Challenge
OF TARRANT COUNTY

THE OTHER NINE

A Community Needs Assessment on
Substance use disorder in Tarrant County
July, 2015

Acknowledgements

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Glen Whitley	Tarrant County Judge
Lyn Willis	Challenge of Tarrant County Board of Directors
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Randy Turner	Director-Tarrant County Juvenile Services
Sharen Wilson	Tarrant County Criminal District Attorney
Wayne Young	Senior Vice President, Behavioral Health – JPS Health Network

Challenge of Tarrant County would like to acknowledge our community partners who volunteered their time, effort, and data to accomplish this needs assessment report. A complete listing of those agencies that participated in the Need Assessment can be located in Appendix A.

Who We Are

Classified as a Section 501(c)(3) non-profit, Challenge of Tarrant County is dedicated to confronting substance abuse in Tarrant County by identifying needs, educating the community, mobilizing resources, promoting collaboration and advocating for sound public policy. Through its broad based coalitions, Challenge advocates for the most effective forms of substance abuse prevention, intervention, and treatment for the community. With more than 250 community partners involved in an array of coalition activities, Challenge has a wealth of resources available to accomplish its goals. The coalition includes prevention professionals, treatment providers, representatives from institutes of higher learning, elementary and secondary school representatives, policymakers, political officers, health care providers, local law enforcement, Drug Enforcement Administration representatives, parents, and other faith and community leaders. Since its establishment in 1984, Challenge has leveraged resources to develop a comprehensive continuum of care for substance abuse prevention, intervention, and treatment for Tarrant County.

Challenge OF TARRANT COUNTY

FOL FOLLOW OUR LEAD

BL THE BOTTOM LINE YOU CHOOSE YOUR STORY

SENSIBLE MAVERICKS ACTING SMART RESPONSIBLY TOGETHER

SMART ARLINGTON Know Your Way

FAMILY DRUG COURT

Texas Youth Tobacco Awareness Program

CHALLENGE INSTITUTE

TREAT TEXAS

Challenge programming includes:

Treat Texas – created by Challenge to mobilize public support for expanding addiction and recovery treatment services by increasing public funding and broadening insurance coverage. Successful efforts have included the expansion of the Texas Medicaid Plan to include a full continuum of addiction treatment services and repeal of the Uniform Policy Provision Law (UPPL), an antiquated discriminatory policy that served as a barrier to addiction treatment. Treat Texas is a statewide coalition and is designed to educate the public and policy makers regarding the gap between the 1.8 million Texans who suffer from addiction and the small number who are able to access treatment and recovery support services. Treat Texas maintains an Internet

presence at www.treattexas.org and can be followed on Twitter. The work of the TREAT TEXAS coalition has attracted both editorial and feature stories in major publications and has also received Television and radio coverage in large media markets across the state.

Challenge Institute – provides a variety of training and professional development programs to help professionals, parents, students, elected officials and the community at large understands and increase their knowledge and effectiveness in addressing substance abuse issues and recovery. The Institute also provides technical assistance to community coalitions and prevention, treatment and recovery organizations to meet specific organizational needs. The Institute also annually publishes the Substance Abuse Information Index (SAID), which utilizes current forecasting technology to collect and disseminate state and local data to demonstrate the nature and extent of the substance abuse problem in Tarrant County. The Challenge Training Institute provides a variety of training programs to help professionals, parents, students, elected officials and the community at large understands and increase their knowledge and effectiveness in addressing substance abuse issues and recovery.

Because We Care (BWC) – is a community-wide substance abuse prevention effort, targeting children of all ages throughout Tarrant County, addressing the issue of responsibility for drug prevention that belongs to the entire community. BWC organizes the grassroots effort to protect children and increase their awareness regarding the dangers of alcohol and drug use. BWC works in tandem with 21 school districts, providing technical assistance in planning Red Ribbon activities and school-based presentations on prevention. BWC hosts the annual Leo Benavides Awards, which recognizes students across all Tarrant County high schools who act as "servant leaders", working to support, encourage, and act as positive role models for other young people throughout our community. These youth have demonstrated exceptional volunteerism within their schools and communities by taking the lead in projects that impact their peers; such as drug prevention programs and anti-bullying campaigns.

Family Drug Court – is an alternative to addressing child welfare cases where parental addiction is a primary factor. The program thrives around strong community collaboration with the ultimate goal of providing safe, nurturing, permanent homes for children while simultaneously providing parents the necessary support and services to engage in long term recovery. The Family Drug Court collaboration includes over 30 community partners, including the 323rd District Court, Lena Pope Home, MHMRTC Addiction Services, Alcoholics Anonymous, Narcotics Anonymous, Recovery Resources Council, MHMRTC Early Childhood Intervention, Court Appointed Special Advocates (CASA), the Safe Babies Project, Union Gospel Mission, Salvation Army and various housing programs, to name just a few.

Sensible Mavericks Acting Responsibly Together (SMART) – As one of three Community Coalition Programs on College campuses, SMART's mission is to foster an environment of change that promotes responsible, educated decision-making concerning the overall health and wellness for The University of Texas at Arlington community. Specifically, the coalition looks for ways to strengthen the culture of health and wellness for The University of Texas at Arlington community by increasing and enhancing the knowledge, attitudes, skills, and behaviors regarding alcohol use and drug abuse in order to empower individuals to achieve responsible, healthy lives.

SMART Arlington – A Drug free community coalition designed to involve and engage the community of Arlington to strengthen collaboration among community organizations and to prevent substance use among youth ages 12-17 while reducing risk factors and enhancing resiliency in the community. SMART Arlington is committed to reducing substance use among youth and overtime, adults through a systematic process aimed at providing a safe and healthy community for our future.

The Bottom Line Coalition is comprised of representatives from Texas Christian University and the community who focus awareness surrounding alcohol and drug issues, thus promoting safe and responsible choices, which target both the campus population and surrounding community. This is based on a shared vision of strengthen the overall health culture of the Texas Christian University community by enhancing knowledge, beliefs, attitudes, skills, and behaviors concerning health and wellness in order to empower students, parents, alumni and the public to achieve responsible, healthy lives.

Follow Our Lead is a student-focused coalition to address policies and practices that reduce the harmful effects of alcohol and other drugs and the overall level of binge drinking within the community, specifically within college aged populations. FOL's mission is to foster an environment of change that promotes responsible, educated decision-making concerning the overall health and wellness for Weatherford College and the surrounding community.

Texas Youth Tobacco Awareness Program is an evidenced based Tobacco Prevention Program for youth who are at risk for future addiction due to their current tobacco/nicotine use. The program uses self-awareness activities, environmental awareness activities and behavior disruption activities to promote long-term tobacco cessation.

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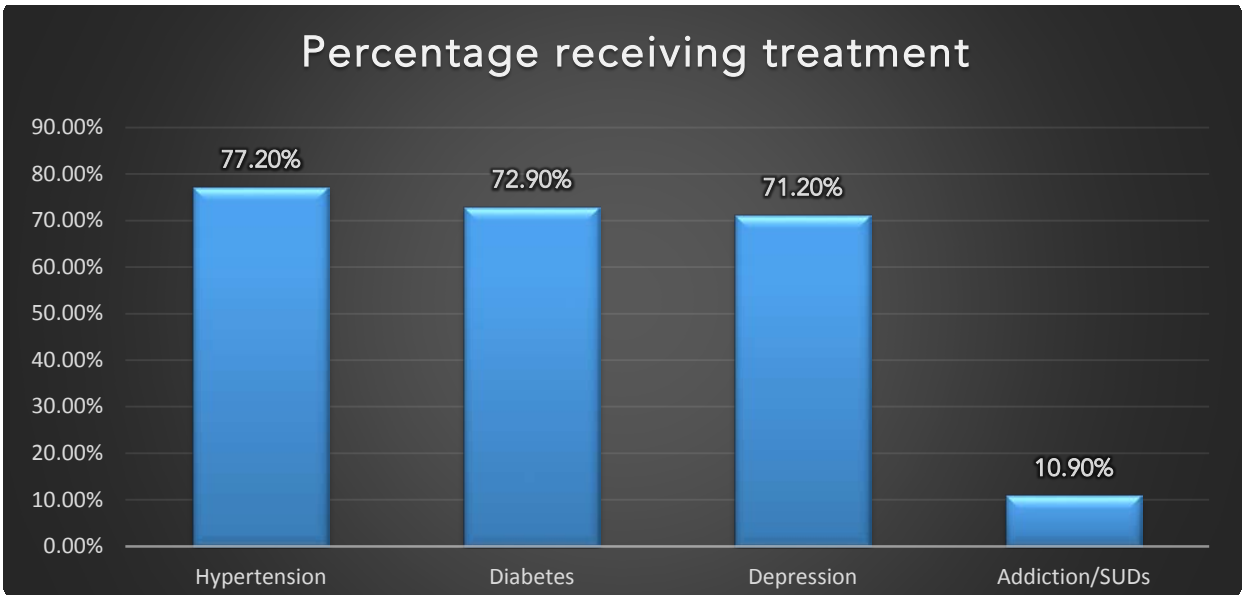
Introduction

Substance use disorder (SUDs) are one of America's most neglected medical conditions. According to a Columbia University study, 40 million Americans age 12 and over meet the clinical criteria for substance use disorder involving nicotine, alcohol or other drugs (CASA Columbia, 2012). That's more Americans than those with heart disease, diabetes or cancer. An estimated additional 80 million people in this country are classified as "risky substance users," meaning that while not addicted, they "use alcohol and other drugs in ways that threaten public health and safety." The costs to taxpayers alone (not including out of pocket and private insurance costs) exceed $340 billion annually, more than twice the cost of cancer and diabetes.

