

Addressing Substance Use in Texas **PUBLIC HEALTH AGENCY ACTION PLAN**



2020 - 2022



January 2020



At the Texas Department of State Health Services (DSHS), our focus is on public health. Our job is to promote and protect the health of people, and the communities where they live, learn, work, worship, and play. We understand no single entity working by itself can improve health across Texas. We must all work together to create a healthy Texas.

DSHS Vision

A healthy Texas.

DSHS Mission

To improve the health, safety, and well-being of Texans through good stewardship of public resources and a focus on public health functions.

DSHS Values

- *Lead with a vision.*
- *Driven by science and data.*
- *Partner with a purpose.*
- *Engage and connect as a team.*

Acknowledgments

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Message from the Commissioner



John W. Hellerstedt, MD

Substance use is a complex problem with devastating and lasting effects across the lifespan. It strains our families, it ravages our communities, and threatens the well-being of our entire state.

As the state agency entrusted with improving the health, safety, and well-being of Texans, we are committed to addressing substance use. Yet, we cannot do it alone.

With so many individuals in our state impacted by substance use, we must work together to develop and implement solutions that work for our families and communities.

This action plan already demonstrates what can be achieved when we partner with a purpose. It details what we need to accomplish in the next three calendar years within the areas of public health surveillance, education, and resource development. It also describes the actions that we need to take to meet our goals for addressing substance use in each of these key focus areas, and how our progress will be measured.

Thank you for your continued partnership as we continue to work collaboratively to address substance use in Texas.

Sincerely,

A handwritten signature in blue ink, appearing to read "John W. Hellerstedt", with a long horizontal flourish extending to the right.

John W. Hellerstedt, MD
DSHS Commissioner

Introduction

Substance use impacts the health of individuals and families, along with the communities in which they live. In keeping with the mission of the Department of State Health Services (DSHS) to improve the health, safety and well-being of Texans, a public health action plan is needed for the agency to address substance use in Texas.

Opioids

The opioid crisis continues to be of great concern. Although Texas has fared better than some states, opioid use is still the primary driver of overdose deaths in Texas. Over half of all drug overdose deaths are attributable to opioids.¹ From 2000 to 2016, the rate of opioid overdose death in Texas increased almost three-fold, from 1.7 deaths per 100,000 persons in 2000 to 4.5 deaths per 100,000 persons in 2016. Within this same time period, more than 15,000 Texans died from opioid overdose. Although Texas may be faring better than the nation as a whole when it comes to the rate of opioid prescriptions,² the number of Texas adults reporting non-medical use of pain relievers in the last year also increased at an alarming rate, from 779,000 in 2009-2010 to 830,000 in 2016-2017.³

Overdose involving opioids has also become a leading cause of maternal death. The rate of neonatal abstinence syndrome, often due to the use of opioids during pregnancy, more than doubled, from 1.3 cases per 1,000 hospital births in 2008 to 2.5 cases per 1,000 hospital births in 2017.⁴ The number of inpatient emergency department visits related to opioids increased more than two-fold, from 1,324 in 2004 to 2,700 in 2014.⁵

¹ Texas Department of State Health Services, Center for Health Statistics, "Texas Health Data: Substance-Related Deaths in Texas," Austin, TX.

² Centers for Disease Control and Prevention, "U.S. Opioid Prescribing Rate Maps, 2017" Available: <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html/>. [Accessed May 2019].

³ Substance Abuse and Mental Health Services Administration, "2009-2010 and 2016-2017 National Survey of Drug Use and Health State Data Tables and Reports," Rockville, MD.

⁴ Texas Department of State Health Services, Community Health Improvement Division, Maternal & Child Health Epidemiology Unit, "2018 Healthy Texas Mothers & Babies Data Book," Austin, TX.

⁵ Texas Department of State Health Services, Center for Health Statistics, "Texas Health Data: Opioid-Related Emergency Department Visits," Austin, TX.

Equally concerning is that one in seven Texas high school students takes prescription drugs without a doctor's prescription.⁶ Recognizing the need for opioid crisis response here in Texas, last year, DSHS was awarded a one-year grant from the Centers for Disease Control and Prevention (CDC) for public health opioid crisis response.

CDC Grant for Public Health Opioid Crisis Response

DSHS received \$2.66 million from the CDC to expand the state's public health response to opioids for the period September 1, 2018 through November 30, 2019.

Grant projects strengthened DSHS surveillance and education efforts in several ways:

- Adding more dashboards to the Texas Health Data interactive public data system to better visualize the scope of the opioid crisis in Texas.
- Collecting more data on opioid-related illnesses and other conditions as seen in emergency rooms around Texas to look for early warning signs and pinpoint opioid misuse throughout the state.
- Training more DSHS partners and stakeholders on how to access and use these data to understand opioid misuse at the local level.
- Educating public health personnel at regional and local levels on when and how to administer naloxone, a drug that can prevent someone from dying of an opioid overdose.
- Increasing the number of doctors, physician assistants, and nurse practitioners trained and permitted to prescribe buprenorphine, a medication to treat opioid use disorder.

Education on substance use continues to be a key area of focus not only at DSHS, but also at HHSC. As part of their Texas Targeted Opioid Response (TTOR) program, HHSC is increasing training and access to naloxone. TTOR is also expanding the prescriber network for buprenorphine as medication assisted treatment for opioid use disorder.

⁶ Texas Department of State Health Services, Center for Health Statistics, "2017 Texas Youth Risk Behavior Surveillance System," Austin, TX.

Substance Use

The CDC grant for public health opioid crisis response provided a great starting point and showed us where we needed to focus our efforts. While opioids are still cause for concern, recent trends on the use of methamphetamines, marijuana, other illicit drugs, and alcohol cannot be ignored.

The use of methamphetamines represents another public health issue of concern. Methamphetamine was the number one drug threat ranked by the Dallas, El Paso, and Houston Drug Enforcement Administration field divisions in 2016.⁷ In addition, 40 percent of drug seizures in Texas were identified as methamphetamine in 2017, up from 20% in 2012. More than 800 deaths are attributable to methamphetamines annually.

The use of marijuana by adolescents is also cause for concern, with 17 percent of Texas high school students reporting marijuana use in the last month.⁸ Only 30 percent of Texas youth perceive smoking marijuana monthly as harmful.⁹ In addition, 2.4 million Texans aged 12 and older are estimated to be using marijuana in the last year. These statistics are particularly concerning, when we consider the lasting negative effects of teen marijuana use on cognitive development.¹⁰

The use of other illicit substances by those aged as young as 12 is also troubling, with 8 percent of Texans aged 12 and older reporting the use of illicit drugs in the last month.¹¹ Also, 4 percent of young adults aged 18 to 25 report using cocaine in the last year. In addition, 5 percent of new HIV diagnoses in Texas are attributed to injection drug use.¹²

⁷ J. C. Maxwell, "Drug Use Patterns and Trends in Texas, 2018 – A Report to the National Drug Early Warning System," Addition Research Institute, School of Social Work, University of Texas at Austin, Austin, TX.

