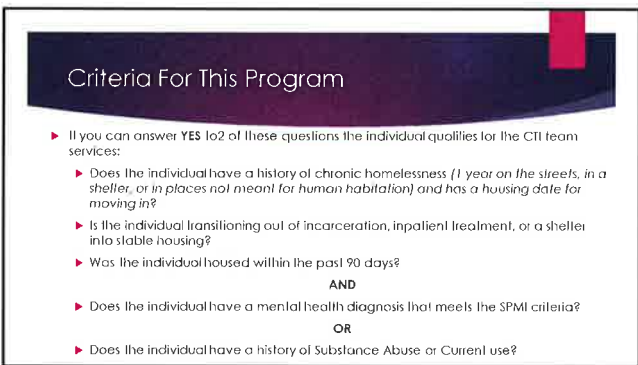




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3

What Is Critical Time Intervention (CTI)?

- ▶ Community Based
- ▶ Time Limited – 3 phases/ 9 months
- ▶ Empirically supported (proven to reduce recurrent homelessness)
- ▶ Case Management model
- ▶ Designed to help vulnerable people through a critical transition in their lives
- ▶ Strengthens long term support networks and community integration
- ▶ Highly focused – aiming primarily to help clients avoid homelessness.

4

What Makes Our Program Different?

- ▶ Unique collaboration between Liberly Resource and MC Collaborative
 - ▶ Offer peer supports in addition to case management services
- ▶ Work with an individual for 9 months in 3 Phases -
 - ▶ Phase 1 – Transition
 - ▶ Phase 2 – Try-out
 - ▶ Phase 3 – Transfer of Care
- ▶ We offer limited Crisis housing that won't jeopardize housing vouchers



5

Role of CTI Specialist

- ▶ Provide hands on care management of services per the program guidelines and the client's phase plan.
- ▶ Provide person centered services
- ▶ Utilize Housing First, Motivational Interviewing and Trauma Informed Care approaches
- ▶ Meet clients in the community
- ▶ Make formal and informal referrals based on client need
- ▶ Identify community supports and strengthen formal and natural community supports and facilitate treatment team meetings
- ▶ Create alternative pathways to care for those who can't access services through traditional structures

6

What is the Role of Peer Specialist?

- ▶ Peer support specialists are people who have been successful in the recovery process who help others experiencing similar situations.
- ▶ Through shared understanding, respect, and mutual empowerment, peer support specialists help people become and stay engaged in the recovery process and reduce the likelihood of relapse or re-occurrence.
- ▶ Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.
- ▶ Engagement in peer services is able to support an individual's recovery goals through various strategies such as building hope, strategic self-disclosure or sharing, shared understanding, positive affirmation, normalization, de-stigmatization, relationship building, individual support and validation and linkage to valuable community resources.

7

Some of the Things this CTI Team has Helped Clients with ...

Examples of services:

- ▶ Obtain Medicaid
- ▶ Apply and/or maintain TA/SHAP benefits
- ▶ Link/refer to formal supports (MH, SUD, HHCM, Medical)
- ▶ Link/refer to informal supports
- ▶ Link/refer to Peer Services
- ▶ Help advocate for housing
- ▶ Link to supports in the surrounding area (grocery store, banks, etc.)
- ▶ Assist with monthly budgeting
- ▶ Assist with individual paying rent
- ▶ Advocate with housing providers
- ▶ Work in collaboration with current supports
- ▶ Assisted with court and legal issues

8

Contact Information:

Send referrals to:

OMH: Cheri Reed- Wall, MSL
 Email: cherireed.wall@omh.nj.gov
 Phone: 585.753.2879

MC Collaborative: Christine McKinley, MS MHC
 Email: christine.mckinley@mc.collab.org
 Phone: 585.802.3561

Liberty Resources: Brell A. Henry
 Email: brell@libertyresources.org
 Phone: 585.690.9572

9



10



**Now
Accepting
New
Referrals!**



Homeless Partnership

Eligibility Criteria

- Individual is transitioning out of incarceration, inpatient treatment, or a shelter into stable housing.
- Individual has a history of substance abuse or current use.
- Individual has a severe and persistent mental illness.

