Substance Use Disorder Services in Texas
Select Committee, Opioids and Substance Abuse
April 17, 2018

In November 2016, the Surgeon General released the first ever report on addiction titled *Facing Addiction in America-the Surgeon General's Report on Alcohol, Drugs, and Health*. This report provides an immense amount of statistics defining the substance use issues faced currently in the United States and explores the costs of these disorders. It defines a substance use disorder as a medical illness characterized by clinically significant impairments in health, social function, and voluntary control over substance use (as based on the Diagnostic and Statistical Manual version 5) and reports that in 2015, 20.8 million Americans aged 12 or older met the criteria for a substance use disorder. The report urges that substance use disorders be treated as a public health concern and provides a comparison to other chronic, progressive, relapsing medical conditions with similar positive outcomes. "Relapse rates for substance use disorders (40-60%) are comparable to those for other chronic diseases, such as diabetes (20-50%), hypertension (50-70%) and asthma (50-70%)." Accepting substance use disorders as a public health issue and treating as a disease assists in removing the stigma associated with these disorders and allows the need for investment in a quality, professional system of care to be realized.

Substance use disorder services in Texas range from prevention and intervention to treatment and recovery support services. Services for indigent patients/clients are primarily provided by private non-profit organizations throughout the state that are licensed by the Health and Human Services Commission. The range of services include prevention, which is provided in schools and based on teaching students to identify risk and protective factors, appropriate coping and communication skills and choices that promote total wellness; intervention-with a primary focus on pregnant and postpartum women, treatment services including: inpatient and ambulatory detoxification, residential/inpatient—youth, adult, specialized female services, women and children and HIV services, outpatient treatment, and longer term support services such as recovery support services and Co-occurring psychiatric and substance use disorder services. There are also medication assisted treatment services available in some communities. My testimony will focus primarily on treatment and recovery support services rather than prevention as I am more familiar with the various aspects of treatment.

As an example of a treatment center, Charlie's Place Recovery Center is located in Corpus Christi and provides services to over 2000 individuals per year. We have been in operation since 1965 and have served over 50,000 patients in that time. We offer inpatient and ambulatory detoxification services, Intensive and supportive residential for adults, specialized female intensive and supportive residential services, outpatient treatment, recovery support services and Co-occurring psychiatric and substance use disorder case management services(please see attachment for further description of each level of care). I have included our demographics and fact sheet with this written testimony.

Due to a lack of infrastructure available, and the funding to support it, treatment is difficult to access. Based on information provided by the Health and Human Services Commission, providers are currently funded to meet 5.8% of the identified need for indigent treatment services. In addition to the funding

not meeting the need, the per day rates supported by the funding make it difficult for providers to continue providing care. The current rates are: detox- $224/day, Residential-$108/day (Intensive), $41/day(supportive) with similar rates for specialized female services. For detox, this rate includes 24 hour nursing care, physician daily, medications, food, clothing, hygiene items, counseling, and 24 hour staff to monitor patients. For Intensive residential, these rates include 30 hours of counseling and education per week, room and board, hygiene supplies, curriculum and other necessary items, supportive treatment has the same fixed costs with 10 hours of treatment per week. In addition to rates that have not kept up with cost, a local cash match of 5% is required to maintain these contracts. These forces have combined to create a loss of infrastructure over the past few years with a number of providers ceasing to provide care. Many providers have moved to diversifying funding in an attempt to be available for more patients as well as financial viability. For example, in addition to the state contract to provide services to indigent patients, Charlie's Place also participates in all Medicaid contracts serving our region, the VA Choices program, Homeless Veterans program, and various other contracts for treatment as well as private pay and commercial insurance contracts. However, indigent services still represent about 75% of our population served. At Charlie's Place, we have 155 licensed beds; we currently contract with the state to provide 20 detox beds and 36 residential/inpatient beds to meet the needs of Region 11 (Laredo to Victoria and all points south). This geographic region covers 19 counties, 26,000 square miles and encompasses a population of over 4.7 million with a higher prevalence of indigent than many of the other regions of the state. The need exceeds capacity regularly, creating the need to maintain a waiting list. Typically, our waiting list averages 25-30 patients per day which translates to a 6-9 week wait time to enter services for residential services. Detox patients are accepted as quickly as possible, but often have to wait for a bed to be available as well. Waiting for substance abuse services can be deadly. That sounds dramatic, but it is reality. When a patient/client finally decides they are ready to seek help, turning them away and asking them to wait for 6, 9 or even 12 weeks often means they never return—sometimes they end up in jail, hospitals, or at times, they do not live to see their appointment. At a minimum, detox services should be available upon request, at least within 24 hours as it is a medical service, not a behavioral service. The other issue with the wait list and capacity is when a patient receives detox services but there is not enough capacity to transfer immediately to residential/inpatient, they are referred to outpatient, but often sent back to a home/living environment that does not support recovery. Ideally, the best practice would be a continuous time in treatment (transfer from level of care directly to the next) rather than a start/stop between levels of care. For those whose diagnosis does not require inpatient treatment, they should be able to move directly into outpatient as well, with no wait time.

