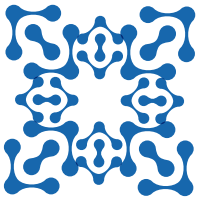
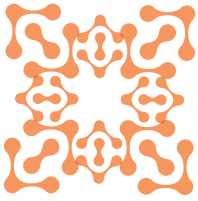
Travis County Plan

— for —

Substance Use Disorders



EDUCATION



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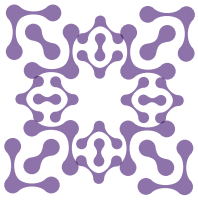

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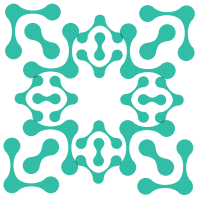

SYSTEM INTEGRATION

September 2015

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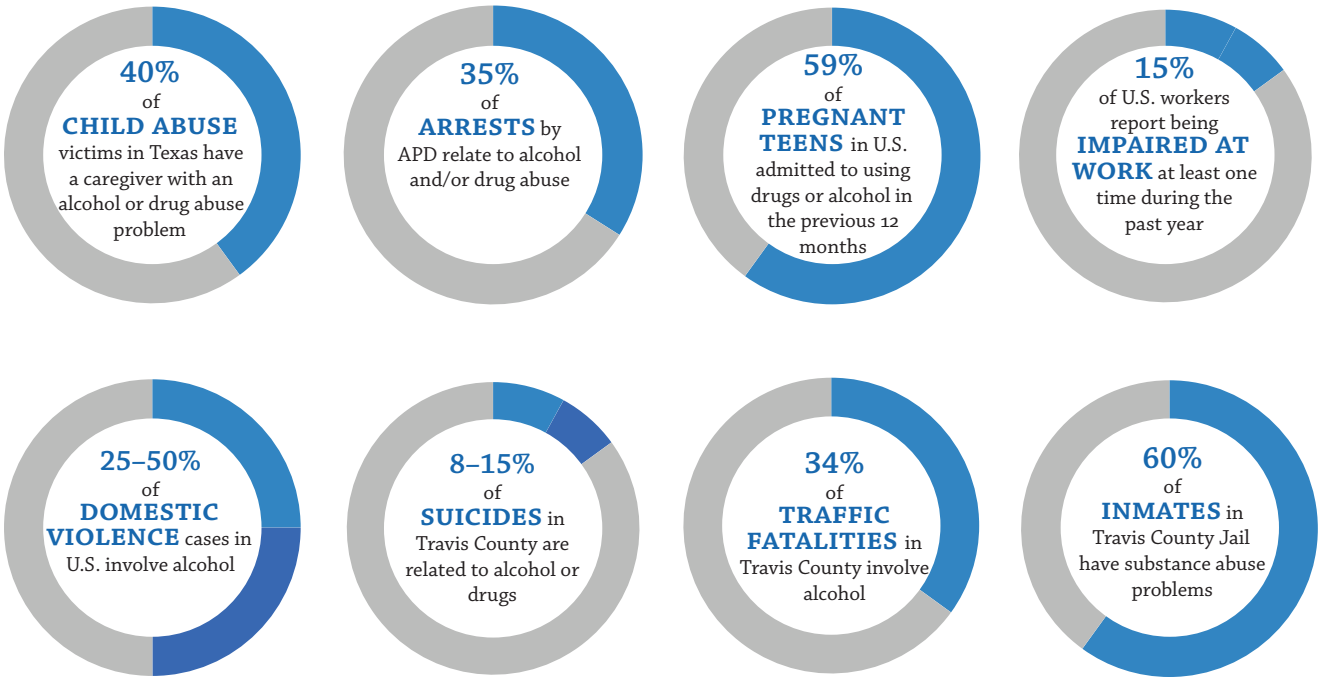
Contents

Introduction

Travis County faces significant community challenges in addressing substance use issues. Historically, while substance use is considered part of behavioral health, it has often been overshadowed by mental health in both awareness and funding. Substance use is one of the few health areas in which Travis County has experienced a decline in some critical services for low-income individuals, such as the loss of withdrawal management (commonly known as detox) beds over the past several years. Also, despite the Affordable Care Act's promise of parity, substance use services are rarely compensated at a level that fully reimburses for best practices, and employees specializing in the field are compensated at lower levels than other health professionals. These situations have occurred despite increased awareness of the comorbidity[i] of substance use disorder with physical and mental illness, and a growing realization that failure to invest in prevention and recovery results in later recourse to more expensive solutions.

Alcohol and Other Drugs Impact Our Community



i The occurrence of two disorders or illnesses in the same person, also referred to as co-occurring conditions or dual diagnosis.

WHY IS THIS ISSUE IMPORTANT?

Substance use impacts our community systems in many ways. The consequences of harmful substance use are too often addressed in the most costly settings, through the criminal justice or emergency health systems, rather than the public health system.

There is room for optimism, however. The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified four dimensions that serve both as prevention tools and as supports for a life in recovery.

HEALTH overcoming or managing disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if an individual has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being

HOME having a stable and safe place to live

PURPOSE participating in meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to engage in society

COMMUNITY having relationships and social networks that provide support, friendship, love, and hope

In Travis County, peer networks have increased their capacity to provide prevention and recovery support. Certification of sober houses, a new sober high school, and the development of sober recreational activities are all recent local advances. Prevention programs and treatment centers are deploying evidence-based programming, including trauma-informed care. The local criminal justice system has developed a Reentry Court and is examining assessment and treatment services within the Travis County Correctional Facility and Probation Department, and Life ANew is conducting reconciliation circles. However, this is occurring in an environment of increasing economic disparity, a growing population, and a lack of resources to address critical needs related to substance use disorder, especially for individuals at the lower end of the income spectrum.

In September 2013, the Community Advancement Network (CAN) recognized that the community as a whole was not focused on substance use and that certain services, such as withdrawal management (detox), were diminishing, so it convened local leaders to discuss assessing and elevating the visibility of substance use impacts in Travis County. Austin Travis County Integral Care (Integral Care) agreed to lead the effort. Between December 2013 and May 2015, a leadership team and community advisory team hosted a community forum, met with local experts, reviewed data, conducted five focus groups, and administered surveys of individuals in recovery and substance use disorders treatment providers to create a community vision and short- and long-term plans to address substance use.

Completed in May 2014, the short-term plan resulted in the following:

- Development of a comprehensive resource guide for substance use services in Travis County (created by the Dell Children's Medical Center of Central Texas and maintained on Integral Care's website)
- An update to the desired continuum of mental health care to include substance use, creating a behavioral health continuum
- Travis County's allocation of $286,960 in one-time funding for the continuation of the Family Drug Treatment Court program and addition of $100,000 to the Substance Abuse Management Services Organization (SAMSO) for treatment for women and children.

Plan Focus

While this report addresses the impact of substance use across the county, many of the recommendations are focused on addressing those at or below 200% of the federal poverty level, which is generally the population for whom public entities provide support.

Plan Vision

An engaged, informed, compassionate community that prevents harmful substance use, provides ready access to a full continuum of services and supports, and embraces a culture of health, recovery, and resilience.

Plan Key Findings

FOCUS AREA	CRITICAL ISSUE	PLAN GOAL
EDUCATION	High rates of substance use are costly for our community.	An informed, educated and supportive community that understands the impact of substance use disorders, communicates community standards, and provides relevant information.
PREVENTION	Additional investment in evidence-based prevention initiatives can save money and lives.	Harmful substance use is prevented at the earliest possible point.
RECOVERY	Substance use disorders are treatable chronic illnesses and we need to develop this understanding within our local community.	Integrated person-centered, community-based, family-focused recovery supports are readily available.
SYSTEM INTEGRATION	Our community infrastructure and investments are insufficient to address substance use disorders.	Infrastructure is in place to identify opportunities to strengthen the substance use disorder system, to develop sustainable resources and to monitor effectiveness.

1

[CRITICAL ISSUE]

HIGH RATES OF SUBSTANCE USE ARE COSTLY FOR OUR COMMUNITY

Key Findings

[1] Our community pays a high price for substance use

[2] Substance use rates in Central Texas are consistently higher than those in other parts of Texas and the nation

[3] Youth are using alcohol and marijuana throughout Travis County

[4] Individuals and families experience impacts to their health, relationships, employment, and income related to substance abuse

[5] Family members, health care professionals, and other key community members are not aware of the impact of substance use disorders or of community resources to address them

Immediate Action Steps

» Establish a hub for substance use information and referrals including a resource list of prevention programs.

» Educate health care professionals on identification of substance use disorders, opportunities to utilize Medication-Assisted Treatment (MAT), and appropriate community referrals.

Additional Action Steps

» Create and disseminate clear, consistent, culturally relevant, effective community messages about substance use disorder, its chronic nature, its impacts and the opportunity for recovery, including inspiring stories of individuals in recovery.

» Engage and educate individuals, families, school personnel and stakeholders in the legal system about signs and symptoms of substance use disorder and recovery services and supports.

[GOAL] EDUCATION

An informed, educated and supportive community that understands the impact of substance use disorders, communicates community standards, and provides relevant information.

Overview

Substance use disorder impacts thousands of individuals in Travis County. Locally, approximately 82,430 adults age 18 or older (9.6%), and approximately 3,700 youth ages 12–17 years (5.2%) have abused alcohol or illicit drugs in the last year.[1] It is further estimated that 27,592 adults in Travis County (3.2%) are alcohol dependent and 12,463 adults (1.5%) are dependent on illicit drugs and will probably require some type of recovery support.[2] These figures do not include individuals who are dependent on prescription medication. In 2013, the Outreach, Screening, Assessment, and Referral Center (OSAR) for Texas Region 7, the state-funded first point of contact for any Texas resident seeking substance abuse treatment services, screened 1,360 individuals from Travis County and recommended 88% for substance use treatment.[ii]

Key Findings

[KEY FINDING 1]

Our Community Pays a High Price for Substance Use

Our community experiences substantial impacts from substance use disorder, including increased costs to the legal and emergency systems and loss of productivity in the workplace.

Assessing definitive costs of substance use disorder is challenging. For example, an individual is charged with assault based on acts committed while intoxicated. Though alcohol is a contributing factor, it is often not the primary charge listed in the record, making accurate data collection difficult. Similarly, an individual can present at the emergency room with a broken arm sustained as a result of falling down while under the influence of prescription drugs. Though the drugs led to the injury, the medical record often does not reflect this. In addition, local health care, public safety and criminal justice systems are not currently focused on gathering substance use data. Therefore, identified cost estimates are conservative.

The Austin-Travis County Sobriety Center Working Group has attempted to estimate some of the costs for responding to publicly intoxicated individuals in Travis County. Sobriety centers are intended to enhance public health and public safety by providing an alternative to the emergency room and jail for publically intoxicated individuals to sober up and where appropriate, provide a safe environment to initiate recovery. Many of the cost estimates below are cited from the working group's most recent progress report.

Public Safety

- 35% of all arrests by the Austin Police Department (APD) in 2012 were for crimes related to alcohol and/or drug abuse.[3]
- In 2014, APD reported 5,843 Driving While Intoxicated (DWI) offenses (a 5.3% reduction from 2013) and 6,064 narcotics offenses (an 8.6% reduction from 2013).[4]

ii OSAR typically screens four to five Travis County residents a day, and they must arrive by about 6:00am in order to be seen as OSAR screenings are completed on a first-come, first-served basis. Priority is given to individuals who meet certain eligibility criteria.

SUBSTANCE ABUSE, SUBSTANCE DEPENDENCE AND SUBSTANCE USE DISORDER: WHAT'S THE DIFFERENCE?

The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) included definitions of **substance abuse** and **substance dependence.** The distinction between abuse and dependence is based on the concept of abuse as a mild or early phase and dependence as the more severe manifestation.

The current edition of the DSM, the DSM-5, was released in 2013. It combines the DSM-IV categories of substance abuse and dependence into **"substance use disorders,"** which are measured on a continuum from mild to severe. A disorder is present when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. This revised definition is intended to better capture the range of symptoms that individuals may experience related to their substance use.

To adhere to current terminology, this report utilizes **substance use disorder** whenever possible. However, because much of the research cited in the report was conducted prior to the release of the DSM-5, the terms substance abuse and **substance dependence** will also appear.

SOURCES: American Psychiatric Association, SAMHSA.

