



# Critical Time Intervention

Overview, Evidence  
Current Developments

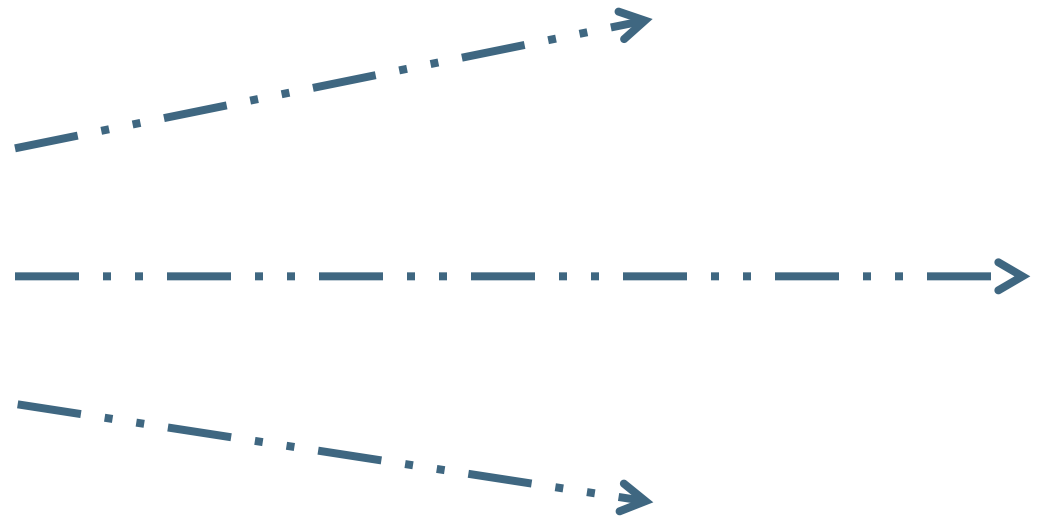
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Hunter College  
City University of New York

# Fort Washington Armory Men's Shelter, 1990s



# Transitions can result in discontinuity of support



multiple complex needs  
loss of supportive relationships  
fragmented community services



# **critical time** of transition?

- Often characterized by energy & renewed sense of hope
- Barriers to successful community integration can be identified and removed
- Opportunity to establish long-lasting connections to the community
- Clients and supporters may be open to trying new things

