

# A "critical time" intervention reduced homelessness in inner-city men

Susser E, Valencia E, Conover S, et al. **Preventing recurrent homelessness among mentally ill men: a "critical time" intervention after discharge from a shelter.** *Am J Public Health.* 1997 Feb;87:256-62.

## Objective

To evaluate a "critical time" intervention for the prevention of recurrent homelessness in inner-city men.

## Design

18-month randomised controlled trial.

## Setting

Community-based study in New York City, USA.

## Patients

96 men (60%  $\geq$  35 y, 74% black) who were discharged to community housing from an on-site psychiatry program in a New York City men's shelter. All patients had mental illness, such as schizophrenia or bipolar psychoses. Housing options ranged from intensively supervised community residences to single-room-occupancy hotels with on-site social services. Follow-up was 98%.

## Intervention

Patients selected their housing placement and were allocated to a critical time intervention (CTI) ( $n = 48$ ) or to usual services only (USO) ( $n = 48$ ). The CTI involved the patient having the support of a CTI worker who was experienced in working with homeless persons and who facilitated the transfer of care from the shelter to other caregivers in the community. Particular areas of focus were medication adherence and money management. The CTI was implemented for 9 months followed by 9 months of USO.

## Main outcome measure

Number of homeless nights. These data were obtained during monthly face-to-face interviews.

## Main results

During the 18-month follow-up, patients assigned to the CTI had fewer

homeless nights than patients who received USO (1415 vs 4370 homeless nights). The mean number of homeless nights was 30 in the CTI group and 91 in the USO group (95% CI for the 61 night difference 19 to 105,  $P = 0.003$ ). Homelessness lasting  $> 54$  nights occurred in 21% of patients receiving the CTI compared with 40% of patients receiving USO ( $P = 0.045$ ) (Table).

## Conclusion

A critical time intervention that fostered long-term support in the community reduced homelessness in inner-city men with psychiatric problems who were discharged from a shelter institution.

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## "Critical time" intervention (CTI) vs usual services only (USO)\*

Outcome at 18 months	CTI EER	USO CER	RRR (95% CI)	ARR  EER - CER	NNT (CI)
$> 54$ homeless nights	21%	40%	47% (1 to 73)	19%	5 (3 to 259)

\*Abbreviations defined in Glossary; RRR, ARR, NNT, and CI calculated from data in article.

## Commentary

Like haiku, this trial by Susser and colleagues is notable for its carefully calculated simplicity. An important question has been clearly formulated: Can recurrent homelessness be prevented? A plausible and feasible intervention has been developed. The intervention has been standardised and consistently applied. Outcome measures have been restricted to a simple count of nights spent homeless. An outstanding follow-up rate has been achieved, and the data collected has been correctly and concisely analysed. It is clear that CTI definitely reduces homelessness in patients discharged from the Psychiatry Shelter Program at the Washington Heights Armory Municipal Shelter. This is a positive outcome that much more in-

tensive interventions have consistently failed to achieve (1, 2).

The study as presented has certain omissions: The method of randomisation is not specified, and it is unclear how much time patients spent in hospitals or prisons. The main limitation, however, concerns generalisability. The Psychiatry Shelter Program is an intensive on-site psychiatric rehabilitation program in a large inner-city shelter. Graduates of the program differ from other homeless mentally ill persons because they have received optimal psychiatric treatment and have shown compliant behaviour and residential stability by remaining in the program for an average of 5 months. It remains unclear how effective the intervention will be for less highly selected populations.

Nonetheless, we have witnessed a rare event in community psychiatry—a new idea that works (for some). Further research will establish whether this new idea is a really good idea in other settings.

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## References

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