- The Travis County Sheriff's Office estimates that on any given day, 60% of the 1,200 Travis County Jail residents meet the criteria for substance abuse or dependence, with approximately 38% (450) solely meeting dependency criteria.[5]
- 27% of the individuals on probation in Travis County are under supervision for a DWI, 12% for possession of drugs, and 4% for the sale, delivery, or manufacture of drugs.[6] It is estimated that 45% of all Travis County probationers have "difficulty with alcohol" (term used by the Travis County Community Supervision and Corrections department; similar to dependence) and 34% are thought to have difficulty with drugs.[7]
- In 2014, 2,595 individuals in Travis County were charged with 3,194 counts of public intoxication offenses.[8]
- Austin/Travis County Emergency Medical Services (EMS) estimates that 2,662 transports in which alcohol was included in the primary impression conducted in 2012 took 2,717 hours of ambulance time, or approximately 113 workdays. Total charges billed to patients for these transports were approximately $2.4 million.[9]
- APD officer-time costs to arrest an individual for public intoxication (PI) range from $55 to $97 per person. Based on this data, the total cost of 3,032 PI bookings in 2014 is estimated at $166,760 to $294,104.[10]
- Travis County Sheriff's Office costs are $152.99 per booking and $96.71 per jail bed day.[iii] In 2014, there were 3,032 bookings for PI that accounted for 75,487 jail bed-day hours (calculated hourly due to releases in less than 24 hours). Therefore, the total estimated booking costs were $463,866 and the total estimated jail bed-day costs were $304,181.[11]
- The City of Austin invests $1 million annually in the Downtown Austin Community Court (DACC). Operating as a problem-solving and rehabilitative court and providing referrals to supportive services for offenders, the DACC adjudicates public order offenses including PI committed within the downtown, East Austin, and the West Campus areas. A majority of the offenses adjudicated through DACC are committed by defendants who are homeless, and a disproportionate number of offenses are committed by a small number of defendants who cycle through the criminal justice system at a high cost to all community services systems.[12]

iii Based on 2011 data.

Health

- Alcohol was detected in 34% of traffic fatalities that occurred in Travis County in 2013.[13]
- In 2012, Austin/Travis County Emergency Management Services (EMS) identified 2,951 patients for whom alcohol or drug abuse was the primary issue.[14]
- 8–15% of Austin suicides are related to alcohol or drug abuse.[15]
- 59% of U.S. pregnant teens admitted to using drugs and alcohol in the previous 12 months, a rate nearly two times greater than non-pregnant teens.[16]
- Seton Healthcare Family estimated direct costs for the individuals who accessed its emergency departments within Travis County in Fiscal Year 2013 and who might have met sobriety center criteria. Seton estimates that 4,317 individuals may have met the criteria[iv] in FY 2013. The per-patient costs for those individuals ranged from $275 to $619 (using mean and median data), for a total direct cost of $1.1 million to $2.6 million.[v]
- The Hospital Corporation of America/HCA (St. David's Hospital) estimated that it served 2,368 publically intoxicated people in 2013, but this number may include some who would not qualify for admittance to a sobriety center.[17]

Workforce

- Over 15% of U.S. workers report being impaired by alcohol at work at least one time during the past year, including almost 2% of workers reporting drinking before work; 7% of workers reporting drinking during the workday; and 9% of workers reporting being hungover at work.[18] Workers with illicit drug and/or heavy alcohol use have higher rates of job turnover and absenteeism compared to those with no illicit drug or heavy alcohol use.[19]

iv Criteria were that the individual was publicly intoxicated, didn't have a medical diagnosis requiring an Emergency Department visit and the arrest did not include charges for non-Public Intoxication-related offenses, like assault or Driving Under the Influence.

v The estimates do not include those patients who would likely be disqualified based on a medical diagnosis that would warrant an emergency department visit.

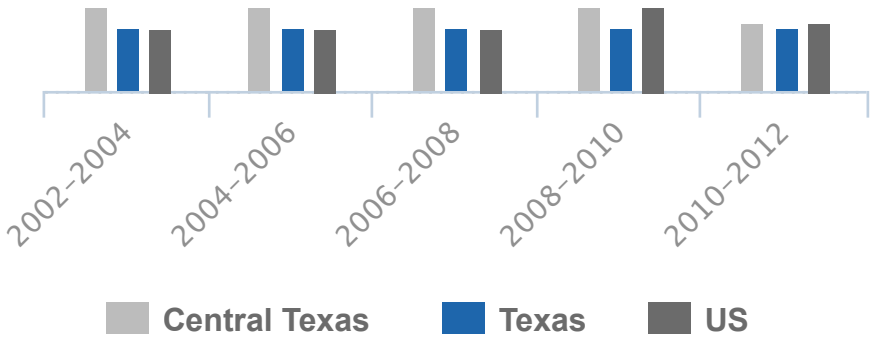
[KEY FINDING 2]

Substance use rates in Central Texas are consistently higher than those in other parts of Texas and the nation.

The 2013 National Survey on Drug Use and Health (NSUDH) demonstrates that Central Texas has consistently high rates of alcohol dependence.[20] The chart below illustrates the rates of alcohol dependence for the U.S., Texas and the 10-county Central Texas region. While rates of alcohol dependence in Central Texas remain above the national and state averages, they have decreased in recent years.

FIGURE 1

Rates of Alcohol Dependence, 2002–2012



SOURCE: National Survey on Drug Use and Health (NSUDH), 2013. Central Texas is defined as Texas Region 7a and includes Travis, Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, & Williamson counties. Chart data includes age 12 and up.

The definition of dependence in the NSUDH is based on DSM-IV criteria. Respondents were identified as having alcohol dependence if they met three or more of the following criteria:

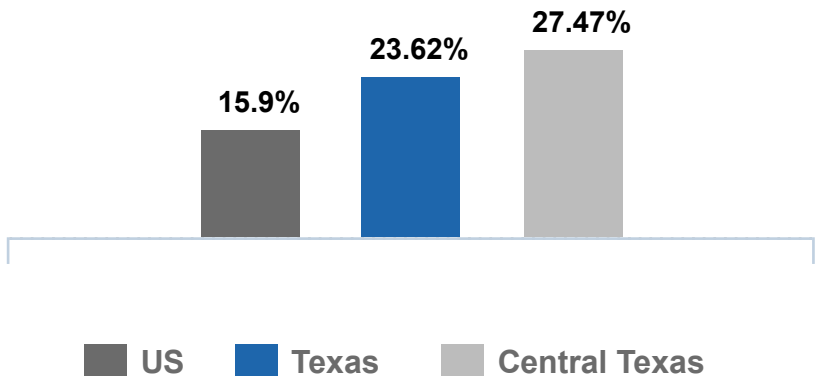
- Spent a great deal of time over the period of a month getting, using, or getting over the effects of alcohol;
- Used alcohol more often than intended or was unable to keep set limits on alcohol use;
- Needed to use alcohol more than before to get desired effects or noticed that the same amount of alcohol had less effect than before;
- Unable to cut down or stop using alcohol when tried or wanted to;
- Continued to use alcohol even though it was causing problems with emotions, mental or physical health;
- Alcohol use reduced or eliminated involvement or participation in important activities; or
- Experienced withdrawal symptoms (e.g. having trouble sleeping, cramps, hands tremble).

Our region has a significantly higher binge drinking rate than the United States and Texas.

The National Survey on Drug Use and Health (NSDUH) asks persons 12 or older to report on their binge alcohol use in the past 30 days. Binge use is defined as consuming five or more drinks on the same occasion (at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. The rates for Central Texas far surpassed both national and Texas rates.[21] The City of Austin Community Health Assessment identified binge drinking as an important area for the community to address.

FIGURE 2

Binge Alcohol Use in the Past Month



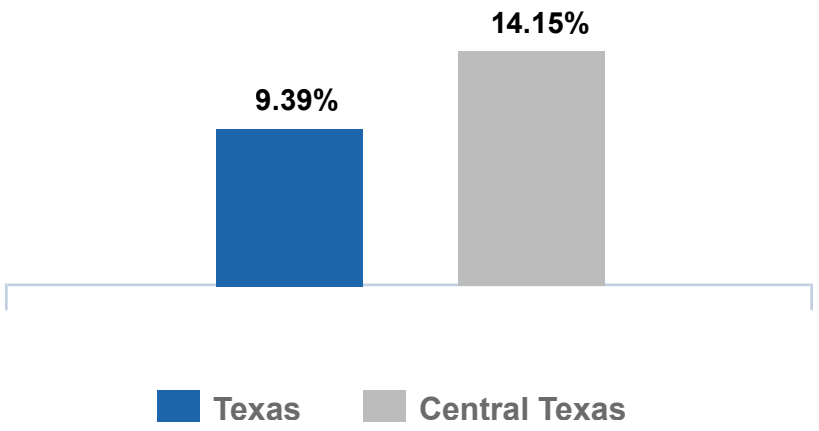
SOURCE: 2013 National Survey on Drug Use and Health. Central Texas is defined as Texas Region 7a and includes Travis, Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, & Williamson counties.

Similarly, the American Journal of Public Health estimated the prevalence of drinking and binge drinking in every U.S. county from 2002 to 2012 and reported that Travis County has the highest rate of overall drinking in the state. At 64.4%, local drinking prevalence is more than eight percentage points higher than the national average and 12 percentage points higher than the state average. These numbers include anyone who has consumed one or more alcoholic beverages in the past month.[22]

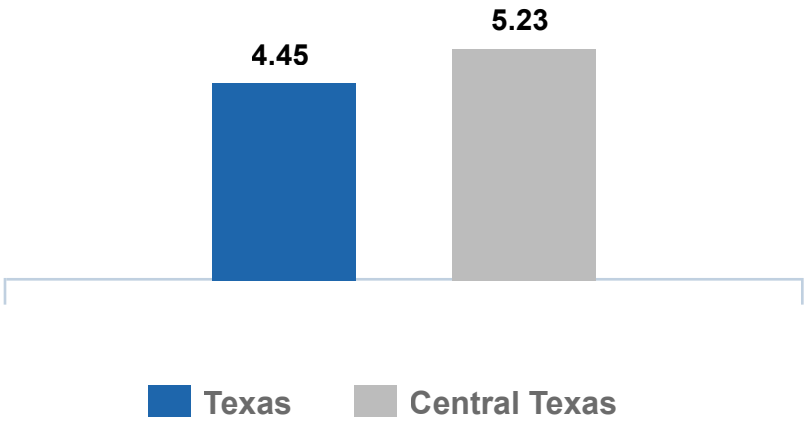
FIGURE 3

Regional Marijuana Use and Nonmedical Use of Pain Relievers in Central Texas are Higher Than in the Rest of the State

MARIJUANA USE IN THE LAST YEAR



NONMEDICAL USE OF PAIN RELIEVERS IN THE PAST YEAR



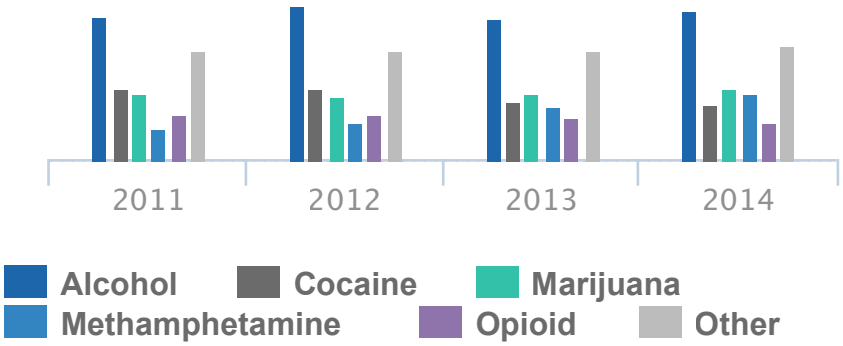
SOURCE: National Survey on Drug Use and Health (Percentages, Annual Averages Based on 2010, 2011, and 2012). Central Texas is defined as Texas Region 7a and includes Travis, Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, & Williamson counties.

Marijuana is the most commonly used illicit substance in Travis County.

Approximately 14% of individuals ages 12 and older in Central Texas report using marijuana in the last year. This is higher than the 9.39% reporting use in the state as a whole and 12% nationally. According to the Texas Department of State Health Services, the number of individuals for whom marijuana is the primary abused substance increased 9.2% between FY 2011 and FY 2014. More than half of new illicit drug users begin with marijuana. The next most commonly used illicit drugs are prescription pain relievers, followed by inhalants (most common among younger teens).[23] Marijuana was the primary reason for 23% of admissions to treatment programs in 2013, compared with 8% in 1995.[24] Marijuana also impacts our local criminal justice system: 45% of Austin Police Department possession arrests in 2014 were for marijuana.[25]

FIGURE 4

Number of Adult Admissions to U.S. Substance Abuse Treatment Programs by Primary Substance per Year



SOURCE: Texas Department of State Health Services, Clinical Management for Behavioral Health Services (CMBHS). 2015. Behavioral Health Data Book: First Quarter 2015.

Prescription painkillers are linked to increased overdoses and increased use of heroin.

