



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

**House Select Committee on Opioids & Substance Abuse:
Substance Use Disorders, Service Delivery, and Policy Solutions**

Andy Keller, PhD | March 27, 2018

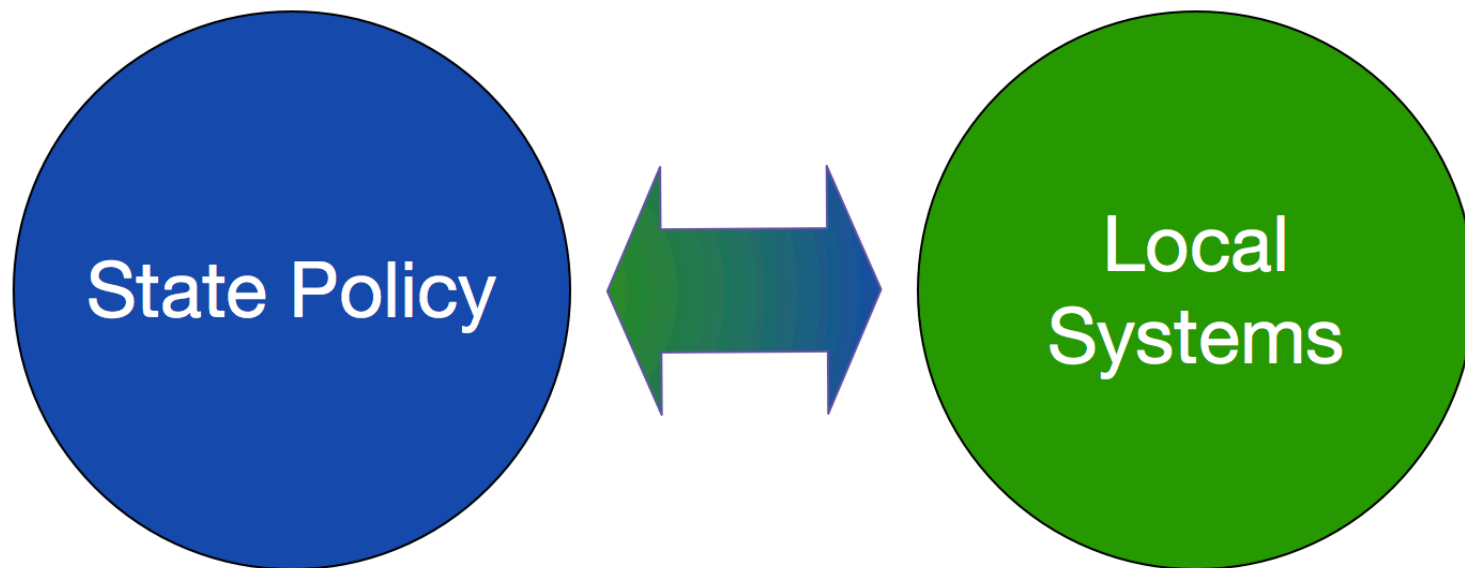
Vision, Mission, & Core Change Strategy

Vision

We envision Texas to be the national leader in treating people with mental health needs.

Mission Statement

To provide independent, non-partisan, and trusted policy and program guidance that creates systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.



Substance Use Disorder

A substance use disorder (SUD) is a medical illness involving: (1) repeated misuse and (2) functional impairment.

- *A pattern of harmful, continued use, not occasional misuse.*
- Includes a spectrum from **mild** to **severe**.
- **Severe SUD** is commonly referred to as addiction and causes *significant impairment* in a person's life.

Nearly eight of every 100 Texans have a substance use disorder.

Texas Prevalence	Major Depression	SUDs
Youth Ages 12-17	200,000	140,000
Adults Ages 18+	1,450,000	1,650,000
Total	1,650,000	1,800,000

Youth Substance Use and SUDs (2015)

Among Youth Ages 12-17

Substance	Substance Use		Substance Use Disorder – Mild		Substance Use Disorder – Moderate and Severe	
	Rate	Estimate	Rate	Estimate	Rate	Estimate
Alcohol	10%	250,000	1.9%	45,000	1%	30,000
All Illicit Drugs	N/A	N/A	1.7%	40,000	1.9%	45,000
Marijuana	12%	290,000	N/A	N/A	N/A	N/A
Cocaine	0.7%	15,000	N/A	N/A	N/A	N/A
Heroin	0.05%	1,000	N/A	N/A	N/A	N/A
Methamphetamine	0.4%	10,000	N/A	N/A	N/A	N/A

Adult Substance Use and SUDs (2015)

