



Presentation to the Senate Health and Human Services Committee: Substance Use Disorder in Texas

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Presentation Outline

- **Substance Use Disorder (SUD) Overview**
- **Maternal Mortality and Neonatal Abstinence Syndrome**
- **Texas Targeted Opioid Response Grant**



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Substance Use Disorder: Statewide Coordination

Statewide Behavior Health Strategic Plan and Coordinating Council

- 23 Coordinating Council Agencies work together to address behavioral health issues in Texas, including substance use disorder
- Coordinating Council agencies coordinate around 29 SUD programs





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Substance Use Disorder: Statewide Coordination

Total SUD Funding for Coordinating Council Agencies

Funding Type	FY 2018	FY 2019
General Revenue	\$228,302,008	\$233,048,425
General Revenue - Dedicated	-	-
Federal Funds	\$312,993,652	\$312,993,652
Interagency Contract	\$1,136,447	\$1,136,387
Other	\$3,967,275	\$18,632
TOTAL	\$546,399,382	\$547,197,096

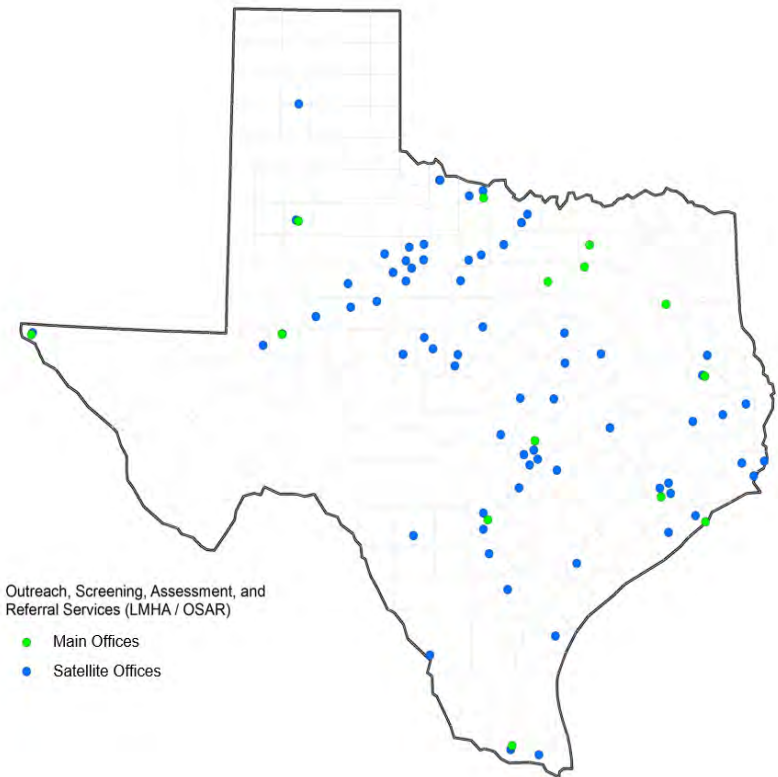


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Substance Use Disorder: Points of Entry into System

Outreach, Screening, Assessment and Referral (OSAR) Site

- 14 OSAR programs are located at Local Mental Health / Behavioral Health Authorities (LMHAs/LBHAs)
- At least one OSAR is located in each of the 11 Health and Human Service Regions
- OSARS may be the first point of contact for those seeking substance use disorder treatment services
- Approximately 30,000 people served annually by OSARs
- Approximately \$7 million in annual funding





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Substance Use Disorder: Points of Entry into System

Visit: www.MentalHealthTX.org

- The Substance Abuse and Mental Health Services Administration (SAMHSA) behavioral health treatment service locator is an online source of information for persons seeking substance use disorder and/or mental health treatment facilities.

MENTAL
HEALTH
TX.ORG

SAMHSA Behavioral Health Treatment Services Locator

The Locator is an online source of information for persons seeking substance abuse and/or mental health treatment facilities in the United States or U.S. Territories.

Enter a starting location:
address, city, state, or zip code

Go

SAMHSA endeavors to keep the Locator current. Facilities may request additions or changes by email.

Mental Health in Texas

- 1 in 5 adult Texans will experience a mental health concern at some point this year.
- Over 20% of children ages 9-17 have a diagnosed mental illness.

This website was developed with the goal of providing information, resources and direction to Texas residents who may have mental health related needs or who want to support someone who does.

Learn More About Mental Health

- Statewide Behavioral Health Expenditure Proposal Fiscal Year 2018 (PDF)
- Behavioral Health Collaborative Matching Grant Programs (PDF)
- Texas Statewide Behavioral Health Strategic Plan (PDF)
- Texas Statewide Behavioral Health Strategic Plan Progress Report (PDF)
- Mental Health Wellness for Individuals with an Intellectual or Developmental Disability

Get Help Now in Texas:

If you or someone you know are experiencing a mental health or substance abuse crisis or you require immediate assistance, call the numbers below to talk to someone 24/7.

