



Promoting Wellness and Recovery

John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

Ohio Mental Health and Addiction Services

(OhioMHAS)



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in partnership with

**Community Mental Health Boards and
Community Provider Agencies**



Reaching out. Resolving crisis.

Cathleen Alexander, LISW-S
Integrated Care, Behavioral Health

CABHI Program



- **C Cooperative**
- **A Agreement (to)**
- **B Benefit**
- **H Homeless**
- **I Individuals**

**SAMHSA Grant: Cuyahoga, Franklin, Hamilton,
Lucas, Mahoning/Trumbull, Montgomery, Stark
and Summit Counties**

Critical Time Intervention



Evidence-based intervention model to assist individuals transitioning from “institutional” settings to community-based settings

CTI is an Evidence-Based Practice



- Critical Time Intervention (CTI) has been recognized as an Evidence-Based Practice by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the President's New Freedom Commission on Mental Health
- CTI is based on research of **Columbia University's** (Columbia Center for Homelessness Prevention Studies) work with the homeless individuals
- Point at which a person moves into new housing provides a critical opportunity to make changes

www.criticaltime.org

Background



- New federal directions (HEARTH & Federal Strategic Plan (FSP)).
- Evidence-Based Practices (EBPs)
 - Reduce length of time people spend in the crisis of homelessness
 - Rapidly exit them from homelessness and access permanent housing
 - Provide services in the home to achieve housing stability and prevent a return to homelessness
- Principles and practices of Housing First have been expanded to other homeless populations besides chronically homeless with success

Crucial Aspects of Critical Time Intervention



- Targeting (least likely to succeed)
- Access to Housing
- Recovery-focused Services
- Permanent Supported Housing
- Additional, Time-Limited Intervention
(in addition to, not instead of)

Greater Cincinnati Behavioral Health Services



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Greater Cincinnati Behavioral Health Services



- Community Mental Health Agency
- Founded in 1971
- Recent Merger with CRC and Lifepoint Solutions
- More than 500 employees
- Serves approximately 14,000 individuals per year
- Services offered:
 - Psychiatric
 - Case Management
 - Specialized Case Management (Homeless, Court)
 - Counseling
 - Vocational
 - Day Program
 - Residential
 - Substance Abuse Services since the merger



Bringing Together Key Stakeholders



- CABHI Project in Hamilton County started before the Coordinated Entry Process
- Support Letters were obtained by COC Housing Agencies for Shelter Plus Care Subsidies
- Two primary groups to bring together:
 - Behavioral Health System - Primarily coordinated through MHR SB
 - Continuum of Care - Coordination by Strategies to End Homelessness

Things That Went Well



- Support was obtained by COC and MHR SB and partner Agencies
- Written clarification of roles and responsibilities were completed for Each of the Partner Agencies
- Ongoing and regular meetings were held to promote ongoing communication and reinforcement of roles

Challenges We Faced



- The goals and outcomes of the Homeless System and Behavioral Health System are different
- Need for partners to be frequently reminded of each other's roles and responsibilities
- Working with AOD clients is new to us
- Coordinated entry began midway through our 2nd year

Role of PATH Team



- **Projects for Assistance in Transition from Homelessness (PATH)**
 - Staff Demographics/Specialized Populations
 - Role of Substance Abuse Specialist Outreach Worker
- **PATH Program Eligibility/Role in CABHI Project**
- **HMIS Homeless Documentation**
 - Homeless Certificates/Finding Chronic Population
- **7438 Unduplicated Homeless Individuals in Shelters/Streets (From PIT Count)—1188 living outside or place not meant for human habitation**
- **Over 50% of Homeless Individuals on the Street self report having Mental Illness**
 - **Top 4 Special Populations**
 - Mental Illness
 - Alcohol/Drug Abuse
 - Dual Disorders
 - Physical Disabilities

Things That Went Well



- **Largest Outreach Team in Hamilton County**
 - Strong partnerships with other providers in community
 - Other Outreach Providers, VA, Shelter
- **Involvement in CoC Workgroups to strengthen collaboration with providers**
- **Engaging and motivating difficult populations**
 - Relationships/Engagement Techniques
- **Part of both Homeless and Behavioral Health Systems**
 - Focus on most vulnerable
- **Support from our local HMIS**
 - Specialized reports to target specific population
 - Specialized reports to target longest episodes
 - Use of HMIS to coordinate resources

Challenges We Faced



- Transient Population/Residency Issues
- Volume of Individuals to find for Project
- Overlap of Different Outreach Workers/Programs
- Chronic Individuals harder to find with target population of MH, SA, and/or Dual Diagnosis
- Documentation of Chronic Status
 - New HUD Definitions/Documenting in local HMIS
 - Inconsistency between housing providers
- Lessons Learned
 - Other Outreach Providers as resource

CABHI Team, Goals, & Community Linkage



- Overview
- Team Make-Up
 - Original:
 - ✦ 2 Case Managers, SA Outreach Worker, Data Entry Specialist
 - Enhancement:
 - ✦ 2 CMs, 2 PT Peer Specialists, Vocational Specialist
- Outcomes
 - Year 1:
 - ✦ Projected housing goal: 40
 - ✦ Actual: 40 (95% remain housed, no evictions)
 - Year 2 projected housing goal: 85
 - Year 3 projected housing goal: 95

Things That Went Well



- Organization
- Liaisons for each community provider/housing partner
- 100% community oriented service
- Strong outreach
- Effective transition/linkage strategies
 - 100% of participants connect with ongoing supports

