



## The Substance Use Disorder Coalition of Texas Supports Legislation to Expand Grant Opportunities That Will Allow Texas Communities to Combat the Substance Use Crisis

### **Background**

During Texas' 85<sup>th</sup> legislative interim, the House Select Committee on Opioids and Substance Abuse performed an exhaustive study on the substance use crisis in Texas. In addition to recommendations to reduce overdoses, the Select Committee identified gaps in the continuum of care and recommended local matching grant opportunities to create locally driven programs that improve access to recovery-based services.<sup>1</sup>

**Investments in a recovery-based continuum of care for substance use disorder can have profoundly beneficial impacts on the health of Texas communities.** With adequate treatment and support, substance use disorder is manageable and recovery is possible, with relapse rates comparable to other chronic diseases, such as diabetes, asthma, and hypertension.<sup>2</sup>

On the other hand, when not addressed, substance use disorders have devastating impacts on families and communities, and they are responsible for enormous costs in the state budget related to health care, public safety and corrections, homelessness, domestic violence, foster care, and social welfare programs.

### **Key Facts**

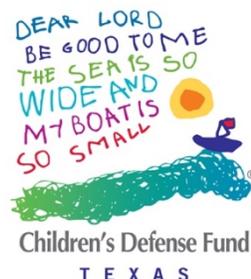
- About 43% of child abuse/neglect investigations and 66% of child removals in Texas stem from concerns about caregiver substance use, including alcohol.<sup>3</sup> 52% of child fatalities caused by abuse or neglect included a caregiver actively using and/or under the influence of a substance that affected his or her ability to care for the child.<sup>4</sup>
- Drug overdose deaths rose by over 7% in 2016, many due to opioids,<sup>5</sup> and four rural Texas cities (Texarkana, Amarillo, Odessa, and Longview) are among the top 25 in the country for prescription opioid abuse rates.<sup>6</sup> Health care costs related to opioids reached almost \$2 billion in Texas in 2014.<sup>7</sup>
- Texas still faces a high rate of maternal mortality, with drug overdose as the top cause of maternal death during pregnancy and up to one year postpartum. Unfortunately, the vast majority of overdoses and suicides occur more than 60 days postpartum,<sup>8</sup> but Medicaid only covers women for two months after birth.
- Only 5.8% of low-income Texas adults with substance use disorder (and only 8% of low-income Texas youth aged 12-17)<sup>9</sup> receive services through a community-based treatment provider.<sup>10</sup>

### **Recommendation**

The [Substance Use Disorder Coalition of Texas](#) recommends that the Legislature act on the Select Committee's recommendations to create matching grant opportunities, allowing a diverse group of stakeholders in local communities to identify and address gaps in the continuum of care for substance use disorder. Specifically, we urge the Legislature to do the following:

1. Expand HB 13 [2017] to invite grant applications for substance use disorder-related services and projects.
2. Lower the matching rate for substance use disorder-related projects, which will incentivize communities with gaps in the continuum of services for substance use disorder to apply for these grants.

## Texas Substance Use Disorder Coalition Members



<sup>1</sup> House Select Committee on Opioids and Substance Abuse, Interim Report to the 86<sup>th</sup> Legislature, 32, <https://house.texas.gov/media/pdf/committees/reports/85interim/Interim-Report-Select-Committee-on-Opioids-Substance-Abuse-2018.pdf>.

<sup>2</sup> National Institute on Drug Abuse, *Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)*, Jan. 2018, <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition>.

<sup>3</sup> Texas Department of Family Protective Services, *CPS Families with Substance Abuse Issues*, 2015.

<sup>4</sup> Texas Department of Family and Protective Services, *Fiscal Year 2017 Child Maltreatment Fatalities and Near Fatalities Annual Report*, Figure 11, Table 5.

<sup>5</sup> Centers for Disease Control and Prevention, *Drug Overdose Death Data (2015 to 2016)*, <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.

<sup>6</sup> Castlight Health Report, *The Opioid Crisis in America's Workforce*, 2016, <http://archive.castlighthealth.com/typ/the-opioid-crisis/>.

<sup>7</sup> Matrix Global Advisors, *Health Care Costs from Opioid Abuse*, 2015, [https://drugfree.org/wp-content/uploads/2015/04/Matrix\\_OpioidAbuse\\_040415.pdf](https://drugfree.org/wp-content/uploads/2015/04/Matrix_OpioidAbuse_040415.pdf).

<sup>8</sup> Texas Health and Human Services Commission, *Legislative Brief: Investigating Maternal Mortality in Texas*, 2017. See also: Texas Department of State Health Services, *Legislative Brief: Investigating Maternal Mortality in Texas*, Sept. 2017, <https://hhs.texas.gov/sites/default/files/documents/abouthhs/communications-events/meetings-events/maternal-mortality-morbidity/m3tf-agenda7-170929.pdf>.

<sup>9</sup> Includes adults with income under 200% of the federal poverty level (\$24,280/year for an individual).

<sup>10</sup> Includes services funded through Texas' substance abuse and prevention block grant, which helps fund treatment services for individuals who do not have insurance and make income of less than 200% of the federal poverty level. Texas Health and Human Services, Behavioral Health Services, Office of Decision Support, Jan. 2018.