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Austin/Travis County Substance Use Disorders Task Force: Key Findings, Recommendations, & 2014/2015 Action Plan

Led By: Austin Travis County Integral Care

Central Health

City of Austin Health and Human Services

Downtown Austin Community Court

Travis County Criminal Justice Planning

Travis County Health and Human Services & Veterans Services

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EXECUTIVE SUMMARY

PARTICIPANTS IN THE PROCESS: This study was led by Austin Travis County Integral Care with leadership from the City of Austin Health and Human Services and the Downtown Austin Community Court (DACC) Departments, Travis County Health and Human Services & Veterans Service Department, Travis County Criminal Justice Planning Department, and Central Health.

KEY FINDINGS:

- It is estimated that 74,357 (8.9%) of adults in Travis County are alcohol or drug dependent and in need of treatment (Source: SAMHSA 2012 National Survey on Drug Use and Health).
- Alcohol is still the most abused drug in Texas. Heroin use and nonprescription abuse of prescription medication are on the rise amongst both adults and adolescents ([Source: Maxwell, 2012](#)).
- In 2012, the Travis County Medical Examiner reported 162 fatal drug overdoses and 11 drug suicides. Alcohol was detected in 29% of all traffic fatalities. (Source: TCME 2012 Annual Report)
- 2,717 hours of ambulance time (equivalent to approximately 113 day's worth of time) was attributed to alcohol or drug abuse in 2012. Total ambulance charges (not costs to the department) for patients in cases where alcohol was the primary reason for the ambulance call amounted to approximately \$2.4 million dollars (Source: Austin-Travis County EMS).
- The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that only 11% of all Americans that need treatment are able to access it (Source: SAMHSA 2012 National Survey on Drug Use and Health).
- SAMHSA reports that the four dimensions of health, home, purpose, and community have to be addressed in order to achieve a successful recovery (Source: www.SAMHSA.gov).
- Locally, there is a lack of overall capacity for substance abuse services and recovery supports, and low-income individuals face especially limited access. Key stakeholders that were interviewed indicated that the following specific services are lacking in our community:
 - Treatment capacity
 - Recovery support that is affordable or free for low-income populations
 - Inpatient treatment for adolescent girls
 - Detox facilities, especially for adolescents for whom there are no facilities
 - Stable, affordable housing options
 - Culturally competent services and providers

THOSE MOST IMPACTED LOCALLY BY THE LACK OF SERVICES ARE:

- Women with children
- Homeless
- Individuals with severe mental illness
- Veterans
- Youth

CORE CRITERIA FOR RECOMMENDATIONS:

- Build on existing successful programming and infrastructure components;
- Address populations that have demonstrated need for additional substance use services;
- Address populations in whom public entities have already invested;
- Divert from more expensive services;
- Leverage other community efforts; and
- Incorporate best practices, including recovery-orientated supports.

2014/2015 Short Term Substance Abuse Plan Recommendations

GOAL: Address critical substance abuse needs in Travis County

THE TASK FORCE FOCUSED ON TWO VULNERABLE POPULATIONS: The Task Force chose to focus its short term strategy on 1) homeless individuals engaged in the Downtown Austin Community Court and 2) women with children because there have been focused public sector investments and costs associated with these populations.

