

HHSC LAR Request

Substance Abuse Disorder Coalition

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Members:

NAMI Texas

Children's Defense Fund Texas

Communities for Recovery

National Association of Social Workers: Texas Chapter

Spread Hope Like Fire

Texas Council of Community Centers

Recovery People

Texas Criminal Justice Coalition

Texans Care for Children

Center for Public Policy Priorities

Texans Standing Tall

The Association of Substance Abuse Programs

1. Funding to expand recovery support services across Texas especially for smaller metropolitan and rural communities i.e. peer recovery supports, recovery housing, recovery coaches in emergency departments, and recovery community centers.
 - Increasing access to the full continuum of care to include critical recovery supports for Substance Use and Opioid Use Disorder has the potential to decrease costs while increasing access and recovery opportunity for the people of Texas. Additionally, recovery supports provided in recovery community centers, community health settings and collaborative care models provides increased resources and opportunity for areas of Texas currently underserved for those with Substance Use and Opioid Use Disorders.
2. Funding to create a "Pilot Program for Rural Recovery Community Organizations (RCO's)" where peer recovery supports, group recovery supports, life skills training, and community supports can augment and increase current services or lack thereof in treating Substance Use and Opioid Use Disorders. We propose a legislative appropriations request to support the development of at least six Rural Recovery Community Organizations (RCO's) serving cities with 50,000 or less population with larger regional service capacity.
 - Recovery Community Organizations (RCO's) are the home-base for addiction support services and resources for Texans with Substance Use and Opioid Use Disorders. State funding to pilot a program for six regional rural RCO's would not only increase access to services in areas greatly underserved but also act as a model to be replicated leveraging expected future matching grant (federal and private) funding opportunities.

3. Have contingency for funding activities for an IMD exclusion waiver to the extent that it would improve cost effectiveness of substance use disorder treatment in Medicaid.
 - Texas treats more than six times as many adults through federal block grant funding as through Texas Medicaid. However, it is important to note that though they out-perform Texas Medicaid in delivering treatment, these federal block grant funds still only treat 5.8 percent of uninsured Texans in need.
 - California, Kentucky, Maryland, Massachusetts, New Hampshire, New Jersey and West Virginia have all implemented Medicaid initiatives for people with SUDs. These states are providing services such as inpatient treatment or short-term residential treatment and evidence-based services like peer supports; they also are providing wraparound supports like housing and employment. Other states are seeking federal approval for similar proposals.
4. Increase access to Level II and Level III alcohol and drug free recovery housing and incentivize a voluntary certification program using national best practices standards. Initiatives to certification could include training, technical assistance, referral restrictions, housing vouchers, service contracts, and/or other resources.
 - Recovery housing provides a family-like living environment free from alcohol and illicit drug use and is centered on peer support and connection to services that promote sustained recovery from substance use issues, meaning it can increase access to appropriate behavioral health services, peer support and housing.
 - According to the Surgeon General's Report on Alcohol, Drugs and Health (2016) as well as the President's Commission on Combating Drug Addiction and the Opioid Crisis (2017), recovery housing can play a critical role for individuals in outpatient treatment, those exiting residential treatment, homeless individuals in early recovery, those involved in drug courts, those returning to the community from incarceration, and those who may not require residential treatment if they have a living environment that is supportive of recovery, outpatient treatment and/or mutual aid groups.
5. Increase state investment in family-specialized substance use treatment and recovery programs that allow parent and child to stay together during treatment. Through state and federal funds, Texas supports merely 10 women and children residential treatment providers that allow pregnant women/mothers and their children to stay together during the course of recovery. Many of these providers have limited capacity and limited beds because of funding shortages.
 - Increasing state investment in family-specialized substance use treatment programs would not only help curb maternal mortality, but also improve parent and child well-being, keep more families together in safe homes, and reduce stress on Texas' foster care system.

