



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

**Senate Committee on Health & Human Services:
Substance Use Disorders, Service Delivery, and Policy Solutions**

Andy Keller, PhD | March 22, 2018

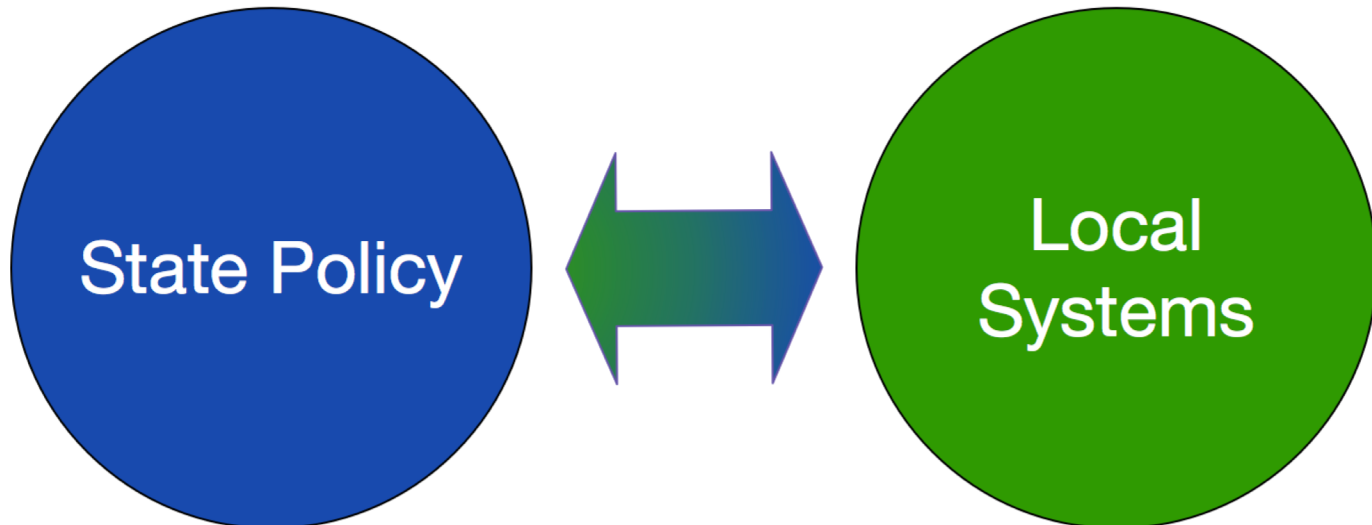
Vision, Mission, & Core Change Strategy

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

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 Estimates	Major Depression	Substance Use Disorder
Youth Ages 12-17	200,000	140,000
Adults Ages 18+	1,450,000	1,650,000
Total	1,650,000	1,800,000

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.

Access to 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?

- Behavioral health **carve-outs** *can stifle innovation*.
- 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**.

What are the costs of unmet needs in the private sector?

- This is unknown. However, unmet needs drive **emergency room costs** and result in **higher costs** for providing other, non-SUD medical services to people with unmet SUD needs.

Why Should Texans Do More About SUDs?

- SUDs are the leading contributor to **children entering the child protective services system** (two-thirds of cases).
- 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**. In comparison, there were 987 alcohol-related motor vehicle deaths in Texas in 2016.
- 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