2-1-1	Suicide Crisis Line	Veterans Crisis Line
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Substance Use Disorder: HHSC Non-Medicaid Indigent Care Programs

Service Array	Program
Prevention	<ul style="list-style-type: none"> • Youth Prevention Education • Prevention Resource Centers • Community Coalition Partnerships
Intervention	<ul style="list-style-type: none"> • Outreach, Screening, Assessment and Referral • Pregnant and Postpartum Intervention • Parenting Awareness and Drug Risk Education • Rural Border Initiative • HIV Outreach • HIV Early Intervention
Treatment	<ul style="list-style-type: none"> • Adults: Detox, Residential, Outpatient, Specialized Women, Medication Assisted, Co-Occurring, HIV Residential • Youth: Intensive Residential; Supportive Residential, Outpatient
Recovery	<ul style="list-style-type: none"> • Recovery Support Services • Peer Support and Peer Recovery Services
Initiatives	<ul style="list-style-type: none"> • Neonatal Abstinence Syndrome • Strategic Prevention Framework for Prescription Drugs • Texas Targeted Opioid Response • First Responders – Comprehensive Addiction Recovery Act • Statewide Youth Treatment Implementation • H.B. 13 Community Mental Health Grant Program • S.B.292 Mental Health Grant Program for Justice-Involved Individuals





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Substance Use Disorder: Funding

Non-Medicaid Indigent Care*

Service	FY 2018 Total Funding
Treatment	\$108 million
Intervention	\$22 million
Prevention	\$47 million
TOTAL	\$177 million

Funding breakout: Federal: 76 percent; State: 24 percent

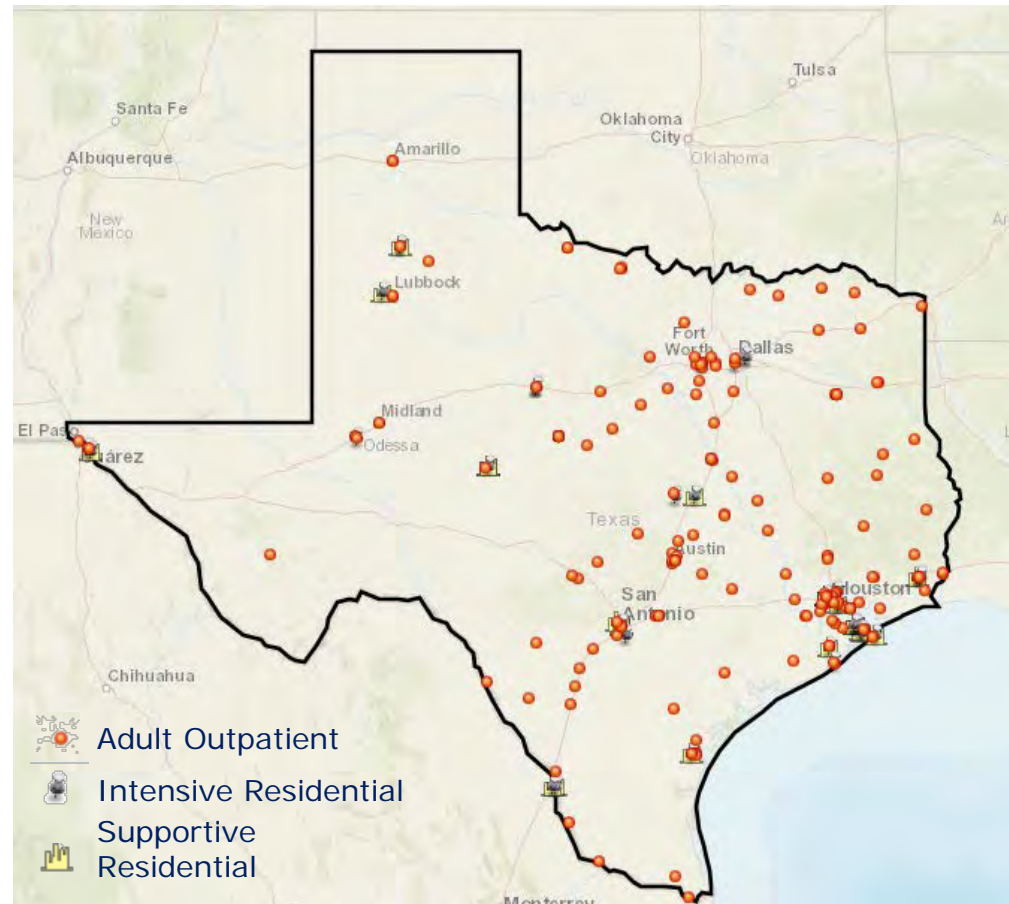
*Includes state, substance abuse prevention and treatment and mental health block grants



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Substance Use Disorder: Treatment Services for Adults

- Approximately 35,000 individuals served annually
- Approximately \$48 million in annual funding





Substance Use Disorder: Eligibility for Adult Treatment Services

Eligible Populations

- Adults who meet the *Diagnostic and Statistical Manual of Mental Disorders* criteria for a substance use disorder
- Adults who meet financial criteria of below 200 percent federal poverty level

