MENTAL HEALTH & SUBSTANCE ABUSE
Texas Department of State Health Services

Behavioral Health
NEWS BRIEF

http://www.dshs.state.tx.us/sa/bhnb

Informing policy and practice in mental health and substance abuse services through data

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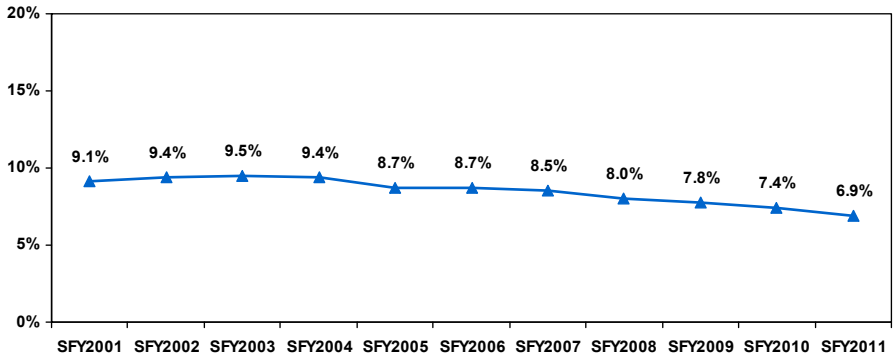
IN THIS ISSUE

State Psychiatric Hospital Recidivism Decreases as Community Mental Health Alternatives Increase

Individuals with serious mental illness are sometimes readmitted to a psychiatric hospital within a relatively brief time. Decreasing hospital recidivism in Texas is critical because the state psychiatric hospital system is nearing capacity. The capacity issue, which emphasizes the need to reduce recidivism, has resulted mainly from increases in the number of patients with hospital stays longer than one year and the number of patients on forensic commitments.

State psychiatric hospital recidivism has, however, trended downward. A data analysis by Mark Mason (Office of Decision Support, Mental Health & Substance Abuse Division), indicates that the percent of persons readmitted to a state psychiatric hospital within 30 days has decreased from 9.1% in State Fiscal Year (SFY) 2001 to 6.9% in SFY2011, as displayed in *Figure 1*.

Figure 1. **Percent of persons readmitted to a Texas state psychiatric hospital within 30 days, SFY2001-2011.**



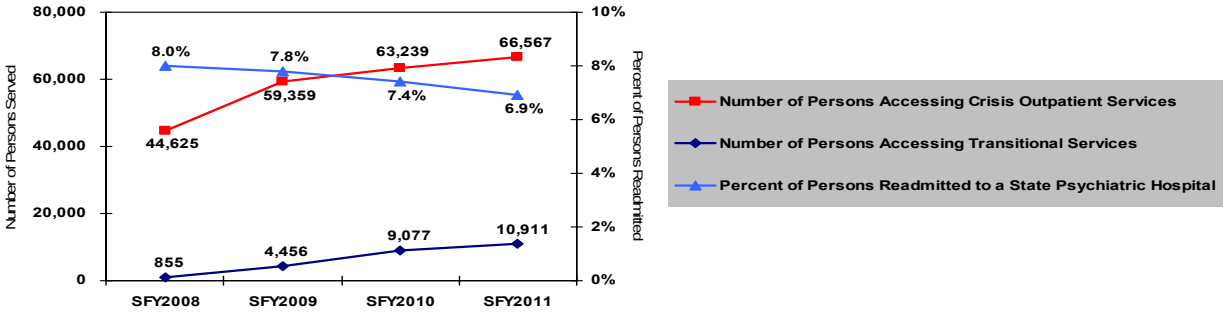
Source: DSHS Client Assignment Registration (CARE) system.

The data analysis included persons with direct (non-transfer) state hospital civil commitments who were discharged to community mental health centers funded by the Texas Department of State Health Services (DSHS).