| Objective | Actions Step | Desired Impact | Cost |
|---|--|--|---|
| <p>Provide additional treatment and recovery supports for:</p> <p>A. Women & their children engaged in the Family Drug Treatment Court (TCFDTC)</p> <p>B. Other women with children</p> | <p>A. To sustain the TCFDTC program, Travis County HHS&VS will request \$286,960 & Travis County Justice and Public Safety will request \$90,246. Total: \$377,206 (portion of overall cost)</p> <p>B. ATCHHSD will request \$250,000 to add funds to the MSO specifically to provide substance abuse & recovery supports for women with children. TCHHS&VS will request \$100,000 to support treatment prioritizing services to women with children. Total: \$350,000</p> | <p>A. 50 adults & 85 children participating in TCFDTC (note this is the total number of individuals who will participate in FDTC)</p> <p>B. Pilot program with 10-12 women with children</p> | <p>90 day residential treatment per person: \$16,020</p> <p>Average family recovery supports: \$8500</p> <p>Average Total: \$24,520 per family</p> |
| <p>Increase the treatment capacity and recovery supports for homeless individuals participating in DACC's intensive case management program</p> | <p>ATCHHSD will request \$250,000 to add funds to DACC's rehabilitation services funding to provide additional treatment services and longer-term housing resources to the existing contract with ATCIC's Road to Recovery program. This program serves DACC's repeat offenders who present with substance abuse, mental health and medical needs and who oftentimes have extensive criminal histories. They would otherwise exit back into homelessness.</p> | <p>Provide 12 additional DACC clients with Road to Recovery treatment services and up to 9-12 months of transitional housing for 12 individuals leaving treatment and awaiting permanent housing in FY 15.</p> | <p>Average per person cost for six month Road to Recovery program: \$13,586. Average additional transitional housing cost: \$8,333</p> <p>Average Total: \$21,919 per person*</p> <p><small>*All additional recovery supports will come from existing DACC rehab funds</small></p> |
| <p>Increase the number of credentialed providers in the Substance Abuse MSO</p> | <p>ATCIC will review the Dell Children's substance abuse inventory and credential the treatment and recovery support programs that are appropriate in the MSO. The MSO will also review current contract limitations, i.e., limitation of 90 days in housing and will recommend changes as they relate to the two target populations.</p> | <p>Additional credentialed treatment & recovery-oriented support providers in the MSO</p> | |
| <p>Create a long-term strategic plan for substance use disorders</p> | <p>Identify key objectives, process, and oversight for a long-term plan.</p> | <p>Creation of a long-term plan</p> | |

ADDITIONAL ACTIONS: Central Health is working with the Community Care Collaborative (CCC) to determine the level of services, if included, to be offered for substance abuse and recovery supports as the benefit plan is designed. The Task Force recommended that standard substance abuse screening protocols incorporated into CCC intake and service delivery protocols.

BACKGROUND

The Substance Use Disorders Task Force was convened by leadership from Austin Travis County Integral Care and included leadership from the City of Austin Health and Human Services and Downtown Austin Community Court (DACC) Departments; Travis County Health and Human Services & Veterans Service Department; Travis County Criminal Justice Planning Department; and Central Health. The Task Force met four times in 2013 and 2014 to discuss recommendations for local public sector investment in substance abuse services for Fiscal Year 2014-15 as well as prepare for a longer term community plan for substance abuse.

The Task Force adopted the Substance Abuse and Mental Health Services Administration (SAMHSA) Guiding Principles which includes an overarching philosophy that ***“Recovery from substance use disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”***

Through the Recovery Support Strategic Initiative, SAMSHA delineated four major dimensions that support a life in recovery, which the Task Force adopted (Source: www.samhsa.gov):

