Addressing Mental Health & Substance Abuse: A Local Perspective

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Harris County & HCPH

Harris County, TX:
- Third most populous county with over 4.3 million people (ranking between Kentucky & Oregon, #27)
- Geographically spread over 1,778 square miles (size of Rhode Island)
- Home to 4th largest city (Houston), world’s largest medical center, and one of world’s busiest ports.

Harris County Public Health:
- Local health department for Harris County with over 700 public health professionals and over $80 million budget & growing
- Annually, see 20,000 patients in 16 wellness clinics & WIC sites, inspect 7,500 food establishments, house 26,000 animals in our shelter.
- Provides refugee health screening, mosquito control, some chronic disease outreach, Ryan White HIV/AIDS services for entire community.
HCPH Organizational Framework

- 4 Offices: **BREADTH** of application of specific skill sets/expertise broadly across all public health activities:
  - Office of Communication, Education, & Engagement
  - Office of Policy & Planning
  - Office of Public Health Preparedness & Response
  - Operations & Finance (*business operations*)

- 5 Divisions: **DEPTH** of expertise on specific programmatic areas and disciplines:
  - Disease Control & Clinical Prevention
  - Environmental Public Health
  - Mosquito & Vector Control
  - Veterinary Public Health
  - **Nutrition & Chronic Disease Prevention** (*latest*)
    - Nutritional Health
    - Physical Health
    - Mental & Behavioral Health
True Drivers of Health – the 4 Es

- Economics
- Education
- Environment
- Engagement
Substance Abuse: Headlines for a Lifetime
NACCHO: Indeed Sobering Times, Sobering Numbers

- The National Association of County & City Health Officials (NACCHO) represents 2800 local health departments across the country.
- People addicted to prescription opioid pain killers are 40 times more likely to be addicted to heroin (often a gateway drug).
- In 2014, heroin was involved in over 10,000 overdose deaths and opioid prescription pain killers were involved in over 14,000 overdose deaths.
- Since 2000, number of deaths related to opioid-overdose has quadrupled, with nearly 500,000 drug overdose deaths from 2000-2014 and nearly 80 deaths daily.
Substance Use Disorders: Across the Spectrum

![Graph showing prevalence of substance use disorder and major depressive episode across different regions.]


* Difference between Houston-Sugar Land-Baytown MSA estimate and Texas estimate is statistically significant at the .05 level.
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Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012).
Treatment Admissions, Houston Region

Top 10 Primary Substances of Abuse in Treatment Data, Region 6, DSHS 2015

<table>
<thead>
<tr>
<th>Primary Drug</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana/Hashish</td>
<td>31.3%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>27.3%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>7.3%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>6.7%</td>
</tr>
<tr>
<td>Crack</td>
<td>5.5%</td>
</tr>
<tr>
<td>Heroin</td>
<td>4.7%</td>
</tr>
<tr>
<td>Opiates and Synthetics</td>
<td>3.6%</td>
</tr>
<tr>
<td>Vicodin (Hydrocodone)</td>
<td>3.0%</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>2.2%</td>
</tr>
<tr>
<td>Xanax (Alprazolam)</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

The majority of patients entering substance abuse treatment cite marijuana or alcohol as their primary substance of abuse. However, polysubstance use is common. Treatment admissions data is coded according to the substance with which a patient has the strongest habitual relationship.

NACCHO: National Best Practices To Prevent Addiction & Substance Use

“Local communities, large and small, rural and urban are dealing with these challenges on a daily basis to address opioid abuse, misuse and overdose... local health departments are on the front lines.”

