

Adopting Housing First Principles through the Implementation Critical Time Intervention in a Homeless Shelter: Learnings and Practice Outcomes

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The Salvation Army
Canada & Bermuda Territory

Aim of Presentation

1. Provide an overview of The Salvation Army, Toronto Housing and Homeless Supports & how Critical Time Intervention (CTI) has been adopted in the shelter system.
2. Overview of CTI.
 - How THHS applied Housing First principles.
3. Approach used to implement CTI.
4. Phenomenological study conducted on CTI implementation.
 - Outcomes of implementation.
5. THHS programmatic outcomes of CTI.
6. Questions.





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The Salvation Army, Toronto Housing and Homeless Supports

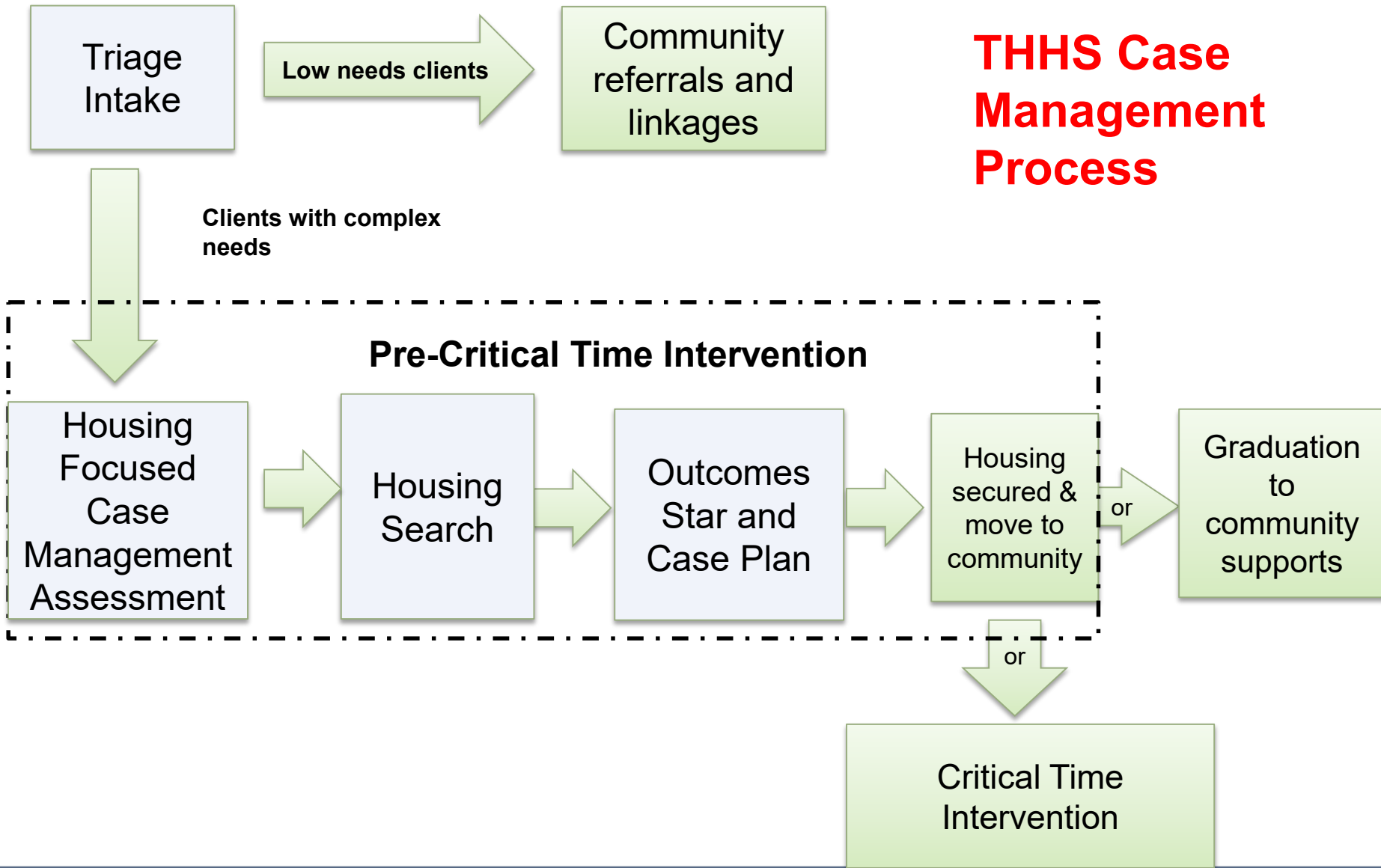


Overview of THHS

- Operate the following shelters in the City of Toronto:
 - Florence Booth House
 - New Hope Leslieville
 - Gateway shelter
 - Evangeline Residence
 - Islington Seniors Shelter
 - Maxwell Meighen Centre
- Operates 753 shelter beds in the City of Toronto
- Operates the following programs
 - Booth Supportive Services-mental health case management
 - Gateway linens
 - Causeway



THHS Case Management Process





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Overview of Critical Time Intervention



Historical Overview

- Developed in New York in the mid 1980's as a response to the increase of people with psychiatric diagnoses entering into the homeless sector.
- CTI was developed by clinicians and researchers from Columbia University and Presbyterian Hospital.



Fort Washington Armory Men's Shelter, 1990s.



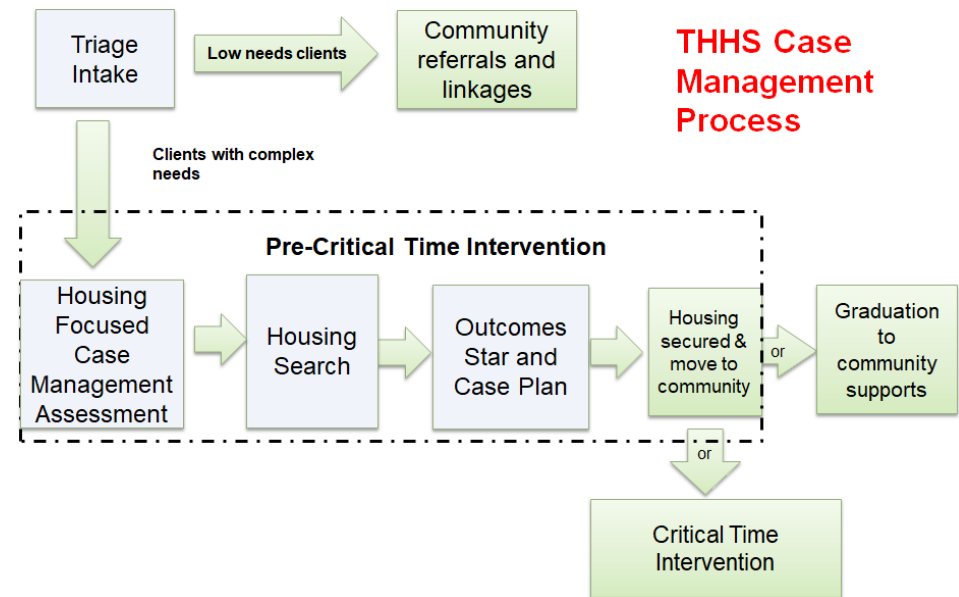
CTI Overview

- CTI focuses on a critical transition in a person's life.
 - Transitioning from homelessness to housing.
- Seeks to explore, establish, and reinforce clients support network to create interdependence that results in housing stability and community integration.
- Weighted caseloads.
- Focuses on critical areas to create housing stabilization and community integration.
 - Mental health
 - Addictions
 - Social networks
 - Money management
 - Managing tenancy
 - Adult Daily Living