Recommended Levels of Care Based on Individual Assessments

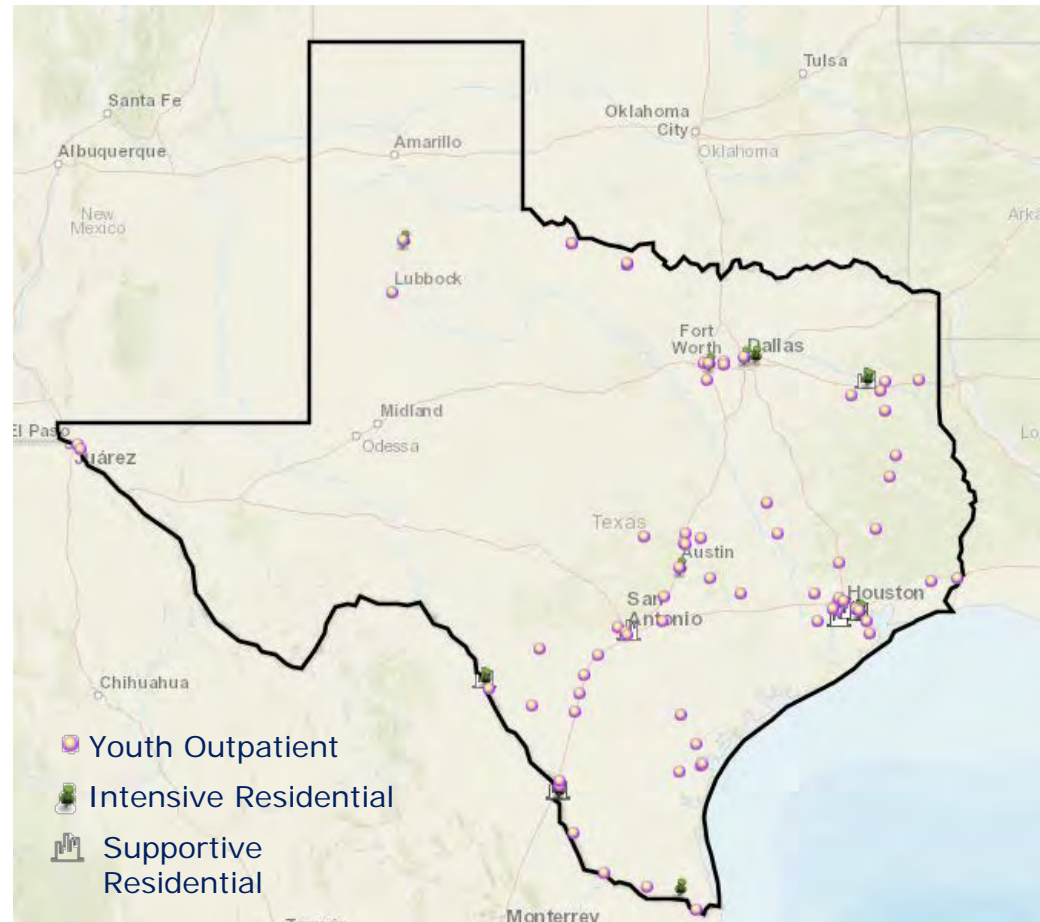
- **Detoxification:** Under the care of medical personnel, individuals determined to be physically dependent on alcohol or other substances will be monitored to safely withdraw from those substances. These individuals are referred to on-going treatment.
- **Residential:** Individuals enrolled are determined to require a residential setting to facilitate recovery from impact of substances on their lives. Services are provided 24 hours per day, 7 days per week by a multidisciplinary team.
- **Outpatient:** Individuals who enroll in these services do not require a structured environment to achieve recovery and meet their treatment goals.
- **Medication Assisted Treatment (MAT):** Individuals receive treatment to alleviate the adverse physiological effects of withdrawal from the use of opiates to meet the individualized needs of the client.



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Substance Use Disorder: Treatment Services for Youth

- Approximately 4,500 individuals served annually
- Approximately \$18 million in annual funding





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Substance Use Disorder: Eligibility for Youth Treatment Services

Eligible Populations

- Youth who meet the *Diagnostic and Statistical Manual of Mental Disorders* criteria for a substance use disorder
- Youth who meet financial criteria of below 200 percent federal poverty level

Recommended Levels of Care Based on Individual Assessments

- **Residential:** Adolescents 13 to 17 years of age enrolled are determined to require a residential setting to facilitate recovery from impact of substances on their lives. Services are provided 24 hours per day, 7 days per week by a multidisciplinary team.
 - Young adults age 18 to 21 may be admitted to the services when the screening process indicates the individual's needs, experiences, and behavior are similar to those of adolescent clients.
- **Outpatient:** Individuals who enroll in these services do not require a structured environment to achieve recovery and meet their treatment goals.



Substance Use Disorder: Medicaid Benefit

Medicaid SUD benefits are available in managed care and fee-for-service. In fiscal year 2015, treatment costs totaled \$9.7 million.

- Benefits include:
 - Assessment
 - Detoxification (ambulatory and residential)
 - Residential treatment
 - Outpatient treatment (individual and group counseling)
 - MAT
 - Screening, Brief Intervention, and Referral to Treatment
- Per the *Evaluation of Medicaid Spending and Outcomes for Substance Use Disorder Treatment* report HHSC published in November 2017, in fiscal year 2015:
 - 5,967 unique individuals received the Medicaid SUD benefit
 - The average cost per treated client with SUD was \$12,003.90 while the average cost per un-treated client with SUD was \$13,075.56



