



Hogg Foundation for Mental Health

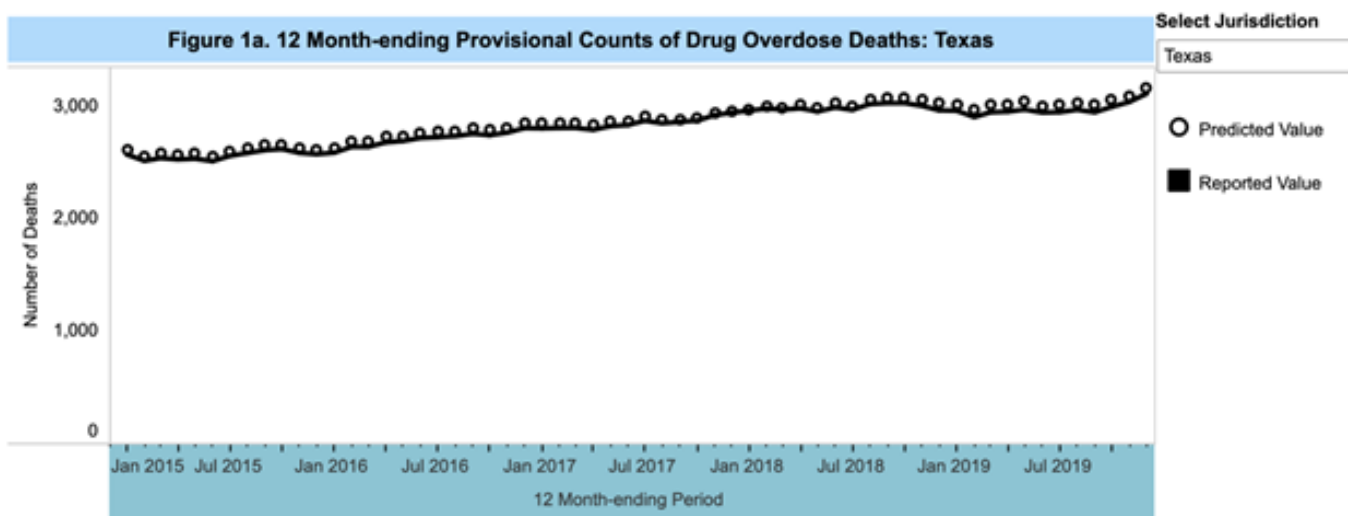
House Public Health Committee Request for Information Interim Charge 1 – Related to Controlled Substances/Opioids October 16, 2020

Thank you for allowing the Hogg Foundation for Mental Health to provide comments on this important issue. The foundation is part of the Division of Diversity and Community Engagement at the University of Texas at Austin. These comments will focus on how Texas can best prepare to utilize state and federal investments in supporting individuals living with substance use conditions. Substance use conditions—like diabetes, cancer, heart disease, and asthma—are chronic diseases caused by behavioral, environmental, and biological/genetic factors.¹ It is important to understand that substance use prevention, treatment, and recovery is not a linear process, and different levels of care are often needed non-sequentially. Texas needs to foster a continuum of care for substance use across the state that is affordable and accessible to those who need it.

Substance Use in Texas

Substance use and overdose trends in Texas have been increasing and evolving. Texas saw an increase in overall overdose deaths in 2019, as is illustrated in Figure 1.* According to the Center for Disease Control (CDC), over 3,100 Texans lost their lives due to an overdose in 2019; that is 8 to 9 deaths a day we can work towards preventing.² While Texas has focused its efforts largely on the use of prescription opioids, there have been increases in deaths caused by a number of other substances, namely methamphetamine and other stimulants.³

Figure 1. Drug Overdose Deaths in Texas, 2015-2019



*Note: Due to pending investigations of death and assumed underreporting, the CDC shows both the reported numbers, as well as the slightly higher predicted deaths.

Source: Ahmad, F.B., Rossen, L.M., & Sutton, P. (August 2020). *Provisional drug overdose death counts*. National Center for Health Statistics. 2020. Retrieved from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

COVID-19 Impact

Across the country, there is mounting evidence pointing to a continued and exacerbated substance use and overdose epidemic as a result of COVID-19. National data suggests that overdoses have not only increased since the pandemic began, but are accelerating as it persists.