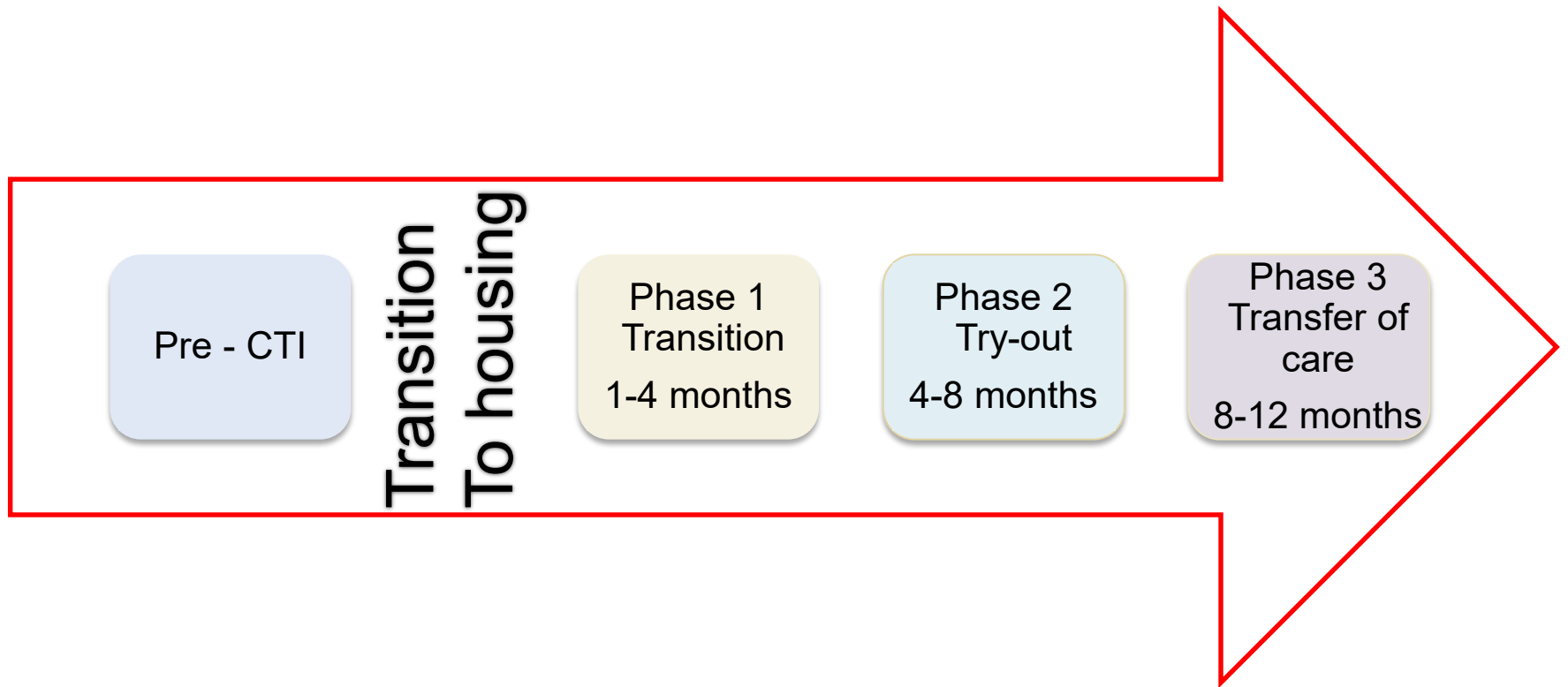


CTI Overview

- Theories that inform CTI:
 - a) Continuity of Care (core theory)
 - b) Housing First
 - c) Transtheoretical Model of Change
 - d) Strengths based theory
 - e) Harm reduction