As *Figure 2* shows, this decrease in state psychiatric hospital recidivism coincides with an increase in the availability of community-based mental health treatment alternatives at DSHS-funded community mental health centers. As the percent of persons readmitted to a state psychiatric hospital within 30 days decreased from 8.0% in SFY2008 to 6.9% in SFY2011, the number of individuals who accessed crisis outpatient services increased substantially, from 44,625 in SFY2008 to 66,567 in SFY2011. The corresponding number of people who accessed transitional services increased from 855 in SFY2008 to 10,911 in SFY2011.

In 2007, the 80th Texas Legislature approved Rider 69, which appropriated $82 million for DSHS to redesign the community mental health crisis service system. Crisis Redesign was implemented in SFY2008, and the number of people who accessed crisis outpatient services, such as mobile crisis outreach, increased dramatically.

Figure 2. **Number of persons accessing crisis outpatient services and transitional services at DSHS-funded community mental health centers compared to percent of persons readmitted to a state psychiatric hospital within 30 days, SFY2008-2011.**



Source: DSHS Client Assignment Registration (CARE) system.

Increased use of crisis outpatient services indicated a need for an enhancement to services that help people with serious mental illnesses recover from mental health crises. As a result, the 81st Legislature appropriated $24.3 million for SFY2010-11, under the provisions of Rider 65, to enhance Crisis Redesign at DSHS-funded community mental health centers. As part of the enhancement, the number of individuals who received transitional services increased considerably beginning in SFY2010. Transitional services allow people with serious mental illness, who may have already had multiple psychiatric hospital admissions, to receive up to 90 days of assistance while waiting to gain access to ongoing care at DSHS-funded community mental health centers.

While community-based mental health treatment, such as crisis outpatient and transitional services, offers less restrictive (and less costly) alternatives to state psychiatric hospitalization, there also continues to be a need for residential mental health treatment alternatives. Progress in this area is underway and will be explored in the context of decreasing state psychiatric hospital recidivism in a future issue of this News Brief.

POSITIVE PERFORMER

Fort Bend Regional Council on Substance Abuse, Inc.

Substance abuse treatment providers funded by the Texas Department of State Health Services (DSHS) are required to ensure that people in their care successfully complete treatment. Beginning in State Fiscal Year (SFY) 2011, DSHS revised its methodology for calculating whether or not a client successfully completed substance abuse treatment. To be considered a “successful completer”, a client must receive at least 14 units of service and all problems on their treatment plan must be addressed prior to discharge. Moreover, the contract with DSHS stipulates that at least 70% of clients will successfully complete adult substance abuse outpatient treatment. To date in SFY2012, only 40.5% of clients who received DSHS-funded adult substance abuse outpatient services successfully completed treatment according to the new calculation methodology. However, one DSHS-funded provider has earned distinction by meeting the DSHS contract target and far exceeding the statewide average. At Fort Bend Regional Council on Substance Abuse, Inc., 70.6% of their clients successfully completed adult substance abuse outpatient treatment. Well done Fort Bend Regional Council on Substance Abuse, Inc.!

Mental Health Month Creativity Contests

Few would deny the prevalence of mental illness. In Texas, in the year 2011, over 156,000 children and adolescents, aged 9 to 17, were estimated to have severe emotional disturbance, and almost 500,000 adults were estimated to have serious and persistent mental illness (Office of Decision Support, Mental Health & Substance Abuse Division, DSHS).

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "Mental Health Month began in 1949 to raise awareness of mental health conditions and mental wellness for all." As part of National Mental Health Month, SAMHSA declared May 6-12 of 2012 as Children's Mental Health Awareness Week.

Picture of winning posters, stories/essays/poems, and videos by students were displayed, along with green ribbons, at an exhibit at the Texas State Capitol to commemorate Children's Mental Health Awareness Week, May 6-12, 2012.

To promote Children's Mental Health Awareness Week, the DSHS Mental Health & Substance Abuse Division (MHSA) held its first series of statewide creativity contests.

Elementary school students had the opportunity to create a poster, story/essay/poem, or video to express their favorite feeling, while middle and high school students chose from the same media to convey what mental health means to them.

A total of 152 entries were received from nearly 25 cities throughout Texas.

