

Service Staffing Models



About Critical Time Intervention (CTI)

Summary: Critical Time Intervention (CTI) is a time-limited approach using a brokerage case management that emphasizes intentional connections and coordination with mainstream community providers to ensure ongoing support from mainstream services providers as CTI services taper down over a nine-month period. CTI can be a successful intervention for tenants in rapid rehousing with low to moderate acuity. It can also be used in permanent supportive housing when CTI services are transitioning tenants from outreach and crisis services to mainstream ACT and ICM providers once housed and working toward housing stability. CTI is an evidence based approach with multiple stages of engagement and program fidelity standards for individuals and families. More on CTI can be found at <https://www.criticaltime.org/cti-model/>.

- **Evidence Base and Resources for Fidelity in Replication:** [Link to CTI Resources & Research](#)
As research continues to develop on high quality supportive housing and housing-related service models, CSH will update the References and Resources folder of the Services Budget Tool. Do you have resources, research, or promising practices to share with the Quality Supportive Housing community of providers? Send them to consulting@csh.org with “Staffing Model Resource” in the subject line for review and inclusion.
- **Commonly mentioned strengths of this model:** This model has a strong evidence base and clear fidelity standards in implementation in order to achieve tenant outcomes for housing stability and avoidance of costly crisis care. CTI can be added into service rich communities with strong existing behavioral health services. CTI offers an evidence-based approach to warm-handoffs and service referrals that support client integration into existing service organizations during and after housing stabilization.
- **Common critiques of this model:** This is a time limited approach that requires strong connections to non-time limited housing-related services if used in Permanent Supportive Housing. The CTI model assumes that existing community services acknowledge the role of housing in health outcomes, assess and address housing instability once a hand off is completed, and actively coordinate across sectors should an individual need to be reconnected to CTI after initial 9-month service period.

Quality Supportive Housing Service Approaches require commitment to and training in:

- Trauma Informed Care
- Diversity in staff providing and leading service organizations
- Intentional inclusion of and influence from people with lived experience in leadership, governance and service provision
- Commitment to anti-racism, cultural humility and cultural competence
- Harm Reduction and Motivational Interviewing
- Housing First



For more information on service models and approaches, visit the [CSH Quality Supportive Housing](#) landing page to learn about the Dimensions of Quality Supportive Housing to ensure that your policies, procedures, practices and outcomes are Tenant-Centered, Accessible, Coordinated, Integrated, and Sustainable.

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At a Glance: References and Resources for CTI in Housing-related Services	
CTI Implementation Manual	<i>Herman, Daniel, et al. Critical Time Intervention for Rapid Rehousing: Manual for Case Managers and Supervisors. Center for the Advancement of Critical Time Intervention, 2017.</i>
	http://cceh.org/wp-content/uploads/2017/02/Critical-Time-Intervention-for-Rapid-Rehousing-Manual.pdf
	This manual was developed by the Center for the Advancement of Critical Time Intervention for the Connecticut Coalition to End Homelessness CTI/Rapid Re-housing pilot. In it, the authors recommend a caseload size of no more than 20 per CTI worker. The manual also recommends weighting the caseload based on the number of clients in each phase of CTI. For more resources for this, see the CTI-RRH Pilot Resource Page: http://cceh.org/cti-rrh/
CTI Families	<i>Samuels, Judith. Young Family Critical Time Intervention (CTI): Successful Transitions from Homelessness to Stability. Strengthening At Risk and Homeless Youth Mothers and Children, 2010.</i>
	https://www.criticaltime.org/wp-content/uploads/2011/10/Samuels-Young-Families.pdf
	The Youth Family Critical Time Intervention model recommends a caseload of 12 families per case worker.
CTI Youth	<i>Munson, Michelle R., et al. "Cornerstone Program for Transition-Age Youth with Serious Mental Illness: Study Protocol for a Randomized Controlled Trial." Trials, vol. 17, no. 1, 2016, doi:10.1186/s13063-016-1654-0.</i>
	https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-016-1654-0
	The Cornerstone program adapted the CTI model for transition-age youth with serious mental illness. A randomized, controlled trial evaluating and validating this model was initiated in April, 2016 and the results of the trial are not yet available. That said, the trial uses a case worker caseload of 15 youth. The trial further specifies that all case workers are trained social workers.



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