

Voices of the Delaware Community Reintegration Support Program (CRISP)

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In 2011, an Olmstead agreement between the Department of Justice and the Division of Substance Abuse and Mental Health (DSAMH) required DSAMH to ensure that all persons receiving mental health services were receiving them in the least restrictive environment. This settlement agreement was made in response to an Olmstead Decision, in which the United States Supreme Court held that it is discrimination to deny people with disabilities services in the most integrated setting appropriate. The court found that individuals with disabilities are entitled to live in the community and to receive treatment there, rather than in institutions. The stories of countless consumers who have moved from state hospitals to communities demonstrate the success of providing mental health treatment in the community and underscore the false limitations of individuals' previous lives created by living in institutions.¹

The Olmstead Settlement Agreement became a blueprint for how Delaware serves individuals with serious and persistent mental illness (SPMI). A key feature of this blueprint was the development of programs to ensure that people with SPMI are not forced to enter institutions because of insufficient housing or lack of intensive treatment options in the community, but rather are provided with these options in the community.

An evaluation of the DOJ settlement agreement examining both consumer and mental health service system outcomes between 2010 and 2016 provides a clear picture of the new and effective mental health program changes and developments in Delaware. Many of these changes were in the addition of new community mental health services, including the development of additional crisis services, housing options, and assessment and treatment options. This article focuses on a community-based program, CRISP, designed to transition individuals with SPMI who had been living in Delaware Psychiatric Center (DPC) to the community.

CRISP Program Description.

The Community Re-Integration Support Program (CRISP) is a specialized mental health program designed to provide innovative mental health services in an integrated, community setting. Persons who were eligible for the CRISP program included: 1) persons residing in DPC for a minimum of two years; 2) persons residing in DPC for whom there had been no appropriate community placement; and 3) persons with SPMI who are in the community and at risk for hospitalization and/or experiencing homelessness. Individuals living in DPC were identified by DPC staff for eligibility for the CRISP program, interviewed about their choice to live in the community, and provided with wraparound community services during their transition to the community.

The evaluation of the CRISP program employs a mixed-methods approach that includes surveys, psychometrics, and focus groups with CRISP consumers and staff. The primary aim of the evaluation is to investigate what changes occur for individuals with SPMI in key outcome domains of 1) quality of life; 2) symptom severity; 3) satisfaction with services; 3) level of functioning; and 4) attitudes towards community living. These outcomes are collected at the time of discharge from the state hospital (baseline) and annually thereafter. While there is one year remaining in the evaluation data collection phase, results to date indicate high community tenure, high satisfaction with services, and increased quality of life for CRISP participants.

In October, 2016, three CRISP consumers volunteered to be interviewed for this article. A member of the University of Pennsylvania evaluation team and a CRISP Peer Support Specialist spoke with the consumers, who were asked about their experience leaving DPC and receiving services in the community from the CRISP program. Common themes for the individuals arose in the discussion that included: increased personal autonomy, highly individualized medication management, increased job and volunteer opportunities in the community, and a high level of satisfaction with housing. Each individual contributed his or her own perspective and experience related to these themes.

CRISP VOICES

Meet Anne, Joe, and Chris! These three Delaware citizens have moved out of the Delaware Psychiatric Center (DPC) and have been living successfully in the community building relationships, establishing themselves in positions of trust and authority, and contributing back to the community and their families as a result of the CRISP program.

Anne has been in the CRISP program for about three years. Prior to the CRISP program, Anne used inpatient services at Meadow Wood Behavioral Health, Rockford center and the Delaware Psychiatric center (DPC) for about five years. She was in DPC twice. She doesn't remember how long she was in DPC the first time because she was so depressed. Her second DPC stay lasted about 8 months. Anne's description of herself before and after her entry into the CRISP program describes a clear and purposeful recovery journey. Anne was diagnosed with catatonia while she was at DPC, (a state of physical immobility and behavioral abnormality), when she was alert, she had constant feelings of depression and thoughts of hurting herself. Now, Anne feels like she belongs in the community; she has great friends and has reestablished a relationship with her family. She credits CRISP with providing her the support she needs to reach her goals, the most important of which is moving closer to her children who live out-of-state.