Substance Use Disorder: Medicaid 1115 Waiver

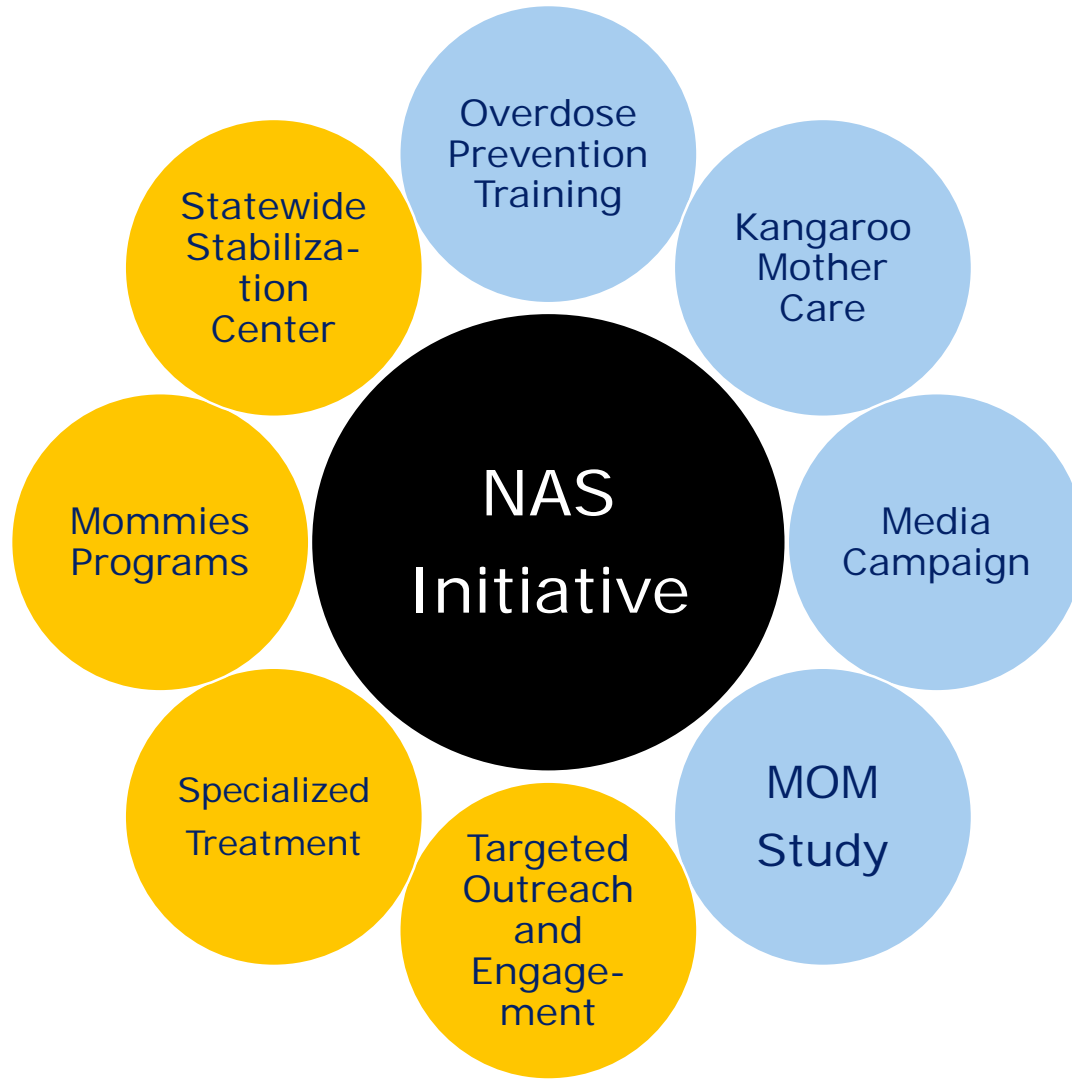
- Of the initial 1115 Waiver projects, 56 included substance use services such as:
 - Integrated physical and behavioral health treatment
 - Increased access to substance use treatment
 - Improved interventions to justice-involved individuals who also need substance use services
 - Coordinated care among health systems
- These 1115 Waiver projects collectively received more than \$432 million in the first 6 years of the Delivery System Reform Incentive Payment (DSRIP) program.
- In December 2017, the Centers for Medicare and Medicaid Services (CMS) approved a five-year extension of the 1115 waiver through September 30, 2022.
- CMS approved four additional years for the DSRIP program. HHSC must submit a DSRIP Transition Plan to CMS by October 1, 2019. This plan will include Texas' milestones to assure sustainability of delivery system reform efforts when DSRIP funding ends.
 - For example, a milestone could relate to contractual targets for Medicaid managed care organizations in 2020 - 2021 for shifting to value-based care, or to other pay-for-quality efforts in Medicaid managed care.