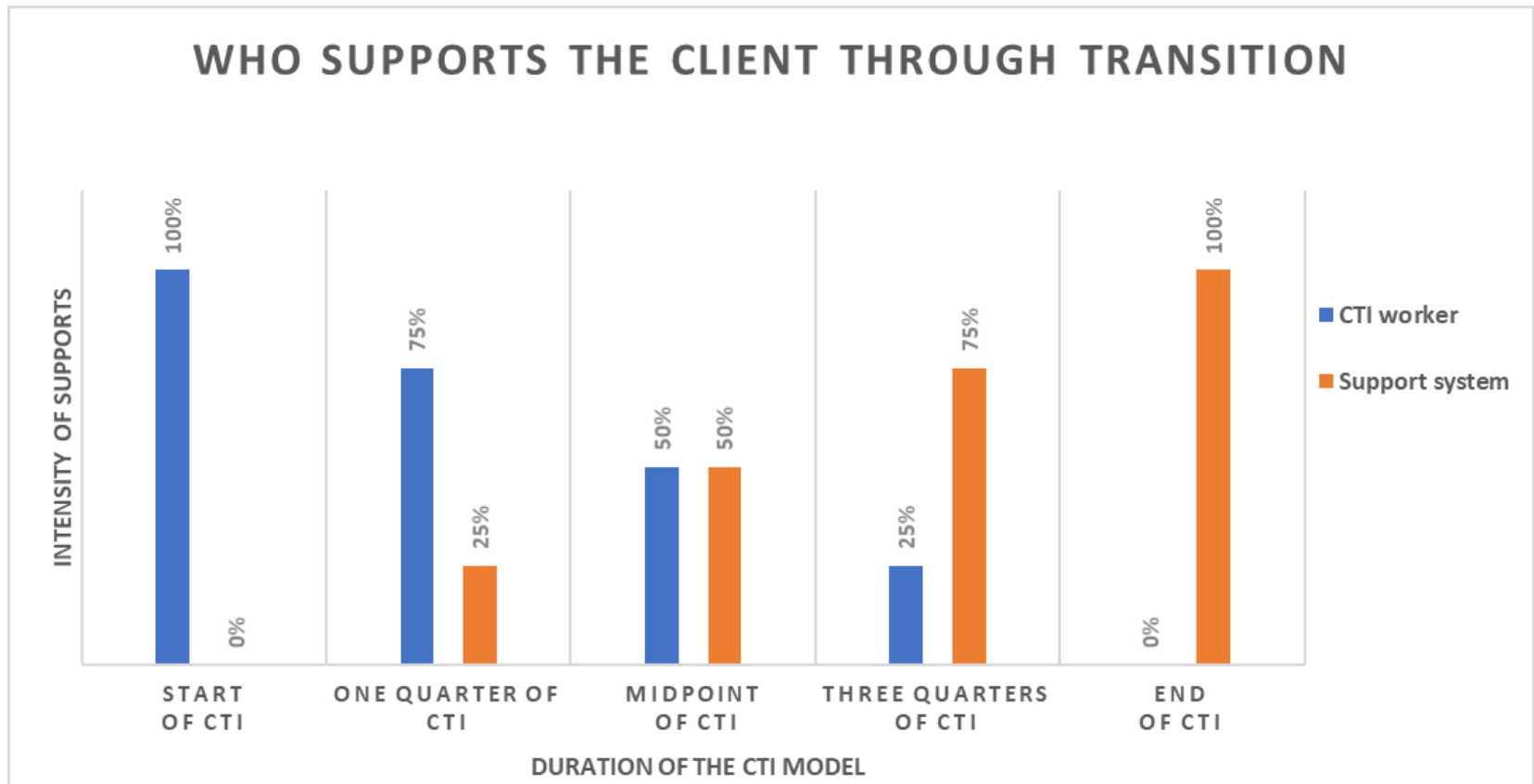
Overview of the CTI Model



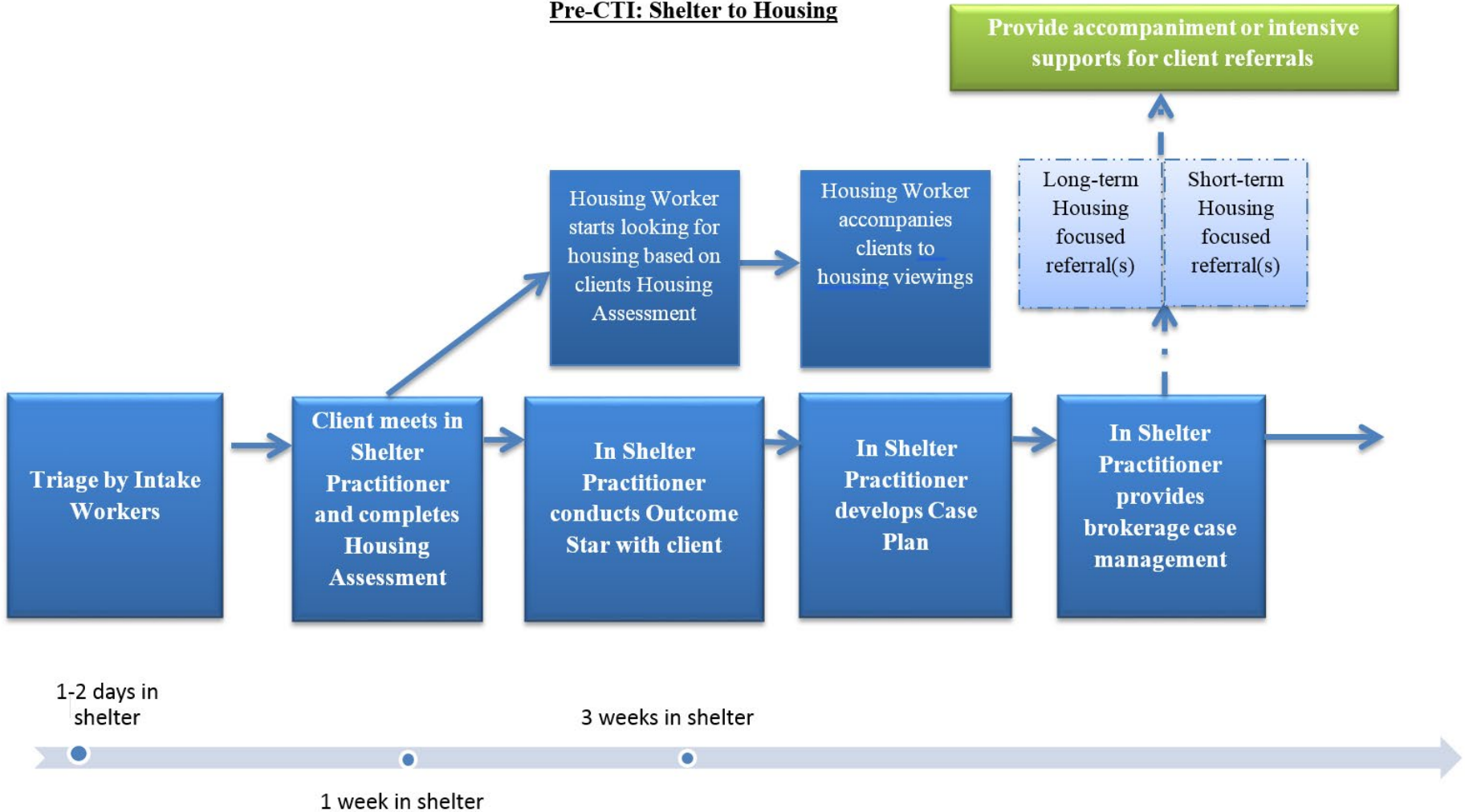
Total 1 year post shelter



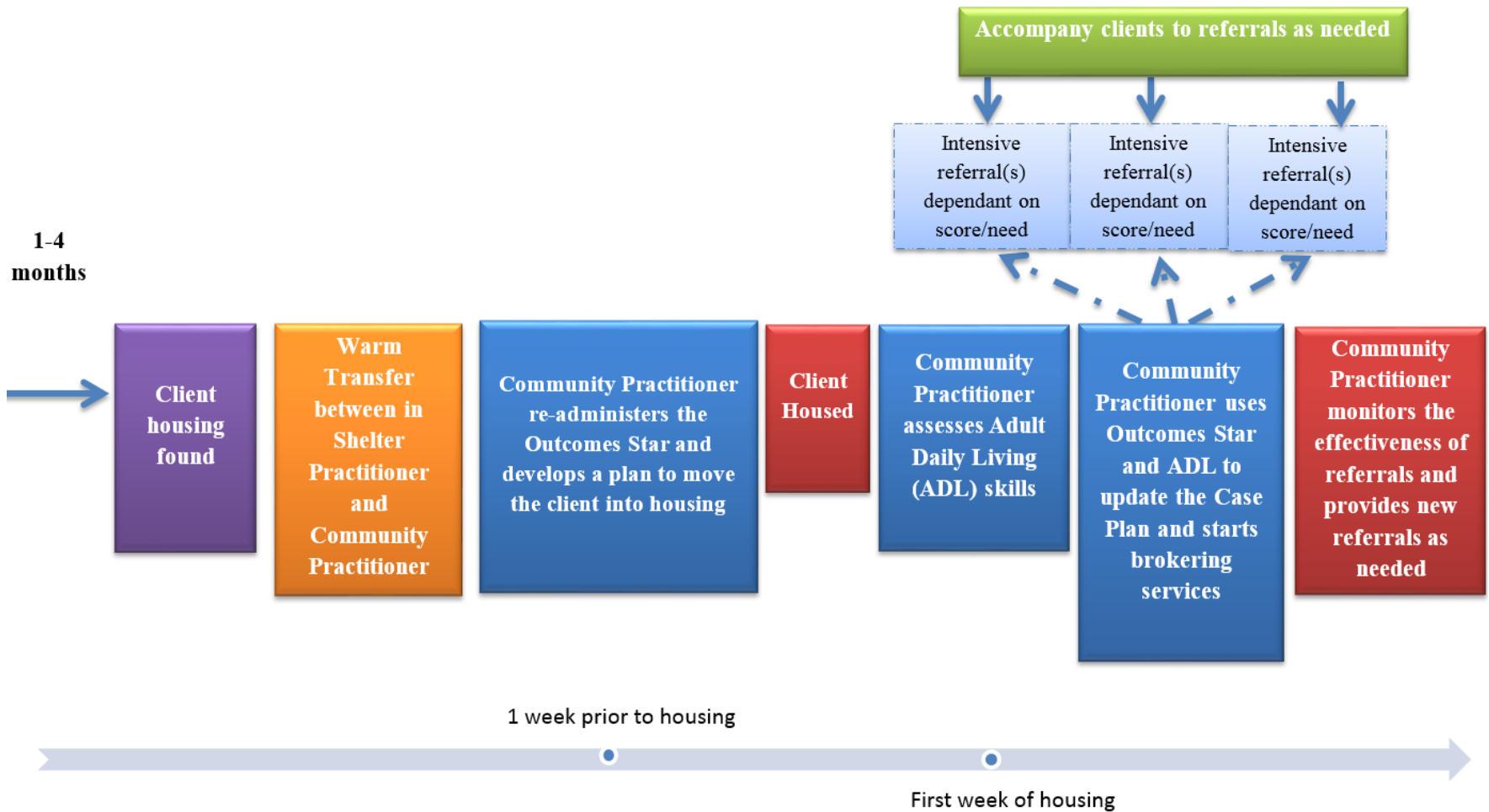
CTI Component Overview



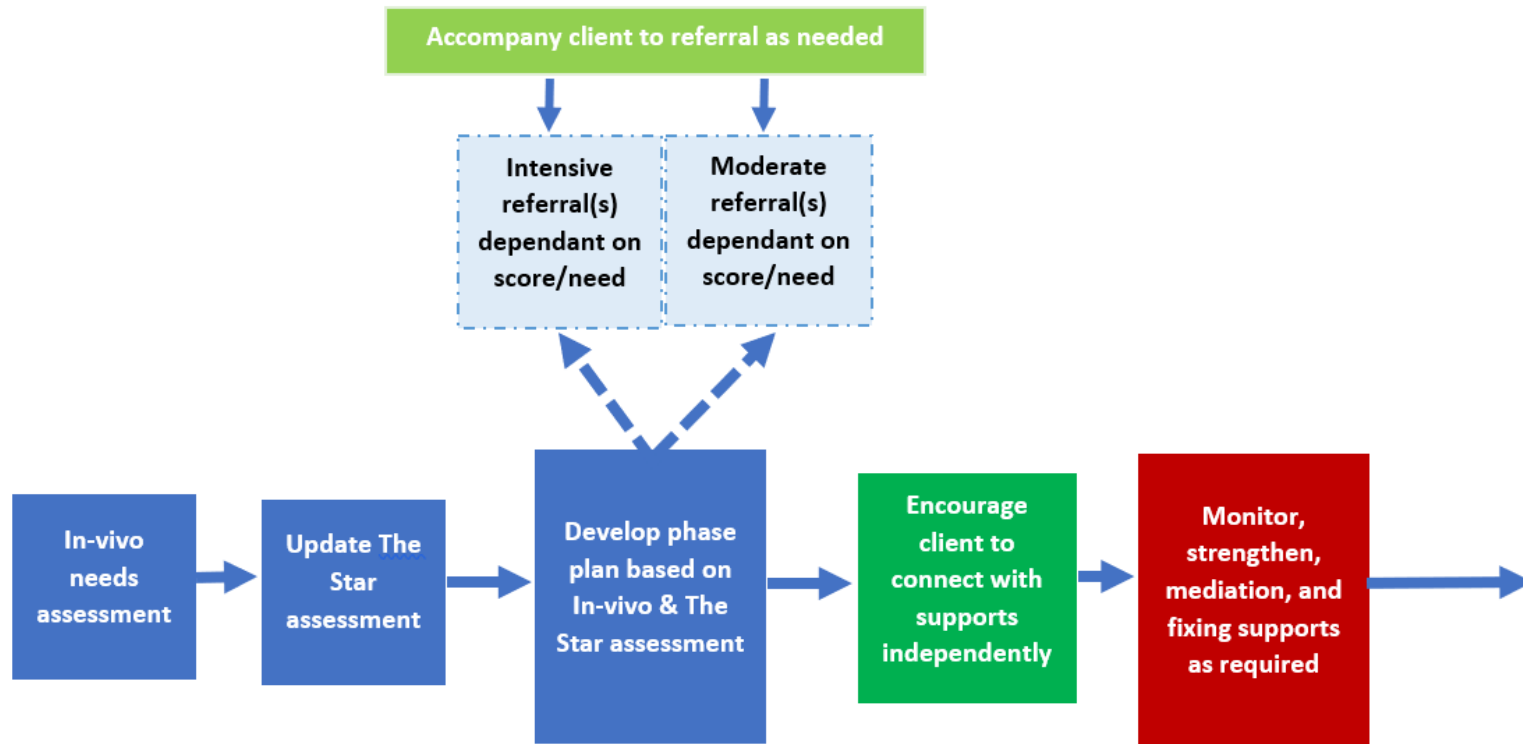
Pre-CTI: Shelter to Housing



Phase one: Transition to the Community



Phase two: Try-Out



3-4 months after client housed

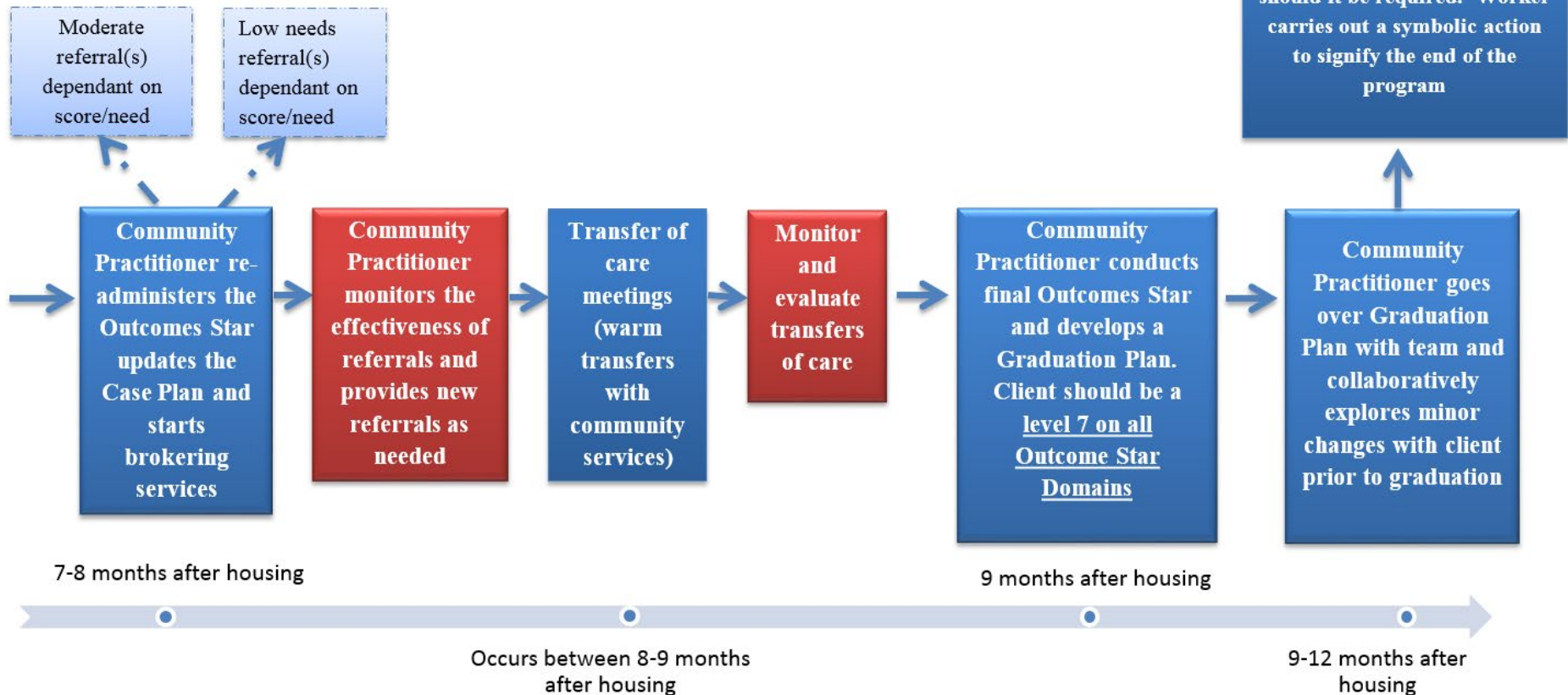
Ongoing throughout entire phase

3-4 months +1 day after a client is housed



Phase three: transfer of care

Community Practitioner discusses intervention and graduation planning throughout this phase



7-8 months after housing

9 months after housing

Occurs between 8-9 months after housing

9-12 months after housing



CTI Outcomes

- CTI has demonstrated in several studies important outcomes for the population which THHS works with. A systematic literature review found that multiple studies have identified CTI as an effective practice that supports the following client outcomes (De Vet, et al., 2013):
 1. Decrease homelessness nights
 - This was especially demonstrated after clients were stable in the community
 2. Increased number of days housed
 3. Reduction in length of hospital stay
 4. Reduction in psychiatric symptoms
 5. Reduction in the amount of alcohol and substances consumed
 6. Reduction on the amount of money spent on substances
 7. Reduction in days spent in jail



De Vet, R., van Luitelaar, M., Brilleslijper-Kater, S., Vanderplasschen, W., Beijersbergen, & Wolf. (2013). Effectiveness of case management for homeless persons: A systematic review. *American Journal of Public Health, 103*(10), E13-E26.