CTI aims to solidify supports as it spans the period of transition



CTI →



# Values

- Recovery
- Individualized
- Client-centered
- Harm reduction approach

# CTI differs from traditional case management



Time limited

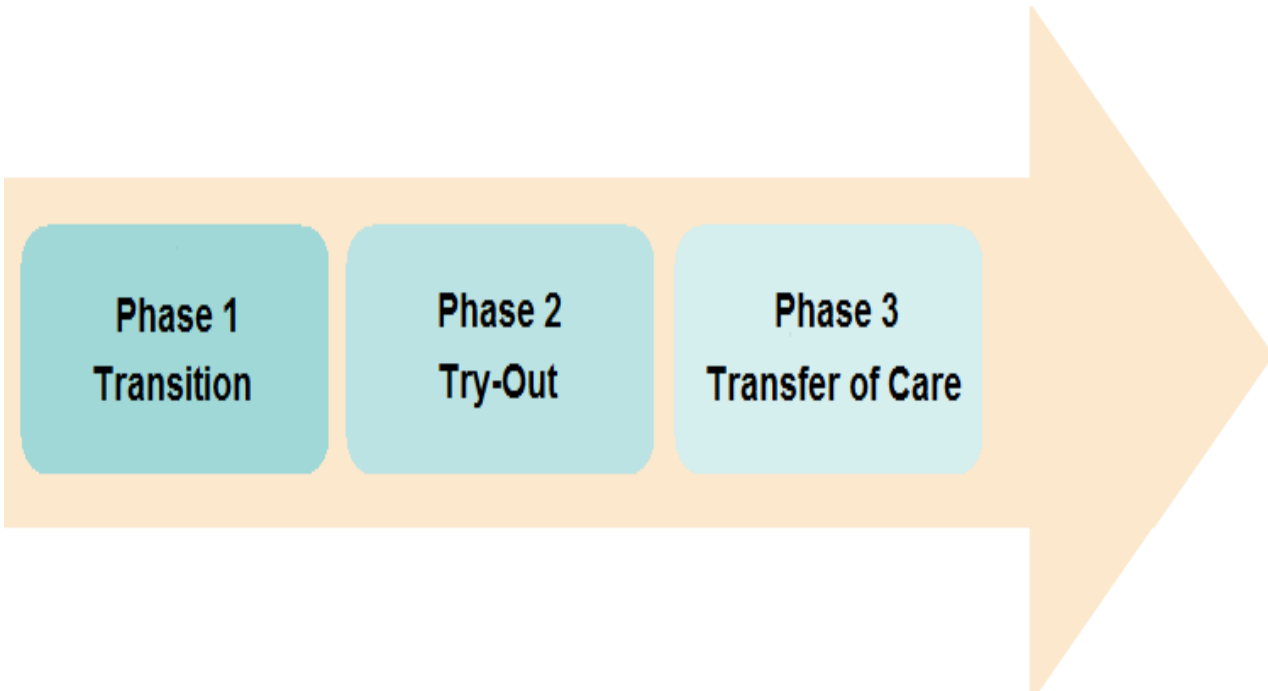


Focused



Phases





**Phase 1**  
**Transition**

**Phase 2**  
**Try-Out**

**Phase 3**  
**Transfer of Care**

# Phase One Transition

Implement transition plan  
while providing emotional  
support

- Home visits
- “Introduce” client to providers
- Meet with caregivers
- Substitute for caregivers when needed
- Help negotiate ground rules for relationships
- Mediate conflicts
- Assess potential of support system

Phase Two  
Try-Out

Facilitate and test consumer's  
problem-solving skills  
& capacity of the support  
system

- Monitor effectiveness of support system
- Modify as necessary
- Less frequent meetings
- Crisis intervention and troubleshooting

## Phase Three

### Transfer of Care

Terminate CTI services  
with support network  
safely in place

- Consultation but little direct service
- Ensure key caregivers meet and agree on long-term support system
- Formally recognize end of intervention and relationship

**Pre-CTI**

**Phase 1  
Transition**

**Phase 2  
Try-Out**

**Phase 3  
Transfer of Care**



Pre-CTI

Establish initial relationship  
before transition begins

# Focus areas are population-specific

- Finances
- Psychiatric treatment and medication management
- Substance misuse
- Family relationships
- Medical concerns
- Legal issues
- Other?

# Keep in mind....

- Intervention must be tied to a clear transition process
- CTI relies on existing services and supports
- Timing of movement through phases defined by program model NOT client readiness

# Strong evidence for effectiveness



## Top Tier Evidence



[HOME](#) [PROJECT OVERVIEW](#) [PROGRAMS REVIEWED](#) [SOLICITATION/REVIEW PROCESS](#) [EXPERT PANEL](#)





