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Testing implementation support strategies to facilitate an evidence-based substance use and mental health care intervention in veterans treatment courts

Submission date
16/12/2022

Recruitment status
No longer recruiting

Registration date
21/12/2022

Overall study status
Completed

Last Edited
21/12/2022

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
Veterans Treatment Courts (VTCs) were established in 2004 to address the needs of justice-involved Veterans and reduce prison overcrowding. With over 500 VTCs nationally, they offer Veterans an alternative to incarceration and an opportunity to address their behavioral health needs in lieu of jail or prison. Despite the success of VTCs, care can become fragmented between VTCs and VA behavioral health and social programs, particularly for those with multiple service needs. This is often true for justice-involved Veterans with co-occurring MH and SUD, as they make up 60% of VTC cases, and frequently have difficulty engaging in MH and SUD treatment, which often results in a spiraling into unemployment and homelessness, which are themselves strong predictors of reoffending. The VA Veterans Justice Outreach (VJO) Program serves the VTCs and delegates a Veterans Justice Outreach Specialist to the court, who has the responsibility of linking eligible Veterans to VA addiction and other behavioral health services. While VJO has shown great success, high risk clients in VTCs, particularly those with co-occurring disorders could benefit from comprehensive wraparound services to help the Veteran remain engaged in VA and NON-VA care.

Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking - Criminal Justice version (MISSION-CJ) includes a structured wraparound treatment approach delivered by case managers (CMs) and peer specialists (PS), who offer justice involved Veterans with mental health and substance use disorder group psychoeducational therapy sessions, outreach, and linkage support for 6 months. The core MISSION-CJ treatment elements, include: (1) Critical Time Intervention (CTI) (CM and PS deliver assertive outreach); (2) Empowering Prosocial Change (6 structured group sessions for Veterans Treatment Court Participants that promote prosocial thinking and behavior); (3) Dual Recovery Therapy (DRT) (13 weekly structured group sessions delivered by CMs to address MH and SUD problems and modify antisocial cognitions & behaviors); (4) Peer Support Sessions (11 structured group sessions

delivered by PSs to reinforce prosocial behavior engagement, and modify antisocial cognitions and behaviors); and (5) Linkage to employment and trauma services as needed (CM/PS facilitate linkages).

In 2016, MISSION was entered into the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Programs and Practices. Because of the significant overlap between criminal justice and homelessness among the Veteran population, we modified MISSION, now called MISSION-Criminal Justice (MISSION-CJ) to meet the criminal justice needs of Veterans. We conducted four studies of MISSION-CJ, two in Veterans Treatment courts, one in a mental health court and one in a drug court. These studies demonstrated that participants in MISSION-CJ showed improvements in criminal recidivism, mental health and substance abuse outcomes, employment and optimized linkages to VA and non-VA care. Given these promising results of MISSION and the adaption of criminal justice, an important next step is to identify the most effective implementation strategy, and to work on developing a cost and business case analysis to help with spread and sustainability in VA.

Project Aims:
Aim 1: Identify pre-implementation barriers and facilitators to adopting MISSION-CJ across sites.
Aim 2: Conduct a stepped wedge trial to determine the successful implementation of an educational outreach vs. facilitation.
Aim 3: Develop an implementation Playbook to support sustainment of MISSION-CJ in VTCs.

Who can participate?
Veterans justice outreach specialists and peer support specialists working with Veterans treatment courts, and veterans with substance use disorder and another mental health disorder.

What does the study involve?
This will be a hybrid type III effectiveness-implementation trial utilizing an adaptive design. First, all sites will be trained on MISSION-CJ. Second, a low intensity educational outreach baseline implementation strategy will be offered to help sites deliver MISSION-CJ. Third, every six months, two sites will add on implementation facilitation (higher intensity implementation strategy that includes technical assistance) for 12 months. This design allows us to examine the uptake of MISSION-CJ utilizing educational outreach or implementation facilitation and increased access and engagement in VA/Non-VA care and reduce criminal recidivism among the clients being served be staff delivering MISSION-CJ.