⁸ Texas Department of State Health Services, Center for Health Statistics, "2017 Texas Youth Risk Behavior Surveillance System," Austin, TX.

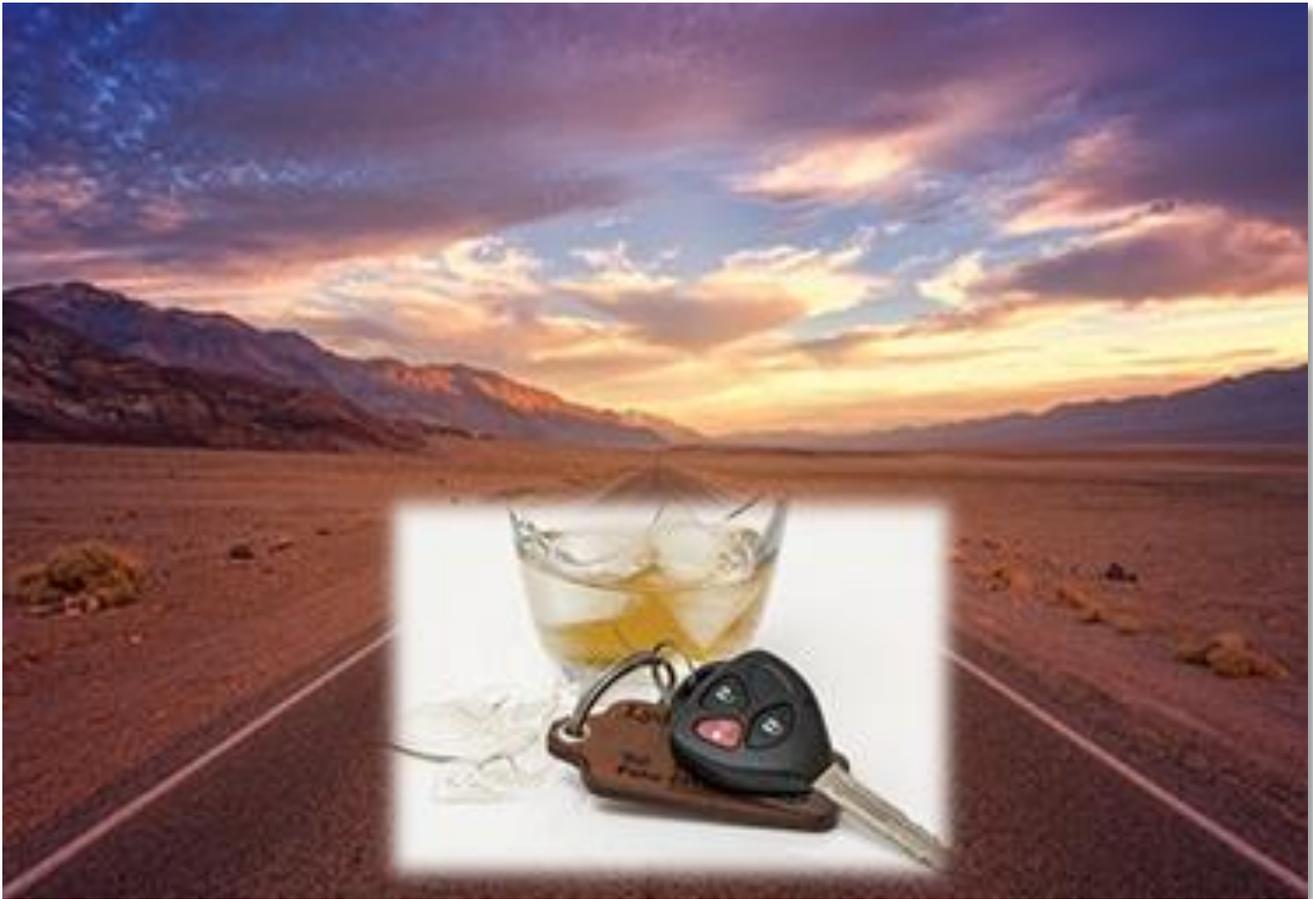
⁹ Substance Abuse and Mental Health Services Administration, "2016-2017 National Survey of Drug Use and Health State Data Tables and Reports," Rockville, MD.

¹⁰ J. G. Morin, M. H. Afzali, J. Bourque, S. H. Stewart, J. R. Séguin, M. O'Leary-Barrett, P. J. Conrod, "A Population-Based Analysis of the Relationship Between Substance Use and Adolescent Cognitive Development," *American Journal of Psychiatry*, vol. 176, no. 2, pp. 98-106, Feb. 2019.

¹¹ Substance Abuse and Mental Health Services Administration, "2016-2017 National Survey of Drug Use and Health State Data Tables and Reports," Rockville, MD.

¹² Texas Department of State Health Services, HIV/STD Program, "Texas HIV Slide Set 2017," Available: <https://www.dshs.texas.gov/hivstd/reports/>. [Accessed May 2019].

The harmful use of alcohol is also a public health problem. More than 69,000 Texans are arrested for driving while intoxicated annually.¹³ In fact, 46 percent of all motor vehicle traffic fatalities in Texas are attributable to alcohol.¹⁴ Additionally, 47 percent of Texans aged 12 and older report alcohol use in the last month.¹⁵ Also, 18 percent of Texas adults report binge drinking in the last month,¹⁶ and 17 percent of teens in high school report having their first drink of alcohol before the age of 13.¹⁷



¹³ Texas Department of Public Safety, Crime Records Service, "The Texas Crime Report for 2017," Austin, TX.

¹⁴ National Highway Traffic Safety Administration, National Center for Statistics and Analysis, "Traffic Safety Facts 2017: Alcohol-Impaired Driving," Washington, DC.

¹⁵ Substance Abuse and Mental Health Services Administration, "2016-2017 National Survey of Drug Use and Health State Data Tables and Reports," Rockville, MD.

¹⁶ Texas Department of State Health Services, Center for Health Statistics, "2017 Texas Behavioral Risk Factor Surveillance System," Austin, TX.

¹⁷ Texas Department of State Health Services, Center for Health Statistics, "2017 Texas Youth Risk Behavior Surveillance System," Austin, TX.

Substance Use in Texas

Methamphetamine

#1 DRUG THREAT ranked by the Dallas, El Paso, and Houston Drug Enforcement Administration field divisions.

40% of drug seizures in Texas identified as meth in 2017, up from 20% in 2012.

MORE THAN 800 deaths are attributable to meth annually.

Marijuana

17% of Texas high school students report marijuana use in the last month.

30% of Texas youth perceive smoking marijuana monthly as harmful.

2.4m Texans aged 12+ are estimated to be using marijuana in the last year.

45% of all drug arrests are for marijuana.

Alcohol

MORE THAN 69,000 Texans arrested for DWI annually.

46% of all motor vehicle traffic fatalities in Texas are attributable to alcohol.

47% of Texans aged 12+ report alcohol use in the last month.

18% of Texas adults report binge drinking in the last month.