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CTI & Housing First principles



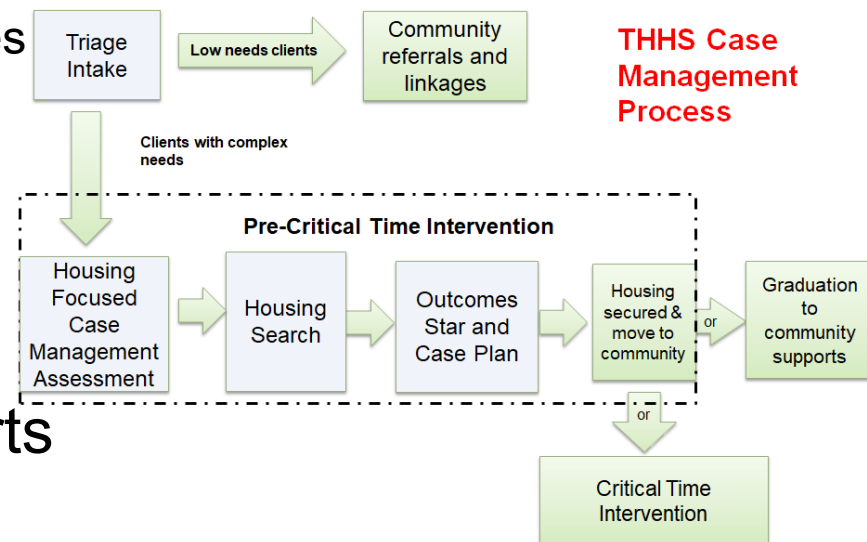
Housing First principles

- Principles of Housing First (Gaetz, Scott, & Gulliver, 2013, p.5-6):
 1. Immediate access to permanent housing with no readiness requirements
 2. Consumer choice and self-determination
 3. Recovery orientation
 4. Individualized and client-driven supports
 5. Social and community integration



Immediate access to permanent housing & consumer choice and self-determination

- In the pre-CTI phase, in-shelter case managers focus on getting clients the logistical requirements to access housing.
- A Housing First assessment explores:
 - Client wants in housing
 - Location, needs, and non-negotiables
 - Clients current resources to acquire housing
 - Develop a budget
- Case plan focuses housing.
- Housing Worker immediately starts housing searches.



Recovery orientation & Individualized and client-driven supports

- CTI draws on a recovery orientation to support clients to stabilize into housing.
 - Does not only focus on housing, but on three of the following critical areas per phase:
 - a) Mental health
 - b) Addictions
 - c) Social networks
 - d) Money management
 - e) Managing tenancy
 - f) Adult Daily Living
- CTI creates a supports network that is individualized and creates interdependence.



Social and community integration

- A primary focus of CTI is drawing on clients existing and newly established community networks to support the transition out of homelessness.
 - Focuses on the transition period out of homelessness to stabilize into housing and community integration.



CTI meetings & Housing First

Pre-CTI

Focus of Pre-CTI meeting

- At THHS, CTI meetings always focus on housing stabilization.
 - Community integration is a way of achieving housing stabilization.
- Pre-CTI focuses on supporting the client towards the transition to housing.

Pre-CTI meeting questions

1. What caused the client to originally fall into homelessness?
 - Best predictor of future homelessness.
2. What needs to be done to move the client from shelter to housing?
 - Focus on logistic requirements and supporting the client to acquire them.
3. Past action steps?
4. Important events in the past two weeks?
5. Round table discussion.
 - Develop SMART action steps to support the client towards the transition of housing.



CTI meetings & Housing First

Phase 1: transition to housing

Focus of Phase 1 meeting

- Support the client with logistical requirements to move into housing.
 - Sign lease
 - Arrange movers
 - Arrange bed
 - Learn the community
 - Know where stores and resources are located.
 - ADL assessments
 - Laundry, garbage, rules and rights of tenancy.

Phase 1 meeting questions

1. What caused the client to originally fall into homelessness?
 - Best predictor of future homelessness.
2. What are risks that could cause the client to fall back into homelessness?
 - Current and historical risks.
3. Past action steps?
4. Important events in the past two weeks?
5. Round table discussion.
 - Develop SMART action steps to support the client towards the transition of housing.



CTI meetings & Housing First

Phase 2: Try-out

Focus of Phase 2 meeting

- Mediate between supports to ensure client receives help to stabilize into housing and integrate into the community.
- In-vivo assessment focuses on observing the client accessing their supports.
 - Tenancy rights and responsibilities.

Phase 2 meeting questions

1. What caused the client to originally fall into homelessness?
 - Best predictor of future homelessness.
2. What are risks that could cause the client to fall back into homelessness?
 - Current risks arising.
3. Past action steps?
4. Important events in the past two weeks?
5. Round table discussion.
 - Develop SMART action steps.



CTI meetings & Housing First

Phase 3: Transfer of Care

Focus of Phase 3 meeting

- Transferring the care fully to clients support networks.
- Monitor the support network transfers to ensure the client is fully supported.
- Monitor community integration.

Phase 3 meeting questions

1. What caused the client to originally fall into homelessness?
 - Best predictor of future homelessness.
2. What are risks that could cause the client to fall back into homelessness in the long-term?
 - Foreseeable future risks arising.
3. Past action steps?
4. Important events in the past two weeks?
5. Round table discussion.
 - Develop SMART action steps.





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Implementation of CTI



Implementation Overview

- Implementation informed by Andragogy
 - Adult learning theory principles (Merriam, 2001):
 1. Learners direct own learning
 2. Draws on experiences and resources to learn
 3. Learning needs connected to social roles
 4. Learning is problem centred and has immediate application
 5. Motivated by internal factors



Implementation Overview

1. Held a series of discussions to provide an overview of the CTI model and rationale for adopting the model.
2. Provided formal material to review with Case Management team.
 - Material acted as an anchor for using the model.
3. Reviewed material in segments.
 - Assigned readings
 - Presented on materials
 - Held discussions on material in relation to client work



Implementation Overview con.

4. Had the staff members implement the intervention.
 - Implementers were embedded in the team for an entire year.
 - Developed relationship with team that influenced and supported building trust and change.
5. Reflections, discussions, and problem solving.
 - Provided formal opportunities to check in as a group to explore their comfort with the model.
 - Provide additional trainings requested by the team to support CTI implementation.
6. Debriefing with leadership
 - Connecting with on-site leadership on an ongoing basis.





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Phenomenological Study



Study Overview

- Phenomenological studies explore the experiences of participants.
 - How an incident, situation, or event was experienced by participants.
- Drew on a Phenomenological methodology to explore the learning experiences of participants adopting a new intervention in order to better understand the most important features of implementation.
 - Hypothesized that adopting a new intervention would have significant implications for work identity, experience, and attitudes.



Study Questions

1. What were the experiences of staff participants that adopted this new intervention?
2. What worked well in the implementation for staff participants?
3. What could have been improved in the implementation process to more effectively implement this intervention?



Data Collection

- After implementation occurred, data was collected at three separate intervals:
 - A. 1 month post CTI implementation
 - B. 6 months post CTI implementation
 - C. 12 months post CTI implementation
- At each interval:
 - a focus group was completed with program staff
 - Interviews were completed with leadership

T1-1 month post CTI
Implimentation

T3-12 month post CTI
Implimentation

T2-6 month post CTI
Implimentation



Analysis

- Data was analyzed temporally through a thematic analysis.
 - NVIVO12 was utilized in the analysis.
- Three separate thematic analyses were completed.
 - Themes were compared over the three intervals to explore how experiences, philosophies, relational, and cognitive changes occurred.