The Centers for Disease Control and Prevention reports that drug overdose deaths have risen steadily over the past two decades, to become the leading cause of injury/death in the United States, surpassing even auto accidents. Every day, 120 Americans die as a result of unintentional drug overdose, and another 6,748 are treated in emergency rooms for the misuse or abuse of drugs. Almost 20 percent of them (over 1,000 every day) are under the age of 21.

Last year, over 22 million Americans needed care for a substance use disorder involving alcohol or illicit drugs. Yet, only about 10 percent of them received help. Only 1 in 10 received the help they need. The focus of this needs assessment is “What happened to the other 9”. In this report we seek to understand what is getting in the way of individuals receiving the care they need, and what our community can do to ensure that people who need such help receive it.

Substance use disorder is a chronic health condition, like diabetes, hypertension, or major depression, and like those conditions can be effectively managed over time as long as individuals receive appropriate behavioral and health care supports. When people with substance use disorder receive effective behavioral health care, the entire community benefits: through increased employment, lower health care costs, improved health, decreased crime and a stronger economy.



The goal of this process is to determine what gaps, exist in providing care for substance use disorder, identify better who is and who is not accessing services, and to understand more fully what barriers or obstacles prevent Tarrant County residents from obtaining the services necessary for recovery. To understand better how Tarrant County is impacted by substance use disorder and how accessible services are Challenge of Tarrant County launched a six month needs assessment process in December 2014, securing existing data from institutions and agencies that encounter or serve individuals who with substance use disorder.

Methodology

With advances in neuroscience and behavioral research, substance use disorder are now seen as a complex brain disease affecting behavior. Unfortunately, they are still often viewed as a moral failure due to lack of willpower, and therefore, not treated as a chronic health condition. Those living with substance use disorder, and their families and loved ones, often feel isolated in their struggle to understand the disease and to find effective behavioral health care. This is in part due in part to the shame and stigma associated with substance use and to the separation of most treatment from mainstream health care practice. Communities pay a significant price in allowing this illness to remain untreated, with costs appearing in our health care systems, criminal justice systems, child welfare systems, school districts and workforce. Challenge formed a Leadership Council chaired by County Judge Glen Whitley and representing key community stakeholders (Appendix B). By analyzing existing data from multiple sources, Challenge will assist the community in addressing this significant public health issue. Challenge contracted with Lee LeGrice, PhD to help guide the process.

Challenged analyzed data from 28 community sources, reviewed more than 21 articles and other publications, distributed and reviewed 203 community surveys and reviewed costs and benefits of behavioral healthcare.

Community Indicators

Indicators relating to substance misuse and harm were gleaned from several main types of data sources: (1) archival sources collected for purposes other than addressing research questions on the impact of substance use disorder on communities (e.g., data from police and hospital records; crash data from traffic safety databases); (2) primary and secondary data collected for the purpose of assessing, understanding, and addressing substance use disorder and related harm; (3) Extracted community-level data from surveys conducted at higher levels of aggregation (e.g., State or national surveys); (4) Surveys implemented at the community level answering specific questions about substance misuse and harm.

For the purpose of this needs assessment, the following community indicator domains were utilized and data were captured and reviewed from the following sources:

1. Self-reported substance use among youth
    1.1. Tarrant County Juvenile Services PACT Assessment tool
    1.2. Tarrant County Juvenile Services Drug Testing Outcomes
    1.3. Treatment Provider Data through Clinical Management for Behavioral Health Services
    1.4. National Survey of Drug Use by Household- Substance Abuse and Mental Health Services Administration 2013
    1.5. Open Society Foundation
    1.6. Challenge of Tarrant County SAID Project

2. Self-reported substance use among adults-
    2.1. Forensic Mental Health Program

2.2. Treatment Provider Data through Clinical Management for Behavioral Health Services
2.3. Child Welfare Investigation Risk Factor Outcomes- Texas Department of Family and Protective Services
2.4. John Peter Smith Hospital System- Emergency Room Data Outcomes
2.5. Tarrant County Criminal District Attorney's office
2.6. Challenge of Tarrant County Substance Abuse Information Data Bank

3. Drug use among arrestees/Criminal Justice
   3.1. Tarrant County Juvenile Services PACT Assessment tool
   3.2. Tarrant County Juvenile Services Drug Testing Outcomes
   3.3. Tarrant County Jail Forensic Mental Health Program
   3.4. Tarrant County Criminal District Attorney's office

4. Treatment/Support Activities
   4.1. Tarrant County Treatment Providers- Not-for-Profit
   4.2. Tarrant County Treatment Providers- Private-for-Profit
   4.3. Tarrant County Juvenile Services

5. Harm
   5.1. JPS Health System Substance use-related Emergency room cases
   5.2. Tarrant County Medical Examiner- Substance use-related deaths
   5.3. Challenge of Tarrant County SAID Project- Traffic fatalities
   5.4. Department of Family and Protective Services removal rates

6. Community Stake Holders/Coalitions
   6.1. Survey of Mayors in Tarrant County
   6.2. Survey of Police Chiefs in Tarrant County
   6.3. Survey of Fire Chiefs in Tarrant County
   6.4. Survey of City Managers in Tarrant County
   6.5. Survey of City Council Members in Tarrant County
   6.6. Survey of Mental Health Connection members
   6.7. Survey of Needs Assessment Leadership Council

The data collection process included requesting existing data from multiple community partners. A copy of the data collection instrument can be found in Appendix C. Community partners were asked to complete a data collection form that included demographics of individuals served and demographics of individuals waiting to be served. Challenge requested that the data be formatted as an excel spreadsheet or as a summary. In addition, a survey seeking perceptions of the need for substance abuse services in Tarrant County was administered to City and Municipal leadership, including mayors, police, fire, city council, mental health professionals and community leaders. Survey data were collected via postal mail, email, by phone and in person.

The time period requested for the existing data was January 1, 2014 through December 31, 2014. Although national data were not available for this time period, the most recent national data was included for comparison. Collection of the data by Challenge began March 2, 2015 and concluded June 1, 2015.

Lexicon of Behavioral Health Terminology

In recent years, there have been several changes in the way in which Addiction and Substance Misuse have been defined and described. Some of these changes have been tied to changes in terminology selected for use in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Other changes are a result of improved understandings of substance misuse and specifically intentional effort to reduce the use of terms that contribute to the stigma surrounding substance misuse. The Leadership Team felt it would be helpful to have a common lexicon providing a set of definitions useful to clinicians, administrators, researchers, and other interested parties in this field. The terms selected are adapted from the World Health Organization's lexicon of alcohol and drug terms.

