



# Annual Evaluation Report Downtown Women's Center Critical Time Intervention Project

Year 1  
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# Executive Summary

The Downtown Women's Center was awarded a grant from the Conrad N. Hilton Foundation and Fannie Mae to implement a Critical Time Intervention (CTI) Project. The project has been supported by the Corporation for Supportive Housing, Los Angeles Department of Mental Health, and Housing Innovations. To date the program has enrolled an ethnically diverse group of 29 participants who share a history of chronic homelessness.

- All participants meet the HUD definition for chronic homelessness; 74% spent a night on the streets within three months of program entry.
- Participants had a median age of 52 years but ranged in age from 22 to 69 years.
- 30% of participants ran away from home for more than a week at least once before the age of 17.
- 91% of participants experienced an overnight hospital stay for medical reasons; 48% did so for emotional reasons.
- 65% of participants have spent an overnight stay in a detention center or jail.

## Early Outcomes

As of March 2012, 23 women completed the full 9-month CTI program. Key preliminary outcomes taken from evaluation assessments as well as case notes include:

- 100% of participants remain stably housed.
- Participants did not spend any nights on the street, in a park/public place or in a shelter since CTI enrollment.

- 22% of participants saw changes in benefits and income; an additional 8% have pending SSI cases at the time of this report.
- 100% of participants are linked to mental health and/or physical health services.

## Evaluation Challenges and Responses

Preliminary outcomes suggest that CTI is having a positive impact on DWC clients. However, challenges with the evaluation system (confusing and incomplete protocols put in place by the previous evaluator; missed or incorrect assessments due to confusion about timing and instrumentation) limited the amount of information available for this report. Harder+Company worked in close collaboration with DWC staff and volunteers to improve the instruments for this study and to clarify and monitor administration schedule. This will ensure that richer data will be available for the next reporting period.

The evaluation team will be collecting qualitative data in the coming months (such as interviews with staff, volunteers, CTI trainers and participants) to help document the implementation of CTI at DWC, including capturing some of the unique aspects of this implementation.

## Next Steps

DWC has expanded enrollment for the CTI project to include female residents of the *Ford Hotel* (owned and operated by another housing provider) while awaiting the opening of *Jill's Place* (a second DWC site included in the original project proposal). This creates an interesting natural "experiment;" it will be important to compare findings from the two types of sites (owned and operated by DWC versus not owned and operated by DWC) as part of a rigorous evaluation. There may be important differences among the sites.

The construction delays that have impacted the opening of Jill's Place will limit the number of participants who have completed the 9-month CTI intervention. The evaluation team recommends extending the evaluation through December 2013 in order to include a minimum of 80 CTI participants in the final report for the project.

# Background and Purpose

The Downtown Women’s Center (DWC) was awarded a grant from the Conrad N. Hilton Foundation and Fannie Mae to implement a time-limited intensive case management model called critical time intervention (CTI) with 80 chronically homeless women. The project has been supported by the Corporation for Supportive Housing, Los Angeles Department of Mental Health, and Housing Innovations. CTI is a well-validated approach that has been shown to significantly increase the likelihood that chronically homeless individuals remain stably housed.<sup>1</sup> The purpose of this report is to document the progress of DWC’s CTI implementation to date, present preliminary evaluation findings, and to suggest options for moving forward with the evaluation in light of projected CTI enrollment.

## Participant Recruitment and Enrollment

At the onset of the CTI program, 26 new DWC residents were given the opportunity to apply for participation in program. In order to be eligible for the program, applicants had to meet the following criteria:

- Meet the HUD definition of chronic homelessness
- Mental health diagnosis (includes self-reported diagnoses)
- Case managers believe that applicant would benefit from the program<sup>2</sup>

Five women decided they did not want to participate in CTI<sup>3</sup> and did not apply. The remaining 21 women applied and met the eligibility criteria and were enrolled in March 2011. Additional clients were enrolled at move-in if they met the eligibility criteria and were willing to participate.

As of February 29, 2012, 29 women have been enrolled in CTI, and 23 of those 29 have completed the formal CTI program.

