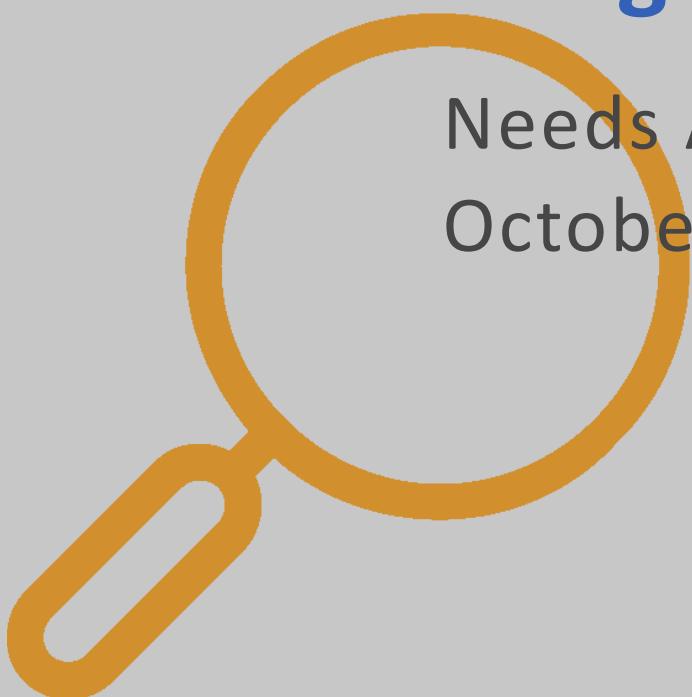


Austin/Travis County Alcohol, Tobacco & Other Drugs

Needs Assessment
October 2019



WOOLLARD NICHOLS
& ASSOCIATES

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- New Life Institute
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- Nova Recovery
- Omega Recovery Services, LLC
- Operation Naloxone / UT Austin College of Pharmacy
- OSAR Region 13
- Our House
- Palmer Drug Abuse
- Phoenix House
- Positive Recovery, LLC
- Recovery Unplugged
- RecoveryPeople
- Rose Counseling Center
- Sage Recovery & Wellness Center, LLC
- Second Chances
- SHAC (Self Help and Advocacy Center)
- SIMS Foundation
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- Texas Overdose Naloxone Initiative (TONI)
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Executive Summary

Austin/Travis County Alcohol, Tobacco, & Other Drugs (ATOD) Needs Assessment 2019

Report Objectives

1

Inventory resources related to alcohol, tobacco, and other drugs (ATOD) in Austin/Travis County, Texas.

2

Summarize insights from service providers on gaps and assets in the availability and accessibility of ATOD-related resources in Austin/Travis County.

Prevention



ASSETS

Activities focused on helping people develop the knowledge, attitudes, and skills they need to prevent substance use problems

- ✓ Innovative youth prevention programs from elementary school through college
- ✓ Variety of prevention services across all domains: primary, secondary, and tertiary

Intervention/ Harm Reduction



ASSETS

Activities intended to minimize the negative consequences associated with ATOD use

- ✓ Travis County is uniquely open-minded to the development and implementation of intervention/harm reduction services
- ✓ System collaboration and innovation of diversion and intervention programs that prevent the escalation of ATOD-related consequences

Treatment



ASSETS

Activities related to the provision of substance use treatment: detox, inpatient, outpatient, residential, medication assisted treatment, etc.

- ✓ Increased capacity of treatment organizations to provide services to individuals with low income
- ✓ Increase in access to medication-assisted treatment (MAT)
- ✓ Available funding for individuals who cannot afford treatment

Recovery Support Services



ASSETS

Nonclinical services that assist individuals and families in recovery from alcohol and drug problems

- ✓ Robust recovery community that offers a variety of professional and peer-led support services for individuals in recovery
- ✓ Recovery services that are inclusive of alternate pathways to recovery
- ✓ Services available to individuals with low income

Collaborations



ASSETS

Coalitions and initiatives that perform activities such as advocacy, information gathering and/or dissemination of resources intended to alleviate or eradicate problems with ATOD

- ✓ Austin/Travis County is home to numerous coalitions and initiatives focused on a variety of topics and populations (e.g. youth, opioids, etc)
- ✓ Innovative partnerships between service providers and cross-sector collaborations with K-12 and higher education institutions

Research & Information Gathering



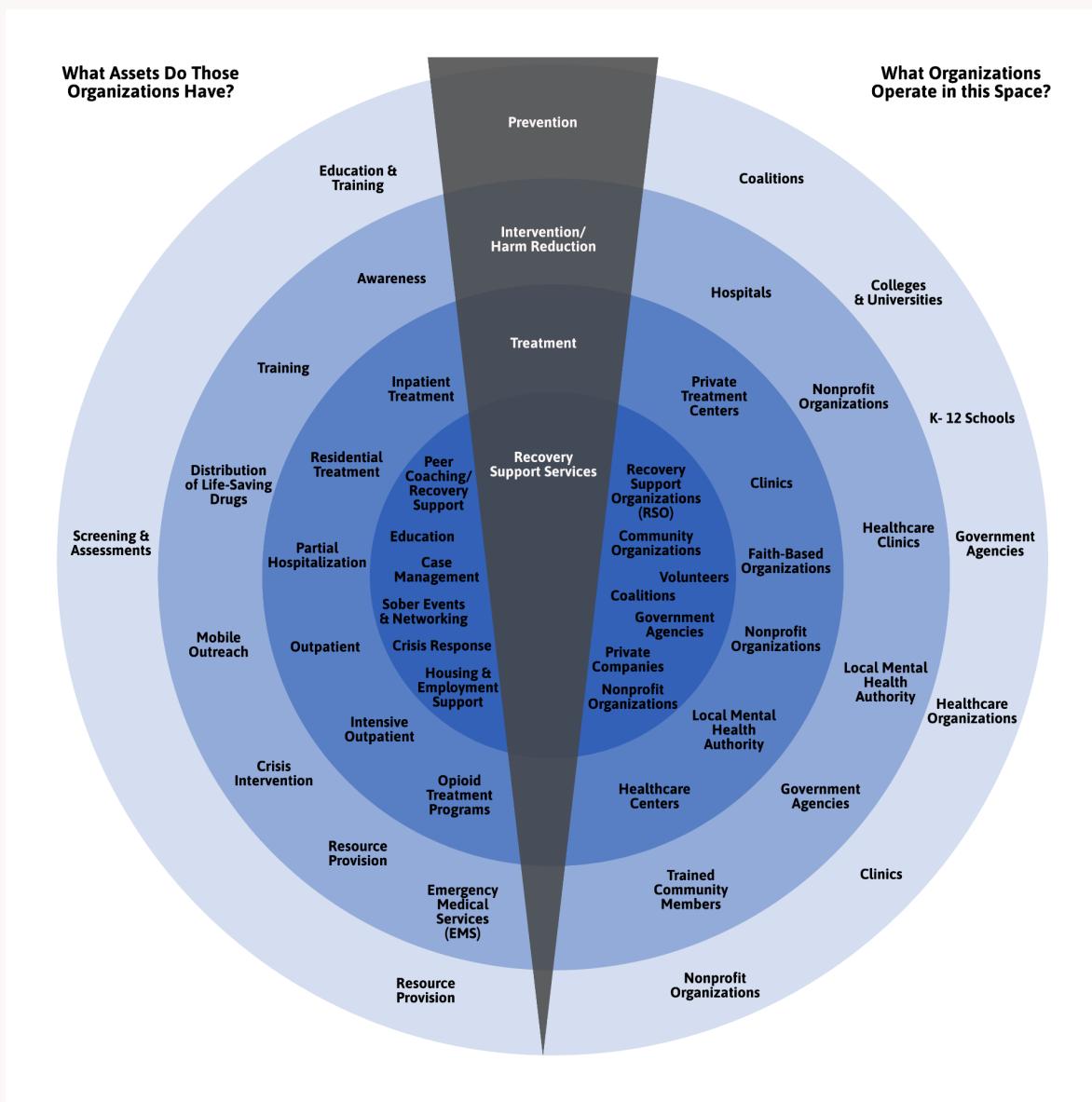
ASSETS

Any data collection or research initiatives with the aim to better understand the dimensions, characteristics, causal factors, and/or impact of substance use in Austin/Travis County

- ✓ Some service providers and organizations are actively collecting data on clients and service quality
- ✓ There are several independent researchers and institutes with a vested interest in addressing local ATOD issues

Austin/Travis County ATOD Asset Map

This graphic identifies types of organizations operating in the recovery-oriented system of care in Austin/Travis County, as well as the assets that those organizations offer to individuals and families needing ATOD-related services. A key assumption of this report is that an integrated, person-centered system of care will produce the best outcomes and provides the most effective approach for initiating and sustaining recovery.



This graphic was adapted from a graphic originally created by [Brighter Futures Together \(UK\)](#).

Key Considerations

A socio-ecological framework emphasizes the importance of evaluating linkages of care across systems in evaluating the system as a whole. As such, in addition to findings related to the six ATOD activity areas listed above, this needs assessment also identifies cross-cutting considerations for future community planning efforts.



Coordinated Data Efforts

There is a need for shared data in order to assess organizational and system-wide progress in addressing ATOD-related challenges. Information gathering efforts across institutions and services can assess need by demographic characteristics, substance use type, and geographic location. Coordinated data efforts can take many forms, including:

- Advocating for improved state and local data collection and sharing
- Evaluating service outcomes
- Evaluating system outcomes



Continued Collaboration

Leveraging the collective power of the numerous stakeholders, individuals, groups, and organizations invested in ATOD solutions can scale local efforts and send a unified message to local policymakers. Impactful collaboration can occur at multiple levels including:

- Service provider level
- Coalition level
- System level



Accommodating Cultural Differences

Improving the cultural proficiency of services delivered across the spectrum of ATOD-related services is a key finding of this report. Approaches include increasing language capacity to meet the need of non-English speakers, implementing targeted, culturally specific treatment options and harm reduction services, and assessing the specific needs of persons with low income.



Inclusion of Diverse Perspectives

Effective community planning efforts must include a range of perspectives from harm reduction to abstinence. Ensuring that diverse perspectives and experiences in recovery are represented in ATOD-related dialogues - including persons with lived experience of ATOD use and recovery - is critical to the success of future community efforts.

Screening & Assessment

Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other validated substance use assessment tools are being used in specialized care settings locally. Their use should now be scaled to the broader community of emergency response personnel, hospital staff, and primary care providers who engage with persons needing access to ATOD-related services to facilitate accurate and useful referrals to appropriate services.



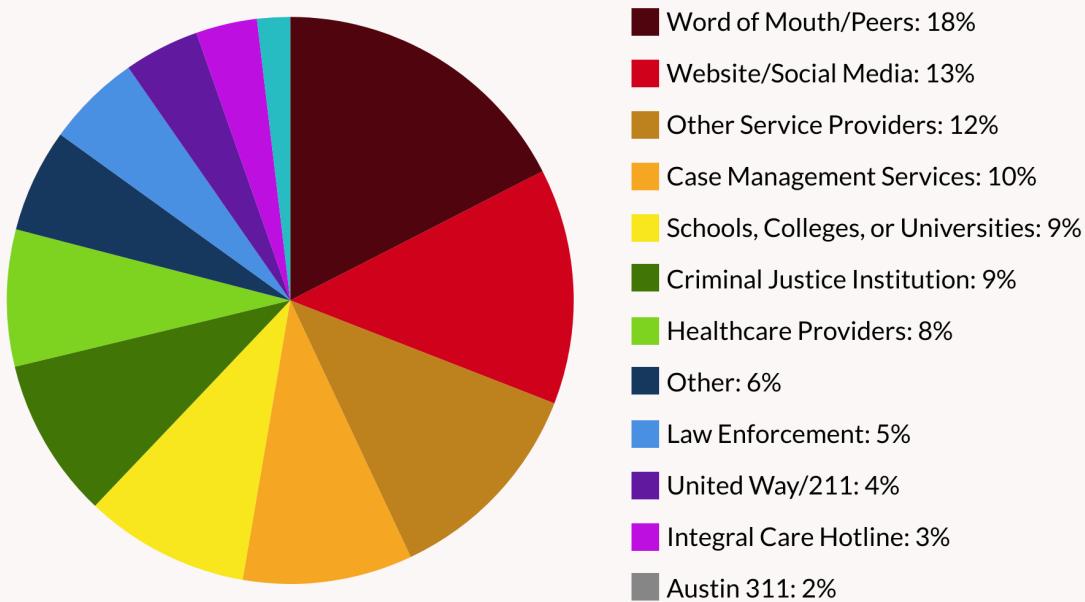
Evaluation of Population-Specific Barriers

There is a need to evaluate disparate availability of ATOD-related services that limit access, especially for the following populations:

- People of color
- Women
- Women with children
- Non-English speaking
- LGBTQ
- Individuals with low-income, including individuals in the "health care gap"

Key Insights from the Needs Assessment Survey

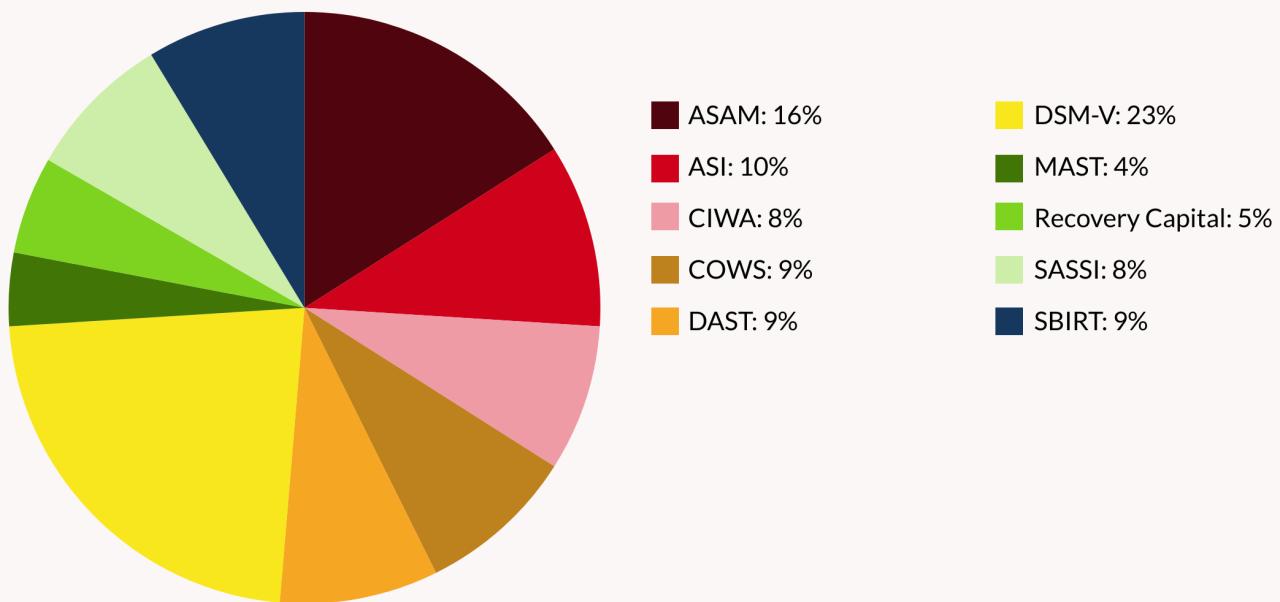
How do people access services?



What are the top referral sites?

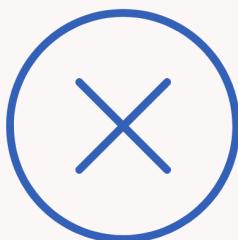
Prevention	<ul style="list-style-type: none">Integral CareLifeWorksCase management services (OSAR, private therapists)Communities for RecoveryPhoenix House
Intervention/ Harm Reduction	<ul style="list-style-type: none">Integral CareAustin Harm Reduction CoalitionTexas Harm Reduction CoalitionCase management servicesCommunities for Recovery
Treatment	<ul style="list-style-type: none">Integral CareAustin RecoveryCase management servicesCenikorRecovery UnpluggedPhoenix House
Recovery Support	<ul style="list-style-type: none">Communities for RecoveryIntegral CareCase management servicesRecovery ATXECHO/homeless servicesAustin Recovery

What screening and assessment tools are being utilized?

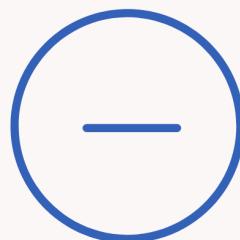


For whom are ATOD services most lacking?

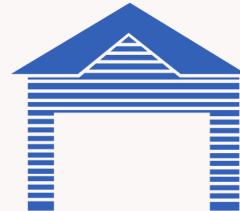
Across all categories, survey respondents ranked these populations as the top groups most lacking services and supports.



People
who are
uninsured



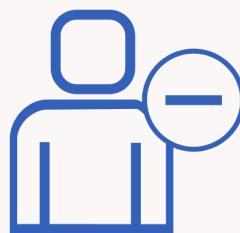
People
who are
underinsured



People
experiencing
homelessness



Mothers with
children



People with
language
barriers



People who
cannot afford
services

Introduction

Since the release of the Travis County Plan for Substance Use Disorders¹ in 2015, the Austin/Travis County community has made important progress in addressing challenges related to the use of alcohol, tobacco, and other drugs (referred to alternatively as “ATOD use” or “substance use” throughout this report). This needs assessment, sponsored via a partnership between the Sobering Center and Integral Care, was undertaken to collect and analyze data in order to inform a community roadmap to mobilize and align ATOD-oriented services in Austin/Travis County. This project was guided by a Steering Committee of local institutions interfacing with ATOD use and its effects including Austin Public Health, Central Health/Community Care Collaborative, Integral Care, the Sobering Center, and Travis County Health and Human Services. The collaboration between these entities reflects the aligned interests of area institutions to identify the key assets in our local continuum of care, to scale what is already working in the current system, and to address unmet needs in the community.

The objective of this report is to conduct a needs assessment of ATOD use for Austin/Travis County, including an overview of what services and supports are available, what planning groups exist, what data is being gathered, and where there might be overlap or gaps in the system. In addition to conducting an inventory of the existing substance use-related resources in Austin/Travis County, this needs assessment includes direct insights from service providers and other key stakeholders collected via survey and key informant interviews (for more information about the project methodology, see Appendix B.) This information provides important perspectives on gaps and assets in the availability, accessibility, and integration of resources in the local continuum of care. While this report offers an overview of the challenges facing this community related to ATOD use, it allocates equal focus on what is working well in our community in order to prevent, treat and support recovery from harmful substance use.

Background

Over the past few decades, the U.S. Health and Human Services Department and the Substance Abuse Mental Health Services Administration (SAMHSA) have reframed substance use within a public health approach using epidemiological language and approaches, based on an assumption that the prevalent acute-care model in addiction treatment is inappropriate for addressing substance use disorders (SUD) as a chronic condition.²

This acceptance of substance use disorder as a chronic disease has generally been accepted as the foundation for response to substance use originating with the American Medical Association’s classification of alcoholism as a disease in 1956. This was followed by the classification of addiction as a disease in 1987. Since then, the National Institute on Drug Abuse (NIDA) has classified addiction as a brain disease.

More recently, social scientists have continued to update commonly used conceptual frameworks related to substance use and addiction. Carl Hart of Columbia University argues that the generally accepted brain disease ideology discounts social determinants such as race and justice-related constructs, which confront policies to deepen health and social inequities.³ Johan Hari’s thesis that connection is the opposite of addiction has gained significant notoriety with his recent writings and a TED Talk on the topic.⁴ William White, recovery advocate and academic writer, has helped to define a more strengths-focused conception of substance use disorder by focusing on the concept of recovery. The national conversation and language related to substance use has changed dramatically in recent decades from a single dominant perception to a much more multi-faceted view of the issue that takes social determinants such as race and income into account. It is imperative to consider these evolving narratives about the nature of substance use in order to fully understand our local and national ATOD-use climate.

Terminology

The utilization of consistent language to describe substance use behaviors is critical to developing a shared understanding of ATOD-related services and supports, but it is also sometimes difficult due to the dynamic nature of the terminology. For instance, recent advocacy efforts call for the

omission of the terms *substance abuse* and *addict* except for cases of self-identification which has resulted in changes to journalistic reporting.^{5,6,7}

This report will primarily use the term **substance use disorder** (SUD) as defined by the SAMHSA: *when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.*⁸ Recognizing the common colloquial use of the term, this report references the term addiction as synonymous to SAMHSA's definition of SUD. The term **opioid use disorder** is *characterized as the loss of control of opioid use, risky opioid use, impaired social functioning, tolerance, and withdrawal.*⁹

See the sidebar on this page for the definition of recovery.

Efforts to address substance use require continuous discussions about the ways we describe the problems related to and the persons impacted by ATOD use. A glossary of additional ATOD-related terms defined by a variety of U.S. authorities is included as Appendix A.

What is Recovery?

Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four major dimensions that support recovery: health, home, purpose and community.

This report utilizes three fundamental assumptions about recovery:

- Addiction and dependence are clinically distinguished states of being, both of which yield physiological, biological, and psychological properties;
- Not everyone will want or need intervention, treatment, or recovery, but everyone is deserving of dignity and support;
- When referenced, the construct of recovery in this report will align with the SAMHSA definition which does not assume abstinence exclusively; which does not preclude abstinence from medication-supported recovery; but does include a person-centered context of wellness, as defined by the person.

Source: SAMHSA

Report Assumptions & Approach

This section outlines the assumptions, approaches and frameworks on which this needs assessment is based.

Recovery Orientation

Recovery, as defined previously, is a critical lens by which to assess substance use in Austin/Travis County. Recovery is presumed to occur within a socio-ecological framework that emphasizes the various medical and social supports necessary at multiple levels: pre-initiation, initiation, maintenance and actualization (see Figure 1 below).¹⁰ Socio-ecological frameworks reveal the interplay between environmental and personal factors, and evaluate recovery services and supports based on their availability and accessibility. *Availability* refers to the existence and operation of resources and services in the community; while *accessibility* is an individuals' ability to connect and receive these services and resources.

Recovery is a Process

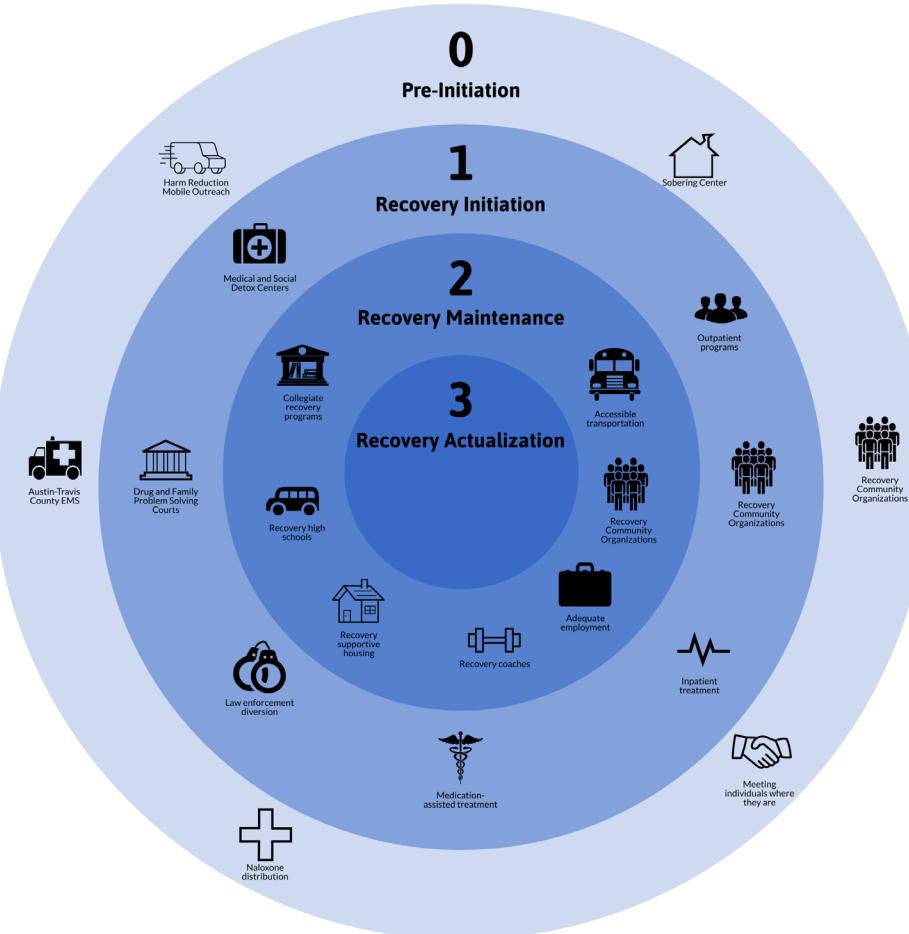


Figure 1. Recovery is a Process¹¹

As recognized by SAMHSA and in previous community planning efforts, substance use and recovery are best understood when considering personal and environmental causal factors. To that end, evaluating systems based on the *accessibility* in addition to *availability* of services highlights

underserved or marginalized subpopulations that may experience additional barriers to initiating recovery-related services.