Substance Use Disorder: Related Legislation

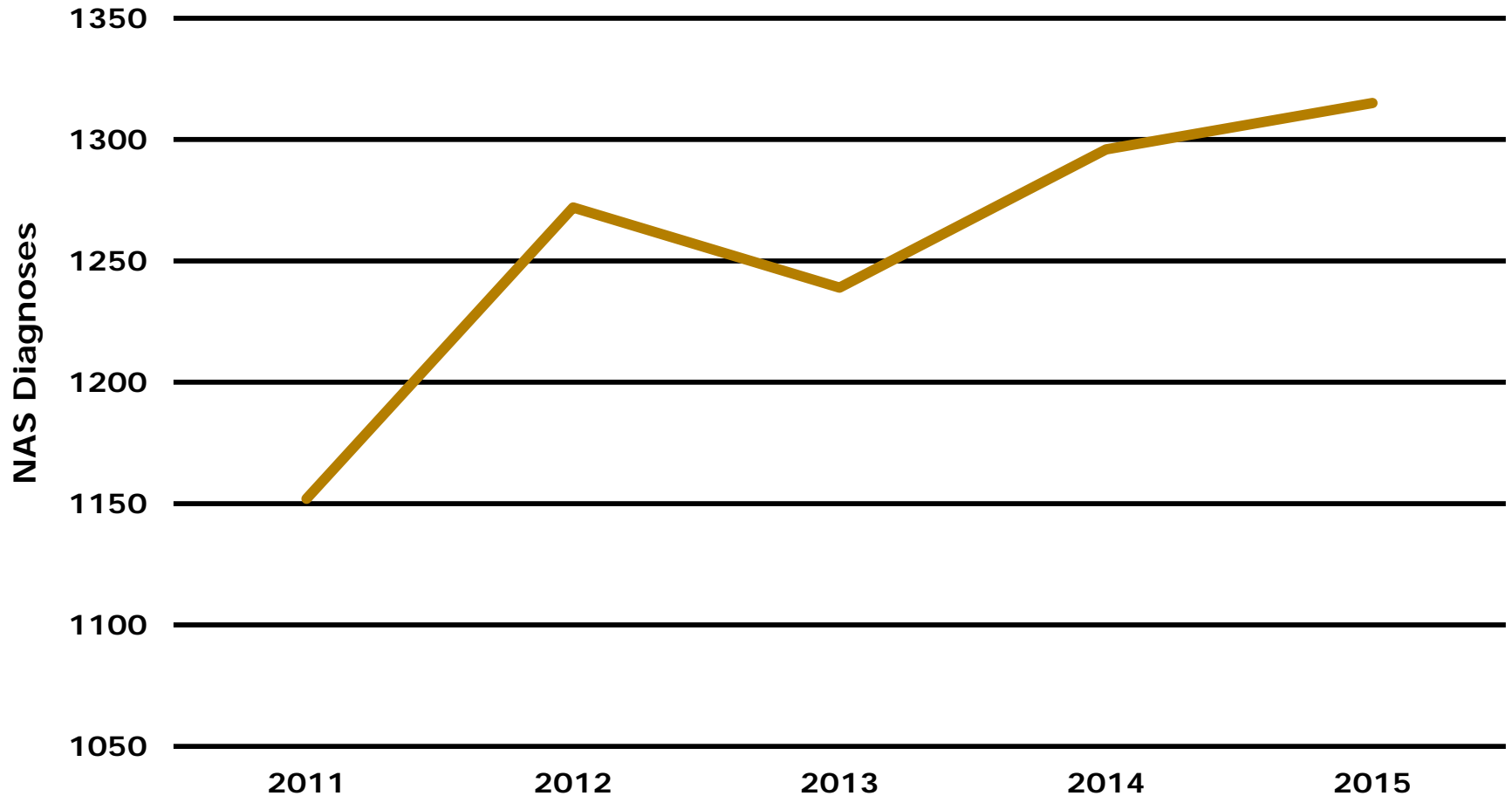
H.B. 13, 85R (2017) State Fiscal Year 2018: \$10 million State Fiscal Year 2019: \$20 million	S.B. 292, 85R (2017) State Fiscal Year 2018: \$12.5 million State Fiscal Year 2019: \$25 million
<ul style="list-style-type: none"> Continuity of care between inpatient and outpatient services 	<ul style="list-style-type: none"> Outpatient Competency Restoration
<ul style="list-style-type: none"> Transportation services 	<ul style="list-style-type: none"> Continuation of a mental health jail diversion program
<ul style="list-style-type: none"> Outpatient SUD services for adolescents 	<ul style="list-style-type: none"> Assertive Community Treatment
<ul style="list-style-type: none"> Outpatient mental health and SUD services for veterans 	<ul style="list-style-type: none"> Forensic Assertive Community Treatment
<ul style="list-style-type: none"> Building community collaboratives 	<ul style="list-style-type: none"> Intensive mental health services and SUD treatment not readily available in the county
<ul style="list-style-type: none"> Partnerships with Federally Qualified Health Clinics to provide integrated healthcare 	<ul style="list-style-type: none"> Local community hospital, crisis, respite, or residential beds



Texas Neonatal Abstinence Syndrome (NAS) Initiative



Texas Neonatal Abstinence Syndrome Trends



Neonatal Abstinence Syndrome: County share of Texas Medicaid Newborns with NAS, 2011-2015*

County	2011	2012	2013	2014	2015
Bexar	32%	33%	30%	26%	29%
Dallas	9%	12%	14%	14%	13%
Tarrant	9%	10%	10%	9%	10%
Harris	12%	13%	9%	7%	6%
Nueces	5%	4%	5%	7%	5%

*Of the total NAS designated births in Texas



Neonatal Abstinence Syndrome: Texas Medicaid NICU Data

Data Points	2011	2012	2013	2014	2015
Total Length of Stay (LOS)	18,017	20,989	21,317	19,122	20,549
Average LOS	26.7	27.2	26.7	22.1	20.5
Total Cost in Millions	\$27.3	\$27.7	\$29.2	\$28.1	\$28.7
Average Cost	\$40,586	\$35,998	\$36,642	\$32,589	\$28,710
All Medical Care for First Year of Life in Millions	\$44.3	\$45.4	\$43.2	\$48.1	\$56.7