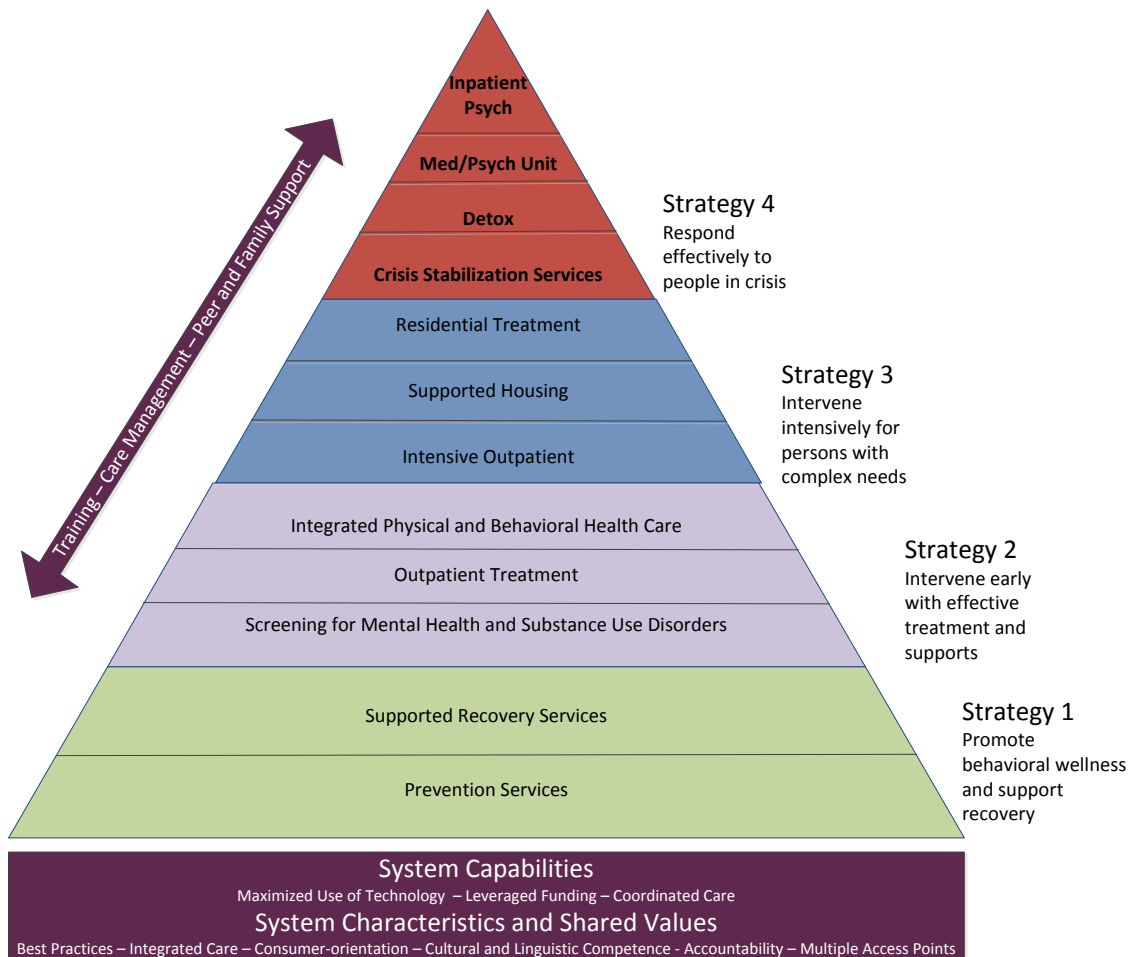
- **Health:** Overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
-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

The Task Force also adopted the SAMHSA Recovery Oriented System of Care core values (Source: www.samhsa.gov):

- Recovery emerges from hope;
- Recovery is person-driven;
- Recovery occurs via many pathways;
- Recovery is holistic;
- Recovery is supported by peers and allies;
- Recovery is supported through relationship and social networks;
- Recovery is culturally-based and influenced;
- Recovery is supported by addressing trauma;
- Recovery involves individual, family, and community strengths and responsibility;
- Recovery is based on respect.

In addition, the group also agreed to utilize the *Ideal Components of the Continuum of Care for Behavioral health in Travis County* model as a framework for future planning (see Fig. 1 on p. 5). The Task Force asked Central Health to review with stakeholders and update the title to reflect its intended design as a framework for behavioral health services.

Ideal Components of the Continuum of Care for Behavioral Health in Travis County



The Task Force then sought to develop a shared understanding of substance abuse programs in Travis County as well as the need for expansion of current initiatives. To this end, the group reviewed a number of data sources regarding the current usage of substance abuse programs as well as other data outlining incidence rates and trends in substance use in Travis County compared to state and national rates. A summary of that data is outlined in the next section.

Finally, the task force established a set of criteria by which to evaluate proposed solutions for a short-term plan. The group agreed on the following set of criteria for any service to be recommended for funding:

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

COMMUNITY CONDITIONS

The Task Force conducted an overview of current conditions relating to local substance abuse programs in order to evaluate the need for additional services. The 2012 Travis County Community Health Assessment (CHA) provides an overview of substance abuse prevalence in the community and was instructive in highlighting key areas of focus for this group. Areas of success in local substance abuse programs highlighted in the CHA include tobacco cessation campaigns, resulting in lower youth tobacco and youth marijuana use. Areas of concern highlighted in the CHA include high levels of binge drinking for adults in Travis County; lack of availability of substance abuse prevention and treatment programs to meet demand; and the challenge of prioritizing treatment for those with co-occurring mental illness and substance use disorders.

