STATE OF ARIZONA
OFFICE OF THE
AUDITOR GENERAL

Department of Health Services
Behavioral Health Services' HB2003
Funding for Adults with Serious Mental Illness

REPORT HIGHLIGHTS
PERFORMANCE AUDIT

Subject

In 2000, the Legislature passed HB2003 providing special one-time funding of $42.1 million for services to people with serious mental illness. The Division of Behavioral Health Services (Division) allocated $41.6 million of these monies to its five Regional Behavioral Health Authorities (RBHAs) to provide housing, intensive case management, and rehabilitation/support services.

Our Conclusion

Consumers in the housing programs generally improved in their mental health functioning. Consumers in the intensive case management program showed improvements, while a comparison group stayed the same or got worse. Consumers increased their involvement in rehabilitation activities.

2004

April • Report No. 04 – 03

Consumers Benefited from Housing Programs

According to division officials, housing is one of the greatest needs for consumers with serious mental illness. Research shows that stable housing is necessary for successful treatment. However, people who have a serious mental illness have difficulty obtaining safe, affordable housing.

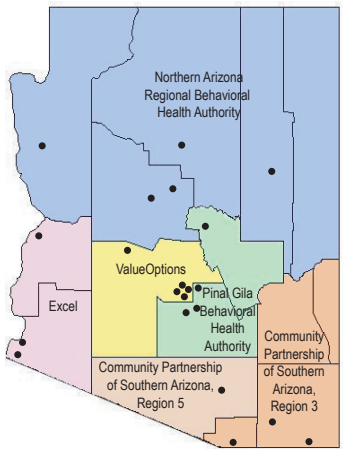
As of June 30, 2003, the RBHAs reported that they had spent $13.6 million on housing programs. These monies were used for 39 new housing sites with a total of 334 new beds, an approximately 25 percent increase over the number of beds previously available. The new housing is located in 21 cities throughout the State.

New Housing through HB2003

Supervised housing	
New houses/apartments	15
Beds	93
Independent living	
New houses/apartments	24
Beds	241

Consumer functioning improved—For the two RBHAs that had consumers living in the new housing long enough to be included in the analysis, auditors found that these 54 consumers generally improved or remained stable. At ValueOptions, consumers with the most severe dysfunction level generally improved to a moderate level. These gains were greater than those for the consumers in a comparison group. At Excel, consumers at a moderate dysfunction level made the most significant improvements, while the few consumers at a severe level did not change.

House Bill 2003 Housing Locations by Regional Behavioral Health Authorities



Consumers in the new housing also maintained or increased their independence. Finally, several consumers interviewed during the audit said they were satisfied with their new housing situation.

Planning and oversight of housing programs appear to be appropriate—The Division and the RBHAs developed the housing program based on a national housing model for persons with serious mental illness. Every 6 months,

HB2003 Housing Helps J.O.

J.O. has been in the mental health system for more than 20 years. She had delusions and hallucinations, which led to her discontinuing her medications. After being placed in HB2003 housing with clinical supervision, J.O. stabilized on her medications, had no relapses for 8 months, and performed daily activities with greater skill.

each RBHA must assess each housing project according to the Division's guidelines and report on its performance. The Arizona Department of Housing played a key role in helping the RBHAs purchase housing, obtain matching funds from other sources, and develop contracts restricting housing use for 15 years exclusively for people with serious mental illness.

Recommendations

The Division should:

- Analyze progress of consumers who lived in housing programs.
- Use its research to develop recommendations and improve the RBHAs' housing programs.

The Division could conduct this analysis as part of the HB2003 program evaluation that it plans to conduct after all HB2003 monies have been spent.

Consumers Made Modest Improvements Under New Case Management Approach

To support recovery and help people with serious mental illness achieve the highest degree of self-sufficiency, four RBHAs, CPSA, NARBHA, PGBHA, and ValueOptions, established new intensive case management teams. The RBHAs developed two main types of teams: high-intensity case management teams and supportive treatment teams. As of June 30, 2003, these RBHAs reported that they had spent $12 million for these services.

Range of services, low caseloads—High-intensity case management teams provide a range of services, including substance abuse and vocational counseling, medication management, and life-skills training. While normal caseloads can range from 35 to 100 consumers per staff member, the high-intensity case management teams have as few caseloads as 12 consumers per staff member. Research on Assertive Community Treatment (ACT), a form of intensive-case management, links this approach with decreased symptom severity, fewer hospital visits, and increased life satisfaction. The four RBHAs adopted some, though not all, features of the ACT model.

High-Intensity Case Management Team

- Includes specialists in housing, rehabilitation, vocational, substance abuse, and living skills
- Services are often available "24/7"
- Low caseloads–as few as 12 per manager, 60 per team

In addition to creating high-intensity case management teams, ValueOptions also created less-intensive supportive treatment teams. These teams attempt to maximize community resources and coordinate care. These teams provide

services to 77 percent of the consumers in the HB2003 programs. Case management staff-to-consumer ratios for these supportive treatment teams are greater at 1 to 30.

Consumers showed improvement in functioning—On average, consumers who spent at least 6 months in intensive case management showed modest gains in their functioning levels. By contrast, consumers in the comparison group either stayed the same or got worse.