Nationally, 120 people die of a drug overdose every day, with prescription drugs tied to more than half of these deaths. According to national and local reports, increased regulation of prescription painkillers intended to reduce abuse is linked to increased rates of heroin use, which is often cheaper and easier to purchase. A recent study identified heroin users as likely to be white and to live in suburban or rural areas. The average age is 23. Three out of four were first introduced to opioids through prescription painkillers.[26] Although the "high" produced by heroin was described by study participants as a significant factor in its selection, it was often used because it was more readily accessible and much less expensive than prescription opioids.[27] In 2013, the Travis County Medical Examiner's Office identified 114 prescription-related deaths.[28] A survey of area substance use treatment providers conducted as part of this assessment identified an increase in the number of individuals requesting services related to heroin. In Texas, heroin was the primary drug of abuse for 13% of clients admitted to treatment in 2013.[29]

The Number of U.S Heroin Users Rose 300,000 over a Decade

Nearly 3 in every 1,000 Americans said they used heroin in the previous year, a 62% increase from a decade ago with the bulk of the increase among whites, according to a new government report. Experts think the increase was driven by people switching from opioid painkillers to cheaper heroin.

–CENTERS FOR DISEASE CONTROL REPORT, JULY 2015

Synthetic marijuana usage has become more prevalent.

In November 2014, April 2015, and June 2015, the Austin Police Department responded to a rash of overdoses and health problems associated with synthetic marijuana (commonly known as K2 or Spice), probably caused by chemicals sprayed on the product. Synthetic marijuana is made from herbs and chemicals and is designed to mimic the effects of marijuana. Travis County substance use treatment providers state that this is a growing problem among young people and individuals who are on probation or parole, as the drugs are not detected in standard drug tests and there is a misconception that the ingredients are all natural and the products are legal. In Texas, K2/Spice is considered a controlled substance. However, because synthetic marijuana is produced under a variety of names and chemical compositions, it is often difficult for law enforcement to take action.

[KEY FINDING 3]

Youth are using alcohol and marijuana throughout Travis County

Nationally, the rates of American 8th, 10th, and 12th graders using alcohol and drugs continued to show encouraging signs, including decreasing use of alcohol, cigarettes, and prescription pain relievers; no increase in the use of marijuana; decreasing use of inhalants and synthetic drugs, including marijuana substitutes K2/Spice and bath salts; and a general decline in the use of illicit drugs over the last two decades.[30]

The Austin Independent School District annually administers the Student Substance Use and Safety Survey to a random, representative sample of middle and high school students. The survey is used to track student knowledge, attitudes, and self-reported behavior over time. Based on the 2010–2011 survey, Children's Optimal Health published the map in Figure 5 below. The pie charts represent data as reported at each campus, though they do not necessarily reflect activity occurring on campus. Data for other school districts in Central Texas was not available.

EMS Treats More than 500 People After K2 Incidents:
"We're seeing elevated temperatures. We're seeing seizures. We're seeing people having blackouts and we've got some folks experiencing violent behavior, very aggressive tendencies. We've got some that are experiencing paranoia and anxiety," said Chief Ernesto Rodriguez with Austin Travis County EMS.
–KVUE JULY 23, 2015

High School Alcohol Use

- In the 2010–2011 school year, 56% of students reported never using alcohol and 26% reported use in the past month.
- Among students reporting alcohol use in the past month, there was a 2% decrease from the prior year. There was also a 4% increase in students who stated that they had never used alcohol.
- High concentrations of students reporting recent alcohol use occur throughout the area, especially among students living in the 78727, 78757, 78756, 78703, 78725 and 78652 zip codes.

High School Marijuana Use

When looking at high school marijuana use, the same survey found:

- In the 2010–2011 school year, 67% of students reported never using marijuana and 20% reported use in the past month.
- Among students reporting marijuana use in the past month, there was no change compared to students reporting in the prior year.
- High concentrations of students reporting marijuana use occur throughout the area, especially among students living in the 78756, 78746, 78737, 78725, 78727, 78757, 78756, 78703, 78725 and 78652 zip codes. The 78725 zip code, which covers parts of East Austin, Del Valle and far East Travis County, demonstrated high concentrations of self-reported alcohol and marijuana use and warrants further focus.

Young Adult Drinking

Because Travis County has such a large number of young adults ages 18–24, it is important to understand the impact of drinking for this subpopulation. Up-to-date research is limited in this area. The most recent and comprehensive study of young adult drinking was published in 2005, based on the 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions. It showed that people are likely to drink most heavily in their late teens and early twenties. In 2001–2002, about 70% of young adults reported drinking in the prior year. The authors concluded that heavy episodic drinking and alcohol use had increased and are common among all young adults, not just those attending college.[31] Alcohol use increases risky behavior and the possibility of serious injury or death, including traffic fatalities.

[KEY FINDING 4]

Individuals and families experience impacts to their health, relationships, employment, and income related to substance abuse.

Substance use disorder can result in legal challenges, place individuals in unsafe situations, and, for those without family and community supports, lead to homelessness. Substance abuse is correlated with increased risk for teen pregnancy, HIV/AIDS, sexually transmitted diseases, physical fights, and suicide.[32] Eighteen percent of chronically homeless individuals in Travis County are reported to have a substance use disorder, more than twice the rate of the general population.[33] People who abuse alcohol and/or drugs attempt to kill themselves nearly six times as frequently as people who don't abuse these substances.[34]

Substance use also disrupts families. In Texas, 40.1% of victims of child abuse have a caregiver who has an alcohol or drug abuse problem.[35] Children in households in which substance abuse occurs lack stability, frequently have challenges in school, and are at increased risk for abuse and neglect. Children of substance-abusing parents also often take on inappropriate roles, including increased responsibility based on the parents' unavailability. Drinking precedes acts of domestic violence in 25 to 50% of all cases. Chronic use of alcohol is a better predicator of battering than acute intoxication, as the highest rates of domestic abuse are found among moderate to heavy drinkers, rather than the heaviest drinkers.[36, 37] Often, the impact of ongoing substance use can create unhealthy dynamics of denial and coping, as family members feel angry, overwhelmed, and isolated, or deny that there is a problem.

[KEY FINDING 5]

Family members, health care professionals, and other key community members are not aware of the impact of substance use disorders or of community resources to address them.

A nationwide survey conducted by the National Center on Addiction and Substance Abuse at Columbia University highlighted some troubling findings. For instance, more than 50% of patients receiving treatment for substance abuse reported that their primary care physician did not address their substance use disorder. More than 40% stated that their physician missed the diagnosis of a substance use disorder, and only 25% of primary care physicians were involved in the decision to seek treatment.[38] The survey indicated that less than 20% of primary care physicians considered themselves "very prepared to identify alcohol or drug dependence," compared with the more than 80% who felt very comfortable diagnosing hypertension and diabetes.[39] Similarly, many physicians are either not aware of, or are not utilizing, Medication-Assisted Treatment (MAT). MAT involves the use of medications, in combination with counseling and behavioral therapies, for the treatment of substance use disorders. Research shows that when treating certain substance use disorders, a combination of medication and behavioral therapies is most successful. MAT is clinically driven, with a focus on individualized patient care.[40]

The responses of individuals in local focus groups echoed these findings regarding the need to educate doctors and family members about substance use disorder. One participant described leaving a treatment facility and visiting her family physician. She shared her anxiety about being out of a safe environment and was immediately prescribed a potentially addictive tranquillizer. She took it, since it was prescribed, even though she knew she should not have. She quickly returned to abusing narcotics.

Other focus group participants discussed the frustration they feel when family members do things to sabotage their recovery such as encourage them to drink socially or cook with alcohol. A core sentiment among service providers and individuals in recovery was the need for clear, consistent community messages about harmful substance use and for a centralized location for individuals to access current, trustworthy information on substance use prevention and recovery. Due in part to the lack of ongoing community focus on substance use, local leaders have not yet demanded a policy-level concentration on substance use and its impacts.

Less than 20% of primary care physicians surveyed considered themselves "very prepared to identify alcohol or drug dependence."
–NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY

Conclusion

Substance use impacts thousands of local residents and exacts a high community price, paid through increased demands on our health and public safety systems. An educated, informed community can understand the implications of those costs and identify solutions to achieve better outcomes. Similarly, individuals, family members, and health professionals who are knowledgeable about the signs, symptoms, and resources of substance use disorder can play an important role in helping individuals seek help and supporting those who are in recovery

A core sentiment among service providers and individuals in recovery was the need for clear, consistent community messages about harmful substance use and for a centralized location for individuals to access current, trustworthy information on substance use prevention and recovery.

HOW WILL WE KNOW WE ARE MAKING PROGRESS?

- **Clear community messages regarding prevention and recovery supports are present at multiple levels across the community.**
- **The community is equipped with resources and tools to address substance abuse and support recovery.**
- **Individuals, families, and the community are aware of the impacts of substance use and familiar with the concept of recovery-oriented care and recovery support systems.**
- **Individuals in recovery feel supported in the community.**

2

[CRITICAL ISSUE]

ADDITIONAL INVESTMENT IN EVIDENCE-BASED PREVENTION INITIATIVES CAN SAVE MONEY AND LIVES

Key Findings

[1] Effective prevention messages and strategies exist, but local efforts are diffuse and uncoordinated and reach a limited number of individuals

[2] Prevention is most critical at times of transition

[3] Harm reduction strategies work

[4] There is a lack of local investment in substance use prevention strategies and messages

Immediate Action Steps

» Invest in coordination and leveraging of existing prevention programs through a collaboration such as the Youth Substance Abuse Prevention Coalition.

» Increase the overall investment in effective prevention strategies so that they can be brought to scale.

Additional Action Steps

» Create consistent community-focused messages that underage substance use and harmful substance use are dangerous and can result in death.

» Target prevention at elementary and middle school students.

» Support harm reduction approaches such as methadone, Housing First, and needle exchanges.

» Identify young people who can inspire with their recovery stories and find platforms for stories to be effectively shared.

» Identify and implement effective technologies for preventing harmful and underage substance use.

[GOAL] PREVENTION

Harmful substance use is prevented at the earliest possible point.

- Increase the availability of appropriate activities for youth and adults that do not involve alcohol or drugs.
- Implement proven environmental, legal and regulatory strategies to reduce substance use.
- Support parents in communicating with their children about substance use and seeking professional services when needed.

Overview

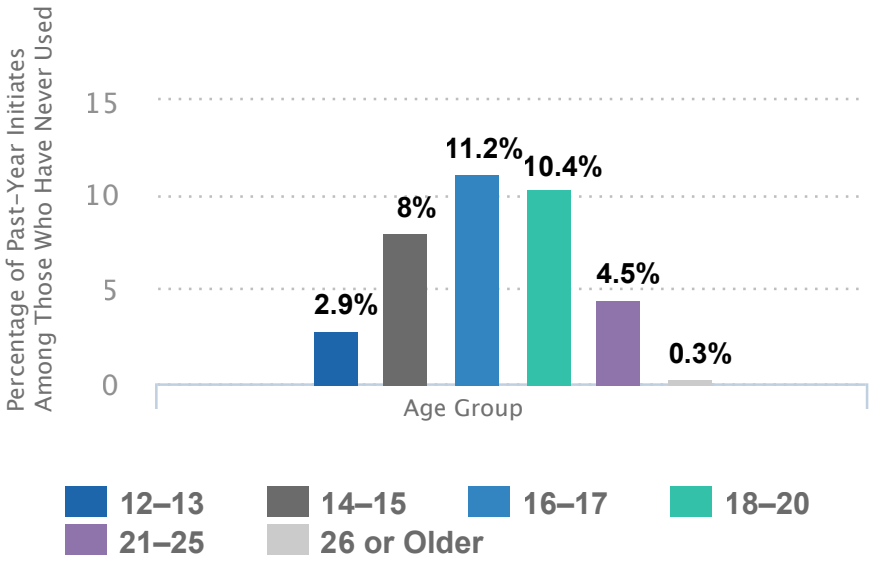
Prevention helps to discourage substance use before it results in costly and life-threatening consequences. The Texas Department of State Health Services and SAMHSA's Center for Substance Abuse Prevention provide evidence-based curricula and effective strategies to prevent harmful use and negative consequences of alcohol, tobacco and other drugs.

Early prevention is essential

- The average age of first use of alcohol is 12 and marijuana, 14.[41]
- Forty-seven percent of those who begin drinking before the age of 14 later develop alcohol dependence, compared with only 9% of those who wait until they are 21 or older to start.[42] Research in drug use and addiction has found similar results.
- More than 90% of adults with substance use disorders started using before 18; half of them began before age 15.[43]

FIGURE 5

The Drug Danger Zone: Most Illicit Drug Use Starts in the Teenage Years



SOURCE: SAMSHA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 and 2012.

PREVENTION DEFINITIONS

Universal prevention strategies are designed to reach a very large audience. A universal prevention program is provided to everyone in a given population, such as a school or community.

Selective prevention strategies target subgroups of the general population that are determined to be at risk for substance abuse. Targeted individuals or groups are recruited to participate in the prevention effort.

Indicated prevention interventions identify individuals who are experiencing early signs of substance use disorder and related problem behaviors and target them with special programs.

SOURCE: Texas Department of State Health Services

Key Findings

[KEY FINDING 1]

Effective prevention messages and strategies exist, but local efforts are diffuse and uncoordinated and reach a limited number of individuals

During the planning process, eight Travis County organizations were identified as focusing specifically on prevention.[vi] Most of these have been providing evidence-based prevention programming for many years. The Youth Substance Abuse Prevention Coalition was formed in 2013 to assist in coordinating these programs.