- **Substance use disorder** means the misuse, dependence, and addiction to alcohol and/or legal or illegal drugs. It encompasses a range of severity levels, from problem use to dependence and addiction.
- **Chronic Disease Management** is the management of severe behavioral health disorders in ways that enhance clinical outcomes and reduce social costs. It relates to the medical concept of suppressing symptoms and providing the appropriate level of service intervention.
- **Universal preventive interventions**: are targeted to the general public or a whole population that has not been identified on the basis of individual risk.
- **Selective preventive interventions**: are targeted to individuals or a subgroup of the population whose risk of developing a mental or substance use disorder is significantly higher than average.
- **Indicated preventive interventions**: are targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing a substance use disorder, or biological markers indicating a predisposition or a disorder, but who do not meet accepted clinical diagnostic criteria at the time.
- **Behavioral Healthcare/Treatment interventions** are services designed to reduce the length of time a disorder exists, halt its progression of severity, or if not possible, increase the length of time between acute episodes.
- **Maintenance interventions** are services, generally supportive, educational, and/or pharmacological in nature, provided on a long-term basis to individuals who have met DSM 5 diagnostic criteria, are considered in remission, and whose underlying illness continues.
- **Medication Assisted Recovery** describes the path of recovery which is facilitated by medically monitored pharmacological agents such as methadone, naltrexone, buprenorphine, and other medications.
- **Recovery Process** occurs as people gain awareness and manage their behavior in terms of: (1) abstinence from alcohol and drugs; (2) Separating from negative influences and establishing social networks supportive of recovery; (3) Stopping self-defeating behaviors; (4) Learning to manage feelings and emotions responsibly; (5) Learning to change addictive thinking patterns; and (6) Identifying and changing mistaken core beliefs that promote irrational thinking.

Demographic Snapshot of Tarrant County

Tarrant County is an urban county located in the north central part of Texas. Fort Worth serves as the county seat to a county population of an estimated 1,945,360. It is the third-most populous county in Texas and the sixteenth-most populous in the United States. According to the U.S. Census Bureau, the county has a total area of 902 square miles (2,340 km2), of which 864 square miles (2,240 km2) is land and 39 square miles (100 km2) (4.3%) is water. From April 1, 2010 to July 1, 2014, the population increased 7.5%, slightly higher than the state growth average. The population of Tarrant County under 5 years of age is 7.6% of the population, under 18 years of age is 27.5%, and over 65 years of age is 9.6%. (Tarrant County Demographics 2015. (n.d.). Retrieved July 24, 2015, from http://access.tarrantcounty.com)

The racial makeup of the county is 15.9% Black or African American; 0.9% American Indian and Alaska Native; 5.0% Asian; 0.2% Native Hawaiian and Other Pacific Islander; 2.2% Two or More Races; 27.6% Hispanic or Latino; and 50.1% White. The median income for a household in the county was $46,179, and the median income for a family was $54,068. The per capita income for the county was $22,548. 2013 data indicates that 15.2% of the population earns less than the poverty guideline.

The U.S. Bureau of Census has compiled population and demographic data based on the 2010 census. The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data by zip code to estimate population trends from 2013 through 2018. The overall population is projected to increase over the five-year period from 1,838,834 to 1,986,572, representing more than eight percent increase over the five-year period, which is comparable to projected overall increases for Texas at nearly eight percent, both higher than projected growth in the United States at slightly over three percent. In addition, 65 years and over, is projected to increase 26%, from 182,042 to 229,739.

Tarrant County is comprised of 41 incorporated areas:

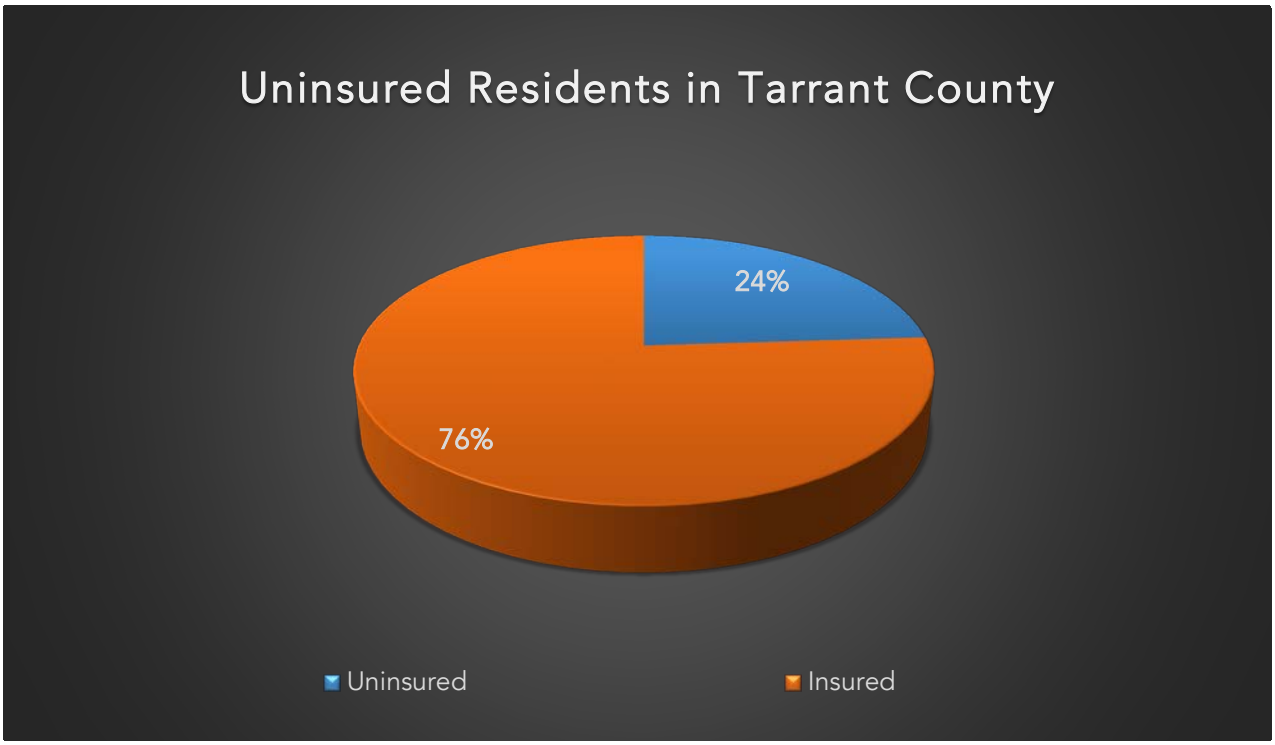
CITIES, TOWNS, MUNICIPALITIES				
Arlington	Azle	Bedford	Benbrook	Blue Mound
Burleson	Colleyville	Crowley	Dalworthington Gardens	Edgecliff Village
Euless	Everman	Flower Mound	Forest Hill	Fort Worth
Grand Prairie	Grapevine	Haltom City	Haslet	Hurst
Keller	Kennedale	Lakeside	Lake Worth	Mansfield
Newark	North Richland Hills	Pantego	Pelican Bay	Reno
Richland Hills	River Oaks	Saginaw	Sansom Park	Southlake
Trophy Club	Watauga	Westlake	Westover Hills	Westworth Village
White Settlement				

Tarrant County has 20 independent school districts providing public education for school-aged youth.

Independent School Districts in Tarrant County				
Aledo ISD	Arlington ISD	Azle ISD	Birdville ISD	Burleson ISD
Carroll ISD	Castleberry ISD	Crowley ISD	Eagle Mt. Saginaw ISD	Everman ISD
Fort Worth ISD	Godley ISD	Grapevine Colleyville ISD	Hurst Euless Bedford ISD	Keller ISD
Kennedale ISD	Lake Worth ISD	Mansfield ISD	Northwest ISD	White Settlement ISD

Tarrant County's unemployment rate is currently 4% and has been declining since 2010. (US. Bureau of Labor Statistics, July 22, 2015). Since 2005, the unemployment rate in Tarrant County, Texas has ranged from 3.7% in April 2015 to 8.6% in January 2010. The 3.8% unemployment rate is 0.3 percentage points (7.3%) lower than the 4.1% average rate for Texas counties, signaling better unemployment conditions than other counties in the state.

According to 2012 data from the Texas Medical Association, over 24% of Tarrant County residents were uninsured. Texas is the uninsured capital of the United States. More than 6.3 million Texans - including 1.2 million children - lack health insurance. Texas' uninsured rate is 1.5 to 2 times the national average; creating significant problems in the financing and delivery of health care to all Texans. Those who lack insurance coverage typically experience far-worse health status than their insured counterparts.



Review of the Data

In order to better understand "The Other 9", the team explored what is known nationally about the population of individuals in need of behavioral health care for substance use disorder. The National Survey on Drug Use and Health Report (NSDUH) defines those needing treatment as individuals who met the criteria for a substance use disorder or those who received treatment from a specialty facility. In their report, a specialty facility is defined as a hospital, drug or alcohol rehabilitation facility or mental health center. Challenge has utilized these same definitions in the current report. Those needing treatment meet the behavioral health assessment criteria as having a substance use disorder or those who have received treatment from a local treatment provider. Thus individuals who receive services from nontraditional substance abuse supports were not included in this needs assessment. The literature was reviewed to better understand the population of individuals who need treatment.

