

Title	Critical Time Intervention Multisite Evaluation (“CTIME”)
Funder	Arnold Ventures
Organization	University of Chicago Health Lab
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Partners	Heartland Alliance Health, Region 8 Mental Health Services, Parham Group, and the Center for the Advancement of CTI
Sites	Chicago, IL and Lincoln County*, MS

Background: Critical Time Intervention Multisite Evaluation (“CTIME”) is a 6-year scaled replication study of the seminal CTI research undertaken by Susser et al. (1997) and Herman et al. (2011). CTIME aims to understand the impact of CTI services on people with serious mental issues (SMI) transitioning into housing or out of psychiatric hospitalization. CTIME is part of Arnold Ventures’ “Moving the Needle” initiative to build the body of social programs rigorously shown to produce sizable, sustained effects on important life outcomes.



Intervention: CTIME is a multisite randomized control trial (RCT) that aims to answer one critical question at each site:

- **Chicago:** What impact does the offer of enrollment in CTI services have on the number of nights spent homeless in a 24-month follow-up period following placement in housing?
- **Lincoln County:** What impact does the offer of enrollment in CTI services have on the number of psychiatric rehospitalizations in a 24-month follow-up period following release from the CSU?

CTI Program: The CTI services include 9-months of care coordination with decreasing intensity as an addition to existing services and linkages available at each participating site.

Settings: CTI’s intensive, time-limited services will fill service gaps at critical points in: Chicago’s Continuum of Care (CoC) and Lincoln County’s Crisis Stabilization Unit (CSU).

Eligibility: Participants are adults with SMI (based on assessments or diagnosis) who are experiencing homelessness or being discharged from the CSU.

Recruitment: CTI participants who consent into the study will be recruited when matched or moved into housing in Chicago’s CoC and discharge from Lincoln County’s CSU. Each site’s current estimate of the minimum sample size necessary to detect an average treatment effects are as follows: Chicago (N = 400) and Lincoln County (N = 300).

Outcomes: Targeted primary outcomes will focus on reductions in:

- The number of nights spent homeless (*Chicago*)
- The rate of psychiatric hospitalizations (*Lincoln County*)

* “Lincoln County” is a group of 5 rural counties (Lincoln, Copiah, Simpson, Rankin, and Madison) served by Region 8 Mental Health Services.