17% of teens in high school report having their first drink of alcohol before the age of 13.

Illicit Drugs

8% of Texans aged 12+ report using illicit drugs in the last month.

4% of young adults aged 18-25 report using cocaine in the last year.

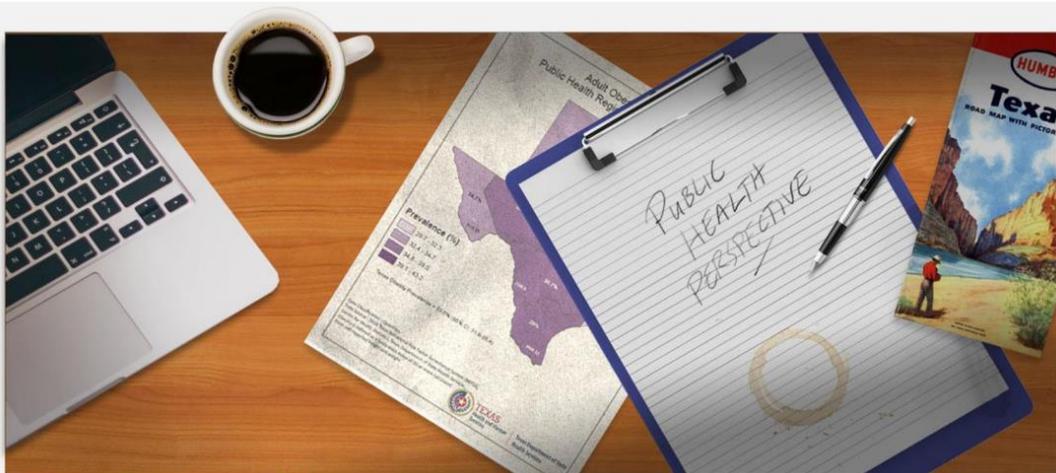
147,231 drug arrests in Texas in 2017, up from 140,602 in 2010.

5% of new HIV diagnoses in Texas are attributed to the use of injection drugs.

Addressing substance use in Texas is critical to the state's public health.

Purpose and Approach

Our action plan lays a foundation for DSHS to address substance use across three calendar years, 2020 through 2022. Its purpose is to inform our partners and stakeholders about where we have been, where we are now, and where we are going. The plan addresses alcohol and other substance use. (For information on the agency’s tobacco prevention and control program, visit [https://www.dshs.texas.gov/tobacco/.](https://www.dshs.texas.gov/tobacco/))



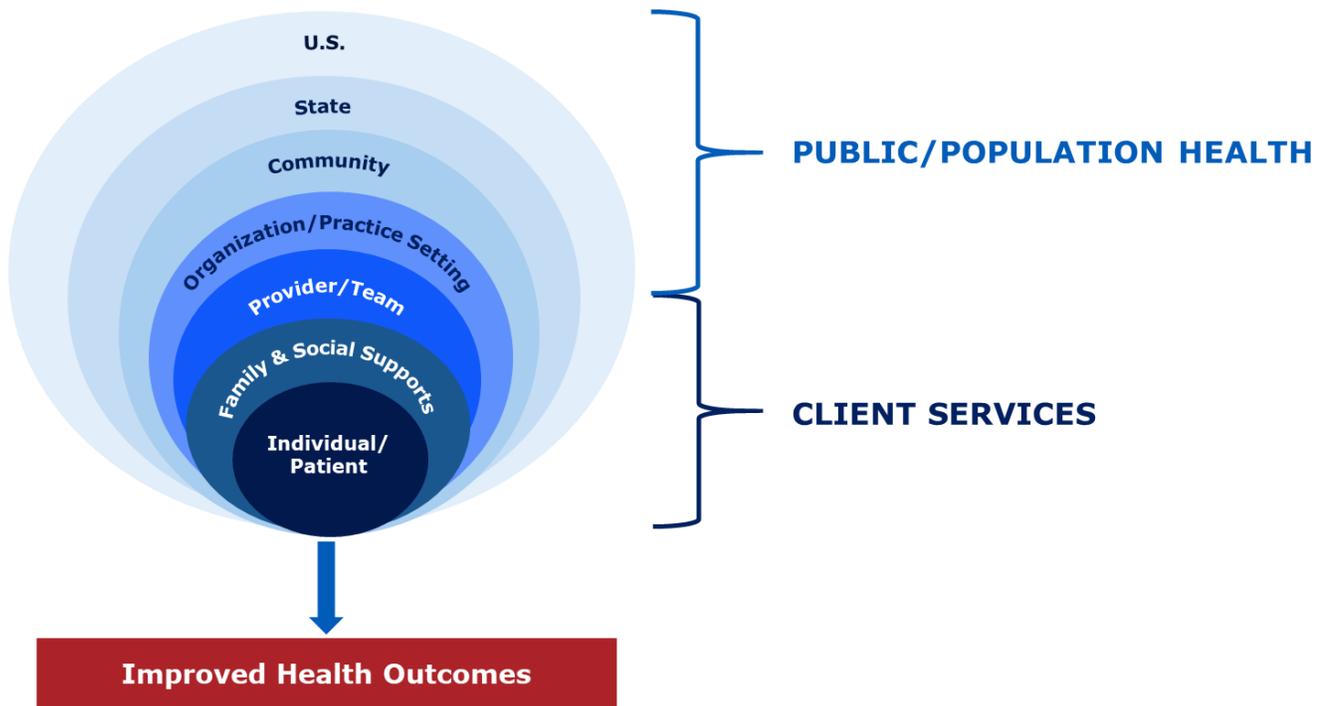
The intention is not to duplicate the substance use client services administered by HHSC and other critical organizations. Instead, the aim is to

complement prevention, treatment, recovery support, and integrated substance use services by HHSC and other providers with DSHS public health efforts.

Substance use is a complex problem, and both public health efforts and client services are needed to address it. Public/population health and client services use different but complementary approaches to improve health outcomes. These relationships can best be understood when we examine the layers of influence on health.

- **Public/population health** tends to concentrate more on the outer layers, where the focus is on the entire organization or practice setting, or on the entire community, state, or U.S. population.
- **Client services** are mainly concentrated on the inner most layers of influence, where the focus is on the individual or patient, their family and social supports, as well as their health care provider or team.

Layers of Influence on Health



While both public/population health and client services are needed approaches for addressing substance use in Texas, the focus here is on DSHS public health efforts.

Public health promotes and protects the health of people. The emphasis is on the detection, prevention, and treatment of certain diseases, in addition to focusing on the health outcomes of specific populations. The health of an entire population is of concern, not just the individual. Public health is based on the idea that small improvements in everyone’s health will result in greater gains for the community than will large improvements in the health of a small number of individuals.¹⁸

Guiding Principles

The development of this DSHS action plan was guided by three principles. First, the effects of substance use can be felt across the life course. From mother to infant, from childhood to adolescence to adulthood — our health earlier in life shapes our future health.

¹⁸ G. Rose, *The Strategy of Preventive Medicine*, Oxford: Oxford University Press, 1992.

