THE UNIVERSITY OF CHICAGO
HEALTH LAB
Urban Labs

Critical Time Intervention Multisite Evaluation (CTIME)

The Challenge

People with complex needs—a population that disproportionately experiences serious mental illness (SMI) and housing instability—face considerable barriers to accessing holistic services that can both help resolve short-term crises and address social determinants of health including access to housing. Without these services, this group often does not have their underlying vulnerabilities addressed. In addition, services are fragmented across social sectors that have limited ability to collaborate, often resulting in service gaps at critical points of transition. Different programs' eligibility requirements create enrollment odysseys that would be challenging for the most fortunate among us to navigate, much less a person in crisis. As a result, many people with complex needs end up cycling between emergency shelters, psychiatric facilities, hospitals, and jails that—often at best only—attend to acute needs while underlying vulnerabilities largely or completely go unaddressed. This cycling continues at great personal and societal cost, in some cases over decades. Resources exist in every community that, if leveraged, could help meet immediate and long-term needs. Such services face chronic underinvestment related to a lack of evidence of their beneficial multi-sector impacts.

The Opportunity

Critical Time Intervention (CTI) has been shown to reduce the likelihood of homelessness (Susser et al., 1997) and psychiatric hospitalizations (Herman et al., 2011) among people experiencing homelessness with SMI. Original CTI studies were done on small scales and in New York City.

Critical Time Intervention Multisite Evaluation (CTIME) is a scaled replication of these original studies and a randomized controlled trial (RCT) that seeks to answer if the original findings can be replicated for people with SMI experiencing homelessness or housing instability at scale in two distinct locations: Chicago (America's third largest city with a population of 2.7 million) and rural Mississippi (a collective of five counties—Madison, Copiah, Rankin, Lincoln, and Simpson counties—with a population of 350,000).

Service providers at both sites have identified CTI's intensive, time-limited care coordination services to fill service gaps at a critical point of transition for people with SMI experiencing homelessness or housing instability:

- Chicago implements CTI within the homeless services sector at the point clients transition from homelessness to housing with the primary goal of reducing the number of nights spent homeless over a two-year follow-up period.
- Mississippi implements CTI within the mental health system at the point patients either experiencing homelessness or housing instability discharge from a crisis stabilization unit (CSU) with the goal of reducing the number of returns to a CSU or state psychiatric hospital over a two-year follow-up period.

CTIME findings will be an important contribution to a limited existing literature on how to effectively serve populations with complex behavioral health needs who lack access to housing. While a growing body of research evaluates applications of CTI in a variety of settings, most still largely focus on applications with smaller samples. Multisite evaluations—particularly those that monitor the fidelity of program implementation—have unique credibility with many research and policy audiences. Compared to single-site studies, multisite evaluations increase confidence that observed impacts can be attributed to the intervention itself and that program elements are robust to local contextual factors. When evaluated in two very different settings (e.g., urban and rural,

state with Medicaid expansion and a state without it, etc.), a multisite study will provide policymakers with compelling evidence about where and for whom CTI should be scaled for the best results. The explicit comparison of CTI to existing "business as usual" models could also help make the case for federal funding of services through vehicles such as Medicaid waivers.

CTIME is a seven-year study that is expected to conclude in 2028. Recruitment is expected to end in late 2025, followed with a two-year outcome follow-up period. CTI services will conclude in 2026. Findings will be disseminated in 2028.

About Health Lab

The University of Chicago Health Lab works closely with government and nonprofit partners to identify, rigorously evaluate, and help scale programs and policies that improve health outcomes, particularly for low-income urban residents. Health Lab's housing portfolio is focused on improving housing and health outcomes for people with complex needs, particularly those who experience chronic homelessness, a designation that requires both an extended experience of homelessness and a disability. Through the *Road Map Initiative*, Health Lab merged and analyzed data across different sectors to learn more about people who cycle at high rates between homeless services, Cook County Jail, and hospitals in Chicago with the goal of understanding targeted interventions among service providers that could better support this population.