According to a report from the Open Society Institute (2010) the national demographics of individuals who need substance abuse treatment are as follows.

Variable	Attribute	Individuals with addiction (n=22.7 million)
Gender	Female	35%
	Male	65%
Race	Caucasian	68%
	Hispanic	16%
	African American	12%
	Other	5%
Age	12-17 years	8%
	18-25	30%
	26-34	22%
	35-49	24%
	50 years and over	17%
Employed	Full Time	53%
	Part Time	17%
Education	High School or less	49%
	Some College	28%
	College Graduate	23%

Of the 22.7 million individuals estimated as needing Behavioral Health Care for substance use disorder, this group can be further divided into two additional categories: those who receive treatment and those who do not receive treatment.

Of the 22.7 million nationally who needed Behavioral Health Care for Substance use disorder; 2.5 million received care. Of the 2.5 million persons who received care in 2013, 35% received treatment for alcohol use only, 37% received treatment for illicit drug use only, and 22% received treatment for both alcohol and illicit drug use (SAMHSA, 2014). Among those who received

treatment, payment for care came from a combination of sources, with individuals citing more than one payment method. Forty two percent (42%) reported using private health insurance as a source of payment for their most recent specialty treatment, 41% reported using their own savings or earnings; 29% reported using Medicaid, 29% reported using public assistance other than Medicaid, 27% reported using Medicare, and 23% reported using funds from family members (SAMHSA, 2014).

Data regarding how many people need treatment for a substance use disorder in Tarrant County was not available for this study, so that number has been extrapolated from national data utilizing the 2013 National Survey of Drug Use by Household, (NSDUH), an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). This survey is the primary source of information on the use of illicit drugs and alcohol in the civilian, noninstitutionalized population of the United States, ages 12 years or older. Based on the extrapolation, it is estimated that 134,000 individuals in Tarrant County, 12 years of age and older are in need of behavioral health care services for substance use disorder. Based on national data that show 1 out of 10 persons needing this care actually access services. It is estimated 13,400 Tarrant County residents out of 134,000 in need of Behavioral Health Care for substance use disorder would be expected to access that care.

Perceived Need for Treatment:

Nationally, 20.2 million of the 22.7 million who need substance abuse treatment do not receive care. This section focuses on persons in this group. Discussion will center on two categories: those who need treatment but don't recognize the need and those who recognize they need help, but are unable to access care.

When NSDUH asked respondents if they perceived a need for treatment 95.5% (19,292,000) said no; and 4.5% (908,000) said yes. Of the 908,000 who recognized the need for behavioral healthcare only, 35% (316,000) reported that they made an effort to get treatment. The other 65% (592,000) reported making no effort to get care.

Individuals who need substance abuse treatment but do not receive treatment		
Variables	National Statistics	Extrapolated Tarrant County Estimates
Age 12 and over that needed substance abuse treatment	22,700,000	134,000
Age 12 and over that needed treatment but did not receive treatment	20,200,000	120,600
Individuals who did not perceive a need for treatment	19,292,000 (95.5%)	115,173 (95.5)
Individuals who reported a perceived need	908,000 (4.5%)	5,427 (4.5%)

As a community, we may ask why we should be concerned about the 95% who don't recognize they need care. The consequences that may eventually result; the lost job; the failed marriage; the removal of a child by CPS, the DWI; the arrest and conviction for possession; the long term deterioration of health will eventually impact our community as a whole. The inability to see a need for care for oneself is not uncommon in behavioral health, and it is often a factor in treating those suffering from most mental health disorders. Many individuals with substance use disorder utilize drugs and alcohol to self-medicate unresolved trauma, and other undiagnosed co-occurring mental health disorders. Unfortunately, not providing care creates a downward spiral that will ultimately be a cost to the entire community. It is in the community's best interest to better understand what strategies are most effective in engaging those with untreated substance use disorder.

Untreated substance use disorder contributes to a number of negative health outcomes and public health problems including child abuse/neglect; motor vehicle accidents; homicide; suicide; involvement in the criminal justice system and many more long term negative health outcomes. According to a 2011 report from the National Institute on Drug Abuse, estimates of the total overall costs of substance use disorder (excluding tobacco) in the United States, including productivity, health and crime-related costs, exceed $400 billion annually. This includes approximately $193 billion for illicit drugs, and $235 billion for alcohol (NIDA, 2011). As astounding as these numbers are, they do not fully describe the extent of public health and safety implications of untreated drug abuse and addiction, such as family disintegration, loss of employment, and failure in school, domestic violence, and child abuse/neglect. Many of these consequences have multigenerational costs.

The One

A review of the literature and an analysis of the community data reveal that individuals seeking behavioral health care for substance use disorder encounter numerous barriers and obstacles in their attempt to receive care. These obstacles can include not knowing how to access services, not qualifying as a priority population for admission to care, financial inability to utilize private healthcare, and a significant waitlist for DSHS funded services.

Outreach, Screening, Assessment, and Referral (OSAR)

The OSAR organization may be the first point of contact for individuals seeking to access the Behavioral Health Care System for substance use disorder. The Texas Department of State Health Services funds an OSAR program in each of the 11 Health and Human Service Commission (HHSC) Regions. Recovery Resource Council provides the OSAR functions for HHSC Region 3, which encompasses Tarrant County.

The OSAR maintains an information and referral line. If the caller is seeking behavioral health care for substance use disorder a brief phone screening will be conducted to collect demographic information, callers primary drug of use and all information necessary to determine if the individual is a member of a DSHS priority population. The caller may then schedule an appointment for an intake screening which assesses the individual's eligibility for DSHS funded services and determines appropriate level of care. Based OSAR screening the client will be referred to a provider organization for treatment services.

When the individual presents for care the treatment facility will conduct an in-depth assessment. Multiple factors determine if the client will be eligible for admission to services. If the individual referred to a not for profit provider admission factors would include: priority population, facility capacity, Medicaid eligibility, the need for detox services. If the individual is referred to a private for-profit provider barriers to admission may include: is the facility is an approved provider for the individual's insurance plan, insurance approval for treatment services, individual's ability to pay out of pocket insurance costs and insurance co-pays.

It should be noted that an individual is not required to go through the OSAR to access services. The individual may present directly at a facility and receive the needed screening and assessment services.

Variable	Attribute	Clients seen by the OSAR-Tarrant County 2014 (n=3,125)
Gender	Male	1442 (46%)
	Female	1683 (54%)
Race	Caucasian	67%
	Hispanic	16%
	African American	16%
	Other	2%

Age	17 year and under	3%
	18-24 years	16%
	25-29	25%
	30-39	31%
	40-49	18%
	50 years and over	7%

When exploring the local data, the needs assessment utilized treatment data of the 7 local not-for-profit organizations that receive funding from the Department of State Health Services (DSHS). These organizations were willing to share de-identified data from the DSHS reporting system in order to provide a detailed picture of the largest group of Tarrant County residents who seek and are able to access treatment in our community. These organizations predominantly serve those who are medically indigent. Some of the individuals served may have met the narrow qualifications for participation in the Texas Medicaid program, and some youth may have qualified for CHIP. During calendar year 2014, these organizations provided treatment for substance use disorder to 7,146 individuals.

Variable	Attribute	Clients that received Substance Abuse treatment in Tarrant County 2014 (n=7,146)
Service Type	Out Patient Services	3564 (50%)
	Intensive Residential Services	1505 (21%)
	Detoxification Services	1220 (17%)
	Methadone	522 (7%)
	Supportive Residential Services	335 (5%)
Gender	Male	4267 (60%)
	Female	2879 (40%)
Race	Caucasian	63%
	Hispanic	18%
	African American	19%
	Other	Missing
Age	17 year and under	13%
	18-24 years	15%
	25-29	18%
	30-39	27%
	40-49	15%
	50 years and over	12%
Primary Drug	Heroin/Opiates	48%
	Meth/Amphetamine	26%
	Alcohol	9%
	Cocaine/Crack	8%
	Marijuana	8%
	Other	1%
Referral Source Adults	Criminal Justice	25%

	Self	19%
	Dept. Family Protective Svc.	17%
	Community Agencies	15%
	Family	9%
	Friends	9%
	Health Care Providers	4%
	Other	3%
Referral Source Adolescents	Probation/ Court Services	65%
	School Based Services	14%
	Family Member/Self	10%
	Other	4%
	Health Care Providers	3%
	Dept. Family Protective Svc.	2%
	Other Community referral	2%

As the table above reflects, the reporting providers account for 7,146 Tarrant County residents receiving care for substance use disorder. Seven Private For-Profit providers separately reported serving 1,143 clients in residential treatment, 330 clients in outpatient care, and 651 in medication assisted therapy during the calendar year 2014. Together, the reporting providers both For-Profit and Not-For- Profit can account for 9,270 Tarrant County residents receiving behavioral health care for a substance use disorder in 2014.