## CTI Enrollment Challenges and Developments

Due to construction delays, the planned enrollment of participants from DWC’s *Jill’s Place* in December 2011 was rescheduled to November 2012. Assuming that clients are enrolled in CTI upon move-in, most will not transition through the entire CTI process until August or September of 2013. Additional clients from a third site (the Ford Hotel) not included in the original project proposal will help offset some of the clients lost from the delays in opening *Jill’s Place*, but even including *Ford Hotel* CTI participants, the full complement of 80 clients will not have completed the program and evaluation cycle until late 2013. In addition, there are several fundamental differences



<sup>1</sup> Herman, D. et al. (2007). Critical Time Intervention: An Empirically Supported Model for Preventing Homelessness in High Risk Groups. *Journal of Primary Prevention* 28:295-312.

<sup>2</sup> The screening form used by staff to establish program eligibility can be found in appendix A.

<sup>3</sup> Most of the clients who did not enroll in CTI had a social support network, were working, and did not feel like they needed it at time of move-in. Thus program staff did not disqualify any potential participants.

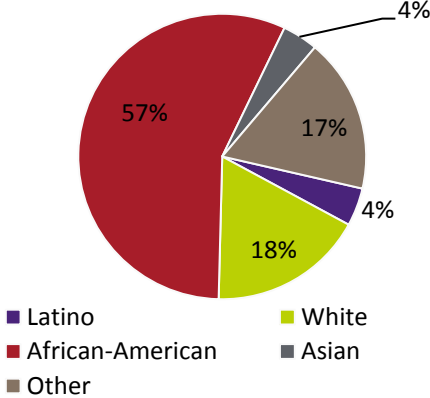
between the Ford Hotel (owned and operated by another housing provider) and DWC-run sites that will make it important to compare findings from the two types of sites as part of a rigorous evaluation.

**CTI Participant Characteristics**

CTI participants represent an ethnically diverse cross-section of women (see Figure 1) who share a history of chronic homelessness. Participants ranged in age from 22 to 69 years at program entry with a median age of 52 years. Nearly all participants (95%) achieved high school graduation (or the equivalent) and most (87%) were born in the United States (see Table 1).

Episodes of homelessness began early for nearly a third of the participants; 30% ran away from home for more than a week once before the age of 17. All participants have spent time on the streets, in a shelter or in a public place, and more than 65% have spent time in a detention center or jail (see Table 2 for a description of lifetime housing histories). Most clients reported their health as less than good at program entry and nearly 40% did not have medical insurance of any type (see Table 1).

**Figure 1. Race/Ethnicity (n=24)**



**CTI Program Services**

Once enrolled into the DWC CTI program, clients are assigned to a case manager who works with them throughout the duration of the program. During the first phase of CTI (months 1 through 3) clients meet their case managers up to five times a week. Case managers and clients work together to develop a housing stabilization plan. They establish three goals the client would like to accomplish in the next three months that closely align with their existing housing barriers and assign tasks for both clients and case managers toward accomplishing those goals.

<b>Table 1. Participant Characteristics at Enrollment (n=24)</b>	
High school graduate (or equivalent) or better	95.0%
Born in the United States	87.0%
In “good” physical health (self-rated)	43.5%
Do NOT have medical insurance.	39.1%
On probation or parole at enrollment	4.5%

For the first six months (phases one and two) of the CTI program, participants receive intensive case management from their CTI case manager, including:

- Service coordination (Locate appropriate service(s), set-up appointments, link clients to providers, accompany clients as needed)
- Money management (available onsite)
- Benefits counseling (available onsite)
- Transportation assistance
- One-on-one crisis management

Clients and CTI case managers update their housing stabilization plan every three months, determine progresses made toward previous goals, make adjustments as needed, and establish new goals for the next time period. DWC’s implementation of CTI is unique in that many services are available to women on-site. This includes a medical clinic, psychiatric services, benefits counseling, mental health services (one-on-one therapy and groups), enrichment activities (i.e. art classes, social outings, etc.), educational and vocational services, health and wellness activities (i.e. physical

activity classes, nutrition education and counseling, etc.), and access to 3 meals per day. Since many of the participants had a chronic history of homelessness, they have received services from other members in the community. In these cases, CTI case managers were able to collaborate with existing service providers to streamline services received off-site.