Anne says that she has gained autonomy during her time in the CRISP program, living independently in an apartment. she has used the apartment complex's fitness center to her achieve her goal of attaining a healthy weight; after eight months of dedicated preparation, including smoking cessation, Anne is undergoing bariatric surgery later this year. Anne described how she used to need daily medication deliveries because she "could not be trusted" with medications because of her depression and suicidal ideation. Now, Anne manages her own medication and picks them up herself at a local pharmacy. The most meaningful outcome from her participation in the CRISP program is the opportunity to live near her children. She has initiated the process to move closer to her children, including applying for low-income housing and finding a behavioral health provider in the area to continue her treatment.

Anne is now optimistic about her future and says that she has a sense of hope that she never had before.

Joe has been in the CRISP program for about three years. Joe and Anne both talked about the positive changes that they saw in one another since joining the CRISP program. Joe was in DPC twice, the first time for about two years and the second time for less than a year. He has made incredible strides in his recovery from both mental illness and substance use since he began receiving CRISP services. Joe explained that before the CRISP program, he used drugs and alcohol regularly, which exacerbated his mental illness. He kept to himself and was very isolated.

The CRISP program found Joe a house upon his discharge from DPC and connected him with Recovery Groups in the community. Now, Joe works at the CRISP program, which has increased both his autonomy and self-esteem. He said that CRISP has helped him manage his medications, finding an individualized dose that works best for him. Joe can often be found hanging out at the CRISP program office; he likes being at the CRISP office and feels a sense of belonging, stating that “a lot of these people are like my family.” connections CSP, the CRISP provider agency, places their trust in Joe and has given him a key to unlock the building on Monday evenings for a Recovery Group; something that Joe takes great pride in. One of Joe’s goals is to go to school to pursue nursing as either a Certified Nursing Assistant (CNA) or a Licensed Practical Nurse (LPN). When asked why he wanted to pursue nursing, Joe replied, “because I care a lot about people and I like to be up on my feet.” Joe would like readers to know that the CRISP program is a place of a lot of caring people and that the CRISP program can help you if you really want to succeed. He ended by saying, “now, I am a valuable part of society.”

Chris joined the CRISP program four years ago. He was a resident of the state hospital for over a year as a result of homelessness. He shared that he lost many of his friends during his time in DPC; he began to feel isolated and started hearing voices. Since moving to the community as part of the CRISP program, this isolation and loneliness has abated through the development of new relationships and reconnections with family members. Chris has reestablished a relationship with his mother, because of CRISP arrangements for regular visit with his mother who lives out-of-state have been established. Their relationship has also improved because of his new found independence; he no longer leans on his mother financially for everything. Chris’s friendships have also strengthened and grown; he shared, “since joining the CRISP program I have friends who I can count on for support.” Chris had trouble trusting people in the past, but this has changed as a result of his experience in CRISP. He spoke highly of CRISP staff, reporting that CRISP staff are happy and optimistic and that their positive demeanor indicate that they truly loved their jobs. Chris said that when staff has technology questions they turn to him for help. He said, “no one has ever turned to me for help before, it made me feel that I can help people.” Chris discussed how being fiscally autonomous through the CRISP program has impacted his life. He said that anger management has been his biggest personal change since joining CRISP and that he continues to work on this goal with the support of CRISP staff. Chris has exciting plans for his future which include finishing his GED and pursuing a dual degree in nursing and computer game design.

The CRISP evaluation incorporates consumer voice by way of consumer interviews, such as the ones shared here, and focus groups. These consumer stories demonstrate the success of the CRISP program in a way that reports and charts cannot. These three individuals have been provided with the support and treatment that they need to believe in themselves, their ability to

recover, their ability to be valuable members of their families and communities, and their futures. Mental health treatment has evolved beyond the closed doors of the state hospitals; Delaware is providing leadership in the future direction of mental health services.

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References

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