Informant interviews conducted in 2014 as a part of this initiative support the findings of the CHA. Key themes brought up by respondents included an overall lack of capacity with little to no access for low-income individuals. Local services lacking in our community include:

- Detox facilities, especially for adolescents for whom there are no facilities
- Inpatient treatment for adolescent girls
- Treatment for women with children/families
- Treatment for individuals with co-occurring mental illness
- Recovery support that is affordable or free for low-income populations
- Stable, affordable housing options
- Culturally competent services and providers

Limited access to treatment locally aligns with national trends. According to estimates from SAMHSA, in 2012 more than 23 million Americans needed treatment for an alcohol or drug problem but only about 11 percent received it (Source: SAMHSA 2012 National Survey on Drug Use and Health).

Overall Impact of Substance Abuse in Travis County

Based on SAMHSA 2012 national prevalence rates, it is estimated that 74,357 (8.9%) individuals ages 18 and older in Travis County are in need of alcohol or drug abuse treatment (Source: SAMHSA 2012 National Survey on Drug Use and Health). In 2012, the Travis County Medical Examiner reported 162 fatal drug overdoses and 11 drug suicides. Alcohol was detected in 29% of all traffic fatalities (Source: TCME 2012 Annual Report).

Additionally, in 2012, 2,717 hours of ambulance time (equivalent to approximately 113 day's worth of time) was attributed to alcohol or drug abuse. Total ambulance charges (not costs to the department) for patients in cases where alcohol was the primary reason for the ambulance call amounted to approximately \$2.4 million dollars (Source: Austin-Travis County EMS).

Substance Abuse Trends

In addition to the challenges in accessing services, there are substance abuse trends in Texas that have been noted by Jane Maxwell with the Addiction Research Institute at the UT Center for Social Work Research and confirmed by local sources that need to be monitored. While alcohol and marijuana use remain relatively high and stable, **there has been a significant increase in heroin use by both adults and adolescents, as well as significant increases in the nonprescription abuse of pain medication** by both populations ([Source: Maxwell, 2012](#)).

VULNERABLE POPULATIONS

Key informants interviewed stated that in addition to an overall lack of available substance abuse treatment and recovery support services, these services are even more limited for low-income populations, including some particularly vulnerable populations:

- Women with children
- Homeless, to include individuals with co-existing mental health, medical and criminal history challenges
- Veterans
- Individuals with mental illness and co-occurring conditions
- Youth

The Task Force focused on two of the vulnerable populations further: The Task Force chose to focus its short term strategy on 1) women with children and 2) homeless individuals engaged in the Downtown Austin Community Court because there have been focused public sector investments and costs associated with these populations.

Women with Children

Exposure to parental substance use during childhood can have dire consequences for children. Compared to children of parents who do not abuse alcohol or drugs, children of parents who do, and who also are in the child welfare system, are more likely to experience physical, intellectual, social, and emotional problems. One difficulty in providing services to these children is that problems affected or compounded by their parents' substance use disorders might not emerge until later in their lives (Source: U.S. Department of Health and Human Services, ACF, 1999). Children's physical and emotional needs also often take a back seat to their parents' activities related to obtaining, using, or recovering from the use of drugs and alcohol.

A 2013 review of the Travis County Parenting in Recovery program found that approximately 80% of children served by child welfare agencies have parents who abuse or are dependent on alcohol or illicit drugs, and that child protective service practitioners have limited options available to assist these families. The Parenting in Recovery program was created to address the needs of substance-abusing mothers involved in child welfare (Source: Thompson et al, 2013). However, the child welfare system has seen increased demand in recent years; the volume of Child Protective Services cases filed per month has increased by 72% since 2008 (based on average number of cases filed per month) and CPS case filings per year have increased by 68% since 2008 (280 in 2008 to 471 in 2013). Additionally, the number of cases on Child Protective Services Docket has increased by 143% from 2008-2013. These increases over the last 5 years have resulted in judges spending an average of less than 9 minutes per CPS case with the national guidelines being 30 to 60 minutes (Source: Travis County).