This estimate (13,400) is significantly higher than the data showing that a total of 9,270 Tarrant County residents accessed care. Based on these figures it is estimated that there are approximately 4,130 individuals who may have received treatment locally or outside Tarrant County, but who are unaccounted for in the local data. It is also possible that there is a larger gap than anticipated. Regardless of the interpretation, it is estimated that approximately 124,700 individuals in Tarrant County are in need of behavioral healthcare services for substance use disorder, but who are not receiving care.

Capacity of Residential Treatment

Level of Care- Residential	For Profit Capacity	Not for Profit Capacity	For Profit Capacity	Not for Profit Capacity-	For Profit Capacity-
	Tarrant County		Region 3		Statewide
Adult	175	157	130	0	323
Female Only	33	91	NA	25	NA
Male Only	74	66	NA	0	NA
Adolescent	53	16- Male Only	NA	10- Female Only	NA

The chart above represents the capacity of Residential Treatment in Tarrant County, Region 3, and statewide for persons who are medically indigent and those who have insurance or private resources.

Waiting List

Tarrant County 2014 waiting lists for Texas Department of State Health Services funded providers were analyzed, capturing information for individuals who recognized a need for treatment and made an effort to seek care. Based on compiled results there were 1,897 individuals on wait lists for care for substance use disorder. Of those individuals 52% (984) entered into services during the calendar year. The remaining 48% (913) were not able to access the services within the calendar year. The reasons they did not receive services are listed in the table below:

2014 Reasons those on Tarrant County waiting list did not receive services – (n=913)	
Client could not be reached	558 (61%)
Client did not present for services	50 (5%)
Client started an alternate service	50 (5%)
Client withdrew request for service	128 (15%)
Client screen expired	20 (2%)
Other	107 (12%)

Wait list numbers reflects significant under reporting due to technical issues experienced by a reporting provider.

2014 Tarrant County Waiting list – Those who moved from the waitlist into services (n=984)		
Level of priority	Pregnant	1(0%)
	Veteran	15 (2%)
	Child in foster care	18 (2%)
	DFPS Referral	18 (2%)
	IV Drug User	374 (38%)
	Non Priority Population	558 (57%)
Gender	Male	687 (70%)
	Female	295 (30%)
Race	White	774 (79%)
	Black	189 (19%)
	Other	19 (2%)
Ethnicity	Hispanic – Yes	140 (14%)
Age	Under 18	16%
	18-24	11%
	25-29	20%
	30-39	23%
	40-49	14%
	Over 50	16%
Employment status	Unemployed	81%
	Full Time	8%
	Not in labor force	7%

	Part Time	5%
Primary Drug	Opioid	55%
	Alcohol	23%
	Cannabis	12%
	Amphetamine	5%
	Cocaine	3%
	Poly Substance	2%
	Sedative	1%
Referral Source	Self	35%
	Friend	21%
	Criminal Justice	11%
	Mental health provider	8%
	Family	8%
	Community Provider	7%
	Substance Abuse TX/OSAR	6%
	DFPS	2%
	Other	2%

As stated, only 52% of those who enter the wait list ultimately receive services within the calendar year. In order to qualify for Department of State Health Services (DSHS) funded treatment, the individual must have no financial means for accessing services. DSHS is considered the payor of last resort for medically indigent persons and those who do not qualify for Medicaid, Medicare or CHIP. If clinical and financial eligibility have been met, clients are admitted based upon priority population groups. Texas has identified four priority population groups ranked in order: 1) pregnant injecting drug users; 2) pregnant substance abusers; 3) injecting drug users (male and female) and 4) all referrals from the Department of Family and Protective Services. The priority population designation does not determine eligibility for services but rather the order in which individuals will be admitted to services. Due to the high need for behavioral healthcare for substance use disorder, and the limited capacity of DSHS funded services, it is very difficult for adults who do not meet one of the four priority population designations to access services. Most often these individuals emerge in other systems, such as the hospital emergency room, jail, and unfortunately, the county morgue.

The not-for-profit sector provides the care delivered under DSHS funded services for medically indigent persons. The not-for-profit organizations providing data for this report also receive funding from the Texas Department of State Health Services (DHSH). This funding is not adequate to meet the needs of those seeking care for substance use disorder as evidenced by the waitlist detailed in the report. As a result, the system capacity is inadequate to serve the medically indigent persons of Tarrant County as evidenced by the individuals who do not move from the wait list into care.

The Other Nine

A review of the literature and an analysis of the community data reveal that individuals with untreated substance use disorder emerged in social service, healthcare, and criminal justice systems. The impact on all community systems is significant.

Child Welfare

The relationship between parental substance abuse and child maltreatment has long been documented in the research literature (Donohue, et al., 2005; Murphy et al., 1991). Parental substance abuse appears as a factor in 50%-70% of reported cases of child maltreatment (Brown & Anderson, 1991; Famularo, Kinscherff, & Fenton, 1992; Locke & Newcomb, 2004) The National Survey of Child and Adolescent Well-Being (NSCAW) estimates that 61 percent of infants and 41 percent of older children in out-of-home care are from families with active alcohol or drug abuse (Wulczyn, Ernst, & Fisher, 2011).

In Tarrant County in 2014, 766 children were removed from their homes dues to abuse and/or neglect. Substance abuse was the leading cause of removal of children from their biological homes. Research indicates that once a report is substantiated, children of parents with substance use issues are more likely to be placed in out-of-home care and more likely to stay in care longer than other children (Barth, Gibbons, & Guo, 2006; HHS, 1999). Locally in Tarrant County, the report reflects 65% of all child removal cases identify parental substance abuse as the leading factor. Approximately 498 children were removed due to a caregiver's substance use disorder versus the 268 children removed due to other risk factors. The long term consequences of children growing up in out of home care have an enormous impact on our community. Children removed from homes where untreated substance use disorder were present more frequently experience symptoms of depression and anxiety, suffer from psychiatric disorders, exhibit behavior problems, score lower on school achievement tests, and are more likely to experiment with substances themselves.

Accidental Deaths and Suicides

The Tarrant County medical examiner's (ME, 2015) report indicates there were 648 accidental deaths reported in 2014. Of these 23% (148) were attributed to drug overdose. In 2013 there were 513 accidental deaths, of which 30% (155) were attributed to drug overdose. There were 214 suicides reported in 2014 of which 6% (13) indicated drugs as the method of death. In 2013 there were 222 suicides reported; 22 or 10% indicated drugs as the method of death. Individuals with a substance use disorder; either a diagnosis of abuse or dependence on alcohol or drugs, are almost 6 times more likely to report a lifetime suicide attempt than those without a substance use disorder. (Kessler, et al, 1999)

Emergency Room

Research has shown that substance abuse increases the risk of injuries, accidents and overdoses that lead to hospitalization (WHO, 2011). Individuals with addictions frequently have additional

medical issues such as lung and cardiovascular disease, stroke, cancer, and mental health conditions (National Institute on Drug Abuse, 2011). Additionally, they are more likely to utilize high end medical care such as emergency departments than those without substance abuse conditions (Rockett, et al., 2005; Coffey, et al., 2010). Data from John Peter Smith Health Systems for the calendar year 2014 (JPS, 2015) revealed that those with a diagnosed substance use disorder or a positive drug screen accessed the emergency department at more than twice the rate (2.97 visits) of individuals that did not have a substance use disorder (1.35 visits) or a positive drug screen. In addition, the emergency room visits by individuals with substance abuse disorders resulted in higher rates of hospital admissions than individuals without substance use disorder.

2014 JPS Emergency Department Data			
	Individuals with SUD	Individuals without SUD	Total
# of ER Patients	11,834 (16%)	60,419 (84%)	72,253
# of ER Visits	35,174 (30%)	82,074 (70%)	117,248
# Inpatient Admissions	8,138 (34%)	15,797 (66%)	23,935
% of Visits that result in admission	23%	19%	

Criminal Justice Systems

According to a report conducted by the national center on addiction and substance abuse at Columbia University (2010) substance misuse and addiction are overwhelming factors in all types of crime, not just alcohol and drug law violations. Thirty-seven percent of federal, state and local prison and jail inmates in 2006 were serving time for committing a violent crime as their primary offense; of these inmates, 77.5 % were substance involved. Challenge reviewed national and local secondary data regarding arrests for driving while intoxicated; drug related offenses through the Tarrant County Criminal District Attorney's office; probation cases through the Tarrant County Probation Department; Juvenile probation cases through the Tarrant County Juvenile Probation Department; and individuals in the Tarrant County Jail with known substance use disorder.

