

A Pilot Program for “Heavy Users” in Mental Health Diversion: Overview and Preliminary Results

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Background

- Adults with serious mental illness (SMI) overrepresented in jail
- In jail:
 - Ties to the community may be severed
 - Treatment needs unmet
 - Symptoms may worsen
- Upon release, frequently:
 - Homeless
 - No access to services and or other supports
- As a result, high rates of recidivism to criminal justice system and acute care services.

Program Context & Setting

- **11th Judicial Circuit of Florida Criminal Mental Health Project (CMHP)**
 - Serves 400+ individuals with mental illness per year
 - State and county-funded, court-based initiative established in 2000
 - Located in Miami, FL, USA
 - Operates 4 diversion programs:
 1. Pre-booking jail diversion (CIT)
 2. Post-booking, pre-trial jail diversion (misdemeanor)
 3. Post-booking, pre-trial jail diversion (felony)
 4. Post-booking, state forensic hospital diversion

Heavy Users

- Subset of individuals continue to cycle through acute care and criminal justice settings
- Over 5 years, 97 clients accounted for:
 - 2,200 arrests
 - 27,000 days in jail
 - 13,000 days in crisis units, state hospitals, and emergency rooms
 - Nearly \$13 million (in USD)
 - ~25% of program referrals (but only 5% of clients)

Possible Explanations & Solutions

- **Compared to successful clients, heavy users:**
 1. Experience more severe, chronic symptoms
 - *Solution: Provide (even) more intensive services*
 2. Need more support in accessing (and engaging in) services
 - *Solution: Appoint someone to coordinate care*
 3. Present with more criminogenic risk factors
 - *Solution: Target criminogenic factors in treatment*

Pilot Program Overview

- **3-year pilot program focused on implementing enhanced services for “heavy users”**
- **Eligibility Criteria**
 1. Adult with SMI referred to CMHP
 2. 7+ lifetime arrests or 3+ in past three years
 3. Moderate/High risk for one or more of Violence, Self-Harm, Suicide, Self-Neglect, and General Offending
- **Target Sample**
 - N = 300 enrolled in program
 - N = 120 enrolled in evaluation

Participant Groups

1. Treatment As Usual (TAU)

- Peer specialist support, assistance in benefits, linkages to services, treatment referrals, etc.

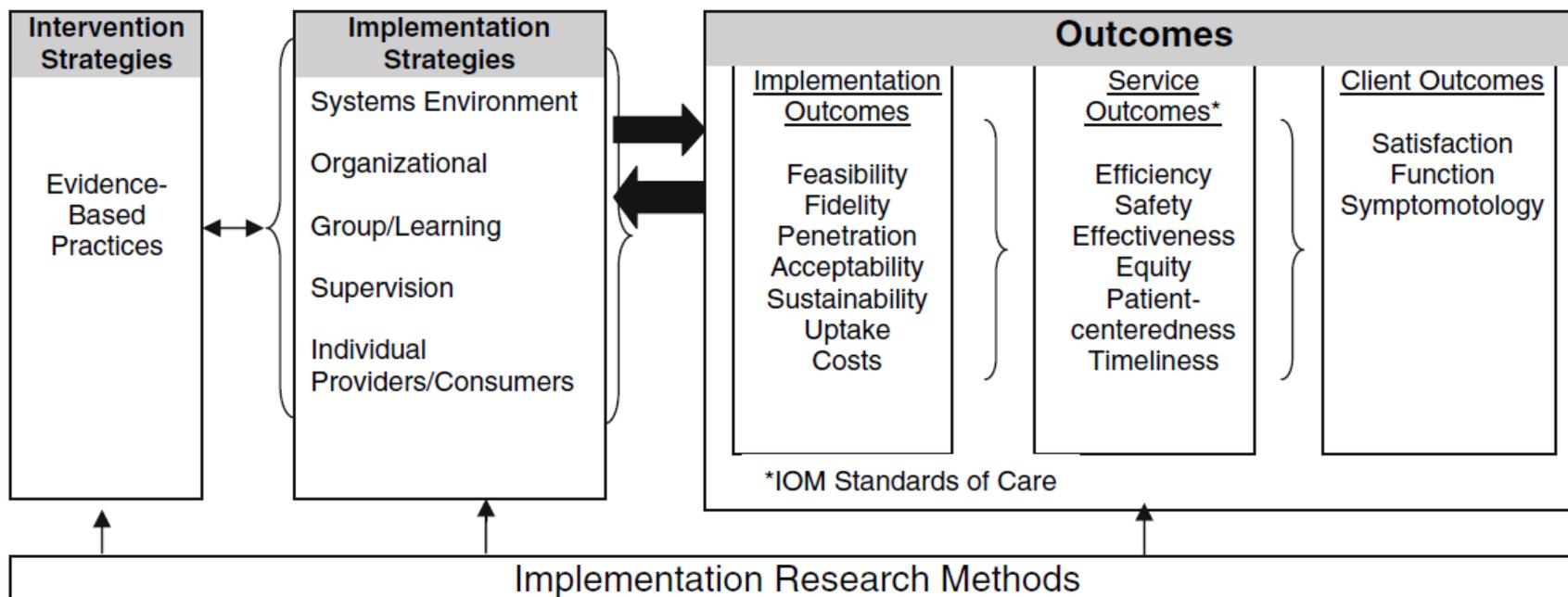
2. Care Coordination (CC)

