

TEXAS

Introduction: The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation’s publicly funded substance abuse prevention, treatment, and recovery systems.

Substance Abuse Prevention and Treatment Block Grant: The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment, and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. In Texas the FY 2011 SAPT Block Grant allocation was \$135,246,934.

SAPT Block Grant Yields Results: Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free, obtain or regain employment, find stable housing, stay out of the criminal justice system, and enter into recovery. For example, the Texas Department of State Health Services (DSHS) reported the following treatment outcomes comparing admission to discharge from treatment in FY2009:

- 46 percent increase in abstinence from alcohol
- 32 percent increase in abstinence from other drugs
- 16 percent increase in employment
- 41 percent increase in participation in recovery activities

Family Treatment: DSHS provides family outpatient and residential treatment programs that offer services to women and their children. These include specialized female detoxification, residential, and outpatient services. All funded programs must provide gender specific services including counseling for abuse and neglect, access to childcare and transportation, referral for reproductive health care, pediatric services for children, parenting education, education on the effects of alcohol and other drugs on pregnancy, counseling on domestic violence, and employment services. Referrals for children to address developmental and emotional problems are also required. All programs accept pregnant and parenting women and selected programs provide residential treatment for women and their children together. In FY2009, a total of 13,026 pregnant and parenting women received treatment services.

Data on Prevention Services: During FY 2009, 1,302,144 youth and 366,982 adults received prevention services funded completely or in part by the SAPT Block Grant 20 percent prevention set-aside. This prevention set-aside represents 66 percent of DSHS substance abuse prevention funds and has contributed to positive prevention outcomes in the State. According to the 2010 Texas School Survey on Substance Use, alcohol and tobacco use among adolescents is on the decline. The Survey found that:

- Lifetime alcohol use among Texas secondary students decreased from 68 percent in 2004 to 66 percent in 2006 and to 62 percent in 2010.
- Past month use of alcohol decreased from 32 percent in 2006 to 29 percent in 2010.
- Lifetime use of tobacco products among secondary school students also decreased from 39 percent in 2004 to 35 percent in 2006 and to 31 percent in 2010.

The Texas Survey, however, found a rise in overall illicit drug use among youth from 2008 to 2010, driven, in large part, by an increase in marijuana use. Marijuana is the mostly commonly used illegal

Texas Quick Facts

Treatment Admissions

63,059 patients were admitted during FY 2009.

- **Primary substance of abuse at admission:**

Alcohol	27.5%
Marijuana/Hashish	27.4%
Crack Cocaine	9.6%
Amphetamines/ Methamphetamines	8.5%
Other Cocaine	8.3%
Heroin	10.1%
Other Opiates	5.3%
Other	3.3%
- **Gender:**

Male	63.5%
Female	36.5%
- **Race:**

White	43.9%
African American	20.6%
Other	35.5%
- **Ethnicity:**

Non Hispanic	66.1%
Hispanic	33.9%
- **Age:**

Under 18	11.6%
18-20	8.1%
21-25	17.2%
26-30	16.2%
31-40	21.7%
41-50	17.9%
Over 50	7.2%

Treatment Gap

In FY 2009, an estimated 909,902 Texans over age 12 needed substance abuse treatment but only 63,059 Texans received treatment.

Wait List

The number of people on a treatment waiting list on a typical day in Texas totals approximately 977 adults and 43 youth.

drug among Texas youth. In 2010, 26 percent of secondary students reported lifetime use of marijuana, up from 25 percent in 2008. Likewise, past-month use of marijuana increased from 10 percent in 2008 to 11 percent in 2010.

While on the rise, these rates still fall below the national average for lifetime and monthly use (27 percent and 21 percent, respectively). Ecstasy lifetime use also increased among secondary students from 2008 to 2010, rising from 5 percent to 7 percent. Although this rate is similar to the national average, it is important to note that ecstasy has spread outside the rave scene and into African American and Hispanic communities.

National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

National Outcome Measures (NOMs)

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. Experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant, and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention, treatment and recovery system. As NOMs move forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

Accountability: DSHS has mechanisms in place to ensure that substance abuse providers deliver effective prevention, intervention, treatment, and recovery services. These mechanisms include monthly performance measure reviews, expenditure variance reviews, quality management reviews, the contract oversight team (COT) process, quality risk process, and technical assistance. Prevention and intervention programs negotiate annual performance measures with specific goals for each quarter. Reviews of performance measures, goals, and expenditures are conducted monthly. Quarterly expenditure variance reviews are conducted to determine whether programs are within the standard variance for financial status reports (FSR), expenditures, numbers served, and payments for each quarter.

Financial Incentives: Increased funding is available through potential contract increases. Contract performance and funding utilization analysis is performed during the allocation/reallocation process for one-time fiscal year contract increases and decreases. The allocation/reallocation process ensures that potential underutilized funds are distributed to areas of highest need.

Performance Measures: Prevention and intervention program performance measures, goals, and budgets are reviewed to ensure funds are utilized effectively. Treatment programs are reviewed to verify site license for funded service types. DSHS maintains continual communication with providers and offers technical assistance for programmatic, administrative, and fiscal issues to all prevention, intervention, and treatment providers. In addition, peer reviews of a randomly selected percentage of contracted providers are performed annually. A report is published and made available for treatment providers to improve substance abuse service delivery. In the last five years, DSHS has taken action to permanently pull funding from six contractors that were not performing adequately as a result of significant programmatic and/or fiscal non-compliance issues.

A Solid Economic Investment: According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9 percent of the total economic costs were for alcohol and other drug treatment. Investing in addiction services reduces costs and helps Americans across the county regain their lives and families.

According to a June 2006 *Behavioral Health News Brief* (published by DSHS), substance abuse treatment helps reduce emergency room (ER) costs. The study compared two groups of clients—Medicaid clients who had a substance abuse diagnosis and received DSHS treatment and Medicaid clients who were chemically dependent but did not receive DSHS substance abuse treatment. According to the study, fiscal year 2005 average monthly ER costs among Medicaid clients receiving needed DSHS substance abuse treatment services were \$89 versus \$136 among Medicaid clients not receiving needed DSHS substance abuse services—an average savings of \$47 per Medicaid client per month. Texas average monthly hospital ER costs for fiscal year 2005 were almost 35% lower for Medicaid clients receiving needed DSHS substance abuse treatment, as opposed to those that were not receiving needed treatment.

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