Families with children comprise approximately 36% of the national homeless population (Source: US Department of Housing and Urban Development, 2013). In a presentation to the National Alliance to End Homelessness, H. Westley Clark reported the following characteristics for the homeless families (Source: "Homelessness and Substance Abuse: SAMHSA–CSAT Response", H. Westley Clark, 2007):

- 84% are single mothers
- 67% of these women have experienced severe childhood physical abuse

- 43% have experienced childhood sexual abuse
- 63% have experienced severe violence by adult intimate partner(s)
- Two thirds are women of color
- Most are in their late twenties with a family size of 2-3 children, with most of the children being under the age of six
- Nationally, fifty eight percent of homeless families are dealing with behavioral health issues: alcohol abuse (23%), drug abuse (27%), mental health problems (44%) or a combination of the above

This data aligns with the experience of local resources such as the Salvation Army's Women and Children's Shelter and SafePlace. The emergency shelters are running full and they report that the family sizes are increasing. SafePlace estimates that in any given year they have 120 adult clients who have substance abuse issues. Of those, of course, not all will be willing to admit/address the issue. In fact, SafePlace estimates that about 50 – 70 of their clients might actually participate in some type of treatment. They report that a primary barrier for not attending treatment is the inability to have their children with them or in childcare while they are in treatment.

According to the SAMHSA/CSAT "Substance Abuse Treatment: Addressing the Specific Needs of Women," factors that encourage a woman to stay in treatment include supportive therapy, a collaborative therapeutic alliance, onsite child care and children's services, and other integrated and comprehensive treatment services. Socio-demographics also play a role in treatment retention. Studies suggest that support and participation of significant others, being older, and having at least a high school education are important factors that improve retention. Involvement with the criminal justice system or Child Protective Services is also associated with longer lengths of treatment. Women are more likely to stay in treatment if they have had prior successful experiences in other life areas and possess confidence in the treatment process and outcome (Source: [SAMHSA, 2009](#)). Because of the high levels of abuse often experienced by the clients, it is very important that a trauma informed care approach is utilized (Source: [SAMHSA, 2010](#)).

The treatment of children has to be similarly comprehensive and address the impacts of trauma, disruption of bonding, emotional, academic, or emotional problems, lack of parental supervision, parentification, social stigma, etc that may have occurred (Source: [US Department of Health & Human Services, Office on Child Abuse & Neglect, Children's Bureau, and ICF International, 2009](#)).

Current Efforts and Impact: Travis County Family Drug Treatment Court

Travis County Family Drug Treatment Court (FDTC) brings together a coalition of community service providers who cooperatively provide a comprehensive continuum of services to women, children, and families of Travis County who have been identified by the Texas Department of Family & Protective Services, Child Protective Services (CPS) unit as exhibiting symptoms of substance use disorders that impact the care and well-being of their young children.

CPS facilitates a FDTC participant's voluntary enrollment during the investigation stage of the case, while filing a lawsuit for court ordered services. Once enrolled, participants immediately begin engaging in programs, services, and activities that challenge, encourage, and help them recover from substance dependence, maintain or regain custody of their children, and improve quality of life for themselves, their children, and their families. The FDTC participants move through Four Phases of the drug court, designed to last approximately 12-18 months. Advancement through the phases is based on phase advancement

criteria and written requests to move to the next phase. A parent must have successfully completed all Four Phases prior to commencement.

Services for the FDTC Program include: FDTC participation and support, residential and outpatient substance abuse treatment; collaborative case management; mental health services; parenting skills training and peer recovery coaching; safe housing; individual and family counseling; child-care assistance; medical and dental services; and educational and employment support. Their children receive comprehensive services to meet their social-emotional and developmental needs, as well as supports to enhance the parent-child relationship.

Travis County Family Drug Treatment Court Results

Between 2008 and 2014, 154 parents and 223 children have participated in FDTC. By 2013, two-thirds were discharged successfully. 73% of all children have permanent arrangements with either their parent or a relative without the termination of parental rights compared to 60% of a control group.

Assessments have been administered to both parents and children since FY 2012. They are administered at the beginning of the case in order to identify the domains that require intervention and again at the end of the case in order to determine the impact of services delivered, as indicated by percentage improvement in scores.

Ages and Stages Questionnaire (ASQ: Developmental screening administered to children age 0-5):

- All children who completed the ASQ pre and post participation in the program showed either improvement or demonstrated no regression in their development.