6. Increase state funding for HHSC to offer training to DFPS caseworkers, family court and drug court judges, and attorneys to increase knowledge around substance use disorders, maternal mortality, and how to refer to Outreach, Screening, Assessment, and Referral Centers (OSARs), which serve as the entry point to treatment and recovery.
 - A caseworker, attorney, or judge who does not understand the function of an OSAR may recommend or order services that are inconsistent with the parent's actual need. Further, not all caseworkers, judges, and attorneys are aware that medication-assisted treatment (MAT, e.g., methadone or buprenorphine) is the best practice for many substance use disorders, especially for pregnant and postpartum mothers. More familiarity with best practice would help professionals working with CPS-involved families make better decisions that promote recovery and family reunification. Strengthening training for caseworkers, judges, and attorneys would help streamline referrals to treatment and improve both parent and child well-being.
7. Secure state matching funds to expand Medicaid healthcare coverage to low-income adults by identifying healthcare programs, including extending health care coverage to low-income Texas adults through a modification of the 1115 Medicaid Transformation Waiver, to ensure more Texans have access to affordable healthcare coverage and treatment for substance abuse disorders.
 - States that have expanded Medicaid have six to twelve times more funding for opioid use disorder treatment and services than they did before expanding Medicaid. Addressing the opioid and more generally the substance abuse epidemic in our state requires significant more investment and a steady funding source, both of which Medicaid can provide. Individuals with substance use disorders also often require physical and mental health services to support recovery. Greater use of Medicaid funding for both treatment and recovery services will free more federal block grant dollars for other uses, where it can be a sustainable funding source for SUD treatment providers, compared to limited and short-term block-grant funding.
8. Explore how HHSC could provide input to DFPS in order to secure resources to develop a strategic plan on how to draw down additional federal funds that take advantage of the Family First Act to provide more substance use disorder and mental health services to at risk families. HHSC should provide input to DFPS on any shared funding needs or ways to support programs administered by DFPS and utilized by DFPS for child welfare in Texas.
 - The Family First Act can provide significant new resources to support substance abuse disorder and mental health treatment to families at risk of having their families separated through the removal of a child by CPS. In order to take advantage of this opportunity, Texas must begin developing a strategic plan now in order to address the system changes required by the Act. Funds are available to states starting in 2019.

9. Secure funds to expand treatment and recovery services for substance use disorders in order to eliminate waiting lists and ensure sufficient geographic distribution.
 - For an individual ready for treatment, waiting even a month for services can represent a challenge and a decreased likelihood of admission into treatment. Because of the harm to communities, families, children and the extreme cost to our state budget – through the health, criminal, and child welfare system – we must ensure sufficient services to admit every Texan who is ready to address their illness. We must also ensure there is sufficient recovery support throughout Texas. If an individual can receive five years of recovery support services there is an 80% chance of lifetime recovery. This is a better recovery rate than most chronic illnesses.
10. Funding to increase collaboration between recovery community organizations services and existing service systems by establishing a cadre of peer recovery coaches that are available for engagement of persons waiting for services.
 - A recovery oriented system provides recovery coaches upon initial assessment to maintain contact with the individual while on a waiting list, allowing them to receive ambulatory detox and connect with available recovery supports, such as recovery housing. These recovery coaches will provide long term engagement through and after exiting services that assist in reaching the goal of 80% plus lifetime recovery rate.
11. Funding for ambulatory detox available within 24 hours of contact.
 - The window for willingness to enter service wanes significantly while on waiting lists. By ensuring that those seeking treatment are able to access detox services within a short period of time, their access to medical support, peer services, substance abuse professionals and other recovery services can begin as soon a person is ready to seek treatment.
12. Increase substance use disorder prevention, screening, intervention and recovery services in schools.
 - Schools should provide support for best practice behavioral health screening, intervention, and recovery with integrated providers within school-based health centers in order to better address the needs of youth with SUDs. In addition to investing resources for these services, our state must modify licensing requirements found in policy and statute to allow substance use treatment and recovery services to be provided in school and community settings.
13. Include Parent Peer Support, provided by certified family partners, as a Children's Medicaid covered service for caregivers of children with serious emotional disturbances.

- A peer support service for the caregivers of children and adolescents with serious emotional disturbances within the Medicaid State Plan would allow mental health specialty providers to hire and compensate certified family partners and expand the availability of the service to reflect local need.
- Much of the state-supported efforts on SEL can be found in school-based substance abuse prevention programs. HHSC funds evidence-based substance abuse programming in over 500 school districts in Texas, using developmentally appropriate programs in elementary through high school campuses. These prevention programs incorporate SEL strategies shown to increase healthy coping and social skills in students, help students develop strong self-esteem, and help make healthy decisions, all competencies that promote student mental health and well-being. Although the Legislature increased funding overall for substance abuse related strategies for the 2018-2019 biennium, the state budget provides for fewer youth to receive substance abuse prevention services. About 150,000 youth are expected to receive substance abuse prevention services each year in the 2018-2019 biennium, which is about 30,000 fewer youth than the Legislature funded to receive prevention services during each year of the 2016-2017 biennium.