- Compared to 2019, national overdose rates (both fatal and non-fatal) increased by 18 percent in March 2020, 29 percent in April 2020, and 42 percent in May 2020.⁴
- From March-July 2020, an analysis of over 500,000 urine tests conducted by a national laboratory service found an increase in use of non-prescribed fentanyl (31.96 percent), methamphetamine (19.9 percent), cocaine (12.5 percent), and heroin (12.5 percent).⁵
- National alcohol sales increased by 27 percent from March-August 2020.⁶
- More than 40 states have reported increases in opioid-related mortality during the COVID-19 pandemic.⁷
- The federal Overdose Detection Mapping Application Program (ODMAP) tracks overdoses nationwide and issued 191 percent "spike alerts" in January to April 2020 than in the same time period in 2019. An ODMAP spike alert is triggered when ODMAP submissions increase two standard deviations above the mean in the past 24 hours for a particular county and state.⁸

As the country and world navigate COVID-19 and its impact on individual and community well-being, the rise of substance use and subsequent overdoses extend to Texas. According to a projection and analysis completed by the Meadows Mental Health Policy Institute, for every increased percentage point in unemployment in Texas during the COVID-19 recession across a year, an additional 10,000 Texans will struggle with substance use and approximately 90 will experience a fatal overdose.⁹

While statewide data has not been made readily available, localized data confirm these challenges:

- Williamson County has seen a near five-fold increase in opioid overdose calls;¹⁰
- Houston has seen a 31 percent increase in overdose emergency calls during January-March 2020 compared to 2019;¹¹
- Dallas area clinics report being overwhelmed by cases involving overdoses and relapses.¹²

The American Medical Association has compiled national and state specific reports highlighting the impact of COVID-19 on substance use and overdoses. As of September 8, 2020, 158 articles across 42 states were included and can be found at <https://www.ama-assn.org/system/files/2020-09/issue-brief-increases-in-opioid-related-overdose.pdf>

Emerging evidence suggests that the rise in increased substance use and number of overdoses is multifaceted. There are a myriad of contributing factors including isolation, lack of available resources, and the economy. Conditions that often increase the risk of substance use, relapse, or overdose have been heightened by the pandemic.^{13,14,15,16}

Continuum of Care

What an individual need often changes and can vary person to person. The type and intensity of prevention, treatment, and recovery supports and services depend on individual risk factors, life circumstances, complexity of challenges being faced, and where the person is in their process. This requires availability of an array of evolving services that respond to various needs and stages.¹⁷

According to HHSC, the TTOR program has implemented a continuum of services model to target prevention, treatment, and recovery focus areas.¹⁸ In HHSC's model, TTOR treatment only focuses on expanding and increasing access to office-based and clinic-based treatment for medicated assisted treatment (MAT).¹⁹ While this may be appropriate for some, the larger continuum of treatment options are absent. For those in need of other treatment

such as detoxification, residential, partial hospitalization, or intensive outpatient, the lack of funding prioritization may limit their availability.

While targeted approaches for specific needs are not inherently wrong, the emphasis often creates gaps and leaves many other individuals' needs unmet. It should be stressed that MAT is intended to be the use of medications, ***in combination with counseling and behavioral therapies***, to provide a “whole-patient” approach to the treatment of substance use disorders.²⁰ We know that addressing substance use and supporting someone in recovery is much broader and more complex than a prescription. As we see an increase and evolution of types of substances used in Texas, it is important to understand that MAT is not a one-size fits all approach. Further, there are no FDA-approved MAT medications available for non-opioid substances like stimulants and benzodiazepines. It is equally – if not more important – to ensure access to services and supports (i.e. transportation, finances, finding a provider, etc.) in conjunction with MAT medications. Investing solely in one intervention, for one substance without a comprehensive approach, often leads to unintended consequences such as lengthy waitlists, inability to access services, or the potential risk of transitioning to other substances.²¹

Recovery Support Services

A fundamental part of providing an adequate continuum of care for substance use is the investment and sustainability of recovery support services.