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Maternal Mortality: Maternal Opioid Morbidity Study (MOMS)

MOMS emerging themes:

- Losing the baby
- Need for support
- Exposure to trauma
- Mental health symptoms



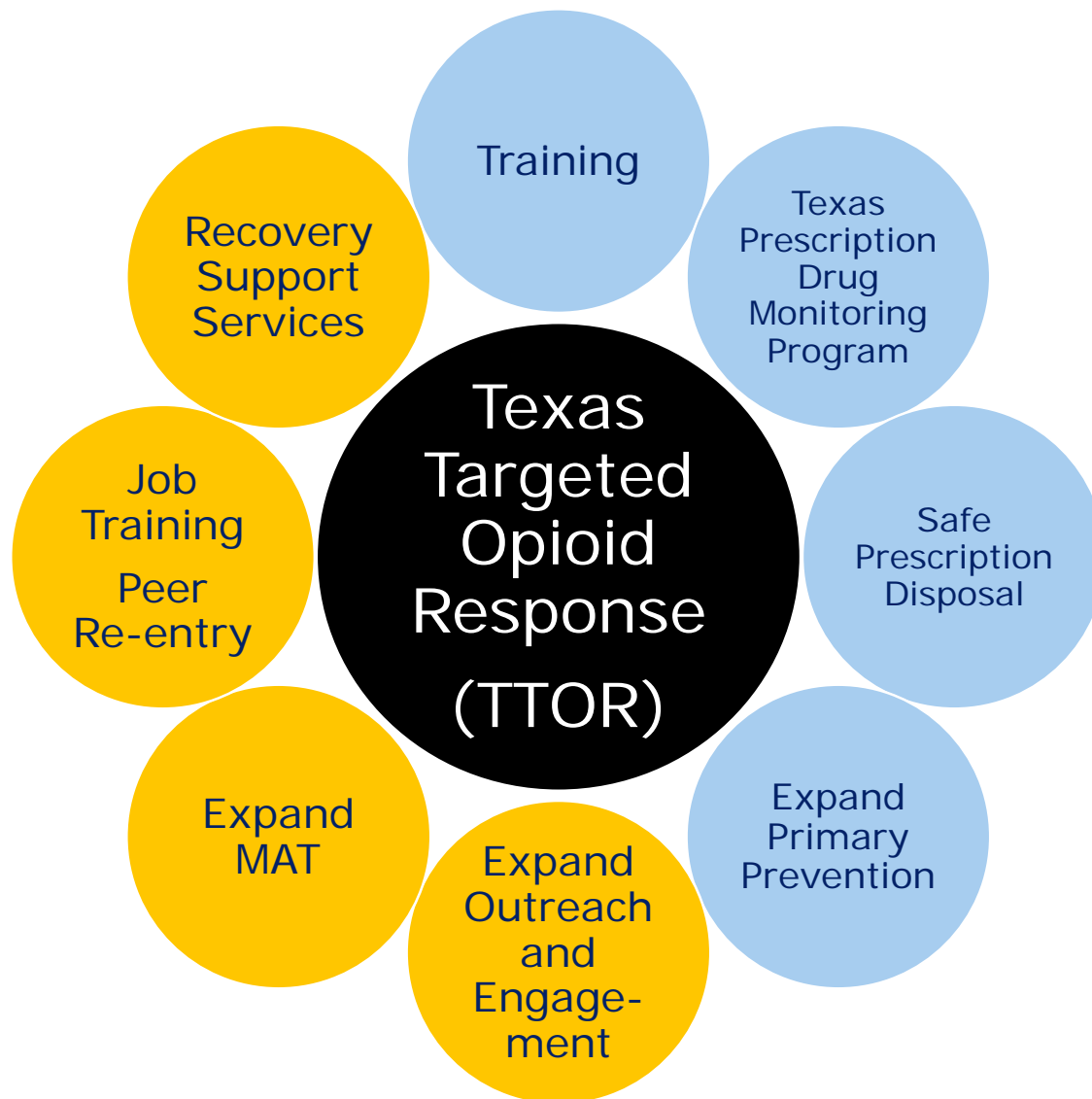
Maternal Mortality: Statistics

<i>Cause of Death</i>	<i>While Pregnant</i>	<i>0-7 Days Post-partum</i>	<i>8-42 Days Post-partum</i>	<i>43-60 Days Post-partum</i>	<i>61+ Days Post-partum</i>	<i>Total</i>
<i>Amniotic Embolism</i>	1	9	0	0	0	10
<i>Cardiac Event</i>	2	12	9	5	27	55
<i>Cerebrovascular Event</i>	0	8	9	1	9	27
<i>Drug Overdose</i>	0	3	7	5	49	64
<i>Hemorrhage</i>	3	12	2	0	3	20
<i>Homicide</i>	2	1	5	2	32	42
<i>Hypertension/Eclampsia</i>	0	7	4	0	7	18
<i>Infection/Sepsis</i>	1	3	14	3	11	32
<i>Pulmonary Embolism</i>	2	3	4	2	2	13
<i>Substance Use Sequelae (e.g., liver cirrhosis)</i>	0	0	2	0	3	5
<i>Suicide</i>	0	1	2	2	28	33
<i>Other</i>	5	5	6	3	44	63
<i>Total</i>	16	64	64	23	215	382