T1-1 month post CTI
Implementation

T3-12 month post CTI
Implementation

T2-6 month post CTI
Implementation





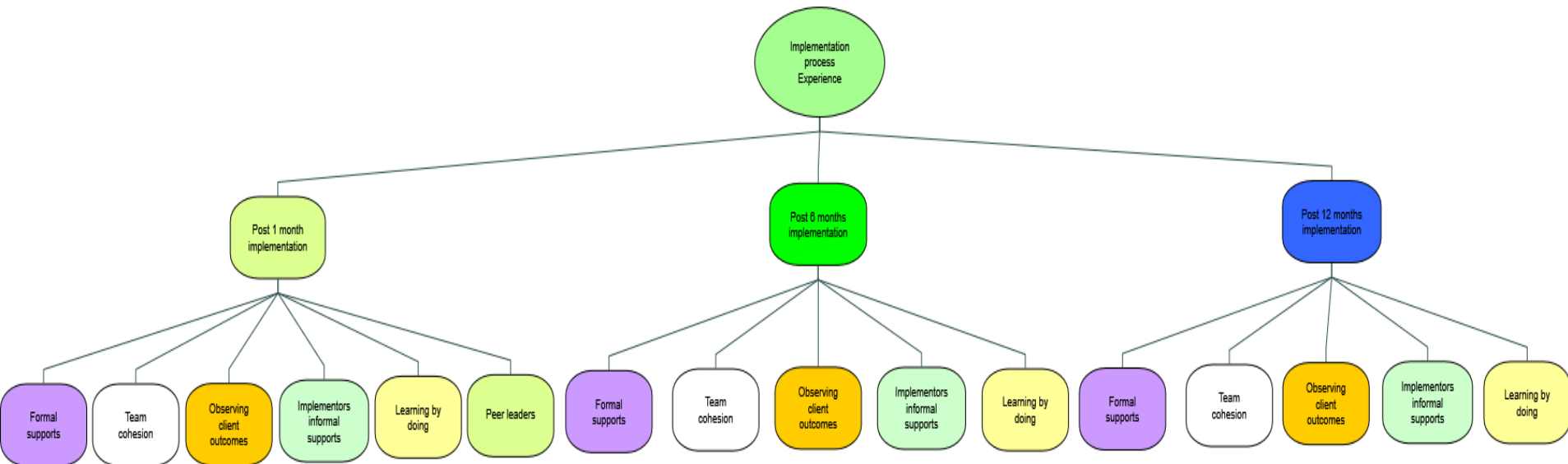
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Learnings