- Above, plus care coordinator
 - Advocacy, liaison between providers, additional resources

3. CC & Cognitive Behavioral Therapy (CC-CBT)

- Above, plus Reasoning & Rehabilitation 2
 - 8-week, manualized CBT program
 - Targets criminogenic risk factors (e.g., procriminal attitudes)

Evaluation Model



Research Questions

- 1. Can the research protocol be implemented successfully?*
- 2. Can CC and CBT be implemented successfully?*
- 3. Does implementation of CC and CBT improve service outcomes?*
- 4. Does implementation of CC and CBT improve client outcomes?*
- 5. Does implementation of CC and CBT improve system outcomes?*

Study Design

- **Longitudinal, randomized controlled trial**
 - Randomization to groups
 - Assessments at baseline, 3, 6, 9, 12 and 18 months
- **Primary data**
 - Semi-structured interviews with clients
 - Provider focus groups
 - Administrator phone surveys
- **Secondary data**
 - Medicaid claims data
 - Substance Abuse and Mental Health Information System records
 - Florida Department of Law Enforcement
 - Miami-Dade County arrest records
- **Mixed methods**
 - Qualitative and quantitative

Interview Measures

- **Standardized, validated measures:**
 - Level of Service Inventory-Revised (LSI-R)
 - Brief Psychiatric Rating Scale (BPRS)
 - Maudsley Violence Questionnaire (MVQ)
 - Addiction Severity Index (ASI)
 - SF-12 Health Survey
 - MacArthur Community Violence Screening Instrument (MCVSI)
 - Short-Term Assessment of Risk and Treatability (START)
- **Project-specific items:**
 - Sociodemographic characteristics
 - Criminal justice involvement (lifetime, current)
 - Service and medication use (lifetime and current)

Preliminary Findings

- **Recruitment & Retention (as of June 10, 2013)**
 - 113 referrals
 - 74 consented & enrolled
 - Interviews completed:
 - Baseline $n = 63$
 - 3-month $n = 35$
 - 6-month $n = 19$
 - 9-month $n = 8$
 - 12-month n/a
 - 18-month n/a

Preliminary Findings

Randomization (as of June 10, 2013)

