

Critical Time Intervention for serious mental illness Adult Mental Health

Literature review updated September 2016.

As part of WSIPP’s research approach to identifying evidence-based programs and policies, WSIPP determines “what works” (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: Critical time intervention is a short-term program which supports particularly vulnerable patients transitioning from inpatient psychiatric treatment to outpatient care. This is done by providing them with a social worker, peer mentor or other system of support to help them at the beginning of the integration process. Critical time intervention is provided in conjunction with other kinds of treatment and is designed to increase treatment adherence and reduce recidivism, homelessness, and re-hospitalization. Critical Time Intervention has been used to treat a wide variety of vulnerable patients; however, we explore the impact of Critical Time Intervention on treatment of subjects with severe psychosis.

Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect sizes and standard errors used in the benefit-cost analysis						Unadjusted effect size (random effects model)	
			First time ES is estimated			Second time ES is estimated			ES	p-value
			ES	SE	Age	ES	SE	Age		
Hospitalization (psychiatric)	1	77	-1.331	0.670	39	0.000	0.118	40	-1.331	0.047
Psychosis symptoms (positive)	1	38	0.091	0.230	39	0.000	0.118	40	0.091	0.691
Psychiatric symptoms	1	38	-0.320	0.231	39	0.000	0.118	40	-0.320	0.166
Homelessness	2	125	-1.059	0.249	39	0.000	0.118	40	-1.059	0.001
Psychosis symptoms (negative)	1	38	-0.572	0.234	39	0.000	0.118	40	-0.572	0.014

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

Citations Used in the Meta-Analysis

Herman, D., Opler, L., Felix, A., Valencia, E., Wyatt, R. J., & Susser, E. (2000). A critical time intervention with mentally ill homeless men: impact on psychiatric symptoms. *The Journal of Nervous and Mental Disease, 188*(3), 135-140.

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- Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W.Y., & Wyatt, R.J. (1997). Preventing recurrent homelessness among mentally ill men: A 'critical time' intervention after discharge from a shelter. *American Journal of Public Health, 87*(2), 256-262.
- Tomita, A., & Herman, D.B. (2012). The impact of critical time intervention in reducing psychiatric rehospitalization after hospital discharge. *Psychiatric Services, 63*(9), 935-937.

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