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

Sonja Gaines
Associate Commissioner, Intellectual and Developmental Disability and Behavioral Health Services, Health and Human Services Commission

Lisa Ramirez
Director, Texas Targeted Opioid Response Project, Health and Human Services Commission
Presentation Outline

• Substance Use Disorder (SUD) Overview

• Maternal Mortality and Neonatal Abstinence Syndrome

• Texas Targeted Opioid Response Grant
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.
## Substance Use Disorder: Statewide Coordination

### Total SUD Funding for Coordinating Council Agencies

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

Outreach, Screening, Assessment, and Referral Services (LMHA / OSAR)
- Main Offices
- Satellite Offices
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.
## Substance Use Disorder: HHSC Non-Medicaid Indigent Care Programs

<table>
<thead>
<tr>
<th>Service Array</th>
<th>Program</th>
</tr>
</thead>
</table>
| Prevention    | • Youth Prevention Education  
                            • Prevention Resource Centers  
                            • Community Coalition Partnerships |
| Intervention  | • Outreach, Screening, Assessment and Referral  
                            • Pregnant and Postpartum Intervention  
                            • Parenting Awareness and Drug Risk Education  
                            • Rural Border Initiative  
                            • HIV Outreach  
                            • HIV Early Intervention |
| Treatment     | • Adults: Detox, Residential, Outpatient, Specialized Women, Medication Assisted, Co-Occurring, HIV Residential  
                            • Youth: Intensive Residential; Supportive Residential, Outpatient |
| Recovery      | • Recovery Support Services  
                            • Peer Support and Peer Recovery Services |
| Initiatives   | • 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 |
## Substance Use Disorder: Funding

### Non-Medicaid Indigent Care*

<table>
<thead>
<tr>
<th>Service</th>
<th>FY 2018 Total Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>$108 million</td>
</tr>
<tr>
<td>Intervention</td>
<td>$22 million</td>
</tr>
<tr>
<td>Prevention</td>
<td>$47 million</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$177 million</strong></td>
</tr>
</tbody>
</table>

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

*Includes state, substance abuse prevention and treatment and mental health block grants
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.
Substance Use Disorder: Treatment Services for Youth

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

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Fiscal Year 2018: $10 million</strong></td>
<td><strong>State Fiscal Year 2018: $12.5 million</strong></td>
</tr>
<tr>
<td><strong>State Fiscal Year 2019: $20 million</strong></td>
<td><strong>State Fiscal Year 2019: $25 million</strong></td>
</tr>
<tr>
<td>• Continuity of care between inpatient and</td>
<td>• Outpatient Competency Restoration</td>
</tr>
<tr>
<td>outpatient services</td>
<td></td>
</tr>
<tr>
<td>• Transportation services</td>
<td>• Continuation of a mental health jail</td>
</tr>
<tr>
<td></td>
<td>diversion program</td>
</tr>
<tr>
<td>• Outpatient SUD services for adolescents</td>
<td>• Assertive Community Treatment</td>
</tr>
<tr>
<td>• Outpatient mental health and SUD</td>
<td>• Forensic Assertive Community Treatment</td>
</tr>
<tr>
<td>services for veterans</td>
<td></td>
</tr>
<tr>
<td>• Building community collaboratives</td>
<td>• Intensive mental health services and</td>
</tr>
<tr>
<td></td>
<td>SUD treatment not readily available in</td>
</tr>
<tr>
<td></td>
<td>the county</td>
</tr>
<tr>
<td>• Partnerships with Federally Qualified</td>
<td>• Local community hospital, crisis,</td>
</tr>
<tr>
<td>Health Clinics to provide integrated</td>
<td>respite, or residential beds</td>
</tr>
<tr>
<td>healthcare</td>
<td></td>
</tr>
</tbody>
</table>
Texas Neonatal Abstinence Syndrome (NAS) Initiative

- Statewide Stabilization Center
- Overdose Prevention Training
- Kangaroo Mother Care
- Media Campaign
- MOM Study
- Specialized Treatment
- Targeted Outreach and Engagement
- Mommies Programs

NAS Initiative
Texas Neonatal Abstinence Syndrome Trends

NAS Diagnoses

2011 2012 2013 2014 2015
Neonatal Abstinence Syndrome: County share of Texas Medicaid Newborns with NAS, 2011-2015*

<table>
<thead>
<tr>
<th>County</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bexar</td>
<td>32%</td>
<td>33%</td>
<td>30%</td>
<td>26%</td>
<td>29%</td>
</tr>
<tr>
<td>Dallas</td>
<td>9%</td>
<td>12%</td>
<td>14%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Tarrant</td>
<td>9%</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Harris</td>
<td>12%</td>
<td>13%</td>
<td>9%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Nueces</td>
<td>5%</td>
<td>4%</td>
<td>5%</td>
<td>7%</td>
<td>5%</td>
</tr>
</tbody>
</table>

*Of the total NAS designated births in Texas
# Neonatal Abstinence Syndrome: Texas Medicaid NICU Data

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

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

The table above shows the distribution of maternal mortality causes across different post-partum periods, from 0-7 days to 61+ days post-partum, with a total count for each cause.
Texas Targeted Opioid Response Grant - $27 Million

- Training
- Recovery Support Services
- Job Training Peer Re-entry
- Expand MAT
- Expand Outreach and Engagement
- Texas Prescription Drug Monitoring Program
- Safe Prescription Disposal
- Expand Primary Prevention

Texas Targeted Opioid Response (TTOR)
Substance Use Disorder: Opioid Treatment Services

- Approximately 2,700 individuals served annually
- Approximately $9 million in annual funding
Opioid Epidemic: Overdose Trends


Texas

United States

Deaths per 100,000 Population

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

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
- Pharmacists
- Physicians
- Dentists
- Veterinarians
- Substance Abuse Prevention Providers and Coalitions
- Public Health
- LMHA/LBHA
- Schools
- Law Enforcement
- Community Organizations
- Oxford Houses
- Criminal Justice
- Recovery Coaches
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
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
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
Texas Targeted Opioid Response: Evidence-Based Practices
Implications

• The level of care and “post-treatment” supports an individual's 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.
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

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