DWI/DUI & Crashes

Nationally approximately 1.4 million people are arrested for DWI/DUI annually (DOJ, 2012). In 2013, 10,076 people were killed in alcohol-impaired driving crashes, accounting for nearly one-third (31%) of all traffic-related deaths in the United States (DOT, 2013). Locally 3,643 people were arrested for DWI/DUI in Tarrant County in 2013. In 2014, there were 1,641 alcohol related crashes, of which 47 resulted in fatalities.

Arrests

The charts below highlight the number of arrests in Tarrant County for drug related offenses.

2013 Tarrant County Arrests for Drug related offenses						
	Adult		Juvenile		Total	
Year	2012	2013	2012	2013	2012	2013
Drug Sale	743	578	37	41	780	619
Drug Possession	8,598	7,832	903	913	9301	8,145
Total	9341	8,410	940	954	10,281	9,364

Adult arrests for drug sales/manufacturing in Tarrant County declined 22% from 743 in 2012 to 578 in 2013. Adult arrests for drug possession declined 9% from 8598 to 7832 over the same period. Juvenile arrests for drug sales/manufacturing in Tarrant County showed an increase of 11% from 37 arrests in 2012 to 41 in 2013. Juvenile arrests for drug possession increased 1% from 903 to 913 over the same period. (Texas Department of Public Safety Uniform Crime Reporting)

Criminal Charges Filed- Substance Use Related

The Tarrant County Criminal District Attorney's office reported that over 30,000 cases related to substance use were filed in 2013-2014. After eliminating manufacturing and distribution, the chart below summarizes the number of cases involving individuals who could potentially benefit from behavioral health care for substance use disorder. (Note: This data set captures data on offenses disposed of between January 2013 through April 15, 2015)

Tarrant County Criminal District Attorney's Office	
Offense	**# of cases**
Possession of Marijuana under 2oz	9473
Possession of a controlled substance under 1G Penalty Group 1: Cocaine, Heroin, Methamphetamine, Ketamine, Oxycodone and Hydrocodone (over 300 mg)	4560
DWI	4229
DWI with BAC over .15	3829
DWI Misdemeanor Repetition	2040
Possession of a controlled substance under 28G Penalty Group 3: Valium, Xanex, Ritalin and Hydrocodone (less than 300mg)	1399
Possession of a controlled substance 1-4G Penalty Group 1: Cocaine, Heroin, Methamphetamine, Ketamine, Oxycodone and Hydrocodone (over 300 mg)	1031
DWI Felony Repetition	965
DWI Open Container	492
Possession of a dangerous drug	477

Possession of a controlled substance 4-200G Penalty Group 1: Cocaine, Heroin, Methamphetamine, Ketamine, Oxycodone and Hydrocodone (over 300 mg)	351
Possession of Marijuana 4oz – 5lb	269
DWI with a child under 15 years of age	253
Public Intoxication 3rd prior conviction	201
Possession of Marijuana 2-4oz	175
Possession of a controlled substance under 1G Penalty Group 2: Ecstasy, PCP, Mescaline, Marinol	170
Possession of a controlled substance 1-4G Penalty Group 2: Ecstasy, PCP, Mescaline, Marinol	69
Possession of a controlled substance 4G – 400G Penalty Group 2: Ecstasy, PCP, Mescaline, Marinol	56
Possession of a controlled substance under 20oz. Penalty Group 2-A: any quantity of a synthetic chemical compound that is a cannabinoid receptor agonist and mimics the pharmacological effect of naturally occurring cannabinoids, including:	54
Possession of Marijuana 5lb-50lb	43
Intoxication assault with a vehicle	35
Intoxication Manslaughter with a vehicle	33
Total Cases Filed	30,204

Adult Probation

In 2013, an estimated 4.5 million adults in America, aged 18 or older were on probation at some time during the previous year. More than one quarter (31%) were current illicit drug users, with 24% reporting current use of marijuana and 12% reporting current nonmedical use of psychotherapeutic drugs. These rates were higher than those reported by adults who were not on probation during the previous year- 9% for current illicit drug use, 7% for current marijuana use, and 2% for current nonmedical use of psychotherapeutic drugs. (SAMHSA, 2014) Locally, as of August 31, 2014, there were 15,157 individuals on probation (TCPD, 2015). The table below highlights the number of individuals on probation for drug related reasons.

	Misdemeanors	Felonies
DWI/DUI	2741 (50.4% of total Misd.)	1741 (17.9% of total Felonies)
Controlled Substances	656 (11.9% of total Misd.)	2751 (28.3% of total Felonies)
Total Drug Related	3397	4492
Total All	5436	9721

Juvenile Probation

In 2014, the Positive Achievement Change Tool Assessment (PACT) was administered to all youth formally referred to Tarrant County Juvenile Services.

2014 Positive Achievement Change Tool Assessment results	
Total assessed in 2014	2927
Denied use	1769
Reported Use	1158
Reported using alcohol	3%
Reported using drugs	35%
Reported using both drugs and alcohol	62%

The tool relies on youth self-report. Of the 2,927 youth receiving the PACT Assessment, 1,158 (40%) reported currently using alcohol and/or drugs. Of these youth reporting current use: 3% reported using alcohol, 35% reported using drugs and 62% reported using both alcohol and drugs. 23% were female and 78% were male.

Variable	Attribute	Clients Reporting Use (n=1158)	Clients Not Using (n=1769)
Gender	Female	260 (23%)	490 (28%)
	Male	898 (78%)	1279 (72%)
Race	Caucasian	294 (25%)	507 (29%)
	Hispanic	466 (40%)	492 (28%)
	African American	381 (33%)	735 (42%)
	Other	17 (2%)	35 (2%)
Age at time of Assessment	10	0 (0%)	21 (1%)
	11	1 (0%)	58 (3%)
	12	19 (2%)	127 (7%)
	13	62 (5%)	247 (14%)
	14	156 (14%)	311 (18%)
	15	340 (29%)	359 (20%)
	16	454 (39%)	434 (25%)
	17	124 (11%)	200 (11%)
	18+	2 (0%)	12 (1%)
Average Age at Time of Assessment		15 years	14 years

Of the 1,158 youth who reported currently using substances, only 59% (685) received a drug test. Drug testing is completed at the discretion of the supervising officer and rarely administered to clients who are not detained or placed on supervision with Tarrant County Juvenile Services. Of those youth tested, 78% tested positive for at least one substance. One hundred seventy youth or 14.7% on community supervision who tested positive for drugs or alcohol were referred to residential treatment.

Eighty youth chose to participate in the Juvenile Drug Court program provided by the Department. It should be noted that only those youth with a possession drug charge, either misdemeanor or felony, are eligible to participate in the Drug Court Program.

Jail

Substance use disorder among the jail population have risen since the 1980s. In 1989, 67% of jail inmates had committed a drug offense or used drugs regularly. By May 1998, that number had increased to 70%- approximately 7 in 10 jail inmates. An estimated 16% committed their offense to obtain money for drugs (Wilson 2000). The Behind the Bars (2010) report indicates that of the 2.3 million adults that are incarcerated, 1.9 million (83%) are substance involved and two-thirds (65%) of this population meets the criteria for substance use disorder.

Jails often serve as the first opportunity for individuals to have their substance use disorder and or mental health conditions identified, to have their acute needs stabilized (e.g., detoxification from alcohol or opioids), and to receive referrals to in-house or community services (SAMHSA, 2005) Increases in jail substance abuse treatment programs have not kept up with this trend (SAMHSA, 2005).

Challenge was unable to obtain data on the number of individuals in the Tarrant County Jail with current substance use disorder. However, psychiatric services are available to inmates incarcerated in the Tarrant County Jail, through the Forensic Mental Health Program, provided by MHMRTC. These inmates are identified by MHMR staff based on behaviors exhibited at the time of booking. Inmates may also be referred to the program by jail staff, family and through self-referral. In 2014 the Forensic Program provided services to 8,315 individuals incarcerated in the Tarrant County Jail. Of those individuals 37% (3110) were identified as having a co-occurring mental health and substance use disorder. In 2014, the Tarrant County jail booked 40,102 inmates. National statistics indicate that 65% of adults incarcerated have a substance use disorder. Based on the national statistics Tarrant County housed 26,066 inmates with substance use disorder of which the forensic program is serving 12%. Based on these figures the jail population presents an opportunity for more individuals to benefit from behavioral health care for substance use disorder. The table below indicates the demographics of those served by MHMR who have a co-occurring mental health and substance use disorder.