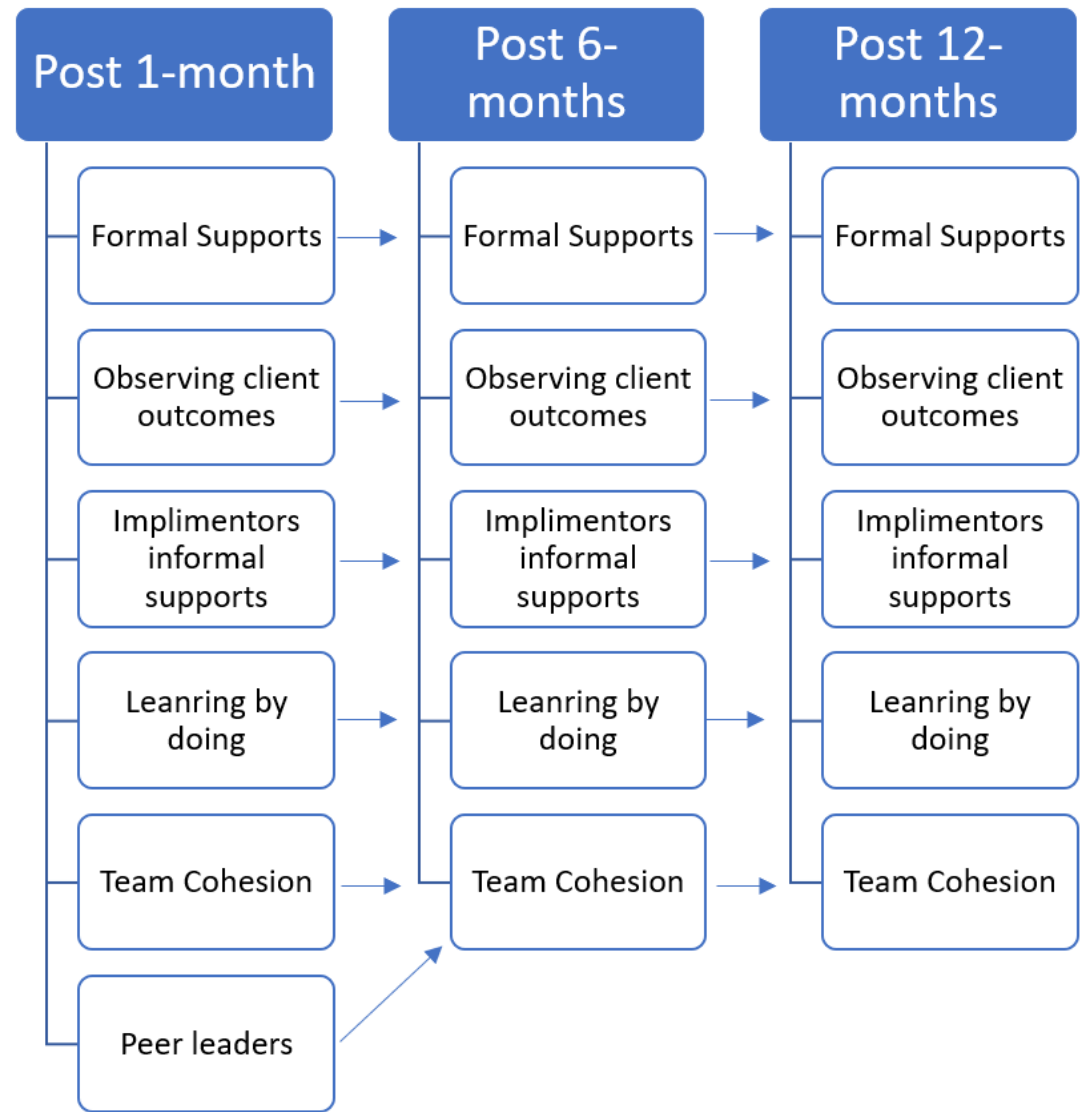


CTI implementation experience

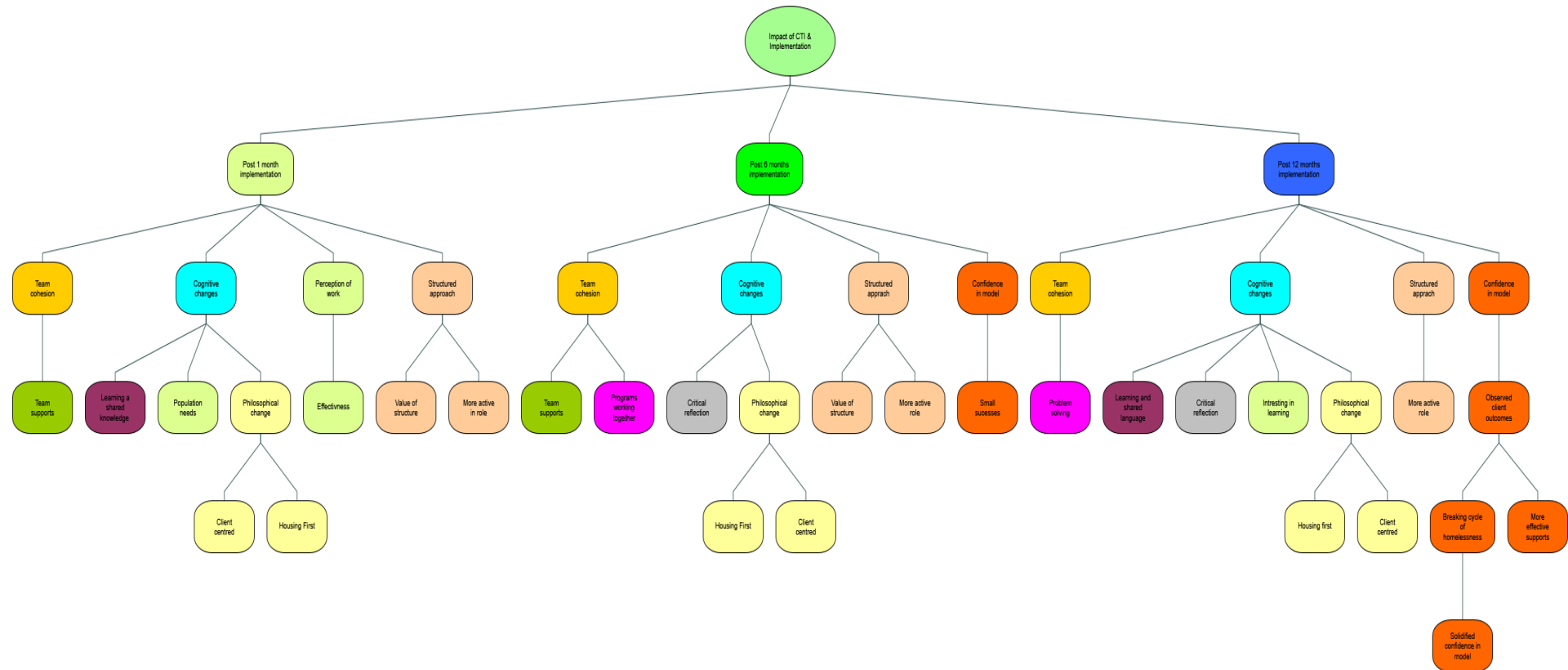


CTI implementation experience

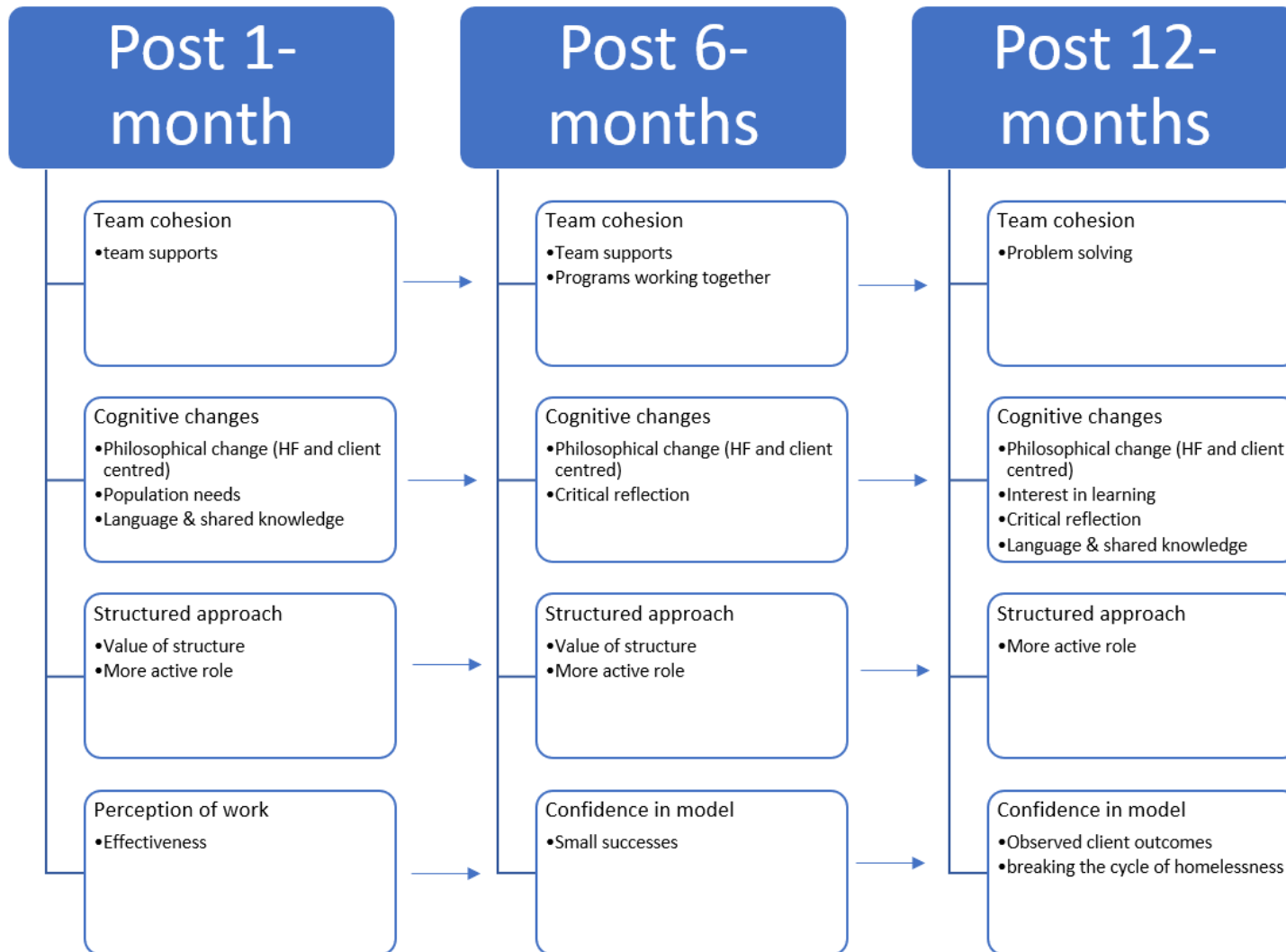
Participant: "when it comes to housing outcomes the recidivism rates when down from 50 percent to like 5 percent"



Impact of CTI & Implementation



Impact of CTI & Implementation





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A THHS program CTI client Outcomes



Client Outcomes

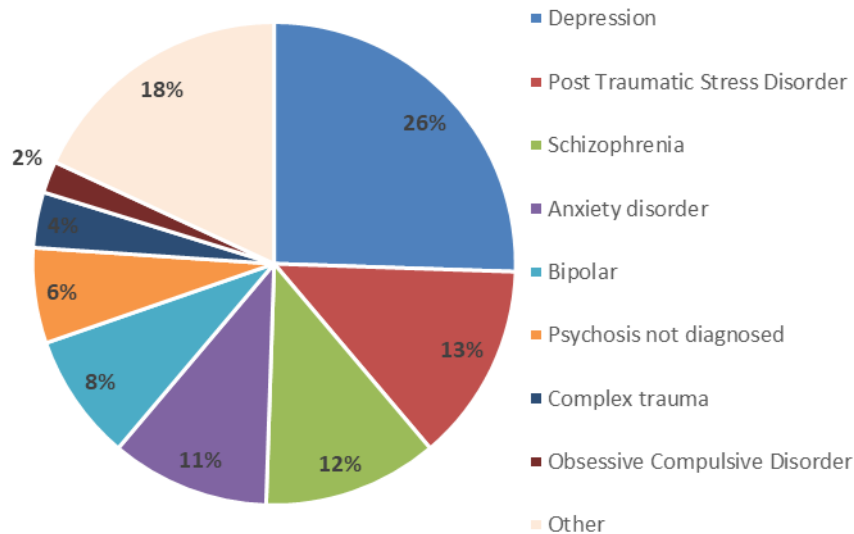
- A THHS program collected the following data between January 2018-October 2019.
- The program consists of 6 case management staff and a program manager.
- The program was able to collect data from 113 clients during that time period.
 - Some clients were excluded from the analysis due to missing information.
- Program data is not from the same shelter discussed in the aforementioned study.