Recovery Housing

Identified through Gap #12 in the Texas Statewide Behavioral Health Strategic Plan, access to housing is a critical issue across the state, but more so for those with substance use conditions in our public behavioral health system. Recovery houses allow for integration into the surrounding community and provide a setting that: connect residents to supports and services, are centered on peer support, and are free from substance use. Individuals living in recovery housing have a greater chance of achieving long-term recovery than those who do not live in recovery-oriented environments.²² Living in recovery housing has been associated with positive outcomes including decreased substance use, reduced probability of relapse/reoccurrence, and lower rates of incarceration.²³

Peer Support

Peer recovery coaches are an integral part of recovery support services for someone in recovery. After the passage of HB 1486 (85th, Price/Schwertner), services offered by certified recovery coaches became eligible for Medicaid reimbursement. One long-term study focusing on substance use peer specialists in Texas, also called recovery coaches, demonstrated exciting results at 12 months:

- Housing status improved, with 54 percent of long-term coaching participants owning or renting their own living quarters after 12 months, compared to 32 percent at enrollment.
- Overall employment increased to 58 percent after 12 months from 24 percent at enrollment.
- Average wages increased to \$879 per month after 12 months from \$252 at enrollment.
- Healthcare utilization dropped after 12 months of recovery coaching:
 - Outpatient visits dropped to 815 visits from 4,118 at enrollment
 - Inpatient care days dropped to 1,117 days from 9,082 at enrollment
 - Emergency room visits dropped to 146 from 426 at enrollment.²⁴

The study concludes these results suggest recovery coaching saved \$3,422,632 in healthcare costs, representing an estimated 72 percent reduction.²⁵

Recommendations

Texas should work to ensure timely and affordable access to services and supports to those living with substance use conditions. According to HHSC, for every \$1 invested in treatment, a \$4 to \$7 return is yielded in reduced drug-related crime, criminal justice costs, and theft. When considering cost savings related to health care, total savings can exceed costs by a ratio of 12:1.²⁶ Utilizing the criminal justice or hospital systems to address substance use

simply does not work. Some recommendations that move our state toward more effective substance use treatments and supports include:

1. Enacting a Good Samaritan law. Though the laws vary in protections, 45 states and the District of Columbia have passed overdose Good Samaritan laws. This is a no-cost solution to saving lives and has resulted in a reduction of overdose-related deaths. States with Good Samaritan laws experienced a 15 percent decrease in overall opioid deaths and an even greater decrease in deaths among Black individuals (26 percent) and Latinx individuals (16 percent).²⁷
2. Diversifying substance use treatment funded through TTOR funds beyond expanding and increasing access to clinic-based and office-based MAT. Individuals need to be able to access a wider-range of substance use treatment such as detoxification, residential treatment centers, partial hospitalization, and intensive outpatient treatment.
3. Increasing TTOR funds invested toward recovery-oriented supports targeted at increased availability of peer recovery coaches, Recovery Community Organizations (RCOs), recovery housing, and community-based aftercare.
4. Investing GR toward substance use prevention, treatment, and recovery. Per HHSC, federal funding accounts for 73 percent of total HHSC funding for substance use prevention, treatment, and recovery in Texas, of which a large portion is specific to opioid use. Conversely, 27 percent comes from state general revenue.²⁸ Specifically, Texas should invest in:
 - a. Services and supports not tied to a specific substance use disorder or substance used;
 - b. Universal interventions such as school-based programs that promote social and emotional competencies to reduce stress, express emotion appropriately, and resist negative social influences. Because these interventions focus on the entire population, they tend to have the greatest overall impact on substance misuse and related harms compared to interventions focused on individuals alone;²⁹
 - c. Increase reimbursement rates for peer and recovery coach support services. The current rates are inadequate and limit providers from being able to offer these services; and
 - d. Increased provider rates to expand the number of substance use treatment providers across the state.
5. Evaluating the prevalence of recovery-oriented services provided in conjunction with induction of MAT medications. Additionally, evaluating available support for individuals who want to complete or transition from MAT medications.
6. HHSC and the Office of the Governor should consult and include individuals in recovery with lived experience in the decision-making related to the use of any awards received from multi-state opioid settlements including appointments to state advisory committees resulting from the settlement.

Summary

Services and supports provided to prevent and treat substance use and support recovery are cost-effective, build life skills, and enhance protective factors with the goal of supporting people in being productive members of society.³⁰ Especially in light of the COVID-19 pandemic, it is crucial for Texas to prepare to have the capacity to support the increased needs of individuals with substance use conditions. Now more than ever, attention must focus on building a strong integrated system focused on recovery and healthy communities. We are hopeful that you will consider the information offered during the interim and the recommendations we have provided. As always, we are happy to provide additional information upon request.

Submitted by The Hogg Foundation for Mental Health. For more information, please contact Shannon Hoffman, MSW, LCDC | Policy Specialist | shannon.hoffman@austin.utexas.edu | 512-471-7627 | 3001 Lake Austin Blvd., Austin, TX 78703

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