House of Representatives: Public Health Committee

October 12, 2020

Matthew Lovitt
Peer Policy Fellow, NAMI Texas
peerpolicy.fellow@namitexas.org

Charge 1— Monitor the agencies and programs under the Committee's jurisdiction and oversee the implementation of relevant legislation passed by the 86th Legislature. Conduct active oversight of all associated rulemaking and other governmental actions taken to ensure intended legislative outcome of all legislation, including **HB 3285**, which creates programs and initiatives to prevent and respond to opioid addiction, misuse, abuse, and overdose and identify and treat co-occurring substance use disorders and mental illness. **Examine the impact of the opioid crisis on Texas and review any programs and services available to prevent and treat opioid misuse among that population.**

NAMI Texas is a nonprofit 501(c)3 organization founded by volunteers in 1984. We are part of the nation's largest grassroots mental health organizations and we exist to help improve the quality of life for individuals with mental illness and their families. Around the state, we have 27 local NAMI affiliate organizations and approximately 2,000 members.

THE OPIOID EPIDEMIC IN TEXAS

The United States Department of Health and Human Services has labeled the national opioid crisis a public health emergency.[1] According to the Centers for Disease Control and Prevention, opioids contributed to 46,802 deaths in 2018.[2] Approximately 1,500 Texans died of an opioid-involved overdose in the same year, a roughly four-fold increase since 2000.[3] Heroin was the most common substance attributed to opioid-related deaths, followed by prescription medications and synthetic opioids, such as fentanyl. Texas providers wrote roughly 47 opioid prescriptions for every 100 Texans in 2018.[4]

Regardless of the substance to which the majority of opioid use and opioid-related deaths can be attributed, the consequences are analogues. In addition to opioid-related deaths, opioid use and

---

[1]Health and Human Services. (2017, October 26). *HHS Acting Secretary Declares Public Health Emergency to Address National Opioid Crisis*. https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html

[2]Centers for Disease Control and Prevention. (2020, March 19) *Drug Overdose Deaths.* Retrieved from https://www.cdc.gov/drugoverdose/data/statedeaths.html

[3]National Institute on Drug Abuse. (2020, April 3). *Texas: Opioid-Involved Deaths and Related Harms.* https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/texas-opioid-involved-deaths-related-harms

[4] National Institute on Drug Abuse. (2020, April 3). *Texas: Opioid-Involved Deaths and Related Harms.* https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/texas-opioid-involved-deaths-related-harms

misuse can increase the spread of infectious diseases such as Hepatitis and HIV, contribute to neonatal abstinence syndrome or neonatal opioid withdrawal syndrome, and reduce quality of life and life expectancy.[5, 6, 7] The economic burden associated with the opioid epidemic was estimated to exceed $631 billion from 2015 through 2018.[8] Additionally, the opioid epidemic has created a "ripple effect" that negatively and irrevocably impacts the children and families of those who use and misuse opioids.[9]

Individuals living with a mental illness are particularly vulnerable to opioid use and misuse.[10, 11] Further, individuals living with a mental illness who use or misuse opioids are more likely to have recent involvement with the criminal justice system.[12] Unfortunately, jail inmates with mental health and opioid use concerns rarely receive the appropriate care, which can worsen mental health outcomes, contribute to future substance use, and increase risk of recidivism upon jail exit.[13] Lastly, individuals with mental health concerns, opioid use or misuse, and criminal justice involvement experience high rates of homelessness.[14]

BEHAVIORAL HEALTH SERVICES FOR JAIL INMATES WHO USE OPIOIDS

In order to address inequities in access to behavioral health services, the Texas Legislature passed H.B. 1 (84R) that required Health and Human Services to convene a Behavioral Health Coordinating Council to develop a Statewide Behavioral Health Strategic Plan.[15] Input and

---

[5]National Institute on Drug Abuse. (2020, July). *What's the relationship between drug use and viral infections?* https://www.drugabuse.gov/publications/drugfacts/drug-use-viral-infections-hiv-hepatitis