Send Referrals to: SAMHSAReferrals@monroecounty.gov

1

Critical Time Intervention

- Help clients establish goals to maintain housing
- Assist with: Employment, psychiatric treatment, benefits/money, natural supports, medical care and legal issues

2

Peer Engagement

- Peer support for substance use and/or mental health
- Recovery oriented
- Help clients attend meeting (AA, NA, etc.)
- And more!!



Critical Time Intervention (CTI) Referral

CCSI Homeless Partnership

Please Email Referrals to: SAMHSAReferrals@monroecounty.gov

Contact Info

Name of Person Completing this Form

Agency Name

Date

Client First Name

Client Last Name

Date of Birth

Client SSN/CIN

Address/Location where Client is staying

Phone Number

Referral Source Signature

Date

Client Signature

Date

Any Additional Important Information/Notes:
Click or tap here to enter text.



MC COLLABORATIVE
PO Box 18030
Rochester, NY 14618

Andy Carey
585.802.3816
Acarey@mccollaborative.org
Chris McKinley
585.802.3561
cmckinley@mccollaborative.org

Authorization for Release of Medical, Dental, and/or Behavioral Health Information
(Please print clearly and ensure that all numbered boxes on this form are completed.)

1. Name: _____ DOB: _____
Address: _____
Phone Number: _____

2. **Select all of the following types of Authorizations that apply:** *Psychiatric and alcohol/drug treatment records are not included in this authorization unless you complete the following section giving specific permission to do so.*
- Medical/ surgical/ dental information
 - Psychiatric Information
 - Alcohol/ Drug Abuse information (the form "prohibition on Redisclosure of Information Concerning Alcoholism/Drug Abuse Patient" (TRS-1) from NYS, OASAS, will be stapled to this information)

3. **This authorization allows MC Collaborative to:**

- Release copies of your record to (or discuss your information with) the Provider/Person/ Facility below.

Name of Provider/Person/Facility:

Address:

Phone:

Fax:

AND/OR

- Obtain copies of your records to (or discuss your information with) the Provider/Person/ Facility below.

Name of Provider/Person/Facility:

Address:

Phone

Fax:

4. **Purpose and Need for Release:**

- Treatment
- Legal
- Insurance Coverage
- Personal

Other: _____

5. **This information May be Released by:**

- Copy
- Court Testimony
- Electronic Means
- Fax
- Verbal Means

Other: _____

LIBERTY RESOURCES

Authorization For Release Of Health Information Pursuant to HIPAA

Name: _____ Date of birth: _____

SSN: _____

Address: _____

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form. In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **MENTAL HEALTH TREATMENT** (except psychotherapy notes), **ALCOHOL AND DRUG USE** and **CONFIDENTIAL HIV RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9. In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9, I specifically authorize to release this information to the person(s) or entities indicated in Item 8 below
2. If I am authorizing the release of HIV-related, alcohol/drug treatment or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization.
If I experience discrimination because of the release or disclosure of such information, I may contact the New York State Division of Human Rights.
3. I have the right to revoke this authorization at any time, except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be disclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZES YOU TO SEND AND RECEIVE MY PRIVATE HEALTH INFORMATION WITH THE INDIVIDUALS OR ENTITIES BELOW.**
7. Names of individuals or entities to release this information:

8. Name of individuals or entities who will receive, exchange and/or use this information:

9. Specific information to be used or disclosed:

- ENTIRE HEALTH RECORD including histories, office notes (except psychotherapy notes), test results, referrals, consults, billing records, insurance records and records sent to you by other health care providers.



Now
Accepting
New
Referrals!