The following are some of the local strengths and challenges identified by a focus group of 12 Travis County substance use prevention providers:

Strengths

- History, consistency, and continuity of programming
- Collaboration between partners and common referrals
- School Health Advisory Councils in the Austin, Manor, and Del Valle Independent School Districts include substance use in their review of health issues
- Many schools offer Project Graduation events (alcohol- and drug-free alternative graduation parties)
- Travis County constables and the Austin Police Department participate in community outreach

Challenges

NO CENTRAL PLACE FOR INFORMATION Travis County lacks a central agency or location that coordinates prevention programming, messaging, and education

COMMUNITY MESSAGES ABOUT SUBSTANCE USE ARE NOT CLEAR Providers are not using the same clearly defined community messages about preventing harmful substance use

LACK OF RESOURCES TO GO TO SCALE Few resources exist to expand evidence-based prevention programs

LACK OF FOCUS ON THE FAMILY The majority of prevention programs target individuals, despite acknowledgement that education and support of families is critical to success

STIGMA Providers report that the stigma around substance use disorder continues, making messaging challenging

vi Organizations included Aware, Awake, Alive; Phoenix House; LifeWorks, Travis County Underage Drinking Program; Austin Travis County Integral Care; the Travis County Underage Drinking Prevention Coalition; the YWCA of Greater Austin; and the Workers' Assistance Program.

PREVENTION PROGRAMMING CAN LACK CULTURAL RELEVANCE Our community needs to ensure that effective prevention programming is available for our increasingly diverse population

Each organization presents similar messages about underage substance use, but there is a lack of coordination on a core message and social norms. Underage substance use and harmful substance abuse are not clearly defined or visible in the community. For example, in the focus group, several participants mentioned the relatively common practice of parents allowing teenagers to drink in their homes as drinking is "inevitable." One consequence of the lack of coordination is that multiple agencies that provide prevention programming approach the same organizations or schools to implement programming. This results in duplicated effort on the part of prevention organizations and frustration on the part of school or program administrators who have to sort through multiple requests and determine which programs best meet their needs. Prevention providers expressed a willingness to work together but indicated that they lack the infrastructure to do so.

[KEY FINDING 2]

Prevention is most critical at times of transition.

A National Institute of Drug Abuse report stated that the risk of substance abuse increases greatly during times of transition. For an adult, these transitions could include a divorce or loss of a job; for youth and teenagers, risky times include moving, changing schools, and other disruptions to normal routines. In early adolescence, when children advance from elementary through middle school, they face new and challenging social and academic situations. Children are often exposed to cigarettes and alcohol for the first time during this period. When they enter high school, teens may encounter greater availability of drugs, drug use by older teens, and social activities at which drugs are used.[44] This information should inform local prevention efforts and assist in identifying critical areas for targeting programming and messaging. Based on the average age of first use, prevention programming would be most effective in late elementary or early middle school.

PREVENTION PRINCIPLES

Principle 1 Prevention programs should enhance protective factors and reverse or reduce risk factors.

Principle 2 Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.

Principle 3 Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors.

Principle 4 Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.

SOURCE: The National Institute on Drug Abuse (NIDA)

[KEY FINDING 3]

Effective prevention strategies are available.

More than 20 years of research has examined the characteristics of effective prevention programs. One shared component is a focus on risk and protective factors that influence harmful substance use.

Protective factors are characteristics that decrease an individual's risk for developing a substance use disorder.[45] They include:

- Strong and positive family bonds
- Parental involvement in children's lives and monitoring of activities and peers
- Clear rules of conduct that are consistently enforced
- Success in school performance
- Strong bonds with institutions, such as school and religious organizations
- Adoption of conventional norms about drug use

Risk factors increase the likelihood of substance abuse problems and include:

- Chaotic home environments, particularly those in which parents abuse substances or suffer from mental illness
- Ineffective parenting, especially of children with difficult temperaments or conduct disorders
- Lack of parent-child attachments and nurturing
- Inappropriately shy or aggressive behavior in the classroom
- Failure in school performance
- Poor social coping skills
- Affiliations with peers displaying deviant behaviors
- Perceptions of approval of drug-using behaviors in family, work, school, peer, and community environments

Travis County providers use a variety of evidence-based programs, such as the Botvin's Life Skills Training (Phoenix House), Curriculum-Based Support Group (LifeWorks), Strengthening Families (Integral Care), and Positive Action (YWCA of Greater Austin). However, their reach is not widespread and they often approach the same schools and organizations to provide programming, generally targeting a limited number of low-income students. As the earlier Children's Optimal Health map demonstrated, the use of alcohol is widespread and is actually more prevalent in the more affluent western side of Travis County. These programs also are often delivered in English and may not be linguistically or culturally appropriate for the increasingly diverse youth population of Travis County. An investment in coordination, a focus on family engagement and times of transition, an increase in recreational opportunities, and an increase in the overall scale of such programming can provide a substantial return on community investment.

[KEY FINDING 4]

Harm Reduction Strategies Work.

Harm reduction strategies are policies and programs that reduce the adverse health, social and economic consequences of substance use to individuals, drug users, their families and their communities. A 2003 study identified the following promising harm reduction strategies: [46]

MEDICATION-ASSISTED TREATMENT (MAT) Methadone is a long standing treatment to address opioid dependence. It consistently performs better at retaining people in treatment and reducing heroin use than do various drug-free alternative treatments. Buprenorphine is used similarly. Naltrexone is used to address alcohol dependence.

NEEDLE EXCHANGE Studies of needle exchange programs have provided promising evidence of positive impacts. Needle exchange is intended to reduce transmittal of HIV and other blood-borne pathogens among individuals who use injectable drugs.

MOTIVATIONAL INTERVIEWING Motivational Interviewing (MI) is a way of talking with clients that minimizes resistance and increases the probability that change will occur.[47] Evidence from several meta-analyses demonstrates that MI is 10 to 20% more effective than no treatment and is generally equal to other more expensive treatments for a variety of problems ranging from substance use disorder to reducing risky behaviors and increasing client engagement in treatment.[48]

COMMUNITY REGULATIONS AND ENFORCEMENT The U.S. Department of Justice has identified several community strategies, many of which are in place in Travis County, as promising practices for preventing or decreasing substance use.[49] They include:

- **COMMUNITY POLICING** The central figure in this strategy is the community police officer, whose mission is to maintain direct contact with the citizens of a small, defined area. This officer serves as liaison between the community and the police.
- **PROBLEM-ORIENTED POLICING** Problem-oriented policing compels officers to think creatively to find solutions to persistent crime problems within a community. Problem-oriented police officers are trained to uncover patterns of crime, to identify solutions, and to find the resources needed to address problems. The focus shifts away from the limited perspective offered by crime statistics to broader questions about the root causes of crime.
- **REDUCING DRUG AVAILABILITY** Many communities have "hot spots," of crime and drug use within otherwise low-risk areas. It is estimated that 10% of locations generate about 60% of crimes. Locally, Life ANew began a restorative justice initiative focusing on one of these "hot spots" at 12th and Chicon. The initiative was very successful, expanding its reach and providing a case study in the effectiveness of the combination of a restorative justice approach and reducing drug availability.
- **ALTERNATIVES TO INCARCERATION** Alternatives to incarceration are designed to stop the revolving door of drug abuse and crime by using the coercive power of the court to engage drug abusing offenders in treatment. The criminal justice and substance abuse treatment systems work together to provide offenders with the services they need while still holding them accountable for their crimes. Locally, the Travis County drug court and the Downtown Austin Community Court use the combined efforts of the justice system, treatment professionals, and social services entities to intervene and break the cycle of substance abuse, addiction, and crime.
- **WORKING WITH ALCOHOL SERVERS AND ESTABLISHMENTS** The Travis County Underage Drinking Prevention Program, Travis County Sheriff's Office and other community partners work to create a safe and healthy environment for the youth of our community by reducing underage access to alcohol. Travis County has an active "secret shopper" program designed to reduce underage alcohol sales by employing young people who have been trained by police to attempt to purchase alcohol illegally from retailers. Sale of alcoholic beverages to a minor is a Class A misdemeanor, punishable by a fine up to $4,000, confinement up to a year in jail, or both. Additional penalties for businesses are determined by the Texas Alcoholic Beverage Commission.
- **DWI ENFORCEMENT** The Austin Police Chief reported 5,843 DWI offenses in 2014. The Center for Problem-Oriented Policing lists 32 considerations for effective strategies to lower DWI incidences, which include: Reducing the legal limit for drinking while driving, conducting and publicizing sobriety checkpoints, training police officers to spot impaired drivers, requiring convicted drunk drivers to install

electronic ignition locks on their vehicles, and requiring convicted drunk drivers to complete alcohol assessment, counseling, and/or treatment programs.[50] Many of these strategies are currently used by the Austin Police Department and the Travis County Sheriff's Office.

» **SOBER RIDES** Programs and community messages promoting the use of alternative transportation options can be effective in curbing drunk driving. ATX Safe Streets works to address this issue, and buses run after midnight from the entertainment district to the University of Texas campus area. There are also local businesses that will drive an impaired individual's car home, and parking spaces that allow people to leave their cars overnight. A 2009 study on public transit in Washington D.C. found that for each late night hour bus service was extended, ridership increased by 7%, DWIs decreased 9%, and fatal accidents involving intoxicated drivers were reduced by 70%.[51]

[KEY FINDING 5]

There is a lack of local investment in substance use prevention strategies and messages.

Travis County allocates $43,500 for substance abuse prevention to Youth Advocacy at the Workers Assistance Program. Other local programs focusing their efforts specifically on substance use prevention are primarily funded privately or through grants from the Texas Department of State Health Services. The local Substance Abuse Managed Services Organization (SAMSO) does not provide any funding for prevention.

Conclusion

Research has demonstrated that harmful substance use among adults can be successfully mitigated, and that drinking and drug use are less likely to become problematic if delayed until after age 21. Our community is implementing effective prevention programs and strategies; but there is not a clear community message that underage substance use is illegal and dangerous and that harmful adult use is unacceptable. Investment focused on prevention is limited, especially from local sources. With a fairly minimal investment, we now have the opportunity to increase coordination among prevention programs and bring together community stakeholders to agree upon and promulgate consistent messages on substance use prevention.

HOW WILL WE KNOW WE ARE MAKING PROGRESS?

- **Underage drinking and drug use, binge drinking and harmful adult substance use decrease.**
- **Coordination among area substance abuse prevention programs increases.**
- **There are clear community social norms that underage substance use is illegal and harmful adult use is unacceptable.**
- **Local institutions support increased investment in effective prevention principles, practices and programs.**
- **Prevention programs are targeted at critical times of transition (e.g. moving from elementary to middle school, divorce, etc.)**
- **Evidence-based harm reduction strategies are in place.**
- **Our community has effective regulations and enforcement of the consequences of substance use, including underage drinking and DWI.**

3

[CRITICAL ISSUE]

SUBSTANCE USE DISORDERS ARE TREATABLE CHRONIC ILLNESSES AND WE NEED TO DEVELOP THIS UNDERSTANDING WITHIN OUR COMMUNITY

Key Findings

[1] Substance use disorders are chronic illnesses

[2] Recovery is possible through a variety of pathways

[3] Early access to supports is vital to successful recovery

[4] Addressing trauma is critical to many people's paths of recovery

[5] Family members should be integrated into recovery efforts

Immediate Action Steps

- Educate healthcare and public safety system navigators on substance use resources.
- Educate, employ, and integrate peer coaches.
- Increase access to withdrawal management (detox).
- Expand access to recovery supports early in recovery and maintain them for at least one year.

Additional Action Steps

- Increase access to education and programming on trauma-informed care.
- Integrate substance use screening, assessment, treatment and linkages to recovery supports within the mental health and physical health system of care.
- Utilize a person-centered funding approach.
- Create a mechanism to improve system navigation.
- Provide support and education for the families of individuals engaged in recovery.
- Increase the availability of appropriate activities for youth and adults that do not involve alcohol or drugs.
- Create services that that accommodate a variety of schedules (e.g., weekends, evenings).

[GOAL] RECOVERY

Integrated, person-centered, community-based, family-focused recovery supports are readily available.

- Ensure that psychiatric support services and medication are available as individuals transition from treatment to home or community-based settings.
- Explore use of technology to support recovery, including online courses, and access to counselors via videoconferencing.
- Ensure that substance use disorder treatment curricula are relevant, person-centered, culturally appropriate, up-to-date, and evidence-based.

Overview

Individuals enter recovery through various avenues. Today, many individuals enter the recovery system as a result of criminal justice involvement, rather than through the healthcare system. This is the least effective way to address what is a significant public health problem. Shifting to a person-centered, community-based public health approach will require education, stakeholder engagement and realignment of resources. These changes will also be necessary to help people in our community gain access to more effective pathways to recovery.

