worker – can be associate professional or peer support specialist

Clinical supervisor

Field coordinator

Team can be 2 people, or more—Team leader can be clinical supervisor and field coordinator

Caseload: 1:20 max; less if also in field coordinator role

UNC CTI Team

- Bebe Smith, LCSW Project Director
- Gary Cuddeback, MPH, PhD, Co-Director
- Janice Bainbridge, LCSW Team Leader
- Nick Lemmon, LCSWA CTI Worker
- Annie Kelly, MD CTI Psychiatrist
- Marie Funk, SW Intern, Hospital Transition Team
- Annie Peacock, SW Intern
- Kayla Bryant, SW Intern
- Dustin Rawlins, SW Intern

Clinical supervision

- CTI can be very labor intensive and emotionally demanding
- Weekly team meeting
- Weekly peer supervision

Ghost Bikes



Who we are serving

- From Nov. 2012 – March 2014:

115 referrals; 80 engaged in CTI

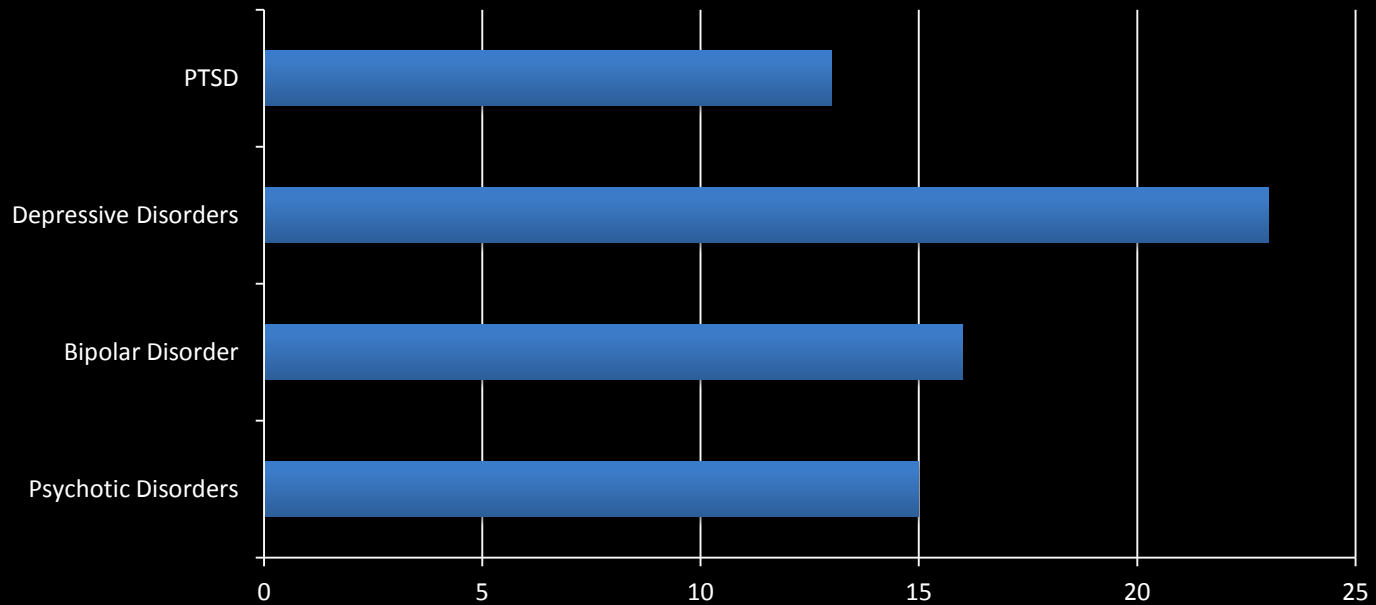
- Transitions:

Homeless	63
Unstable housing	14
Imminent loss of housing	9
Hospital discharge	8
Hospital discharge/homeless	5
No transition	3

Basic Demographics (from January 2014)

- Of those engaged in CTI:
 - Age: ranged from 20-69
 - 46% female
 - 54% male
 - 58% white
 - 27% African American
 - 3% Hispanic