Winning poster, writing, and video entries were recognized on National Children's Mental Health Awareness Day, May 9th, and were displayed at an exhibit at the Texas State Capitol during

The exhibit (and contest) featured green ribbons to increase awareness of the needs of families of children with mental health challenges. Why green ribbons? According to the National Federation of Families, in the 19th century, people who were labeled as "insane" were made to wear green colored clothes. So, the national children's mental health community decided to continue using the color green, but while embracing a completely different meaning. For the children's mental health community, including the MHSA Child and Adolescent Services Unit at DSHS, green signifies new life, new growth, and new beginnings. Across the country during Mental Health Awareness Month, awareness about the lives of children and adolescents with severe emotional disturbance is increased by the wearing of green ribbons.

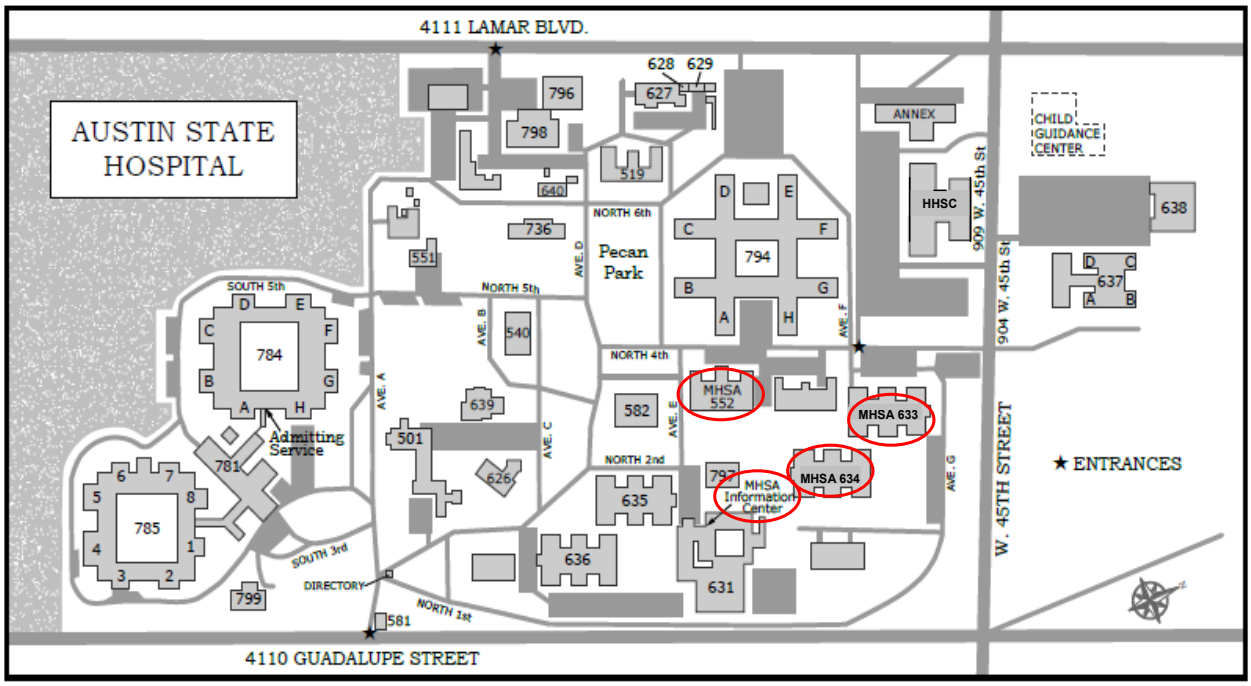
Also in observance of Mental Health Month this May, the MHSA Division at DSHS, together with the National Alliance on Mental Illness in Texas, held a statewide poetry contest open to adults and their adult family members with, or in recovery from, mental illness. All entries had to express the experience of living with mental illness or living with a family member with mental illness. A total of 140 poems were submitted from 80 towns and cities.

Links to all winning entries of the 2012 Mental Health Month Creativity Contests can be found at:

- http://www.dshs.state.tx.us/mhsa/greenribbon/ (children and adolescents); and
- http://www.dshs.state.tx.us/mhsa/awareness/mh/poetrycontest2012/ (adults).