The funding for substance use disorders is handled very differently from the funding for mental health services. Both areas receive block grants from SAMHSA (Substance Abuse and Mental Health Services Administration) however, on the substance use side, the funds are primarily federal block grants with some general revenue and mental health is the reverse with a larger general revenue contribution and a smaller percentage of block grant funds. Substance use disorder treatment services are bid competitively every five years, this creates barriers to growth and lacks flexibility of changing needs within communities. The process is quite cumbersome, but only being able to add new, necessary services every five years is detrimental to communities. More flexibility to move dollars to different

levels of care, or new levels of care if not needed in current level would allow the system to be more efficient and effective. Attached is a document showing the history of funding over last 10 fiscal years for Charlie's Place.

The substance use disorder system is very dependent on other services available throughout the community. We work daily to build and maintain relationships with referral sources and providers that can assist in meeting the many needs of the patients we serve. Referrals come from a variety of sources throughout the community such as probation offices, child protective services, courts, hospitals, other social service agencies, general community members, therapists, physicians and hospitals as well as local mental health authorities throughout the state. All providers are required to have Memorandums of Understanding in place with the local mental health authorities serving the area. Many of us also have MOU's with LMHA's outside of service area and receive referrals from across the state. When serving a patient that has both a mental health and substance use disorder, we work closely with the referring LMHA to meet the needs of both disorders including psychiatric visits and medication needs. If a patient is identified as having mental health needs but is not currently being served by the LMHA in their home area, we begin the process of initiating that care during treatment so they can begin receiving services when they return home. Several years ago, we added COPSD (Co-occurring psychiatric and substance use disorder services) to better facilitate coordination of these services and assist patients with accessing mental health services while in substance use disorder treatment. Beyond these relationships, we participate in our local ROSC (Recovery oriented system of care), local veteran's coalitions, local homeless coalitions, Drug Court Team in family court, and other coordinating groups to ensure that the community is aware of the services we provide and how to access these services as well as ensure that we are aware of the services available to our patients throughout the community.

As previously stated, we work daily with patients who have both a mental health and substance use disorder. For Charlie's Place, the number of patients with co-occurring mental health disorders is generally in the 55-60% range leaving 40-45% of the patients we serve as single diagnosis substance use disorder. It is imperative that these patients receive treatment for both disorders concurrently when possible. It is also important to note, at least for our facility, that these diagnoses are not typically the "big 3" (schizophrenia, bipolar and major depression) but rather anxiety, PTSD, depression disorders. All patients with psychiatric medications continue to receive these medications throughout treatment allowing them to fully participate and benefit from the substance use disorder treatment. One of the challenges we encounter is when a patient arrives from out of Nueces County with medications insufficient for their stay in treatment. For example, someone arrives as a referral from a psychiatric hospital in the Valley with 7 days of medication, planning to be in treatment for 30 days. This is when a case manager assists the patient in obtaining proper prescriptions for refills and obtaining those refills to allow the patient to remain in and benefit from treatment. When the patient is from Nueces County and already receiving services from the LMHA, medication is not a problem, we work closely with Behavioral Health Center to ensure continuity of care. For a portion of the patients we serve, that have not been previously diagnosed with a mental health disorder, the symptoms are actually related to their substance use and resolve after a period of time in recovery. As an example of collaboration and integration of services, the Behavioral Health Center of Nueces County has a grant from SAMHSA that

