Article II, Charge 6— Examine the financial impact of the multi-state opioid settlements to the state of Texas. Review the amount of money the state may receive to the state treasury under the settlements and any restrictions placed on the use of funds. Determine which programs and services provide the best opportunities for reducing opioid dependence and abuse in the state.

NAMI Texas is a nonprofit 501(c)3 organization founded by volunteers in 1984. We are part of the nation’s largest grassroots mental health organizations and we exist to help improve the quality of life for individuals with mental illness and their families. Around the state, we have 27 local NAMI affiliate organizations and approximately 2,000 members.

THE OPIOID EPIDEMIC IN TEXAS

The United States Department of Health and Human Services has labeled the national opioid crisis a public health emergency.¹ According to the Centers for Disease Control and Prevention, opioids contributed to 46,802 deaths in 2018.² Approximately 1,500 Texans died of an opioid-involved overdose in the same year, a roughly four-fold increase since 2000.³ Heroin was the most common substance attributed to opioid-related deaths, followed by prescription medications and synthetic opioids, such as fentanyl. Texas providers wrote roughly 47 opioid prescriptions for every 100 Texans in 2018.⁴

Regardless of the substance to which the majority of opioid use and opioid-related deaths can be attributed, the consequences are analogues. In addition to opioid-related deaths, opioid use and misuse can increase the spread of infectious diseases such as Hepatitis and HIV, contribute to neonatal abstinence syndrome or neonatal opioid withdrawal syndrome, and reduce quality of

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life and life expectancy.\textsuperscript{5, 6, 7} The economic burden associated with the opioid epidemic was estimated to exceed $631 billion from 2015 through 2018.\textsuperscript{8} Further, the opioid epidemic has created a “ripple effect” that negatively and irrevocably impacts the children and families of those who use and misuse opioids.\textsuperscript{9}

Individuals living with a mental illness are particularly vulnerable to opioid use and misuse.\textsuperscript{10, 11} Further, individuals living with a mental illness who use or misuse opioids are more likely to have recent involvement with criminal justice.\textsuperscript{12} Unfortunately, prisoners and inmates with mental health and opioid use concerns rarely receive the appropriate care, which can worsen mental health outcomes, contribute to future substance use, and increase risk of recidivism upon prison or jail exit.\textsuperscript{13} Lastly, individuals with mental health concerns, opioid use or misuse, and criminal justice involvement experience high rates of homelessness.\textsuperscript{14} Action must be taken to support those most in need.

**OPIOID TREATMENT FOR JUSTICE-INVOLVED PERSONS**

In addition to treatment for OUD, NAMI Texas supports comprehensive solutions to the opioid epidemic that help to address the social determinants of opioid use and misuse, mental illness, criminal justice involvement, and housing instability.

**Increase Access to Medication Assisted Treatment for Prisoners and Inmates**

Thirty five percent of prisoners and inmates have an opiate use disorder (OUD). In conjunction with counseling and behavioral therapy, Medication Assisted Treatment (MAT) helps to reduce


\textsuperscript{7}Haskins, J. (2019, February). Suicide, opioids tied to ongoing fall in US life expectancy: Third year of drop. *The Nation’s Health: A Publication of the American Public Health Association, 49*(1), 1-10


\textsuperscript{14}Substance Use and Mental Health Administration. (2017). Mental and Substance Use Disorder Prevalence Study. *Grant Announcements.* Retrieved from https://www.samhsa.gov/grants/grant-announcements/fg-19-003#targetText=In%202017%2C%2035.4,(co%20occurring%20disorders)
opioid use and misuse, and promotes recovery. Unfortunately, only 5% of prisoners and inmates receive treatment. Inadequate access to MAT for prisoners and inmates forces abrupt detoxification and increases overdose risk. To reduce the risk associated with opioid use, Texas should ensure timely access to MAT for individuals involved in the criminal legal system.

Provide Substance Use Treatment to Prisoners and Inmates
In conjunction with Medication Assisted Treatment, improved access to comprehensive substance use treatment can improve treatment outcomes, reduce overdose deaths, and lower recidivism upon jail or prison exit. Unfortunately, shortages of mental health and substance use service providers hinders the delivery of needed services. Community-based mental health providers can fill the gap in the delivery of substance use treatment to prisoners and inmates. Texas should leverage existing telehealth infrastructure to provide substance use treatment to prisoners and inmates with OUD.