Specifically, consumers with the most severe symptoms showed the greatest reduction in symptoms, moving to a moderate range after spending at least 6 months in the program. Those consumers already in the moderate dysfunction range showed some improvements, but tended to remain in the moderate range. However, those with slight dysfunction tended to be slightly worse.

In addition, consumers' functioning did not consistently improve based on the amount of time they were in the program. For example, consumers in ValueOptions' high-intensity case management teams for 12 months showed improvement, but those in the program for 18 months did not.

Consumers self-report improvement—Most consumers participating in intensive case management programs also reported on a survey some improvement in their mental health. This survey asked, for example, how often emotional problems interfere with their daily life. In addition, consumers who auditors interviewed said the new services had helped them.

Some results unclear—Although consumers who participated in high-intensity case management teams self-reported a reduced number of arrests, the comparison group reported a greater reduction. As such, the Division should work with the RBHAs to determine why the HB2003 programs did not have a greater impact.

Also, the number of consumers hospitalized did not change for most RBHAs and the comparison group. However, auditors were unable to compare the length of hospital stays because of incomplete records.

One RBHA showed no improvements—One concern was that consumers who PGBHA's intensive case management teams served showed no benefits. The Division and PGHBA officials could not explain this lack of success.

RBHAs plan to continue programs—The RBHAs plan to continue most intensive case management programs, but some will probably undergo modification after HB2003 funds are no longer available.

Recommendations

The Division should:

- Analyze arrests for consumers who participated in the intensive case management program.
- Evaluate the program's impact on length of hospital stay once the data is complete.
- Examine the causes for the lack of significant results in PGBHA's consumers.
- Use its research to develop recommendations for improving the RBHAs' intensive case management programs.

The Division could conduct this analysis as part of the HB2003 program evaluation that it plans to conduct.

Rehabilitation Activities Have Increased, but Many Consumers Still Uninvolved

The RBHAs reported that they used $5.4 million to provide greater rehabilitation and recovery support services.

Recovery support and rehabilitation services help consumers make progress in their recovery and help them to live in their community. They include a wide spectrum of services, from teaching consumers basic living skills to job placement. Because some consumers do not immediately choose to pursue employment as part of their treatment, one important goal of the program is simply to increase involvement in meaningful activities. This may include involvement in volunteering and other community activities, such as attending clubhouses or drop-in centers.

The RBHAs used two strategies to improve these services:

- Integrating rehabilitation into case management
- Expanding the availability of services, such as recovery centers and clubhouses

Integrated services—The RBHAs integrated rehabilitation into treatment planning for the consumers participating in intensive case management teams. CPSA, PGBHA, and ValueOptions added rehabilitation or vocational specialists to their intensive case management teams. NARBHA used vocational specialists at provider agencies to support its case management teams. As part of their case planning, the specialists help consumers identify interests and encourage participation in rehabilitation programs. This approach is consistent with current research on high-intensity case management.

Expanded services—CPSA, NARBHA, and ValueOptions reported using HB2003 monies to expand the rehabilitation services available in their areas. For example, ValueOptions originally had contracts with two rehabilitation providers and increased this number to eight. This allowed it to provide additional services such as home management skills training, work exploration, and supported education. It also developed a new consumer-run drop-in center.

NARBHA established five consumer-operated recovery centers. These are the first recovery centers in Northern Arizona. These centers employ consumers to manage operations and programs. At these centers, consumers can socialize, support each other, and develop friendships.

CPSA purchased computers and improved facilities at two consumer-run clubhouses. CPSA also conducted a vocational system evaluation to identify areas for improvements in policy, program design, and staff development.

Increased participation in meaningful activities—The number of HB2003 consumers involved in some form of activity increased from 24.5 percent to nearly 40 percent. Increases in activity levels at ValueOptions and CPSA influenced much of this increase, which occurred mainly in programs intended to improve socialization and interpersonal functioning, such as the clubhouse programs and consumer-run drop-in centers. Consumers at CPSA and ValueOptions who were involved in these types of activities improved in their interpersonal relations functioning after spending 180 days in the HB2003 programs.

Further, consumers at CPSA and ValueOptions also increased their

participation in education, training, and transitional work activities. However, statewide, the number of consumers employed remained low. According to division officials, the HB2003 program targeted consumers who did not express an immediate desire to enter the workforce.

Gains did not occur across all RBHAs–Despite the program's improvements, other RBHAs' consumers did not experience significant increases in activity levels, and 60 percent of consumers in HB2003 programs remained uninvolved after at least 6 months. According to division and RBHA officials, some consumers choose not to participate or need to address fundamental mental health issues before they can begin participating in rehabilitation activities. Further, PGBHA had fewer rehabilitation service options than those available in other state regions. In particular, the PGBHA region had fewer consumer-run drop-in centers.

Recommendations

The Division should:

- Analyze rehabilitation activity levels to determine if ValueOptions and CPSA consumers continue to increase activity levels, and whether the other RBHAs' consumers increase their activity levels.

The Division could conduct this analysis as part of the HB2003 program evaluation that it plans to conduct.

TO OBTAIN MORE INFORMATION

A copy of the full report can be obtained by calling
(602) 553-0333

or by visiting our Web site at:
www.auditorgen.state.az.us

Contact person for this report:
Shan Hays

Department of Health Services Behavioral Health Services' HB2003

Funding for Adults with Serious Mental Illness

REPORT HIGHLIGHTS
PERFORMANCE AUDIT
April 2004 • Report No. 04 – 03