**Table 2. Lifetime Housing History (n=24)**

<i>Participants who have ever experienced an overnight stay....</i>	
On the streets, in a park, in a public place and/or a shelter	100.0%
In a hospital for medical reasons	91.3%
In a detention center or jail	65.2%
In a hospital for emotional reasons	47.8%
In a program for drug and/or alcohol treatment	26.1%

## Evaluation

The evaluation of this project transitioned to Harder+Company Community Research in October 2011. CTI was well underway at this point, and volunteers were collecting data using protocols provided by the previous evaluators. There were some problems with these protocols that made them difficult to implement; as a result, some clients’ three- and six-month evaluation assessments were missed or conducted incorrectly. Harder+Company and DWC staff and volunteers have worked together to respond to these challenges (described in Table 3) and move the evaluation forward. Appendix B contains a summary of all current evaluation components by assessment period.

**Table 3. Evaluation Challenges and Responses**

*Challenge: Missed assessments*

- Client’s assessment points were missed or not conducted in a timely fashion.

*Response: Active collaboration*

- DWC Program staff, volunteers and evaluators have formed a close collaborative working relationship. DWC staff and volunteers now have multiple points of contact to clarify questions and the evaluation team helps program staff monitor evaluation ensuring timely, complete and accurate assessments.

*Challenge: Confusing and incomplete protocols*

- Interview protocols provided by the previous evaluation team were confusing and difficult to follow. In some cases volunteers administered a protocol that was not appropriate for the assessment period (for example, multiple baselines rather than a baseline and 3 month follow up). Key outcome indicators such as housing, use of psychiatric services, and access to public benefits were also not consistently collected at all time periods.

*Response: Reformat and realign protocols*

- Evaluation and program staff collaborated to reformat and streamline protocols resulting in more efficient assessments for volunteers and participants. Protocols were reviewed to ensure key progress and outcome variables are included at appropriate assessment points.

*Challenge: Inappropriate baseline reference points*

- The protocols supplied to volunteers by the previous evaluation team were adapted from another CTI study that enrolled clients directly from a hospital setting. As a result, the protocols had “time of last hospitalization” as a reference point for baseline assessment; this reference point is not applicable for clients entering CTI at DWC.

*Response: Remove inappropriate reference points*

- Baseline reference points are now “in the 3 months before beginning CTI,” a more appropriate time interval for this intervention.

As of March 2012, the following evaluation data was available for analysis:

Baseline	3 Month	6 Month	9 Month
24	0	3	10

## Preliminary Outcomes

To date 23 women have completed the full 9 month CTI process and the evaluation assessments to varied degrees. However, the gaps and inconsistencies in protocols<sup>4</sup> made data from those tools of little utility at this time. In order to provide a preliminary look at program outcomes, Harder+Company worked closely with CTI staff at DWC to compile data from case plans and case notes. We examined three types of outcomes: Housing stability, linkages to services and supports, and progress toward participant goals.

### Housing Stability

One of the target outcomes of CTI is housing stability. Preliminary outcomes in this area are very promising -- 100% of women enrolled in the first wave of CTI remain stably housed at the time of this report. In comparison only 8.7% of these same women were considered stably housed 3 months prior to enrollment. CTI participants did not spend any nights on the streets, in a park, or other public place since program enrollment; however nearly 74% had spent a night on the street in the 3months before starting the program (see Table 5).

<i>CTI clients with an overnight stay....</i>	<b>3 Months Prior to Enrollment</b>	<b>Since Enrollment</b>
At a house, room, apartment or other private housing.	21.7%	0.0%
In a housing program.	8.7%	100.0%
In a detention center or jail.	0.0%	0.0%
On the streets, in a park, in a public place or a shelter.	73.9%	0.0%
In a hospital for medical or emotional reasons.	0.0%	8.3%
In an overnight program for drug and alcohol.	0.0%	0.0%
In a crisis or respite residence.	0.0%	4.2%

<sup>4</sup> These gaps and inconsistencies were the result of protocols provided by the previous evaluation team. The protocols were formatted in a manner consistent with administration by professional researchers but not intuitive to volunteers who conducted the bulk of data collection.