Our Guiding Principles

Three principles guided the development of this action plan:

- 1. The effects of substance use can be felt across the life course**
- 2. Substance use disorders are chronic diseases**
- 3. Substance use can cause, contribute to, or complicate other chronic and infectious diseases**

Second, substance use disorders are chronic diseases. Like other chronic diseases, such as diabetes, substance use disorders are shaped by both genetics and the environment. Like cancer, substance use disorders are often relapsing health conditions that can be fatal. However, like many other chronic diseases, people diagnosed with substance use disorders

can recover with comprehensive treatment, and prevention is possible.

Third, substance use can cause, contribute to, or complicate other chronic and infectious diseases. Substance use can result in physical damage to various body systems that can contribute to the onset or worsening of other chronic diseases, and can lead to premature death. Substance use is also associated with an increased risk for acquiring and transmitting certain infectious diseases, notably HIV, Hepatitis C, and sexually transmitted diseases. The intersection of substance use with chronic and infectious diseases underscores that addressing substance use is critical to the state's public health.

Focus Areas

DSHS continues to embrace a data-to-action approach when addressing public health issues, and substance use is no exception. This approach begins with surveillance, which involves data collection, analysis, and dissemination. The results of this surveillance are then used to inform and facilitate education efforts, and the development of helpful resources for those in need.

As a result, the action plan for DSHS to address substance use includes three key focus areas:

- **Surveillance** — enhancing data collection, analysis, and dissemination.

- **Education** — empowering medical professionals, public health staff, and the general public with knowledge.
- **Resource Development** — developing helpful resources for the general public, communities, and medical professionals.

Plan Overview

This action plan does more than provide a guide for our agency's work over the next three calendar years. In addition to outlining key focus areas and goals, it describes strategies and actions for how DSHS will achieve each goal. The plan also identifies priority metrics that will be used to measure progress toward achieving each goal.

Plan Development

This action plan demonstrates what can be accomplished when we partner with a purpose. It was developed by coordinating and collaborating with leadership and staff at DSHS and at HHSC, and by seeking the input and suggestions of our partners and stakeholders.

With the help of division staff across DSHS, an inventory of our agency's current activities related to substance use was completed in May 2019. The inventory served as a starting point for formulating potential goals and strategies in each of the key focus areas — surveillance, education, and resource development.

Inventory of Current DSHS Activities on Substance Use

A survey was distributed that asked about ongoing DSHS surveillance, education, and resource development activities related to substance use. A list of current DSHS activities related to substance use was then compiled and synthesized.

A total of 49 current activities were identified. The majority (27) are surveillance activities, followed by education (13), and resource development (9).

- Of the 27 surveillance activities, most (21) address all substances.
- Education activities are more targeted, with specific substances noted in 9 of the 13 activities.
- Only 2 of the 9 resource development activities address all substances.

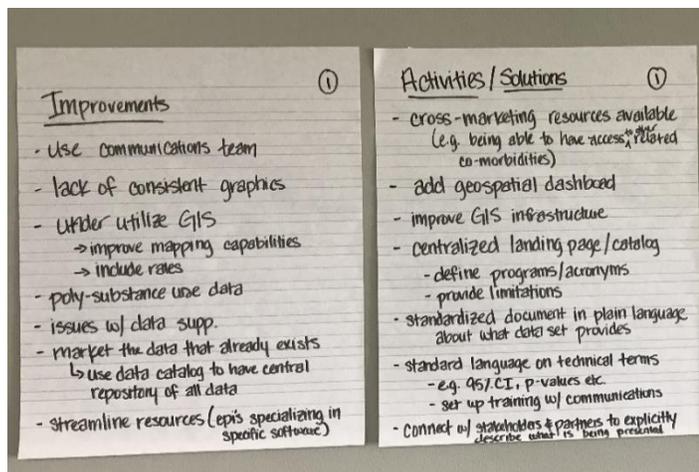
Gaps in education and resource development were noted when compared to the higher number and range of surveillance activities. Importantly, the inventory also revealed that several activities are the result of our agency's key partnership with the Texas Targeted Opioid Response (TTOR) program at HHSC. We are immensely grateful for their support.

The inventory of current DSHS activities related to substance use can be found in the Appendix.

Our partners and stakeholders then came together to provide input into how DSHS could best address substance use in Texas. A collaborative meeting was hosted at DSHS central office in Austin on October 1, 2019. Invitations were extended to over 50 staff at DSHS and HHSC, and to more than 50 stakeholder organizations across Texas, including state agencies, hospitals, and local health departments. Invitations were also sent to criminal justice and law enforcement agencies, medical and dental associations, and universities.



A framework was presented at the meeting to set the stage and launch the conversation with partners and stakeholders. The disease burden and impact of opioids and substance use was discussed, as was the purpose and approach to be used in the development of the action plan.



After an introduction to each of the key focus areas, meeting participants took part in breakout sessions, where they suggested goals, strategies, and measures of success for surveillance, education, and resource development. The input and suggestions of our partners and stakeholders formed the basis of this action plan.

Coordination and collaboration will also be critical over the coming years as we implement our agency's action plan. Only by working together with our partners and stakeholders can we advance the best possible solutions for addressing substance use in Texas.



Surveillance

Enhancing data collection, analysis, and dissemination on substance use

Surveillance, which involves data collection, analysis, and dissemination, is the cornerstone of public health because the decisions that we make are best informed by data. Within the next three calendar years, DSHS will enhance data collection, data analysis, and data dissemination on substance use to guide decision-making.

In 2020-2022, DSHS will pursue three goals in support of this key focus area.

Goal 1: Expand DSHS data collection systems to include more substance use data

It is essential that DSHS data collection systems expand to include more substance use data for analysis and dissemination. Efforts to include more data will improve our ability to answer important questions about the nature and scope of substance use in Texas.

Strategy

The Texas Syndromic Surveillance (TxS2) system collects real-time health data from hospitals, free-standing emergency centers, urgent care and EMS providers, and poison control centers. Reports of illnesses and health conditions related to substance use are used to look for early warning signs of misuse. Although much effort has been made in recent years to increase the number of facilities, only 36 percent are reporting their health data to DSHS.

- *During the next three calendar years, DSHS will recruit an additional 180 facilities, increasing the number of facilities reporting their health data to TxS2 from 273 to 453 facilities.*
- *Continued effort will also be made to add more real-time data sources to TxS2.*

Reports of overdoses involving controlled substances are also critical for surveillance, and improvements can be made in this area. Texas law requires that healthcare providers report overdoses involving controlled substances. DSHS has improved how it collects these reports, making it easier for healthcare providers to submit data. Still, not enough healthcare providers are reporting controlled substance overdoses to DSHS.

- *DSHS will continue to increase outreach efforts so that more healthcare providers report controlled substance overdoses.*

The Texas Violent Death Reporting System (TVDRS) collects data on violent deaths, including those that involve substance use. TVDRS integrates death records with other reports from healthcare providers, law enforcement, and fatality review teams to investigate violent deaths. While TVDRS has made great strides in its first year of implementation, more violent death information is being collected in the second year, including whether violent deaths involve substance use.