The Mental Health & Substance Abuse Division: Moving with the Times

Last month, central office staff members of the Mental Health & Substance Abuse (MHSA) Division at the Texas Department of State Health Services (DSHS) moved to the Austin State Hospital campus located at 909 West 45th Street. Now in the same general proximity, MHSA central office staff are located in Buildings 552, 631, 633, and 634. A general listing of MHSA sections/units/teams and their new locations is displayed below.



MHSA - Building 552

Michael Maples, Assistant Commissioner
Emilie Becker, M.D., Medical Director for Behavioral Health
Thomas Best, J.D., Director, Contractor Services Section
Peggy Perry, Director, State Hospital Section
Ross Robinson, Director, Program Services Section

Adult Mental Health Services Unit
Behavioral Health Operations
Hospital Management Data Services Unit
Mental Health Contracts Management Unit
Substance Abuse Contracts Management Unit

MHSA - Building 631

MHSA Information Services

MHSA - Building 633

Clinical Management for Behavioral Health Services (CMBHS) Training & Technical Assistance Team

MHSA - Building 634

Child & Adolescent Services Unit
Consumer Services Team
Disaster Behavioral Health Services Team
Medicaid Services Unit
Office of Decision Support
Quality Management & Compliance Unit
Substance Abuse Services Unit

Michael Maples (Assistant Commissioner for Mental Health & Substance Abuse Division, DSHS), whose office is now in Building 552 on the Austin State Hospital campus.

Michael Maples, Assistant Commissioner for MHSA, stated, "The planning for these moves and renovations has been long in the making and required an amazing amount of time, energy, and most of all, flexibility, on the part of staff across the Division, many of whom have been in temporary offices for a year or more."

QUESTION FROM THE ASSISTANT COMMISSIONER FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES: "What have you done for clients today using data?"

ANSWER: Tanya Guthrie, Ph.D. (Research Specialist, Office of Decision Support)

The Behavioral Health Institutional Review Board (IRB) is formally designated to approve, monitor, and review research involving clients of behavioral health services funded by the Texas Department of State Health Services and the Texas Department of Aging and Disability Services. My job as Administrator of the Behavioral Health IRB is to ensure that all research involving clients and client-level data used for research are in compliance with guidelines established by the federal Office for Human Research Protections and the Health Insurance Portability and Accountability Act. The IRB ensures that clients and their data are protected. I am also responsible for helping to ensure, through data reporting and evaluation, that the federal Block Grant for Texas Community Mental Health Services and the Texas Youth Suicide Prevention Grant are being used to fund client services as intended. In addition, as the Project Director of the federal Data Infrastructure Grant for Quality Improvement, my job is to make certain that the development of the mental health functions in the Clinical Management for Behavioral Health Services system continue to result in quality data reporting by DSHS, as required by the federal Block Grant for Texas Community Mental Health Services.

WHAT THE RESEARCH LITERATURE TEACHES US

The Combined Positive Effects of Alcoholics Anonymous and Oxford House on Abstinence

Alcoholics Anonymous (AA) was created in 1935 as a mutual-help program for individuals in alcohol recovery to maintain sobriety through spirituality, social support, and progression through 12 steps. Members progress toward recovery at their own pace, through the sharing of experience, hope, and strength, and by admitting powerlessness over alcohol through self-disclosure at each of 12 steps. Today, more people turn to AA to recover from alcohol addiction than any other program, with AA membership estimated at over 2 million worldwide in 150 countries. Unlike conventional alcohol treatment, AA is not time-limited, lacks professional involvement, charges no dues or fees, and keeps no membership lists at weekly meetings. Research has concluded that AA participation is related to positive drinking outcomes, enhanced psychological health, and better social functioning, employment, and legal status (Emrick, Tonigan, Montgomery, & Little, 1993; Tonigan, Toscova, & Miller, 1996). Still, there is a lack of longitudinal research on the

effectiveness of AA, and researchers continue to debate the rigor and quality of existing AA outcome studies.