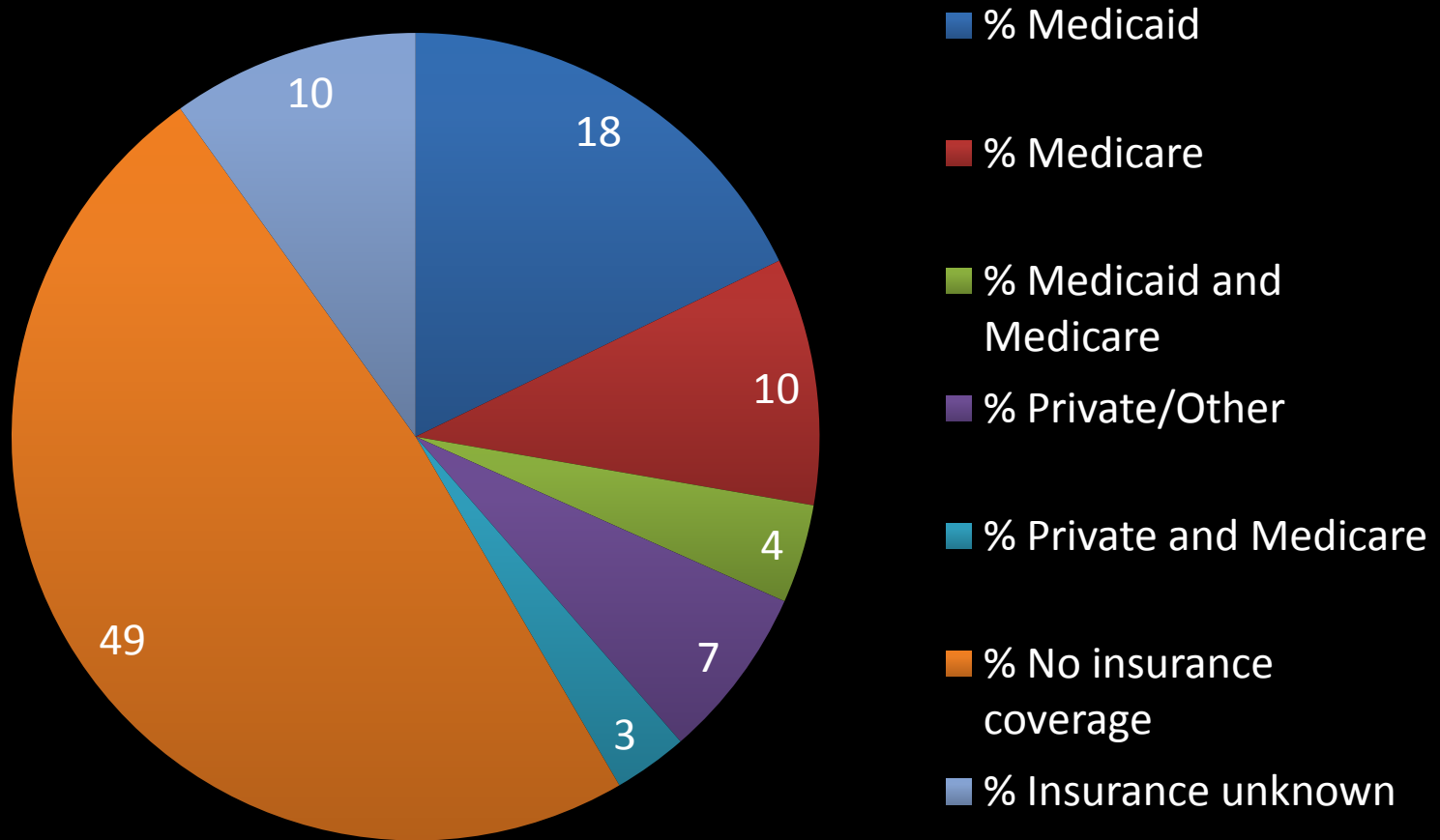
CTI Clients' Diagnoses



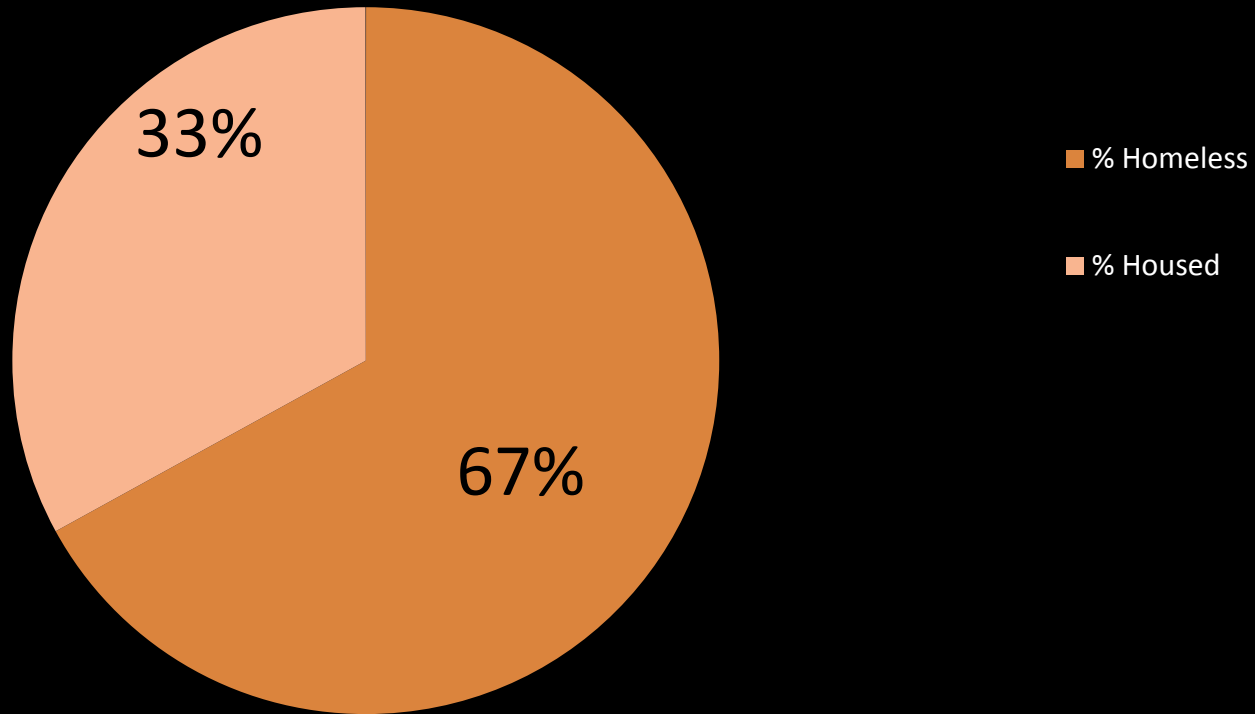
Additionally:

- ✧ 41 CTI clients have a history of substance use issues
- ✧ 47 CTI clients have a history of physical health issues

CTI Client Insurance Status



CTI Client Housing Status at time of referral



CTI Impact:
✧ 48% of CTI clients are now housed

Why Not ACT or CST?

- Many are uninsured and cannot access other enhanced services
- Many have complex needs but don't meet entrance criteria for other services
- Limited ability to provide outreach and engagement with CST and ACT unless provider is willing to provide services for free—need CCA, PCP, and authorization in place to get paid

Outcomes

- Housing status
- Hospitalization days
- Jail days
- Engagement in MH/SA treatment
- Engagement in primary care
- Access to benefits

Hospital Transition Team

- Service funded by Cardinal Innovations
- Similar philosophy as CTI, but focused on persons discharged from the hospital who need support getting connected to aftercare
- Only lasts 30 days
- Includes assertive outreach
- CTI Team leader serving as HTT Team Leader
- MSW student in employer-based field placement

Key Ingredients

- Focus on relationship and engagement
- Collaboration between service sectors and providers
- Person-centered
- Flexible and practical
- Address basic needs first
- Access to funds for essential needs, especially related to housing

Challenges

- Limited housing stock in Orange County, shrinking supply of units for very low income individuals
- Limited housing assistance – Section 8 waitlist closed; waiting lists to supported apartments
- Appropriate service post-CTI – outpatient not always sufficient; clients may not fit criteria for other enhanced services
- Undocumented persons with severe mental illness—who pays for their care?

Solutions

- Housing
 - Housing as health care -- creative and flexible housing options
- Hospitals and transition care
 - Implement CTI teams to partner with communities on patients with complex social needs in addition to medical needs
 - Include clinical social workers and rehabilitation counselors as case managers for their expertise with housing/benefits/building social networks that are key to health and reduced ED use and hospital readmissions
 - Create partnerships between recovery-oriented clinicians and peer support specialists
 - Provide integrated care in ambulatory settings
- LME/MCOs
 - Fund CTI teams; create meaningful care coordination for persons with complex needs with no insurance

Website <http://unccti.org/>

Free webinar series on CTI through the UNC School of Social Work Behavioral Health Care Resource Program, starts April 30, weekly on Wednesdays from 1-2 pm <http://bhrp.sowo.unc.edu/>. Limited to 25

Or email me:
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