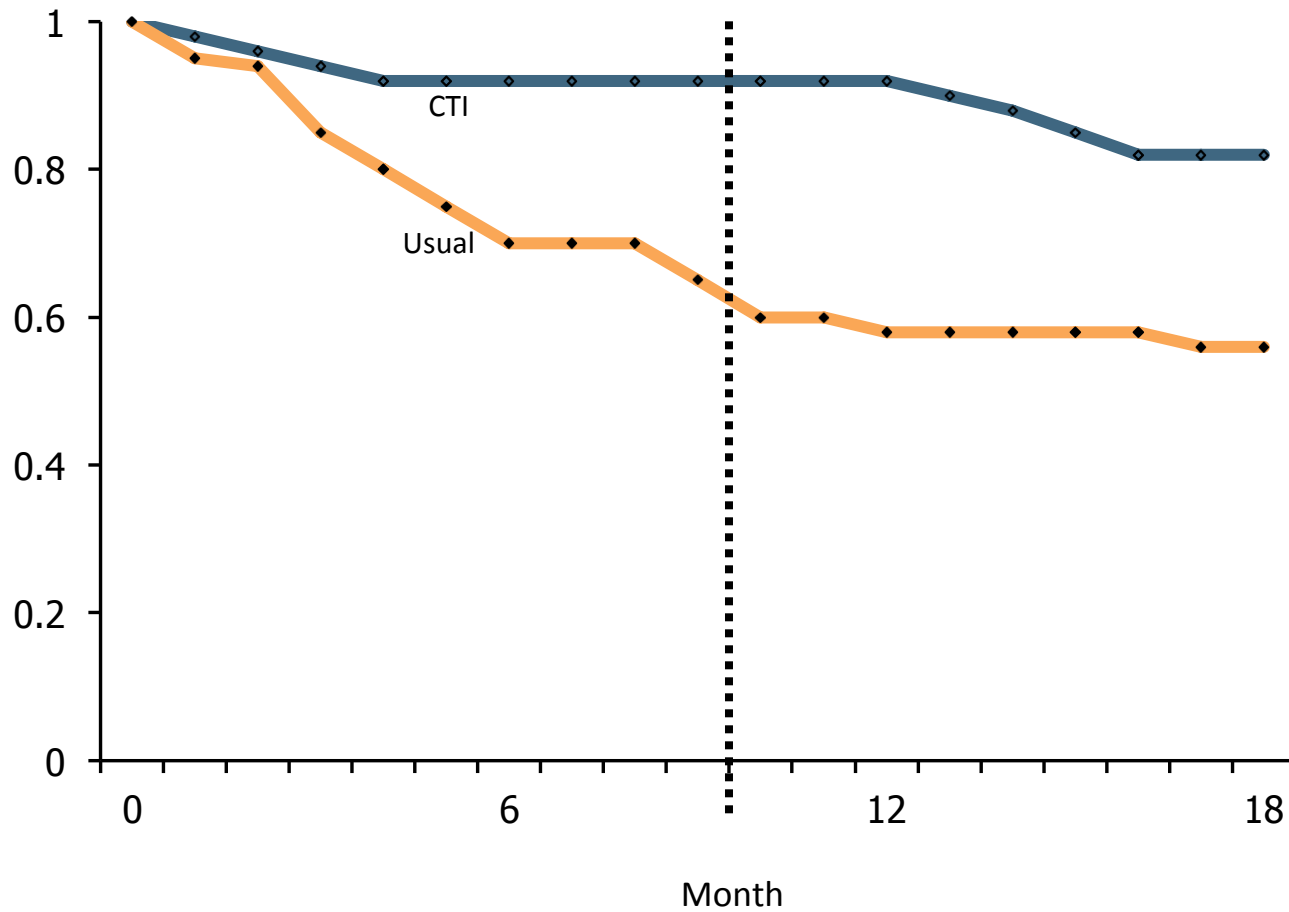
## Fort Washington Shelter Study (1997)

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- Randomized trial following shelter discharge
- 100 men with SMI
- Most with substance use problems
- 9-month intervention/18-month follow-up

	Nights Homeless (total)	Nights Homeless (average)
CTI	1415	30
Usual Services	4370	91