## Linkage to Services & Supports

One of the primary activities of CTI caseworkers is linking participants to services and supports that will allow them to remain stably housed, access benefits, and receive ongoing services. Outcomes of linkages to service and supports were identified using a combination of caseworker notes and participant self-report. Highlights by information source include:

### *Case Notes*

- Five women saw changes in their public benefits and income. Four of these women discontinued their General Relief assistance and began receiving Supplemental Security Income (SSI). One participant changed her place of employment and worked fewer hours. Two additional women had pending SSI cases at the time of this report.
- According to case manager notes, all 23 women were linked to mental health and/or physical health services and providers.

### *Self-Reported Assessments*

- At the time of the 9-month interview, all ten clients who completed the assessment had a case manager, seven had a psychiatrist, and five of ten clients had a therapist or counselor.
- Nine of these ten clients had a primary care doctor at the time of the interview.
- When asked how often their mental health treatment was well-coordinated, the clients' responses were mixed. Three of eight women responded "often" or "always," while four women said "sometimes." One client indicated her mental health treatment was "never" well-coordinated.

**Participant Goals and Outcomes**

Participants come to CTI with goals of their own. This includes housing stability, reconnecting with family and friends, gaining skills and education and becoming physically and mentally well. As part of the year one report, we examined the goals set by 19 year-1 CTI participants (see Table 6).

Participants met 67% of goals they set in year one. The highest rates of success were related to housing stability (100% met), financial stability, and obtaining health/mental health care (both at 80% met). This is not surprising given the focus of CTI and the resources available at DWC and in the community. It is noteworthy that three out of four clients with goals of reestablishing connections with family and friends met those goals. Family and friends are important supports that serve as protective factors against returns to homelessness.

**Table 6. Participants’ Personal Goals & Outcomes (n=19)**

Goal Area	Number Goals Set	Number Goals Met
<b>Housing Stability</b> – <i>Obtain DWC housing, Obtain in-home housing support</i>	6	6
<b>Financial Stability</b> – <i>Apply to SSI, Obtain GR, Find a job</i>	10	8
<b>Health and Mental Health</b> – <i>Obtain cancer treatment, Participate in MH groups, Stabilize on medication</i>	15	12
<b>Substance Use</b> – <i>Stop smoking, Enroll in substance abuse program</i>	3	1
<b>Family/Friends</b> – <i>Support daughter with child care, Engage other residents in conversation, Reach out to family</i>	4	3
<b>Life Skills/Education</b> – <i>Obtain training, obtain GED</i>	13	4
<b>Total :</b>	51	34 (67%)

Participants experienced relatively less success in meeting longer term goals such as ending substance abuse (33%) or completing education/training (31%). It will be important to follow up with these clients in the future to better understand whether they ultimately succeed in meeting these goals. There simply may have not been enough time for these goals to be accomplished in the 9 month CTI period; however important ties may have been established that will ultimately lead to successful completion.

# Conclusions and Next Steps

DWC's implementation of CTI is moving forward and preliminary evaluation findings suggest the intervention is creating meaningful outcomes in the arenas of housing stability and linkages to services. To date 100% of women who have completed CTI remain stably housed, the primary outcome for this work. Participants are also meeting some of their own goals and making important strides towards long-term sufficiency by reconnecting with family and friends, gaining benefits to which they are entitled, and securing ongoing medical and psychiatric care that has reduced use of emergency rooms.



In the coming year the evaluation team will continue to analyze data from the revamped evaluation instruments which will offer a more complete picture of participant progress. We will also conduct focus groups and/or interviews with clients and staff to document the implementation and outcomes of CTI.