- *In 2020-2022, DSHS will increase the number of violent death records collected and abstracted (that may involve substance use) in TVDRS from 500 to 2,000 annually.*

The Texas Pregnancy Risk Assessment Monitoring System (PRAMS) surveys mothers about their health behaviors before, during, and after pregnancy. Current questions ask about alcohol and prescription drug use. While these data provide insights into maternal substance use, additional data are required to understand the impact of other substances on maternal health. For example, more data is needed on the role of opioids, since opioid overdose has been a leading cause of maternal death in Texas.

- *DSHS will pursue adding questions on opioids to Texas PRAMS in future years.*

Action Plan

Action Item	Target Completion
Work with facility stakeholders to develop training on TxS2 as a data collection system.	2020
Implement TxS2 training for facilities.	2021
Create flyers and other materials on TxS2 for local surveillance of substance use and misuse.	2022
Add access to other data sources for syndromic surveillance within TxS2.	2022
Continue outreach to increase controlled substance overdose reporting by healthcare providers.	2020, 2021, 2022
Build partnerships with stakeholders, establish data sharing agreements, and abstract and analyze violent death records related to substance use in certain counties as part of TVDRS.	2020
Increase the use of medical and law enforcement reports for investigation in TVDRS.	2021
Evaluate effectiveness of TVDRS and make enhancements as needed.	2022
Add a question module on opioid use within Texas PRAMS.	2021
Collect data on opioid use from Texas PRAMS.	2022

Goal 2: Optimize data analysis to more accurately assess substance use and its consequences

When data analysis is optimized, we are able to more accurately assess substance use and its consequences.

Strategy

Optimizing data analysis means learning the most that we can from the data we analyze. To do this, we need to first understand what data sources are available for analysis, what sorts of data they contain, and how often these data are collected.

- *An inventory of existing DSHS data sources involving substance use will be completed.*

Having a data source inventory will then optimize our ability to:

- *Link data sources and perform more in depth data analysis on substance use and its consequences.*

Action Plan

Action Item	Target Completion
Conduct an inventory of DSHS data sources pertaining to substance use.	2020
Publish a list of DSHS data sources on substance use.	2020
Develop data-sharing agreements for linking data sources on substance use.	2021
Link existing data sources on substance use where feasible, and perform more in depth data analysis.	2022

Goal 3: Increase dissemination of substance use data for decision-making

It is important to increase dissemination of substance use data because decisions are best made when they are informed by data. Whether it is deciding which areas need crisis response or evaluating the effectiveness of a specific program, data guides our actions.

Strategy

During 2020-2022, the aim is to increase the dissemination of substance use data for decision-making.

- *DSHS will enhance the infrastructure required to improve geographic mapping of substance use hotspots and the ability to perform advanced data analysis.*
- *The Texas Health Data system will expand to include dashboards on other substances in addition to opioids, as well as other data sources.*
- *DSHS will create additional data files that include substance use outcomes for public use.*

Action Plan

Action Item	Target Completion
Enhance the infrastructure for geographic mapping and advanced data analysis at DSHS.	2022
Update Texas Health Data dashboards with most recent available substance use data.	2020
Develop additional dashboards related to substance use.	2021
Create more data files with substance use outcomes for public use.	2021

Surveillance Priority Metrics

Number of Texas facilities reporting health data to TxS2.

Current (2019): 273 Target (2022): 453

Number of violent death records collected that (may involve substance use) in TVDRS.*

Current (2019): 500 Target (2022): 2,000

Number of substance-related dashboards on Texas Health Data system.

Current (2019): 5 Target (2022): 7

Number of data files for public use that include substance use outcomes.

Current (2019): 9 Target (2022): 11

*Specific numbers of violent death records collected that *do* involve substance use are forthcoming.



Surveillance Spotlight

Texas Health Data (<http://healthdata.dshs.texas.gov/Home/index>) is an interactive public data system developed by the Center for Health Statistics that allows users to query DSHS data for statistical reports and summaries. Available data include birth outcomes, causes of death, healthcare utilization, and facts about the health of Texas counties and regions.



The CDC grant for public health opioid crisis response resulted in the addition of many opioid-related dashboards, infographics, and interactive maps. Creative media design was used to appeal to a wide range of audiences. Also, DSHS partners and stakeholders received training on how to access and use Texas Health Data for surveillance.

Dashboards, infographics, and maps on the prevalence and impact of opioids and other substances are now available.

- Substance-Related Deaths
- Opioid-Related Emergency Department Visits
- Opioid-Related Poison Center Calls
- Texas Prescription Monitoring Program Data
- Texas School Survey of Drugs and Alcohol Use



Education

Empowering medical professionals, public health staff, and the general public with knowledge on substance use

Education of medical professionals, public health staff, and the general public is another core public health function because knowledge is what empowers us to improve health. During the next three calendar years, DSHS will continue to increase and promote training opportunities related to substance use, along with creating a new platform for sharing knowledge in ways that inspire, beginning with the topic of substance use. DSHS will also develop a centralized webpage for continuing education related to substance use, and recommend enhancing medical education on substance use.

In 2020-2022, DSHS will pursue four goals in support of this key focus area.

Goal 1: Increase and promote training opportunities related to substance use

It is critical that we increase and promote training opportunities for medical professionals, public health staff, partners, and stakeholders with information and best-practices related to substance use.

Strategy

There is a need to increase and promote education on substance use to enhance provider knowledge and reduce stigma.

- *DSHS will recommend the expansion of the DSHS Grand Rounds educational series to include more presentations related to substance use. Specific topics may include the effects of stigma on treating addiction, the relationship between substance use and chronic and infectious diseases, and harm reduction strategies.*

Training is also needed to improve the accuracy of death certificates that are used to identify overdoses. For example, although opioid use appears low in Texas compared to other states, there is reason to believe that not all overdose deaths are reported. Only 15 out of 254 Texas counties have a medical examiner who can perform an autopsy on deceased individuals. In the remaining counties, an elected justice of the peace completes the death certificate. Because most justices of the peace have no medical training, and state law does not require that an autopsy or toxicology report be ordered, some overdose deaths in counties without medical examiners might be misattributed to other causes.

- *During the next three calendar years, DSHS will develop, promote, and implement training and data quality guidelines on how to accurately report overdose deaths.*

Action Plan

Action Item	Target Completion
Request including more DSHS Grand Rounds presentations related to substance use.	2020, 2021, 2022
Develop training and data quality guidelines on how to more accurately report overdose deaths.	2021
Promote training and data quality guidelines and conduct outreach for accurate reporting of overdose deaths.	2021
Implement training and data quality guidelines for accurate overdose death reporting.	2022

Goal 2: Create a new platform for sharing knowledge in ways that inspire

Technology, Entertainment and Design (TED) talks are ideas that inspire. TED talks are designed to share knowledge about topics that matter to us in under 18 minutes. TED talks help transform our thinking and teach us important life lessons in powerful and profound ways. A new platform is needed at DSHS for sharing knowledge in ways that inspire, as TED talks do.