# Probability of retaining housing over 18 months





## CTI in the Transition from Hospital to Community (2011)

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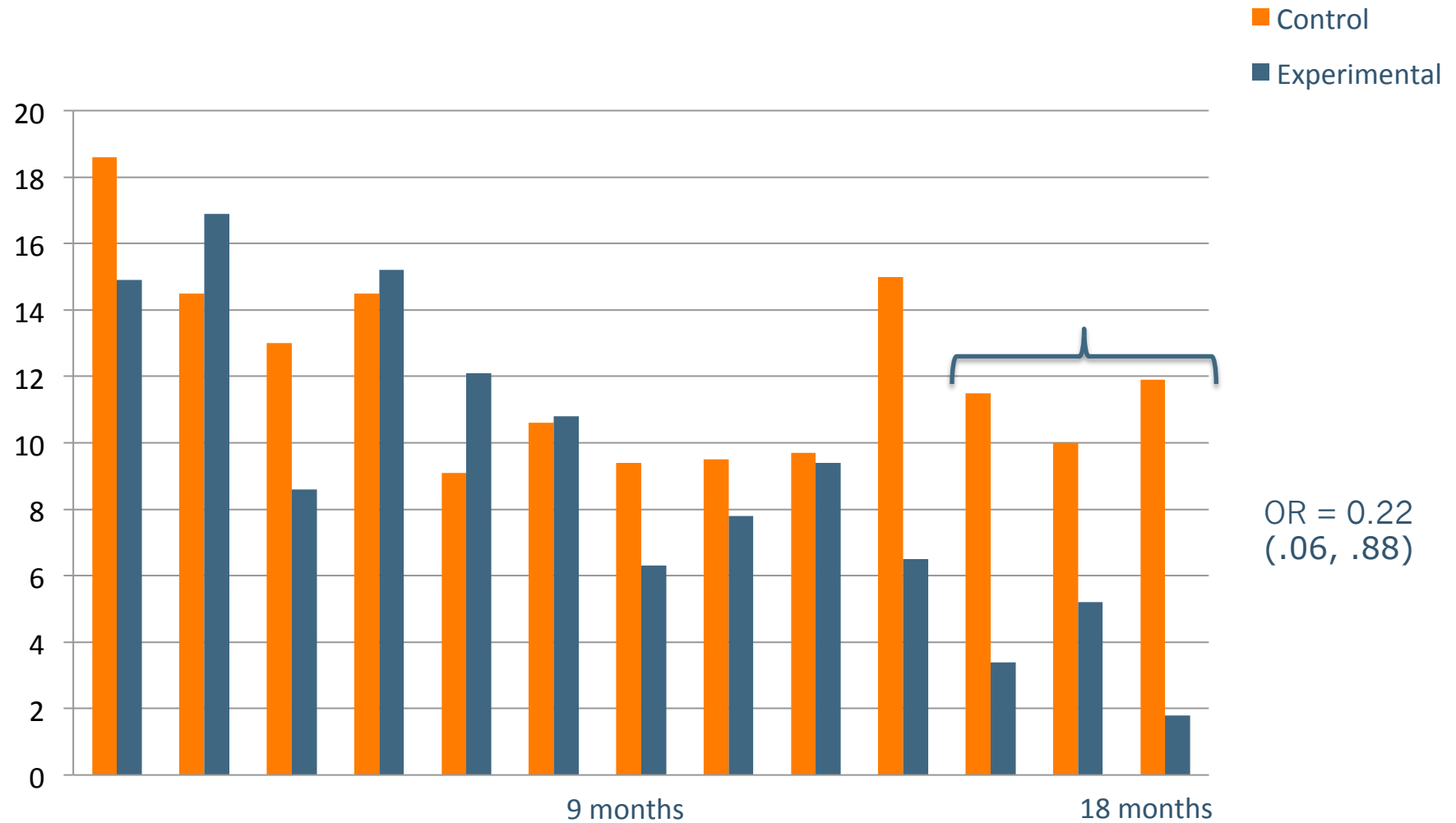
- Randomized trial following discharge
- 150 men and women with SMI
- Most with substance use problems
- 9-month intervention/18-month follow-up



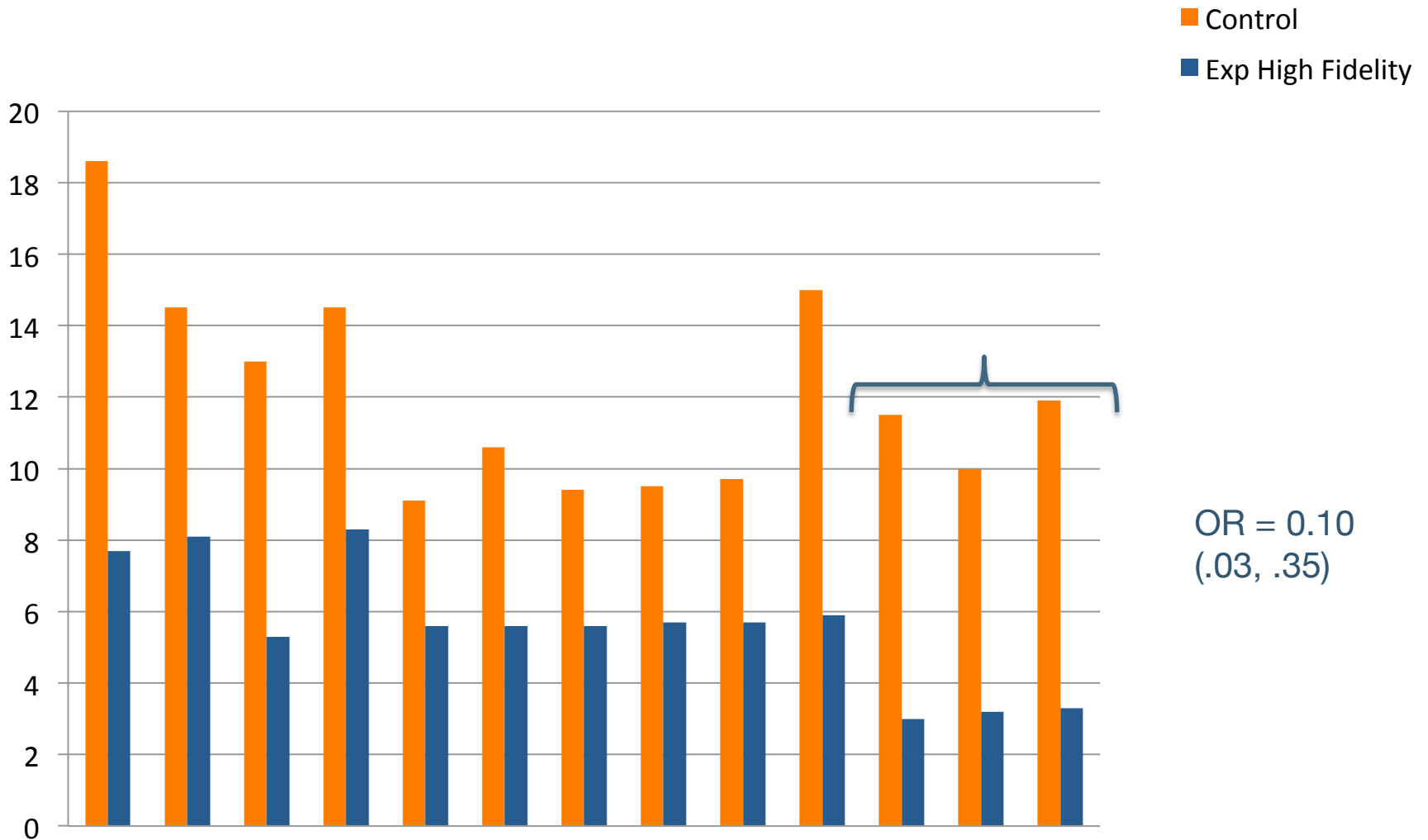
	Nights Homeless (total)	Nights Homeless (average)	Percent Homeless (endpoint)
CTI	1812	31	5
Usual Services	2403	41	19