Key Findings

[KEY FINDING 1]

Substance use disorders are chronic illnesses.

Chronic diseases such as diabetes, hypertension, and asthma are often characterized by relapse (recurrence of symptoms) and require lifelong vigilance to achieve and maintain recovery. This is also true of substance use disorders. Characteristics of substance use disorders consistent with those of other chronic diseases include:[52]

- A tendency to run in families;
- An onset and course influenced by environmental contributions like early physical or sexual abuse, exposure to violence, stress and drug availability;
- The ability to respond to appropriate treatment, which may include long-term lifestyle modification;
- Similar rates of relapse; and
- Effective treatments are available, but there is no known cure.

Studies have shown that 40 to 60% of the predisposition to addiction can be attributed to genetics. Complex interactions between genes and the environment also impact the likelihood of addiction, with protective factors like resiliency and the ability to deal with stress in opposition to risk factors like peers who use alcohol or drugs.[53] Relapse rates for substance use disorders are similar to those of diabetes, hypertension, and asthma. As with other chronic illnesses, relapse should be seen as a trigger for a new intervention, rather than an indication of failure.[54]

"Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

–SAMHSA

Recovery Supports Recovery supports are those services and programs that provide critical assistance to individuals seeking to recover from substance use disorder (such as peer support, sober housing, and mental health counseling)

Recovery

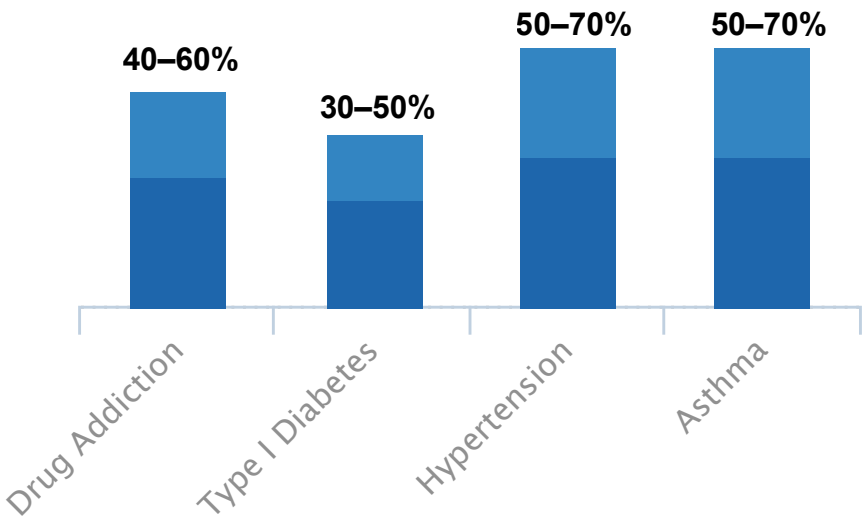
- Emerges from hope
- Is person-driven
- Occurs via many pathways
- Is holistic
- Is supported by peers and allies
- Is supported through relationships and social networks
- Is culturally-based and influenced
- Is supported by addressing trauma
- Involves individual, family, and community strengths and responsibility
- Is based on respect

SOURCE: SAMHSA's 10 Guiding Principles of Recovery

"Drug abuse is an illness. It is a health problem, not a criminal justice problem."
–MICHAEL BOTTICELLI, DIRECTOR OF WHITE HOUSE OFFICE OF NATIONAL DRUG CONTROL POLICY, APRIL 2015

FIGURE 6

Relapse Rates are Similar for Drug Addiction & Other Chronic Diseases



SOURCE: McLellan et al., 2000; National Institute on Drug Abuse

[KEY FINDING 2]

Recovery is possible through a variety of pathways.

SAMHSA's definition of recovery has expanded over the last few years, moving away from a focus on abstinence to emphasize improvements in health and wellness and reduction of harmful consequences. The current definition of recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Through the Recovery Support Strategic Initiative, SAMHSA has identified four key dimensions that support a life in recovery:

HEALTH Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing	**HOME** A stable and safe place to live
PURPOSE Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society	**COMMUNITY** Relationships and social networks that provide support, friendship, love, and hope

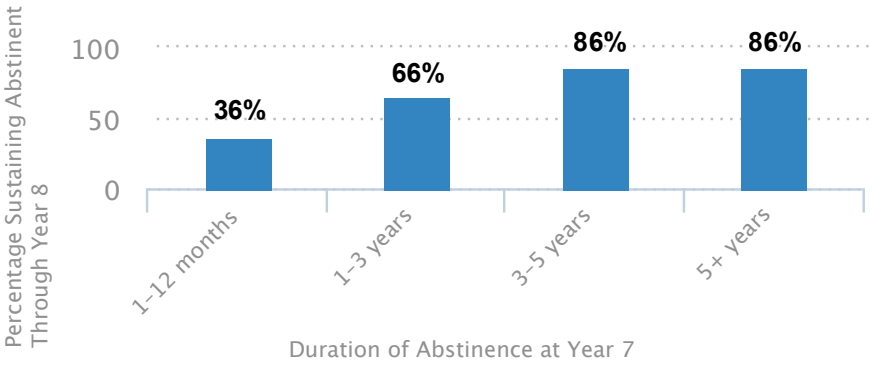
For many individuals with a substance use disorder, achieving recovery can be a long process. An analysis of a longitudinal study of people receiving publicly funded treatment found a median time of 27 years from first to last use, and a median time of 9 years from first treatment episode to last use.[55] The authors also found that achieving recovery often took significantly longer for:

- Males
- People who started using before age 21 (particularly those starting under the age of 15)
- People who had participated in treatment three or more times
- People with high mental distress

Recovery is indicated by either sobriety or reduced substance use (depending on the severity of the disorder), and increased quality of life. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is often the goal for those with severe substance use disorders. The likelihood of success increases as time passes. If an individual can maintain sobriety for five years, he or she is much more likely to maintain long-term recovery.

"The initial catalyst [for my recovery] was a narcotics task force that knocked down my front door. Two weeks later I caught more felonies for possession. I finally got a plea bargain for jail time and treatment. I found myself in jail on Easter stripped down naked, they skipped my breakfast, in an 8x8 padded room on suicide watch with no clothes, and I was hungry. And that was it."
—FOCUS GROUP PARTICIPANT

FIGURE 7
Extended Abstinence is Predictive of Sustained Recovery



SOURCE: Dennis et al, Evaluation Review, 2007; National Institute on Drug Abuse

Recovery Triggers

Focus group participants identified both intrinsic and extrinsic factors that triggered their recovery process, including the following:

Internal Factors

- Isolation
- Personal loss of control (harmed self or someone else, destroyed property)
- Acknowledgement that life was going nowhere
- Physical and mental health concerns
- Fear of death or harm

External Factors

- Family and children
- Criminal Justice involvement
- Child Protective Services involvement
- Support from a caring individual
- Seeing someone else stuck in or dead from a lifestyle centered around alcohol and/or drug use

Perceptions of Recovery

The widespread perception that individuals don't recover is difficult to overcome. Stakeholders in the planning process agreed that it would be helpful for individuals in long-term recovery to become more visible and share their stories in order to give hope and inspiration to others. Every individual is unique and each has his or her own strengths, goals, culture, and preferences that will impact the path to recovery. Traditional perceptions are that when individuals go into recovery they follow a predictable path:

FIGURE 8

Traditionally Perceived Pathway to Recovery

In 2010, SAMSHA's Center for Substance Abuse Treatment conducted focus groups and interviews to gain greater insight into the process of recovery. The report identified multiple recovery pathways, including:

- **NATURAL RECOVERY** without treatment or a formal support system
- **MUTUAL AID GROUPS** including 12-Step groups such as Alcoholics Anonymous, Women for Sobriety and SMART Recovery
- **FAITH-BASED RECOVERY** including groups such as Celebrate Recovery or religious practices, such as attending church
- **CULTURAL RECOVERY** including rituals specific to individuals' cultures

One Recovery Path

"My pathway to recovery began after a court order to a treatment program after my children were removed from my care by CPS. I entered into a thirty-day inpatient substance use treatment program. Upon graduation, I entered a transitional living program, where it was mandatory to attend three to four weekly 12-Step community groups and attain employment. Plus, I had a counselor who helped me explore spiritual matters and counseled me about past traumas. After a year of sobriety, I was reunited with my children and we got an apartment of our own. I continued to work the 12-Step program and continued full time employment to provide for my family. At three years of sobriety, I went back to college to obtain my undergraduate degree. Currently, I am almost 8-and-a-half years sober and I credit residential treatment, the 12-Step program, family and social support, vitamin therapy, yoga, meditation, acupuncture, and several other similar pathways for my personal recovery journey of wellness and wholeness. In two weeks I will graduate with my master's degree in social work."

—MEMBER OF COMMUNITIES FOR RECOVERY

- **CRIMINAL JUSTICE RECOVERY** starting with arrest and incarceration that leads to treatment
- **OUTPATIENT AND INPATIENT TREATMENT PROGRAMS** including residential treatment, therapeutic communities, and halfway houses
- **BODYWORK AND OTHER THERAPIES** including yoga, breath work, and traditional Chinese medicine, such as acupuncture, herbal medicine, and Qigong
- **OTHER APPROACHES** including art, music, and volunteering

While some participants used just one of the pathways, the majority used two or more, both concurrently and sequentially, on their road to recovery. The primary lesson that emerged was the importance of enabling access to the right pathway or pathways to help an individual find his or her own best route to recovery.[56]

> ***"There was a police officer who had seen me on the streets for a while. Instead of arresting me, he told me he was going to call me every day until I got help. He did, and this simple act of kindness led me to getting treatment. Just knowing that someone believed things could be better made all the difference."***
> *—FOCUS GROUP PARTICIPANT*

[KEY FINDING 3]

Early access to supports is vital to successful recovery.

Substance use disorders are chronic illnesses that usually require intervention and are prone to relapse. For individuals beginning recovery, it is critical that recovery supports are introduced early in the process and that these supports remain available for at least a year to increase the likelihood of success. Based on a survey of more than 250 individuals in recovery in Travis County, 70% of respondents had been arrested at least once and 49% had been incarcerated at least once during their active addiction. Forty percent of respondents had a DWI charge, 61% had damaged property, 57% frequently missed school or work, and 24% had frequent emergency room visits while active in their addiction. Dealing with the consequences of substance use often can feel overwhelming to individuals as they enter recovery. Many must attend probation or parole meetings, address health issues, repair relationships with families, address child custody issues, and overcome disrupted education and job histories.

> *Based on a survey of more than 250 individuals in recovery in Travis County, 70% of respondents had been arrested at least once and 49% had been incarcerated at least once during their active addiction. Forty percent of respondents had a DWI charge, 61% had damaged property, 57% frequently missed school or work, and 24% had frequent emergency room visits while active in their addiction.*

Because of this often complex history, many individuals need personalized supports as they enter recovery and begin to rebuild their lives. Recovery supports are services and programs that provide critical assistance to individuals as they seek to achieve long-term recovery, including:

- Peer recovery programs
- Safe, affordable, sober housing
- Employment or volunteer activities
- Mental health counseling, psychiatric medication and support
- Physical health services
- Support for family members
- Faith or spiritual home

- Opportunities for recreation without drugs or alcohol
- Stress reduction activities such as meditation
- Physical exercise

To address the consequences of their substance use, individuals in early recovery need to have a sense of stability and their basic needs for sustenance, housing, work, and emotional health must be met in order to continue on a recovery path.

Safe, Affordable, Sober Housing

The number one concern for focus group participants was finding safe, affordable housing that offers an environment conducive to recovery. For many individuals this means finding a new housing option, as the place they lived previously is associated with alcohol or drug use and may still have individuals living there who will not support recovery. Recovery residences offer an option to address this. According to the National Association of Recovery Residences (NARR), these provide sober, safe, and healthy living environments that promote recovery from alcohol and other drug use and associated problems. Recovery residences are divided into levels of support based on the type of housing and the intensity and duration of support offered. Services range from peer-to-peer recovery support to medical and counseling services. In recent years, NARR has created a certification process administered in Texas through the Texas Recovery Oriented Housing Network.

Peer Recovery Support Services

Peer support has proven effective for both adults and adolescents. As used in SAMHSA's Recovery Community Services Program, the term "peer" refers to individuals who share the experiences of addiction and recovery, either directly or as family members or significant others. SAMHSA has identified four types of support that can be provided through peer relationships:

New Travis County court aims to help offenders with drug abuse issues

The new re-entry court which launcthed in December [2014], aims to help people with the longest rap sheets and highest risk of falling back into the criminal justice system, requiring them to attend biweekly meetings at the courthouse after completing the intensive Substance Abuse Felony Punishment Facility program while in prison.