Challenges That We Faced



- Staff to client ratio, staffing changes
- Collaboration with participant's support network
- Programmatic development, including data tracking and records management with agency's existing structure
- Ongoing CTI education and defining roles with internal and external providers
- Lessons Learned:
 - The value of involving ongoing service providers and other community supports as early as possible in the process

Miami Valley Housing Opportunities



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Miami Valley Housing Opportunities



- Permanent Supportive Housing Provider
- Projects for Assistance in Transition from Homelessness (PATH)
- City Outreach (Dayton) and Returning Home Ohio Re-entry Housing
- Cooperative Agreement to Benefit Homeless Individuals (CABHI)
- Founded in 1991
- 42 employees
- Serves approximately 1,250 individuals per year
- Services offered:
 - Housing Rental Assistance
 - Property Management
 - Specialized Homeless Outreach Programs
 - Housing Stabilization – Critical Time Intervention



Selecting CABHI Participants



- CABHI Project in Montgomery County benefitted from the Front Door Process (aka: Coordinated Entry Process)
- Being a Front Door Assessment Provider was a positive – our successes
 - Selecting CABHI Critical Time Intervention eligible participants
 - Enrolling PATH, other outreach programs' clients, and Gateway Shelter clients in CTI
 - Accessing Permanent Supportive Housing subsidies locating housing/landlords



Selecting Participants: Things That Went Well



- Target appropriate participants: those with the most needs
- PATH/CABHI Director key role in Front Door
 - Specialized reports to target specific population
 - Specialized reports to target longest episodes
 - Use of HMIS to coordinate resources
- PATH Program staff assist with clients' transition to CABHI
- Whole homeless system works together to benefit the tenant
- CTI Specialist communicates, keeps it all together



Selecting Participants: Challenges We Faced



- Transient Target Population
- Chronic individuals difficult to find and engage
- Need for other providers to be frequently reminded of each other's Roles and Responsibilities
- Building relationship with Veterans Affairs homeless programs
- Later ... creating or having enough support (linkages) for tenants to keep things stable



Role of PATH Team



- **Projects for Assistance in Transition from Homelessness (PATH)**
 - Homeless Certifications/Finding Chronic Population
 - Key role in engagement and Pre-CTI Phase
 - Shared responsibilities between workers during transition
 - Both workers go to appointments, apartment viewings with the person
- **Front Door Assessment provides crucial background about the tenant**
 - These are done by PATH Director or Gateway shelter assessors
 - Front Door Assessments are requirements for PSH referrals
 - Provide information about their past/current issues, housing history, barriers, daily living activity, etc.
 - CTI Specialists use the assessment as a tool as they prepare for the engagement phase with the new tenant

Skill Sets for CTI Staff



- **Gift of engaging, down-to-earth, friendly**
 - Experience with services to homeless/formerly homeless – not intimidated
 - Search for personality type that is right for the work
 - Ability to assess situations quickly, provide interventions
 - Compassionate but decisive, a doer
- **Clinical knowledge is in the background**
 - Able to do life skills and basic social work
 - Have a peer specialist quality
- **Engaging and motivating a population with many needs**
 - Staff emphasize motivational interviewing and those skills
 - Staff do not need assessment skills (paperwork) but do need to find out tenant's goals
 - Be a coach with the end-goal in sight
- **Part of both Homeless and Behavioral Health Systems**
 - CTI Specialist must be assertive but not abrasive, in order to navigate through providers
 - Be professional with ability to work with other professionals
 - Ability to abide by boundaries with both tenants and professionals
- **Staff that live with harm reduction**
 - Tenant's sobriety is not our focus
 - Comfortable with serving tenants that are still using substances



Housing Stabilization Services



- Use tenancy type of language
 - Address person as tenant
 - Prioritize the lease as a guide for tenant's behavior – follow the lease
- Lessons Learned
 - View landlord as a partner
 - Document any phone calls or conversations of any kind that involve the landlord/tenant relationship
 - CTI Specialist should not have higher aspirations for the tenant than they do for themselves
- Supervision of CTI Team as a role of stepping in when CTI Specialist needs to address specific challenges
 - Utilize the CABHI Supervisor as coach for the team, especially to advise how to address communication and coordination with other providers/resource
 - Awareness of the inconsistencies between housing providers

Housing Stabilization Services



- **Phase One Engagement**
 - Are tenants bored? Have staff help them find purpose, a new routine, healthy socialization opportunities
 - Engage sufficiently with tenant in Phase One, while tenant must know that the program ends in one year
- **Tenant's Linkages to Other Supports**
 - CTI Specialist should invest completely but gradually monitor themselves as backing out of the tenant's life
 - One guiding principle is to prepare for the end of the program's services from the beginning of the relationship
 - Address who will assist the tenant once CTI Specialist withdraws
 - Hand off at the end: nervous that when we pull out at the end, their housing may be in jeopardy if other supports don't succeed or stay involved

Clinical Participation in Teamwork



- Clinical psychologist integral member of the CTI Team
 - Completes behavioral health and substance abuse/dependence assessments with PATH and CABHI clients
 - Part of the PATH team also, so she has familiarity with most CTI Tenants
 - Meets with whole CTI Team in weekly supervision
 - Assists team with addressing specific tenants' substance abuse and behavioral health problems



Challenges That We Faced



- Time-consuming aspects of obtaining benefits for tenants
 - If tenant loses benefits, housing may be in jeopardy
 - The value of involving a CABHI Benefits Specialist in the team
 - Benefits Specialist assists tenant with Job and Family Services issues, such as submitting applications, addressing sanctions, completing re-certifications
- Sample of Housing Stabilization Plan for a tenant
- Example of situation that CTI Specialist handles to assist with avoiding a lease violation



Questions



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