[6]National Institute on Drug Abuse. (2019, July 22). *Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome.* https://www.drugabuse.gov/drug-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome

[7]Haskins, J. (2019, February). Suicide, opioids tied to ongoing fall in US life expectancy: Third year of drop. *The Nation's Health: A Publication of the American Public Health Association, 49(1),* 1-10

[8]Davenport, S., Weaver, A., & Caverly, M. (2019, October). *Economic Impact of Non-Medical Opioid Use in the United States.* https://www.soa.org/globalassets/assets/files/resources/research-report/2019/econ-impact-non-medical-opioid-use.pdf

[9]Brundage, S., & Levine, C. (2019, March). *The Ripple Effect: The Impact of the Opioid Epidemic on Children and Families.* https://uhfnyc.org/media/filer_public/17/2c/172ca968-43aa-45f9-a290-50018e85a9d8/uhf-opioids-20190315.pdf

[10]Seal, K., Shi, Y., & Cohen, G. (2012). Association of Mental Health Disorders with Prescription Opioids and High-Risk Opioid Use in US Veterans of Iraq and Afghanistan. *JAMA, 307(9),* 940-947

[11]Han, B., Compton, W., Blanco, C., Crane, E., Lee, J., & Jones, C. (2017). Prescription Opioid Use, Misuse, and Use Disorders in U.S. Adults: 2015 National Survey of Drug Use and Health. *Annals of Internal Medicine.* https://www.acpjournals.org/doi/pdf/10.7326/M17-0865

[12]Winkelman, T., Chang, V., & Binswanger, I. (2018). Health, Polysubstance Use, and Cirminal Justice Involvement Among Adults with Varying Levels of Opioid Use. *JAMA, 1(3).* https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2687053

[13] Zgoba, K., Reeves, R., Tamburello, A., & Debilio, L. (2020). Criminal Recidivism in Inmates with Mental Illness and Substance Use Disorders. *Journal of the American Academy of Psychiatry and the Law Online, 48(2)*. http://jaapl.org/content/early/2020/02/12/JAAPL.003913-20

[14] Substance Use and Mental Health Administration. (2017). Mental and Substance Use Disorder Prevalence Study. *Grant Announcements.* https://www.samhsa.gov/grants/grant-announcements/fg-19-003##targetText=In%202017%2C%20an%20estimated%20 35.4,(co%2Doccurring%20disorders)

[15] Health and Human Services. (2016). *Texas Statewide Behavioral Health Strategic Plan.* https://hhs.texas.gov/reports/2016/05/texas-statewide-behavioral-health-strategic-plan

assistance was sought from community providers, consumers, family members, peers, think tanks, and state agency representatives in the identification of gaps in the behavioral health service continuum, including:

- Access to appropriate and timely behavioral health services,
- Implementation of evidence-based practices, and
- Utilization of peer support services

Unfortunately, the Behavioral Health Strategic Plan has had limited benefit on the services provided to justice-involved individuals with co-occurring mental health and substance use disorders. Inadequate access to appropriate and timely care for justice-involved individuals increases risk of exploitation, neglect, and isolation while in jail; worsens mental health outcomes; and increase risk of homelessness, emergency service utilization, substance use, and recidivism upon jail exit.[16, 17] Further, inmates with untreated mental health and substance use disorders often serve longer sentences, contribute to over-crowded facilities, and jeopardize inmate and jail staff safety.[18]

OPIOID TREATMENT FOR JUSTICE-INVOLVED PERSONS

NAMI Texas supports comprehensive solutions to the opioid epidemic that help to address the social determinants of opioid use and misuse, as indicated in the Texas Statewide Behavioral Health Strategic Plan, including:

Increase Access to Medication Assisted Treatment for Prisoners and Inmates

Thirty five percent of prisoners and inmates have an opiate use disorder (OUD). In conjunction with counseling and behavioral therapy, Medication Assisted Treatment (MAT) is an evidence-based intervention that helps to reduce opioid use and misuse, and promotes recovery.[19] Unfortunately, only 5% of prisoners and inmates receive treatment.[20] Inadequate access to MAT for prisoners and inmates forces abrupt detoxification and increases overdose risk.[21, 22] To reduce the risk associated with opioid use, Texas should ensure timely access to MAT for individuals involved in the criminal legal system.