Key Focus Areas:

- Surveillance/Data Systems
- Policy Development
- Engagement & Collaboration
- Design & Support Interventions

Develop and implement policies to prevent drug misuse and overdose including access to medications that reverse overdose effects and save lives

Work with a wide range of community stakeholders to coordinate solutions

Support key interventions that increase community access to prevention and treatment
Best Practices from the Field in Harris County

Policy & Regulations

Coalitions & Partnership

Ensuring the Care Continuum
Policy & Regulations

Harm Reduction Regulation for Overdose Reversal (Naloxone)
- Texas SB 1462 (adopted Apr. 22, 2015, eff. Sept. 1, 2015) allows certain individuals to be prescribed an opioid antagonist and provides for the prescription, dispensation, administration, distribution, and possession of opioid antagonists

Regulation Governing Substance Abuse Prevention in Youth
- Texas has several examples: mandatory training for teachers on youth substance abuse (SB 674), requiring prescription drug awareness in the public school health curriculum (SB 968), and deferred disposition education for minors (HB 642)

Prescription Drug Monitoring Programs (PDMPs)
- Electronic databases that track controlled substance prescriptions, providing health authorities timely information about prescribing and patient behaviors

The Patient Protection and Affordable Care Act (ACA)
- The Affordable Care Act provided one of the largest expansions of mental health and substance use disorder coverage in a generation. Under the law, all new small group and individual market plans are required to cover ten Essential Health Benefit categories, including mental health and substance use disorder services
Coalitions & Partnerships

Harris County Sheriff Crisis Intervention Response Team (CIRT)
- CIRT was created by the Harris County Sheriff in cooperation with other government agencies. It has diverted more than 1,000 people to emergency mental health treatment rather than place them in county jails

Unique Cross-disciplinary Approaches to Response
- Harris County Criminal Courts implement Drug Courts, Driving Under the Influence (DUI) Courts, and Mental Health Courts to establish wraparound systems of recovery, addressing not only criminal punishment, but causal factors like drug/alcohol abuse and mental health
- City of Houston has opened an 80 bed “sobering center” in downtown Houston to help persons avoid jail time, criminal records, and get help

Strategic Prevention Framework (SPF)
- HCPH formed a new community coalition focused on youth drinking and prescription drug misuse/abuse in high-risk zip codes. The coalition will apply an assets-based model to identify local youth-oriented solutions
- HCPH is also launching an underage drinking and substance use campaign targeting young adults and parents
Ensuring the Care Continuum

Addressing Co-Occurring Disorders – The Harris Center for Mental Health and IDD (Harris County’s public behavioral health system)

- Expanding treatment for co-occurring disorders (a substance abuse and mental health condition), by integrating licensed chemical dependency residential treatment into current programs. They are also expanding the number of residential detox beds available for women accompanied by children.

Integrated Care Models – *the integration of behavioral health into primary care settings and vice-versa* (pioneered by SAMHSA)

- The Ryan White HIV/AIDS Program (Part A) in Harris County funds substance abuse treatment to ensure HIV+ clients adhere to viral suppression goals.
- The 1115 Medicaid waiver supports local Harris County providers to provide integrated care, such as co-locating a behavioral health provider in primary care clinics (UT Physicians) and facilitating transitions from the hospital setting to community treatment resources (Methodist Hospital).
Behavioral Health & Unmet Challenges

- **Medicaid Expansion (non-expansion states)**
  ACA could provide expanded access to behavioral healthcare for low-income, uninsured people who need substance use or mental health treatment but about half of low income, uninsured people are unable to access Medicaid expansion benefits.

- **Underfunded public resources do not meet local behavioral health needs**
  Texas spends $38/per capita on mental illness (less than national average) so local publicly funded entities have insufficient capacity to meet community behavioral health needs.  
  *About one out of 8 ER visits nationally are due to mental health or substance use. Higher cost to treat individual in ER ($1265/day) vs. jail setting ($137/day) vs. community based mental health ($12/day).*

- **Challenge of limited and targeted sub-county data to help drive interventions**
  Behavioral health data for at the sub-county level is limited – this data helps drive understanding of *where* mental health needs are and *how* best to design interventions.
HCPH Priority Public Health Issues for 2013-2018
Selected for the magnitude of the issue and our ability to make progress in Harris County

Factors in Health

Local, State &
Policy, Laws &
National Context
Regulations

Healthy People........................Healthy Communities
The Role of Local Public Health Just Makes “Common Sense”

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