Therefore, this needs assessment does not assume a philosophical stance on how recovery happens, but rather whether the infrastructure that is in place is positioned to meet the current need. Communities classify ATOD-related services in different ways. For the purposes of this assessment, ATOD-related services include both clinical (e.g., healthcare organizations, licensed treatment facilities) and non-clinical services (e.g., recovery support organizations, faith-based support services) that aim to assist individuals to initiate, maintain, and/or return to recovery:

Clinical approaches and responses to SUD/OUD

- Those provided by a licensed agency and/or individual practitioners within the primary or behavioral health continuum of care. This may include, for example, services provided by a professional that does not hold licensure status but provides substance use services in a clinical setting;
- Utilizes Evidence Based Practices (EBP).

Non-clinical approaches and responses to SUD/OUD

- Those provided by a non-licensed community-based agency;
- Recovery coach or peer support regardless of agency licensure;
- Other supports provided by mutual aid and self-help groups; faith-based providers, recovery housing and recovery community organizations;
- Alternative therapies such as yoga, massage, horseback riding, art, music;
- May also utilize EBPs and Promising Practices as indicated by the U.S. Department of Health and Human Services.

Integrated Care Model

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health (2016) highlights the research substantiating the importance of an integrated health system versus the traditional delivery of substance use treatment as separate.¹² According to the SAMHSA-HRSA Center for Integrated Health Solutions, the integration of primary care, mental health, and substance use-related health care produces the best outcomes and provides the most effective approach for supporting whole-person health and wellness.¹³ Integrated healthcare systems are able to effectively address issues related to substance misuse and dependence, including:

- Screening for substance misuses and substance use disorders;
- Delivering prevention interventions to prevent substance misuse and related health consequences;
- Early intervention to prevent escalation of misuses to a substance use disorder;
- Engaging patients with substance use disorders in treatment;
- Treating substance use disorders of all levels of severity;
- Coordinating care across both health care systems and social services including criminal justice, housing, employment support, and child welfare;
- Linking patients to recovery support services;
- Long-term monitoring and follow-up; and
- Addressing substance use along with co-occurring health issues.¹⁴

An integrated health care system ideally ensures that there is no “wrong door” to the recovery continuum of services.¹⁵ This is achievable through appropriate collaboration *and* integration of services. Collaboration, in this context, refers to how resources (e.g., health and behavioral care professionals) are brought together; whereas integration refers to the way that “services are delivered and practices are organized and managed.”¹⁶

At a minimum, the Surgeon General’s Report (2016) suggests that integrated healthcare systems have the ability to track service delivery across the system of care and implement performance and quality assurance measures to assure efficiency and efficacy. In order to achieve collaboration at this level, there needs to be a foundation of knowledge regarding how the current system functions. SAMHSA supports the development of a recovery-oriented system of care.

Thus, a key assumption of this report is that an integrated health system can reduce access barriers to substance use treatment and address health disparities and cost for both patients and families. In addition to assessing the availability and accessibility of the current continuum of care in Austin/Travis County, this needs assessment relies on reports by service providers and other key stakeholders to identify the strengths and areas for improvement in collaboration and integration across the continuum.

Integral Care is the Local Mental Health Authority (LMHA) in Travis County and one of eight LMHAs across the state of Texas designated as a Certified Community Behavioral Health Clinic (CCBHC). Centers with this designation follow state standards based on SAMHSA CCBHC criteria, which require full integration of primary health care, mental health and substance use services. Given the fact that 46% of the 27,842 clients served by Integral Care in fiscal year 2018 had a substance use disorder diagnosis and received Integral Care's integrated service model, it is challenging to parse out the full breadth of substance use services provided across the agency. Some agency efforts that help support the integrated care model include:

- Integral Care's Chief Medical Officer and Associate Medical Director are Board-Certified Addiction Psychiatrists.
- In FY18, Integral Care launched universal substance use screening across the agency. All clients receive SBIRT screening, supported with CRAFFT for adolescents, CAGE for adults and Motivational Interviewing.
- In FY18, Integral Care initiated and developed an integrated care model for people with opioid use disorder. Through a partnership with Central Health and the Community Care Collaborative, Integral Care provides medically assisted treatment to people at the Dove Springs Clinic.
- A SAMHSA grant began funding a new initiative in March 2019. The CCBHC Recovery Navigation Services program provides streamlined access to substance use treatment and service navigation.
- Partnerships with Dell Medical School allow students to do rotations through Integral Care substance use programs and clinics, helping to build a future cadre of health care professionals who understand the importance of integrated health care.

In addition, Integral Care manages the Substance Abuse Managed Services Organization (SAMSO), a network of substance use providers that is funded by the City of Austin and Travis County. These partners provide \$2.4 million to fund services such as intensive residential treatment for youth and adults. 314 people received services through the SAMSO in FY18. The services provided through the SAMSO are not included in the data in the appendices of this report because the agencies providing those services also responded to the survey and that data will be reflected in their numbers.

Impacts of Alcohol, Tobacco and Other Drug Use on Austin/Travis County

The use of alcohol, tobacco and other drugs have a detrimental impact on individuals, families, and the community as a whole. When misused, these substances can cause:

- Premature death;
- Car crashes involving drugs or alcohol that kill or injure people;
- Criminal justice involvement;
- Use of emergency medical services;
- Increased physical and mental illness;
- Devastating impact on people's lives, relationships, families and children;
- Reduced ability to find or keep a job; and
- Difficulty finding and maintaining stable housing.

Local Impact of Alcohol Use

Problematic alcohol use is a concern in Travis County. The rate of binge drinking (i.e., 5 or more drinks for men or 4 or more drinks for women on an occasion in the past 30 days) among adults in Austin has been consistently higher than binge drinking rates in Texas and nationwide.¹⁷ According to the National Highway Traffic Safety Administration, 168 of 592 driving deaths (28%) in Travis County in 2017 involved alcohol impairment. In addition to the cost in life, public intoxication is extremely costly to local government and health systems (see Figure 2 below).¹⁸

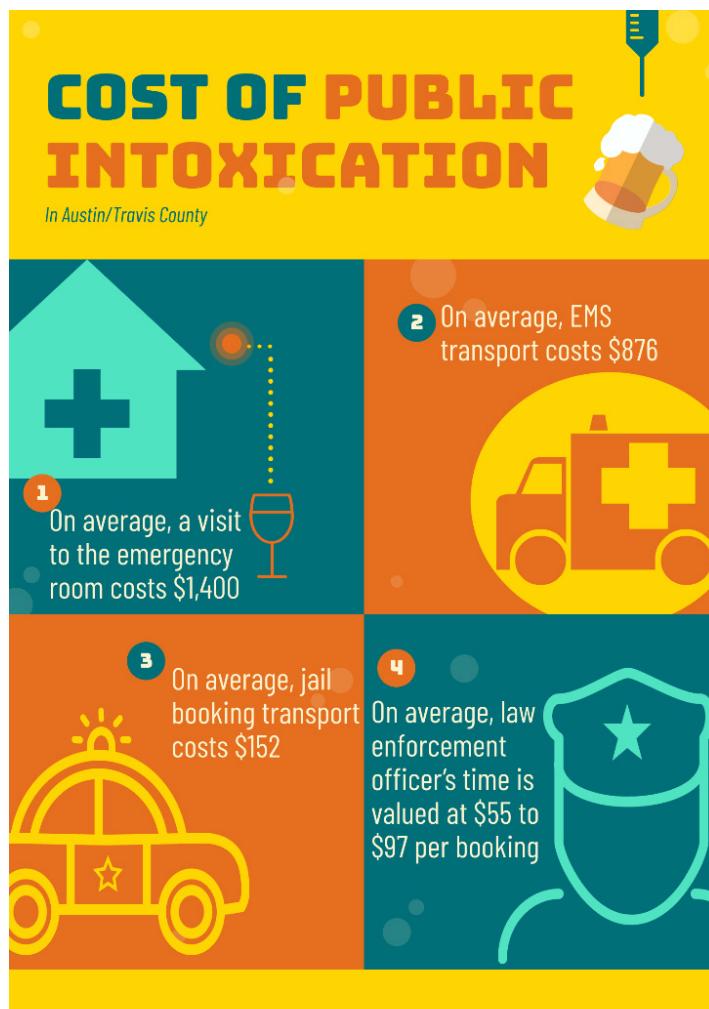


Figure 2. Cost of Public Intoxication¹⁹

Local Impact of Tobacco and E-Cigarette Use

According to Austin Public Health, tobacco is not only the leading cause of preventable death in Austin/Travis County, but causes more deaths in Austin/Travis County than “AIDS, crack, heroin, cocaine, alcohol, car crashes, fire, suicide, and murder – combined.”²⁰ In 2017, an estimated 11.1% of adults in Travis County reported that they are current smokers, with a greater percentage of men (13.4%) reporting being current smokers compared to women (8.7%).²¹ In that same year, just under 1 in 10 children under the age of 15 teens 16 to 17 years old in Texas reported being current users of electronic vapor products (8.8% and 9.2%, respectively).²² School districts report that vaping by high school and secondary students is an increasing concern, especially given recent cases of severe lung disease in youth and young adults who used e-cigarettes. In September 2019, the Texas Department of State Health Services issued a vaping health alert based on the Centers for Disease Control and Prevention report of 94 cases of severe lung disease associated with vaping in 14 states including Texas dating back to late June 2019.²³

Tobacco causes more deaths in Austin/Travis County than AIDS, crack, heroin, cocaine, alcohol, car crashes, fire, suicide and murder – combined.

-Live Tobacco Free Austin

Local Impact of Drug Use

Data from the U.S. Centers for Disease Control and Prevention (CDC) show an overall decrease in drug overdose deaths nationally from 2017-2018, following sharp increase in drug overdose deaths from 2014 to 2017.²⁴ A recent report revealed that opioid-related overdose deaths decreased by five percent from 2017 to 2018 across the U.S.²⁵ However, a recent report by the Travis County Medical Examiner’s Office indicates that drug overdose deaths in Travis County increased by 20% during the same time period, increasing from 188 drug-related deaths in 2017 to 226 deaths in 2018.²⁶ Further, there was a sharp increase in opioid related deaths during this time frame. Concurrently, the Texas Poison Center has also seen an influx in opioid-related exposures.²⁷ An average of 200 calls each year in Travis County are due to exposures to opioids.

In Travis County, there has been an increase in single drug deaths involving illicit or prescription drugs from 2016-2018.²⁸ Additionally, there has been an increase in multiple drug-related deaths involving the simultaneous use of illicit and prescription drugs at the same time. Illicit drug deaths in 2018 were largely attributable to heroin use, followed by use of methamphetamine and cocaine. Alprazolam (a type of benzodiazepine) contributed twice as much to prescription drug related deaths relative to the next in line, hydrocodone, (an opioid) in the same year. For the first time in three years of data, heroin was identified as the deadliest in terms of drug-related deaths, causing 73 deaths.

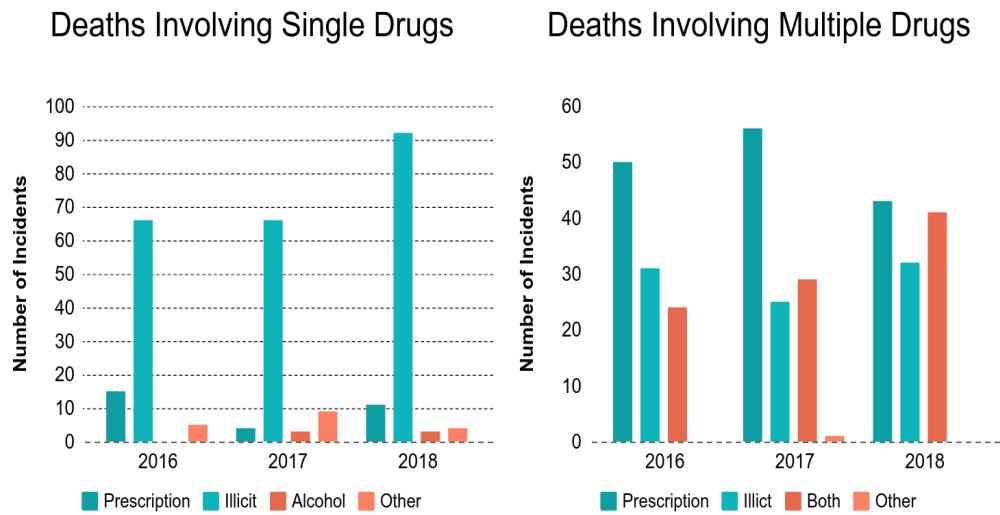


Figure 3. Deaths Involving Single or Multiple Drugs²⁹

In Travis County, men experience drug-related deaths at three times the rate of that of women; and those categorized as White die due to drug-related deaths at more than twice the rate of individuals who were categorized as Black, Hispanic, and Asian combined. This data suggests that research informing prevention, intervention, and treatment efforts address the complexities of polydrug use in addition to single drug use with attention to cultural considerations including gender, race and ethnicity.

Opioid-Related ED Visits, Rate per 100,000 for Select Counties, 2017



Figure 4. Opioid-Related Emergency Room Visits in 2017, Rate per 100,000³⁰

In 2017, Travis County had the highest rate of opioid-related emergency department visits of the five most populous counties in Texas.³¹ As Figure 4 shows, the rate of visits in Travis County was 41.1 per 100,000 people, compared to 22.9 in Harris County and 36.5 in Dallas County.³² More than half (54%) of the 484 opioid-related visits in Travis County involved individuals between the ages of 18 and 44, while a third were individuals between the ages of 45 and 64. Most of those visiting an emergency department for an opioid-related issue were White, over one-third were Hispanic, and only six percent were Black.

In 2016, there were 444 drug overdose hospital discharges in Travis County.³³ The most common drugs involved in these cases were opioids (19.8%), benzodiazepines (17.1%), and methamphetamines (5%).³⁴ Sixteen percent of these discharges were younger than 18, 44% were adults ages 18-44, and 29% were aged 45-64. Whites and Hispanics were the racial/ethnic groups that made up the greatest percentage of hospitalizations for any drug (as well as opioids and heroin, specifically) relative to other racial/ethnic groups.

Impact on Health Care and Criminal Justice Systems

Substance use often brings people into contact with law enforcement and the criminal justice systems. In 2018, the Austin Police Department (APD) reported 4,148 driving while intoxicated (DWI) incidents and 5,993 narcotics-related offenses. The number of APD narcotics-related reported offenses decreased by nearly one-quarter from 2017 to 2018. However, narcotics-related offenses still constituted six percent of all reported offenses in 2018.³⁵

In June 2018, the Austin City Council unanimously approved Resolution 73 of the Freedom Cities Act addressing racial disparities in discretionary arrests for misdemeanor offenses.³⁶ Indeed, APD has reported a substantial decrease in custodial arrests, although these statistics have been interpreted as still reflecting racial disproportionality in arrests that disadvantage people of color.³⁷

Austin/Travis County may experience a further drop in misdemeanor marijuana possession charges, an unintended consequence of House Bill 1325, which defines illegal amounts of THC even though law enforcement are not yet equipped to assess THC content efficiently.³⁸ Since the passage of Bill 1325, 32 felony marijuana possession charges have been overturned and over 200 misdemeanor marijuana charges have been dismissed in Travis County.³⁹

Experts in Austin have long recognized that public health systems are more effective than emergency care or criminal justice interventions at addressing substance use and its effects. Additionally, a client-centered continuum of care structure costs individuals, organizations and the public less than emergency room visits and stints in jail. For example, the national economic toll of opioid abuse is \$78.5 billion per year in lost productivity, prescription drug abuse, hospitalizations, and emergency room utilization.⁴⁰

The Sobering Center, established and opened in October 2018 with financial support from the City of Austin and Travis County, provides law enforcement an alternative to time-consuming and resource-intensive public intoxication arrests and bookings. The mission of the Sobering Center is to enhance public health and safety by providing an alternative to the emergency department and jail for publicly intoxicated individuals to safely sober, and, when appropriate, provide a safe environment to initiate recovery.

In addition to reducing the burden on communities, addressing substance use issues of persons at-risk or with a history of criminal justice involvement has the potential to off-set the consequences of criminal justice involvement – loss of housing, current and future employment, social connections, and behavioral healthcare. In response to research indicating the personal and community costs of relying on jails as an alternative to behavioral health care, the Substance Abuse and Mental Health Services Administration (SAMHSA) has released a research-based guide on principles of adequate community-based care for justice-involved individuals.⁴¹

Recent Local Response and Planning

The Austin/Travis County Community Health Improvement Plan (CHIP) is the community's comprehensive health planning initiative.⁴² Informed by the most recent Community Health Assessment (CHA),⁴³ released in September 2017, the 2018 CHIP outlines four priorities to promote the general health of the Austin/Travis County community (see Table 1 below⁴⁴):

Table 1: CHIP Priority Areas

Priority Area	Recommended Objective Topics	Cross-Cutting Strategies
Priority 1: Access to and Affordability of Healthcare	<ul style="list-style-type: none">• Preventative Services• Physical Access	<ul style="list-style-type: none">• Transportation• Socioeconomic Inequalities
Priority 2: Health Outcomes and Disparities with a focus on Chronic Disease Risk Factors and Community Based Disease Model	<ul style="list-style-type: none">• Primary and Secondary Prevention	<ul style="list-style-type: none">• Cultural Competency• Education
Priority 3: Health Outcomes and Disparities with a focus on Sexual Health	<ul style="list-style-type: none">• Teen Pregnancy and specific related health risks for younger teens and their babies	<ul style="list-style-type: none">• Cultural competency• Education
Priority 4: Stress, Mental Health, and Wellbeing	<ul style="list-style-type: none">• Lack of mental health providers and resources• Substance abuse with focus on binge drinking	<ul style="list-style-type: none">• Workforce development• Stigma and societal norms

Several of the CHIP priorities have direct relevance to ATOD-related efforts in Austin/Travis County. In addition to increasing capacity of preventative services, the CHIP identifies the following cross-cutting strategies: transportation, socioeconomic inequities, cultural competency, and education – all of which have relevance to ATOD-related activities.

Priority Area 4 of the CHIP, which focuses on Mental Health and Well-Being, is especially relevant. The objectives are:

1. By 2023, decrease by 10% the incidence of binge drinking and other substance use disorders among Travis County residents.
2. By 2023, increase by 10% the number of system providers (school, health care, etc.) who assess for adverse childhood experiences (ACEs) and refer to community supports.
3. By 2023, increase by 10% the proportion of adults aged 18 and up who receive treatment or specialty treatment for substance use disorder or dependency with a focus on geographic equity.

A Work Group is working to implement these objectives. Completion of the ATOD needs assessment and subsequent community planning around this issue will be instrumental in the community's ability to make progress on the first and third objective. The Work Group has collaborated with Kids Living Well, which is implementing the Travis County Plan for Children's Mental Health, to work on the second objective. Physicians who screen for trauma and adverse childhood experiences have specifically asked for local resource sheets on substance use disorder that they can share with their patients when screenings indicate a need. This can lead to earlier identification of substance use issues and earlier connections to treatment.

In response to the opioid crisis, the Austin City Council passed the City of Austin Opioid Resolution (No. 20180524-038) on May 24, 2018, which makes formal recommendations that the City Manager focus on the following "critical needs" regarding substance use issues in Austin/Travis County:

- Increased epidemiological surveillance and monitoring;
- Public education and health promotion;

- Evidence-based prevention and harm reduction activities;
- Criminal justice diversion programs;
- Increased funding for a range of treatment and recovery options;
- Naloxone kits and first-response training; and
- Other best practices identified through interdepartmental and regional collaboration.

Additionally, Integral Care, the Travis County local mental health authority, recently received designation by the State of Texas as a Certified Community Behavioral Health Clinic (CCBHC).⁴⁵ Supported by SAMHSA, this certification aims to encourage the full integration of primary care, mental health care and substance use disorder services. SAMHSA champions this integrated care model for its efficacy in creating a more efficient and coordinated service delivery system.

In 2019, the Travis County Commissioners Court directed Travis County Health and Human Services to engage community stakeholders with the intent to improve the planning, coordination, and investment in SUD service provision in our community. In April, Travis County hosted a community forum on substance use planning, coordination, and investment. Stakeholders provided their perspectives on current ATOD conditions in Austin/Travis County and identified barriers and challenges, tools and assets, and the need to better plan, coordinate and invest in SUD solutions. A summary of the feedback received is outlined in the table on the next page.

Table 2. Stakeholder Feedback from April 2019 Travis County SUD Feedback Session

Issue Identified	Description
Community Context	Efforts to address SUD in our community are hindered by a range of conditions in the broader community, some of which serve to support an environment conducive to substance use, while others create barriers to service.
Data Sharing and Information Systems	Efforts to address SUD in our community are hindered by significant gaps in the data we have regarding SUD and by our inability to effectively share what data we do have. Lessons learned from other human service issues (e.g., ECHO) may point to viable solutions.
Rules, Regulations, and Policies	Efforts to address SUD in our community are hindered by policies, rules, and regulations that constrain who can access services, what services are available, and how much capacity is present.
Public Awareness	Efforts to address SUD in our community are hindered by a lack of awareness in the broader community regarding the causes, effects and costs of SUD. In addition, individuals/families dealing with SUD frequently lack knowledge regarding how to find appropriate services.
Effective Coordination of Services	Efforts to address SUD in our community are hindered by a lack of coordination among services that make it difficult for those in need to access appropriate services and limit the ability of service providers to align their efforts for greatest impact.
Insurance Coverage	Efforts to address SUD in our community are hindered by the lack of adequate coverage for SUD services under many health insurance programs.
Funding	Efforts to address SUD in our community are hindered by the shortage of resources across the full ranges of SUD services: education, prevention, harm reduction, intervention and treatment.
Interplay Between Criminal Justice and SUD	Efforts to address SUD in our community are hindered by the outsized role the justice system plays in the community's response to these issues. Criminalization of SUD drives funding for SUD into the correctional system and create significant barriers to recovery.
Quality of Service Delivery	Efforts to address SUD in our community are hindered by inconsistencies in the quality and appropriateness of services that individuals/families can access due to waitlists, insurance coverage, and program specific restrictions.
Differing Philosophical Approaches	Efforts to address SUD in our community are hindered by divergent opinions within the field regarding the most appropriate approaches to address SUD ranging from harm-reduction, to medication assisted treatment, peer support, to intervention and treatment.
Needs Assessment	Efforts to address SUD in our community are hindered because we do not have a full and clear understanding of the needs, assets, and gaps that are present in our community. Appropriate allocation of resources is dependent upon completion of this step.
System Coordination of Resources	Efforts to address SUD in our community are hindered by a lack of coordination in how and what new resources are pursued. Local efforts tend to be competitive, rather than cooperative, limiting the benefit to the community as a whole.
Gaps in the Service Continuum	Efforts to address SUD in our community are hindered by significant gaps and deficits across the desired continuum of services. Additionally, there is a need for community consensus on what is the optimal continuum of services and supports for SUD.
Decision-Making and Governance	Efforts to address SUD in our community are hindered by decentralized decision-making that is driven by population of service specific interests rather than by a shared understanding of community needs and priorities documented in a plan

Key Findings

This section outlines key findings in the six domains identified as core ATOD-related activities in Austin/Travis County: Prevention, Intervention/Harm Reduction, Treatment, Recovery Support Services, Coalitions & Collaborations, and Research. For more information on the process of developing these domains, see the Methodology section in Appendix B.

PREVENTION

Overview

SAMHSA defines prevention approaches as those that focus on helping people develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors.⁴⁶ For the purposes of this assessment, prevention is defined as activities focused on helping people develop the knowledge, attitudes, and skills they need to prevent substance use problems.

The Center for Disease Control and Prevention (CDC) offers the following definitions of prevention sub-categories:

- **Secondary prevention** - screening to identify diseases in the earliest stages, before the onset of signs and symptoms (e.g., the Screening, Brief Intervention, and Referral to Treatment [SBIRT] tool; intervention/harm reduction may also fall into this category)
- **Tertiary prevention** - managing disease post-diagnosis to slow or stop disease progression (e.g., prevention of recurrence of substance use and congruent with treatment and recovery; re-intervention and harm reduction may also be included in tertiary prevention)

Strategic Prevention Framework

SAMHSA's strategic prevention framework (SPF) supports communities in designing and implementing a comprehensive prevention system (see Figure 5).⁴⁷ The framework is specifically designed to assist community coalitions in engaging in data-driven strategic planning.



Figure 5. SAMHSA's Strategic Prevention Framework (SPF)⁴⁸

SAMHSA outlines five steps and two guiding principles for SFP implementation:

Steps:

1. **Assess Need** – Identify pressing substance use and related problems and their contributing factors and assess community resources and readiness to address these factors.
2. **Build Capacity** – identify resources and build readiness to address substance use and misuse.
3. **Plan** – Form a plan for addressing priority problems and achieving prevention goals.
4. **Implement** – Deliver evidence-based interventions.
5. **Evaluation** – Quantify the challenges and successes of implementing a prevention program.

Guiding Principles

- **Cultural Competence** – The ability to interact effectively with people of different cultures to ensure the needs of all community are addressed.
- **Sustainability** – Sustain prevention outcomes by building stakeholder support for your program, showing and sharing results, and obtaining steady funding.

State & Local Context

The availability of prevention services is best understood within the broader context of community and statewide efforts, as there have been substantial improvements over the last several years in the availability and accessibility of prevention resources for youth and adults.