Adult and Adolescent Parent Inventory (AAPI: Parenting and child rearing attitudes administered to parents) - Improvements in pre and post test scores:

- Parent completed Pretest and Posttest #1 (41) = 19.46% increase (pre- to post-1)
- Parent completed Pretest, Posttest #1, and Posttest #2 (19) = 35.56% increase (pre- to post-2)
- Parent completed Pretest and Posttest #1 and failed to increase score (7) = -.06% decrease

Homeless involved in the Downtown Austin Community Court

According to the Ending Community Homelessness 2014 Annual Point in Time Count, on any given day, there are approximately 2,000 individuals who are homeless in Travis County. In 2003, SAMHSA estimated that 38% of homeless people are dependent on alcohol and 26% abused other drugs (Source: SAMHSA 2003). Locally, the Ending Community Homelessness Coalition reported that 10.5% of homeless individuals self-report heavy alcohol or drug use (Source: HMIS), equating to 1,064 homeless individuals who reported heavy use in 2013. Many of these individuals end up at the Downtown Austin Community Court (DACC). In 2012, 220 (16%) of the 1,352 homeless individuals who were engaged with DACC were assessed as having problems with alcohol or drug abuse. Only about one-third of these individuals were able to access substance abuse treatment services. Many of these individuals face additional barriers such as a co-occurring mental illness, lack of access to affordable housing and intermittent or no employment. In the report [“Substance Abuse: What Works for Homeless People”](#), Suzanne Zerger from the National Health Care for the Homeless Council reviews the results from fourteen research demonstration projects

on alcohol and other drug abuse treatment for homeless persons (NIAAA/NIDA Cooperative Agreement grantees), and elicited the following themes:

- **It is essential to develop treatment programs that not only focus on the addiction but also address the tangible needs of homeless clients**, particularly housing, income support, and employment.
- Dropout rates were high for this population no matter what type of intervention was provided. Part of the reason for this may be associated with a lack of motivation for treatment. Since motivation for treatment seems to be positively related to retention and outcomes, there is therefore **a need to develop flexible, low demand interventions which can accommodate clients who are not willing to initially commit to more extended care**. Hopefully, clients can be gradually brought into more intensive treatment modalities when their motivation increases.
- Clients in both experimental and control groups seemed to improve significantly by the end of treatment. However, with a few exceptions, treatment modality did not appear to differentially affect outcomes in most cases.
- Outcomes appeared to be particularly positive immediately after treatment, but seemed to diminish over time. **This suggests the need for longer-term, continuous interventions for this population**. Aftercare needs to address not only the maintenance of sobriety, but also the tangible needs and social isolation of clients.

Current Efforts and Impact: Road to Recovery Program

Road to Recovery is a jail diversion strategy for mentally ill, chronically inebriated individuals who have repeated and historically high-cost contact with the criminal justice system. This program is a collaborative effort among Austin Travis County Integral Care (ATCIC), the City of Austin, the County Court at Law #8, the Downtown Austin Community Court, and Travis County.

Program goals:

- Reduce or eliminate the use of illegal/dangerous substances (Harm Reduction Model)
- Reduce arrests and incarcerations related to drug/alcohol abuse
- Assist clients with housing needs (Housing First Model)
- Connect clients with mental health services
- Assist clients in obtaining medical care

Program service components include:

- Intensive 30 day outpatient substance use treatment services, aftercare groups, rehabilitative skills training, relapse prevention;
- 90 days residential/90 days aftercare
- Linkage to ongoing mental health care and other community services depending on individual need
- Routine psychiatric and case management services
- As of FY14, access to primary care treatment and ongoing services through CommUnityCare project co-located at Nadine Jay, ATCIC

Road to Recovery Program Results (Reported by the Downtown Austin Community Court)

In FY 2009-2013:

- 165 clients were admitted to the program
- 136 (85%) of those that participated stayed for longer than 30 days
- 79 (47%) clients completed residential treatment programs. Note: national averages for rates of completion in residential treatment programs range from 37-50%
- 19 clients had more than one admission

The average number of arrests per client per year:

- Prior to entering the program: 3.03
- After the program: 1.93 (This takes into account 4 “outliers”, clients with extreme values varying more than 10 arrests between before and after participation in the program).
- In FY 2012, 87% of those completing the residential part of the program went into a stable housing situation
- 56% of those going into housing received funding from the DACC
- 48 (35%) clients remain open to services at ATCIC

Road to Recovery Costs and Program Enhancements (Associated with DACC Program Recommendations)

In FY14, the Road to Recovery Program cost \$393,427, which is solely funded by DACC and will provide treatment services to 28 DACC clients. The additional funds will allow DACC to serve 12 additional clients. DACC is seeking to replace \$150,000 previously provided Road to Recovery through Travis County Criminal Justice Planning.