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

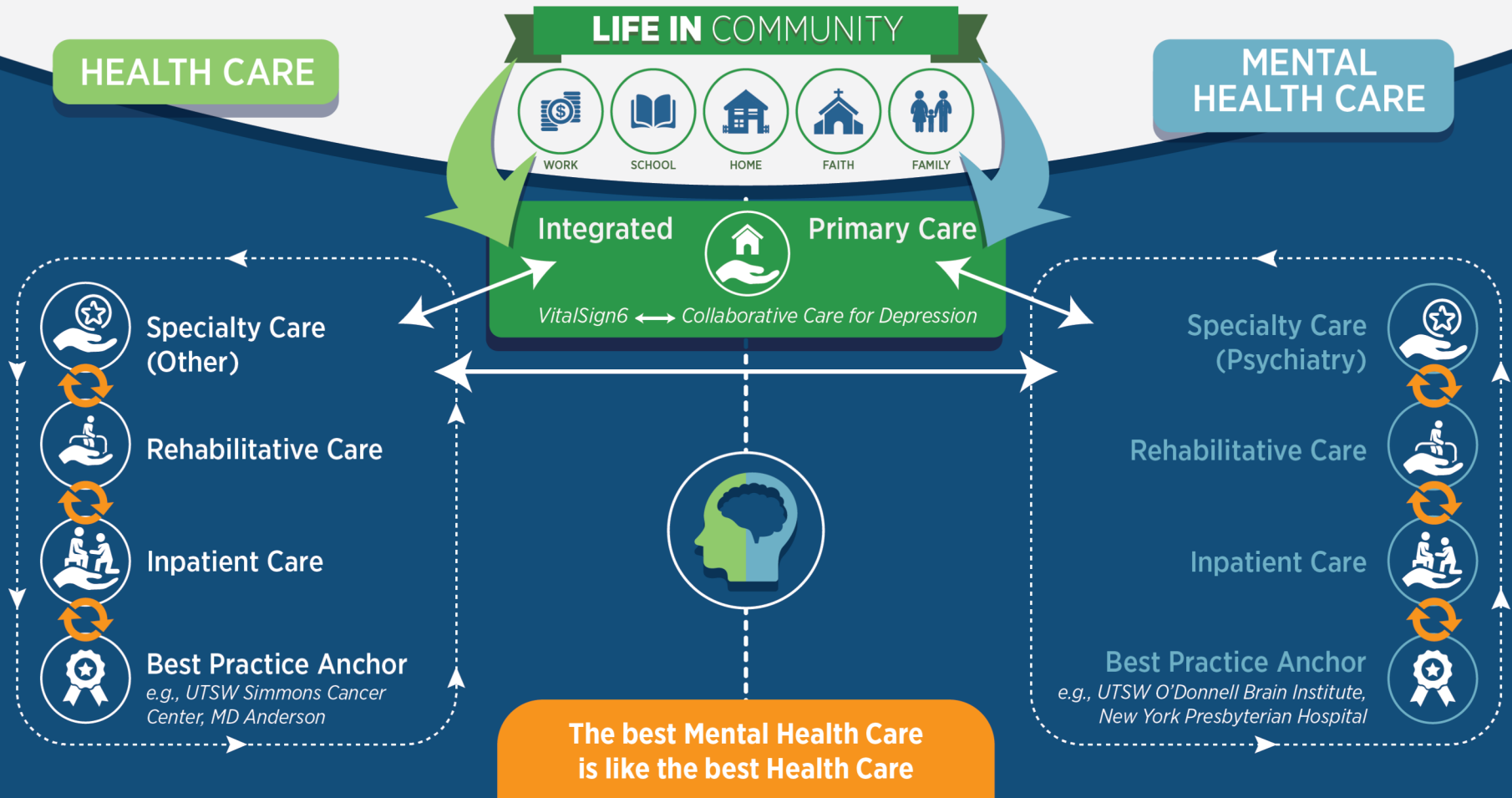
- At least one-third of adults and one-fourth of youth with SUDs in Texas have co-morbid psychiatric conditions.
- Studies of individuals in SUD treatment programs report that up to two-thirds of people with SUDs may also have mental illnesses.

BOTTOM LINE:

- *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 Ideal System: Integrated Care

● THE IDEAL MENTAL HEALTH SYSTEM ●



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.