What are the possible benefits and risks of participating?
Benefits of participation include adhering to an evidence-based practice with more fidelity to the model, as well as an opportunity to provide veterans an evidence-based practice to enhance their treatment.
No risks are expected.

Where is the study run from?
VA Bedford Health Care (USA)

When is the study starting and how long is it expected to run for?
October 2020 to December 2025

Who is funding the study?
U.S. Department of Veterans Affairs

Who is the main contact?
Dr David Smelson, david.smelson@va.gov

Contact information

Type(s)
Principal investigator

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Additional identifiers

Protocol serial number
QUE-20-017-MISSIONCJ

Study information

Scientific Title
Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking - Criminal Justice version

Acronym
MISSION-CJ

Study objectives
Under higher intensity implementation facilitation strategies compared with low-intensity implementation facilitation strategies, Maintaining Independence and Sobriety Through Systems Integration, Outreach, and Networking-Criminal Justice version (MISSION-CJ) will have greater adoption and engagement in Veterans Treatment Court

Ethics approval required
Old ethics approval format

Ethics approval(s)

The Veterans Affairs (VA) Bedford Healthcare System Institutional Review Board, in Bedford, Massachusetts, USA determined this study, according to the Veterans Health Administration Handbook 1200.05, to be non-research due to it being a quality improvement initiative for use internal to the VA healthcare system, and not designed to develop or contribute to generalizable knowledge.

Primary study design
Interventional

Study design
Hybrid type III randomized implementation-effectiveness adaptive study design

Study type(s)
Other

Health condition(s) or problem(s) studied
Co-occurring mental health and substance use disorder, mental health, substance use disorders, recidivism, criminal legal involvement in Veterans enrolled in Veterans Treatment Courts

Interventions
This will be a hybrid type III effectiveness-implementation trial utilizing an adaptive design. First, all sites will be trained on MISSION-CJ. Second, a low intensity educational outreach baseline implementation strategy will be offered to help sites deliver MISSION-CJ. Third, every six months, two sites will add on implementation facilitation (higher intensity implementation strategy that includes technical assistance) for 12 months. This design allows us to examine the uptake of MISSION-CJ utilizing educational outreach or implementation facilitation and increased access and engagement in VA/Non-VA care and reduce criminal recidivism among the clients being served by staff delivering MISSION-CJ.

The study conditions include discontinue (i.e., receive no implementation support), low/passive (i.e., lower intensity facilitation strategies), high intensity facilitation (i.e., increase to more intense implementation strategies). Sites will be randomized based on meeting or not meeting a predefined implementation benchmark. Meeting the implementation benchmark is predefined as conducting at least 15 MISSION-CJ structured curriculum sessions (i.e., a combination of DRT, EPC, and/or Peer Support) and five unstructured outreach sessions. If these components are not met, then sites will be considered as not meeting the implementation benchmark. Those meeting the implementation benchmark will be randomized to either continue to receive low /passive implementation facilitation or discontinue. Those not meeting the implementation benchmark will be randomized to either continue at the current level of implementation facilitation (i.e., low/passive), or to receive more personalized facilitation support (i.e., higher intensity facilitation).

MISSION-CJ includes a structured wraparound treatment approach delivered by case managers (CMs) and peer specialists (PS), who offer justice involved Veterans with mental health and substance use disorder group psychoeducational therapy sessions, outreach, and linkage support for 6 months. The core MISSION-CJ treatment elements, include: (1) Critical Time Intervention (CTI) (CM and PS deliver assertive outreach); (2) Empowering Prosocial Change (6 structured group sessions for Veterans Treatment Court Participants that promote prosocial thinking and behavior); (3) Dual Recovery Therapy (DRT) (13 weekly structured group sessions delivered by CMs to address MH and SUD problems and modify antisocial cognitions & behaviors); (4) Peer Support Sessions (11 structured group sessions delivered by PSs to reinforce

prosocial behavior engagement, and modify antisocial cognitions and behaviors); and (5) Linkage to employment and trauma services as needed (CM/PS facilitate linkages).

