



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. Over the past four years, the overall SAPT Block Grant has been cut approximately \$20 million. Texas's FY 2008 SAPT Block Grant allocation is \$135,518,381 representing a cut of approximately \$1.6 million compared to FY 2004.

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's Department of State Health Services (DSHS) reported the following **treatment outcomes comparing admission to discharge from treatment in FY 2007:**

- Abstinence from alcohol increased by 43%
- Abstinence from other drugs increased by 33%
- Employment increased by 11%
- Homelessness decreased by 4%
- Criminal justice involvement decreased by 5%
- Participation in recovery activities increased by 43%

Family Treatment

DSHS provides family outpatient and residential treatment programs that offer services to women and their children. DSHS provides specialized female detoxification, residential and outpatient services. All programs funded 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 the pregnancy, counseling on domestic violence, and employment services. Referrals for children to address developmental and emotional problems are required. All programs accept pregnant and parenting women and selected programs provide residential treatment for women and children together. In FY 2007, a total of 13,444 pregnant and parenting women received treatment services.

Data on Prevention Services

During FY 2007, 1,046,991 youth and 303,894 adults received prevention services funded all or in part by the SAPT Block Grant 20% prevention set-aside. This prevention set-aside represents 66% of DSHS substance abuse prevention funds and contributed to the following prevention outcomes:

According to the 2006 Texas School Survey on Substance Use, substance use among adolescents is on the decline thanks to prevention efforts. The Survey found that lifetime alcohol use among Texas secondary students decreased from 81% in 1990 to 68% in 2004 to 66% in 2006. Past month use of alcohol decreased from 44% in 1990 to 32% in 2006. Lifetime use of tobacco products among secondary school students also decreased from 56% in 1990 to 39% in 2004 and 35% in 2006.

Texas Quick Facts

Treatment Admissions

67,163 patients admitted during FY 2007.

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

Alcohol	15,859
Marijuana/Hashish	14,247
Crack Cocaine	9,322
Amphetamines/ Methamphetamines	7,946
Other Cocaine	6,685
Heroin	6,689
Other Opiates	3,693
Other	2,722
- **Gender:**

Male	37,906
Female	29,257
- **Race:**

White	32,358
African American	12,346
Other Single Race	22,313
Other Multiple Race	146
- **Ethnicity:**

Non Hispanic	46,910
Hispanic	20,253
- **Age:**

Under 18	8,150
18-20	4,445
21-25	11,256
26-30	10,740
31-40	15,746
41-50	12,806
Over 50	4,020

Treatment Gap

An estimated 853,982 Texans over age 12 needed substance abuse treatment and only 63,929 Texans received treatment in FY 2007.

Wait List

The number of those on a treatment waiting list on a typical day in Texas totals approximately 2,808 adults and 164 youth.

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. This 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 and treatment system. As NOMs moves 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 and treatment services. These include quality management standards that require the contract management unit to perform monthly performance measure reviews, expenditure variance reviews, quarterly notifications from contract managers, monthly status reports, summary reports from contractors, and quality management reviews. DSHS has in place financial incentive and reward mechanisms that require contract renewal packets and DSHS issues resolution forms to ensure that all issues of compliance are resolved before contracts are reinitiated.

Quality Management Standards

DSHS has numerous mechanisms in place to improve performance and quality of services. These mechanisms include monitoring of performance standards and notification to providers of their performance. This is conducted through on-site or desk programmatic monitoring reviews. If a provider is found to be falling behind in compliance, a corrective action plan is developed and follow-up is performed to assure compliance. Provider records are reviewed through the online client substance abuse treatment record. If provider non-compliances are identified, an array of oversight action can be taken that can include technical assistance, mandating provider plans of improvement, or other such action. Peer reviews are performed yearly on a randomly selected 5 percent of contracted programs and a report is published for treatment providers.

Financial Incentives

In addition to the performance requirements for providers, in the last five years, DSHS has taken action to permanently pull funding from six contractors not performing as a result of significant programmatic and fiscal non-compliance issues. DSHS also retains the option to not renew or terminate a contract, in whole or in part, because of breach of contract or for any other reason that jeopardizes the objectives of the contract. Funds are also increased or decreased through the deobligation/reobligation of funds which ensures that State and federal funds are allocated and utilized to ensure that substance abuse contractors provide effective prevention and treatment services. DSHS may permanently deobligate funds if contractor demonstrates low program performance for contracted services over two consecutive fiscal years.

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 percent lower for Medicaid clients receiving needed DSHS substance abuse treatment.



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