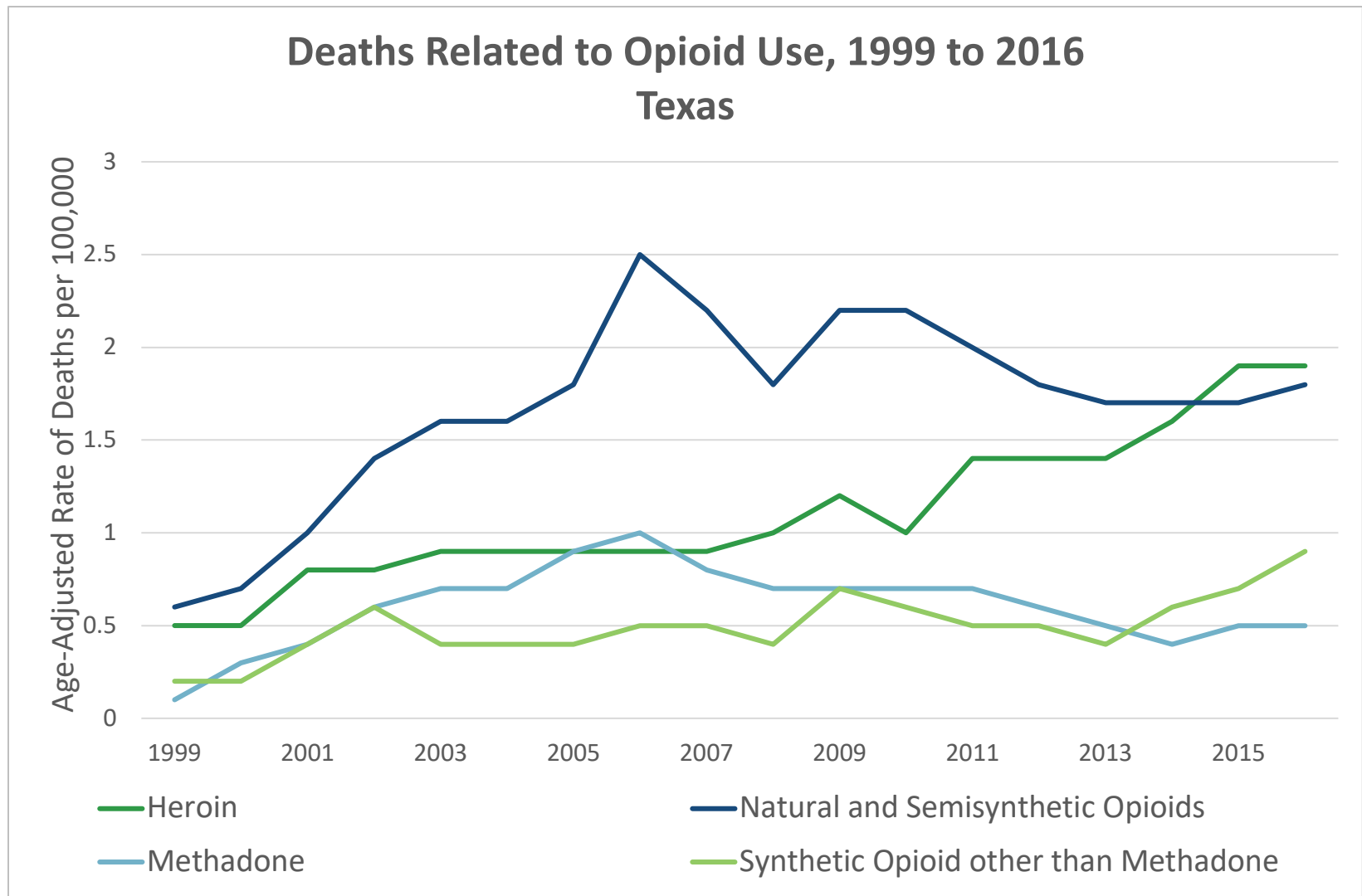
In the past few years, Texas has improved monitoring to **discourage inappropriate opioid prescriptions** associated with:

- A **slower rate of growth** in deaths related to these opioids.
- A **dramatic increase** in deaths due to **heroin overdose**.

BOTTOM LINE:

- **It is not sufficient** to simply discontinue or tighten control of opioid prescriptions ***without increasing access to cost-effective treatment for opioid use disorders.***

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 (OTP).
- Physicians can prescribe buprenorphine and naltrexone.
 - Buprenorphine requires an eight-hour training to qualify for a waiver to prescribe and dispense.
 - Naltrexone does not require special training or certification.

MAT is only provided to 14% of people treated for opioid use disorders through HHSC-funded SUD services (non-Medicaid).

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.
- **Prioritize expanded access to MAT** for publicly-funded care.
- **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**.
 - **Extend parity protections** to priority addictions.

TEXAS STATE
— of —
MIND

THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

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