Homeless Partnership Program

**Provides Critical Time Intervention (CTI) and Peer Support Services for
unhoused population in Monroe County!**

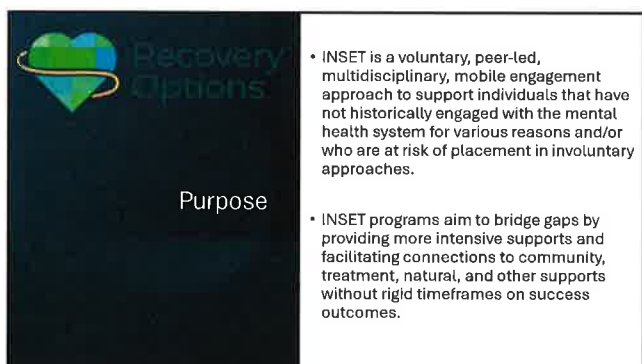
Eligibility Criteria

- Individual is transitioning out of incarceration, inpatient treatment, or a shelter into stable housing.
- Individual has a history of substance abuse or current use.
- Individual has a severe and persistent mental illness.

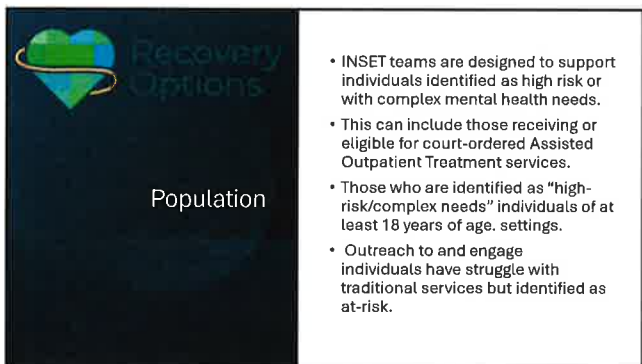
Send Referrals to: SAMHSAReferrals@monroecounty.gov




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Recovery Options

Principles

The INSET model is:

- Voluntary
- Trauma-informed
- Responsive
- Inclusive
- Equitable
- Intensive
- Sustained
- Flexible
- Person-centered

4




Recovery Options

Eligibility

- Participants must be 18 years old or older
- Live in Monroe County
- Struggle with traditional forms of treatment
- Have recurrent mental health and/or substance use disorder

5



Recovery Options

Referrals

To submit a referral:

- Email inset@recoveryoptionsny.org
- Contact INSET Outreach Coordinator, Beth Bloom, at 585-695-3182

6

Restoring Hope and Changing Lives



The Judicial Process Commission (JPC) presents:
Reducing Barriers from Criminal Records
Wednesday, October 16, 2024
11am-5pm

Central Library of Rochester and Monroe County
Kate Gleason Auditorium
115 South Ave, Rochester, NY 14604

Are you burdened by a criminal record?

Wondering how to clear your path towards a brighter future?

**Expungement or Sealing of your Criminal Record can open
new doors to second chances in life!**

Understand your eligibility with a one-on-one consultation.
Receive valuable resources and guidance to clear your record
and embark on a fresh start.

Registration is strongly encouraged so that JPC can help you obtain
your official criminal record in advance of the workshop.

**To register, scan the QR code or
visit www.rocjpc.org or call 585-325-7727**

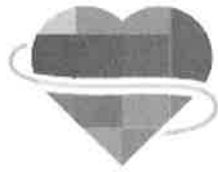


**Walk-ins are welcome, but bring your
Government ID and if possible, your Rap Sheet.**

Sponsored by



All workshops are free and open to the public.



RECOVERY
OPTIONS
MADE
EASY
EXPERIENCES WOVEN TOGETHER

INSET Referral Form

Please send all referrals to: inset@recoveryoptionsny.org or **FAX:** 716-532-5618

Any Questions Please Call INSET Outreach Coordinator, Beth Bloom: 585-695-3182

Please complete referral form to the best of your ability

Participant Information	
Name:	DOB:
Preferred Name:	Preferred Language:
Pronouns:	Phone Number:
Address:	County:
	Email:
Preferred Method of Contact:	

Anticipated Goals

Why are you making this referral/Additional Information

Referral Source Information	
Agency Name:	Staff Name:
Email:	Phone Number:
Address:	Best way to contact:



Recovery
Options
Made Easy

INSET

Intensive and Sustained Engagement Teams

For more information or to submit
a referral please contact
INSET Outreach Coordinator:
Beth Bloom

Email:

inset@recoveryoptionsny.org

Phone: 585-695-3182

Fax: 716-532-5618

Website:

<https://recoveryoptionsny.org/>

Scan QR Code for a referral!

(Insert QR Code)