Governor Abbott signed Senate Bill 21 into law in June 2019, which raises the statewide minimum legal age to purchase tobacco from 18 to 21, effective September 1, 2019.⁴⁹ The law applies to cigarettes, e-cigarettes (i.e. vaping pens), and other tobacco products. People with a valid military I.D. are excluded and can purchase tobacco products at age 18. The goal of the law is to reduce early addiction to tobacco and nicotine products by creating more “social distance” between youth and of-age consumers.

Regarding tobacco prevention locally, Austin Public Health was approved for an 1115 Waiver Delivery System Reform Incentive Payment (DSRIP) to launch a targeted media campaign and response to high rates of tobacco use among young adults, ages 18 to 24. During the timeline of the project, smoking prevalence⁵⁰ among this age group dropped from 14.9% to 7.4% over the course of the project (2011-2014).

Other drug-specific prevention efforts include the Texas Harm Reduction Alliance (THRA)’s Austin Overdose Prevention Services which provides mobile-and-street-based outreach by persons with lived experience with opioid addiction for persons at risk for opioid overdose.⁵¹ Services are funded by a state grant administered by the University of Texas – San Antonio and include provision of Naloxone, Hepatitis C testing, and linkage to MAT (MAT) for persons who use drugs.

The Texas Prescription Monitoring Program (PMP) is a collaboration between the University of Texas (UT) Health Center for Health Communication and the Texas Health and Human Services Commission (HHSC).⁵² The PMP is a database prescribers and pharmacies are required to use to document data on prescriptions for Schedule II, III, IV, and V Controlled Substances dispensed to Texas residents in Texas and in other states. Currently, all licensed pharmacies in Texas are required to enter distribution data no later than the next business day. Beginning March 1, 2020, all pharmacists and prescribers will be required to check this database before distributing any of the following drugs: opioids, benzodiazepines, barbiturates and carisoprodol (muscle relaxant).

Healthcare organizations both nationally and locally are also changing prescribing practices, especially those of opioids. As the graph on the next page shows, the opioid prescription rate per every 100 people has been declining since 2012. Travis County’s prescription rate was 72.3 in 2007 and 2008 but declined to 45.6 prescriptions in 2017.

National, State and Local Opioid Prescription Rates

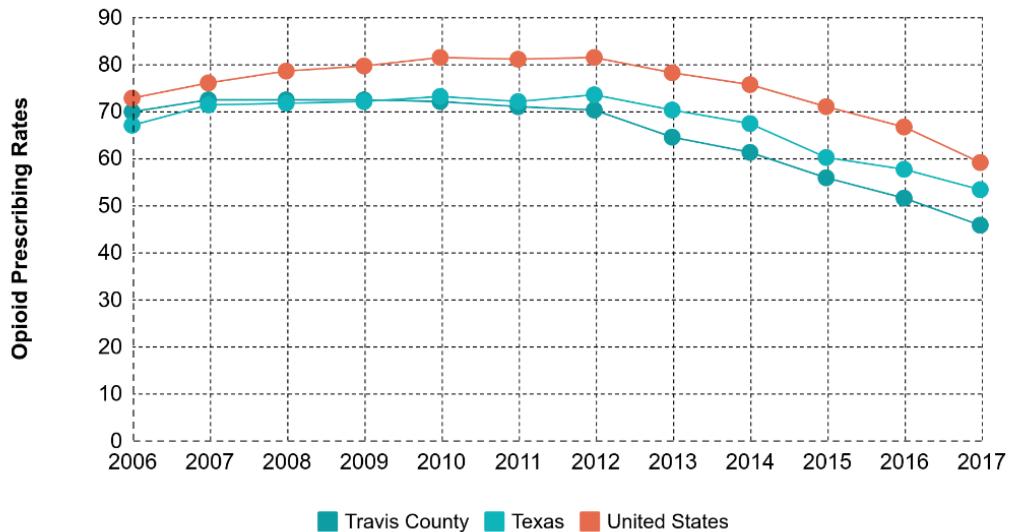


Figure 6. National, State and Local Opioid Prescription Rates, per 100 Residents

Source: U.S. Opioid Prescribing Rate Maps, CDC⁵³

The Comprehensive Pain Management clinic at UT Health Austin takes a holistic approach to addressing chronic pain with an intentional de-emphasis on opioid use. The clinic uses alternative/companion methods of care such as mindfulness, exercise and other treatment modalities.⁵⁴

Further, providers are increasingly adopting the Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool as recommended by the 2015 Travis County SUD Plan. Integral Care has embedded SBIRT in its intake and referral process for services across the organization's continuum of care. CommUnity Care and Lone Star Circle of Care are utilizing SBIRT in some primary care settings for populations with complex care needs.⁵⁵ Early screening by more healthcare providers can help prevent addiction and help them receive treatment earlier.

Early Prevention Is Essential: Youth-Focused Prevention Services in Austin/Travis County

One of the most effective strategies for managing substance use is to discourage it before it fully develops. Research and best practices show that early prevention is crucial, especially for youth at times of transition, such as moving from middle school to high school or experiencing the divorce of parents. In fact, the average age of first use of alcohol and marijuana is 12 and 14, respectively. Nearly half of the youth who drink alcohol before the age of 14 later develop alcohol dependence, compared to nine percent of people who waited to drink until the legal age of 21.⁵⁶

Indeed, the need for youth-focused prevention activities is especially imperative in Austin/Travis County. The number of children in Travis County is increasing steadily year-over-year. In 2010, there were an estimated 169,435 children between the ages of zero and 17 in Travis County. By 2017, there were 193,724, a 13% increase.⁵⁷ Additionally, the colleges and universities in the region enroll nearly 180,000 students, many of whom are emerging adults who encounter substances for the first time at college.⁵⁸ Given the large number of youth, adolescents, and emerging adults in Austin/Travis County, a robust, age-appropriate, and culturally relevant suite of prevention services must continue to be developed and offered to young people in the region.

A major asset of the Austin/Travis County community is the innovation in youth-specific programs that focus on elementary school through college. The Travis County Youth Substance Abuse Prevention Coalition (YSAPC) formed in August 2013 in response to a decrease among youth of the perceptions of harms associated with substance use and a concurrent rise in substance use. Since its inception, TCYSAPC has hosted summits on youth prevention-related topics and served as an expert educational resource for local school districts.

During a YSAPC summit in 2019, Children's Optimal Health presented on county-specific substance use trends in Austin/Travis County, as well as geographic mapping of youth's perceptions of harms associated with substance use across the county. Similar data mapping technology might be useful in evaluating and developing similar targeted prevention, intervention, and harm reduction strategies across demographic populations.

At the collegiate level, administrators, educators, and students are developing innovative initiatives to curb substance misuse. For decades, the college experience has been strongly associated with harmful substance usage. In fact, the Center on Addiction, a national nonprofit organization that seeks to transform how the U.S. addresses addiction, recently reported that there has been no change between 1993 and now in the proportion of college students who drink alcohol (70%) and binge drink (40%).⁵⁹ Marijuana usage has doubled, and the proportion of college students who use cocaine or heroin has increased by 52%.

The University of Texas at Austin Center for Substance Misuse Prevention and Wellness launched the SHIFTing the Campus Culture around Substance Misuse program. SHIFTing program engages a variety of campus stakeholders, many of whom have not been included in previous prevention activities. Researchers, professors, resident advisory and student leaders all play critical roles in identifying problematic substance use, educating students on substance misuse, and connecting students to relevant support. The creators of the SHIFTing program expect it to become a national model of holistic prevention activities aimed at college-aged individuals.

Survey Responses

Availability and accessibility of the current prevention service landscape were assessed based primarily on survey data collected from prevention service providers in Austin/Travis County. Numbers and figures are based on a sample of 28 organizations (see Appendix C for a detailed list of respondents).

Availability of Prevention Services

Survey responses indicate that there are a wide variety of prevention services and activities operating in Austin/Travis County across all levels: primary, secondary, and tertiary. In total, survey respondents report that their activities reached 20,738 individuals with tobacco-specific prevention services and 29,545 individuals with drug and/or alcohol-related prevention services in fiscal year 2018 (these numbers are potentially duplicated and should not be interpreted as individual, unique cases).

Primary prevention efforts: Primary prevention efforts are generally inclusion of education programs, such as those delivered in the school system that educate youth on the consequences of substance use.

Secondary prevention efforts: Secondary prevention efforts are inclusive of those activities that focus on early identification of potential substance use issues. Several survey respondents report providing screening and assessment, although the medium by which these activities are performed vary: The most commonly cited tools were the screening, brief intervention and referral to treatment (SBIRT), American Society of Addiction Medicine criteria (ASAM), and the Recovery Capital Scale.

Tertiary prevention efforts: Tertiary prevention efforts are broadly defined as those aimed at preventing the reoccurrence of substance use, such as treatment, recovery support services (RSS), and re-intervention and harm reduction. Later sections, relative to these activity areas, include more detailed information about the availability of these efforts.

Survey respondents identified Texas Health and Human Services Commission (HHSC) funding to local youth substance use prevention services as a major asset to providers and individuals they serve.

Unfortunately, most local grantees of state-funded prevention funding recently learned that their prevention funding would not be renewed or would be significantly decreased, causing concern for the continued availability of school-based and community-based substance use prevention services. As of the writing of this report in September 2019, HHSC has not provided official communication to grantees about the rationale or criteria relating to these significant decreases in funding in Austin/Travis County.

Previous to the announcements of the state prevention funding cuts, survey respondents were asked to identify where there are gaps in the prevention service sector. Despite a seemingly robust prevention services sector, respondents identified an enduring need for additional capacity in all three areas of prevention: primary, secondary and tertiary.

Despite an expressed need in the survey for more information about best practices and the efficacy data relative to existing prevention services, planning efforts in Austin/Travis County are limited by variable data collection methods and limited collaboration among prevention-focused providers. Survey respondents attribute their own challenges to assessing need and efficacy to limited data in the following domains:

- Reports on needs, service gaps, and best practices
- Research on health professional training gaps
- SBIRT outcomes data
- Identification and evaluation of preventive services generally and locally
- School-level data: Either not being shared or information is gathered using variable tools/instruments

Indeed, even with a unified data collection effort across relevant entities, isolating prevention efforts as the cause of non-initiation of substances is complicated. Still, there is potential to build on existing efforts to assess and identify risk factors and actual substance use patterns across the county and to utilize mapping techniques to identify geographic and demographic trends in substance misuse.



At a Glance: Prevention Activities in Austin/Travis County

By the Numbers:

28

Respondents provided information about prevention activities*

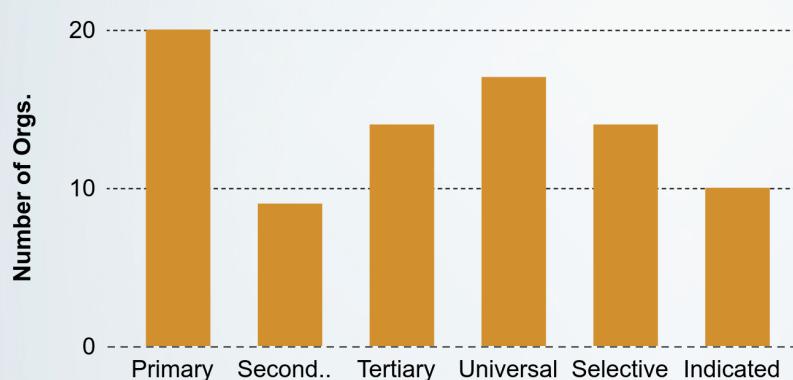
20,738

Individuals received tobacco-specific prevention services in FY '18

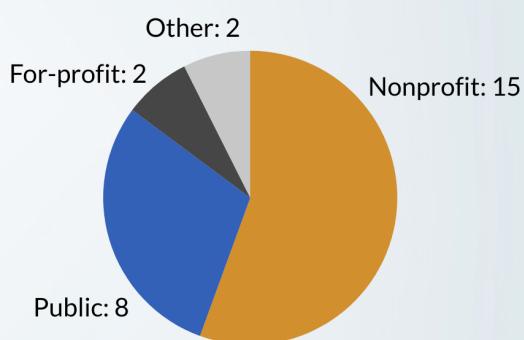
29,545

Individuals received alcohol- or other drug-specific prevention services in FY '18

Types & Nature of Prevention Activities
(By Number of Organizations)



Business Structure of Providers



Demographic Groups Most Commonly Served
(By Number of Organizations)



Men: 11



Women: 11



Women with children: 10



School-aged children: 8



Adolescents: 17



General population: 7

Types of Direct Prevention Services Provided
(By Number of Organizations)

20

Education

9

Screening &
Assessment

15

Service
Referral

4

Hotline/Crisis
intervention

14

Resource
Provision

Accessibility of Prevention Services

Prevention services are unique in their intentional and disproportionate focus on children and youth, relative to other activity areas. In Austin/Travis County, survey respondents recognize that a youth-focused prevention service sector is a unique and critical element. Youth-focused prevention coalitions such as the University High School and the Youth Recovery Network, and programs such as YSAPC, engage students as early as elementary school and provide services to youth through college.

Language accommodations are another area by which prevention services can be evaluated as accessible to Austin/Travis County residents and service providers. In 2017, an estimated 23.1% of Austin/Travis County residents were identified as non-English Spanish speakers.⁶⁰ While a majority of prevention service providers report that they can accommodate languages other than English, not all have the capacity. One key informant revealed that the ability to provide prevention training and education to providers is largely limited to English-speakers but that local efforts are underway to write a curriculum that is accessible to individuals who speak languages other than English.

Financial ability to access prevention services may also serve as a barrier to low-income populations. Fortunately, most prevention providers report that they do not charge a fee for services or are subsidized by insurance or state or county programs (note the survey responses were recorded previous to decreases in state prevention grant funding).

Survey respondents also recognize the specific need for greater involvement of marginalized communities – such as communities of color – in the design and implementation of prevention services. Inclusion of multiple identities is also critical to designing accessible prevention services.

PREVENTION: KEY FINDINGS

Austin/Travis County has numerous prevention services available to residents. Survey respondents identified the unique climate in Austin/Travis County that supports a public health response to substance use issues as a critical asset. Further evaluation and community planning efforts can be improved through the alignment of data collection efforts, greater intra-organizational collaboration, and inclusion of marginalized populations in improving an already robust prevention service sector, including the following:

- **Coordinated data efforts:** There is an enduring need to coordinate information gathering efforts across institutions and services to assess need by demographic characteristics, substance use type, and geographic location.
- **Increased collaboration:** There are numerous prevention efforts in Austin/Travis County; yet, service providers in this realm recognize a need for strengthened collaboration across groups serving similar populations.
- **Screening & Assessment:** While complex healthcare organizations are readily adopting the use of a validated assessment and screening tool, SBIRT, identification practices are disparate across service providers.
- **Accommodating cultural differences:** Austin/Travis County is diverse with respect to racial and ethnic identity and spoken languages other than English. Service providers would like community planning efforts to be inclusive of those individuals whom may be accessing substance use services.

Intervention/Harm Reduction Overview

SAMHSA defines intervention as the ability to provide a range of brief, focused prevention, treatment and recovery services, as well as longer-term treatment and support for consumers with persistent illnesses. Examples include motivational interventions; health promotion and wellness services; health education; crisis intervention; brief treatments for mental health and substance use problems; and overdose prevention.

The Drug Policy Alliance defines harm reduction⁶¹ as a set of ideas and interventions that seek to reduce the harms associated with both drug use and ineffective, racialized drug policies.⁶² Harm reduction stands in stark contrast to a punitive approach to problematic drug use—it is based on acknowledging the dignity and humanity of people who use drugs and bringing them into a community of care in order to minimize negative consequences and promote optimal health and social inclusion.

Intervention/Harm Reduction was defined in the needs assessment survey as activities intended to minimize negative consequences associated with ATOD use through brief, focused interventions that do not require them to stop using ATOD as a precondition of support.

National Context

Despite increased attention to the value of harm reduction services, a lingering tension exists among the advocates of abstinence-based addiction treatment and recovery (AATR) and those that support harm reduction. It is not within the scope of this report to completely unpack the opposing arguments but to acknowledge that this tension can create barriers in community planning efforts.

In addition to the complexities of integrating the healthcare and substance use treatment systems, facilitating collaboration between advocates of both AART and harm reduction can pose its own challenges. Philadelphia is one case example of where healthcare leadership has approached this challenge of creating an integrated system that respects both the values of AATR and harm reduction.⁶³ Four areas of integration in Philadelphia's integrated system include: "1) assertive outreach and low-threshold service access points, 2) recovery-oriented methadone maintenance, 3) needle and syringe exchange programs that integrate both harm reduction and recovery goals and principles, and 4) Housing First programs (housing not contingent on abstinence).

State & Local Context

Senate Bill 1462, passed in 2015, recognizes the value of intervention and harm reduction services.⁶⁴ The bill allows emergency services personnel and health care professionals to prescribe, administer, and possess life-saving drugs that can be used to reverse or halt the progression of an opioid-related overdose (e.g. naloxone). The legislation also limits liability assumed by the administrator of the overdose reversal drug, thus protecting persons who might help save the life of someone experiencing an opioid overdose.

During the 2019 Texas Legislative Session, House Bill 1722 was introduced which, if passed, would have required the Texas Department of State Health Services to permit counties to operate syringe exchange programs.⁶⁵ The bill received strong support from stakeholders, including the Texas Harm Reduction Alliance, the Texas Medical Association, the National Alliance on Mental Health Illness (NAMI) Texas, the Travis County Commissioners Court, and the Houston Office of the Mayor. Witnesses who testified in support of the bill convinced legislators of the life-saving opportunities achieved syringe exchange programs. The bill passed out of committee but did not receive a vote on the House floor. Given that similar bills have been introduced in multiple previous legislative sessions, it is notable that it was passed out of committee during this session and reflects a renewed interest in dialogue surrounding intervention/harm reduction at the state level.

Another bill that would have allowed women access to Medicaid for a full year after birth was passed by the House, but did not advance after not receiving a public hearing in the Senate. Roughly half of births in Texas are paid for by Medicaid, but new mothers lose the government-subsidized coverage two months after delivery — a critical time to have access to health care, according to the 2018 report

by the state's Maternal Mortality and Morbidity Task Force.⁶⁶ Given that drug overdose is one of the most common causes of death for Texas women during pregnancy and in the postpartum period, this was a missed opportunity to offer intervention strategies to a highly vulnerable population.⁶⁷

Additionally, there have been a multitude of recent local efforts to educate the public and improve intervention efforts related to mitigating the harmful effects of substance use:

Community wide awareness, training and distribution of life-saving drugs:

- The Texas Overdose Naloxone Initiative (TONI) and Operation Naloxone⁶⁸ at UT-Austin have worked to expand awareness and training in the use of Naloxone among first responders and those most likely to encounter people experiencing an opioid overdose throughout the state.
- Between 2018-19, Operation Naloxone provided training opportunities (in-person & online) and overdose materials to 478 health professionals. Through passive reporting channels, Operation Naloxone was able to conservatively estimate their impact as preventing 132 overdoses in Texas.
- All Travis County first responders and most law enforcement officers now carry Naloxone. Austin/Travis County EMS Community Health Paramedics routinely follow-up with people to whom they administer Naloxone. Paramedics share doses of the overdose prevention medication with the person who experienced the overdose, instructing them on how to use the medication in the case of another overdose. Paramedics also engage the person who overdosed to assess their readiness to connect to recovery resources.
- Communities for Recovery offers free Naloxone training to the public.
- Integral Care has implemented overdose education and Naloxone distribution throughout its service programs, crisis programs, and community-based and mobile services.
- Travis County Jail medical staff receive training in overdose assessment and naloxone administration. The jail is considering a class for family and friends in the future.
- The Travis County Sheriff's Office (TCSO) has completed online trainings for overdose assessment and intervention.
- Technical assistance providers Cardea and Altarum hosted two six-hour trainings for Austin Public Health's Women Infant and Children (WIC) staff to help them identify women who may have an opioid use disorder so that they can refer these women to appropriate community resources.

Outreach: Austin Harm Reduction Coalition (AHRC) is a non-profit volunteer-driven organization that offers a promising model of how to deliver crucial intervention and harm reduction services while engaging people who are active in their substance use. The group provides syringe access services, antidotes to overdoses (e.g. naloxone), medical services, education, and linkages to treatment. Because AHRC runs a mobile outreach program, the organization reaches vulnerable populations that have historically been underserved, such as people experiencing homelessness and Black and Latinx intravenous drug users. By carefully building relationships with local law enforcement and other community partners, the organization is decreasing stigma around substance use and harm reduction.

Sobering Center: The Sobering Center opened in Austin in October 2018 to provide a safe place for people who are publicly intoxicated to sober up and, if appropriate, initiate the recovery process. The Center aims to enhance public health and safety by providing a 24/7 alternative to the emergency room or jail. The Center collects data on the people who are brought to the facility by law enforcement. The data will expand knowledge of the substance use issues and treatment needs in the Austin/Travis County community.

B-Team: Dell Medical School's Buprenorphine Team (B-Team) works with hospital staff to reduce stigma around opioid use disorder (OUD). The B-Team works with clinical staff to provide MAT and detox assistance to people who enter the hospital for a medical condition but also have OUD. The B-Team partners with Integral Care to connect patients who wish to pursue recovery to ongoing MAT treatment and therapy after release from the hospital. The goal is to have fewer patients leaving hospital against medical advice and more patients pursuing recovery treatment after being discharged from the hospital.⁶⁹

Tobacco Cessation: Beginning in 2013, Austin Public Health/Live Tobacco Free Austin developed an intervention that sought to increase enrollment in SmokefreeTXT (a free text message-based cessation support program) through targeted media campaigns targeted at young adults (18 to 24) and adjusted on an annual cycle. In addition, Live Tobacco Free Austin recently launched a campaign to decrease the use of menthol cigarettes, especially among African Americans.

Taking Texas Tobacco Free: Integral Care is a project partner, along with the University of Houston, in the Taking Texas Tobacco Free Project. This project began in 2016 and is funded through the Cancer Prevention Research Institute of Texas. The mission of Taking Texas Tobacco Free is to promote wellness among Texans by collaborating with healthcare organizations to build capacity for system-wide, sustainable initiatives that will reduce tobacco use and secondhand smoke exposure among employees, consumers, and visitors. Taking Texas Tobacco Free has worked with Mental Health and Substance Use Centers across Texas by aiding in the development of tobacco free workplace policies and procedures as well as the integration of tobacco treatment services into clinical practices.

Housing First: Integral Care's Terrace at Oak Springs is a 50-unit permanent supportive apartment community with onsite support services alongside an integrated primary and mental health care clinic. The Terrace at Oak Springs is modeled after other successful Housing First programs across the country and the first of its kind in Central Texas. Beginning in the fall of 2019, fifty individuals, 25 of whom will be Veterans, will make Terrace at Oak Springs their home. This apartment community, staffed 24/7, is for adults who have experienced chronic homelessness and also live with a mental illness, substance use disorder and/or other chronic health condition.

Survey Responses

Availability and accessibility of the current intervention/harm reduction service landscape were assessed based primarily on survey data collected from intervention/harm reduction service providers and key informants in Austin/Travis County. Numbers and figures are based on a sample of 22 organizations (see Appendix C for a detailed list of respondents).

Availability of Intervention/Harm Reduction Services

Intervention and harm reduction services are inclusive of an array of activities. Examples include motivational interviewing, health promotion and wellness services, health education, crisis intervention, brief treatments for mental health and substance use problems, and the administration and distribution of Naloxone, or similar medications, that can reverse opioid overdoses. The most commonly provided services listed by service providers completing the survey were brief intervention, health education and health and wellness services.

Survey respondents estimate that their respective organizations reached a combined total of 1,500 clients with tobacco-specific services and 1,311 clients with drug-specific intervention and harm reduction services in fiscal year 2018 (these numbers are potentially duplicated and should not be interpreted as individual, unique cases).

In Austin/Travis County, harm reduction and intervention services are delivered in multiple settings and to diverse target audiences. APD, for instance, has the option to divert individuals who would otherwise be booked for public intoxication to the Sobering Center. The Texas Overdose Naloxone Initiative (TONI) provides training to service providers as to how best intervene with someone who is at-risk or experiencing an overdose.

Many of the survey respondents report that they provide screening and assessment as a component of their service provision. These tools, however, varied across organizations. The most common tools reported in the survey were DSM-V criteria and SBIRT.

Survey respondents noted gaps in availability of intervention and harm reduction services. A few organizations reported that they currently have a waitlist for services, and for some, this wait exceeds one month. This is an indication that the demand for specific intervention/harm reduction services outweighs current service capacity.

Austin/Travis County was described as unique in its openness and willingness to embrace intervention/harm reduction philosophy: "We operate in a climate that is uniquely amenable to

Harm Reduction compared to the rest of the state... we have community-based organizations that are willing to implement the Harm Reduction philosophy," offered one respondent. Yet, although harm reduction services are becoming more available in the region, some survey respondents recognized areas for improvement in accessibility of activities, "[Harm reduction/intervention services are] growing quickly... We have more services available, but they are not readily known" (survey response).