- Outcome variables

- BPRS 
- ASI 
- SF-12 
- MVQ 
- MCVSI 
- LSI-R 
- START 

- Covariates

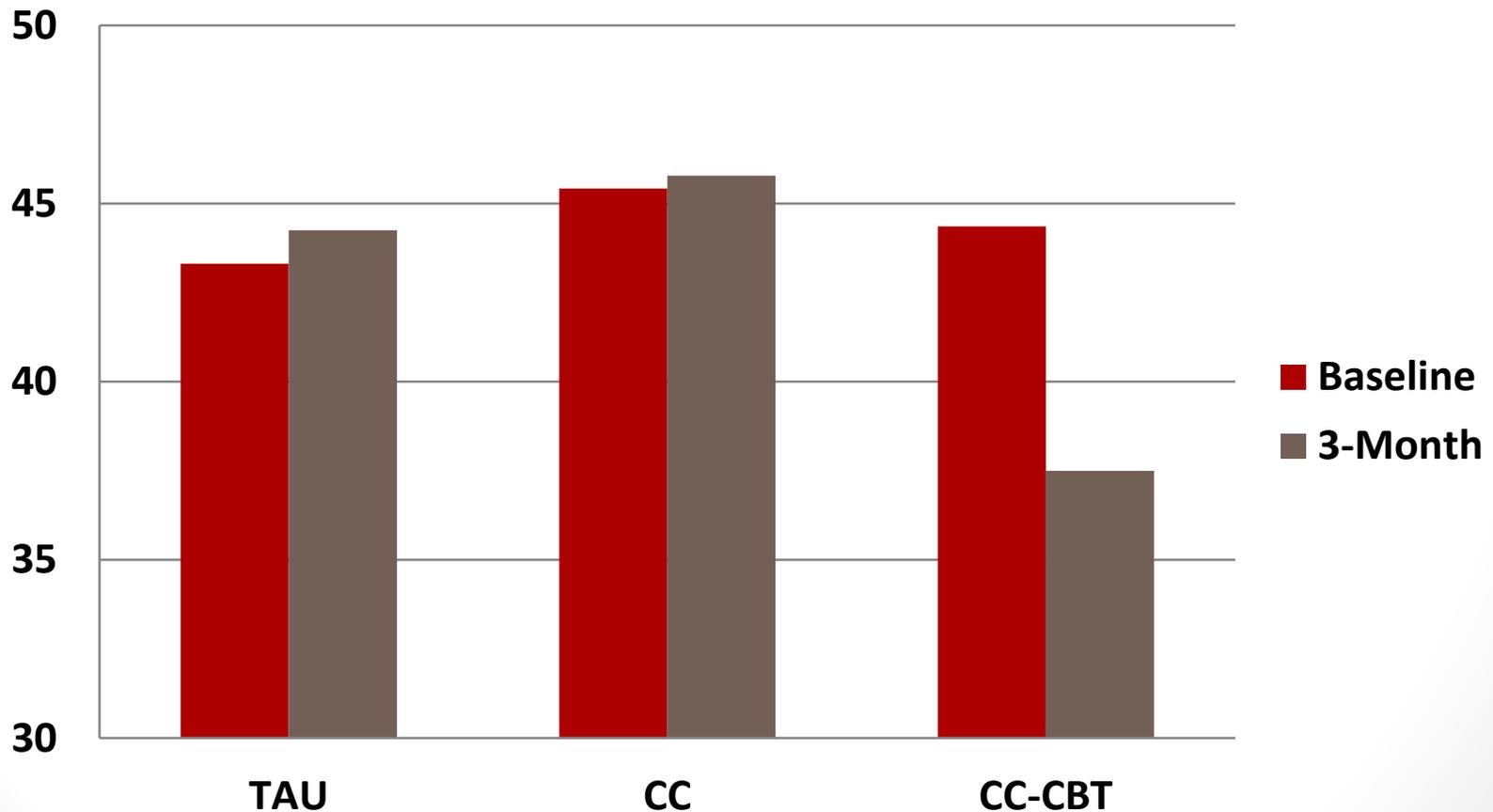
- Age 
- Sex 
- CJS involvement
 - Lifetime 
 - Past 3 years 

Preliminary Findings

- **Interventions (as of June 10, 2013)**
 - CC
 - High staff turnover
 - CC-CBT groups
 - 2 conducted ($n = 13$) & 1 underway ($n = 5$)
 - 46.2% ($n = 6$) completed
 - $M = 10.27$ sessions attended (out of 16)