With the proposed addition of \$150,00, the total cost for Road to Recovery in FY15 will be \$543,427.

- Proposed program budget in FY15: \$543,427
- Proposed number of clients served in FY15: 40
- Average cost per client for 180 day treatment program in FY15: \$13,586 per client
- Remainder of \$250,000 request is \$100,000
- The \$100,000 in funding will be used to support Transitional/Sober/Temporary Housing

Housing is intended to be without time limits, for individuals with a substance use disorder who are exiting substance abuse and/or mental health and medical facilities. This type of housing will be made available to individuals who may be seeking permanent housing options and are waiting for the availability of a permanent housing unit. This approach is in line with the Continuum of Care approach for addressing Behavioral Health in Travis County.

The current rate for Transitional/Sober Housing is \$900 per client, per month, per the SAMSO contract that DACC has in place with ATCIC. The current contract only allows for a maximum of 90 days of transitional housing funding per client, which has not provided the stability necessary for individuals to transition into permanent housing. This proposal will increase the average funding for housing to 9 months per person

RECOMMENDATIONS

Based on the process and information outlined above, the Task Force agreed on four recommendations for the potential expansion of substance abuse services in Travis County in FY2014-15:

1. **Provide additional treatment and recovery supports for women who have children and have substance use disorders:**
 - Support the Travis County Family Drug Treatment Court (see Appendix 1 for summary of the program). Provide gap funding for the services that will be lost for women's substance use treatment and recovery supports when the Federal Children's Bureau and Office of Juvenile Justice and Delinquency funding to the Family Drug Treatment Court expires in September 2014.
 - Provide treatment and recovery support services for substance abusing women who have children through additional funding to the Substance Abuse MSO (SAMSO). Recovery support services should include best practices such as those provided through the Travis County Family Drug Court and include the following:
 - Substance abuse treatment
 - Aftercare
 - Child therapy
 - Specialized services for children
 - Housing coordination
 - Assistance with housing, utility costs, medical/dental care, parenting support, other wrap-around and support services as needed
 - Collaborative case planning
 - Other best practices such as trauma informed care and peer support
2. **Increase the treatment capacity and recovery supports for homeless individuals attending the Downtown Community Court by adding funding to the Road to Recovery program.** Both the City of Austin and Travis County are vested in reducing the overall system costs of individuals accessing the Community Court, especially frequent users. Community Court clients are often among the more difficult to serve with high recovery support and housing needs.
3. **Increase the number of credentialed providers in the Substance Abuse MSO. Encourage ATCIC to review the list of organizations included in the preliminary Dell Children's Substance Use Services Inventory for Travis County, TX 2014 and then encourage those that are appropriate for treatment and recovery support services to engage in the credentialing process. In addition, MSO staff are asked to review the current contract limitations and recommend changes as they relate to the two target populations.**
4. **Create a long-term plan for substance use disorders that provides a set of comprehensive recommendations.**

Based on the recommendations, Task Force participants agreed to the following action plan.

