Response to RFI: Involuntary Medication Longitudinal Study

Presented to:
Vermont Department of Mental Health

Presented by:
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Flint Springs Associates is pleased to provide the following response to the Request for Information on an Involuntary Medication Longitudinal Study. One of our principal partners, Joy Livingston, will serve as the contact person for this RFI. Dr. Livingston's contact information is provided on the cover sheet of this response.

Experience and Capacity

Flint Springs Associates (FSA) is a Vermont-based firm that specializes in advancing social policy and practice through research and technical assistance. Our principal partners, Joy Livingston, PhD, and Donna Reback, MSW, LICSW, are trained social science researchers with considerable experience designing, conducting, and managing evaluation research. Additionally, FSA's senior partners are certified Results-Based Accountability (RBA) trainers and commonly use the RBA framework to guide the development and implementation of evaluation plans for clients.

Flint Springs Associates has held numerous contracts for more than two decades with Vermont Agency of Human Services departments, including Mental Health (DMH), Health (VDH), Disabilities, Aging and Independent Living (DAIL), Children and Families (DCF), and Corrections (DOC). Additionally, we have worked with non-profit agencies, small steering committees, and large multidisciplinary task forces on a wide range of projects intended to assess needs, evaluate existing programs, and identify recommendations intended to bring about positive change for individuals and the systems that serve them.

As a result of our work with DMH, we are familiar with the data collected and stored by DMH, as well as the challenges involved in accessing those data needed to follow up on client outcomes and hospital records on court-ordered involuntary psychiatric medication. We are also familiar with the challenges involved in securing follow-up information about individuals who have received involuntary medication. Specifically, recent projects with DMH include:

> 2003–2017: Annual Independent Assessment of Act 114. Flint Springs Associates has been awarded successive contracts by DMH to conduct the annual independent assessment of the implementation of Act 114, the statute which guides administration of non-emergency, court-ordered psychiatric medication. In accordance with our contracts, we make annual site visits to each Vermont hospital that administers Act 114 medication orders. Our site visit protocol includes an interview with leadership staff through which we gain input regarding:
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> - their interest in information on the longer-terms impacts on persons who have received Act 114 medication
> - the data these hospitals do and do not have in order to measure these impacts.
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> In addition to site visits and interviews with leadership staff, we conduct interviews with willing persons who have received Act 114 medication anytime between 2003 and the end of the current fiscal year, involved members of the legal system, and patient representatives. Our findings and recommendations —gathered through qualitative and quantitative research activities—are presented in a report to the required House and Senate Committees of the Vermont General Assembly.

2010–2015: Evaluation of the Mental Health Transformation Grant (MHTG). This 5-year initiative focused on developing peer support services for persons 18 to 34 years of age who show early signs of mental illness or who are at risk for mental illness. FSA designed and implemented a comprehensive evaluation methodology; convened a subcommittee of peers, providers, and DMH staff to identify measures of recovery; trained peer support staff in gathering federally required data; and facilitated meetings with staff from peer support service programs to identify measures, in RBA terms, of how people would be "better off" as a result of their participation in peer support services. Evaluation activities included quarterly and annual interviews with peer support staff, and the collection, analysis, and reporting to DMH and SAMSHA on federally required quantitative and qualitative data.

2009–2011: Evaluation of the Alternatives to Seclusion and Restraint Initiative. Under a contract with DMH, FSA designed and conducted the qualitative evaluation of this SAMHSA-funded project to reduce the use of seclusion and restraint at Vermont State Hospital and Brattleboro Retreat. Activities included surveys of advisory group members and site visits at both hospitals, including interviews with staff and administrators.

In addition to our work with DMH, we have conducted projects in the criminal justice systems, both in Vermont and other states, providing us with extensive experience in identifying and matching data across sources in order to track outcomes. For example:

2015–2018: Vermont Department of Corrections—Evaluation of the Statewide Recidivism Reduction Initiative. In September 2015, FSA was awarded a three-year contract by the Vermont Department of Corrections (DOC) to evaluate the Statewide Recidivism Reduction (SRR) Implementation Grant that DOC received from the Bureau of Justice Assistance. This grant was a follow-up to the SRR Planning Grant Vermont received in 2013 (for which FSA was evaluator). We have engaged with DOC staff to develop evaluation plans and gather and analyze data for six strategies DOC identified as leading to a reduction in the recidivism of moderate- and high-risk offenders on furlough status.

Finally, FSA has designed and conducted longitudinal evaluation studies. Most recent examples include:

Vermont Student Assistance Corp (VSCA) -- ACT Evaluation (2016 to present): VSAC received federal funds to provide high school students with a range of support services toward preparation for college enrollment and success. The ACT evaluation involves tracking a student cohort throughout their high school years and into the first year after high school to determine the impact of a particular set of services on student achievement, high school graduation, and enrollment in college. FSA, in collaboration with Char Associates, is assisting VSAC in identifying appropriate measures and data, as well as conducting qualitative and quantitative data analysis.

University of Vermont, Vermont Experimental Program to Stimulate Competitive Research (EPSCoR): *EPSCoR Evaluation* (2008 to present). The National Science Foundation (NSF) funds this interdisciplinary program designed to improve Vermont's research competitiveness, develop Vermont's science and technology infrastructure, and develop resources for academic and private sector science and technology. FSA has served as the external evaluator for three NSF grant cycles, designing evaluation tools and methods, and assisting with the articulation of evaluation research questions. In addition to ongoing program evaluation, FSA has conducted longitudinal studies to track participants up to five years out of the program.