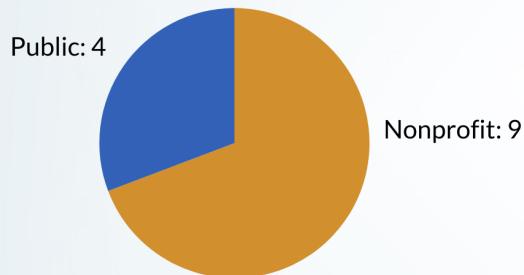


At a Glance: Intervention/Harm Reduction Activities in Austin/Travis County

By the Numbers:

- 22** Respondents provided information about intervention/harm reduction activities*
- 1,500** Individuals received tobacco-specific intervention/harm reduction services in FY '18
- 1,311** Individuals received alcohol- or other drug-specific intervention/harm reduction services in FY '18

Business Structure of Providers



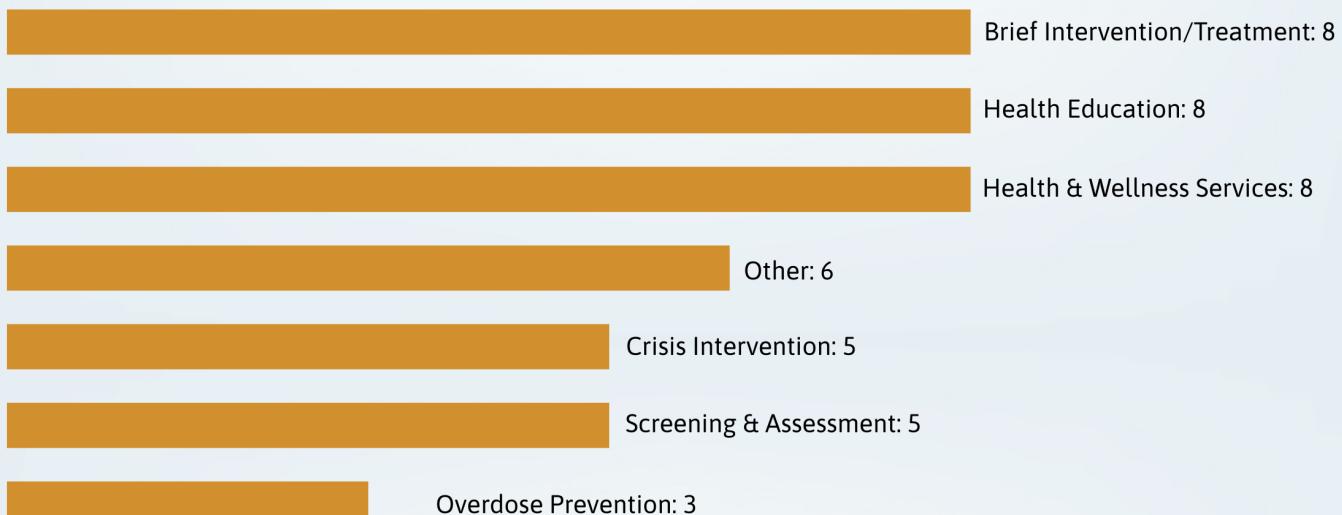
Populations That Most Commonly Access Services

- People with co-occurring mental health conditions
- People who use opioids
- People with low-incomes
- People experiencing homelessness
- People living with HIV/AIDS
- Pregnant women
- LGBT individuals

Demographic Groups Most Commonly Served (By Number of Organizations)



Types of Intervention/Harm Reduction Activities (By Number of Organizations)



*Note: All information displayed is based on survey data from 22 respondents and is not necessarily reflective of all intervention/harm reduction activities in Austin/Travis County.

Accessibility of Intervention/Harm Reduction Services

Harm reduction services may provide an entry point to the recovery continuum of care if they are accessible and available to the general public. According to the socio-ecological framework, the availability and accessibility of harm reduction activities are as crucial to an individual's recovery process as the other components of the continuum of care. However, key informants report that harm reduction has received only marginal inclusion in community planning efforts, "because what they are doing is a grey area." By consequence, the voices of the population they serve – namely those that are not yet ready for treatment – may not receive the same consideration in community planning efforts.

Harm reduction/intervention providers report that individuals accessing their services are most commonly people with co-occurring mental health conditions, people who use opioids, and people who are low-income and experiencing homelessness. As such, the importance to bringing these services out to meet people where they are is critical.

Key informants mentioned the utility of the Sobering Center since its opening last year for providers in the downtown/UT area, but described barriers for EMS and other providers outside the urban core to transport persons to the Sobering Center, beckoning consideration of coordinated micro drop-in services located across the region.

The Austin Harm Reduction Coalition (AHRC) has launched a syringe exchange service "that is allowed to operate despite legal prohibition on distributing paraphernalia in Texas" (quote from survey response). The syringe program operates as a mobile response team, meeting people where they are in the community. In addition, AHRC provides wound care for persons using drugs intravenously. Recognizing that this population may not have access to medical care, AHRC provides them daily wound care that helps prevent hospital visits for minor abscesses. Thus, harm reduction service providers serve a critical role in identifying and initiating linkage to care for persons who may not otherwise come into contact with the healthcare system until they reach crisis.

Broadly, survey respondents recognize that a barrier to access of these services is lack of awareness that they exist among other service providers and intended service populations. Thus, evaluating accessibility of this service requires systemic inquiry into how people who need intervention/harm reduction both source and connect with these services.

Beyond evaluating the accessibility of intervention/harm reduction services generally, survey responses indicate that there are some groups that may experience additional barriers to accessing these services. Continuing to explore capacity building around accommodating non-English speakers, for example, is one way in which the general ATOD system of care can improve its efforts.

INTERVENTION/HARM REDUCTION: KEY FINDINGS

While Austin/Travis County was acknowledged by survey respondents as particularly amenable to the philosophy of harm reduction, it is important to recognize that not all service providers embrace this orientation. Finding common ground, as in the Philadelphia case example, might be a necessary first step in making sure that both personal and clinical experience have a space in planning conversations.

In terms of availability of intervention and harm reduction services, important progress has been made in terms of preparing both healthcare providers and community members to prevent and/or intervene in incidents of overdose. Further, some organizations are providing proactive services that can prevent crisis utilization of the healthcare system by hard to reach populations. Survey respondents and key informants recognize opportunities for growth in the following areas:

- **Awareness & visibility:** Increasing the visibility and awareness of available intervention/harm reduction services among service providers and individuals active in substance use
- **Coordinated data efforts:** Coordinated data efforts are salient to measuring the social impact of programs that divert persons from the criminal justice system and facilitate linkages to care; as well as, outreach efforts that meet individuals who are actively using where they are in the community.
- **Increased collaboration:** Strengthening linkages of care between intervention/harm reduction delivery and long-term care
- **Screening & assessment:** Assessing and creating coherence in screening and assessment practices across service providers
- **Accommodating cultural differences:** Accessing and increasing organizational capacity for language/culturally responsive services

Treatment

Overview

The substance use recovery process is highly personal and occurs via many pathways. According to SAMHSA, for many Americans, this recovery process includes access to and use of substance use treatment at specialty facilities, such as a hospital (only as an inpatient), a drug or alcohol rehabilitation facility (as an inpatient or an outpatient), or a mental health center.⁷⁰ Having access to substance use treatment and supportive services to address various needs associated with substance use disorders is critical for those who are in need of treatment. While treatment may represent the initiation of recovery, not all recovery is initiated through treatment.

Substance use treatment services are services provided by individuals with formal education in a clinical setting, and may include primary care settings. The treatment services offered reflect the treatment philosophy of each service provider. Varying levels of care for substance use treatment are offered in a variety of settings, including the following:

- Detoxification - Alcohol and Drug Detoxification (Detox) provides medical observation and support during the first few hours or days person stops using drugs or alcohol. Detoxification may be provided inpatient or outpatient setting. Detoxification is never more than to long-term treatment.
- Inpatient treatment – Intensive, 24-hour a day services delivered in a hospital setting.
- Residential treatment – Intensive, 24-hour a day services delivered in settings other than a hospital.⁷¹
- Partial hospitalization or day treatment – 4 to 8 hours of treatment per week provided in hospitals or free-standing clinic while the individual lives at home.
- Outpatient or intensive outpatient – provided at a program site, while the person lives at home. Attendance requirements vary from everyday to once a week and can be provided in the evenings or on weekends.
- Intensive outpatient treatment – 9 to 20 hours of treatment activities per week; last anywhere from 2 months to one year.
- Opioid treatment programs – offer medication-assisted outpatient treatment for people with opioid-use disorder; offer counseling and other services in addition to medication
- Medication-Assisted Treatment (MAT) provides medications under the care of a physician which treat the symptoms of addiction to opioids, alcohol, and/or nicotine in combination with therapy and/or peer support.

For the purposes of the needs assessment survey, treatment was defined as activities related to the provision of MAT and/or substance use treatment: detox, inpatient, outpatient, residential, etc.

Medication-Assisted Treatment (MAT)

MAT can be helpful in the treatment of opioid use disorder and alcohol use disorder. MAT has emerged as a science-based, best treatment practice in the treatment of opioid use disorder. MAT involves the co-prescription of medications (e.g., methadone, buprenorphine, naltrexone) and counseling (e.g., behavioral therapies) to assist individuals in designing a treatment and recovery process that addresses their unique needs and location in the process.⁷²

Empirically, clinical research demonstrates that MAT mitigates the risk of relapse and overdose for individuals by addressing the biological and psychological components of addiction. MAT is not a “one size fits all” approach. It requires that service providers tailor treatment plans according to the specific needs of the individual. For some individuals, MAT is a bridge toward abstinence that may take up to 1 to 2 years to achieve, for others, it is a longer-term protocol for managing their addiction in a way that allows them to work, parent and live their life while managing their chronic illness of opioid use disorder. The American Society of Addiction Medicine notes, “Patients taking medications to treat addiction should be considered in recovery.”⁷³ Despite evidence to support the safety, efficacy and cost-effectiveness of MAT, this treatment is greatly underutilized, according to the American Society of Addiction Medicine. Only 30% of treatment programs offer medication and less than 50% of eligible treatment program patients receive medication.⁷⁴

Some people in the community are hesitant to accept MAT as a legitimate path to recovery, and this often leads to stigmatization and even discrimination against people who make the choice to pursue this evidence-based form of treatment. It is important to remember that people who are on medically assisted treatment are protected by the Americans with Disabilities Act and the Fair Housing Act, yet often face discrimination and stigma in criminal justice, child and family protective services, housing choice, employment and other support services.⁷⁵

State & Local Context

Texas is one of few states that opted not to expand Medicaid under the Obama Administration's Affordable Care Act (ACA). The ACA anticipated the expansion of Medicaid to cover all people who live below 138% of the federal poverty level, or \$17,236 for a single person in 2019.⁷⁶ Fourteen states, including Texas, chose not to expand Medicaid. This has left our state with a health coverage gap which includes those who make too much to be eligible for Medicaid or too little to afford health insurance, either on the open market or through the Affordable Care Act.⁷⁷ In Texas, it is estimated that more 600,000 individuals are stuck in this healthcare gap.⁷⁸ These individuals who need substance use services must cover the out-of-pocket cost of treatment.

Persons living below the federal poverty line (FPL) have the greatest need for substance use treatment and receive it at the lowest rates. In 2018, 5.7% of individuals less than 100% FPL were classified as needing treatment, yet only 2.4% actually received treatment. Less than 4% of individuals between 100-199% FPL and 1.7% actually received treatment, and 2.4% of individuals at 200% or more of FPL need treatment while 1% received treatment. Comparatively, persons living at 100% FPL received treatment at a lower rate relative to groups with higher incomes. Although estimates for the same year in Austin/Travis County are not yet available, key informant input suggests that these trends are consistent with local realities.

Despite barriers at the state level, there have many enhancements in treatment activities in Austin/Travis County, especially those activities focusing on individuals at risk of or currently involved in the juvenile and criminal justice systems:⁷⁹

- Since 2015 there has been an intentional effort to offer MAT options to parents with child welfare involvement through Travis County's Parenting in Recovery Program. The Family Drug Treatment Court refers parents to the program, the goal of which is to help parents address their substance use disorder and maintain custody of their children.
- The Travis County Juvenile Probation Department (TCJPD) conducts substance use screening for all youth referred to the department. Youth who are flagged for further assessment with a moderate to high risk of SUD disorder, who have been adjudicated delinquent, and who are under a judge's orders may receive treatment through the Youth Enrichment Services Intensive Outpatient Program (YES IOP). YES IOP staff pick youth up at school or another location and bring them to the Gardner Betts Juvenile Justice Center for services three times a week. Students with lower risk and who have less involvement with the juvenile justice system are typically referred to community services, while youth with more severe needs are referred to residential treatment.
- Travis County funded a new program called ThriveCare, which provides access to substance use treatment for people involved in or at risk of involvement with the criminal justice system. The program promotes increased screenings and navigation for high-risk populations through proactive community outreach, community-based services, and clinics with extended evening and weekend hours
- Integral Care is adding "contemplation beds" at its Alameda House for people with substance use disorder who acknowledge that there is a problem but who are not yet ready to make a change. Through a partnership with the Downtown Austin Community Court, these beds are designated for people who might otherwise have become involved with the criminal justice system.
- The Dell Medical School Institute of Population Health and Travis County Sheriff's Department are developing a software application for people who have SUD to use while they are in jail. The virtual reality video game focuses on mindfulness and on decreasing stress for people who are incarcerated. The goal is to help people identify triggers for substance use, learn coping skills, and desensitize triggers to reduce the likelihood of relapse.

There has been an increase in the availability and accessibility of Medically-Assisted Treatment both among non-profit and private providers.

- With funding from the Community Care Collaborative, CommUnity Care and Integral Care began a pilot MAT program at the Dove Springs Clinic in 2017. The clinic integrates physical healthcare, addiction counseling, and MAT for opioid use disorder. Further, the Seton B-Team is creating linkages between Seton patients with opioid use-related issues with the clinic as a means to continue MAT care post-discharge.
- Travis County provides gap funding so that Integral Care's Utilization Management team can connect people on waitlists for publicly funded MAT to receive treatment in local private clinics until space becomes available.
- Private clinics, such as Community Medical Services (formerly MARS) and CARMA Health have expanded access to MAT.
- Integral Care offers Office Based Opioid Treatment, which includes MAT, at several clinics and has received a SAMHSA grant to develop a new Recovery Navigation Services program, which provides streamlined access to substance use treatment, including MAT, and service navigation.

Nonprofit treatment services that have capacity to accommodate persons who would otherwise be unable to afford treatment have recently expanded:

- Austin Recovery added 8 additional detox beds to its Hicks Family Ranch residential treatment facility in 2019. The Hicks Ranch also provides 30- to 90-day residential treatment for pregnant women and parents with young children. In 2017, Austin Recovery expanded its outpatient and aftercare programming to the Community First! Village and People's Community Clinic.
- Cenikor opened a 62-bed residential treatment facility that provides detox and inpatient treatment in Austin/Travis County in 2016.
- LifeSteps provides outpatient services – including educational classes and case management services – specific to parents seeking recovery in various locations, including Austin/Travis County.

In 2018, St. David's Foundation awarded \$2,000,000 in "Focus on the Fourth" grant funding to organizations to build capacity for programming that benefits low-income women in the postpartum period. Specific to substance use, the following organizations used that funding to benefit women with children who are challenged with substance use issues:

- Cardea: Build capacity of Women, Infants, and Children (WIC) and Federally Qualified Health Center sites for opioid screening, intervention and referral.
- Texans Care for Children: Analyze provider readiness to implement new Texas postpartum depression screening benefit and substance abuse services.
- Austin Recovery: Produce action plan to provide postpartum care to high risk new moms in Family House residential treatment. This grant also allowed Austin Recovery to explore community partnerships with organizations that are not focused on substance use but do provide services to low-income populations. Leveraging services provided by community partners allows the community to increase capacity for clients addressing substance use.

Integral Care has invested heavily in tobacco cessation programming for all of its clients. Universal tobacco screening is protocol for all Integral Care clients with access to free nicotine replacement therapies at no cost. Integral Care has received the CEO Cancer Gold Standard Employer Recognition due to its efforts to promote a tobacco free workplace. Staff have access to training, support, tobacco replacement products and cessation medicines. In addition, Integral Care is a project partner, along with the University of Houston, in the Taking Texas Tobacco Free Project. This project began in 2016 and is funded through the Cancer Prevention Research Institute of Texas. The mission of Taking Texas Tobacco Free is to promote wellness among Texans by collaborating with healthcare organizations to build capacity for system-wide, sustainable initiatives that will reduce tobacco use and secondhand smoke exposure among employees, consumers, and visitors. Taking Texas Tobacco Free has worked with Mental Health and Substance Use Centers across Texas by aiding in the development of tobacco free workplace policies and procedures as well as the integration of tobacco treatment services into clinical practices.

The following graphic is based on the sample of treatment providers who responded to the survey, but excludes organizations, such as Integral Care, that do not assign “spots” or “beds” based on gender, but provides programming to the general population.



At a Glance: Treatment Activities in Austin/Travis County

By the Numbers:

38

Respondents provided information about treatment activities*

6,782

Individuals received tobacco-specific treatment services in FY '18

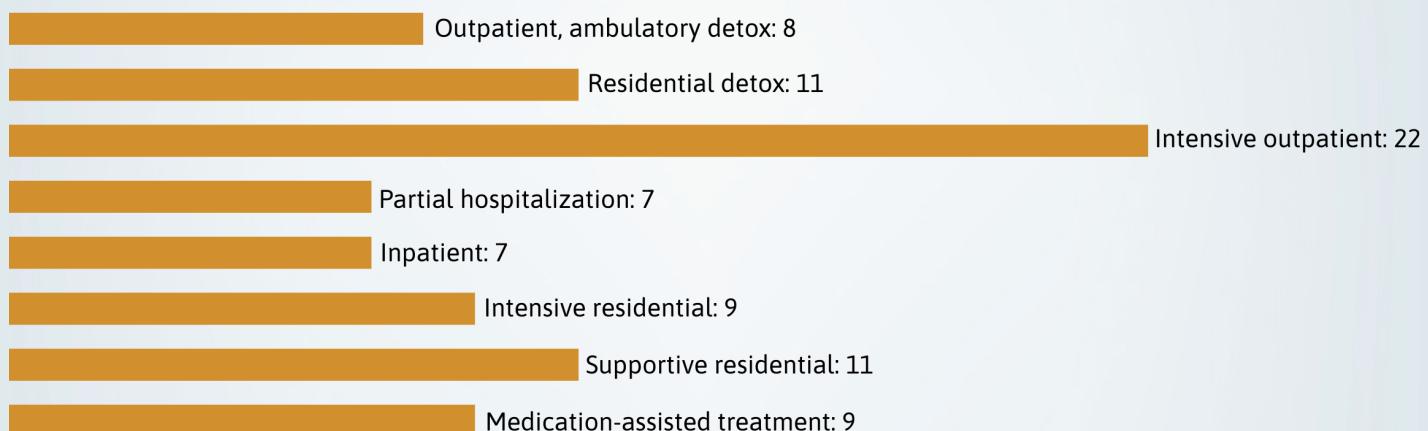
17,662

Individuals received alcohol- or other drug-specific treatment services in FY '18

12,270

Individuals were uninsured, underinsured, or could not afford services in FY '18

Levels of Treatment Activities (By Number of Organizations)



Demographic Groups Most Commonly Served (By Number of Organizations)



Men: 27



Women: 26



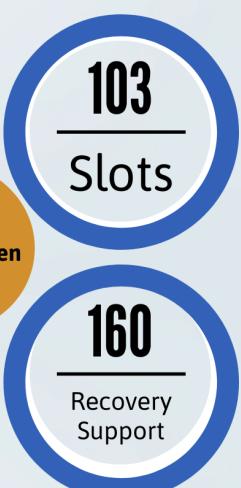
Women with children: 13



Adolescents: 8



General population: 11



921
Recovery Support

*Note: All information displayed is based on survey data from 38 respondents and is not necessarily reflective of all treatment activities in Austin/Travis County.

Survey Responses

Availability and accessibility of the current treatment service landscape were assessed based primarily on survey data collected from treatment service providers and key informants in Austin/Travis County. Numbers and figures are based on a sample of 38 organizations (see Appendix C for a detailed list of respondents).

Availability of Treatment Services

Texas Health and Safety Code, Chapter 464, requires facilities providing substance abuse treatment services to be licensed by the Texas Department of State Health Services but exempts faith-based chemical dependency treatment programs. Faith-based chemical dependency treatment programs offer only nonmedical treatment and recovery methods such as prayer, moral guidance, spiritual counseling, and scriptural study.⁸⁰ In Austin/Travis County, there are 34 treatment facilities licensed by the state.

In total, survey respondents reported that they provided tobacco-specific treatment services to 6,782 clients and substance use-specific services to 17,662 clients in fiscal year 2018. These service numbers are duplicated, meaning clients who received multiple episodes of service are counted more than once.

The screening and assessment tools employed by treatment service providers greatly vary. Survey responses suggest that the more common tools used to assess ATOD severity include DSM-V criteria, ASAM criteria, ASI, SASSI, COWS, and CIWA.

Despite the seemingly robust array of treatment services in Austin/Travis County, survey respondents recognize a need for greater capacity in residential detox, intensive residential, and MAT. Several survey respondents reported a waitlist, with wait times varying from a few days to over one month.

Accessibility of Treatment Services

Accessibility of treatment services can be viewed through multiple lenses, including race, gender, sexual orientation and socioeconomic status. This section is not inclusive of all demographic factors affecting accessibility but aims to provide an overview of populations that were identified by survey respondents as “most lacking” with regard to treatment services.

Women

The “At a Glance” graphic on the previous page suggests a lack of parity in terms of treatment service accessibility by gender, and key informants agreed that men have greater access to treatment than women. This may be due to several factors. In the U.S. in 2018, a greater percentage of men than women were in need of treatment for an illicit drug disorder (4% versus 2.4%) and more men than women received drug treatment in a specialized facility (0.6% versus 0.4%).⁸¹ Despite similar levels of severity, women are less likely to seek treatment services than men.⁸² Gender-based barriers may underpin this disparity, including the fact that school-age children who live in a single-parent household live with their mothers at a rate of five times that of children living with only their fathers.⁸³ Single parents may be reluctant to seek treatment because of the difficulty of managing care for their children. This is especially challenging for those seeking residential and in-patient treatment, but can be challenging for out-patient treatment as well due to a lack of affordable child care.

According to the survey results, there are some organizations that do accommodate women and children. Austin Recovery’s Family House program has beds for 14 women who are either pregnant or have children, allowing each client to bring one child under the age of five with them to treatment. While the women receive day programming, their children receive onsite childcare. LifeSteps provides outpatient and case management services, as well as parent classes services to both mothers and fathers in recovery.

Travis County’s Parents In Recovery program provides recovery supports for parents struggling with addiction who are referred through the Family Drug Treatment Court. A majority of those served are women. Services include individual psychotherapy, family counseling and case management.

Low-Income Persons

Several organizations responding to the survey reported that they have a waitlist for treatment services for low-income populations. Key informant interviews revealed that this creates additional challenges for these populations as they are often required to continue to express interest in services to maintain their place on the waitlist – a barrier that poses challenges for persons experiencing high levels of mobility. In addition, many treatment providers are not geographically accessible for SUD-affected populations with limited transportation access.

While several organizations report that their services are amenable to MAT services and MAT clinics are expanding in presence and availability, persons with low incomes encounter barriers to this mode of treatment. A key informant reported that MAT is expensive and that even when low-income persons have access to the initiation of MAT, they may not be able to maintain the cost of ongoing treatment.

Individuals who both experience poverty and have a substance use issue are also at increased risk for experiencing homelessness.⁸⁴ For instance, the Ending Community Homeless Coalition (ECHO) reports that 13% of persons experiencing homelessness report that drug or alcohol use will make it difficult to maintain housing.⁸⁵ According to survey respondents, people with low-incomes, those who are eligible for state-funded services, are experiencing homelessness, and/or have co-occurring mental health conditions are the populations that most frequently seek treatment services.

People of Color

In 2017 in Texas, 63% of the people who were admitted to a treatment program for heroin use were White, 30 % were Hispanic/Latinx, and five percent were Black. Admissions to treatment programs for methamphetamine in 2017 were similar, with 74% of admissions White, 20% Hispanic/Latinx, and five percent Black.⁸⁶ In the rapidly changing demographic landscape of Austin/Travis County, these disparities in service initiation may reveal a lack of culturally competent treatment options for Hispanic/Latinx and Black individuals. While calculating disproportionalities was beyond the scope of this report, several survey respondents recognize a need for greater involvement of people of color in community planning and implementation of treatment services for this reason.