2014 Individuals with co-occurring disorders served in the Tarrant County Jail by MHMR		
Variable	**Attribute**	**Individuals with co-occuring MH/SU Disorders (n=3110)**
Gender	Female	31%
	Male	69%
Race	Caucasian	63%
	Hispanic	10%
	African American	35%
	Other	1%
Ethnicity	Hispanic	10%
Age	18-24	15%
	25-29	14%

	30-39	31%
	40-59	23%
	Over 60	17%

Survey of appointed officials and community leaders

The purpose of the survey of public officials was to further define substance use disorder treatment issues and better understand the perception of the need for these services in Tarrant County. A non-random sample was utilized targeting local City and Municipal leadership, such as mayors, police, fire, and city councils across 41 municipalities in Tarrant County. The survey was distributed through mail and email. The survey was also administered to the leadership council and Mental Health Connection members present at the April 2015 meeting. A total of 203 questionnaires were distributed. Potential respondents across the municipalities were contacted initially through email and then follow up telephone calls were made to those who did not initially respond. A total of 101 surveys were returned resulting in a 49% response rate. Of the 41 municipalities where the survey was distributed; 25 municipalities were represented in the results. A copy of the survey can be found in Appendix D.

The survey was utilized to gain community level knowledge regarding factors that prevent individuals who need treatment for substance use disorder from accessing care. Respondents were asked if they substance abuse services for adults are adequate in our community; 75% of all survey participants responded "no". When respondents were asked if substance abuse services for adolescents are adequate in our community; 73% responded "no". Various comments by respondents on the survey communicated the following:

- The system is difficult to navigate
- Language barriers are significant
- Lack of transportation is problematic
- Child care is not accessible
- Affordable treatment is scarce
- Lack awareness of behavioral healthcare services

When respondents were asked what gets in the way of you or your staff referring people in need to substance abuse treatment, 67% responded they were unsure of the options available and 57% indicated that the person needing assistance did not have insurance or the financial resources to pay for care. When respondents were asked what would help you or your staff members refer more people to substance abuse treatment, 75% indicated that having knowledge about specific resources would help reduce this barrier. When respondents were asked, "What do you believe are the greatest barriers to people in our community seeking treatment?" 71% responded that a lack of health insurance or the financial resources to pay for care were the greatest barriers to treatment. The consensus of the respondents is that a lack of

knowledge about the pathway to treatment and individuals lacking the financial resources to pay for care create the gap between those who receive treatment and those who do not.

Conclusions

Limitations of the Study:

As with all research efforts, there are limitations related to this study's research methods that should be acknowledged.

- The data gathered for the needs assessment is limited to the not-for-profit and for-profit providers of behavioral health care services and community agencies who chose to participate in the data collection process.
- Community level data were not available regarding aspects of substance use disorder that were assessed, requiring an extrapolation of national and state data to the county level.
- The information derived from key representatives often reflects the unique perspectives (and biases, both personal and organizational) of the constituencies associated with or served by these representatives.
- Few people can sense all the needs and concerns of all people in a community-the perspectives of those who are less visible may be overlooked.
- Data based on self-report should be interpreted with particular caution. In some instances, respondents may over or underreport behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked.
- Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

Conclusion

Extrapolated data indicate that the vast majority of Tarrant County residents who could benefit from some level of behavioral health care for substance use disorder do not perceive a need for care. Twenty-four percent of persons living in Tarrant County lack health insurance. Narrowly defined Texas Medicaid eligibility requirements exclude most medically indigent persons from coverage, which drives them to rely on DSHS funded services. Unfortunately, DSHS funding is inadequate to provide care for the number of individuals in need. Medically indigent persons who seek care for substance use disorder are often placed on wait lists, with almost half never receiving the care they were seeking.

Individuals with health insurance also may face financial barriers to accessing substance use disorder services for themselves or a family member. Provider organizations report that deductibles and co-pays totaling $8,000 per treatment episode are not uncommon under many health insurance plans.

Untreated substance use disorder exact a human and financial toll on multiple systems across the community. Examples of these tolls include:

- Child welfare identified substance abuse as the leading factor in 65% of all removals of children for abuse or neglect in Tarrant County.
- The Tarrant County Medical Examiner reported that 23% of all accidental deaths resulted from drug overdose.
- The Tarrant County Hospital District, JPS Health System, reported that 16% of its Emergency Department patients are diagnosed with substance use disorder or tested positive on a drug screen. These patients accessed the Emergency Department at twice the rate of patients without Substance Abuse Disorder or who tested negative on a drug screen. Patients with a diagnosed substance use disorder or positive drug screen also required hospital admission at a higher rate than those without this condition.
- Tarrant County experienced 1,641 alcohol-related crashes with 47 fatalities during 2014.
- The Tarrant County Criminal District Attorney's office disposed of over 30,000 cases related to substance abuse or misuse between January 2013 through April 2015.
- Tarrant County CSCD supervised 15,157 probationers as a result of drug-related offenses.
- Tarrant County Juvenile Services supervised 1158 youth who self-reported using drugs, alcohol or both.
- Though local data were not available, it is estimated that 65% of individuals incarcerated in the Tarrant County Jail may have a substance use disorder, based on national trends.

The survey of elected officials, municipal law enforcement and community leaders indicated that 75% perceive that our community lacks sufficient services to assist persons with untreated substance use disorder. More than 70% of respondent's identified lack of health insurance or financial resources as the greatest barrier to care.

As a result of the work from the Need Assessment Committee, a few central themes have emerged which seem to indicate a direction for future action:

- Tarrant County residents needs a clear and concise pathway to care. The current system is complicated and confusing, depending on whether or not the individuals have a funding source and whether or not they meet priority population guidelines.
- Reluctance to receive care is a consistent symptom among those struggling with substance use disorder. It is crucial that the community be equipped to engage reluctant individuals through specific skill sets that help increase engagement from the beginning of process to the end of the process. A learning community might be an ideal way in which to study the issue of how to clarify the pathway to treatment.

- Integration and expansion of cooperative efforts is needed within and between different community sectors who serve individuals who are struggling with substance use disorder.
- Current need exceeds the service capacity in many areas. The community should explore ways in which to expand capacity, which would ensure that those who recognize a need for treatment and make the effort to ask for help actually have a service they can readily access.

Appendix A

Participating Agencies – Not-for-Profit

Participating Agencies – For Profit

La Hacienda Treatment Center
SINCE 1972

Mesa Springs
There's hope. There's help.®

Millwood Hospital
&
The Excel Centers
Center for Mental Health and Chemical Dependency Care
We Believe in People
Arlington • Fort Worth • Lewisville

enterhealth | A BETTER WAY to recover.

Appendix B

Leadership Committee

Glen Whitley	Tarrant County Judge
Lyn Willis	Challenge of Tarrant County Board of Directors
Carey Cockerell	Challenge of Tarrant County Board of Directors
Dee Anderson	Tarrant County Sheriff
Wayne Carson	Executive Director- ACH Child and Family Services
Judge Catalano	Presiding Judge- F.A.I.P. Felony Alcohol Intervention Project
Michael Duffy	Regional Director SAMHSA – Substance Abuse and Mental Health Services Administration
Patrick M. Flynn	Director- TCU Institute Behavioral Research
Susan Garnett	CEO MHMRTC
Leighton Iles	Director Tarrant County Supervision and Corrections
Eric Niedermayer	Executive Director- Recovery Resource Council
Todd Landry	Executive Director- Lena Pope Home
Michael Steinert	Assistant Superintendent of Student Support Services- FWISD
Vinny Taneja	Director- Tarrant County Public Health
Patsy Thomas	President- Mental Health Connection of Tarrant County
Randy Turner	Director-Tarrant County Juvenile Services
Sharen Wilson	Tarrant County Criminal District Attorney
Wayne Young	Senior Vice President, Behavioral Health – JPS Health Network

Appendix C

Treatment Provider – Data Collection Form

Specific to Tarrant County Clients

Time Frame 1/1/2014 – 12/31/2014

What do we know about the clients you are serving?