Among Adults Ages 18+

Substance	Substance Use		Substance Use Disorder – Mild		Substance Use Disorder – Moderate and Severe	
	Rate	Estimate	Rate	Estimate	Rate	Estimate
Alcohol	53%	10,600,000	4%	760,000	3%	650,000
All Illicit Drugs	N/A	N/A	0.6%	110,000	1.5%	300,000
Marijuana	10%	2,000,000	N/A	N/A	N/A	N/A
Cocaine	2%	300,000	N/A	N/A	N/A	N/A
Heroin	0.1%	25,000	N/A	N/A	N/A	N/A
Methamphetamine	0.4%	75,000	N/A	N/A	N/A	N/A

Access to Treatment in the Public System

Substance Use Disorder Specific Spending in Texas	FY18-19 All Funds
Health and Human Services Commission (HHSC) Non-Medicaid	\$380 Million
Department of Criminal Justice (TDCJ)	\$165 Million
Department of Family and Protective Services (DFPS)	\$17 Million
All Other Agencies	None Identified
SUBTOTAL: 85R Cross-Article Summary	\$562 Million
HHSC Medicaid and CHIP Expenditures	Not Broken Out
GRAND TOTAL	Unknown

Served through the HHSC contracted provider system (2016):

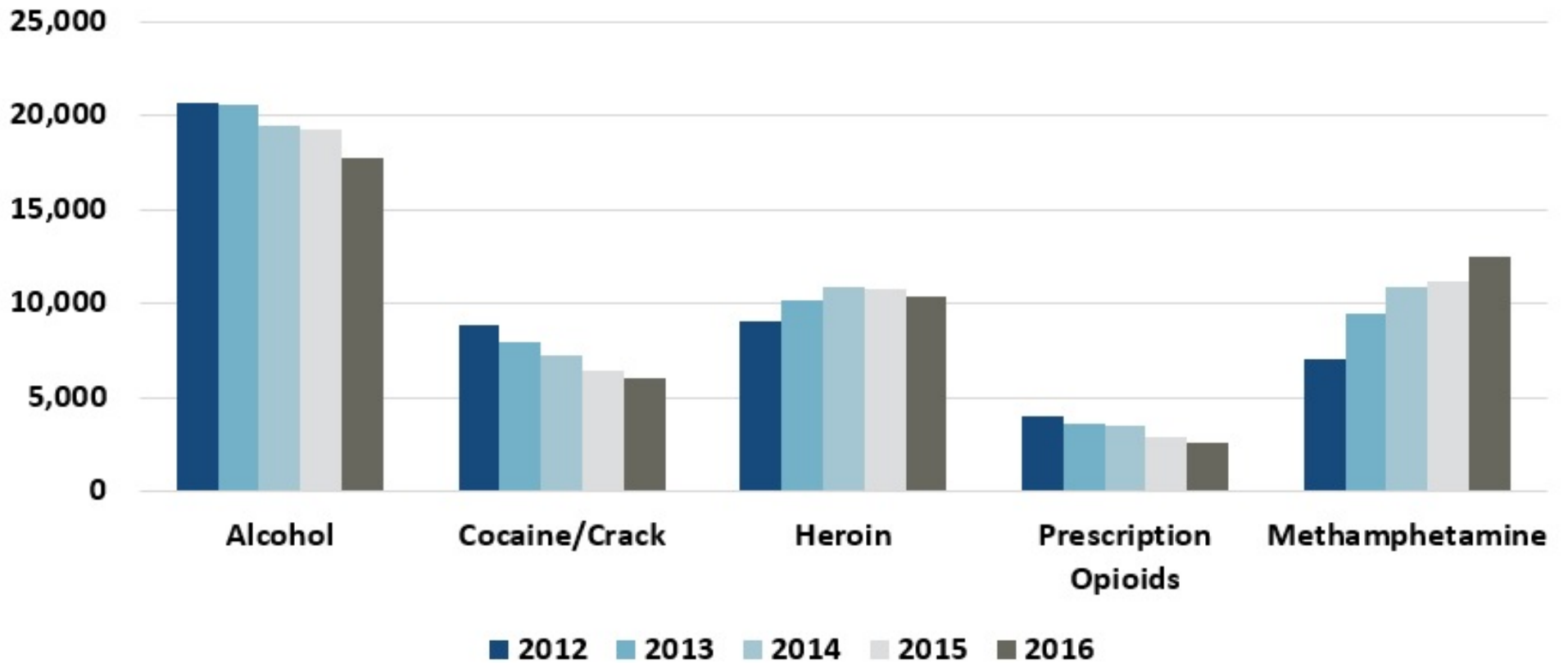
- Just under 35,000 of approximately 680,000 adults in poverty.
- Just under 5,000 out of over 130,000 youth with SUD needs.

Served through Medicaid (2015):

- Just under 6,000 adults received Medicaid-funded SUD treatment.
- An unknown number of youth with SUD needs received care.