Summary Proposal

Cost, Methodology, and Time Frame

We estimate that this study will cost between $40,000 and $50,000 and require 10–12 months to complete. A detailed outline of costs is presented on page 5, following the section on "Methods for Implementing the Study." The proposed budget does not include costs or time for recruiting and conducting follow-up interviews with individuals who received medication but are no longer receiving services in the Vermont mental health system. If DMH, in consultation with service providers and advocates, decides that individual interviews of this sort are needed, additional negotiations will be needed to determine costs.

Feasibility

This feasibility of conducting this study will depend on two factors: the existence of needed data and access to that data. While some measures identified in the RFI are stored in DMH's database (i.e., length of involuntary Vermont hospitalization, time spent in outpatient and inpatient settings in Vermont, the number of Vermont hospital admissions), other measures may not be available from DMH (i.e., types of residential settings, length of residential placements, success in different types of residential settings, employment or vocational activities, and criminal charges). If these data are collected and stored by other sources (e.g., designated agencies, housing providers, residential services, Vocational Rehabilitation, Department of Corrections), the challenge will be matching data for individuals across sources. This will require each system to use a unique identification that can be associated with individuals.

In addition, it is essential to the study that follow-up data can be accessed. Again, data that is available through DMH and other sources may suffice. But if, for example, "individual's success in different types of residential settings" is defined in ways that are not measurable by existing data, then strategies will be needed to find individuals so that data can be gathered from them directly. Gaining this type of follow-up information will be more feasible with individuals still connected to the Vermont mental health service system through a designated agency or hospital. However, locating individuals no longer receiving services could add cost and time to the project.

The RFI refers to "other parameters determined in consultation with representatives of inpatient and community treatment providers and advocates for the rights of psychiatric patients." While we can conduct interviews and meetings with stakeholders to identify "other parameters," the feasibility of measuring them may require designing and conducting time-consuming and costly data collection strategies.

Depending on the data needed, and collection method, an IRB review may be required. With appropriate consent forms and procedures, this should not interfere with the feasibility of conducting the study.

Methods for implementing longitudinal study and time frame

The following outlines the methods FSA recommends for conducting the longitudinal study, as well as the time frames involved:

1. Design study — 6 months:
    a. Meet, in person, with DMH study staff to review and agree on study methods and timeline, including identification of providers and advocates to include in stakeholder group.
    b. Meet, in person, with DMH staff/leadership to review outcomes for study (including defining "success in residential settings") and to clarify inclusion (or not) of both emergency and non-emergency treatment and medication.
    c. Conduct regional in-person meetings with inpatient and community treatment providers and advocates to identify and reach consensus on "other parameters" and possibly "success in residential settings."
    d. Identify measures for outcomes and "other parameters" – meet with DMH staff to review and identify possible sources of data.
    e. Meet with data owners, including DMH, DOC, and Voc Rehab, in person or via phone, to determine data sources for each measure and availability of those data (including steps needed to allow access).
    f. Work with data owners to develop or access unique identifiers and develop strategies for matching individuals across data sets.
    g. If data does not currently exist to measure identified outcomes, develop survey or interview protocol and strategy for locating and engaging individuals.
    h. If IRB approval is required, complete the IRB documentation and in-person presentation to the AHS IRB.

2. Build data set —2 months:
    a. Work with data owners to follow appropriate procedures to download data to study computer (e.g., encrypted discs, password-protected email).
    b. Open data sets and clean to ensure that unique identifiers are correct, data is accurate.
    c. Implement data matching strategy.

3. Conduct data analysis — 1–2 months:
    a. Using SPSS, conduct appropriate analyses to determine relationships between court-ordered medications and outcomes. This includes comparing outcomes for patients who received involuntary medications, those who received voluntary treatment, and those who did not receive any medication.
    b. Summarize findings and then meet with DMH study staff in-person to review findings and identify further questions.
    c. Complete data analysis to address further questions.

4. Report results — 1–2 months:
    a. Draft written report that includes details on development of the study, data used, and methods for collection, and findings and conclusions.
    b. Conduct in-person meeting with DMH to review report and plan method for sharing with providers and advocates. We recommend regional meetings to review findings and discuss implications.
    c. Finalize written report and present to DMH.

Tasks, Required Activities, and Estimated Costs

Task	Activities Required	Estimated Cost
Design study		
• Meet with DMH staff	1 to 2 meetings	$2,400.00
• Facilitate meetings with providers and advocates to identify outcome measures	3–4 regional meetings	$7,200.00
• Identify data sources, availability, accessibility	2–3 meetings 10 phone meetings	$5,100.00
• Develop strategies for matching individual data across data sets		
• Develop interview protocol or survey instruments if needed	Develop, pilot test	$1,200.00
• Complete IRB documentation and presentation to IRB	1 IRB meeting	$1,200.00
Build data set		
• Gather data from DMH and other sources	Phone and email communications	$2,400.00
• Clean data	Run analyses to identify duplications, errors, and other anomalies	$3,600.00
• Create analyzable database	Implement data matching strategy using SPSS	$1,200.00
Conduct data analyses		
• Run data analyses	Use SPSS	$4,800.00
• Review written summary of findings	1 meeting with DMH	$1,200.00
• Finalize data analysis	Use SPSS	$1,200.00
Report results		
• Draft report	Writing	$3,600.00
• Review report and plan meetings to review results with stakeholders	1 meeting w/DMH	$1,200.00
• Present and discuss results with stakeholders	Facilitate 3– 4 regional meetings	$7,200.00
• Finalize report	Writing	$1,200.00
Total Estimated Cost		**$44,700.00**