## CTI Enrollment Challenges and Developments

Evaluation data is inextricably linked to program enrollment. Due to construction delays, the planned enrollment of participants from DWC's *Jill's Place* in December 2011 was rescheduled to November 2012. Assuming that clients are enrolled in CTI upon move-in, most will not transition through the entire CTI process until August or September of 2013. However, the evaluation is currently scheduled to be completed by December 2012. Additional clients from a third site (the *Ford Hotel*) not included in the original project proposal will help offset some of the clients lost from the delays in opening *Jill's Place*, but even including *Ford Hotel* CTI participants, the full complement of 80 clients will not have completed the program and evaluation cycle until late 2013. In addition, there are several fundamental differences between the *Ford Hotel* (owned and operated by another housing provider) and DWC-run sites that will make it important to compare findings from the two types of sites as part of a rigorous evaluation. These analyses will be more robust and representative of the impacts of CTI and housing provider with larger sample sizes.



# Appendix A

## Critical Time Intervention (CTI)

### Criteria needed for referral

CTI is a model that has been proven to be a successful and cost-effective intervention aimed at helping chronically homeless individuals with chronic mental or physical health issues who are transitioning back into the community from institutional settings, such as jails, hospitals, and shelters. The primary goal of CTI is to prevent recurrent homelessness and to provide stability to the chronically homeless. One way this can be prevented is by linking the client to housing and community resources through intensive case management support. Over the three phases of CTI, the client and the case manager will develop a trusting relationship, and the case manager will help the client develop skills, set short- and long-term goals.

The CTI model is time-limited; the model lasts an average of 9 months, not including the Pre-CTI phase. The model involves three, discreet, 3-month phases of working closely with a client, with case management involvement peaking initially, and then decreasing in intensity. Potential CTI clients must have an established history of homelessness and at least one of the issues listed below that prevents them from transitioning back into the community with ease. Once the information been captured, please contact DWC CTI Case Manager Twyla Louis (213) 680-0600 ext. 2872 or (213) 680-0844 (fax).

### Checklist for DMH Clinician:

Client Name: \_\_\_\_\_

Housed at Ford Hotel on \_\_\_\_\_

1. How long has this client been homeless? \_\_\_\_\_
2. Recent hospitalizations (medical or psychiatric) \_\_\_\_\_
3. Mental health issues? Diagnosis, if known \_\_\_\_\_
4. Is the client seeing a mental health provider? If so, who? \_\_\_\_\_
5. Chronic medical issues? Describe \_\_\_\_\_
6. Support System? (Family or Friends) \_\_\_\_\_
7. Receives services from other community providers? \_\_\_\_\_
8. Recently incarcerated? Violent offense? \_\_\_\_\_

# Appendix B

## Summary of Revised CTI Evaluation Components by Assessment Period

Evaluation Component	Measures/Indicators	Timing			
		Baseline	Month 3 Transition	Month 6 Try-Out	Month 9 Transfer of Care
<b>Profile</b>	Demographic Information	√			
	Childhood Experience	√			
	Institutional History	√			
	Physical Health	√			
	Attitudes (HIV)	√			
<b>Housing Outcomes</b>	Housing Options Calendar		√	√	√
	Recent Residence	√	√	√	√
<b>Income &amp; Benefits</b>	Recent Income (includes questions about change in income)	√	√	√	√
<b>Behavioral Change</b>	Medication Module	√	√	√	√
	Alcohol Use	√	√	√	√
	Drug Use	√	√	√	√
<b>Psychological Stability</b>	Psychiatric & Medical Services (brief)	√			√
	Psychiatric Services		√	√	
	Brief Symptoms Inventory (psychological distress)	√			√
<b>Service Linkage</b>	Medical Services		√	√	√
	Continuity of Care while Homeless		√	√	√
	Linkage Continuity after Discharge from Hospital		√	√	√
	Other Miscellaneous Service Use		√	√	√
	Accessibility Module (emotional supports)		√	√	
	Legal and/or Safety Issues		√	√	√
	WARE - Continuity of Care in MH Services (Coordination & Flexibility)				√
	Macarthur Mandated Community Treatment Survey				√
<b>Quality of Life</b>	Quality of Life (Family, Social Relations, Daily Activities & Functioning)	√			√
	Good Life Questionnaire				√