Equip Jailers with Training and Naloxone to Save Lives and Improve OUD Treatment

---

[16] Zgoba, K., Reeves, R., Tamburello, A. & Debilio, L. (2020). Criminal Recidivism in Inmates with Mental Illness and Substance Use Disorders. *Journal of the American Academy of Psychiatry and the Law Online, 48(2).*

[17] Zgoba, K., Reeves, R., Tamburello, A., & Debilio, L. (2020). Criminal Recidivism in Inmates with Mental Illness and Substance Use Disorders. *Journal of the American Academy of Psychiatry and the Law Online, 48(2)*.

[18] Bureau of Justice Statistics. (2006). *Mental Health Problems of Prison and Jail Inmates.* https://www.bjs.gov/content/pub/pdf/mhppji.pdf

[19] Substance Abuse and Mental Health Services Administration. (2020, September 1). *Medication-Assisted Treatment (MAT)*. https://www.samhsa.gov/medication-assisted-treatment

[20] National Institute on Drug Abuse. (2020, June 16). *Criminal justice drugfacts*. National Institutes of Health. https://www.drugabuse.gov/publications/drugfacts/criminal-justice

[21] Binswanger, I. A. (2019). Opioid use disorder and incarceration — hope for ensuring the continuity of treatment. New England Journal of Medicine, 380(13), 1193–1195.

[22] Giftos, J., & Tesema, L. (2018). When less is more: Reforming the criminal justice response to the opioid epidemic. *American Bar Association: Judges Journal*, 57(1), 28–31

Jailers are often the first person to identify when an inmate is experiencing a mental health or substance use crisis. Unfortunately, limited training requirements and poor dissemination of information within the jail system hinder the delivery of needed care.[23] Training jailers on how to recognize the symptoms of opiate use and withdrawal, administer life-saving medication, and refer inmates to the appropriate care can save lives, improve treatment outcomes, and increase likelihood of success upon jail exit.[24, 25] Texas should require jailers to receive training on opioid use disorders, the administration of Naloxone, and the treatment options available to inmates.

Implement A Statewide Good Samaritan Policy—In Texas, opioid-involved overdose deaths exceeded 1,400 in 2018.[26] Effective ways to prevent opioid-related deaths include improving opioid prescribing, preventing misuse of opioids, improving access to treatment for opioid use disorders, and reversing overdoses with life-saving medications and medical care, when overdoses occur.[27] Good Samaritan Policies protect individuals from prosecution for low-level drug offenses when seeking medical assistance for a suspected overdose. Texas must join forty other states and the District of Columbia in enacting Good Samaritan policies that save lives and provide an avenue to treatment for mental health and substance use disorders.

ADDITIONAL SUPPORTS FOR JUSTICE-INVOLVED PERSONS WITH OUD

In addition to proven treatment modalities for opioid use and misuse, NAMI Texas supports initiatives that improve access to services for people exiting the criminal justice system, such as:

Expand Availability of Peer Re-entry Support Services—Individuals with mental health and substance use disorders are more likely to return to custody due to parole or probation violations, such as failing to comply with community-based mental health treatment.[28] Peer Support is an evidence-based practice that has been shown to increase utilization of community-based mental health and substance use services with individuals exiting the criminal justice system.[29] Peer reentry specialists are also able to support individuals existing jail in obtaining housing, employment, and necessary documentation.[30] Texas should expand the Mental Health Peer