2014/2015 Action Plan

| Objective | Actions Step | Desired Impact | Cost |
|---|--|--|---|
| <p>Provide additional treatment and recovery supports for:</p> <p>A. Women & their children engaged in the Family Drug Treatment Court (TCFDTC)</p> <p>B. Other women with children</p> | <p>A. To sustain the TCFDTC program, Travis County HHS&VS will request \$286,960 & Travis County Justice and Public Safety will request \$90,246. Total: \$377,206 (portion of overall cost)</p> <p>B. ATCHHSD will request \$250,000 to add funds to the MSO specifically to provide substance abuse & recovery supports for women with children. TCHHS&VS will request \$100,000 to support treatment prioritizing services to women with children. Total: \$350,000</p> | <p>A. 50 adults & 85 children participating in TCFDTC (note this is the total number of individuals who will participate in FDTTC)</p> <p>B. Pilot program with 10-12 women with children</p> | <p>90 day residential treatment per person: \$16,020</p> <p>Average family recovery supports: \$8500</p> <p>Average Total: \$24,520 per family</p> |
| <p>Increase the treatment capacity and recovery supports for homeless individuals participating in DACC's intensive case management program</p> | <p>ATCHHSD will request \$250,000 to add funds to DACC's rehabilitation services funding to provide additional treatment services and longer-term housing resources to the existing contract with ATCIC's Road to Recovery program. This program serves DACC's repeat offenders who present with substance abuse, mental health and medical needs and who oftentimes have extensive criminal histories. They would otherwise exit back into homelessness.</p> | <p>Provide 12 additional DACC clients with Road to Recovery treatment services and up to 9-12 months of transitional housing for 12 individuals leaving treatment and awaiting permanent housing in FY15</p> | <p>Average Per person cost for six month Road to Recovery program: \$13,586. Average additional transitional housing cost: \$8,333</p> <p>Average Total: \$21,919 per person*</p> <p>*All additional recovery supports will come from existing DACC rehab funds</p> |
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| <p>Create a long-term strategic plan for substance use disorders</p> | <p>Identify key objectives, process, and oversight for a long-term plan.</p> | <p>Creation of a long-term plan</p> | |

ADDITIONAL ACTIONS: Central Health is working with the Community Care Collaborative (CCC) to determine the level of services, if included, to be offered for substance abuse and recovery supports as the benefit plan is designed. The Task Force recommended that standard substance abuse screening protocols incorporated into CCC intake and service delivery protocols.

APPENDIX

Travis County Family Drug Treatment Court

Travis County Family Drug Treatment Court (FDTC) brings together a coalition of community service providers who cooperatively provide a comprehensive continuum of services to women, children, and families of Travis County who have been identified by the Texas Department of Family & Protective Services, Child Protective Services (CPS) unit as exhibiting symptoms of substance use disorders that impact the care and well-being of their young children.

CPS facilitates a FDTC participant's voluntary enrollment during the investigation stage of the case, while filing a lawsuit for court ordered services. Once enrolled, participants immediately begin engaging in programs, services, and activities that challenge, encourage, and help them recover from substance dependence, maintain or regain custody of their children, and improve quality of life for themselves, their children, and their families. The FDTC participants move through Four Phases of the drug court, designed to last approximately 12-18 months. Advancement through the phases is based on phase advancement criteria and written requests to move to the next phase. A parent must have successfully completed all Four Phases prior to commencement.

FDTC services include: FDTC participation and support, residential and outpatient substance abuse treatment; collaborative case management; mental health services; parenting skills training and peer recovery coaching; safe housing; individual and family counseling; child-care assistance; medical and dental services; and educational and employment support. Their children receive comprehensive services to meet their social-emotional and developmental needs, as well as supports to enhance the parent-child relationship.

Downtown Austin Community Court

The Downtown Austin Community Court (DACC) was established in 1999. It was the eighth community court established in the United States, and the first established in Texas. The purpose of the Downtown Austin Community Court is to collaboratively address the quality of life issues of all residents in the downtown Austin community through the swift, creative sentencing of public order offenders.

The DACC operates as a problem solving and rehabilitative court and provides referrals to supportive services for offenders. A majority of the offenses adjudicated through the DACC are committed by defendants who are homeless, and a disproportionate number of offenses are committed by a small number of defendants who cycle through the criminal justice system at a high cost to all community services systems.

Defendants in the DACC frequently have diagnosed mental illness and substance abuse disorders. Individuals who have higher level convictions (POCS, Delivery of a Controlled Substance), and in some cases Class C convictions face barriers to housing due to criminal background requirements. For example, most properties in Austin have requirements stating that an applicant cannot have any felony convictions nor numerous misdemeanor convictions. In addition, many employers will not hire applicants with a criminal background, a barrier for clients that are able and motivated to obtain employment.

In addition, defendants seeking substance/alcohol abuse treatment who also have a mental health diagnosis struggle to find appropriate treatment providers to address all of their needs. To further that, many substance abuse treatment providers are not equipped nor licensed to provide mental health treatment, and will either not accept a client living with a dual diagnosis or will quickly discharge them due to symptoms of their mental health diagnosis.