provides treatment to patients with co-occurring disorders who are also homeless. The team from BHC-NC is housed at Charlie's Place and we work together to meet the needs of these high risk, high need patients by treating both disorders currently with a team of professionals. This project serves about 50 patients per year and we have seen exceptional success rates through the increased level of care provided and long term case management that this funding stream requires.

After a person receives the treatment they require, they often continue to need recovery supports. As a chronic, progressive, relapsing disease, the risk of relapse does not drop below 15% for at least the first 4-5 (or more years) following remission of use. To this end, recovery support services are an important piece to the long term recovery puzzle. Certified Recovery Coaches working in the substance use disorder field are persons with lived experience who have received a 48 hour training course, completed a practicum, and passed a certification exam. These services are provided in different settings across the state. At Charlie's Place, we currently have 6 certified recovery coaches. Four of the coaches work primarily with homeless and those at risk of being homeless, one works with the opiate population and one serves veterans. These services begin during the treatment stay and continue after the patient leaves treatment, they are not limited by a specific time frame. Services include: assistance with resolving legal issues, obtaining employment, housing needs, navigation of mental health and physical health systems, and obtaining other social service supports as needed to maintain sobriety and recovery. In other locations, these services are provided outside of the treatment environment by community based organizations. Patients meeting the criteria to receive recovery support services, who do not remain in Nueces County after treatment, are referred to recovery support services and recovery coaches in the area of their residence. Another key piece to long term recovery for many is access to recovery housing/sober living environments where they can reside in both a substance free environment while receiving mutual support from peers in recovery. Many of these homes strongly encourage participation in 12-step groups as well, providing further support for the person new to recovery. Studies of these types of environments are relatively new but are beginning to show promising data that costs are reduced, and relapse rates are decreased for those actively participating.

Recommendations to improve service deliver and reduce recidivism:

It is important to recognize that substance use disorders represent a continuum of disorders ranging from misuse to abuse to dependence. To properly address the disorders in a comprehensive, cohesive manner, we must also have a continuum of services. These services must be provided based on evidenced based best practices and should be flexible to meet the individual needs of the communities and people that are being served. To that end, the Association recommends the following:

1) Prevention is the key to reducing first incidence and recurrence of substance use disorders and needs to be available across the lifespan. While community education of our children is imperative, funding should be available to provide prevention at all school districts across the state. As the TEKS are revised in the coming year to include mental health and substance abuse,

prevention programs can play a key role in promoting healthy choices and wellness. Beyond school aged children, prevention should be expanded to meet the needs of the entire community: prescription drug abuse prevention for adults, dangers of binge drinking for young adults, expanded relapse prevention and overdose prevention for those entering recovery, and prevention specific to disaster situations—promoting healthy coping skills and decisions.

2) Capacity to provide treatment and rates to support high quality treatment will provide improved service delivery and availability. As treatment modalities continue to change based on emerging science and research, it is imperative that rates allow accommodation of these best practices. In addition, providers are not likely to expand their infrastructure and capacity until rates support this growth. A comprehensive rate study would need to be completed and based on best practices for each level of care (rather than just what exists currently) to determine the best rates for recommendation. However, for an overview—HHSC currently pays $224/day for detox, while our next lowest contract reimburses at $300/day
3) As we continue to see a rise in opioid abuse and dependency, increased access to safe, appropriate Medication Assisted treatment that includes both medications and behavioral treatment is necessary. This will require establishing a funding mechanism that encourages providers to consider providing this level of care.
4) Finally, expanded recovery support services including recovery housing and recovery coaching should be available to all high risk/high need patients to increase their opportunity for reaching and maintaining recovery.