Another mutual-help program for substance abuse is called Oxford House (OH). OH was established in 1975 for people who are seeking a supportive, residential setting with recovering peers where they can develop long-term sobriety skills. To date, there are over 1,250 OH dwellings across the United States, Canada, and Australia. Similar to AA, OH may be more cost-effective than other after-care programs because each OH is financially self-supported and no professionals are involved. OH residences are rented, multi-bedroom dwellings for same-sex occupants, which are located in low-crime residential neighborhoods. OH residences operate democratically by electing house officers every six months. Residents may stay in an OH indefinitely as long as they avoid substance use and disruptive behavior. A study comparing OH residents with participants in more typical after-care settings showed that OH residents had lower substance use, higher monthly income, and lower incarceration rates after two years (Jason, Olson, Ferrari, & Lo Sasso, 2006). The OH organization encourages 12-step participation and most residents are involved with AA. However, until recently, no study has examined the effectiveness of AA and OH together.

As reported in the January 2009 issue of *Journal of Groups in Addiction and Recovery*, David Groh, Ph.D., and his colleagues examined the combined effects of AA and OH on abstinence among individuals in substance abuse recovery over a two-year period. In their study, 150 adults discharged from substance abuse residential treatment facilities were randomly assigned to either an OH residence (n = 75) or a usual after-care program (n = 75). The 'usual after-care' condition provided participants with several options prior to discharge, including referral to different types of outpatient treatment, referral to self-help groups, or referral to other resources in the community. In both OH and usual after-care conditions, study participants were divided according to whether they had low or high involvement in AA. The results revealed that, among those with high AA involvement, living in an OH residence significantly increased the odds of abstinence (87.5%) compared to those in the usual after-care condition (52.9%). However, among participants with low AA involvement, rates of abstinence were fairly similar, regardless of whether they were in an OH residence (31.4%) or a usual after-care program (21.2%).

These results suggest that AA and OH are mutually reinforcing, producing positive outcomes among individuals recovering from substance abuse. A combination of these two mutual-help programs might produce better outcomes because of the joint emphasis on positive social support, strict rules, abstinent living, and self-direction. After all, both AA and OH offer people in recovery settings the opportunity to develop a strong sense of community with similar others who share common abstinence goals. Indeed, receiving support for abstinence, guidance, and information from others committed to maintaining long-term recovery from substance abuse may enable addicts to avoid relapse.

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Groh, D.R., Jason, L.A., Ferrari, J.R., & Davis, M.I. (2009). Oxford House and Alcoholics Anonymous: The impact of two mutual-help models on abstinence, *Journal of Groups in Addiction and Recovery,* 4:23-31.

UPCOMING EVENTS

May 30-June1 is the ***27th Annual Texas Council of Community Centers Conference***, Renaissance Hotel, Austin, Texas (http://www.txcouncil.com/conference.aspx).

June 7 and **September 7 (10am-3pm)** are the ***Council for Advising and Planning (CAP) for the Prevention and Treatment of Mental and Substance Use Disorders Meetings***, Texas Department of State Health Services (DSHS), Board Room (M-739), Robert D. Moreton Building, 1100 W. 49th Street, Austin, Texas (https://www.dshs.state.tx.us/mhsa/cap/meetings/).

June 13-14 and **September 5-6** are the ***DSHS Council Meetings***, Board Room (M-739), Robert D. Moreton Building, 1100 W. 49th Street, Austin, Texas (http://www.dshs.state.tx.us/council/meetingdates.shtm).

June 27 is ***National HIV Testing Day*** (http://www.aids.gov/awareness-days/national-hiv-testing-day/).

July 16-20 is the ***Texas Behavioral Health Institute***, Austin Convention Center. For more information and to sign up for e-mail updates, please see the Institute website (http://www.texinstitute.com/).

July 26-28 is the ***2012 Texas Association of Addiction Professionals (TAAP) State Conference on Addiction Studies***, Omni Hotel at the Colonnade, San Antonio, Texas (http://www.taap.org/displaycommon.cfm?an=4).