Strategy

Creating new platforms for sharing knowledge in ways that inspire is what we have been called to do. Health and Human Services Executive Commissioner, Dr. Courtney Phillips, called on us to develop more innovative opportunities for knowledge-sharing so that our workforce is supported and empowered to improve the lives of the people we serve.

- *Over the next three calendar years, DSHS will create and implement a Health Education Design (HED) talk series, ideas about improving health that inspire, beginning with the topic of substance use.*

Action Plan

Action Item	Target Completion
Develop an implementation plan for a new HED talk series.	2020
Schedule, promote, and launch the first series of HED talks on substance use.	2021
Evaluate learner feedback and implement recommended enhancements.	2022

Goal 3: Develop a centralized webpage on continuing education related to substance use

Partners and stakeholders requested a centralized webpage where they can access continuing educational opportunities related to substance use.

Strategy

DSHS will develop a “one-stop-virtual-shop” with links to information about upcoming trainings, conferences, and other opportunities for earning continuing education credits related to substance use.

- *During 2020-2022, DSHS will develop and maintain a centralized webpage for continuing education related to substance use.*

Action Plan

Action Item	Target Completion
Design a centralized webpage for continuing education related to substance use.	2021
Develop content for the webpage with links to all relevant information and training opportunities.	2021
Launch and maintain the DSHS centralized webpage for continuing education related to substance use.	2022

Goal 4: Recommend enhancing medical education on substance use

Texas professional schools of medicine, nursing, dentistry, and pharmacy have expanded their focus to include pain management and addiction in the classroom. However, there is still room for enhancing medical education on substance use, especially when it comes to the issue of stigma and incorporating new evidence-based models of patient care.

Strategy

Enhanced course content on substance use is essential for ensuring that future medical professionals are equipped to effectively screen for and treat addiction.

- *DSHS will recommend that Texas professional schools of medicine, nursing, dentistry, and pharmacy expand their curricula on substance use to reflect the current science and practice of assessment, treatment, and recovery, including training on Screening, Brief Intervention, and Referral to Treatment.*

Action Plan

Action Item	Target Completion
Work with professional associations to draft recommendation letter on enhancing medical education on substance use.	2020
Identify school key contacts.	2021
Send recommendation letter with professional association endorsements.	2021

Education Priority Metrics

Number of DSHS Grand Rounds presentations related to substance use.

Current (2019): 2/12 Target (2022): 4/12

Number of HED talks on the topic of substance use.

Current (2019): 0 Target (2022): 3

Completion of a new centralized DSHS webpage on continuing education related to substance use.

Current (2019): 0 Target (2022): 1



Education Spotlight

DSHS Grand Rounds continues to shine as a model program. Created to share the science of public health by the Office of Academic Affairs, this award-winning educational series has had the support of DSHS leadership since it began over 10 years ago.

In the tradition of lecture-based medical rounds, subject matter experts are invited as faculty to give 60-minute presentations that are live broadcast as webinars. Learners are then given the opportunity to ask questions during a 30-minute discussion period that is moderated by a member of the DSHS leadership team. Topics vary according to the interests of learners, who receive continuing education credits for their participation.

Since it started in 2008, over 22,000 learners and more than 200 faculty have participated in DSHS Grand Rounds, with well over 9,000 learners awarded continuing education credits.

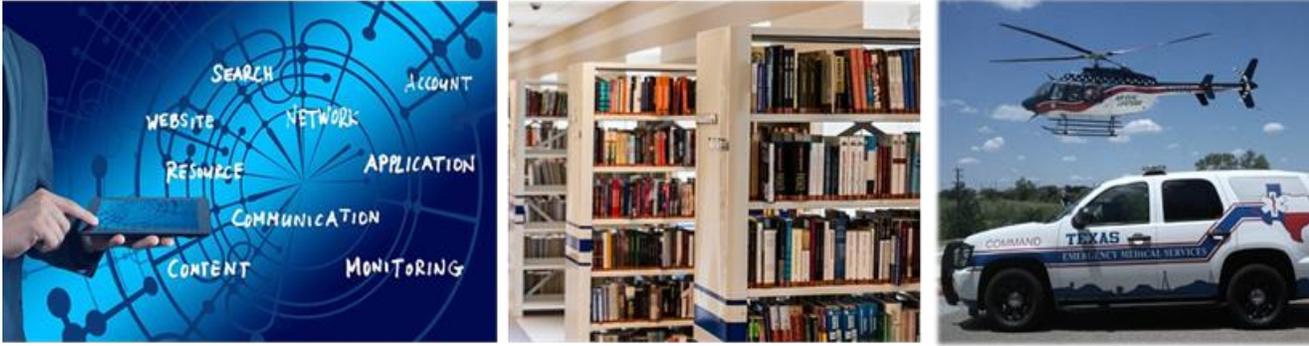
While topics span a variety of health issues, nearly 30 presentations were on behavioral health during the past 10 years. In fact, 6 of the 37 presentations in 2017-2019 were on the issue of substance use. Recent substance use topics include:

- *Four Ways to Help You Feel Good About Your Opioid Prescription*
- *Evidence-based Approaches to Treating Opioid Use Disorders*
- *Opioids: Perspectives on Medication Assisted Recovery Support*
- *Operation Naloxone: A Harm Reduction First Model for Addressing the Opioid Crisis*
- *The Prescription Opioid Abuse Epidemic: How It Happened and Solutions*
- *Preventing Opioid Misuse: A Public Health Approach*

DSHS is committed to meeting the needs of learners, including adding more presentations in the coming years on the topic of substance use.



For more information about DSHS Grand Rounds and upcoming presentations, please visit <https://www.dshs.texas.gov/grandrounds/>.



Resource Development

Developing helpful resources on substance use for the general public, communities, and medical professionals

Another important public health function is to develop helpful resources for the general public, communities, and medical professionals so that they are better informed and equipped to detect and address existing and emerging substance use issues. DSHS will continue to support public awareness campaigns, and to facilitate the implementation of best-practices. DSHS will also develop resources to help connect people to treatment and recovery services, including among EMS personnel.

In 2020-2022, DSHS will pursue three goals in support of this key focus area.

Goal 1: Continue to support public awareness campaigns on substance use

Public awareness campaigns provide much needed information and resources on important health issues. DSHS is committed to providing continued support on public awareness campaigns related to substance use.

Strategy

DSHS will maintain our ongoing partnership with HHSC Behavioral Health Services to promote public awareness around opioids and other substance use.

- *DSHS will coordinate with HHSC on the development, implementation, and evaluation of an opioid misuse public awareness campaign.*
- *DSHS will also coordinate with HHSC to develop and implement a print media campaign for use in physician and dental offices on the health consequences of substance use (such as opioids, methamphetamines, and marijuana) and available treatment options.*

Action Plan

Action Item	Target Completion
Coordinate with HHSC TTOR on the development, implementation, and evaluation of a public awareness campaign on opioid misuse.	2020, 2021, 2022
Work with HHSC partners and other subject matter experts to develop a print media campaign for physician and dental offices.	2021
Implement the print media campaign to be disseminated and displayed in physician and dental offices.	2021
Evaluate the effectiveness of the print media campaign and make future improvements as needed.	2022

Goal 2: Facilitate the implementation of best-practices for substance use disorders

Best-practices are essential for ensuring patient safety, especially when caring for persons with substance use disorders.