–AUSTIN AMERICAN-STATESMAN

TYPE OF SUPPORT	DESCRIPTION	PEER SUPPORT EXAMPLES
EMOTIONAL	Demonstrate empathy, caring, and concern to reduce isolation and bolster a person's self-esteem and confidence	Peer mentoring, peer-led support groups
INFORMATIONAL	Share knowledge and information and/or provide life or vocational skills training	Parenting classes, job readiness training, wellness seminars
INSTRUMENTAL	Provide concrete assistance to help others accomplish tasks	Child care, transportation, help accessing community health and social services
AFFILIATIONAL	Facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging	Recovery centers, sports league participation, alcohol- and drug-free socialization opportunities

In recent years, as evidence of the effectiveness of peer coaching and peer supports has grown, so has credentialing for recovery coaches, with curricula and funding from the Texas Department of State Health Services. In Travis County, an array of organizations provide peer training, supervision, and support, including Communities for Recovery, Via Hope, SoberHood, and Teen and Family Services Austin. Despite these efforts, building further infrastructure for the supervision and ongoing training of peer coaches is important to ensure quality services and ready access. Many peer organizations are now connecting with more formal systems of care. However, increasing connections with the criminal justice and traditional treatment systems should be explored.

Employment Support

After housing and peer support, access to steady employment was identified as the next most critical recovery support. Individuals in focus groups and surveys stated that a core element of recovery is having a routine. Work provides both a regular place to be and a means to meet basic needs. Many individuals stated that their alcohol and drug use had interfered with their education and work history and indicated that they would need support to find and maintain a job paying a living wage.

Mental Health Counseling & Psychiatric Medication/Support

Persons diagnosed with mood or anxiety disorders are about twice as likely to also suffer from substance use disorder when compared with respondents in general. Similarly, persons diagnosed with drug disorders are roughly twice as likely to also suffer from mood and anxiety disorders.[57] A recent clinic-based study of 865 substance abusers found that 66% had at least one co-occurring mental disorder.[58] About half of people with schizophrenia or bipolar disorder have a co-occurring substance use disorder.[59] Because of the comorbidity, individuals in early recovery often need access to mental health counseling and, in many cases, psychiatric medication. In the local focus groups and survey, one of the challenges many individuals in recovery reported facing was timely access to mental health and medication support.

Medication-Assisted Treatment (MAT)

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines MAT as "the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders." Medications utilized in MAT include: Methodone, Buprenorphine, Naloxone, Zubsolv, Subotex, and Suboxone, which are all used for the treatment of opioid dependence, and Disulfiram, Naltrexone, and Acamprosate Calcium, which can be used to treat alcohol dependence.[60]

Family Support

Focus group participants identified family as an essential part of the recovery process. Given the strain on familial relationships resulting from substance use, many need to reconnect with family and repair their relationships. The quality of familial relationships impacts individuals' ability to maintain recovery. Focus group participants also expressed a desire to have access to family counseling sessions during and after treatment.

Spirituality

Spirituality looks different for each person. It may be associated with specific religious beliefs, or may represent a broader, nondenominational interest in the spiritual. A majority of local focus group participants referenced spirituality as a bedrock of their recovery. While for many this was related to a 12-Step recovery program, for others it was based on a religious affiliation or a desire for a spiritual path.

Other Supports

Many focus group participants stated that meditation and yoga are useful in helping with focus and relaxation. Boredom was frequently mentioned as one of the factors leading to destructive alcohol or drug use, so access to sober recreational activities is important. In Austin, a variety of organizations organize sober activities for adults and youth, including the Sober Recreation Committee of Austin, which has a Facebook page to promote sober events; Recovery Alliance of Austin, which provides educational opportunities and support services; and Recovery People, which organizes and mobilizes people in recovery. [61]

[KEY FINDING 4]

Addressing trauma is critical to many people's paths of recovery.

In surveys of adolescents receiving treatment for substance use disorder, more than 70% had a history of trauma exposure.

In the National Survey of Adolescents, teens that had experienced physical or sexual abuse or assault were three times more likely to report past or current substance abuse than those without a history of such trauma.[62] In surveys of adolescents receiving treatment for substance use disorder, more than 70% had a history of trauma exposure.[63] SAMHSA has recognized trauma-informed care as a best practice for addressing substance use disorders, stating that a "program, organization, or system that is trauma-informed:

- Realizes the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization."

In Travis County, the Trauma Informed Care Consortium of Central Texas brings together professional organizations to address the trauma needs of children and families. Traditionally, the coalition has addressed the impact of adverse childhood experiences in children, but it is now expanding to address trauma among adults. Many local treatment centers are also incorporating trauma-informed care into their programming.

[KEY FINDING 5]

Family members should be integrated into recovery efforts.

Substance use disorder negatively impacts the entire family. For true recovery and healing to occur, everyone needs to receive help. Family members and friends of individuals with a substance use disorder often lack accurate information about the issue. They struggle to know how to address the problem and may fear confrontation or estrangement. Family therapy offered in the course of treatment for substance use disorder creates an opportunity for family members to understand the disease and their own issues and improve communication. Treating the whole family is essential to healing and recovery.

A growing body of research on the effectiveness of family therapy is demonstrating that diverse approaches can address multiple challenges. Family therapy in substance abuse treatment has two main purposes. First, it seeks to use the family's strengths and resources to help find or develop ways to live without substances of abuse. Second, it ameliorates the impact of chemical dependency on both the individual and the family. Frequently, marshaling the family's strengths requires the provision of basic support for individuals with substance use disorder as well as for their families.[64] Similarly, behavioral therapy has led to increased rates of abstinence from substance use and decreased the incidences of separation and divorce.[65] While many Travis County treatment centers incorporate family therapy into their programs, stakeholders agree that more emphasis should be placed on addressing family issues.

HOW WILL WE KNOW WE ARE MAKING PROGRESS?

- **Substance use disorders are primarily treated in health care settings, rather than the criminal justice system, reducing criminal justice costs.**
- **There is increased coordination and collaboration between the formal and informal recovery systems of care.**
- **Recovery supports such as housing, employment, mental health care, and peer support are readily available.**
- **Prevention and treatment are integrated into the primary care and mental health systems, creating a holistic system.**
- **Trauma-informed care is integrated into the recovery system.**
- **Family members of individuals with substance use disorders have timely access to supports and services.**

Conclusion

Recovery is a process that requires intervention and ongoing support. Individuals who don't have their basic needs met for housing, income, and personal support are more likely to relapse and engage in destructive behaviors. Individuals, families, and communities all bear responsibility for supporting recovery. Individuals have a personal responsibility for self-care and recovery and should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should be supported in joining with peers to speak collectively about their strengths, needs, desires, and aspirations.

4

[CRITICAL ISSUE]

OUR COMMUNITY'S INFRASTRUCTURE AND INVESTMENTS ARE INSUFFICIENT TO ADDRESS SUBSTANCE USE DISORDERS

Key Findings

[1] Our community has limited access to treatment resources

[2] Our system of care is not sufficiently person-centered and lacks coordination and integration

[3] Our community lacks the ability to measure progress in addressing substance use disorder

[4] Specific subpopulations lack access to treatment appropriate for their needs

[5] Current funding is inadequate to support and sustain a quality system and workforce

Immediate Action Steps

- Create or identify an existing group of community leaders to oversee plan implementation and system integration.
- Create a capacity and gap analysis to develop a roadmap for the investment of new funds in an integrated recovery system, with attributes including deliberate linkages between formal and informal systems; a transition from acute to community-based care; and opportunities to increase the overall capacity of the prevention and recovery systems.

[GOAL] SYSTEM INTEGRATION

Infrastructure is in place to identify opportunities to strengthen the substance use disorder system, to develop sustainable resources and to monitor effectiveness.

Additional Action Steps

- Align substance use screening, assessment, treatment and linkages to recovery supports with the mental health and physical health systems of care.
- Ensure that psychiatric support and medication is available at times of transition from a treatment setting.
- Increase the capacity, affordability, and quality of recovery supports such as sober housing, peer support, employment, and recreational activities.
- Provide current substance use disorder data that is easy for the public health system, the media, and policymakers to access.
- Create consistent measurements of progress in impacting substance use, including using quality of life indicators.
- Coordinate data sharing across health systems.
- Create "warm hand-offs" between different pieces of the recovery system.
- Strengthen workforce capacity and ensure staff are caring, competent, and qualified, can relate to individuals in recovery, and have manageable caseloads.
- Ensure that medication assistance benefit coverage under public and private insurance includes access to medications proven effective in addressing substance use disorders, including Medication-Assisted Treatment.
- Identify and coordinate state and federal funding requests to enhance the capacity for local substance use prevention and recovery supports and services.

Overview

Travis County's continuum of care for substance use disorder is fragmented and under-resourced. Our community currently lacks an oversight group of community leaders focused on increasing resources, reducing the impact of substance use disorder, and integrating the system to increase positive outcomes. In addition, the current funding structure is based on a model that does not generally cover program costs and that keeps substance use disorder professionals at the low end of healthcare pay scales.

Key Findings

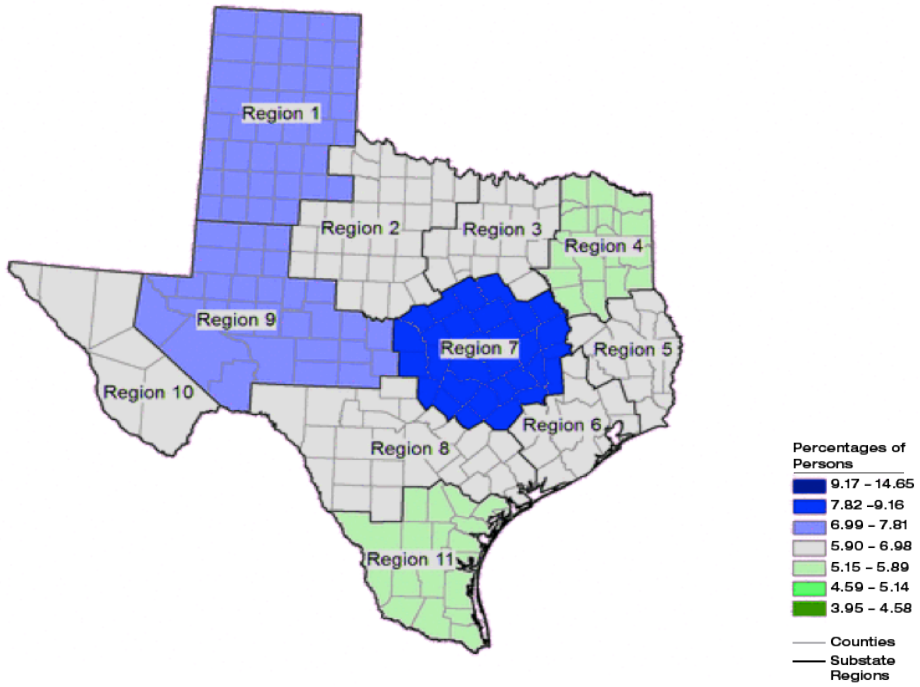
[KEY FINDING 1]

Our community has limited access to treatment resources.

The Substance Use Inventory for Travis County released in 2014 demonstrated that there are a variety of outpatient and residential treatment centers in Travis County. However, demand outstrips the supply, especially for low-income access to treatment. The 2010-2012 National Survey on Drug Use and Health identified the Central Texas region as having the highest percentage of individuals who are in need of but not receiving alcohol abuse treatment in the state. Local providers also report that since Travis County has a relative richness of resources, individuals from around the region access services here, reducing the number of slots available for local residents.

FIGURE 9

Texans 12 or Older Needing But Not Receiving Treatment for Alcohol Use in the Past Year



SOURCE: 2010-2012 National Survey on Drug Use and Health. Texas Region 7a includes Travis, Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, & Williamson counties

[KEY FINDING 2]

Our system of care is not sufficiently person-centered and lacks coordination and integration.

Focus group participants and survey respondents reported difficulty locating and navigating prevention and recovery resources. Screening, assessment, and recovery supports for substance use disorders are not consistently integrated into existing healthcare systems. In addition, the agencies and organizations that frequently address substance use disorders (i.e., schools, hospitals, jails, treatment centers and ongoing recovery supports) often offer referrals, but do not directly connect individuals to other providers, resulting in poorly coordinated transitions. Similarly, health records are not well integrated and substance use providers often do not coordinate with primary or mental health clinicians.