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Texas Targeted Opioid Response Grant - \$27 Million

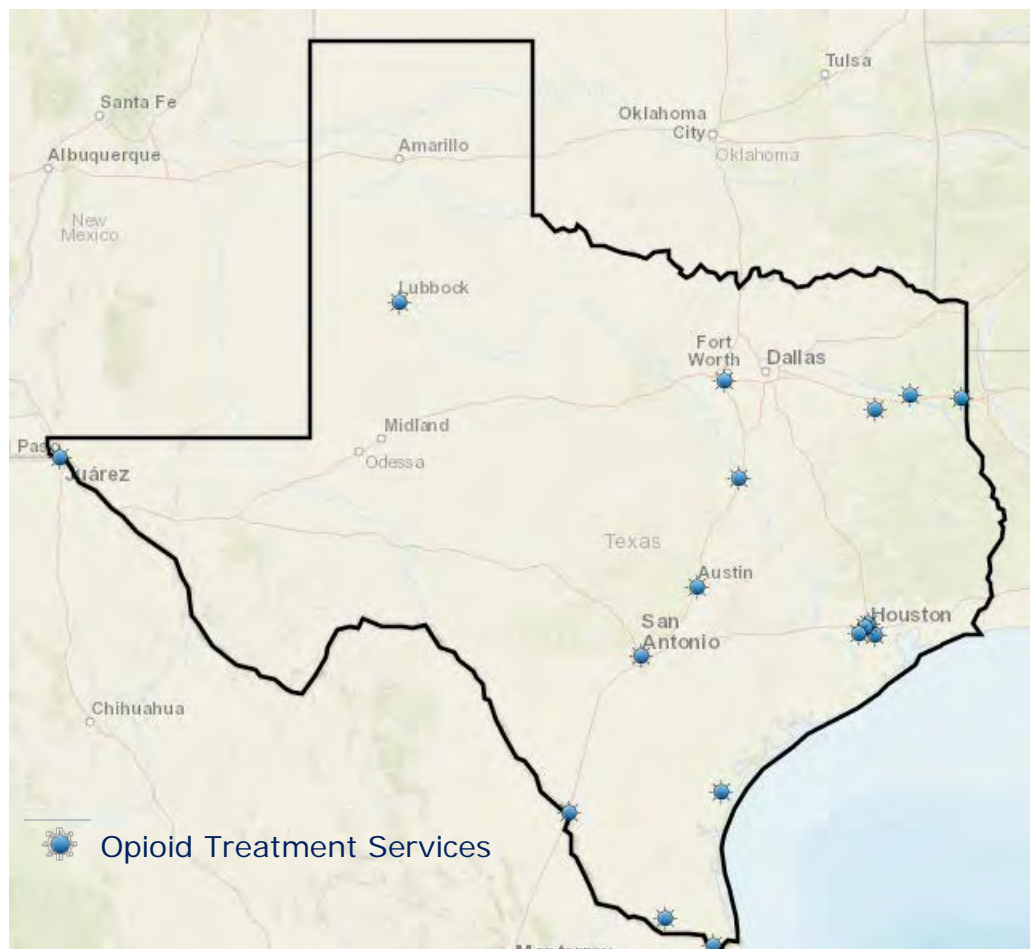




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Substance Use Disorder: Opioid Treatment Services

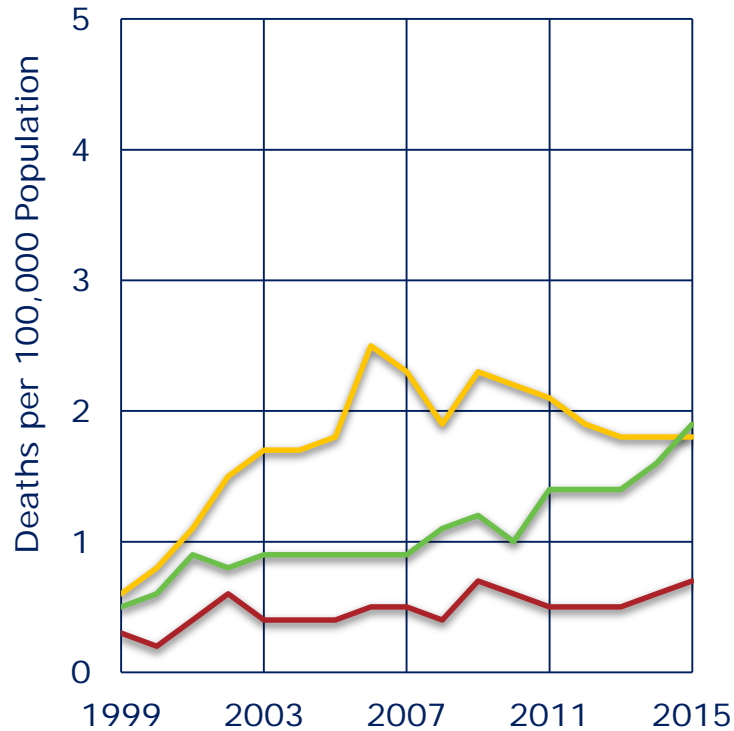
- Approximately 2,700 individuals served annually
- Approximately \$9 million in annual funding