Strategy

DSHS has made combatting maternal mortality and morbidity a top priority. The launch of the *TexasAIM* initiative in 2018 represents a key milestone in these efforts. With help from partners and stakeholders, 218 of the state’s 225 birthing hospitals (97 percent) are now implementing best-practices developed by the Alliance for Innovation on Maternal Health (AIM) for obstetric hemorrhage, one of the most preventable causes of maternal mortality. Also, 10 hospitals began to pilot new best-practices on obstetric care for women with opioid use disorder during and after pregnancy. This too, represents a critical milestone, since opioid overdose was a leading cause of maternal mortality in 2012 to 2015.

- *As part of TexasAIM, DSHS will complete the AIM opioid pilot and expand the program statewide.*

Action Plan

Action Item	Target Completion
Facilitate learning collaborative sessions with pilot hospital teams testing best-practices for pregnant and post-partum women with opioid use disorder.	2020
Host TexasAIM Innovation Meeting to synthesize learning from piloting best-practices.	2020
Refine and finalize best-practices for women with opioid use disorder during and after pregnancy	2021
Recruit hospitals and implement final best-practices statewide.	2022

Goal 3: Help connect individuals with substance use disorders to treatment and recovery services

Knowing how and where to access substance use treatment and recovery support is essential for restoring health. Additionally, first responders are at increased risk for the development of substance use disorders due to the effects of secondary trauma; however, they have not had the resources to help with their recovery.

Strategy

DSHS is committed to creating a website that will help connect individuals in need and their families to treatment and recovery services.

- *Over the next three calendar years, DSHS will develop a website in partnership with HHSC Behavioral Health Services, with links to locate substance use treatment and recovery support.*

DSHS is also committed to facilitating the referral of EMS personnel to available treatment and other helpful resources in partnership with HHSC TTOR. Starting in 2020, the Texas EMS Personnel Referral Program will connect EMS personnel with needed services via a peer-assistance hotline so that they can begin the pathway to recovery.

- *DSHS will implement the Texas EMS Personnel Referral Program, connecting EMS personnel with substance use recovery programs.*

Action Plan

Action Item	Target Completion
Coordinate with HHSC Behavioral Health Services to design a DSHS website for connecting people to treatment and recovery services.	2020
Develop content for the DSHS website with links to locate substance use treatment and recovery.	2021
Launch and maintain the DSHS website for connecting to treatment and recovery services.	2021
Implement the EMS Personnel Referral Program for substance use recovery.	2020, 2021, 2022

Resource Development Priority Metrics

Number of physicians and dentists receiving DSHS print media materials on substance use and available treatment options.

Current (2019): 0 Target (2022): 40,000

Number of Texas birthing hospitals implementing TexasAIM best-practices for women with opioid use disorder.

Current (2019): 10 Target (2022): 200

Number of referrals for recovery support services from the Texas EMS Personnel Referral Program.

Current (2019): 0 Target (2022): 1,000

Completion of a new DSHS website to help connect Texans to treatment and recovery services.

Current (2019): 0 Target (2022): 1



Resource Development Spotlight



In 2018, the Maternal and Child Health Section at DSHS teamed up with the Alliance for Innovation on Maternal Health (AIM) and the Texas Hospital Association (THA) to create the TexasAIM initiative. The goal is to end preventable maternal death and serious medical complications during and after pregnancy. Doctors and nurses work collaboratively with state teams to implement best-practices that make

hospital care safer for mothers.

Improving obstetric care and safety for women with opioid use disorder is a key priority for TexasAIM, since opioid-related overdose is one of the leading causes of maternal death in Texas.

In 2019, 10 Texas hospitals began pilot testing new best-practices for recognizing opioid misuse and improving care for women with opioid use disorder during and after pregnancy. Recently, hospital pilot teams met to talk about what other resources would help optimize implementation of the best-practices. Pilot hospitals also participate in a learning collaborative, where staff come together to share improvements made and lessons learned.

Lessons learned from the pilot will then be used to refine the best-practices for statewide implementation, beginning in 2021. Statewide implementation is consistent with Texas Senate Bill 436 that was passed during the 86th Texas Legislative Session.

For more information on TexasAIM, visit <https://www.dshs.texas.gov/mch/TexasAIM.aspx>.

Concluding Remarks

“Partnering with a purpose” is one of our core values for good reason. Only by working together, can we improve the health, safety, and well-being of Texans.

This action plan recognizes that fact. It would never have been completed without the important contributions of our partners and stakeholders.

The goals, strategies, and actions will enable our agency to make measurable progress toward addressing substance use in the coming years. Here too, partnership and collaboration will be needed if we are to truly make a positive difference in the lives of the people we serve.

As we prepare to implement this action plan, let us not forget what really is at stake. Last year, our agency hosted a summit, where we heard from a mother in recovery from opioid use disorder. She shared her own personal story, speaking directly to those in the audience and asked for change.

That mother was able to tell her own story of recovery. However, there are many more stories that can only be told by family members who remain. This action plan is about helping our most vulnerable. It is about keeping people alive and healthy, and keeping families whole.

We look forward to working together with you to address substance use in Texas.

In service,



Manda Hall, MD

Associate Commissioner

Community Health Improvement Division



Manda Hall, MD

Appendix

Inventory of Current DSHS Activities Related to Substance Use

Surveillance

	Surveillance Activity	Division/ Section*	Substances Addressed (alcohol, marijuana, opioids, other illicit drugs)	
			All	Some
1	Texas Behavioral Risk Factor Surveillance Survey (BRFSS) — Annual health survey of Texas adults.	ADC/CHS		X (alcohol, opioids)
2	Texas Youth Risk Behavior Survey (YRBS) — Survey of high school students completed in odd number years	ADC/CHS	X	
3	Texas Health Care Information Collection (THCIC) — Inpatient and outpatient hospital discharge dataset	ADC/CHS	X	
4	Texas Health Data — Interactive website and query system on prevalence and impact of opioids and other substances	ADC/CHS	X	
5	Adhoc Requests — Statistics on deaths involving substance use	ADC/CHS	X	
6	Death Certificate Registration — Medical certifiers report cause of death	CHI/VSS	X	
7	Texas Poison Center Network Surveillance — Emergency treatment information for poisoning or toxic exposures	CHI/EEDRS	X	

Surveillance (continued)