Focus group responses to key questions about the current system of recovery:

WHAT MAKES TREATMENT AND RECOVERY SUCCESSFUL

- Longer length of connection (beyond 30 days) – after-care
- Person-centered approach
- Opportunity to connect and share experiences with peers
- Caring, competent, experienced counseling staff who have personal experience with substance use
- Positive reinforcement
- Sober atmosphere
- Individual readiness and willingness to participate
- Cognitive behavioral therapy with curriculum that supports making good choices
- Meditation, yoga, exercise
- 12-Step programs
- Access to alternatives to 12-Step programs
- Gender-specific programming
- Co-ed programming to discuss relationships and parenting
- Focus on value systems/principles
- Accountability
- Mental health services and medications
- Connection to peer support and community resources
- Addresses basic needs (food, housing, employment)

WHAT'S MISSING OR NOT ACCESSIBLE IN THE CURRENT SYSTEM

- System navigation
- Appropriate individualized screening that identifies the right level of care
- Safe places to wait for services
- Interim supports, including housing, while trying to access treatment
- Detox
- Funding to pay for classes/treatment
- Convenient locations
- Spanish-speaking staff
- Connection & integration between treatment resources and ancillary recovery supports (housing, jobs, peer support, etc.)
- Sufficient numbers of qualified staff with training in mental health
- Access to psychiatric medication

IN TREATMENT

- Individualized treatment
- Limited safe, confidential, one-on-one counseling
- Relevant, updated curriculum materials appropriate for different education levels
- Family counseling
- Earlier focus on access to housing and employment
- Access to peer specialists and recovery coaches
- Co-ed point of view to learn about relationships/parenting (probation)
- Recovery success stories

POST-TREATMENT

- Family counseling support
- Housing & employment support
- Sober housing for women with children
- Access to peer specialists and recovery coaches
- Ability to connect with peer support while on probation
- Advocacy & funding for recovery supports
- Access to medication
- Access to meditation, yoga, exercise
- Access to low-cost exercise options and supports
- Access and education about technology supports (recovery apps, online courses, updated videos)
- Medication-Assisted Treatment

The community advisory team echoed many of the focus groups' sentiments. They also noted the system issues below as well as a lack of focus on substance use issues at the larger, community level:

THE SYSTEM LACKS CLEAR LINKAGES. One of this assessment's findings is a lack of connection between the different systems impacting the lives of individuals dealing with substance use disorder. If an individual tries to access treatment or recovery support, it is often challenging to find information. When a person does find information, it generally consists of a referral that simply lists the name and phone number of an organization. The same process occurs when a person is leaving a treatment facility. For the most part, information is not regularly exchanged between the professionals engaged in the individual's life, such as a primary care physician or existing caseworker. Individuals entering a recovery system are usually in the midst of a chaotic situation, and are often involved with multiple other systems, such as child welfare or criminal justice. Under these circumstances, it is extremely challenging to navigate the different systems, identify the best places for support, and make informed decisions.

SCREENING AND ASSESSMENT TOOLS ARE NOT USED CONSISTENTLY ACROSS THE COMMUNITY. In order to receive state-funded treatment, individuals are required to go through regional Outreach, Screening, Assessment, and Referral centers (OSARs). The OSAR for Central Texas is Bluebonnet Trails Community Services, located in Round Rock in Williamson County. It serves the thirty counties of Region 7. However, assessments are often performed in other parts of the system, including primary care settings. SAMHSA has identified many screening tools that can be used in these settings,[vii] but currently no tool is consistently used across health systems, and many primary care providers are not comfortable with addressing substance use or asking screening questions. In the criminal justice system, the Travis County Correctional Complex is in the process of reviewing its substance use screening tools and incorporating them earlier in the intake process. The Travis County Probation Department has an extensive screening and assessment process in place.

Currently no tool is consistently used across health systems, and many primary care providers are not comfortable with addressing substance use or asking screening questions.

ELECTRONIC HEALTH RECORDS ARE NOT FULLY INTEGRATED. While a great deal of progress has been made in integrating health records, full integration has not yet occurred and there are often still barriers, real or perceived, to entering behavioral health information into physical health records. One key barrier is the concern that sharing data will violate the Health Insurance Portability and Accountability Act (HIPAA) and other privacy laws. This can be overcome with training about how to share data within HIPAA's strictures. Full records integration and information-sharing would allow for better prescription tracking, reducing an individual's ability to go to multiple physicians to obtain prescriptions that lend themselves to abuse. It would also help health care professionals diagnose substance use disorder more quickly based on a pattern of behavior, increasing timely and appropriate care delivery.

vii A full list can be used at http://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs.

FLEXIBLE SERVICES ARE NOT WIDELY AVAILABLE. While best practices call for individualized services, the reality is that funding restrictions limit service flexibility for many providers. Most treatment and recovery providers are paid to perform certain functions and are limited in the amount of additional services they can provide.

[KEY FINDING 3]

Our community lacks the ability to measure progress in addressing substance use disorder.

Two local community assessment reports mention substance use. The Community Advancement Network monitors substance use rates through its dashboard. The City of Austin's Community Health Assessment mentions high rates of binge drinking. However, no current group creates a report card specifically focused on substance use and its impact. Developing one requires that we identify agreed-upon community measures and implement a system for monitoring success. Other communities have taken this approach.

For example, Miami-Dade County maintains a health report card measuring:[66]

- Binge drinking among adults
- Rates of hospitalization due to alcohol abuse
- Arrest rates for driving under the influence of alcohol or drugs

Maine measures progress on:[67]

- Leadership, structure, and sustainability in place to oversee substance use
- Resources available to support substance use initiatives
- Legislative initiatives that impact substance use, including laws and regulations that prevent recovering individuals from getting jobs, education and other services for successful reintegration, which have been identified as potentially requiring review and repeal
- Measurement and accountability: holding agencies and contracted providers accountable for performance and for meeting goals

The Join Together handbook, produced with the support of the Robert Wood Johnson Foundation, outlines 37 different indicators that can be used to measure progress on community substance abuse.[68] Our community should determine which of these indicators have the most meaning and identify a body to collect, maintain, and report the data.

[KEY FINDING 4]

Specific subpopulations lack access to treatment appropriate for their needs.

The services provided by traditional treatment centers and Alcoholics Anonymous are primarily based on the needs and experiences of middle-class white males. As the populations seeking services have become more diverse, treatment centers have adapted programming to become more relevant to a broader array of clients. In Travis County, however, a number of groups lack sufficient access to relevant and appropriate treatment resources. These include:

- **AFFORDABLE INPATIENT TREATMENT FOR ADOLESCENTS** Phoenix House has an inpatient adolescent treatment center in Austin. In June 2015, Phoenix House added 12 residential treatment beds for females to the 30 beds available for adolescent males. While this adds overall community capacity, residential beds for low-income adolescents are still limited.
- **WITHDRAWAL MANAGEMENT (DETOX) BEDS** Austin Recovery, now The Council on Recovery, closed its 14 detox beds in July 2014 due to an inability to cover operating costs with available reimbursement rates. Ambulatory detox remains available and there are efforts to identify additional locations and resources, however, this gap in the continuum has yet to be fully filled, especially for low-income individuals, who are currently receiving detox services in other communities due to the lack of access in Travis County.
- **WOMEN WITH CHILDREN** The Council on Recovery provides 90-day inpatient treatment and support for 15 women and up to 30 children. However, the majority of these slots are reserved for women involved with the Department of Family and Protective Services (DFPS) who are at risk of losing their children to state custody. Most outpatient settings do not provide child care, which further limits the options for women with children. Women also face unique issues. Research has shown that physical and sexual trauma followed by post-traumatic stress disorder (PTSD) is more common among women seeking treatment than men. Other factors that can influence women's treatment processes include issues around provider referrals, financial independence and pregnancy.[69]
- **CO-OCCURRING DISORDERS** mental health and substance use disorders – while the majority of treatment providers address co-occurring mental health and substance use disorders, most lack the staff expertise and/or depth of programming necessary to adequately address the needs of individuals with serious mental illness.
- **LESBIAN GAY BISEXUAL TRANSGENDER QUESTIONING (LGBTQ)** an estimated 20 to 30% of gay and transgender people abuse substances, compared to about 9% of the general population.[70] Currently, our community lacks a treatment center with a specific track or program focused on the LGBTQ community and its unique needs.

» **SENIORS** Very few, if any, local providers focus on senior substance use treatment and seniors are a rapidly growing population. Loneliness and mental health issues, coupled with pre-existing alcohol and drug habits, have resulted in many older adults engaging in potentially dangerous drug and alcohol use. Findings from the National Institute on Alcohol Abuse and Alcoholism show that 20 to 30% of people ages 75 to 85 have experienced drinking problems.[71]

» **SERVICES FOR INDIVIDUALS WHO DO NOT SPEAK ENGLISH AS THEIR PRIMARY LANGUAGE** Of treatment providers responding to the survey, approximately one-third offered adult programming in Spanish and two reported providing programs for individuals with hearing impairments. Only one program, Austin Travis County Integral Care's ambulatory detox, stated that it could serve people in multiple languages. English is also the primary language among adolescent service providers. Our community is home to rapidly growing Asian and Hispanic populations, many of whom do not speak English at home.

» **TREATMENT AND SUPPORTS FOR HOMELESS INDIVIDUALS** According to the Ending Community Homelessness Coalition's 2015 Annual Point in Time Count, there are approximately 1,900 homeless individuals in Travis County on any given day, over 300 of whom have been diagnosed with substance use disorder. In 2003, SAMHSA estimated that 38% of homeless people are dependent on alcohol and 26% abuse other drugs.[72] Locally, the Ending Community Homelessness Coalition reported that 10.5% of all homeless individuals self-report heavy alcohol or drug use (but have not necessarily been diagnosed with a substance use disorder), equating to 1,064 homeless individuals in 2013.[73] In 2012, 16% of the 1,352 homeless individuals engaged with the Downtown Austin Community Court were assessed as having problems with alcohol or drug abuse. Only about one-third of these individuals were able to access treatment. Many face additional barriers such as a co-occurring mental illness, lack of access to affordable housing and intermittent or no employment. In order successfully treat their substance use disorder, the basic housing and income needs of these clients must also be met.

» **FOSTER CARE YOUTH** Youth in foster care or aging out of the foster care system warrant special acknowledgement. In recent years, community awareness of the challenges for these populations has increased significantly. In 2014, there were 941 children in foster care in Travis County. LifeWorks and Austin Children's Services both provide support services for youth aging out of foster care, including issues related to substance use, but neither has a core focus on addressing substance use.

In addition, focus group participants pointed out that the materials used within treatment centers are often outdated and that many are not culturally relevant.

[KEY FINDING 5]

Current funding is inadequate to support a quality system and workforce.

When The Council on Recovery closed its 14 detox beds in July 2014, many in the community were surprised and concerned that such a critical part of the continuum was no longer available. However, it was a necessary financial step. Providing detox services costs approximately $475-$500 per patient, per day. The Department of State Health Services' reimbursement rate for sub-acute detox is only $180 per day and there was no consistent funding source to fill the gap. Other providers report similar challenges, noting that typical reimbursement rates do not fully cover costs. Most local providers were not comfortable sharing their cost of services, so the following estimates are based on national ranges.

TYPE OF SERVICE	LENGTH OF TIME	COST RANGE
INTENSIVE OUTPATIENT PROGRAM	6 weeks–10 weeks	$3,000–$10,000
RESIDENTIAL TREATMENT	30 days	$10,000–$25,000
METHADONE TREATMENT	300 days	$3,900–$4,700
RECOVERY HOUSING	monthly	$700–$1200

Funding for substance use disorder treatment is low, and prevention and recovery resources are limited

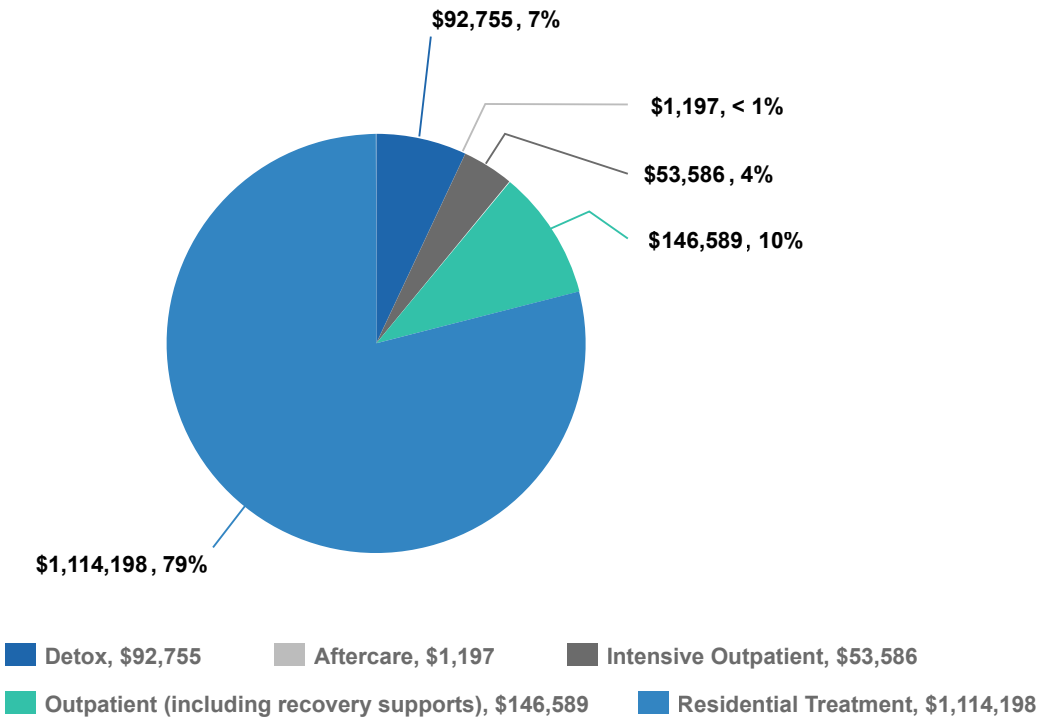
Currently, most local funding for substance use services for low-income individuals comes from Austin Travis County Integral Care's (Integral Care's) Managed Services Organization (MSO). The MSO supports provision of services by providing credentialing, gate functions, utilization management, quality management, contract monitoring, claims payment, financial management and network development.