Client Demographics

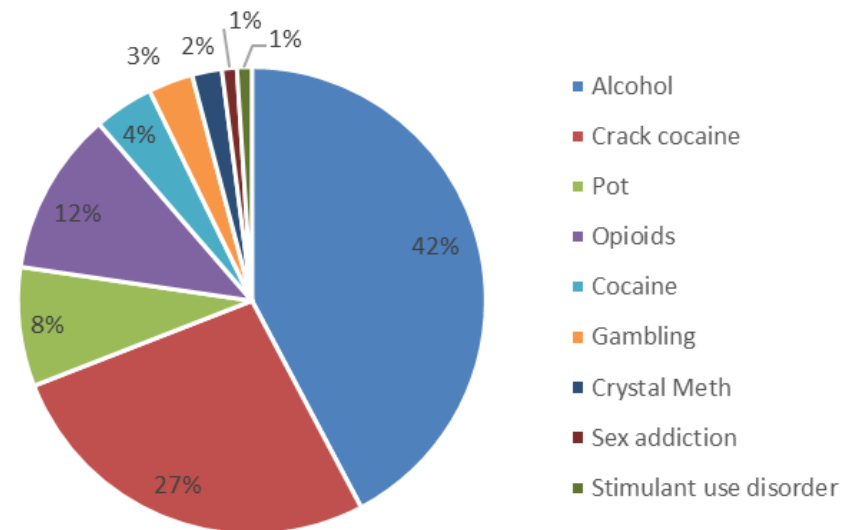
Client Diagnoses N=113

Top 8 types of Diagnoses



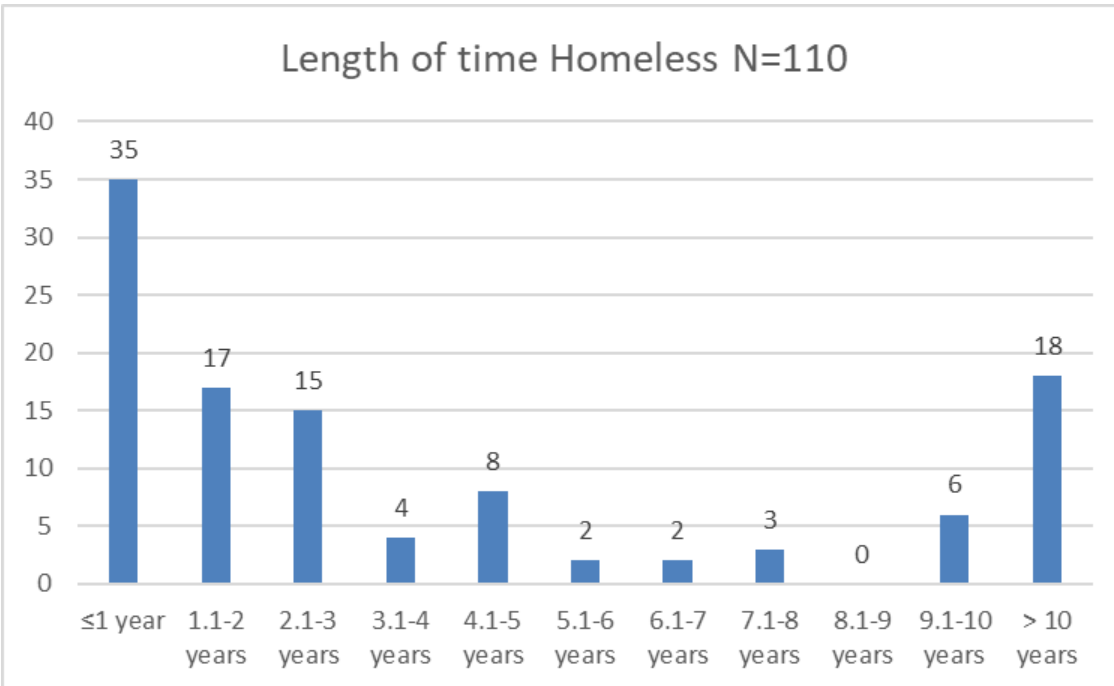
Client Addictions N=72

Top 9 types of Addictions



Length of time Homeless

Length of time Homeless N=110



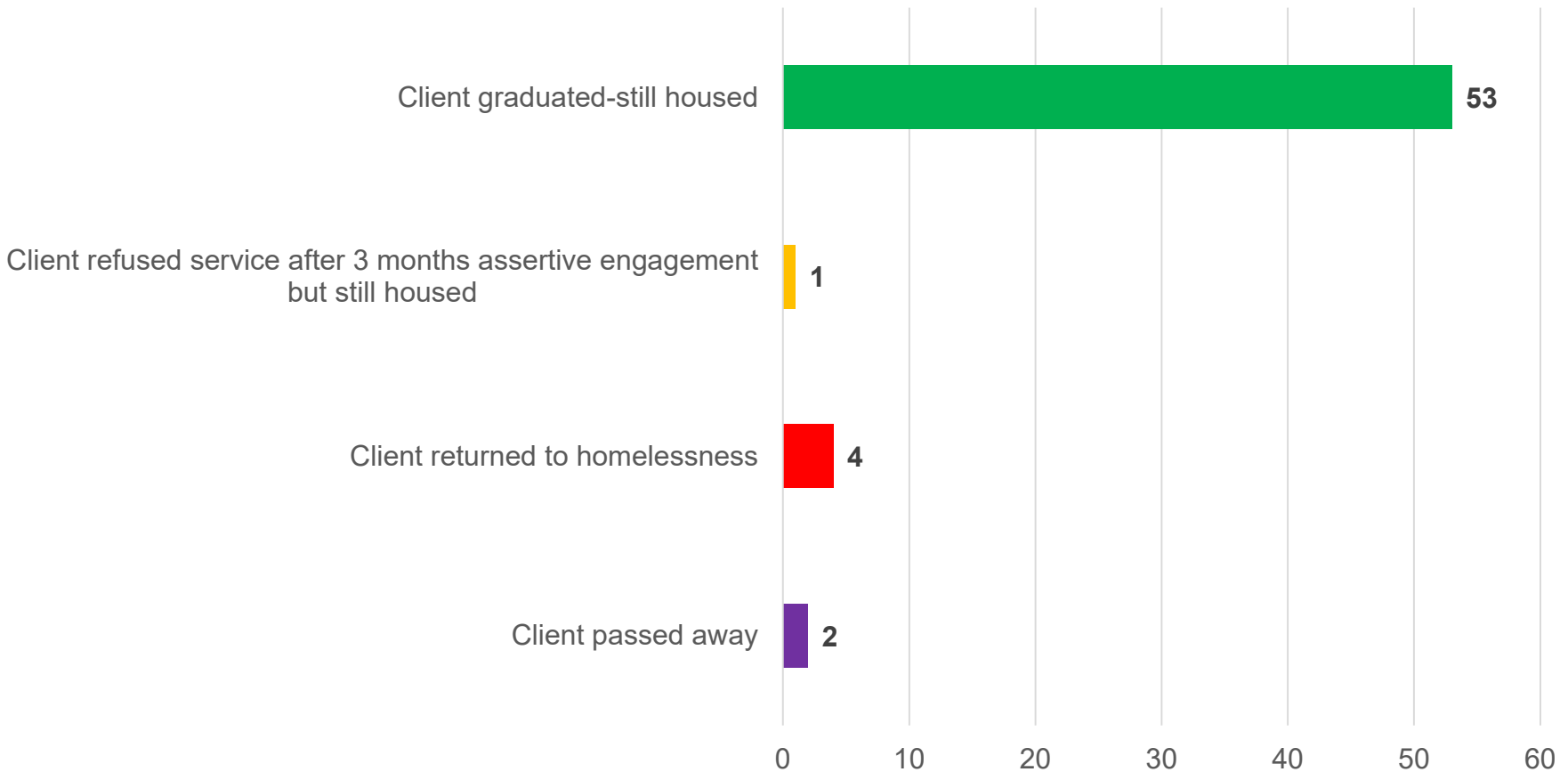
Length of homelessness

- Longest client period of homelessness is 30.4 years.
- Three clients lengths of homelessness could not be located.



Client Outcomes

Client Outcomes N=60



Questions? Thank you!



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The Salvation Army, Toronto Housing and Homeless Supports



References

- De Vet, R., van Luijtelaar, M., Brilleslijper-Kater, S., Vanderplasschen, W., Beijersbergen, & Wolf. (2013). Effectiveness of case management for homeless persons: A systematic review. *American Journal of Public Health, 103*(10), E13-E26.
- Gaetz, S., Scott, F., & Gulliver, T. (2013). *Housing First in Canada: Supporting communities to end homelessness*. Toronto, ON: Canada Homelessness Research Network.
- Merriam, S. B. (2001). Andragogy and self-directed learning: Pillars of adult learning theory. *New Directions for Adult and Continuing Education, 2001*(89), 3-14.