Intervention Type
Behavioural

Primary outcome(s)
Fidelity is measured using the MISSION-CJ fidelity tool which is embedded within the VA's computerized patient record system. which tracks several features of MISSION-CJ (e.g., How many and what type of MISSION-CJ sessions were given by case managers and peer specialists) across all mental health, substance use disorder and social services domains for each Veteran who participates in the Veterans Treatment Court after each MISSION-CJ contact with a case manager or peer specialist.

Key secondary outcome(s)
1. Overdose rate, which is measured as percent of Veterans with an overdose event, each quarter after enrollment in MISSION-CJ services.
2. Linkage to VA and non-VA mental health, measured by mental health care linkage is measured by any mental health care visit (identified in the VA’s electronic medical record system), each quarter after enrollment in MISSION-CJ services.
3. Linkage to VA and non-VA substance use disorder care, measured by linkage to substance use treatment is measured by any substance use visit (identified in the VA’s electronic medical record system), each quarter after enrollment in MISSION-CJ services
4. Criminal recidivism, measured using the number of jail/prison days which will be monitored by searching statewide and federal inmate locator systems and databases, each quarter after enrollment in MISSION-CJ services.

Completion date
31/12/2025

Eligibility

Key inclusion criteria
1. Veterans Justice Outreach Specialists and Peer Support Specialists working with Veterans Treatment Courts (VTC)

Veteran inclusion criteria:
1. VA service-connected and enrolled in a VTC affiliated with a VA site within one of the four VISNs;
2. Meets Diagnostic and Statistical Manual of Mental Disorders, 5th Edition diagnostic criteria of International Classification of Diseases, 10th Revision for a current substance use disorder(s) (mild – severe) and a co-occurring mental health disorder(s) (including anxiety, mood, or a psychotic spectrum disorders); and
3. Is willing to participate in MISSION-CJ services. VTC enrollment varies and can be as high as 45 veterans per VTC.

Participant type(s)
Mixed

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
Ineligible for VA healthcare

Date of first enrolment
01/11/2020

Date of final enrolment
30/09/2025

Locations

Countries of recruitment
United States of America

Study participating centre
Manchester VA Medical Center
718 Smyth Rd
Manchester
United States of America
03104

Study participating centre
VA Central Western Massachusetts Health Care
421 N Main St
Leeds
United States of America
01053

Study participating centre
Wilmington VA Medical Center
1601 Kirkwood Hwy
Wilmington
United States of America
19805

Study participating centre

Rocky Mountain Regional VA Medical Center
1700 N Wheeling St
Aurora
United States of America
80045

Study participating centre
VA Medical Center
2615 E Clinton Ave
Fresno
United States of America
93703

Study participating centre
VA Southern Nevada Healthcare System
6900 N Pecos Rd
North Las Vegas
United States of America
89086

Study participating centre
VA Pacific Islands Healthcare System
459 Patterson Rd
Honolulu
United States of America
96819

Sponsor information

Organisation
VA Bedford Health Care

Funder(s)

Funder type
Government

Funder Name

U.S. Department of Veterans Affairs

Alternative Name(s)
Department of Veterans Affairs, United States Department of Veterans Affairs, US Department of Veterans Affairs, U.S. Dept. of Veterans Affairs, Veterans Affairs, Veterans Affairs Department, Veterans' Administration, VA, USDVA

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United States of America

Results and Publications

Individual participant data (IPD) sharing plan
The participant-level data are not expected to be made available due to confidentiality reasons. Data will be stored on a secure server behind the Department of Veterans Affairs firewall.

IPD sharing plan summary
Not expected to be made available