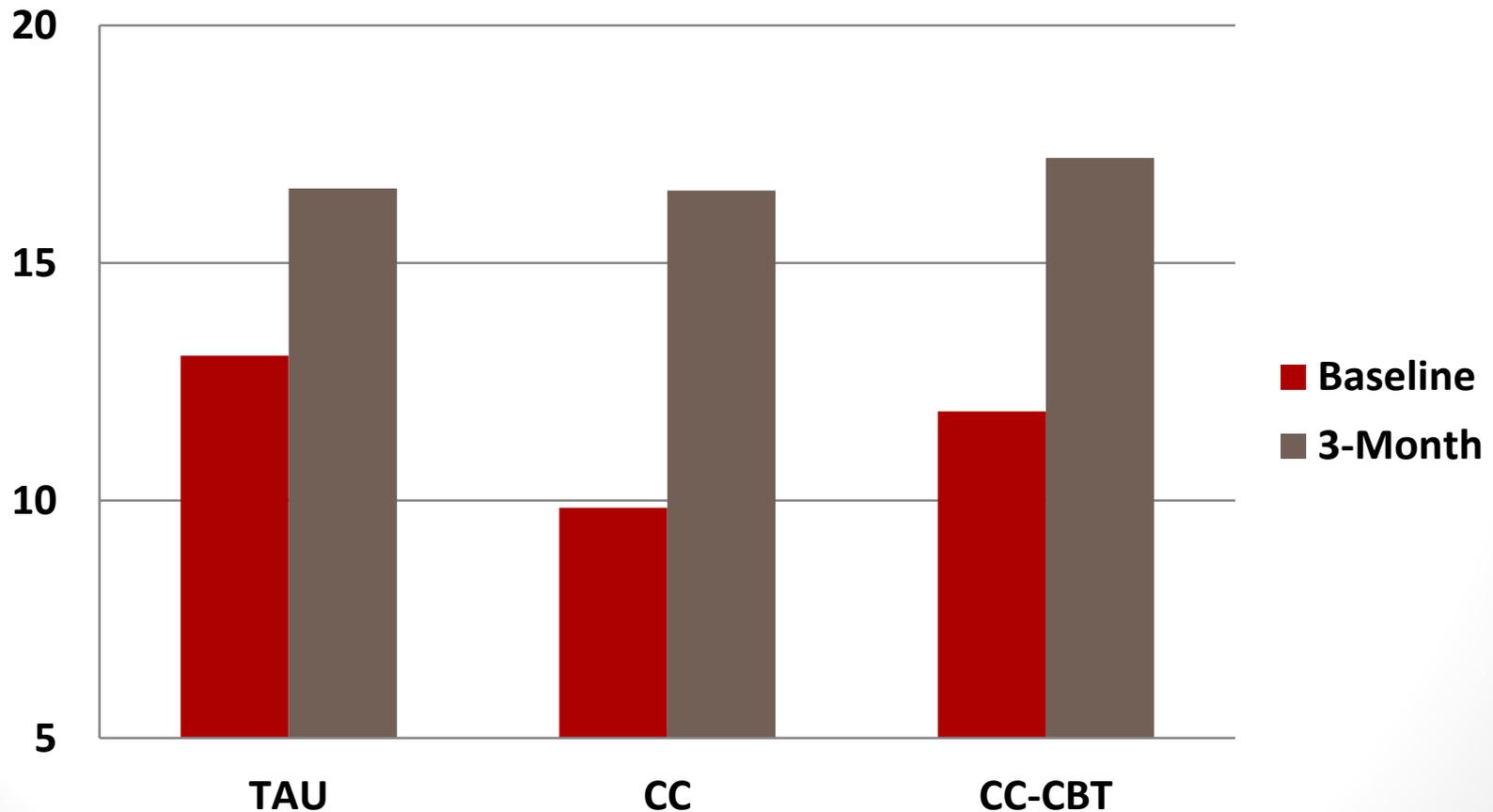
Preliminary Findings

Example: BPRS Total Scores



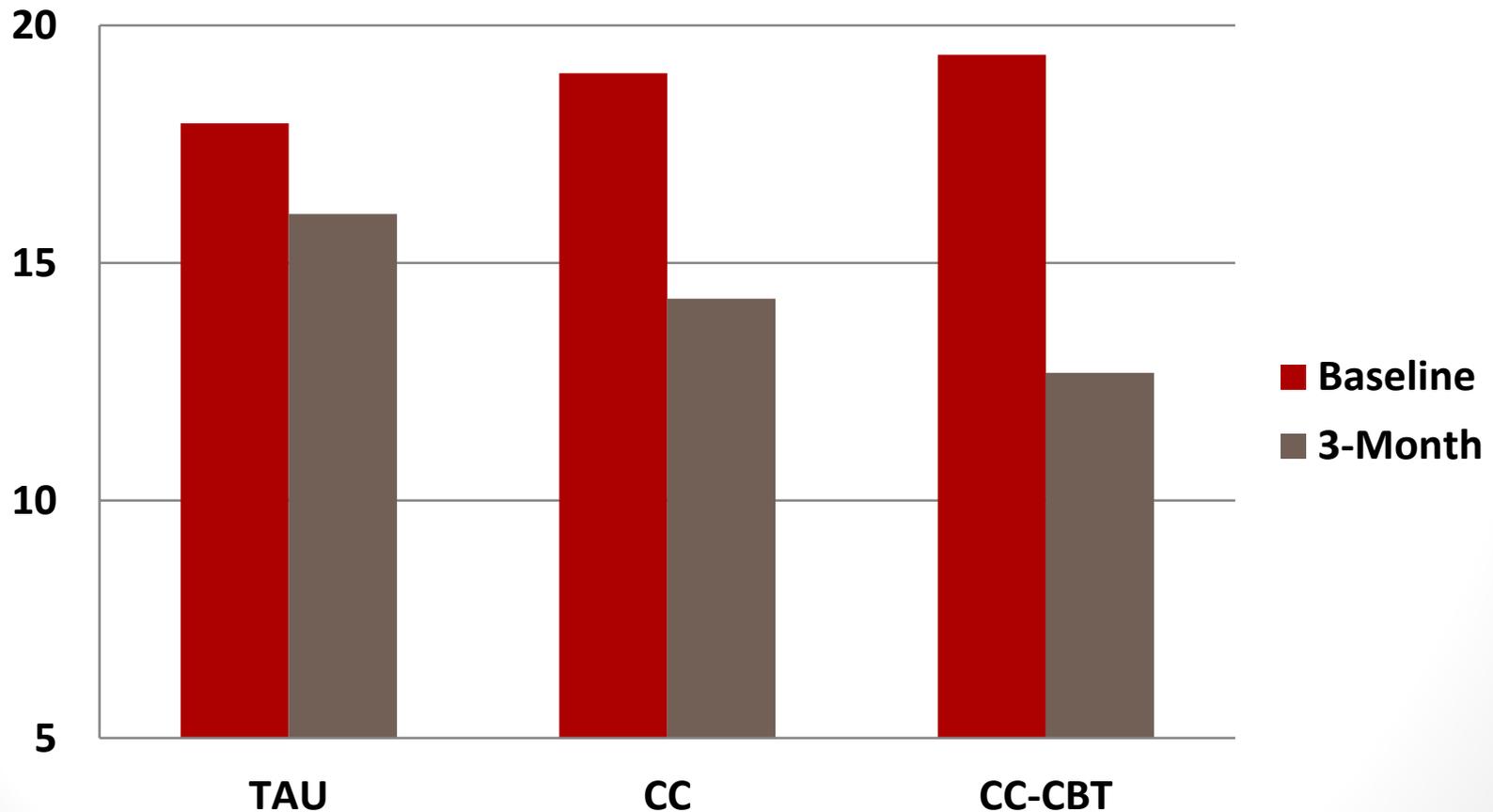
Preliminary Findings

Example: START Strength Total Scores



Preliminary Findings

Example: START Vulnerability Total Scores



Moving Forward

- Continue monitoring randomization
- Efforts to improve CC staff retention
- Efforts to improve timely delivery of CBT
- Ongoing primary data collection
- Eventually, merge with secondary data

Stay tuned!

Thank you!

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