14. Expand Youth Peer Recovery Coach Training and employment opportunities.

- While overall there are an estimated 1,630 Peer Recovery Coaches in Texas, only 16% of Peer Mentors in Texas are near age peers for adolescent. These near age peers may or may not have participated in specialized training to be a Youth Peer Mentor, but represent a segment of the workforce that could be trained for this role.

15. Build capacity in the primary care system to treat mental illness and substance use disorder by establishing a Collaborative Care Model benefit in Medicaid. The collaborative care model is an evidence-based approach for integrating physical and behavioral health services that can be implemented within a primary care-based Medicaid health home model, among other settings.

- Collaborative care includes: (1) care coordination and care management; (2) regular/proactive monitoring and treatment to target using validated clinical rating scales; and (3) regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement. Implementation of evidence-based collaborative care in Medicaid – and in integrated care programs for individuals dually eligible for Medicare and Medicaid– could substantially improve medical and mental health outcomes and functioning, as well as reduce health care costs. These programs have been shown to be both clinically-effective and cost-effective for a variety of mental health conditions, in a variety of settings, using several different payment mechanisms.

16. It is critical that the reimbursement rates for Medicaid recovery support services cover the operating costs of efficiently-run providers in order to ensure high-quality care and sufficient

access to services. The payment rate should at a very minimum be \$ 32.50 per fifteen minute unit for peer recovery support services in order to ensure that quality and access are addressed.

- Recovery Support Services are nonclinical services that assist individuals and families to recover from alcohol, drugs (illicit and legal), or co-occurring substance use. This minimum rate will ensure that agencies, treatment centers and other recovery communities will be able to bring peer specialists on staff or utilize them in their work. The reimbursement rate must cover the treatment provided and serve as an appropriate recognition of the value peer recovery support services provide.

17. Funding is needed to support existing Recovery Community Organizations (RCO's) and to grow a network of local, regional and statewide recovery community organizations.

- RCO's serve as locatable resources of community-based peer support services. These organizations serve people seeking or in recovery, individuals with co-occurring mental health and substance use conditions, individuals who are homeless and those involved in the criminal justice system. An expanded network of RCO's will allow Texas communities to provide local substance abuse recovery supports, and ensure that those persons in recovery are able to address their behavioral health needs through sustained contact with peers and others in the recovery community.

18. Expand funding to pay for or incentivize increased participation in the Youth Risk Behaviors Survey (YRBS).

- As outlined in Step 1 of SAMHSA's Strategic Prevention Framework (SPF), gathering and assessing data from a variety of sources is a critical step in ensuring that substance misuse prevention efforts are appropriate and targeted to the needs of communities. Localized data from more Texas communities allows coalitions and state agencies to better identify problems and respond to needs. Access to more data would allow communities to apply for funding from additional sources so that they are not wholly reliant on HHSC for prevention funding.

19. Increase funding for compliance checks.

- Both alcohol and tobacco are considered gateway drugs. Alcohol is the most used substance by youth, and tobacco comes in second. Reducing youth retail access to these products is recommended by multiple sources, including the Centers for Disease Control and Prevention.
- Alcohol - Currently, retail outlet compliance checks are not mandatory in Texas. Creating a funding stream that allows law enforcement departments to conduct compliance checks would enable consistent monitoring and enforcement of existing laws, thereby preventing and reducing underage alcohol use.

- Tobacco - On an annual basis, the Federal Synar Amendment requires retail compliance checks of tobacco outlets at a specific level to receive federal tobacco prevention funding. Creating a funding stream that allows law enforcement departments to conduct compliance checks would enable consistent monitoring and enforcement of existing laws, thereby preventing and reducing underage tobacco use.

20. Expand funding for substance abuse prevention coalitions.

- Community commitment is a crucial aspect of preventing and reducing substance use. Texas has a strong record of funding community coalitions throughout the state, and ongoing funding for these groups is essential for addressing substance use prevention needs that are unique to each community. However, through block grant and federal funding, there are currently more coalitions in urban vs. rural areas (see Coalitions.TexansStandingTall.org). We recommend supplementing federal block grant funding to expand the number of coalition grants, specifically for rural communities.