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

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Acknowledgements

• **Funding**
  • Bristol Meyers Squibb Foundation

• **Research assistance**
  • South Florida Behavioral Health Network
    • Rebecca Adler, Melissa Chwast, Samantha DuBarry, Jonathan Dummitt
  • North Carolina State University
    • Nicole Boylan, Phillip Brock, Jordan Gregory, Brittanie Moore, Mirela Scott, Grace Seamon, Christina Shannon, Teshanee Williams
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

(Proctor et al., 2009, 2011)
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

- **TAU**
- **CC**
- **CC-CBT**

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<thead>
<tr>
<th>Group</th>
<th>Baseline</th>
<th>3-Month</th>
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<td>TAU</td>
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<td>CC-CBT</td>
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Preliminary Findings

Example: START Strength Total Scores

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Preliminary Findings

Example: START Vulnerability Total Scores

- **TAU**
  - Baseline: [Value]
  - 3-Month: [Value]

- **CC**
  - Baseline: [Value]
  - 3-Month: [Value]

- **CC-CBT**
  - Baseline: [Value]
  - 3-Month: [Value]
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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