

The seal of the State of Texas is a large, light blue circular emblem on the left side of the slide. It features a five-pointed star in the center, surrounded by a wreath of olive and live oak branches. The words "STATE OF TEXAS" are inscribed around the perimeter of the seal.

# **House Select Committee on Opioids and Substance Abuse: Impact of Substance Use Disorders on Texans in Criminal Justice System and Child Protective Services**

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**August 7, 2018**



**TEXAS**  
Health and Human  
Services

# Texas' Response to the Opioid Crisis and the Criminal Justice System

## The Health and Human Services Commission has launched several projects in response to the opioid crisis.

- **Medication-Assisted Treatment (MAT) and Pregnant Postpartum Intervention (PPI) programs for pregnant and postpartum inmates was created in collaboration with the Texas Commission on Jail Standards.**
  - Services include: physician consult, delivery of medications, dose observation, case management, motivational interviewing, overdose prevention education, and prenatal/postpartum education.
  - Available statewide and funded with general revenue by the 84<sup>th</sup> legislative session.
- **Recovery support reentry programs**
  - Services include: peer recovery coaching, overdose prevention education and overdose reversal medication, and linkage to MAT.
  - Locations include:
    - My Health My Resources (MHMR) of Tarrant County,
    - The Harris Center for Mental Health and IDD, and
    - Tropical Texas Behavioral Health.
  - This program is federally funded through Texas Targeted Opioid Response (TTOR).
- **Pre-arrest diversion programs**
  - Services include: MAT induction and linkage to ongoing treatment, peer recovery coaching support, overdose prevention education, and overdose reversal medications.
  - Locations include: Bexar, Harris, and Travis counties.
  - These programs are federally funded through TTOR carryover request.



# Medication-Assisted Treatment (MAT) and the Criminal Justice System

**MAT combines counseling and behavioral therapy with medications to provide a “whole-patient” approach to the treatment of substance use disorders.**

- Three medications are currently approved by the FDA to treat addiction to short-acting opioids, such as heroin, morphine, and codeine, as well as synthetic opioids, including oxycodone, OxyContin®, and hydrocodone:
  - Methadone,
  - Buprenorphine/naloxone, and
  - Long-acting injectable naltrexone.
- Compared to approaches that do not include FDA-approved medications, MAT is associated with better treatment retention, reductions in the spread of infectious diseases, and lower rates of criminal behavior.
- MAT results in decreased criminal justice expenditures. The average cost for a full year of methadone treatment is approximately \$4,700 per patient, compared to the costs for a full year of incarceration, which is approximately \$18,400 per person.
- For every \$1 invested in addiction treatment, a \$4 to \$7 return is yielded in reduced drug-related crime, criminal justice costs, and theft. When considering cost savings related to health care, total savings can exceed costs by a ratio of 12:1.



# MAT and the Criminal Justice System

**The President's Commission on Combating Drug Addiction and the Opioid Crisis recommends the use of MAT with pre-trial detainees and continuing treatment upon release.**

- In the weeks following release from jail or prison, individuals with or in recovery from opioid use are at elevated risk of overdose and associated fatality.
- MAT has been found to be correlated with reduced risk of death in first month after release.
- A large study of individuals with Substance Use Disorder released from prison found that individuals receiving MAT were 75 percent less likely to die of any cause and 85 percent less likely to die of drug poisoning in the first month after release.
- The population of pre-trial detainees is several times larger than the population of individuals sentenced to jail.
  - Because this population may be released or transferred in a short period of time, these individuals may be less likely to receive treatment for substance and opioid use disorders.
  - Increasing access to treatment, and especially to MAT, for this population is important to save lives and reduce public health costs.



# Recidivism Rates

**Provision of appropriate services, such as MAT, has been proven to decrease multiple treatment episodes and allows individuals to remain in the community.**

- Individuals with a moderate or severe substance use disorder (SUD) may need additional treatments to maintain their recovery, which includes reduced criminal justice involvement.
- Individuals involved with criminal justice system have four times the SUD rate than the general population.
- At least one-half of the individuals incarcerated met the SUD criteria yet only 20 percent received treatment while incarcerated.

## Fiscal Years 2015-17 Rates

Population Type	Individuals Completing at Least One SUD Treatment	Individuals Needing Additional SUD Treatment
General	60,935	10,504 (17%)
Justice Involved*	20,531	2,755 (14%)

\* Those that did not re-enter community treatment services may have returned to custody.



# Pregnant Postpartum Intervention (PPI) Programs

**PPI program services are aimed at reducing impact, severity, and costs, associated with a substance exposed pregnancy, to families and the community**

- In the 83rd legislative session, PPI program eligibility and services were expanded to include individuals involved with DFPS.
- In the 84th legislative session, PPI programs further expanded to include a targeted response to maternal opioid use.
- PPI Program Services include:
  - outreach activities in high-risk settings;
  - distribution of community level education, tools, and materials;
  - intensive case management;
  - motivational interviewing;
  - home visitation; and
  - dissemination of evidenced-based education.
- During the first three quarters of fiscal year 2018, PPI programs:
  - Increased targeted outreach to over 4,150 high-risk women;
  - Screened over 4,700 at-risk or high-risk women; and
  - Provided education services on overdose protection, tobacco cessation, and the effects of substance use and misuse on the family to more than 1,600 women.



# Parenting Awareness and Drug Education (PADRE)

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During the 83rd legislation session, the PADRE program was created to reduce the impact of Substance Use Disorders (SUD) on the individual and family.

- PADRE services include:
  - intensive case management;
  - motivational interviewing;
  - home visitation; and
  - evidenced-based education
- Target Population: Parenting males and expecting fathers who are:
  - At risk of developing or have a SUD, and
  - Current involvement with DFPS.



# Additional Collaborative Efforts

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## **HHSC participates in the Parental Substance Use and Child Welfare Workgroup.**

- Participating agencies meet monthly to provide informative approaches to help individuals involved with DFPS and are determined to have a SUD.
- Participants include HHSC, judges, attorneys, counselors, SUD treatment providers, advocates, and parents.
- Actively developing a bench card with guidelines to help judges to identify and navigate how to best address cases that include SUD-impacted families.