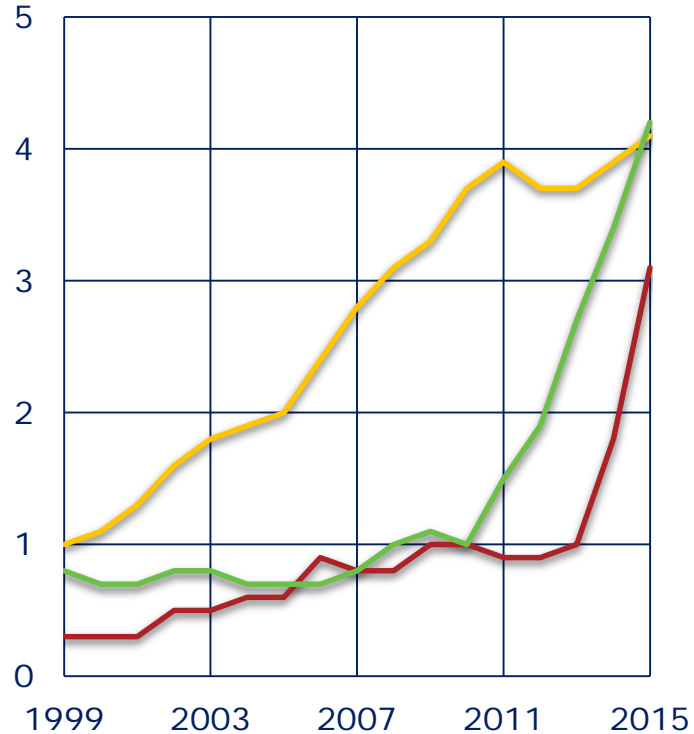
Opioid Epidemic: Overdose Trends

Opioid-Related Overdose Death Rates: 1999-2015

Texas



United States



— Natural and Semi-Synthetic Opioids — Heroin — Synthetic Opioids



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Texas Targeted Opioid Response: Prevention

Projects:

- Distributing federal guidelines and related materials to all prescribers in Texas
- Developing marketing campaign to increase Texas Prescription Monitoring Drug Program registration and utilization
- Supporting safe prescription drug disposal
- Expanding universal prevention programming

Partners:

Pharmacists
Physicians
Dentists
Veterinarians

Substance
Abuse
Prevention
Providers and
Coalitions

Schools

Community
Organizations

Media

Law
Enforcement



Texas Targeted Opioid Response: Training

Projects:

- “Opioid 101”
- Opioid Misuse Prevention Summit
- Comprehensive Overdose Prevention
- MAT Advocacy
- Suicide & Overdose Prevention

Partners:

MAT Providers

Substance Abuse Prevention Provides and Coalitions

Schools

Community Organizations

Oxford Houses

Pharmacists
Physicians
Dentists
Veterinarians

Public Health

LMHA/LBHA

Law Enforcement

Criminal Justice

Recovery Coaches



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Texas Targeted Opioid Response: Intervention and Treatment

Projects:

- OSAR expansion
- Mobile Crisis Outreach Teams responding to opioid-related crisis events
- Expanding MAT
- Expanding Office-Based Opioid Treatment
- Adding treatment for comorbid conditions such as hepatitis C

Partners:

Public
Health

MAT
Providers

LMHA/
LBHA



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Texas Targeted Opioid Response: Recovery

Projects:

- Hiring additional Recovery Coaches
- Expanding sober living
- Expanding peer re-entry program
- Adding supported employment programs to partner with MAT providers

Partners:

Criminal
Justice

MAT
Providers

LMHA/
LBHA

Oxford
Houses

Emergency
Departments

Emergency
Medical
Service



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Texas Targeted Opioid Response: Living Downstream

- Many individuals with benefits not identified and treated prior to poverty and uninsured status
- High need, but flat or limited funding for indigent services
- Texas population is growing
- Large geographic areas without providers
- Cost driver for medical and mental health system



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Texas Targeted Opioid Response: Evidence-Based Practices Implications

- The level of care and “post-treatment” supports an individuals needs is not always available or close to home.
- Most individuals experiencing Opioid Use Disorder are not obtaining medication assisted treatment.
- The availability of supportive housing, supportive employment, and peer services is limited.



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Texas Targeted Opioid Response: Reversing the Trend

- Identify and ensure appropriate access for the insured
- Fuller treatment/support array including peer engagement
- Decreased indigent demand
- Better geographic coverage
- Allows smaller purchases of substance use disorder treatment for the indigent
- More access to appropriate levels of care in local areas
- Promotes engagement and positive outcomes: closer to supports, homes, and jobs
- Decreases costs overall

Texas Targeted Opioid Response: Barriers and Recommendations

Barriers	Recommendations
1. Consistency in SUD-related policy and guidelines across state systems	
2. Lack of geographic access to the full SUD service array	2. Address gaps by providing SUD treatment as appropriate
3. Lack of engagement and retention of patients with SUD	3. Improve linkage from health systems to recovery support services
4. Lack of screening and appropriate referrals to treatment in healthcare systems	4. Increase training and implementation of Screening Brief Intervention and Referral to Treatment (SBIRT) including available resources



APPENDIX



Texas Targeted Opioid Response: Contracts Summary by Region

