

Allegheny County HealthChoices Program

Addendum to the Longitudinal Recidivism Report

presented by



Allegheny HealthChoices, Inc.
444 Liberty Avenue, Pittsburgh, PA 15222
Phone: 412/325-1100 Fax 412/325-1111

January 2002

AHCI is a contract agency for the Allegheny County Department of Human Services' HealthChoices Program

Introduction

Allegheny HealthChoices (AHCI) presented a report on a longitudinal recidivism study to the Board of Directors in August 2001. This report focused on consumers with high rates of recidivism for inpatient mental health services. For reporting and analysis purposes, consumers were assigned to one of three study groups based on the number of admissions/readmissions for inpatient mental health services.

In response to the report's findings, Community Care, the County, and AHCI determined that further research was needed on possible contributing factors to high recidivism rates. As such, two surveys were developed: one for a sample of consumers with three or more admissions to inpatient mental health services during the nine-month study period, and one for the Intensive Case Managers (ICMs) and Resource Coordinators (RCs) for these consumers. To date, there has been little response on the part of consumers. Community Care and AHCI are considering various options to encourage consumer participation. This addendum focuses on the results from the survey of ICMs and RCs.

Community Care distributed surveys to the ICMs and RCs assigned to the identified consumers. The purpose of the survey was to understand the reasons why people frequently return for inpatient mental health services. Questions were answered from the perspective of the ICM/RC and may not reflect the opinion of the consumer. Fifty-two surveys were distributed and 19 were completed, which represents a 37% response rate. Most of the completed surveys were returned by ICM/RCs that attended the meeting during which the surveys were explained and distributed. Community Care is in the process of contacting the ICM/RCs to obtain the outstanding surveys.

In general, the ICM/RCs identified that nearly half of the consumers had a dual diagnosis and had a history of being abused, consistent with the findings in the August 2001 report. Most consumers had an understanding of their medications, yet at times discontinued their medications for a variety of reasons. ICM/RCs reported that the majority of the consumers maintained stability by living in a structured environment with medication supervision or supports. Many consumers continue to live in this environment with no attempts to move the consumer into a more independent situation.

The following is a detailed summary of the ICM/RC submitted responses. Not all survey questions were answered, therefore, itemization by category may not equal the total number (19) of surveys. It should also be noted that responses indicate the ICM/RC's perceptions of a consumer's situation. The ICM/RCs did not ask consumers questions and report responses, rather they responded based on information gained from their relationship with the consumer. Consumers may in fact have quite a different perspective on these issues.

Findings

Supports

ICM/RCs were asked to identify the consumer's natural support system. Some consumers use more than one type of support; therefore, the sum of the responses below may exceed the total number of consumers. For example, a consumer may rely on multiple people for assistance such as family and

neighbors in addition to seeking help from a mental health peer. The ICM/RCs reported the following:

- Fourteen of the 19 consumers (74%) had an ICM or RC assigned and for the most part, used the ICM/RC for routine support;
- Nine (47%) of the consumers utilized mental health peer support;
- Ten (53%) of the consumers relied on multiple people for support;
- Four consumers (21%) utilized family only; and
- Four relied solely on the ICM/RC or other clinical provider.

Clinical Treatment

The following is the ICM/RC's assessment of the consumer's understanding and response to their medication regime. The ICM/RCs reported the following:

- All of the consumers had a history of using psychiatric medications and 16 (84%) consumers were known to have a current prescription. Twelve of the 16 (75%) were routinely taking their medications and medication compliance of five consumers was unknown;
- Twelve consumers (63%) were able to identify the medication(s) that helped them the most; however, only five (26%) consumers were able to provide the name of the medication(s) that was least effective;
- Six consumers (32%) were unable to identify side effects, while five (26%) consumers were uncertain if they had experienced side effects;
- Reasons offered to explain why consumers stopped taking their medication/s varied:
 - Four (21%) stopped because of their mood/feeling (i.e. anger);
 - Three (16%) lacked a structured environment to assist them;
 - Two (11%) lacked an understanding of their need for routine medication;
 - Two (11%) stopped as a result of undesirable side effects;
 - Two (11%) stopped for unknown reasons; and
- Seven (37%) of the consumers had been in a 12-step program.

Functional Status

ICM/RC's were asked to comment on "when they felt that the consumer functioned at their best and why?" Each respondent was permitted to define "best" and suggest reasons why the treatment option worked well for the consumer. The ICM/RCs reported the following:

- Responses regarding when the consumers functioned the best included:
 - Eleven consumers (58%) seemed to function at their best when they had stable housing and a structured environment;
 - Four consumers (21%) did better when they were engaged in supportive services;
 - Two consumers (11%) functioned at their best when they were engaged in outpatient services and took their medications routinely;
 - Two consumers were observed to function at the same level during the study period and the ICM/RC could not identify a "best" time; and
 - Fifteen (79%) of all the consumers were actively in treatment during their best functioning period.

Living Situation

Many of the ICM/RC responses were not specific in terms of the type of environment in which the consumer was living. Most responses were presented as living alone in a self-supported apartment or relying on others for activities of daily living (i.e. dispensing medications) and housing (i.e. long term residential, community residential, etc). The ICM/RCs reported the following:

- The current status of the consumers' living situation is:
 - Ten consumers (53%) live in a structured/supportive housing arrangement;
 - Three (16%) live independently in an apartment;
 - Three (16%) live with family;
 - The status of two consumers are unknown: one is living outside of Allegheny County and one is not engaged in services; and
 - One consumer is currently incarcerated;
- Only two of the consumers are actively exploring more independent housing options. Most ICMs reported the need for the consumer to remain in the current supportive housing environment;
- A few housing obstacles were identified:
 - Three consumers (16%) are limited due to behavior issues; and
 - Two (11%) have limiting physical disabilities;
- ICMs reported the following in regards to homeless episodes during the past year:
 - Twelve consumers (63%) were not homeless within the past year;
 - Five (26%) experienced at least one episode of homelessness; and
 - ICMs reported that they were uncertain for two consumers.

Other Influencing Factors

Some general information questions were asked of the ICM/RC to ascertain a better picture of the consumer and factors that impact their ability to maintain tenure within the community. The ICM/RCs reported the following:

- Of the 19 consumers, eight (42%) had a dual diagnosis, nine (47%) had a mental health diagnosis only, one had a mental health and a mental retardation diagnosis, and one was unknown;
- ICM/RCs reported that 12 consumers (63%) did not self medicate, six (32%) did self medicate, and one was unknown. Self medication is the practice of taking legal or illegal drugs (or alcohol) that were not prescribed by a clinician to reduce symptoms associated with the mental illness.
- Eight consumers (42%) had a known history of abuse, seven (37%) denied a history, and one was unknown. A history of abuse may include physical, sexual, emotional abuse, or a combination of these.
 - Of the eight consumers above, six (75%) received some service related to their abuse.

Conclusions

The insight acquired from the ICM/RC surveys provides a better understanding of the factors that influence the consumer's ability to function in the community. While they do not give the whole picture, these results emphasize the importance of stable housing, systems of support, and education about mental illness and medications. These anecdotal findings are consistent with the outcomes of the medical record reviews that were conducted for the August 2001 Recidivism Report presented to the Board of Directors.