Total clients served during time frame (please specify)_____

Gender

- Male
- Female

Age

- Under 15
- 15-19
- 20-29
- 30-39
- 40-49
- Over 50

Ethnicity/Race

- White
- African American
- Hispanic
- Other

Employment status

- Full Time Employment
- Part Time Employment
- Unemployed

Payer – self pay, private insurance, Medicare, Medicaid, DSHS funding…

- State and local governments (excluding Medicaid)
- Medicaid
- Federal government
- Medicare

- Private Insurance
- Out-of-pocket expenditures
- Other private funding

Treatment level

- Outpatient treatment/Ambulatory
- Residential programs/Rehabilitation
- Detoxification programs

Average length of stay per level of service

Primary Drug of Choice at time of admission

- Alcohol
- Opiates primarily heroin
- Marijuana/hashish
- Cocaine
- Stimulants, primarily methamphetamine

Referral source (Treatment referral type)

- Health Care provider
- Self
- Family
- Employer/employee assistance program
- Substance abuse treatment provider
- Criminal Justice System
- School
- Other community referral

Co-occurring mental health disorder – yes, no; or specific DX

What do we know about the individuals waiting for services?

Waiting list

- How many people are currently on your waiting list?
- Date of the count
- How long on average have they been waiting?
- For the person who has been waiting the longest; how long has it been?

Gender

- Male
- Female

Age

- Under 15
- 15-19
- 20-29
- 30-39
- 40-49
- Over 50

Ethnicity/Race

- White
- African American
- Hispanic
- Other

Employment status

- Full Time Employment
- Part Time Employment
- Unemployed

Payer – self pay, private insurance, Medicare, Medicaid, DSHS funding…

- State and local governments (excluding Medicaid)
- Medicaid
- Federal government
- Medicare
- Private Insurance
- Out-of-pocket expenditures
- Other private funding

Treatment level

- Outpatient treatment/Ambulatory
- Residential programs/Rehabilitation
- Detoxification programs

Primary Drug of Choice at time of admission

- Alcohol
- Opiates primarily heroin
- Marijuana/hashish
- Cocaine
- Stimulants, primarily methamphetamine

Referral source (Treatment referral type)

- Health Care provider
- Self
- Family
- Employer/employee assistance program
- Substance abuse treatment provider
- Criminal Justice System
- School
- Other community referral

When people call for services and they do not get placed on the waiting list what is/are the reason(s) ?

What barriers do you see in the system that could be preventing people from receiving treatment?

Appendix D

Challenge
OF TARRANT COUNTY
Change is created by Challenge™

226 Bailey #105

Fort Worth, TX 76107

Needs Assessment Survey

LC2015

Please take a moment to help us understand the needs of Tarrant County. When you're done, please mail the questionnaire to 226 Baily Ave.#105, Fort Worth, TX 76107 or e-mail it to jen@tcchallenge.org.

Deadline: 3/10/15

Services

Do you believe there are adequate substance abuse services for adults in our community?

- ☐ Yes
- ☐ No

If no; what do you think is missing?_____

Do you believe there are adequate substance abuse services for adolescents in our community?

- ☐ Yes
- ☐ No

If no; what do you think is missing?_____
_____

Do you or your staff have training needs concerning substance abuse issues?

- ☐ Yes
- ☐ No

If yes; what training needs exist?_
_____
_____

What gets in the way of you or your staff referring people in need to substance abuse treatment?

- ☐ Not sure what treatment options exist
- ☐ Lacking time to make the referral
- ☐ I don't think the treatment would work
- ☐ The person doesn't have insurance or financial resources
- ☐ Other_____

What kinds of supports would help your staff refer more individuals to substance abuse treatment?

- ☐ Help navigating the system
- ☐ Knowledge about resources/options
- ☐ Help determining need
- ☐ Training about substance abuse issues
- ☐ Other_____

What do you believe are the greatest barriers for people in our community seeking substance abuse treatment?

- ☐ Child Care
- ☐ Availability of treatment options
- ☐ Health insurance/Funding to pay for care
- ☐ Stigma attached to substance abuse
- ☐ Other_____

Where does substance abuse fall on your list of priorities?

- ☐ Top 10%
- ☐ Top 25%
- ☐ Top 50%
- ☐ Honestly Substance abuse is not on my priority list

Where does substance abuse fall on your community members list of priorities?

- ☐ Top 10%
- ☐ Top 25%
- ☐ Top 50%
- ☐ Lower 25%

Additional Comments

About You (optional)

Name

Organization

Thank you for your participation!

References

Barth, R.P., Gibbons, C. & Guo, S. (2006). Substance abuse treatment and the recurrence of maltreatment among caregivers with children living at home: a propensity score analysis. Journal of Substance Abuse Treatment. 30(2), 93-104

Behind Bars II: Substance Abuse and Americas Prison Population. (2010). The national center on addiction and substance abuse at Columbia University. Retrieved July 8, 2015.

Brown, G. R., & Anderson, B. (1991). Psychiatric morbidity in adult inpatients with childhood histories of sexual and physical abuse. American Journal of Psychiatry, 148, 55-61

Casanueva, C., Dozier, M., Tueller, S., Jones Harden, B., Dolan, M.,& Smith, K. (2012). Instability and early life changes among children in the Child Welfare System. OPRE Report #2012-44, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Child Welfare Information Gateway. (2014). Parental substance use and the child welfare system. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Coffey, R. M., Houchens, R., Chu, B. C., Barrett, M., Owens, P., Stocks, C., Vandivort-Warren, R., & Buck, J. (2010). Emergency department use for mental and substance use disorders. Retrieved July 8, 2015, from https://www.hcup-us.ahrq.gov/reports/ED_Multivar_Rpt_Revision_Final072010.pdf

Dept of Transportation (US), National Highway Traffic Safety Administration (NHTSA). Traffic Safety Facts 2013 Data: Alcohol-Impaired Driving. Washington (DC): NHTSA; Retrieved July 14, 2015, from http://www-nrd.nhtsa.dot.gov/Pubs/812102.pdf

Donohue, B., Romero, V., Hill, H. H. (2005). Treatment of co-occurring child maltreatment and substance abuse. Aggression and Violent Behavior, (11), 626-640.

Famularo,R., Kinscherff, R., & Fenton, T. (1992). Psychiatric diagnoses of maltreated children: preliminary findings. Journal of the American Academy Child & Adolescent Psychiatry, 31(5), 863-867

Kessler, R.C., Borges, G., & Walters, E.E. (1999). Prevalence of and risk factors for lifetime suicide attempts in the National Comorbidity Survey. Archives of General Psychiatry, (56),617–625.

Locke T.F., Newcomb M.D. Child maltreatment, parent alcohol- and drug-related problems, polydrug problems, and parenting practices: A test of gender differences and four theoretical perspectives. J. Fam. Psychol. 2004;18:120–134. doi: 10.1037/0893-3200.18.1.120. [PubMed] [Cross Ref]

Murphy, J. M., Jellinek, M., Quinn, D., Smith, G., Poitrast, F. J., Goshko, M. (1991) Substance abuse and serious child mistreatment: Prevalence, risk, and outcome in a court sample. Child Abuse & Neglect, 15(3): 197-211.

National Institute on Drug Abuse (2011). Addiction and Health. Retrieved July 14, 2015, from http://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/addiction-health

National Institute on Drug Abuse (2012). Understanding drug abuse and addiction. Retrieved June 30, 2015 from http://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse...

Rocket, L.R., Putnam, S. L., Jia, H., Chang, C. F., & Smith, G. S. (2005). Unmet substance abuse treatment need, health services utilization and cost: A population-based emergency department study. Annals of Emergency Medicine, 45(2), 118-127

Substance Abuse and Mental Health Services Administration (US) (2005). Center for Substance Abuse Treatment. Substance Abuse Treatment for Adults in the Criminal Justice System. Rockville (MD): (Treatment Improvement Protocol (TIP) Series, No. 44.) Retrieved on June 1, 2015 http://www.ncbi.nlm.nih.gov/books/NBK64137/

Substance Abuse and Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*, (2014). NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration.

http://www.fadaa.org/documents/Legislative%20Booklets/HealthCare.pdf

Wilson, D. J. (2000). Drug Use Testing and Treatment in Jails. Bureau of Justice Special Report, U.S. Department of Justice. http://www.bjs.gov/content/pub/pdf/duttj.pdf

World Health Organization (2011). Global status report on alcohol and health. WHO Press: Geneva, Switzerland

Wulczyn F., Ernst, M. & Fisher, P. (2011). Who Are the Infants in Out-of-Home Care? An Epidemiological and Developmental Snapshot. Chicago: Chapin Hall at the University of Chicago