Herman, D., et.al. (2011). A randomized trial of critical time intervention in persons with severe mental illness following institutional discharge. *Psychiatric Services*.

# Percent of subjects who were homeless over follow-up period



# Percent of subjects who were homeless over follow-up period (as treated)



	Nights Hospitalized (average)	Percent Hospitalized (endpoint)
CTI	81	18
Usual Services	107	27

Tomita, A., Herman, D. (2012) The impact of critical time intervention in reducing psychiatric rehospitalization after hospital discharge. *Psychiatric Services*, 63:935-937.

# Cost savings

Estimated cost per person for CTI over 9 months	Average cost saving per person over 18 months
\$6,290	\$24,000

2013 dollars, Coalition for Evidence-Based Policy, retrieved from [www.toptierevidence.org](http://www.toptierevidence.org), May 13, 2015

# Trials in progress

- Prison release-US & UK
- Homeless families/foster care
- CTI-TS (task shifting)—Latin America
- Domestic violence and other shelter users-Netherlands



Argentina  
Australia  
Brazil  
Canada  
Chile  
Denmark  
Netherlands  
South Africa  
United Kingdom



# Questions

- What is ideal duration of intervention for particular target populations?
- How are outcomes affected by differing community contexts?
- How to ensure model fidelity while permitting local adaptation?
- How does model interrelate with other service models (i.e. Housing First)?



# www.criticaltime.org


The screenshot shows the homepage of the Center for the Advancement of Critical Time Intervention. At the top left is the logo, a stylized 'i' inside a green circle, with the text 'Center for the Advancement of Critical Time Intervention' to its right. In the top right corner are social media icons for Facebook, Twitter, and YouTube. Below the header is a teal navigation bar with a home icon and the following menu items: ABOUT US, CTI MODEL, GLOBAL NETWORK, TRAINING & CONSULTATION, and NEWS. The main content area features a video player on the left with a play button, a progress bar at 02:21, and 'HD' and 'vimeo' labels. The video content shows a browser window with 'CriticalTime.org' in the address bar and a document icon. To the right of the video are three icons: a heart, a clock, and a paper plane. Further right is a dark blue text box with the headline: 'Critical Time Intervention helps vulnerable people during times of transition in their lives by strengthening their network of support in the community.' Below this is a link: 'Learn more about CTI >'. The video player also includes a heart icon, a clock icon, and a paper plane icon.

## Latest Network News

### NYC Launches Program for Persons Experiencing First Episode Psychosis

Named the New York City Supportive Transition and Recovery Team (NYC START), this CTI team, composed of social workers and peer specialists, will offer care coordination, psycho-education and support services to New York City residents, age 18 to 30, who have been psychiatrically hospitalized for the first time ever due to psychosis.

 Join the Global Network

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