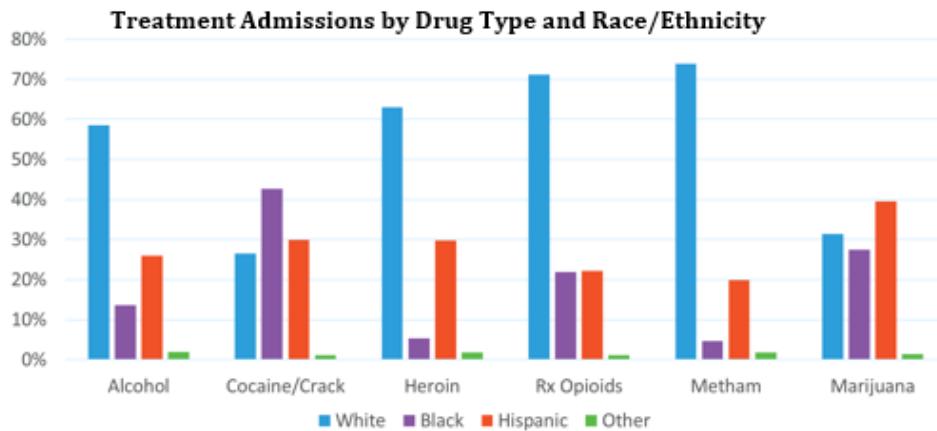


Figure 7. Treatment Admissions by Drug Type and Race/Ethnicity⁸⁷

LGBTQ and Persons with HIV/AIDS

Multiple studies substantiate the increased efficacy of LGBT-specific programs over traditional, non-specialized programming, especially for men who have sex with men (MSM).⁸⁸ Research suggests that while treatment centers claim that they can meet the unique needs of LGBTQ individuals, few specialized programs for these populations exist.⁸⁹

Several survey respondents reported that those identifying as LGBTQ (5 organizations) and those with HIV/AIDS (6 organizations) frequently access their treatment services. However, statewide data indicates that many gay men and people with HIV are still not seeking out substance use treatment services. Data from the Texas Department of State Health Services show that the proportion of MSM entering DSHS-funded treatment programs has decreased since 1988.

While the proportion of new HIV diagnoses among MSM in Texas steadily decreased for years since 1987, the percentage increase of new diagnoses increased from 45% in 1999 to 71% in 2018.⁹⁰ There appears to be an intersectional impact of race and person with HIV/AIDS, as the increase in HIV transmissions has coincided with an increase of crystal methamphetamine usage among gay Black men and a rise in syphilis transmissions. Of the people who received a new HIV diagnosis in Texas in 2017, 37% were Black, while 40% were Hispanic, and 20 were White.

Other Populations

While there might be service capacity for individuals, there might be barriers based on language, identity and other personal factors that create actual barriers to treatment for specific populations. For instance, close to a third of Austin/Travis county residents speak a language other than English in their homes, compared to a national average of less than a quarter in the United States.⁹¹ Not all organizations are able to accommodate languages other than English.

TREATMENT: KEY FINDINGS

Austin/Travis County houses an array of treatment services at every level and local nonprofits have notably increased their capacity to serve low-income populations. Further, diversion and crisis intervention programs have created valuable opportunities to link individuals to treatment before the consequences of their use increase in severity.

Stakeholders and survey participants in this needs assessment process highlighted specific opportunities for improving the current healthcare system in the following areas: respondents and key informants recognize opportunities for growth in the following areas:

- **Inclusion of diverse perspectives:** Ensuring that diverse perspectives and experiences in recovery (including advocates for and against alternatives to abstinence pathways to recovery) are represented in future community planning efforts.
- **Coordinated data efforts:** Increasing collaboration around data collection and sharing among service providers to assess need, evaluate outcomes, and improve linkages to care.
- **Addressing need of those in the “healthcare gap”:** Evaluating the availability and accessibility of treatment services must consider the number of people living in the “heath care gap”.
- **Exploring population-specific barriers to access:** Exploration and consideration of the barriers that may impede the admission of women to treatment; Consideration and inclusion of persons of color and other marginalized communities (e.g., LGBTQ) in community planning efforts.
- **Accommodating cultural differences:** Evaluating and implementing targeted, culturally specific treatment options and harm reduction services based on language, race/ethnicity, and sexual orientation.
- **Increasing capacity for women with children:** Evaluating the need and focusing on increasing the capacity of local organizations to accommodate women with children.
- **Increased collaboration:** Several survey respondents reported a waitlist, with wait times varying from a few days to over one month. Increased collaboration and communication among service providers may facilitate linkages to care for individuals who may not be aware of their options.
- **Geographic accessibility:** Evaluating the accessibility of service by geography as the landscape of Austin/Travis County continually changes.

Recovery Support Services

Overview

As referenced previously, SAMHSA defines recovery as a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. SAMHSA's definition illustrates the numerous supports that an individual may require in order to have the best chance at recovery (see Figure 8 below).

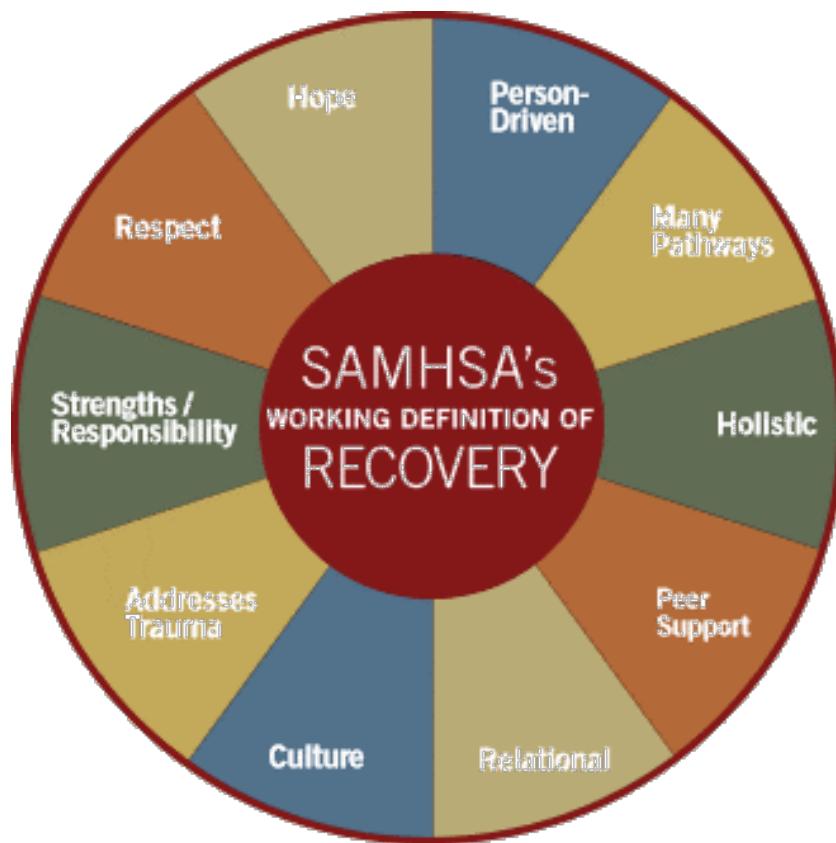


Figure 8. SAMHSA's Working Definition of Recovery⁹²

Recovery support services aim to support individuals before, during and after acute episodes of treatment, empirically improving outcomes.⁹³ SAMHSA classifies recovery support services (RSS) as nonclinical services that assist individuals and families to recover from alcohol and drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life. Recovery support services were defined in the survey as activities that include peer-based recovery support, housing, and other supports and services targeted to support individuals struggling with or recovering from ATOD usage.

There is an array of recovery support services that professionals, paraprofessionals, and peer-volunteers offer with the shared goal of supporting an individual into and through their recovery process. Examples of recovery support services include:

- Peer coaching and mentoring
- Peer recovery support
- Recovery housing support
- Employment assistance
- Education
- Support of other life goals
- Case management
- Screening & assessment
- Sober fun options/networking
- Recovery/sober events
- Interventionist services
- Outreach
- Crisis response

Peer Recovery Support Services

Peer recovery support services are designed and provided by individuals with lived experience in recovery. The intention is that volunteers and paid peer support persons use their experience to model and mentor persons that are new or returning to recovery in how to initiate and sustain recovery. Peer recovery support services expand the capacity of treatment centers by providing support before, during and after treatment. Peer supports may provide any combination of the following types of support:⁹⁴

- **Emotional support** – demonstrations of empathy, caring, and concern in such activities as peer mentoring and recovery coaching as well as recovery support groups.
- **Information support** – provision of health and wellness information, educational assistance, and help in acquiring new skills, ranging from life skills to employment readiness and citizenship restoration (e.g., voting rights, driver's license).
- **Instrumental support** – concrete assistance in task accomplishment, especially with stressful or unpleasant tasks (e.g., filling out applications, obtaining public benefits) or providing supports such as child care, transportation to support group meetings, and clothing closets.
- **Affiliation support** – opportunity to establish positive social connections with others in recovery so as to learn social and recreational skills in alcohol- and drug-free environment.

Recovery Residences

Recovery residences is a broad term describing a sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems.⁹⁵ Language variations include:

- Sober living
- Sober housing
- Recovery housing
- Halfway House (In Texas, halfway houses are specifically defined as transitional homes affiliated with and funded by the Texas Department of Criminal Justice).

Investigation and discovery of widespread abuses of recovery housing organizations prompted the provision in the Patient Support Act, "Identification of Fraudulent Recovery Housing Operations."⁹⁶ This provision calls for the identification of practices that exploit individuals seeking recovery housing, specifically, "unusual billing practices, average length of stays, excessive levels of drug testing (in terms of cost or frequency), and unusually high levels of recidivism."

Mutual Support Groups

Mutual support groups are nonprofessional groups comprising members who share the same problem and voluntarily support one another in the recovery.⁹⁷ Mutual-aid self-help groups for persons in substance use recovery include 12-step groups as well as other models. Meetings are generally

free of cost to those that access them and vary based on substance-focus and across identities (e.g., there are meetings specifically for the LGBTQ community). The following is a list of common mutual support groups:

- Alcoholics Anonymous (AA)
- Celebrate Recovery
- Cocaine Anonymous (CA)
- Crystal Meth Anonymous
- Drug Addicts Anonymous
- Marijuana Anonymous
- Narcotics Anonymous
- Nicotine Anonymous
- Secular Organizations for Sobriety/Save Our Selves (SOS)
- SMART Recovery
- Women for Sobriety

Medication-Assisted Recovery

For some individuals recovering from opioid use disorder, medication is an essential component of sustaining recovery. Medication-assisted treatment (MAT) and medication-assisted recovery (MAR) are similar in that they both include FDA-approved medications to mitigate the physical consequences of opioid withdrawal. The National Alliance for Recovery Residences (NARR) provides useful definitions that help distinguish MAT from MAR.⁹⁸

MAT – refers to using a FDA-approved medication (such as buprenorphine, methadone, naltrexone) to assist a person in addressing a substance use disorder.

MAR – also refers to using FDA-approved medication to address a substance use disorder, and emphasizes a person's commitment to engaging abstinence-based recovery support.

In the context of recovery support services, MAR is the preferred term as it indicates that medication that an individual is using medication in conjunction with abstinence-based recovery support, such as recovery residences, peer support services, etc. Indeed, numerous providers responding to the survey indicated that their recovery support services are inclusive of individuals for whom medication is a component of their recovery.

State & Local Context

Since 2010, the Texas Health and Human Services Commission (HHSC) has collaborated with service providers to develop and strengthen Recovery-Oriented Systems of Care (ROSCs) around the state. In 2014, HHSC launched an initiative to embed long-term recovery services and supports in existing local organizations.⁹⁹ Recovery support service organizations (RSSO) are peer facilitated services that support engagement and long-term recovery by helping individuals initiate peer recovery coaching, counseling, sober housing, transportation and medications. The approach is wholistic, focuses on wellness and improving the quality of life. These services are person-centered and strength based. Individuals receiving RSS develop a self-directed recovery plan that outlines their recovery goals. Peers provide support before, during, and after treatment.¹⁰⁰ HHSC reports health care cost savings resulting from these services in excess of \$3 million annually.¹⁰¹ Further, over the course of a year, individuals receiving recovery coaching report improvement in well-being in areas of housing, employment, average wages, and healthcare utilization.

As a relatively new funded role in recovery-oriented systems of care, peer coaches face challenges with regard to role ambiguity and expectations. Some peer coaches experience burnout because of lack of boundaries, adequate supervision, and disillusion – such as when they are asked to perform less-desirable workplace duties (e.g., driving, client monitoring) that are not congruent with their role description.¹⁰² Another concern is that peer coaches either receive no pay or very little pay for their work. In an effort to keep individuals in these roles, it is necessary that they receive training as a means of facilitating some upward mobility.

House Bill 1486 defines peer support as “the process of giving and receiving encouragement assistance to achieve long-term recovery. Peers offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, community of

support and other people.”¹⁰³ Provisions in this bill include Medicaid reimbursement for recovery support services. However, key informants interpreted these provisions as insufficient to cover the cost of these services. In addition, while many types of providers can bill Medicaid for peer support services, Recovery Community Organizations are not on the list of approved providers in Texas.

In the housing arena, the Texas Recovery Oriented Housing Network (TROHN), a Texas affiliate of the National Alliance for Recovery Residences (NARR), is leading local initiatives to “certify recovery residences to the national standard, provide a grievance process, publish a directory of certified residences and advocate for fair housing rights.”¹⁰⁴ Currently, efforts to certify recovery housing are underway in Austin/Travis County with the objective of protecting individuals seeking recovery and removing barriers to locating recovery homes with ethical operations.

Survey Responses

Availability and accessibility of the current recovery support service landscape were assessed based primarily on survey data collected from recovery support service providers and key informants in Austin/Travis County. Numbers and figures are based on a sample of 34 organizations (see Appendix C for a detailed list of respondents). Local organizations offer a wide array of services, the most common being peer/recovery support, sober fun options/networking, case management, and outreach. In total, these entities serviced an estimated 29,125 clients in fiscal year 2018, according to survey respondents.

Availability of Recovery Support Services

The network of recovery support services in Austin/Travis County offers a robust array of activities and supports to individuals at various points in their recovery process. For example, Austin/Travis County boasts hundreds of 12-steps meetings each week. One survey respondent noted that “*Austin has one of the most robust recovery communities in the nation, including countless mutual aid societies, two Recovery Community Organizations, a recovery high school and collegiate recovery program and numerous recovery housing options.*”

Sober events including recovery community events (Yoga of Recovery; Drum circles; softball tournaments), educational events (e.g., Naloxone Trainings) and professional meetings (e.g., AustiNET; Spiritual Care Network) contribute to a rich local recovery community. The website SoberAustin.com publicly lists many of these opportunities.

However, in addition to these services, many individuals need housing and employment assistance. Stable housing and dignified employment can facilitate the recovery process by removing barriers that may seem more pressing for individuals than their recovery. However, few organizations reported in the survey that they offer employment assistance, and while there seems to be a number of sober residents/houses, there are accessibility barriers that exclude specific populations.

When a person is ready to begin or advance in their recovery process, it is crucial that linkages to relevant services happen quickly. A long wait for services makes it more likely that a person may change their mind or interrupt their recovery process. Although organizations aim to provide recovery activities to everyone seeking them when they need them, some organizations experience challenges due to limited capacity and resources.

The survey asked respondents two questions related to capacity and use of waitlists. Several responding organizations reported that they have a current waitlist for services. Of those organizations that have a waitlist, the reported wait time ranges from a couple days to more than a month (the latter being the most common among respondents). Thus, the demand for these services clearly outweighs current capacity.

Recovery/Peer Workforce

Despite the high need for additional recovery support services, there are challenges to increasing current capacity both locally and nation-wide due to a lack of trained and qualified addiction specialists and peer recovery coaches. Several respondents to the survey recognize the value in current recovery support services but see an enduring need to increase capacity in the face of barriers:

- *We have good programs in our community but need to go to scale. Lots of treatment innovation but need greater capacity.*
- *I don't believe we have gaps in services as much as we have an inability to go to scale to serve all the people needing RSS.*
- *There are a lot of them!!! [RSS programs] Just not everyone has access or can effectively access whether that's from not hearing about them, not being able to get there, not being able to afford or self-advocate.*

These responses echo input provided at the April 2019 Community Forum on Substance Use Disorder hosted by Travis County, in which participants cited low pay and lack of career advancement options as barriers to improving capacity of peer recovery services. Specifically, it was identified that there is a “need to develop peer workforce and system to support peers.... [a need for] training, livable wage[s], fidelity to peer support model.”

Accessibility of Recovery Support Services

Service providers in Austin/Travis County have adopted the ROSC framework and increased recovery support services considerably in recent years. However, as service providers recognize, availability of recovery activities does not mean that those activities are easily accessible, especially to populations with specific needs.

Low-Income Persons

When asked what populations most frequently access their services, the most common answer in the survey was people with co-occurring mental health conditions, closely followed by people with low-income and/or experiencing homelessness. While some organizations, like Communities for Recovery, offer services free of costs to individuals seeking or in recovery, survey respondents recognize a greater need for capacity and bringing these service models to scale relative to actual need. Further, persons with low income also face additional barriers to recovery – such as housing and employment – that require more complex case management services than some organizations are able to offer.

Faith-based support services are often informal and not necessarily substance use-focused. Faith-based organizations fill a particularly significant gap by providing free support to low-income populations and reduced access to populations of color. While the support they offer may not be substance use-specific, they are aligned with recovery principles– creating community, hosting events, and providing the various types of required emotional, instrumental, information and affiliation support.

Individuals on MAT

Persons on MAT are protected under the American with Disabilities Act (ADA) against discriminatory practices based on their MAT-status.¹⁰⁵ However, persons on MAT may encounter discrimination and stigma in accessing recovery support services. For instance, only half of the organizations that responded to the survey accept persons on MAT in their sober housing/residences. This creates a dilemma for individuals who may have to choose between their preferred method of treatment and recovery housing options. Further, key informants of this Needs Assessment reported that while programs, such as recovery residences, say their services are amenable to MAT, but in practice, they exclude them from services based on other reasons that they are not a “good match.”

Language Accessibility

Only half of recovery support service organizations report the ability to accommodate languages other than English. Given that one-third of the population in Austin are speakers of a non-English language, this is a critical gap. Service providers should consider and work to expand their capacity for Spanish-speakers, as Spanish is the second most common spoken language in Austin/Travis County.¹⁰⁶

Women with Children

According to respondents, few organizations offer recovery activities specifically for women with children. Several survey respondents said that pregnant women are the group that most commonly accesses their organization's recovery activities, while some reported that women with postpartum depression is the most common group. A strength of the Austin/Travis County provider network is that there are programs such as LifeSteps Council, Parenting in Recovery and Austin Recovery's Family House that offer services specifically to pregnant women and mothers with substance use issues.

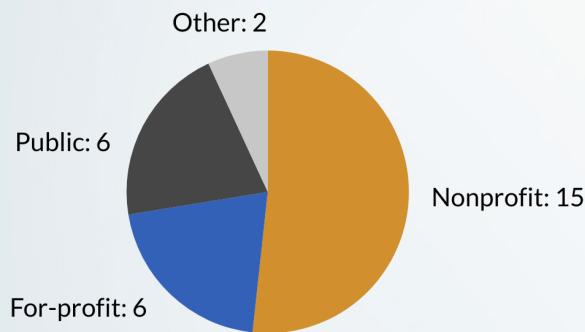


At a Glance: Recovery Support Activities in Austin/Travis County

By the Numbers:

- 34** Respondents provided information about recovery support activities*
- 29,125** Individuals received alcohol or other drug recovery support services in FY '18
- 3,007+** Total number of individuals served by peer/recovery coaches
- 930** Total case management spots available at any one time
- 170** Total recovery support beds available at any one time

Business Structure of Providers



Recovery Support Services Provided (By Number of Organizations)

Peer/Recovery Support: 15
Sober Fun Options/Networking: 13
Case Management: 11
Outreach 10
Recovery/Sober Events: 10
Screening & Assessment: 9
Other: 8
Employment Assistance: 7
Peer/Recovery Coaching: 7
Recovery or Sober Housing: 7
Crisis Response: 3
Other Transitional Housing: 3
Interventionist Services: 1

Demographic Groups Most Commonly Served (By Number of Organizations)



Men: 19



Women: 18



Women with children: 8



Adolescents: 7



General population: 11

Capacity:
Adult
Men

108

Housing

Capacity:
Adult
Women

53

Housing

88

Case
Management
Spots

88

Peer/
Recovery
Coaching

12

Case
Management
Spots

12

Peer/
Recovery
Coaching

*Note: All information displayed is based on survey data from 34 respondents and is not necessarily reflective of all recovery support activities in Austin/Travis County.

RECOVERY SUPPORT SERVICES: KEY FINDINGS

Austin/Travis County houses a variety of recovery support services including sober events, peer support services, residential residences, and support groups. The value of these services is immeasurable relative to the importance of varied social support that is required to aid an individual in initiating and sustaining their recovery. Further, recovery support services have the potential to close the gap recovery disparities reflected in other realms of ATOD services.

Service providers and stakeholders operating in the realm of recovery support services recognize key areas for improvement:

- **Inclusivity:** Community planning efforts should be inclusive of marginalized communities that may encounter barriers to engaging or connecting with recovery support services.
- **Increasing capacity:** Waitlists and times reported in the survey suggest that the current demand for these services outweigh the availability.
- **Coordinated data efforts:** Collecting and sharing data among service providers in this space enables more accurate evaluation of need and targeted efforts to increase capacity where there is greatest demand.
- **Peer Workforce Development:** Evaluating and improving upon challenges in increasing capacity for the workforce in recovery support services that inhibit scalability and capacity expansion.
- **Evaluating gender, socioeconomic, and cultural differences:** Evaluating disparate availability of recovery support services (e.g., recovery housing for women with children) that limit opportunities for marginalized populations; Evaluating the wrap around services needed to support persons of low income, such as organizational capacity for responsive case management; Evaluating and increasing language capacity to meet the need of non-English speakers.
- **Considering MAT-specific barriers:** Persons on MAT experience stigma and barriers to securing recovery housing, further limiting the already few available options, particularly for individuals with low-income.

Coalitions & Collaborations

Overview

This section focuses on coalitions and other collaborations that were identified during the research and writing of this report. Collaborative groups play an essential role in providing the connective tissue between the various components of the ATOD systems. Coalitions and collaborations can enhance communication and system integration, support representation of the various constituents of the recovery system, and convene service providers and other stakeholders to assess the needs and address barriers to participation.¹⁰⁷

Survey respondents recognize the presence and number of collaborative groups specific to ATOD-related issues as a unique strength of the Austin/Travis County community. Collaborations at both the community and university level are finding ways to improve the outreach and delivery of services to persons with substance use challenges.¹⁰⁸ Collaborative groups identified in this report were organized in terms of their focus: Direct (ATOD-focused), Adjacent (has an ATOD component), and Ally (not ATOD-focused but advocate for ATOD-affected individuals) See Appendix D for more detail on local collaborations and coalitions in Austin/Travis County.

Coalition Network in Austin/Travis County



Figure 9. Coalition Network in Austin/Travis County

Survey Responses & Key Informant Interviews

It was noted in key informant interviews that while there are numerous groups addressing ATOD issues at varying degrees, these groups are often working in silos. However, there is great potential among these groups to increase efficacy of leveraging available community resources in meeting mutual ends.

Coalition-oriented survey respondents reported harm reduction/intervention services as the most lacking service available in Austin/Travis County, followed by MAT, prevention, intervention (specifically, in-person tobacco cessation services), and affordable mental healthcare. When asked about gaps in available research necessary to address ATOD-related issues, respondents identified available services, needs trends, and outcomes data.

The strength is in the collaborative working relationships of the community-based providers.

-quote from survey respondent

During the needs assessment process, a key informant from the intervention/harm reduction service realm shared the insight that community planning efforts could be improved by both identifying and engaging harm reduction experts in local planning efforts. For instance, the Austin Harm Reduction Coalition (AHRC) is connected and engaged in national work and research around effective delivery of harm reduction services. Yet, the group's representation in community planning efforts has historically been minimal. Collaborative gaps may exist, in part, due to the stigma associated with services.

Through this process, examples of effective and innovative collaboration were documented and are presented here to demonstrate the potential among these groups:

- **The University of Texas** model for opioid overdose prevention:¹⁰⁹ This model was created through the collaboration of the Committee on Substance Safety and Overdose Prevention (COSSOP), which was representative of the Center for Students in Recovery, College of Pharmacy, Counseling and Mental Health Center, Policy Department, Residence Life, School of Social Work, Student Government, Students for Sensible Drug Policy, University Health Services, and the Texas Overdose Naloxone Initiative (the latter of which is a community organization that provides training and naloxone distribution, as well as documents reported incidents of opioid-related overdose). The result of this collaboration was a replicable model of overdose response readiness that involves the training of all persons involved (from resident life staff to responding police officers), and the allocation of dedicated space and naloxone to respond to an overdose crisis.
- **The Austin ROSC Initiative** was often cited by respondents as an important mechanism of provider connection. In an effort to ensure broad representation of service providers across the recovery continuum of care, ROSC has been conducting outreach through its members to acknowledge and invite those that may not already been involved. The advantage of this approach is that monthly meetings provide opportunities for providers to connect and build a more efficient mode of service coordination.
- **The Austin Area Opioid Work Group** aims to bring the recovery community together to identify gaps in services, best practices, needed and existing resources, and whatever else the group sees fit to assist the population that has history or presently suffered from opioid dependency, including those that work with medically assisted recovery services and the harm reduction community.
- **The Travis County Youth Substance Abuse Prevention Coalition (YSAPC)** includes representation from youth substance abuse prevention, treatment, recovery, law

enforcement, business, healthcare, public education, non-profit, research, local government, students, parents, and youth-serving organizations. The goals of the volunteer-run coalition are to increase community collaboration and reduce youth substance use. YSAPC, in partnership with Cardea, received a grant in July of 2017 from the U.S. Department of Health and Human Services Office on Women's Health. YSAPC is working to prevent prescription and non-prescription opioid misuse among girls ages 10 to 17, especially pregnant and parenting girls, through the development, implementation and evaluation of a Preventing Opioid Misuse Among Girls Community of Practice over a three-year period ending in June 2020.