HHSC Treatment Admissions

Treatment Admissions by Select Substances, 2012 - 2016



Treatment in the Private System

How many get care?

- This is unknown, but we estimate **one in three**.

What kind of care do they get?

- Coverage typically provides for **only a short-term episode of care and a subset of all needed services** – inpatient, outpatient, brief residential, some medications.
- Typically **pays less than the cost of delivering SUD services** (in contrast to MRIs, catheters, labs).
- May require **prior authorization** or other **barriers to care**.
- SUD services are typically managed as a **separate cost center**, requiring **two contracts** – one for physical health, one for behavioral health.

Access in the Private System

What about private health insurance?

- Federal and state **parity laws** require that *IF your health plan covers substance use services*, those services must be provided **at the same level as other medical services**.
- **85(R) HB 10** provided the Texas Department of Insurance (TDI) with **parity enforcement authority**.
- **Self-funded health plans** are regulated under federal law (ERISA). Covered benefits vary by plan and employer.

The cost of unmet needs in the private sector is unknown. However, unmet needs drive hundreds of millions of dollars annually in emergency room costs and result in higher costs for providing other, non-SUD medical services to people with unmet SUD needs.

Why Should Texans Care About SUDs?

- SUDs are the leading contributor to **children entering the child protective services system** (two-thirds of cases in 2016).
- Drug overdose is a leading cause of **maternal deaths in Texas**, most of which are due to licit or illicit use of **prescription opioids**.
- **Opioids** (prescription and heroin) kill over 1,000 Texans per year. There were 987 alcohol-related motor vehicle deaths in Texas in 2016 and 577 methamphetamine-related deaths.
- Unmet SUD needs result in an estimated **\$350 million per year in emergency room charges** (excluding costs for comorbid medical conditions, intoxication-caused accidents, and co-occurring psychiatric conditions).

SUDs and Mental Illness: Prevalence

Individuals with severe SUDs commonly have co-occurring mental health conditions that also require intervention.

- Research conservatively estimates that at least **one-third of adults** and **one-fourth of youth** with SUDs in Texas have co-morbid psychiatric conditions.
 - The reality is likely much higher, as studies of individuals in SUD treatment programs report that up to **two-thirds of people with SUDs** also have mental illnesses.
- Estimates for people with serious mental illness (SMI) and co-occurring SUD range from **23% to over 50%**.
- For adults trapped in the cycle of super utilization of jails and ERs, rates of co-occurring SUD range from **50% to 85%**.

SUDs and Mental Illness: Integrated Care

People with co-occurring psychiatric and substance use disorders (COPSD) are generally best served through integrated care, where both disorders are addressed at the same time with appropriate interventions for each.



The Opioid Crisis

- **Opioids** include **prescription drugs** (e.g., Vicodin, OxyContin, fentanyl) as well as **illicit drugs** (e.g., heroin).
- In Texas, **opioid-involved overdose deaths increased 400%** from 1999 to 2015.

Pathways to opioid-related misuse, overdose and death:

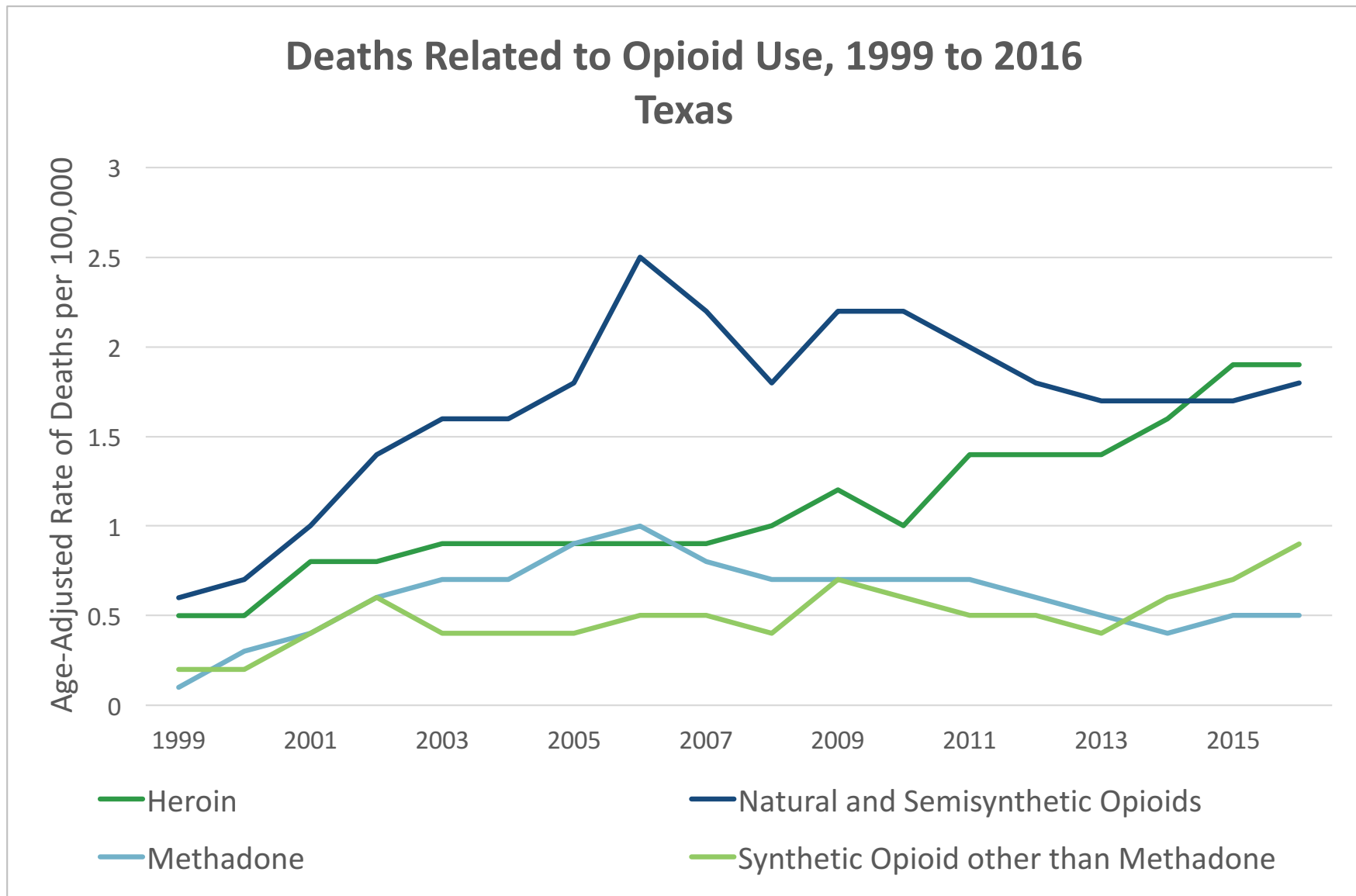
Misuse of opioids originally prescribed (appropriately or not) to treat pain.

Progression to illicit opioids (e.g., heroin) because of abrupt discontinuation of prescribed pain medication.

Progression to opioids from recreational use or addiction to other substances.

Overuse or misuse of opioids for pain by individuals who have co-occurring mental health conditions (depression, anxiety, trauma).

Deaths Related to Opioid Use in Texas



Medication-Assisted Treatment (MAT)

Medication-assisted treatment (MAT) combines effective medication and supportive counseling to treat SUDs.

- FDA-approved medications to treat opioid use disorders include methadone, buprenorphine, and naltrexone.
- Texas only has **85 licensed providers** of methadone, which can only be dispensed by an **Opioid Treatment Program**.
- **KEY:** Any physician can prescribe buprenorphine or naltrexone.
 - **Buprenorphine** requires an **eight-hour training** to qualify for a **waiver** to prescribe and dispense.
 - **Naltrexone** does not require special training or certification.

MAJOR ISSUE: MAT is only provided to **14% of people** with **opioid use disorders** treated by HHSC-funded providers (non-Medicaid).

Federal Resources to Fight the Opioid Crisis

The 21st Century Cures Act, enacted in December 2016, made one billion dollars available to states to fight the opioid crisis.

- **Texas Targeted Opioid Response (TTOR):** the Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded Texas \$27.4 million per year in grants for two years.
- Texas should receive much more, annually, in future years.

President Trump declared the opioid crisis a national public health emergency under federal law on October 26, 2017.

The bipartisan budget agreement passed by Congress on February 9, 2018 dedicates \$6 billion in funding to fight the opioid crisis.

How Can Texas Save Lives and Reduce Costs?

- Designate the opioid crisis as a **public health emergency**.
- Formulate a plan for the **infusion of federal dollars**, aligned with state priorities.
- Promote **MAT as a necessary treatment option** for every Texan in need and mandate progress to **100% access**.
- **Prioritize expanded access to MAT** for publicly-funded care and assist **all providers** to offer MAT access.
- **Remove barriers to accessing MAT** (prescriber access, formulary and prior authorization, liability concerns), so *this treatment is as accessible for Texans as opioids are for pain management*.

How Can Texas Save Lives and Reduce Costs?

- Embrace the **use of long-acting injectable MAT** for key populations (e.g., justice-involved individuals).
- More broadly:
 - Treat **SUD as a chronic illness**, not an acute condition.
 - Promote **regional accountability** for public sector SUD outcomes, recognizing that **one size does not fit all**.
 - Use **85(R) HB 10** to ensure Texans with SUDs have **access to the care they were promised**.

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okay
to say

The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..." okaytosay.org