Individuals often present for substance use treatment at the emergency department or a provider agency. Providers assess their need for treatment.If an individual is in need of services, the provider contacts Integral Care's Utilization Management Department to determine financial and program eligibility and to obtain authorization for an appropriate level of service. If the individual is not eligible or the appropriate level of service is not available through that provider, the Utilization Management Department works with the region's Outreach, Screening, Assessment and Referral center to identify an appropriate provider. Utilization Management continuously reviews the appropriate level, intensity and duration of services to prevent over- and under-utilization of services. The services available through the provider network are: solution-focused counseling services, outpatient services, intensive and supportive residential treatment, detoxification services, recovery supports (goods and services) case management, sober housing and aftercare services.

The investment in substance use services through the interlocal agreement with the City of Austin has decreased over the last three years, from approximately $1.5 million in FY 2012 to $1.1 million in FY 2015. When residential detox services were discontinued, the use of inpatient care increased, resulting in a 26% increase in detoxification costs. Many of the individuals served through the MSO have complex needs and are engaged in multiple systems. This intensity of need requires coordination of services and connection to social services and housing. Traditionally, the MSO has focused resources on residential treatment. However, though the demand for residential treatment has remained high, there has been an attempt to focus more funding on housing, recovery coaching, and other supports that are critical for helping individuals to maintain recovery and sobriety. However, despite the movement to provide more recovery supports, in FY 2014, 79% of funding went to residential treatment.

FIGURE 10

Austin Travis County Integral Care Managed Services Organization (MSO) Substance Abuse Claims, 2014



Other significant funding for community substance use services pays for treatment provided through the adult and juvenile probation departments and the Travis County Jail. Additionally, the City of Austin invested approximately $1 million in the Downtown Austin Community Court for treatment and recovery supports, including up to 90 days in housing for homeless individuals; and Travis County invests in the Family Drug Treatment Court, focused on women engaged with Department of Family and Protective Services. In July 2015, the St. David's Foundation increased investment in residential treatment at The Council on Recovery to $850,000 (up from $490,000) to address the gap between state funding and actual costs.

The local substance use disorders workforce is inadequate to meet growing demand and is not well compensated.

With the implementation of the Affordable Care Act and its parity requirements, the number of people with insurance coverage for alcohol and drug use disorders is predicted to increase dramatically. However, Travis County already has a severe shortage of trained and adequately compensated behavioral health professionals. In January 2013, SAMHSA submitted a report to Congress outlining "the growing workforce crisis in the addictions field due to high turnover rates, worker shortages, an aging workforce, stigma and inadequate compensation." The workforce is inadequate throughout most parts of the country.[74] Nationally, there are an estimated 32 behavioral health specialists for every 1,000 people with substance use disorder. Texas currently has only 18 behavioral health specialists for every 1,000.

Local substance abuse counselors are paid less than comparable providers elsewhere.

AREA	MEAN ANNUAL COMPENSATION FOR SUBSTANCE ABUSE COUNSELOR[75]
AUSTIN/ROUND ROCK/SAN MARCOS MSA	$37,010
TEXAS	$38,350
USA	$41,870

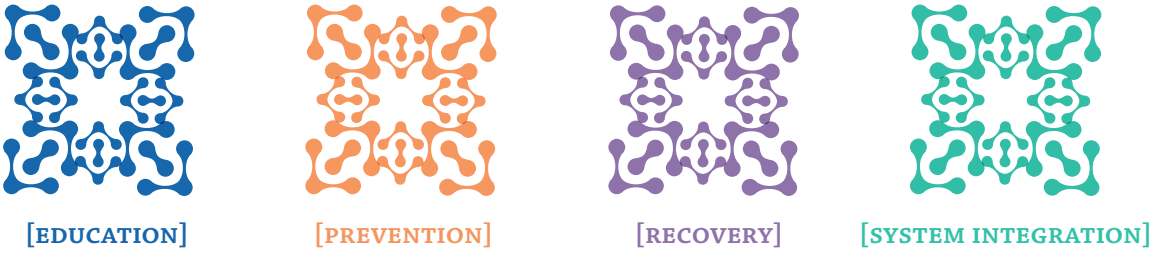
These salaries compare even less favorable to the average salary for other healthcare professions in the Austin/Round Rock/San Marcos area. For example, mental health counselors earn an average salary of $41,790, licensed vocational nurses average $46,600, occupational therapy assistants average $59,970, physical therapist assistants average $63,820, and registered nurses average $65,340.[76] The inadequate compensation leads to high turnover, making it difficult to track individuals working in the field.

Conclusion

Without focus, coordination, and true integration of systems and health records, it will be challenging to measure results. In order to make progress, our community should address the current funding and payment structures for substance use services and ensure the availability of a full continuum of care with adequately compensated, trained professionals available to support individuals in need of prevention or recovery services.

HOW WILL WE KNOW WE ARE MAKING PROGRESS?

- **Our community has an integrated system of care for effective and efficient prevention of and recovery from substance use disorder**
- **Health information exchanges support coordinated substance use prevention and recovery**
- **Coordinated and leveraged funding streams support effective principles, practices, and programs**
- **The quality, consistency, and sharing of local community substance use data is improved and results are used to adjust interventions**
- **The system supports individualized, culturally appropriate approaches with no-wrong-door access and multiple community-centered pathways to recovery**
- **Individuals report increased quality of life, stable housing, and employment**
- **Evidence-based and promising practices are identified and expanded**
- **The number of trained and/or certified individuals who support those in recovery is increased and these workers are adequately compensated**



The Community Plan

The guidance provided by the leadership team regarding the community plan was that recommendations should:

- Build on existing successful programming and infrastructure components
- Address populations that have a demonstrated need for additional substance use services
- Divert from more expensive services
- Leverage other community efforts
- Incorporate best practices, including recovery-oriented supports

Build on existing successful programming and infrastructure components

Through the course of the assessment, it became clear that Travis County has many assets.

- Prevention providers work together through the Youth Substance Abuse Prevention Coalition.
- Treatment providers provide a continuum of services, including detox (although with limited access), outpatient, intensive outpatient, residential, and aftercare services. Many are incorporating best practices, including trauma-informed care.
- The Austin Recovery-Oriented Systems of Care (ROSC) Initiative is gaining momentum and bringing a voice to the many pathways of recovery.
- There are strong peer support training and implementation programs.
- Travis County Criminal Justice programs at the jail and probation departments invest in screening, assessment and treatment.

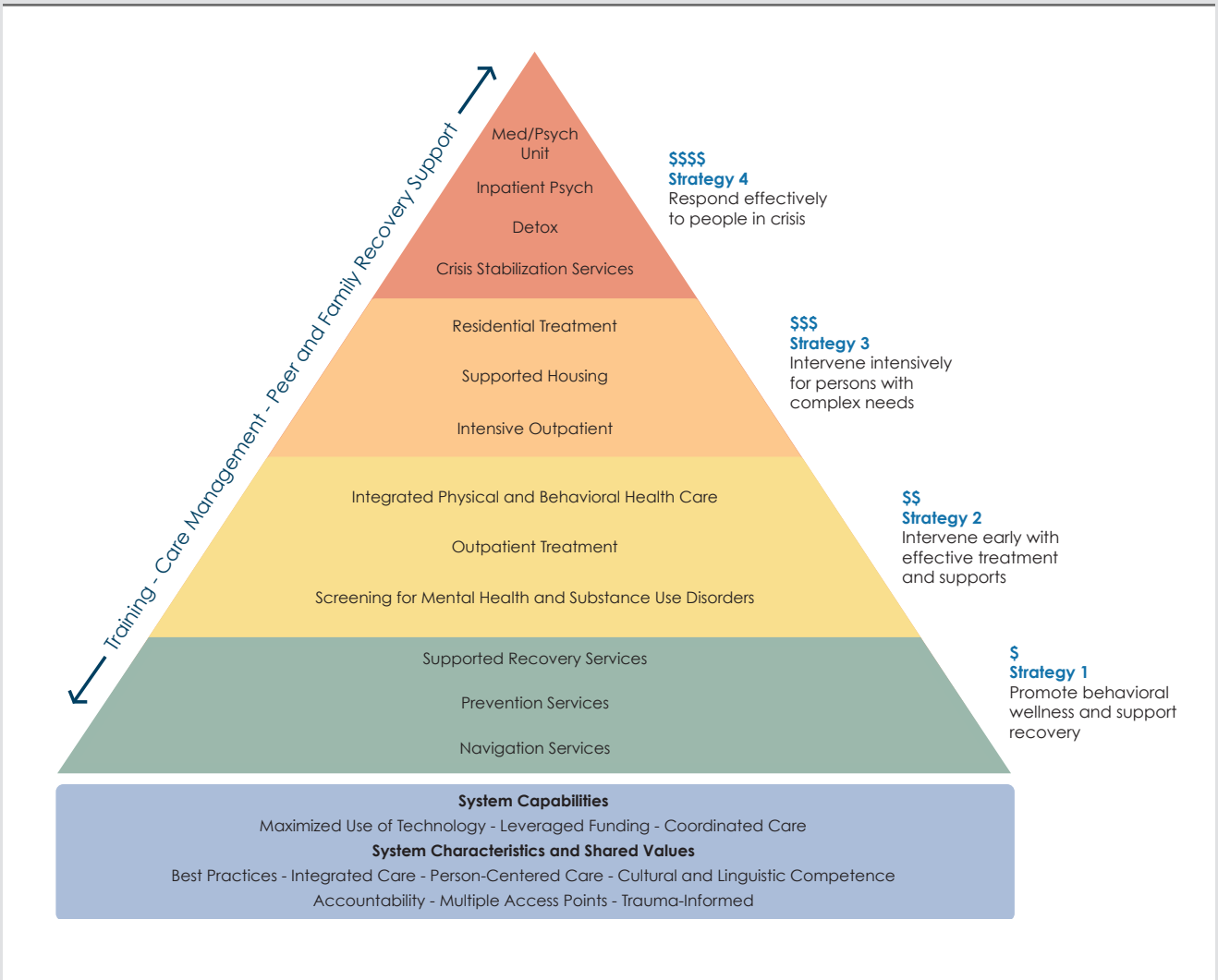
VISION

An informed, compassionate, engaged community that prevents harmful substance use, provides ready access to a full continuum of services and supports, and embraces a culture of health, recovery, and resilience.

Building upon the work of the 10/10 Commission, which developed a continuum for the ideal mental health system, the community advisory team identified core principles for the behavioral health continuum of care. These have been integrated into the pyramid below:

FIGURE 11

Integrated Behavioral Health System in Travis County the Desired Continuum of Care



A core challenge for resource holders as the plan is implemented will be balancing the need for additional investment in the acute care system while adding resources to prevention and recovery supports.

Plan Summary

GOALS	IMMEDIATE NEXT STEPS
EDUCATION an informed, educated and supportive community that understands the impact of substance use disorders, communicates community standards, and provides relevant information.	» Establish a "hub" for vetted substance use information and referrals. » Educate health care professionals about substance use disorders, Medication-Assisted Treatment, and appropriate community referrals.
PREVENTION Harmful substance use is prevented at the earliest possible point.	» Invest in the coordination and leveraging of existing prevention programs. » Increase the overall investment in effective prevention strategies so that they can be brought to scale.
RECOVERY Integrated, person-centered, community-based, family focused recovery supports are readily available.	» Educate existing healthcare and public safety system navigators on substance use resources. » Educate, employ, and integrate peer coaches. » Increase access to withdrawal management (detox). » Expand access to recovery supports early in recovery and maintain for at least one year.
SYSTEM INTEGRATION Infrastructure is in place to identify opportunities to strengthen the substance use disorder system, to develop sustainable resources and to monitor effectiveness.	» Create or identify a group of community leaders to oversee plan implementation and system integration. » Create a capacity and gap analysis to develop a roadmap for the investment of new funds in an integrated recovery system, with deliberate linkages between formal and informal systems, transitions from acute to community-based care, and opportunities to increase the overall capacity of the prevention and recovery systems.

CALL TO ACTION

This report creates an opportunity for the community to come together and determine how to move forward to increase access to and the quality of substance use services in Travis County. In order to create change, all parts of the community must identify the roles they can play in implementing the recommendations and supporting the incremental changes that lead to transformation. There are many strengths within the system, but addressing our structural and resource challenges will require a true commitment from all sectors.

End Notes

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