Aug 5-8 is the ***2012 HIV Outreach & Case Management Conference***, Omni Austin Hotel at Southpark, Austin, Texas (http://www.hivconnection.org/conf.html).

September is National Recovery Month (http://www.recoverymonth.gov/).

CLINICAL MANAGEMENT FOR BEHAVIORAL HEALTH SERVICES (CMBHS)

PROJECT UPDATE

Kevin Davis, CMBHS Business Services Team Leader

The Clinical Management for Behavioral Health Services (CMBHS) project team finished writing the use case that details each step needed to complete the Child and Adolescent Uniform Assessment for community mental health. Scheduled to be deployed in autumn 2013, the Child and Adolescent Uniform Assessment is comprised of three sections. Section 1 uses scores on the Child and Adolescent Needs and Strengths (CANS; Praed Foundation) assessment to recommend one of five new levels of care. Section 2 requires information on the child's juvenile justice, school, and residential situation, while Section 3 requires that a level of care be authorized. The use case will be shared with community mental health centers funded by the Texas Department of State Health Services (DSHS) so that they can modify their local IT systems to be compatible with CMBHS. The project team has also begun writing the use case for the Adult Uniform Assessment for community mental health in CMBHS, which will use the Adult Needs and Skills Assessment (ANSA; Praed Foundation) to recommend a level of care. The use case for the Adult Uniform Assessment is expected to be completed in July 2012.

In addition to developing community mental health functions, the project team has begun building an interface between CMBHS and the Texas Medicaid Management Information System (TMMIS), with funding from the federal Centers for Medicare and Medicaid Services. Once completed, the CMBHS-TMMIS interface will ensure more accurate payment of Medicaid behavioral health claims by matching client services authorized in CMBHS with corresponding Medicaid service claims. The CMBHS project team will be working with the Texas Medicaid Healthcare Partnership (TMHP), the payer of Medicaid behavioral health service claims in Texas, to develop this interface. The CMBHS-TMMIS interface will impact the following services: Mental Health Case Management and Rehabilitation, Youth Empowerment Services, and Substance Abuse Treatment.

Upcoming CMBHS User Training

June 19-20
July 24-25
August 21-22

CMBHS user training provides hands-on training for electronic documentation of DSHS-funded clients of behavioral health services.

On the dates listed above, training will focus on substance abuse service functions in CMBHS.

Unless noted, all training is held on the Austin State Hospital campus in Building 552.

See the CMBHS login page for more information.

The goal for Mental Health Case Management and Rehabilitation is to have DSHS-funded community mental health centers authorize these particular services in CMBHS so that TMHP may determine whether or not a claim should be paid. Currently, TMHP pays claims to DSHS-funded community mental health centers, and DSHS reviews claims for authorization after payment is made. DSHS then seeks reimbursement from the centers if the claims were paid without their authorization. CMBHS will enable DSHS-funded community mental health centers to

authorize case management and rehabilitation at a more detailed level and to transmit these service-level authorizations to TMHP prior to payment. If the service does not have the appropriate authorization in CMBHS, then TMHP will not pay the claim. DSHS-funded community mental health centers will have the option of submitting their Medicaid claims to TMHP using CMBHS.

For Youth Empowerment Services, the aim is to automate the current manual process for service authorizations and claims. Through the 1915(c) Medicaid waiver program, Youth Empowerment Services include intensive community-based services for children and adolescents with severe emotional disturbances and their families. CMBHS will allow providers of these services to submit a service authorization request and for DSHS to approve the request. Providers will also have the option of submitting their claims to TMHP using CMBHS.

Finally, the goal for Substance Abuse Treatment is to allow DSHS-funded providers to submit authorization requests and claims for Medicaid services in CMBHS. At present, DSHS-funded providers of substance abuse treatment can only submit claims to DSHS for DSHS-funded services. The CMBHS-TMMIS interface will let DSHS-funded providers of substance abuse treatment submit Medicaid claims directly to TMHP.

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Feedback, questions, and requests related to the CMBHS project may be submitted at the following link:
http://www.dshs.state.tx.us/cmbhs/contactus.shtm*.*