- **The Youth Recovery Network (YRN)** was founded in 2016 by leaders of Austin Recovery, Communities for Recovery, University High School, the University of Texas Center for Students in Recovery, University of Texas School of Social Work, and community members. YRN's mission is to provide a simple, person-centered network of integrated recovery services and community supports for youth and young adults experiencing challenges with drugs or alcohol. YRN accomplishes this through resource dissemination, appropriate referrals, collaboration of youth-serving organizations, translational and relevant research (facilitating collaboration between researchers, practitioners, and the community), and sustainable support for a youth-centered network.

COALITIONS & COLLABORATIONS: KEY FINDINGS

Survey respondents recognized the breadth of available services and strong collaborative working relationships among several organizations across the recovery continuum. An openness to collaboration and sharing was cited as a unique strength of the recovery support services community.

Survey respondents recognize key areas for improvement among collaborative groups:

- **Increased collaboration:** There are numerous ATOD-specific, adjacent, and allied groups in Austin/Travis County. Recognizing opportunities for collaboration through increased communication was cited as a way to improve efficiency and impact of these groups.
- **Inclusivity:** Recognizing the tensions that exist among individuals and groups with varying philosophies on recovery and ensuring the inclusion of all voices in community planning efforts.
- **Coordinated data efforts:** Improving on coordinated data sharing efforts creates opportunities for collaborative groups to identify need and collaborate on innovated solutions relative to ATOD issues.
- **Building on existing efforts:** The Austin ROSC is actively engaged in mission-directed efforts to increase the representativeness of all related collaborative groups in its membership. Continuing to improve outreach efforts and inclusion of all groups in ROSC is one way in which collaboration and communication may improve.

Research

Austin houses a variety of public, private, and government research institutions, such as the University of Texas and the Texas Health and Human Services Commission (HHSC). Researchers at these institutions advance public knowledge of ATOD-related issues in Austin/Travis County, Texas, and the country. The survey collected information from 12 respondents regarding their research and information-gathering endeavors. The research outlined in Appendix B engaged 12 individuals conducting original research in the community. While this information is certainly not representative of all research being conducted in Austin/Travis County related to ATOD, it is hopefully useful in identifying preliminary themes for further evaluation. The respondents reported that they collect a variety of data and use it to produce research reports, grant deliverables, needs assessments, and program evaluations, in the areas indicated in the table below:

Table 3: ATOD-Related Research in Austin/Travis County

Behaviors Researched	Population of Focus	Unique populations
Drug use: 2	Adult men: 2	Non-specific: 2
Alcohol use: 3	Adult women: 2	Pregnant: 1
Tobacco use: 2	Women with children: 1	Adolescents: 1
Opioid use: 2	Adolescents: 4	People under the age of 21: 1
All of the above: 3	General population: 1	

Research activities are varied in terms of data use and collection methods (see table below). Additionally, the accessibility of this data varies. In terms of community planning efforts, inventorying the availability and accessibility of research activities locally is one way in which research-to-practice opportunities can be assessed and leveraged.

Table 4: Summary Information of Data Availability & Accessibility

Data Type	Type of Data Collected	Methods	Accessibility	
			Publicly Available, Level	Available Upon Request, Level
Primary: 2	• Peer-reviewed articles: 2	• Surveys: 2	<u>Level Available</u>	<u>Who Can Request?</u>
Secondary: 3	• Public reports: 1	• Health records: 1		• Anyone: 5
Quantitative: 3	• Community needs assessments: 3	• ATOD Assessments: 1		• Institutions: 1 · Government: 1
Qualitative: 1	• Grant funding deliverables: 4	• Focus groups: 1		· Students: 1
	• Program evaluation: 3	• Standardized measures: 1		
<u>Variables:</u>	• Organization assessment: 3	• Secondary data analysis: 3 (including information from coalition partners)	<u>Location</u>	<u>Level Available</u>
• Demographics: 1	• Evaluation of intervention efficacy: 1		• Online	• De-identified patient/client: 3
• Mental Health History: 1			• Upon Request	• Aggregate, group: 4
• Treatment History: 1				• Community, county: 4
• General Health: 1				
• Substance use history: 2				

Availability of Local Data on ATOD Activities

In addition to surveying the type and accessibility of research conducted by researchers in the community, the survey used in this needs assessment asked service organizations to report on the

type of data they collect from clients and the services they receive. Client-level data is obviously a critical piece of understanding who is accessing ATOD services in Austin/Travis County. According to survey respondents, there is available client and service level data that organizations are willing to share (see table below).¹¹⁰ However, data comparisons across organizations may be limited due to the different instruments and methodologies that organizations use to collect data.

Table 5: Summary of Service Providers Collecting Data

<i>Service</i>	<i>Collecting Client Data</i>			<i>Able to Share De-Identified Client Data</i>	
	<i>Yes</i>	<i>No</i>	<i>Type</i>	<i>Yes</i>	<i>No</i>
Prevention	16	9	<ul style="list-style-type: none"> • Demographics • Mental health history • Needs assessment • General health information • Treatment utilization history • Other: Housing, treatment need 	12	4
Intervention/Harm Reduction	8	6	<ul style="list-style-type: none"> • Demographics • Needs assessment • Mental health history • General health information • Treatment utilization history 	7	1
Treatment	15	2	<ul style="list-style-type: none"> • Demographics • Treatment utilization history • Mental health symptom history • General health information • Needs assessment 	13	2
Recovery Support Services	15	11	<ul style="list-style-type: none"> • Demographics • Treatment utilization history • General health information • Mental health symptom history • Other needs (e.g., housing, food assistance, case management) 	---	---

Data can also be helpful in identifying and defining quality of services. As shown in the table below, many service providers collect data on quality of services, but the types of service data vary. Survey respondents reported that there is a critical need for outcomes data, which some organizations are collecting. However, the varying definitions of outcomes data make it difficult to compare outcomes across organizations.

Table 6: Summary of Service Providers Collecting Data

Service	Collecting Service Data			Types of Outcome Data Collected
	Yes	No	Type	
Prevention	18	7	<ul style="list-style-type: none"> • Frequency of service utilization (12) • Client satisfaction (9) • Outcomes data (9) • Referral sources (8) 	<ul style="list-style-type: none"> • Analysis of national datasets (e.g., BRFSS) to ascertain need • Prevention program enrollment (e.g., enrollment data for SmokefreeTXT) • Skill and knowledge improvement of health professionals; attendance in trainings and pre/post survey results • Student-specific: increased average sobriety for student population; increased length of sobriety for individual students; decreased absence due to relapse • Data from education opportunities • Percentage of successful participants in education programs • Personal goal attainment • Distribution numbers of Narcan; number of people educated on overdose prevention; number of people linked to services
Intervention/ Harm Reduction	7	6	<ul style="list-style-type: none"> • Outcomes data (6) • Referral source (5) • Client satisfaction (4) • Frequency of service utilization (4) 	<ul style="list-style-type: none"> • Pre/post training surveys for evaluation of trainings; number of health professional and community members educated; number of naloxone doses distributed; number of overdose reversals reported • Increased average sobriety for student population; decreased absence due to relapse; improved post-secondary sustainability plan • Types of interventions performed (i.e., referrals, kit distribution, etc.) • Personal goal attainment
Treatment	17	1	<ul style="list-style-type: none"> • Referral sources (14) • Client satisfaction (13) • Frequency of service utilization (12) • Outcomes data (10) 	<ul style="list-style-type: none"> • 6 months follow-up on sobriety, employment, engagement in recovery supports • Information from providers on the progress of client • OQ Analyst (outcomes tracking software) and also follow up calls • Program completion rate, abstinence after discharge • Success rate • Survey with various measures • Outcomes measures per HHSC standards • Relapse, recovery rates

Table 6: Summary of Service Providers Collecting Data

Collecting Service Data			Types of Outcome Data Collected
Service	Yes	No	Type
Recovery Support Services	15	11	<ul style="list-style-type: none"> • Frequency of service utilization (14) • Client satisfaction (12) • Referral sources (12) • Outcomes data (9) <ul style="list-style-type: none"> • School enrollment, GPA • Assessment of recovery capital, successful completion of personal goals • 6-month follow-up on sobriety, employment and engagement in recovery support • Increased average sobriety for student population; decreased abstinence due to relapse; improved post-secondary sustainability plan. • Progress as reported by providers • Personal goal attainment • Type of discharge when they move on; success, relapse, disciplinary

Assessing Gaps & Availability of Local Research

Assessing the impact of any effort to improve the ATOD system of care is dependent on coordinated efforts to collect and analyze data. Providers in Austin/Travis County can improve their coordination efforts internally and externally to achieve a foundation of usable data with which to strengthen current systems. That said, there have been substantial recent improvements in research and information gathering in Austin/Travis County:¹¹¹

- The Dell Medical School has worked to integrate evidence-based treatment, such as medication-assisted therapy (MAT) to address addiction in Austin/Travis County over the last couple of years.
- The Youth Substance Misuse & Addiction Pop-Up Institutes, a “diverse network of UT scholars, students, staff and local agencies/organizations who focus on youth substance misuses, research intervention, and recovery initiatives.” This cross-sector and interdisciplinary team is “focusing energy on making sure that work creates the best possible impact on UT students, interdisciplinary research, and dissemination of the innovations that grow from the Pop-Up Institute.¹¹²
- Over the past couple of years, Texas has experienced an upward trend in drug overdose deaths. Similarly, a 2018 Texas Drug Use Patterns and Trends report by Dr. Jane C. Maxwell, a research professor and epidemiologist at the UT Steve Hicks School of Social Work, highlights an increase in the number of deaths from drugs and an alarming upward trend in young people who use substances. These trends have resulted in additional research efforts to explore alcohol, tobacco, and other drug (ATOD) use at the state and community levels.

However, reliable data necessary to assess ATOD-related needs are limited to statewide data collection efforts and incomplete opioid overdose data. Survey respondents across the various ATOD-related activities surveyed agree that a foundation of targeted, local use data is necessary (e.g., timely, location-specific, and demographic-specific).

Current trends related to opioid misuse and response has been a research focus for many entities in this community.

Youth Use Data and Trends

Survey respondents who engage in ATOD-related research reported a specific need for more youth-focused research that explores use patterns by age, gender, race/ethnicity and location (“urban, exurban, rural, neighborhood”). As mentioned elsewhere in this report, Children’s Optimal Health recently presented on youth substance patterns using available county-specific data, providing maps that have the potential to improve targeted prevention efforts. Similarly, participants in this needs assessment process see a need for more local data to aid in community planning efforts.

Data-Sharing Efforts

There are numerous data collection efforts underway in the Austin/Travis County community at the service- and client-level. More than half of survey respondents across all ATOD-related activities reported that they collect client-level data and are able to share de-identified data. More than half of service respondents report that they are collecting service-level data for internal use. More than half of participants also reported a willingness/ability to share data. The coordination and centralization of relevant data for the purposes of conducting timely needs assessments is an area that should be explored prior to any discussion of shared data collection measures and strategies. Further, respondents expressed a desire to learn more about the impact and observations of their collaborative group partners.

Respondents reported on specific data needed for community planning efforts:

- Research on health professional trainings (gaps, impact)
- Prevention strategies employed at the school district level and linkages to care
- More comprehensive reporting of overdoses in Travis County
- Outcomes data from service providers
- Maternal morbidity/mortality
- Better vital statistics on overdoses
- Research based on demographic factors: age, race/ethnicity, location

Finally, respondents expressed a desire for more community needs assessments to help providers ascertain both the gaps and best practices available in addressing deficits of the current recovery system. As one respondent stated, what would be useful is information on “gaps about what the full continuum of services... based on community needs and best practices.”

RESEARCH: KEY FINDINGS

The survey sample suggests that several organizations are engaged in independent data collection efforts relative to their client population and quality of services. Relative to advancing Austin/Travis County toward a more integrated system of care, these efforts are invaluable to identifying need and evaluating existing services.

Based on survey responses, there are some key considerations for future efforts to improve data sharing among organizations:

- **Evaluating barriers to data sharing:** There are ubiquitous challenges to data sharing, such as HIPAA requirements, and then organizational level challenges such as a general unwillingness to share information. Evaluating the barriers generally and locally to data sharing is necessary to innovating ways to collaborate with data.
- **Screening & assessment:** Evaluating the various tools used to identify client need and disseminating research and training on validated tools is one way in which service organizations may opt in to shared measures. Shared assessment allows for a more coordinated effort to assess local need.
- **Evaluating system outcomes:** While some organizations may not be ready to explore and/or share their individual program outcomes, the need to assess the quality of linkages to care is necessary to create an integrated healthcare system. Exploring and implementing a tracking system to evaluate how clients move through the system is one way in which service providers can begin to evaluate system, rather than service-level, outcomes.

Conclusion

Linkages Across ATOD Activities

A socio-ecological framework emphasizes the importance of evaluating linkages of care across systems in evaluating the system as a whole. In particular, this report focused on the role of screening and referral and linkages to care from other settings including primary and specialty care, emergency departments and hospitals, and EMS and the crisis response system.

Screening and Referral

Currently, organizations are using a wide variety of screening and assessment tools (see Figure 10 below). Unfortunately, this finding from the 2015 SUD Plan still appears to be the rule across most primary care settings: "Currently no tool is consistently used across health systems, and many primary care providers are not comfortable with addressing substance use or asking screening questions." Key informants did cite progress in adoption of SBIRT and other validated substance use assessment tools in specialized, integrated care settings, such as special courts and clinics targeted at homeless populations or those with HIV. These successes in serving special populations may be scaled to the broader community. In an effort to improve linkages to care, there may need for a more thorough assessment of tools currently utilized to identify any overlap that may exist between them. Education on empirically-validated tools to improve referral to appropriate levels of care may also be needed.

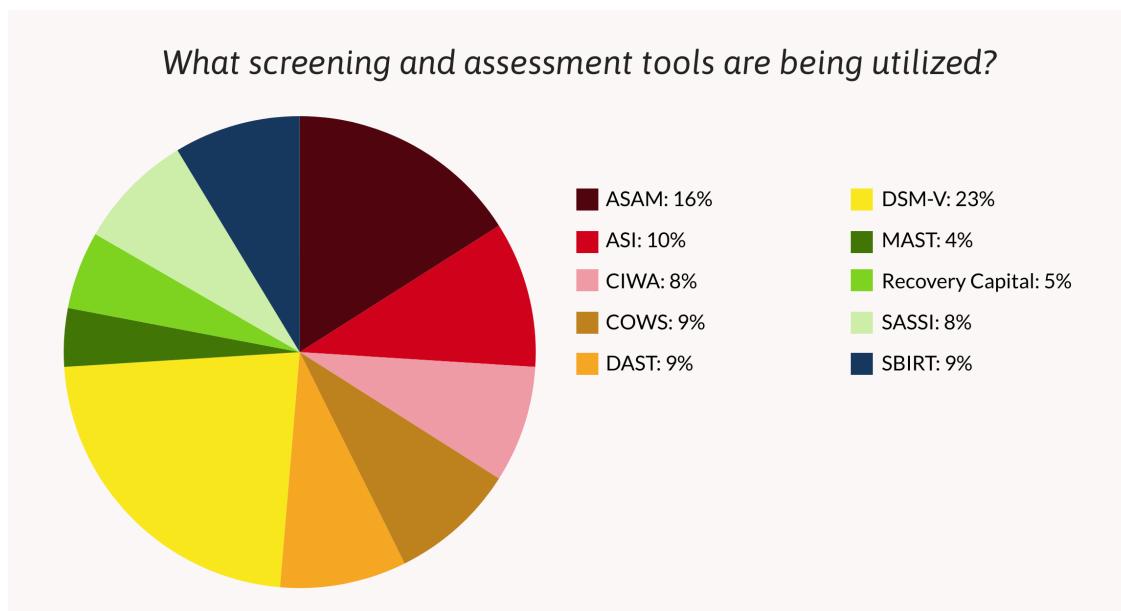


Figure 10. Frequency Screening & Assessment Tool Use Across Activity Areas¹¹³

To that end, organizations participating in the survey were asked to report on ways that individuals in the community learn about their services and to whom they refer clients to most often. The most common answer about how clients learn of organizations' services is via word of mouth or through peers. Similarly, other providers seem to play a frequent, and thus, essential role in helping individuals navigate the recovery system.

<i>Survey Responses: How Do Those You Serve Learn About Your Services?</i>	
Source	Frequency
Word of Mouth/Peers	104
Website/social media	81
Other providers	71
School, colleges, universities	56
Criminal justice institution	52
Healthcare provider	44
Case Management Services (e.g., OSAR)	41
Local law enforcement	31
2-1-1	26
Integral Care Helpline	21
Other	7
Community outreach	6
DFPS/CPS	5
Other directories	2

*NOTE: The frequency numbers are cumulative; therefore, organizations that reported on multiple activities were asked for each service type (e.g., treatment, recovery support services), how people source information about that service. Thus, the totals for some of these categories (e.g., word of mouth) are greater than the sum total of individual organizations responding to the survey.

Survey respondents were also asked to identify what organizations they refer to most based on the ATOD service their client is seeking. Results indicate that providers have a variety of preferences in terms of where they refer individuals most frequently. The top referral sources for each type of service are listed below:

Alcohol & Other Drugs

- Prevention: Alternative Peer Groups, Communities for Recovery, Integral Care, and LifeWorks
- Intervention/Harm Reduction: Austin Harm Reduction Coalition, Integral Care, and Texas Harm Reduction Alliance
- Treatment: Austin Recovery, Integral Care, and Phoenix House
- Recovery Support Services: Communities for Recovery and Integral Care

Tobacco

- Prevention: CDC, FDA, Truth Initiative, and Texans Standing Tall
- Intervention/Harm Reduction: Capital Metro (Freedom From Smoking class), SmokeFreeTXT, and Texas Quitline
- Treatment: Capital Metro, SmokeFreeTXT, Texas Quitline
- Recovery Support Services: SmokeFreeTXT, and Texas Quitline

Although not listed as a top referral source in the survey, referrals to the state-funded regional Outreach, Screening, Assessment, and Referral (OSAR) Center appear to be occurring, especially from primary care settings. However, key informants share that engaging with OSAR proves to be very difficult for homeless patients or others with complex needs; they are instructed to call several times a week to express their interest in continuing to be on a waitlist which creates barriers to access.

As evidenced above, there are a select few organizations where providers most often refer, despite the numerous organizations operating in the various phases of recovery. This trend may be indicative

of a lack of quality alternatives and/or a perception that some organizations are providing above average quality service. Interestingly, some respondents reported making referrals to organizations for services that they do not traditionally offer (e.g., five respondents reported that they refer to Austin Recovery for prevention services). If providers are making service referrals to organizations that may not be the most appropriate fit, this may reflect misunderstanding or lack of knowledge about available and appropriate services within each domain.

Self-Referral

One key informant highlighted the potential role of self-referrals for ATOD-related services, explaining that the system doesn't currently effectively utilize this option and may be missing a significant cohort of consumers due to their lack of interest in entering a residential setting. Some self-referring patients may want a physician, counselor, or combination of providers, which may or may not include other psychosocial support or intensive services. The key informant went on to cite the need for local options for ambulatory detox, same-day assessment or walk in services for this population of patients.

EMS/Crisis System Linkages to ATOD Services

As cited previously in the findings related to Intervention/Harm Reduction, all Austin/Travis County paramedics carry Naloxone and can reverse overdose for opiates. A key informant indicates that most opiate overdose cases go to hospital, but some decline, and there isn't much that a paramedic can do about that. For other substances, defining factors are if they're awake and alert and don't pose a threat to themselves and others, someone can refuse transport.

Community health medics are alerted to potential overdoses and conduct follow-up, including the following protocols: providing an opiate rescue kit with 2 doses of Naloxone to the patient; connecting them with behavioral health resources, generally through Integral Care; connecting them with peer support services; and attempting to initiate a MAT induction. The community health medics are notified about overdoses in real time and will follow-up as soon as possible and within 24 hours and then will conduct follow-up afterwards. For the MAT induction, there is a close partnership between EMS, Integral Care and CommUnity Care. Indeed, the team celebrated the first MAT induction in the field last year, and have had several more since then.

In terms of linkage to ATOD services from other areas of the crisis response system, key informants mentioned the Integral Care Psychiatric Emergency Services (PES) is an option, but cited difficulties with not having specialized services and/or a location specific to substance use. 2-1-1 and the Integral Care Helpline (512-472-HELP) were also cited as moderately frequent referral options from service providers.

Emergency Department and Hospital Linkages to ATOD Services

Key informants validated that there are very few established mechanisms of warm handoff between the Emergency Departments (ED) and community providers. Currently, there is no standardized referral pathway for SUD-affected patients discharging from an ER to a lower level of care. As such, the onus to generate appropriate referrals often falls on the ER social worker on shift. There are, however, some independent emergency room operators such as Physicians Premier, who have developed a dedicated workflow response to patients with substance use-related issues.

Key informants also commented on the need to educate hospitals to expand resources for SUD referrals. Hospital social workers were cited as an important but somewhat limited resource for offering patients, family and allies access to basic local resources that may include Integral Care, Cenikor, and Austin Recovery. Since many of these social workers often have other professional affiliations, they may also provide referral information from within their own formal and informal networks.

Within the medical-surgical level of care (patients admitted to the hospital for longer stays than the ED), discharge referrals may echo a similar scenario. However, within this level of care, the staff have more time to work with patients, and may also be able to engage family members or mobilize resources to engage a more robust care plan. There is an opportunity for better outcomes within the medical-surgical level of care, because patients are in less crisis than the ED. Additionally,

there is more time for financial arrangements and treatment planning. Comparatively, EDs have less opportunity to provide comprehensive discharge planning.

Patients with private health insurance will likely receive a different array of referrals than patients relying on public or state funding. The latter will often be referred to Integral Care or other publicly funded entities such as a Federally Qualified Health Center (FQHC). In many cases, the Local Mental Health Authority (LMHA) is provided as a primary referral, even though access to these services is reserved as payer of last resort.

Primary Care Linkages to ATOD Services

People with mild to moderate substance use are frequently encountered in primary care settings. However, key informants indicated generally low levels of screening for substance use are occurring in general primary care settings, although they are happening more frequently in specialized care settings for patients with complex needs. Low levels of screening are attributed to the pressures to see high volumes of patients in primary care settings in addition to ongoing stigma and lack of awareness regarding substance use disorders.

In terms of linkage to MAT via primary care, the collaboration between Integral Care, CommUnity Care and the Dell Seton B Team is an important asset, although limited in scope. Key informants mentioned opportunities to build upon the success of the Dove Springs clinic by engaging and building partnerships with other primary care providers and with the criminal justice system.

Service Gaps across ATOD Activities

Survey respondents were asked to rank special populations based on the lack of services available to them in the community (See Figure 11 below). Prevention organizations recognize that clients who are uninsured and/or low income are the most underserved in terms of available services. Intervention/harm reduction organizations recognize individuals with co-occurring mental health issues and individuals who use opioids as most underserved (it should be noted that one key informant pointed out that the population "individuals who are not ready for treatment" was not included as a response option. This group is especially relevant to intervention/harm reduction organizations, as they may be the first point of contact with the continuum of recovery services.) Treatment providers recognize that there is a lack of services for people who are uninsured, underinsured, or cannot afford treatment. Further, collaborative groups were asked to recognize populations that are underserved, generally, in the spectrum of available ATOD services. Similar to treatment providers, the majority of this group recognize persons who are uninsured, underinsured, and that cannot afford treatment as lacking the most available services.



Figure 11. For Whom Are Services Most Lacking? Most Common Responses Across Activity Areas

It is worth noting that while the survey results provide preliminary insights into linkages of care, there is a need for further evaluation. There are numerous systems – healthcare, school, criminal justice, etc. – that can facilitate hand-offs to the appropriate organizations along the ATOD spectrum.

Key Considerations

The following are key considerations for future planning efforts based on the findings outlined in this assessment.

Coordinated Data Efforts

Respondents in every domain of the ATOD study mentioned the need for improved data and for more coordination between organizations and systems. However, in some cases there are challenges with obtaining accurate and updated information on local ATOD-related issues. For instance, one informant shared the example of local anecdotal information confirming the presence of fentanyl in the community even though the official vital statistics do not substantiate this. Lack of credible research, an overburdened statewide medical examiner infrastructure, and unstandardized data collection methodologies impede informed local decision making.

In addition, there is great interest in needs and outcomes data in order to assess organizational and system-wide progress in addressing ATOD-related challenges. However, the varying definitions of outcomes data make it difficult to compare outcomes across organizations. Evaluating the various tools used to identify client need and disseminating research and training on validated tools is one way in which service organizations may opt-in to shared measures. Shared assessment allows for a more coordinated effort to assess local need.

Continued Collaboration

An abundance of collaborative initiatives currently exist in Austin/Travis County. However, there is room to build and scale current collaborations to serve more persons and to expand beyond specific populations. In addition, there is a need to improve coordination of care for individuals with substance use disorder across health care systems, social services, and other systems including criminal justice, housing and employment support, and child welfare.