	Surveillance Activity	Division/ Section*	Substances Addressed (alcohol, marijuana, opioids, other illicit drugs)	
			All	Some
8	Controlled Substance Overdose Surveillance — Controlled substance overdoses reported into centralized database with help of outreach and marketing	CHI/EEDRS		X (opioids, other)
9	Texas Violent Death Reporting System — Surveillance system for violent deaths, including those involving substance use	CHI/MCHS	X	
10	EMS & Trauma Registries — Online reporting system that collects legislatively mandated data on all EMS runs, traumatic brain injuries, spinal cord injuries, submersions, and other traumatic injuries	CHI/MCHS	X	
11	Pregnancy Risk Assessment Monitoring System (PRAMS) — Survey of recent mothers about pregnancy	CHI/MCHS		X (alcohol, opioids)
12	Child Fatality Review — Data analysis on role of substance use	CHI/MCHS	X	
13	Healthy Texas Mothers and Babies Data Book — Trends in infant and maternal health	CHI/MCHS	X	
14	Title V MCH Block Grant Needs Assessment — Assessment of maternal and child health population	CHI/MCHS	X	
15	Maternal Mortality and Morbidity Task Force — Studies and reviews of maternal deaths and morbidity	CHI/MCHS	X	
16	Rapid Hepatitis C Testing — Data collection from screening at testing sites	LIDS/TB-HIV-STD		X (alcohol, opioids, other)
17	Routine Hepatitis C Surveillance — Data on injection drug use and use of drugs not prescribed by a doctor	LIDS/TB-HIV-STD		X (opioids, other)
18	National HIV Behavioral Surveillance — Survey of high risk populations in Dallas and Houston	LIDS/TB-HIV-STD	X	

Surveillance (continued)

	Surveillance Activity	Division/ Section*	Substances Addressed (alcohol, marijuana, opioids, other illicit drugs)	
			All	Some
19	Medical Monitoring Project — Statewide survey of people living with HIV	LIDS/TB-HIV-STD	X	
20	Routine HIV and STD Surveillance — Data on injection drug use. Data are only available for HIV and Syphilis cases	LIDS/TB-HIV-STD		X (opioids, other)
21	Syndromic Surveillance — Near real-time data from emergency departments to detect health crises	RLHO/DAC	X	
22	Family Needs Assessment — Case manager assessment of family health needs	RLHO/OBPH/PHR 2/3	X	
23	Nurse Assessment — Data collection on substance use by public health nurses	RLHO/OBPH/PHR 2/3, PHR 7	X	
24	Substance Abuse History Assessment — Information on risk collected during admission for TB treatment	RLHO/TCID, PHR 11	X	
25	Incident Reporting — Data collection on events involving prohibited substance use on campus	RLHO/TCID	X	
26	HIV/STD Contact Investigation — Interviews of individuals and partners about drug use	RLHO/PHR 4/5N	X	
27	EMS Provider Review — Review of criminal background of EMS personnel and complaints	CP/EMS Trauma Systems	X	

Education

	Education Activity	Division/ Section*	Substances Addressed (alcohol, marijuana, opioids, other illicit drugs)	
			All	Some
1	DSHS Grand Rounds — Educational presentations on specific health topics with continuing credits available	ADC/OAA	X	
2	Naloxone Training — Training on administration of naloxone to prevent opioid overdose	CHI/OCSP		X (opioids)
3	Buprenorphine Waiver Training — Training on how to secure a waiver to prescribe buprenorphine	CHI/OCSP		X (opioids)
4	Texas Oral Health Conference — Education on effects of opioids for oral health at annual conference	CHI/MCHS		X (opioids)
5	Houston Hepatitis Task Force Annual Workshop — Educational presentation on risks of substance misuse for the Hepatitis C population	LIDS/TB-HIV-STD		X (alcohol, opioids, other)
6	Choosing Life Program — Education on effects of substance use for behavioral change among persons with HIV	LIDS/TB-HIV-STD	X	
7	Regional Opioid Workshop — Training on how to access and use surveillance data for opioid overdose prevention	RLHO/DAC		X (opioids)
8	Drug Take Back Program — Education on importance of proper disposal of prescription drugs	RLHO/OBPH		X (opioids)
9	DisposeRX — Information and packets for proper disposal of prescription drugs	RLHO/PHR 4/5N		X (opioids, other)
10	Text4Baby — Education on dangers of alcohol use during pregnancy	RLHO/OBPH		X (alcohol)
11	Individual Education — Education by nurses on substance use health impacts for TB patients	RLHO/OBPH, PHR 7	X	
12	Underage Drinking and Driving Education — Education by nurses on dangers of underage drinking and driving	RLHO/PHR 7		X (alcohol)

Education (continued)

	Education Activity	Division/ Section*	Substances Addressed (alcohol, marijuana, opioids, other illicit drugs)	
			All	Some
13	Substance Use Information and Education — Training for regional public health clinic staff and local health department staff on risks and available treatment for substance use disorders	RLHO/DAC	X	

Resource Development

	Resource Development Activity	Division/ Section*	Substances Addressed (alcohol, marijuana, opioids, other illicit drugs)	
			All	Some
1	DSHS Public Health Opioids Webpage — Information on current public health activities in response opioid crisis (https://www.dshs.state.tx.us/opioids)	ADC/CHI/RLHO		X (opioids)
2	Dose of Reality Webpage — Website to educate Texans about the dangers of opioid abuse and misusing prescription pain killers (http://doseofreality.texas.gov)	ADC		X (opioids)
3	Someday Starts Now — Public awareness campaign on importance of staying healthy before pregnancy (www.SomedayStartsNow.com and www.AlgunDiaEmpiezaAhora.com)	CHI/MCHS		X (alcohol, marijuana, opioids)
4	TexasAIM Maternal Opioid Misuse Prevention — Safety guidelines by Alliance for Innovation on Maternal Health (AIM) for recognizing opioid misuse, and enhancing care for women with opioid use disorder, during and after pregnancy	CHI/MCHS		X (opioids)
5	DisposeRX — Information and packets for proper disposal of prescription drugs	RLHO/PHR 4/5N		X (opioids, other)
6	Dinner Time Sticker Campaign — Stickers for restaurant take-out boxes intended to prompt dinner time conversation with youth discouraging underage alcohol use	RLHO/PHR 4/5N		X (alcohol)
7	Alcohol Awareness Sticker Campaign — Stickers for businesses to discourage providing alcohol to minors	RLHO/PHR 4/5N		X (alcohol)
8	Code Green Campaign — Suicide resources for EMS personnel (www.codegreencampaign.org)	CP/EMS Trauma Systems	X	
9	EMS Personnel Referral — Program for EMS personnel with substance use disorders	CP/EMS Trauma Systems	X	

***List of Acronyms:**

ADC	Assistant Deputy Commissioner
CHS	Center for Health Statistics
CHI	Community Health Improvement
CP	Consumer Protection
DAC	Deputy Associate Commissioner
EEDRS	Environmental Epidemiology & Disease Registries Section
LIDS	Laboratory & Infectious Disease Services
MCHS	Maternal & Child Health Section
OAA	Office of Academic Affairs
OBPH	Office of Border Public Health
PHR	Public Health Region
RLHO	Regional & Local Health Operations
TCID	Texas Center for Infectious Disease
VSS	Vital Statistics Section