Equip Jailers with Training and Naloxone to Save Lives and Improve OUD Treatment
Jailers are often the first person to identify when an inmate is experiencing a mental health or substance use crisis. Unfortunately, limited training requirements and poor dissemination of information within the criminal legal system hinder the delivery of needed care. Training jailers on how to recognize the symptoms of opiate use and withdrawal, administer life-saving medication, and refer inmates to the appropriate care can save lives, improve treatment outcomes, and increase likelihood of success upon jail exit. Texas should require jailers to receive training on opioid use disorders, the administration of Naloxone, and the treatment options available to inmates with OUD.

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Implement A Statewide Good Samaritan Policy

In Texas, opioid-involved overdose deaths exceeded 1,400 in 2018.23 Effective ways to prevent opioid-related deaths include improving opioid prescribing, preventing misuse of opioids, improving access to treatment for opioid use disorders, and reversing overdoses with life-saving medications and medical care, when overdoses occur.24 Good Samaritan Policies protect individuals from prosecution for low-level drug offenses when seeking medical assistance for a suspected overdose. Texas must join forty other states and the District of Columbia in enacting Good Samaritan policies that save lives and provide an avenue to treatment for mental health and substance use disorders.

ADDITIONAL SUPPORTS FOR JUSTICE-INVOLVED PERSONS WITH OUD

In addition to proven treatment modalities for opioid use and misuse, NAMI Texas supports policies and initiatives that promote equity in access to mental health care, employment, education, and housing.

Maintain Funding for Post-Booking Jail Diversion Programs—Post-booking jail diversion programs re-direct individuals in custody with a suspected mental health or substance use disorder to specialized courts and community-based treatment. Participation in mental health court has been shown to reduce subsequent arrests and days of incarceration.25 Texas should ensure that justice-involved individuals living with mental illness are able to access the appropriate mental health care and support services.

Expand Availability of Peer Re-entry Support Services—Individuals with a serious mental illness are more likely to return to custody due to parole or probation violations, such as failing to comply with community-based mental health treatment.26 Peer Support is an evidence-based practice that has been shown to increase utilization of community-based mental health and substance use services with individuals exiting the criminal justice system.27 Peer reentry specialists are also able to support individuals exiting jail or prison in obtaining housing, employment, and necessary documentation.28 Texas should expand the Mental Health Peer Support Re-entry Program to ensure that individuals exiting jail or prison have the resources they need to succeed.

Improve Medication Continuity for Jail Inmates—County jails in Texas are required to do an intake health screening of all inmates. Unfortunately, jail staff shortages, variations in inmate population, and the time of inmate arrival may delay necessary screenings and the provision of psychotropic medications. An inmate living with a mental illness who misses one or multiple doses of medication may experience a mental health crisis that increases risk of harm to themself, other inmates, and jail staff. Further, facility formularies may limit access to certain medications, increasing the risk associated with non-medical switching. Texas should:

- Require jails to identify and document the medications that a person was taking prior to entering jail and to continue people on those same medications unless there is a medical reason otherwise.
- Require the development of an agreed-upon prescription medication formulary to be utilized by mental health providers and justice system providers.

Boost Continuum of Care with Step-Down and Congregate Housing—Stable housing and support services are instrumental in maintaining recovery for individuals exiting inpatient psychiatric hospitalization and the criminal justice system. Step-down housing provides residents access to community-based supportive services to facilitate a smooth transition back into independence and self-sufficiency. Congregate housing provides access to similar supports on-site and has been shown to improve mental health outcomes, long-term housing stability, community functioning, and quality of life. Texas should increase general revenue funding and supports to existing step-down and congregate housing programs for individuals exiting inpatient psychiatric hospitalizations and the criminal justice system.

CLOSING

The opiate epidemic has had a significant impact on the lives of all Texans. Individuals involved with the criminal legal system and their families are particularly hard hit. The prevalence of use, recurrence of use, overdose, and death for justice-involved individuals far exceed that of the general public. In order to improve the care delivered to justice-involved individuals living with OUD, Texas should improve access and availability of medication assisted treatment, substance use treatment, and community-based services for individuals involved with the criminal legal system, in addition to providing education to judges, jailers, and correctional officers on the benefit of evidence-based substance use treatment modalities.