

**Adapting the evidence-based Critical Time Intervention (CTI) for people with schizophrenia and homelessness in The Hague, The Netherlands**

Elie S. Valencia, JD, MA<sup>1</sup>, Annicka. van der Plas, MA<sup>2</sup>, Albert. van Hemert, MD; PhD<sup>2</sup>, Diede Schols, MD<sup>2</sup>, Hans W. Hoek, MD; PhD<sup>2</sup>. (1) Epidemiology Department, Columbia University, 722 West 168th Street, New York, NY 10032. (2) Parnassia Psychiatric Institute, Mangostraat 15, The Hague, 2552 KS, Netherlands.

**Objective:** To adapt Critical Time Intervention (CTI) for use among people with schizophrenia and homelessness in The Hague. CTI is a time-limited, manualized case management approach to enhance continuity of care for severe mentally ill (SMI) by bridging the gap between services. CTI was found effective in a randomized clinical trial among homeless SMI people in New York.

**Methods:** Study was implemented in three inter-related phases. Phase One: Electronic records of schizophrenia spectrum disorders patients (N: 2723) of The Hague's psychiatric services provider were screened to identify patients with homelessness in the prior year (N: 112). Case Register data on service use (12-month), demographics and clinical variables were collected. In semi-structure interviews, we assessed a representative sample (N:59) for homelessness and instability patterns. Phase Two, CTI was adapted and a manual produced. Phase Three, the feasibility of providing the intervention to some participants was tested.

**Results:** There was no significant difference on service use, demographic and clinical characteristics between participants (N:59) and no-participants (N:53). Analysis focused on factors which may mediate the effect of CTI. The majority reported lifelong substance use: 64% cocaine, 36% heroine, 25% amphetamine; 63% cannabis, 53% alcohol. Current use was considerable: 32% cocaine, 10% heroine, 15% amphetamine, 52% cannabis, 34% alcohol. Most reported incarceration histories (76%). Prescribed medication histories were high (78%).

**Conclusion:** This study suggests that evidence-based interventions for people with severe mental illness and homelessness, such as CTI, can be successfully adapted to meet the needs of specific groups.

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