Accommodating Cultural Differences

The need to continue to improve the cultural proficiency of services delivered across the spectrum of ATOD-related services is a key finding of this report. Survey respondents and key informants stressed the need for implementing targeted, culturally specific treatment options and harm reduction services based on language, race/ethnicity, and sexual orientation. Additional needs include assessing the wraparound services needed to support low-income persons, such as organizational capacity for responsive case management and evaluating and increasing language capacity to meet the need of non-English speakers.

Inclusion of Diverse Perspectives

While it was outside the scope of this report, it is challenging to make assumptions and propose insights about the accessibility of the recovery system without incorporating consumer-level feedback. If marginalized groups are not accessing services, there might be a deficit in provider knowledge as to what the barriers are. One way in which this information might be gleaned, short of interviewing individuals who are not accessing services, is to leverage the experiences and wisdom of community outreach workers. Feedback from this workforce may yield greater insights into barriers that are not attainable from service providers.

In addition, intervention and harm reduction service providers are underrepresented in community planning efforts. While tensions exist among advocates for and against alternative to abstinence pathways to recovery, there is also much common ground, including agreement that there are many different paths to recovery (e.g. self-help, professional treatment, medical interventions, etc), that recovery is a long-term process, and that there are real solutions to addiction. Ensuring that diverse perspectives and experiences in recovery are represented in ATOD-related dialogues is critical to the success of future community efforts.

Improved Screening, Assessment & Referral

The 2015 Travis County Plan for Substance Use Providers noted that “currently no tool is consistently used across health systems, and many primary care providers are not comfortable with addressing substance use or asking screening questions.”¹¹⁴ Fortunately, our community has seen some progress in this area, especially in the adoption of SBIRT and other validated substance use assessment tools in specialized care settings, such as special courts and clinics targeted at homeless populations or those with HIV. The lessons learned from these focused efforts should now be scaled to the broader community of emergency response personnel, hospital staff, and primary care providers who engage with persons needing access to ATOD-related services. In addition, providers at the bare minimum need a better understanding of what services are available within each service domain in order to make accurate and useful connections to other services. Basic information about available and appropriate services within each ATOD domain should be made available to service providers and the general public to facilitate improved warm handoffs as well as self-referrals.

Evaluation of Population-Specific Barriers

Availability of all levels of service and the accessibility of those services to all populations is critical in evaluating how the system functions as a whole. To that end, there is an enduring need for more in-depth exploration into current organizational capacity at all levels and user experiences. Specific populations identified in this needs assessment that may lack access to services include:

- People of color
- Women
- Women with children
- Non-English speaking

- LGBTQ individuals
- Individuals with low-income, including those in the “health care gap”

Impetus for Action

While many local organizations, service providers, and governmental entities have long worked to address substance use in our community, many stakeholders consider the present moment to be an ideal time in Austin/Travis County to pursue ambitious goals and ideas in a re-energized effort to make progress on substance use locally. The following factors have created optimal opportunities for organizations and service providers to act now on ATOD-related initiatives:¹¹⁵

Difficult conversations are happening across service providers. While intra-organizational communication and collaboration continue to be a challenge, there is anecdotal evidence that communication among service providers has improved considerably. Service providers are engaging each other more frequently. They are also working together on important issues, such as gaps in services, lack of inclusion of marginalized communities, and future planning.

Moving away from a mentality of scarcity of resources. Service providers in Austin/Travis County often “compete” for many of the same resources, whether it be funding, clients, or referrals. Historically, that has caused some service providers to isolate themselves from the community of care providers. However, that attitude might be changing. Rather than compete with each other for resources, service providers are starting to collaborate more with each other to more efficiently allocate and use resources.

Decrease in stigma, increase in community interest. Stigma around substance use is decreasing among community members in Austin/Travis County. Until recently, there was not a strong community interest to engage and support people living with or in recovery from substance use disorder. More recently, the community is confronting substance use as a public health issue, resulting in growing momentum to divert people and money from the criminal justice system and toward a more efficient public health system that addresses substance use.

The authors of this report are hopeful that this needs assessment provides useful information and context for actionable community planning efforts related to alcohol, tobacco and other drugs in Austin/Travis County. While there are significant needs in our community, there is also tremendous momentum and potential to scale existing efforts that are already positively impacting both the lives of persons impacted by alcohol, tobacco and other drugs as well as the systems that are created to serve them.

Appendices

Appendix A. Glossary of Terms

Availability refers to the existence and operation of resources and services in the community.¹¹⁶

Accessibility is an individuals' ability to connect and receive these services and resources.¹¹⁷

Activities – Service or actions performed by individuals or organizations in pursuit of a common goal: to help individuals initiate or sustain recovery from alcohol, tobacco, or other drugs.

Inpatient treatment – Intensive, 24-hour a day services delivered in a hospital setting.

Intensive outpatient treatment – 9 to 20 hours of treatment activities per week; last anywhere from 2 months to one year.

Intervention/Harm Reduction – activities intended to minimize the negative consequences associated with ATOD use through brief, focused interventions that do not require individuals to stop using substances as a precondition of support.

Medication-assisted treatment - involves the co-prescription of medications (e.g., methadone, buprenorphine, naltrexone) and counseling (e.g., behavioral therapies) to assist individuals in designing a treatment and recovery process that better addresses their unique needs and location in the process.¹¹⁸

Opioid use disorder - characterized as the loss of control of opioid use, risky opioid use, impaired social functioning, tolerance, and withdrawal.¹¹⁹

Outpatient or intensive outpatient – provided at a program site, while the person lives at home. Attendance requirements vary for everyday to once a week and can be provided in the evenings or on weekends.

Opioid treatment programs (e.g., methadone clinics)- offer medication-assisted outpatient treatment for people depend on opioid drugs; concurrently offer counseling and other services in addition to medication.

Partial hospitalization or day treatment – 4 to 8 hours of treatment per week provided in hospitals or free-standing clinic while the individual lives at home.

Peer recovery support services - designed and provided by individuals with lived experience in recovery. Related activities may include peer mentoring or coaching, recovery resource connection, facilitating and leading recovery groups, and building community.¹²⁰

Prevention - activities focused on helping people develop the knowledge, attitudes, and skills they need to prevent substance use problems.¹²¹

Primary prevention - intervening before health effects occur (e.g., educational programs).¹²²

Recovery – a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.¹²³

Recovery residences – A broad term describing a sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems.¹²⁴

Recovery Support Services - Recovery support services (RSSs) are nonclinical services that assist individuals and families to recover from alcohol and drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life.¹²⁵

Recovery support service organizations (RSSO) - peer facilitated services that support long-term recovery by helping individuals initiate counseling, sober housing, transportation and medications. Peers provide support before, during, and after treatment.¹²⁶

Residential treatment – Intensive, 24-hour a day services delivered in settings other than a hospital.¹²⁷

Secondary prevention - screening to identify diseases in the earliest stages, before the onset of signs and symptoms (e.g., the Screening, Brief Intervention, and Referral to Treatment [SBIRT] tool; intervention/harm reduction may also fall into this category).¹²⁸

Socio-ecological framework – Framework that considers the influence of various social systems on an individual initiation and maintenance of recovery.

Substance use disorder – when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.¹²⁹

Tertiary prevention - managing disease post diagnosis to slow or stop disease progression (e.g., prevention of recurrence of substance use and congruent with treatment and recovery; re-intervention and harm reduction may also be included in tertiary prevention).¹³⁰

Treatment - activities related to the provision of medication-assisted treatment (MAT) and/or substance use treatment: detox, inpatient, outpatient, residential, etc.

Appendix B. Report Methodology

In collaboration with the project Steering Committee, the following learning questions were identified as guiding this needs assessment work:

- What activities are available in Travis County related to the prevention, intervention, treatment, and recovery supports for ATOD?
- How do people source and access ATOD services?
- How are service providers engaging with clients/doing outreach?
- How are people navigating the local ATOD system?
- How are services currently linked?
- What screening and assessment tools are being utilized?
- What are the current strengths and assets of service providers?
- Where is there overlap and/or gaps in services, and how are services aligned?

Given the report's dual purposes of inventorying resources and summarizing insights, the Woppard Nichols & Associates (WNA) team employed a mixed methods approach for this Needs assessment. Principal data collection activities included:

- An online survey: This survey gathered information from service providers, collaborative groups and research/information gathering efforts specific to the Austin/Travis County community;
- Key informant interviews: Members of the WNA team conducted informal phone interviews to gather additional information on themes emerging from survey responses;
- Community planning documents: Community planning documents were identified and included as important context throughout this report to contextualize the data gathered from the online survey and key informant interviews.

Steering Committee Oversight

This project was conducted under the guidance of a steering committee with representatives from Austin Public Health, Central Health/Community Care Collaborative, Integral Care, the Sobering Center, and Travis County Health and Human Services. The steering committee created the survey and provided data and background information.

Defining ATOD-Related Terms

Prior to collecting data, the steering committee selected the term "activities" to encompass the various domains of ATOD-related efforts in Austin/Travis County. The group determined six discrete (although, in some cases, overlapping) activity categories and definitions:

- **Prevention** - activities focused on helping people develop the knowledge, attitudes, and skills they need to prevent substance use problems (SAMHSA).
- **Intervention & Harm Reduction** - activities intended to minimize the negative consequences associated with ATOD use through brief, focused interventions that do not require individuals to stop using substances as a precondition of support.
- **Treatment** - activities related to the provision of MAT (MAT) and/or substance use treatment: detox, inpatient, outpatient, residential, etc.
- **Recovery Support** - activities that include peer-based recovery support, housing, and other supports and services targeted to support individuals struggling with or recovering from ATOD usage.
- **Collaborative Groups** (e.g., coalitions, ROSC, workgroups, and other groups) - activities such as advocacy and information gathering and/or dissemination of resources intended to alleviate or eradicate problems with ATOD.
- **Research & Information Gathering** - any data collection or research initiatives with the aim to better understand the dimensions, characteristics, causal factors, and/or impact of substance use in Austin/Travis County.

There are a variety of key terms used by institutions to describe substance use and its impact on communities that are instrumental in framing this needs assessment.) Given that the primary purpose of this report is to provide a foundation for future community planning efforts, the complexity and variance of language to describe these activities was included as an appended document. For the purposes of our investigation, the above definitions were adopted.

ATOD Inventory

The WNA team identified participants for data collection through website searches, sourcing of public-facing documents, and suggestions from key informants. The team added new programs and groups to the inventory throughout the project, as they were identified through the survey and related follow-up interviews.

Online Survey

An online survey was launched in May 2019. Multiple channels of dissemination were leveraged including a Sobering Center landing page, listservs, social media, and requests for information from key stakeholders. In total, over 100 individuals began the survey, resulting in the representation of 76 unique groups and programs in the sample of responses.

The full survey is approximately 220 questions in total but respondents were only prompted to answer questions related to the ATOD activities provided by their organization. Therefore, for most participants, the survey took 10 to 20 minutes to complete.

Yet, the WNA team received feedback during the process that a considerable barrier to completion was the concern that the survey would take more time to complete than it was actually taking in practice. Therefore, the WNA team created an abbreviated set of questions and directly called some service providers to obtain basic information central to the needs assessment process. This pivot in strategy resulted in the inclusion of an additional 20 service providers.

It should also be noted that there are inherent limitations to creating a survey designed to capture information from organizations as diverse as those that address ATOD-related issues. The UT Center for Students in Recovery, for instance, has an open-door policy for students who seek information about the Center's services. Hence, there is no formal count of "clients," which limits the Center's ability to report specific numbers.

Other, larger healthcare organizations were challenged in parsing out client counts for each "activity" listed within the survey, as these services are often offered as part of a continuum of services rather than discretely or in isolation. Thus, group-level aggregated service data must be interpreted with the understanding that some figures may under-represent actual services provided.

Key Informant Interviews

To contextualize the data collected throughout this project, members of the WNA team conducted follow-up interviews with key informants from organizations and groups performing a range of ATOD-related activities. Key informants were identified by the steering committee and/or selected based on their position of leadership within specific ATOD topics. Given the accelerated timeline of this project, it is likely that a comprehensive range of perspectives on all ATOD activities in Travis County are not wholly represented.

Data Analysis

In alignment with a socio-ecological framework, survey results were analyzed with regard to the potential impacts on availability and accessibility in each activity domain, with availability referring to the existence and operation of resources and services in the community; and accessibility defined as an individuals' ability to connect and receive these services and resources. The scope of the needs assessment was limited to information collected by service providers and other key informants and does not include service user perspectives. Therefore, accessibility was assessed in terms of the population for whom the ATOD-related efforts was designed, regardless of accessibility as perceived by members of the population served.

Appendix C. Survey Responses by Activity Type

Prevention Organizations						
<i>Organization</i>	<i>Type of Activities</i>	<i>Service Focus</i>	<i>Capacity</i>		<i>Fiscal Year 2018</i>	
			<i>Direct Services</i>	<i>Demographic Groups</i>	<i>Total # Clients, Tobacco-Specific Services</i>	<i>Total # Clients, Alcohol and Other Drug-Specific Services</i>
<i>Austin Clubhouse</i>	Primary; Tertiary	Selective	Service referral; Resource provision; Mental health support services and programs	Men; Women; Women with children	---	---
<i>Cardea Services</i>	Primary; Secondary	Universal	Education; Training	Adolescents	150	256
<i>Children's Optimal Health</i>	Primary	Universal	Education; Community data analytics; mapping and info sharing; awareness focus; support for direct service organizations. Does not provide direct services.	Women with children; School age children; Adolescents; General population	0	0
<i>City of Austin</i>	Primary; Secondary; Tertiary	Selective; Indicated; Universal	Education; Screening & Assessment; Service Referral; Resource provision	General population	---	---
<i>Community Medical Services</i>	Tertiary	Selective	Education; Screening & Assessment; Service Referral; Hotline or crisis intervention; Resource provision	Men; Women; Women with children	0	700
<i>Downtown Austin Community Court</i>	Primary; Secondary; Tertiary	Universal	Screening & Assessment; Service Referral; Resource provision	Men; Women	0	90
<i>Integral Care - Youth Prevention Initiative</i>	---	---	Programming in local schools	Adolescents	291	677
<i>Integral Care - YPI's Strengthening Families Program</i>	---	---	Family-focused curriculum that builds relationships and identifies strategies for avoiding alcohol and other drugs	Families	0	123
<i>Integral Care - Universal screening for tobacco use</i>	---	Universal	Universal screening for tobacco use	---	14,572	0

Prevention Organizations

Prevention Organizations						
			Capacity		Fiscal Year 2018	
Organization	Type of Activities	Service Focus	Direct Services	Demographic Groups	Total # Clients, Tobacco-Specific Services	Total # Clients, Alcohol and Other Drug-Specific Services
Integral Care – Adult substance use screening and assessment	---	---	Substance use screening is protocol for all clients beginning in mid-FY18	---	0	1,686
Integral Care – Youth substance use screening and assessment	---	---	Substance use screening is protocol for all clients beginning in mid-FY18	---	0	224
Keystone APG	Tertiary	Indicated	Education	Adolescents	---	---
LifeSteps Council on Alcohol & Drugs	Primary; Secondary; Tertiary	Selective; Indicated; Universal	Education; Screening & Assessment; Service Referral; Resource Provision	Men; Women; School age children; Adolescents	315	212
LifeWorks (Prevention Services)	Primary	Selective; Universal	---	School age children; Adolescents	1110	450
Our House	Primary	Universal	Education; Service Referral; Collaborate with other service providers	Adolescents; General population	300	300
Phoenix House	Primary	Selective; Universal	Education; Service Referral; Resource provision	Men; Women; Women with children; School age children; Adolescents; General population	4000	3604
SIMS Foundation	Primary; Secondary; Tertiary	Universal	Education; Screening & Assessment; Service Referral; Hotline or crisis intervention; Resource provision	Men; Women; Women with children; Adolescents	0	15
Travis County Juvenile Probation Department	Primary; Secondary; Tertiary	Selective; Indicated	Education; Screening & Assessment; Service Referral; Resource provision	Adolescents	0	1000
Texas Department of State Health Services (DSHS)	Primary; Tertiary	Universal	Education; Hotline or crisis intervention; Resource provision We do not provide direct services.	Men; Women; Women with children; School age children; Adolescents; General population	---	---

Prevention Organizations						
			Capacity		Fiscal Year 2018	
Organization	Type of Activities	Service Focus	Direct Services	Demographic Groups	Total # Clients, Tobacco-Specific Services	Total # Clients, Alcohol and Other Drug-Specific Services
<i>Texas Harm Reduction Alliance</i>	Primary; Tertiary	Selective; Indicated; Universal	Education; Service referral; Resource provision	Men; Women with children; General population	---	---
<i>Tranquility Home Sober Living</i>	Tertiary	Indicated	Service referral; Resource provision	Women; Women with children; General population	0	75
<i>Travis County Underage Drinking Prevention Program</i>	Primary	Selective; Indicated	Education; Resource provision	Women with children; School age children; Adolescents	0	20000
<i>Travis County Youth Substance Abuse Prevention Coalition</i>	Primary	Selective; Indicated	Education	Adolescents	---	---
<i>Tune into Life</i>	Primary	Selective; Universal	Education; Service referral; Resource provision	School age children; Adolescents	---	---
<i>University High School and Youth Recovery Network</i>	Primary; Secondary; Tertiary	Selective; Indicated; Universal	Education; Screening & Assessment; Service Referral	Men; Women; Adolescents	0	53
<i>Workers Assistance</i>	Primary	---	Education	Adolescents	---	---

Note: This list is inclusive of those organizations that selected "Prevention" activities. The following organizations/entities selected that they perform prevention activities but did not provide sufficient information for inclusion in this table: Gardner Betts, Memorial Hermann Prevention and Recovery Center, and Mobile Loaves and Fishes.

"---" indicates that information was not provided by the respondent.

*Given the complexity of services provided by Integral Care, information is broken down by program level in this table.

Intervention/Harm Reduction Organizations							
			Capacity			Fiscal Year 2018	
Organization	Type of Activities	Demographic Groups	Payment Accepted	Waitlist	Ave. Wait time	Total # Clients, Tobacco-Specific Services	Total # Clients, Alcohol and Other Drugs-Specific Services
<i>Austin Clubhouse</i>	Health & wellness services; Crisis intervention; MAT; Mental health recovery and rehabilitation	Men; Women; Women with children	N/A	No, we always have capacity for clients.	N/A	---	750
<i>Downtown Austin Community Court</i>	Brief intervention/treatment; Screening & assessment; Crisis intervention	Men; Women	N/A	Yes	More than 1 month	0	179
<i>Integral Care Naloxone Initiative *</i>	Overdose prevention and education; overdose medication	---	---	---	---	---	142 prevention and education; 30 (overdose medication)
<i>Keystone APG</i>	Health & wellness services	Adolescents	---	---	---	---	---
<i>Phoenix House</i>	---	Men; Women; Adolescents	Private insurance; Medicare; Medicaid; Cash; State funding; County funding	No, we always have capacity for clients.	N/A	---	150
<i>SIMS Foundation</i>	Brief intervention/treatment; Screening & assessment; Crisis intervention	Men; Women; Women with children; Adolescents; General population	N/A	No, we always have capacity for clients.	N/A	0	unknown
<i>Texas Harm Reduction Alliance</i>	Brief intervention/treatment; Health & wellness services; Health education; Crisis intervention; We can pay for MAP treatment until a person is connected to other sources	General population	N/A	No, we always have capacity for clients.	N/A	---	we are a newly formed non-profit

Intervention/Harm Reduction Organizations							
			Capacity			Fiscal Year 2018	
Organization	Type of Activities	Demographic Groups	Payment Accepted	Waitlist	Ave. Wait time	Total # Clients, Tobacco-Specific Services	Total # Clients, Alcohol and Other Drugs-Specific Services
<i>Travis County Youth Substance Abuse Prevention Coalition</i>	Health education	Adolescents	N/A	No, we always have capacity for clients.	N/A	---	0
<i>University High School and Youth Recovery Network</i>	Brief intervention/treatment; Screening & assessment; Health education; Peer recovery coaching; DBT skills; Solution-focused brief interventions	Men; Women; Adolescents	Cash	No, we always have capacity for clients.	N/A	0	53

Note: This list is inclusive of those organizations that selected "Intervention and Harm Reduction" activities. The following organizations/entities selected that they perform intervention and/or harm reduction activities but did not provide sufficient information for inclusion in this table: City of Austin, Community Medical Services, Gardner Betts, LifeSteps Council on Alcohol and Drugs, Memorial Hermann Prevention & Recovery Center, Mobile Loaves and Fishes, Travis County Juvenile Probation Department, and Tranquility Home Sober Living.

"---" indicates that information was not provided by the respondent.

Treatment Organizations

Organization	Levels of Treatment	Demographics	Capacity						Fiscal Year 2018	MAT Compatible	
			# Beds	# Slots	Ave Wait	Waitlist	# Recovery Support	# Case Management			
A New Entry, Inc.	Int Res; Sup Res	Men; Women; Women with Children	80	0	80	Yes	3 days to 1 week	County funding; check; credit card; money order; direct deposit	188	Yes	
Alpha 180	Sup Res; IOP; PHP	Men; Adolescents; General Population	38	32	43	Yes	3 days to 1 week	Private insurance; cash	100	No	
Austin Clubhouse	N/A	---	0	0	0	0	---	---	---	---	
Austin Drug & Alcohol Abuse Program	OA Detox; IOP	Men; Women; Women with Children	0	0	0	0	No, we always have capacity for clients.	N/A	Private insurance; cash	1,820	Yes
Austin Recovery	OA Detox; Res Detox; Inp; Int Res; Sup Res; IOP; PHP; MAT	Men; Women; Women with Children	62	0	62	32	Yes	More than 1 month	Private insurance; cash; state funding; county funding	1070	Yes
Austin Restoration Ministries	Sup Res	Men; Women; Women with Children	0	0	0	0	No, we always have capacity for clients.	N/A	N/A	250	No

Treatment Organizations

			Capacity						<i>Fiscal Year 2018</i>	<i>Total # Clients</i>	<i>MAT Compatible</i>
			<i># Beds</i>	<i># Slots</i>	<i>Ave Wait</i>	<i>Payment</i>					
<i>Organization</i>	<i>Levels of Treatment</i>	<i>Demographics</i>	<i># Recovery Support</i>	<i># Case Management</i>	<i>Waitlist</i>						
BRC Outpatient Services LLC	Res Detox; Sup Detox	Men; Women; Women with Children	436	0	0	0	No, we always have capacity for clients.	N/A	Private insurance; cash	400	No
CARMAhealth	OA Detox; Res Detox; MAT	Men; Women; Women with Children	0	0	0	0	No, we always have capacity for clients.	N/A	Private insurance; cash; county funding	2500	Yes
Cenikor Foundation	Res Detox; Int Res	Men; Women; Women with Children	90	0	0	0	Yes	2 weeks to 1 month	Private insurance; cash; state funding; Tri-West	1100	Yes
Center for Relational Care	IOP	Men; Women; Women with Children; Adolescents; General population	0	0	50	0	No, we always have capacity for clients.	N/A	Private insurance; cash; HSA; credit card	600	Yes
Changing How I Live Life	IOP	General Population	0	0	0	0	No, we always have capacity for clients.	N/A	Cash; County funding	225	Yes

Treatment Organizations

			Capacity							<i>Fiscal Year 2018</i>	<i>MAT Compatible</i>
			<i>Ave Wait</i>	<i>Payment</i>	<i>Total # Clients</i>						
<i>Organization</i>	<i>Levels of Treatment</i>	<i>Demographics</i>	<i># Beds</i>	<i># Slots</i>	<i># Recovery Support</i>	<i># Case Management</i>	<i>Waitlist</i>				
Clean Investments Inc.	IOP	Men; Women; Women with Children; Adolescents; General Population	0	0	300	0	No, we always have capacity for clients.	N/A	Private insurance; cash; state funding		Yes
Community Medical Services	IOP; MAT	Men; Women; Women with Children; General Population	0	0	200	0	Yes	---	Cash; state funding; county funding	363	---
Downtown Austin Community Court	Res Detox; Inp; Int Res; IOP; PHP; MAT	Men; Women; Women with Children	0	0	180	0	Yes	More than 1 month	N/A	179	Yes
Integral Care - Community AIDS resources and Education (CARE)	Mental health services and drug and alcohol treatment for people with HIV or at risk for HIV	---	---	---	---	---	---	---	---	308	---
Integral Care - Dove Springs MAT Clinic	MAT treatment for MAP eligible people with an opioid use disorder	---	---	---	---	---	---	---	---	168	---
Integral Care - Narcotic Treatment Program (NTP)	Methadone treatment and therapy	Men; Women; Women with Children; General Population	0	345	---	---	Yes	More than 1 month	Private insurance; cash; state funding; Medicaid	443	Yes