---

[23] Criminal Justice Connections. (2015). *TDCJ expands mental health response, crisis intervention training.* https://www.tdcj.texas.gov/connections/SeptOct2015/agency_vol23no1.html
[24] Kelsey, S. (2017). Innovative substance use programs save lives and dollars: Incarceration is not the only way to reduce opioid abuse and prevent recidivism. *Sheriff & Deputy*, 69(4), 71–73.
[25] Krawczyk, N., Picher, C. E., Feder, K. A., & Saloner, B. (2017). Only one in twenty justice-referred adults in specialty treatment for opioid use receive methadone or buprenorphine. *Health Affairs*, 36(12), 2046–2053
[26] National Institute on Drug Abuse. (2020, May). *Texas: Opioid-Involved Deaths and Related Harm*. https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/texas-opioid-involved-deaths-related-harms
[27] Centers for Disease Control and Prevention. (2017, August 31). *Opioid Overdose*. https://www.cdc.gov/drugoverdose/prevention/index.html
[28] Louden, J., & Skeem, J. (2011). Parolees with Mental Disorders: Toward Evidence-Based Practice. *Center for Evience-Based Corrections.* https://ucicorrections.seweb.uci.edu/2011/04/14/parolees-with-mental-disorder-toward-evidence-based-practice/
[29] Mental Health America. (2018, May). *Evidence for Peer Support*. https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf
[30] Gonzalez, J., Rana, R., Jetelina, K., & Roberts, M. (2019). The value of lived experience with the criminal justice system: A qualitative study of peer re-entry specialists. *International Journal of Offender Therapy and Comparative Criminology, 63,* 1861-1875

Support Re-entry Program to ensure that individuals exiting jail have the resources they need to succeed.

Increase Medicaid Reimbursement Opportunities and Rates for Peer Support Services—Certified Peer Support Specialists utilize lived experience to provide non-clinical services that promote shared understanding, respect, and mutual empowerment with those they serve.[31] Recipients of peer support experience increased social networks and improved mental health outcomes.[32] Unfortunately, limited opportunities for Medicaid reimbursement and low reimbursement rates for peer services jeopardize this valuable mental health treatment resource. To ensure adequate and equitable access to peer support services, Texas should:

- Expand peer supervisor qualification criteria to allow certification of peers to individuals without clinical or masters-level licensure
- Provide opportunities for Medicaid reimbursement to consumer-operated programs and organizations
- Increase Medicaid reimbursement rates for peer support services

Invest in Community-Based, Peer-Led Support Groups and Education Classes—Mutual support groups and education classes provide individuals living with co-occurring disorders the opportunity to express their feelings, develop coping skills, share resources, and build lasting relationships. Support groups also help to reduce feelings of loneliness, isolation, anxiety, and depression.[33] Further, support groups can provide family members the skills, techniques, and resources to support the recovery of their loved ones, improving their opportunities for success. Texas should provide funding for family and peer-led education and support programs, such as those offered by NAMI, to help address gaps in the mental health care continuum.

CLOSING

The opiate epidemic has had a significant impact on the lives of all Texans. Individuals involved with the criminal legal system and their families are particularly hard hit. The prevalence of use, recurrence of use, overdose, and death for justice-involved individuals far exceed that of the general public. In order to improve the care delivered to justice-involved individuals living with OUD and adhere to the Statewide Behavioral Health Strategic Plan, Texas should improve access and availability of medication assisted treatment, substance use treatment, and community-based services for individuals involved with the criminal legal system, in addition to providing education to judges, jailers, and correctional officers on the benefit of evidence-based substance use treatment modalities.

---

[31] Substance Abuse and Mental Health Services Administration. (2015). *Core Competencies for Peer Workers in Behavioral Health Services*. https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf

[32] Walker, G., & Bryant, W. (2013). Peer support in adult mental health services: A metasynthesis of qualitative findings. *Psychiatric Rehabilitation Journal, 36(1),* 28-34

[33] Mayo Clinic. (2018, June 26). *Stress Management*. https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/support-groups/art-20044655#