

## **Transition between Institution and Community for Persons with SMI**

- Multiple complex needs
- Loss of supportive relationships
- Problems establishing new care arrangements
- Lack of continuity



## **Critical Time Intervention (CTI)**

- Spans period of transition from institution to community
- Strengthen ties to services, family, friends
- Provide emotional and practical support during period of transition
- Narrowly focused



## Unanswered Questions

- Efficacy vs. effectiveness
- Generalizable to females?
- Improve effectiveness for heavy substance users?



## CTI in the Transition from Hospital to Community

- Randomized trial
- State hospital
- 125 men & 125 women
- Substance abuse enhancement
- 'Best practices' comparison condition



## Initial Review: Strengths

- High priority area
- Innovative intervention with good preliminary data
- Strong design
  - random assignment
  - blind assessment
  - broad outcomes
- Strong team of investigators



- Recruitment plan not feasible for women
- Treatment manual is sketchy
- No objective fidelity measure
- Substance use enhancement not convincing
- Power concerns
- Contrast effect



## Resubmission I

- Recruit only those homeless at admission
- Revise sample; 75 females, 175 males
- Randomize immediately following recruitment (no CTI services to control group). Monitor housing placements to prevent potential bias.
- Improve CTI manual
- Specify MI enhancement
- Add fidelity check



## Second Review

- Limiting sample to those homeless at admission not sufficient to ensure sample at risk for follow-up homelessness
- Lack of commitment to representing women's needs
- Services to control group ('best practices') may be too good
- New randomization plan risks more significant bias than the one it prevents
- Rationale for study not clear since model unlikely to be adopted into typical practice
- Budget too high



### Third Submission

- Expanded partnership with New York State OMH
  - Commitment to implement if successful
  - Support for intervention personnel
- Demonstrate commitment to women's special needs
- Justify setting and comparison group
- Return to original randomization plan
- Provide additional data on risk of homelessness in study population



### Third Review

- High significance
- Comprehensive and effective response to critiques
- Link with OMH represents significant opportunity to influence service delivery
- Budget reasonable



#### **Introduction to Revised Application**

We summarize below (in bold) the issues raised during the last review, followed by our response. Important changes in the revised application include an expanded partnership with the New York State Office of Mental Health, a significant reduction in the proposed budget, and a strengthening of our focus on the needs of women. As emphasized in the recent report by the National Advisory Mental Health Council's Clinical Treatment and Services Research Workgroup (NIMH, 1998), there is a pressing need to develop research that is directly relevant to service delivery issues faced by public policymakers. The proposed study is an example of such research.

- **Applicant proposes to replicate their previous study (conducted with persons being discharged from a homeless shelter) at a public psychiatric hospital. The rationale for this as the next step in their research agenda is not clearly stated since it is unlikely that this model would be funded widely as an add-on to the existing hospital discharge system.**

We are grateful to the review committee for urging us to clarify the relation of the proposed study to the public psychiatric system. As described in the letter from Dr. Sharon Carpinello, OMH Executive Deputy Commissioner, if CTI's effectiveness can be demonstrated in the hospital setting, OMH is committed to promulgating this model as a component of the discharge planning system within both state- and locally-operated hospitals. It is precisely this relevance to current policy development that has led to OMH's generous offer to underwrite the proposed study by covering the bulk of the program services costs as indicated in the discussion of budget changes below. We underscore that while CTI was shown to be effective in preventing recurrent homelessness following discharge from a shelter, it has yet to be tested in a hospital setting of the type that typically provides intensive psychiatric treatment to homeless persons with severe mental illness. In order to determine if the model should be widely incorporated into the hospital discharge system, it is imperative to investigate whether it can indeed be successfully applied by state hospital employees working in this more customary treatment environment. Therefore the essential next step is to test CTI in the state hospital setting.



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The reviewer correctly points out that both design options involve the potential for limited threats to internal validity. While the first critique was most concerned with the potential contrast effect bias, the current review emphasizes the need to prevent the possibility of introducing systematic differences in housing and aftercare arrangements. We now propose the original design for randomization at the point of discharge but in addition with have incorporated steps to reduce the likelihood of introducing contrast effects (see D.3). This design ensures that housing and aftercare arrangements will not be systematically affected by treatment condition.



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