Treatment Organizations

	Capacity								<i>Fiscal Year 2018</i>	<i>MAT Compatible</i>	
	<i>Organization</i>	<i>Levels of Treatment</i>	<i>Demographics</i>	<i># Beds</i>	<i># Slots</i>	<i>Waitlist</i>	<i>Ave Wait</i>	<i>Payment</i>			
Integral Care – Office Based Opioid Treatment (OBOT)	MAT and supports for people with an opioid use disorder	Men; Women; Women with Children; General Population	0	28	---	---	Yes	3 days to 1 week	Private insurance; cash; state funding; Medicaid	12	Yes
Integral Care – Oak Springs Intensive Outpatient Substance Use Treatment Program	Therapy and case management	Men; Women; Women with Children; General Population	0	191	---	---	NO	No, we always have capacity for clients	Private insurance; cash; state funding; Medicaid; county funding	364	---
Integral Care – Outpatient Detox	Medically supervised detox	Men; Women; Women with Children; General Population	0	190	---	---	No	No, we always have capacity for clients	Private insurance; cash; state funding; Medicaid	160	Yes
Integral Care – Tobacco cessation services	Counseling, smoking cessation prescriptions, nicotine replacement therapy	---	---	---	---	---	---	---	---	6,352	---
La Hacienda's Solutions	IOP	Men; Women; Women with Children	0	48	0	0	No, we always have capacity for clients.	N/A	Private insurance; cash	203	Yes

Treatment Organizations

Organization	Levels of Treatment	Demographics	Capacity						Fiscal Year 2018	MAT Compatible	
			# Beds	# Slots	Ave Wait	Payment	Total # Clients				
LifeSteps Council on Alcohol & Drugs	N/A	Men; Women; Women with Children	0	0	45	69	No, we do have to turn clients away but do not place them on a waitlist.	N/A	Medicaid; cash; county funding	300	Yes
Memorial Hermann Prevention & Recovery Center	IOP	Men; Women; Women with Children; Adolescents	0	0	0	0	No, we always have capacity for clients.	N/A	Private insurance; cash	---	Yes
Mobile Loaves & Fishes	N/A	---	0	0	0	0	---	---	Medicaid	---	---
New Hope Ranch LLC	OA Detox; Res Detox; Inp; Int Res; Sup Res; IOP; PHP; MAT	Men; Women; Women with Children	72	0	0	0	No, we always have capacity for clients.	N/A	Private insurance; Tri-Care; Cash	130	Yes
New Life Institute	IOP	Men; Women; Women with Children	0	0	150	0	No, we always have capacity for clients.	N/A	Private insurance; cash; credit card; checks	---	Yes
Northwest Counseling & Wellness Center LLC	IOP	General Population	0	0	0	0	Yes	1 to 2 weeks	Private insurance; Medicaid; cash	---	Yes

Treatment Organizations											<i>Fiscal Year 2018</i>	<i>MAT Compatible</i>	
<i>Organization</i>	<i>Levels of Treatment</i>	<i>Demographics</i>	<i>Capacity</i>						<i>Ave Wait</i>	<i>Payment</i>	<i>Total # Clients</i>		
			<i># Beds</i>	<i># Slots</i>	<i># Case Management</i>	<i># Recovery Support</i>	<i>Waitlist</i>						
Nova Recovery	OA Detox; Res Detox; Inp; Int Res; Sup Res; IOP	Men; Women, Women with Children	0	59	0	0	No, we always have capacity for clients.	N/A		Private insurance; Medicaid; cash	---	No	
Omega Recovery Services LLC	Int IOP; PHP	Men; Women; Women with Children; Adolescents; General Population	0	75	0	0	No, we always have capacity for clients.	N/A		Private insurance; Medicaid; cash	130	Yes	
OSAR	OA Detox; Res Detox; IOP; MAT	General Population	0	0	0	0	No, we always have capacity for clients.	More than 1 month		Private insurance; Medicaid; cash; state funding	2000	Yes	
Phoenix House	Int Res; IOP	---	0	0	0	0	---	---		Medicaid	---	---	
Positive Recovery LLC	OA Detox; Res Detox; Int Res; Sup Res; IOP; PHP	Men; Women; Women with Children	0	0	0	0	No, we always have capacity for clients.	N/A		Private insurance; cash	200	Yes	
Recovery Unplugged	Res Detox; Inp; Int Res; IOP; PHP; MAT	Men; Women; Women with Children	80	80	0	0	No, we always have capacity for clients.	---		Private insurance; cash	1200	Yes	

Treatment Organizations

Organization	Levels of Treatment	Demographics	Capacity						Fiscal Year 2018	MAT Compatible	
			# Beds	# Slots	Ave Wait	Waitlist	# Recovery Support	# Case Management			
Rose Counseling Center	IOP	Men; Women; Women with Children	0	0	32	0	No, we always have capacity for clients.	---	Cash; county funding	43	Yes
Sage Recovery & Wellness Center LLC	Inp; Int Res; Sup Res; IOP; MAT	General Population	0	0	0	0	No, we always have capacity for clients.	---	Private insurance; cash; county funding	---	Yes
SIMS Foundation	OA Detox; Res Detox; Inp; Sup Res; IOP; PHP; MAT	Men; Women; Women with Children; Adolescents	0	0	700	700	No, we always have capacity for clients.	---	N/A	100	Yes
Travis County Juvenile Probation Department	IOP	Adolescents	0	0	0	0	Yes	1 to 2 weeks	State funding; county funding	1000	No
Texas Overdose Naloxone Initiative (TONI)	N/A	Men; Women; Women with Children; General Population	0	0	0	0	Yes	2 weeks to 1 month	N/A	N/a	---

Treatment Organizations							<i>Fiscal Year 2018</i>	<i>MAT Compatible</i>
<i>Organization</i>	<i>Levels of Treatment</i>	<i>Demographics</i>	<i>Capacity</i>					
			<i># Beds</i>	<i># Slots</i>	<i>Ave Wait</i>	<i>Waitlist</i>	<i># Recovery Support</i>	<i># Case Management</i>

Note: This list is inclusive of those organizations that selected "Treatment" activities.

Levels of Treatment: OA Detox = Outpatient, Ambulatory Detox; Res Detox = Residential Detox; Inp = Inpatient; Int Res = Intensive Residential; Sup Res = Supportive Residential; IOP = Intensive Outpatient; PHP = Partial Hospitalization; MAT = Medication Assisted Treatment

"---" indicates that information was not provided by the respondent.

*Given the complexity of services provided by Integral Care, information is broken down by program level in this table.. Note that Integral Care does not categorize data based on the number of beds or slots.

Recovery Support Organizations						
<i>Organization</i>	<i>Demographic</i>	<i>Total # of Client Served</i>	<i>Waitlist</i>	<i>Ave. Wait</i>	<i>Cost</i>	
<i>A New Entry, Inc.</i>	Men, Women	---	---	---	\$500-\$550 per month (out of pocket)	
<i>Alpha 180</i>	Men	---	---	---	---	
<i>Austin Clubhouse</i>	Men; Women; Women with Children	---	No, we always have capacity for clients.	---	---	
<i>City of Austin</i>	General population	---	No, we always have capacity for clients.	---	---	
<i>Community Medical Services</i>	Men; Women; Women with children	700	No, we always have capacity for clients.	---	---	
<i>Downtown Austin Community Court</i>	Men; Women	90	Yes	More than 1 month	---	
<i>Integral Care - Peer Recovery SUD services</i>	Men; Women	249	---	---	---	
<i>Integral Care - Road to Recovery</i>	Men	42	---	---	---	

Recovery Support Organizations					
Organization	Demographic	Total # of Client Served	Waitlist	Ave. Wait	Cost
Keystone APG	Adolescents	---	No, we always have capacity for clients.	---	---
LifeSteps Council on Alcohol & Drugs	Men; Women; Women with children; School age children; adolescents	212	No, we always have capacity for clients.	---	---
Longhorn Recovery / Chucks House	Men	---	---	---	\$875 per month
Mobile Loaves & Fishes	Men; Women	---	Yes	More than 1 month	---
Phoenix House	Men; Women; Women with children; School age children; adolescents; general population	3604	No, we always have capacity for clients.	---	---
Second Chances	Men, Women	---	---	---	\$950 per month
SIMS Foundation	Men; Women; Women with children; adolescents	15	No, we always have capacity for clients.	---	---
Texas Harm Reduction Alliance	Men; Women with children; General population	---	No, we always have capacity for clients.	---	---
Tranquility Home Sober Living	Women; Women with children	75	No, we do have to turn clients away but do not place them on a waitlist.	---	\$175 per week
University High School and Youth Recovery Network	Men; Women; Adolescents	53	No, we always have capacity for clients.	---	---

Note: This list is inclusive of those organizations that selected "Recovery Support Services" activities. The following organizations/entities selected that they perform recovery support service activities but did not provide sufficient information for inclusion in this table: Texas Overdose Naloxone Initiative (TONI), Austin Recovery, Community Medical Services, OSAR, Recovery Unplugged, CARMAhealth, RecoveryATX, Recovery People, Communities for Recovery, UT Center for Students in Recovery, Caritas Austin, North Austin Foundation, Palmer Drug Abuse, Self Help and Advocacy Center (SHAC).

"---" indicates that information was not provided by the responding organization.

*Given the complexity of services provided by Integral Care, information is broken down by program level in this table.

Appendix D. Survey Responses Regarding Research on ATOD

Organization (Respondent)	Type of Data Collected			Accessibility		Gaps
	Data Type	Behavioral Focus	Population	Publicly Available	Level	
<i>Alpha 180</i>	Primary: Quantitative, qualitative	Drug use, alcohol use, opioid use	Adult men, adolescents	No, but available upon request	Deidentified patient/client-level data	Most for-profit organizations do not collect and/or share outcomes data
<i>Children's Optimal Health</i>	--	---	---	Yes	Aggregate, group- level	Understanding county and sub-county youth use patterns by age, gender, race/ ethnicity, and location (urban, exurban, rural; neighborhood)
<i>Communities for Recovery</i>	Primary: Quantitative	Recovery capital	None specifically	No, but available upon request	Deidentified patient/client-level; aggregate, group level; system-level; community- or county-level	Data collection on efficacy of substance use treatment services
<i>Integral Care</i>	Primary; quantitative	---	---	No	Able to share de- identified data with limitations.	Gaps about what the full continuum of services should be, based on community needs and best practice
<i>Operation Naloxone/UT Austin College of Pharmacy</i>	---	---	---	Yes	Community- or county-level	---
<i>Travis County Underage Drinking Prevention Program</i>	Secondary: Quantitative; TXDOT CRIS	Alcohol Use	Adolescents	Yes	Community- or County-level	Timeliness, location and substance use
<i>Travis County Youth Substance Abuse Prevention Coalition</i>	Secondary data	Drug use, alcohol use, tobacco use, opioid use	Adolescents; pregnant people	Yes; Community- and county- level	Data from other coalition partners	---

<i>Organization (Respondent)</i>	<i>Type of Data Collected</i>			<i>Accessibility</i>		<i>Gaps</i>
	<i>Data Type</i>	<i>Behavioral Focus</i>	<i>Population</i>	<i>Publicly Available</i>	<i>Level</i>	
<i>University High School & Youth Recovery Network</i>	Primary: Quantitative, Qualitative	Drug use, alcohol use, tobacco use, opioid use	Adult men, adult women, adolescents	No, but can be accessed upon request	Deidentified patient/client-level; aggregate, group- level; community- or county-level	There are gaps in research/data collection for adolescents and emerging adults
Note: This list is inclusive of those organizations that selected “Research & Information Gathering” activities. The following organizations/entities selected that they perform research and information gathering activities but did not provide sufficient information for inclusion in this table: Austin Clubhouse, B-Team, Community Medical Services, HHSC Youth Treatment and Recovery, University of Texas – School of Social Work, and SIMS Foundation						
“---” indicates that information was not provided by the responding organization.						

Appendix E. Austin/Travis County ATOD Coalitions and Initiatives

Coalition & Initiative	Description
Addiction Research Interest Group (ATRIG)	Dell Medical School students.
Austin Area Opioid Workgroup* Meets third Thursday of the month from 2:30 to 3:30 p.m. at Communities for Recovery, 4110 Guadalupe St. #635	The Opioid Work Group's mission is to bring together the recovery community to identify gaps in service, best practices, needed and existing resources, and whatever else the group sees fit to assist the population that has history or presently suffers from opioid dependency. This group will welcome and include those that work with Medically Assisted Recovery Services as well as the Harm Reduction community. They are also creating MAT fact sheets for sober homes, fold out cards for harm reduction and want to create a new website.
Austin Justice Coalition^a	AJC serves people who are historically and systematically impacted by gentrification, segregation, over policing, a lack of educational and employment opportunities, and other institutional forms of racism in Austin.
Austin Recovery Oriented System of Care (ROSC)* Meets fourth Friday of each month from noon to 1:30 p.m. @ the Sobering Center, 1213 Sabine Street	The Austin ROSC Initiative works to educate and connect individuals and organizations to create an individual-centered, longer term, broader-based support system for recovery. Austin ROSC appoints a member to the Texas Recovery Advisory Workgroup (TRAW) for Region 7. TRAW is a sub-committee of the Texas Recovery Initiative which was created to help HHSC- Substance Use Disorders Unit shape recovery in Texas. Produces an email newsletter that includes recovery and sober events. The Austin Area Opioid Work Group considers itself a work group of the ROSC.
Austin Spiritual Care Network^a Meetings held monthly on the second Thursday at 10:00 am. 10010 Anderson Mill Road	Brings together mental health professionals and spiritual leaders in the Austin area. Attendees are a diverse group from a variety of backgrounds that meet monthly to offer support, guidance and resources for mental health and addiction issues in the faith community. Associated with statewide Spiritual Care Network.

Coalition & Initiative	Description
Austin TAAP* Meets the second Wednesday of every month, various locations.	<p>Austin TAAP is comprised of individuals, counselors, prevention specialists, and others who have a direct interest in the field of addiction recovery. Our members are professionals dedicated to the treatment and recovery of individuals and families struggling with alcohol, drugs, and the devastating illness of chemical dependency. Many of our members also serve a clientele that suffer from other addictions as well.</p> <p>Goals and Objectives: The Austin Chapter of TAAP seeks to promote the advancement of addiction focused professionals by uniting alcoholism and other addiction counselors throughout the Austin area. Through:</p> <ul style="list-style-type: none"> • Legislative Advocacy • Professional Growth Opportunities • Academic Growth Opportunities • Business Growth Opportunities • Peer Assistance6.Ethical Standards
Behavioral Health and Criminal Justice Advisory Committee*	A workgroup of mental health, criminal justice and housing stakeholders. The mission is to develop and sustain a planning partnership to support persons with behavioral health needs and to promote public safety. The Committee makes funding and policy recommendations to the PSS regarding behavioral health. Travis County Justice has contracted with Meadows Mental Health Policy Institute to develop indicators and outcomes measures to track whether diversion and treatment/recovery initiatives are making an impact.
Grassroots Leadership^a	Grassroots Leadership works for a more just society where prison profiteering, mass incarceration, deportation and criminalization are things of the past.
Live Tobacco-Free Austin (Austin Public Health, Chronic Disease and Injury Prevention Program)^a	Live Tobacco-Free Austin is a program of Austin Public Health, Chronic Disease and Injury Program... promote tobacco cessation resources, support tobacco prevention efforts, and help create tobacco-free environments through multi-unit housing and workplace-tobacco policies.
Psychiatric Services Stakeholder Committee (PSS)^a	The Psychiatric Services Stakeholder Committee (PSS) is a forum for key mental health stakeholders to come together to strengthen the local mental health crisis system, with a focus on unfunded populations. The role of the PSS is to: <ul style="list-style-type: none"> • Implement policy changes to support improved system functioning and enhanced continuum of care. • Leverage funding across all systems to increase capacity within the continuum • Take action on recommendations from behavioral health stakeholder groups.

Coalition & Initiative	Description
RecoveryPeople^a	RecoveryPeople envisions a unified accessible system of care for individuals and families seeking recovery from substance use and related mental health. Supports peer-led recovery by connecting people, communities and resources; building the capacity of recovery workforce and support services, and; shaping recovery policy and program development.
Austin/Travis County Reentry Roundtable^a	A coalition working to promote a community that values and support equity for formerly incarcerated persons and individuals with criminal histories. To achieve this goal, the Roundtable addresses the challenges of reentry and reintegration faced by formerly incarcerated individuals.
SHIFT (UT)^a	SHIFT is a new and innovative program that aims to change the campus culture around substance use from one of misuse to one grounded in well-being. It seeks to shift “drinking and drugging” culture on college campuses. SHIFT is comprised of six pilot initiatives that integrate best practices in a public health approach, including environmental strategies.
Taking Texas Tobacco Free	The mission of Taking Texas Tobacco Free is to promote wellness among Texans by partnering with healthcare organizations to build capacity for system-wide, sustainable initiatives that will reduce tobacco use and secondhand smoke exposure among employees, consumers, and visitors.
Texans Standing Tall^a	A coalition whose mission is to create healthier and safer communities; vision is to make alcohol, tobacco, and other drugs irrelevant in the lives of youth.
Texas Criminal Justice Coalition (TCJC)^a	The Texas Criminal Justice Coalition (TCJC) advances solutions and builds coalitions to reduce mass incarceration and foster safer Texas communities. In our vision, all Texas live in safe, thriving communities where incarceration is rare and every person has the opportunity to succeed.
Texas Harm Reduction Alliance (THRA)/ Austin OPS*	THRA is a resource for all community sectors and organizations seeking evidence-informed pathways to improvement of conditions and outcomes related to drug use and related activity. We operate a mobile direct services program in the Austin area (Austin OPS) that provides overdose prevention education, naloxone, and linkage to same-day medicine-based treatment for opioid use disorders.
Texas Overdose Naloxone Initiative (TONI) *	We at the Texas Overdose Naloxone Initiative are dedicated to education the public about overdose prevention and community support for the state of Texas.
Operation Naloxone at UT	Operation Naloxone at UT: An interprofessional collaboration from faculty and students at The University of Texas at Austin College of Pharmacy, Steve Hicks School of Social Work and Texas Overdose Naloxone Initiative. We provide overdose prevention and response education to students, health professionals, and the public to combat the opioid crisis using harm reduction strategies.

Coalition & Initiative	Description
<p>Travis County Youth Substance Abuse Prevention Coalition*</p> <p>Meet first Tuesday of even numbered months at: 835 N. Pleasant Valley Rd.</p>	<p>Mission Statement: To establish and strengthen collaboration among community partners that support efforts to prevent or reduce youth substance abuse in Travis County.</p> <p>Coalition members include representation from youth substance abuse prevention, treatment, recovery, law enforcement, business, healthcare, public education, non-profit, research, local government, students, parents, and youth-serving organizations. The goals of the volunteer-run Coalition are to increase community collaboration and reduce youth substance use.</p> <p>Coalition is supporting Cardea Services grant to prevent opioid abuse by young girls.</p>
<p>Committee on Substance Safety and Overdose Prevention (COSSOP)</p>	<p>The Wellness Network Committee on Substance Safety and Overdose Prevention (COSSOP) works to address substance use safety and overdose prevention in the UT community through a public health and harm reduction framework. This committee also seeks to reduce stigma surrounding help seeking behaviors.</p>
<p>High-Risk Drinking Prevention Committee</p>	<p>The Wellness Network High-Risk Drinking Prevention Committee (HRDP) works to reduce high-risk drinking through research, campus and community partnerships, harm reduction initiatives and recommending environmental management strategies and policy changes.</p>
<p>UT Opium Research Consortium</p>	<p>---</p>
<p>UT Students for Sensible Drug Policy^a</p> <p>Weekly general meetings every Thursday in Parlin Hall (PAR) 203 at 7pm. Meetings are open to anyone and everyone!</p>	<p>SSDP at The University of Texas at Austin is a student organization focused on eradicating the failed War on Drugs and supporting effective reforms. We neither condemn nor condone drug use but believe that individuals deserve access to comprehensive and accurate drug information in order to make informed and independent decisions. Furthermore, we affirm the inherent racism of drug war policies, fight to reduce drug use stigmas, and support local, state, and national efforts toward reform. We understand the disastrous effects of U.S. drug war policies on Mexico and Central and South America, and we emphasize education as a powerful tool to drive change.</p>
<p>Youth Recovery Network*</p>	<p>Youth Recovery Network's vision: youth and their families are well and connected to a recovery-supported community.</p> <p>Mission: to provide a simple, person-centered network of integrated recovery services and community supports for youth and families experiencing challenges with drugs or alcohol. The focus is on youth and young adults ages 14-25 (at risk and active users) and their families and allies whose lives are impacted by substance use.</p>
<p>Note: This list is only inclusive of those coalitions of initiatives identified during the Needs Assessment. This list may not be inclusive of <i>all</i> coalitions and initiatives relevant to ATOD in Austin/Travis County.</p> <p>“----” indicates that information was not found during this Needs Assessment.</p>	

Appendix F. Individuals Conducting Research on ATOD in Austin/Travis County

Principal Investigator	Affiliation	Research Focus	Funding	Website
Dr. Kasey Claborn	UT, Dell Medical School, Department of Psychiatry	Focus on the syndemics of addiction and infectious disease. Her research seek to improve clinical outcomes of vulnerable and at-risk patients through improving care coordination and communication at the systems level and promoting health behavior change at the patient level... She has developed mobile solutions to improve...care coordination among treatment providers, and to reduce opioid overdose risk.	NIDA	https://dellmed.utexas.edu/directory/kasey-claborn
Dr. Robert Crosnoe	UT, Department of Sociology	Analyze population data in the U.S. and other countries to innovatively expand on extant knowledge about the links between single parent families and adolescent alcohol and marijuana by focusing on the critical early adolescent period and emphasizing contextual variability across historical time, family history, and country-level settings.	NIDA	https://liberalarts.utexas.edu/sociology/faculty/crosnoer
Dr. Kim Fromme	UT, Department of Psychology	Characterize the mechanisms of behavior change in drinking. Heavy alcohol use and alcohol use disorders (AUDs) peak between ages 18 and 25, representing a serious public health concern. It is estimated that roughly 50% of the risk for alcohol use disorders is genetic, and new technology has facilitated the identification of specific target genes that confer risk. In order to design effective early interventions, we must better understand the mechanisms through which target genes contribute to different patterns of drinking behavior. Involvement in multiple deviant behaviors (generalized deviance) and individual differences in alcohol response are established risk factors for later AUDs, and both are driven, at least in part, by genetic influences	NIAAA	https://liberalarts.utexas.edu/psychology/faculty/frommek

Principal Investigator	Affiliation	Research Focus	Funding	Website
Dr. Melissa Harrell	UTSPH/Tobacco Center of Regulatory Science (TCORS) on Youth and Young Adults	Interests focus on tobacco use among youth and young adults.	---	https://sph.uth.edu/research/centers/chppr/people/profile.htm?id=8f29212e-86ea-4dc9-9198-91541334dba5
Dr. Karen E. Johnson	UT, School of Nursing	Understand current practices of school nurses in alternative high schools and how we can tap into their expertise for nurse-led, evidence-based interventions to reduce substance use and HIV risk behaviors in this setting. Adolescent substance use is a public health epidemic and youth who are at high risk for involvement warrant particular attention. Alternative high schools serve a growing population of students who are at risk for dropping out of school. These students have higher levels of substance use and interrelated HIV risk behaviors than their peers in mainstream high schools.	NIDA	https://nursing.utexas.edu/faculty/karen-e-johnson
Dr. Shelley Karn	UT, Department of Kinesiology & Health Education, Tobacco Research & Evaluation Team	Evaluates tobacco cessation research for Tobacco Research and Evaluation Team	Tobacco Prevention and Control Program	https://www.uttobacco.org/about-us
Dr. Steven Kelder	UTSPH/Tobacco Center of Regulatory Science (TCORS) on Youth and Young Adults	Emphasis is on interventions designed for promotion of physical activity and healthy eating, obesity prevention, and use-cigarette prevention.	---	https://www.cohtx.org/who-we-are/board/dr-steven-kelder-phd/
Dr. Alexandra Loukas	UT, College of Education	Focuses on adolescent and young adult problem behavior development, and tobacco use and cessation	Tobacco Prevention and Control Program/ DSHS	https://education.utexas.edu/faculty/alexandra_loukas

Principal Investigator	Affiliation	Research Focus	Funding	Website
<i>Dr. Abena Subira Mackall</i>	UT, Steve Hicks School of Social Work	Peer Recovery Coaching & Community Supervision: Existing Evidence and Directions for Future Research. As community interest in diversion from prison increases, there will likely be an increased focus on community supervision alternatives such as parole and probation. Dr. Mackall's research will focus on the intersection between community supervision and substance use disorder. The research project will focus on analyzing what everyday life is like for people in Travis County who are participating in community supervision and who have substance use disorder.	Pending	https://socialwork.utexas.edu/directory/abena-subira-mackall/
<i>Dr. Mark Powers</i>	UT, Department of Psychology	Post-traumatic stress disorder is related to a significantly increased risk of smoking cessation failure. The goal of the current research is to develop and evaluate the potential efficacy a specialized cognitive-behavioral program targeting the role of anxiety sensitivity, distress intolerance, and anxious responding to trauma cues in smoking maintenance	NIDA	https://liberalarts.utexas.edu/psychology/faculty/powersmb
<i>Debra Sharp</i>	Research Society on Alcoholism	The Research Society on Alcoholism © serves as a meeting ground for scientists in the broad areas of alcoholism and alcohol-related problems. The Society promotes research and the acquisition and dissemination of scientific knowledge.	---	http://www.rsoa.org/

"---" indicates that information was not provided by the respondent.

Endnotes

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