



IDAHO OFFICE OF

**DRUG
POLICY**

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2020 Update

Idaho Opioid Misuse and Overdose Strategic Plan 2017 - 2022

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This document was last updated August 11, 2020.

Message from the Administrator



Dear Idahoans,

We are pleased to present the 2020 update for the 2017-2022 Idaho Opioid Misuse and Overdose Strategic Plan, a comprehensive and multi-faceted approach to addressing the opioid crisis afflicting our state.

Nationally, there were nearly 72,000 overdose-related deaths in the U.S. in 2019, and Idaho is not immune to the impacts and struggles of this public health crisis. Idaho has seen an increasing number of drug overdose deaths over the last two decades, and in 2019, we lost 264 Idahoans to drug-overdose related deaths.

This statewide prevention plan is the result of a broad collaborative effort of a diverse group of stakeholders that includes representatives from government agencies, public health districts, community organizations, health providers, law enforcement, and more. By focusing on prevention, education, and strengthening and supporting Idaho families, we can reduce unnecessary deaths and the impacts of opioid use on our communities.

This strategic plan is a living document and continues to be updated as new information arises and circumstances change. We are committed to working in tandem with Governor Brad Little, and all of our prevention partners, to do everything we can to support our communities. This plan serves as a roadmap for our continued efforts to create a safe and healthy Idaho, free of opioid misuse and untreated opioid use disorders.

Thank you for your continued work and collaboration.

Sincerely,

A handwritten signature in black ink that reads "Melinda Smyser". The signature is written in a cursive, flowing style.

Melinda Smyser
Administrator, Idaho Office of Drug Policy

Background

In April 2017, the Governor’s Office of Drug Policy convened a planning group to create a statewide, multi-stakeholder opioid misuse and overdose prevention strategic plan. A broad group of stakeholders met over two days and developed the “2017 – 2022 Idaho Opioid Misuse and Overdose Strategic Plan.” Subsequent meetings were held in person and by phone to further refine the goals and strategies. The workgroup held its fourth annual retreat in June 2020. This strategic plan identifies four key goal areas that address the epidemic in a comprehensive, multi-faceted approach to support the plan’s 2022 vision of “A safe and healthy Idaho, free of opioid misuse and untreated opioid use disorders.”

Drug overdose deaths in the United States continue to increase, with overdose deaths from opioids increasing almost six times between 1999 and 2017¹. In 2019, an estimated 72,000 Americans died from a drug overdose, with 71% of the overdoses involving an opioid. Overall, the U.S. experienced a 4.6% increase in drug overdose deaths between 2018 and 2019².

Like the rest of the country, Idaho is struggling with the opioid epidemic and has seen an increasing number of drug overdose deaths since 2000³. In 2019, 264 Idahoans died from a drug overdose, an 9.5% increase from 2017². The age-adjusted mortality rate increased from 11.9 per 100,000 Idaho residents in 2009 to 14.5 per 100,000 Idaho residents in 2018³. Among the drugs listed on death certificates from drug overdoses in 2018, opioids were reported in more than half (125 out of 217 deaths with one or more drugs reported)³. Despite these increases, the burden of opioid abuse in overdose deaths is likely underestimated. Due to the lack of requirement among certifiers to report specific drugs on death certificates and a lack of funding for toxicology tests, in 2018, about 13% of drug-overdose deaths did not specify the drugs involved³.

Males appear to be at particular risk for drug overdose deaths³. Though Idahoans aged 25–34 have the highest drug overdose death rate by age group³, the rate for those aged 55–64 increased by 18%³. Public Health District 5 has the highest drug overdose mortality rate by district (17.1), with the rate increasing by 35% between 2017 and 2018³. Although Public Health District 5 has the highest drug overdose death rate, Public Health District 3 has seen the largest drug overdose death rate increase, 42%, from 2017 to 2018³.

Idaho ranks 8th among the states and D.C. for past-year pain reliever misuse among persons aged 12 and over⁴. Nearly 4.5 percent of Idahoans aged 12 and older reported misusing pain relievers in the past year, but adults aged 18 to 25 are at particular risk;

5.6% reported misusing pain relievers in the past year⁴. Among youth, approximately 1 in 9 Idaho students have misused a prescription pain reliever in their lifetime⁵.

At the outset of the Strategic Plan, access to opioid medications in Idaho had increased; between 2011 and 2016 the retail distribution of oxycodone to pharmacies, hospitals, and physicians increased from over 13,000 grams per 100,000 population to over 16,000 grams per 100,000 population⁶. Between 2016 and 2019 the retail distribution of oxycodone then decreased annually, falling to just over 12,000 grams per 100,000 population in 2019⁶.

Although less often used, heroin is also becoming an increasing concern. Between 2014 and 2018, drug overdose deaths reporting heroin increased by almost three-fold³. The arrest rate for heroin increased from 0.05 arrests per 1,000 population in 2013 to 0.50 arrests per 1,000 population in Idaho in 2018⁷. In 2018 and 2019, LSI-R assessments from the Idaho Department of Corrections' supervised population indicate that heroin is twice as prevalent as opiates/pills among both community and incarcerated individuals; females in both populations are more likely to report both opioid analgesics and heroin than their male counterparts⁸.

¹ Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2018. Available at <http://wonder.cdc.gov>.

² National Center for Health Statistics. 2020. Vital Statistics Rapid Release Provisional Drug Overdose Death Counts. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

³ Drug Overdose Deaths: Idaho Residents, 2014-2018, Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, December 2019.

⁴ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017 and 2018.

⁵ Office of Drug Policy, Idaho Healthy Youth Survey, 2019.

<https://prevention.odp.idaho.gov/wp-content/uploads/sites/108/2020/06/IHYS-2019-State-Report.pdf>.

⁶ United State Department of Justice, Drug Enforcement Agency, Diversion Control Division, Data downloaded from the Automated Reports and Consolidated Ordering System (ARCOS), 2019.

⁷ Idaho State Police, Idaho Statistical Analysis Center, National Incidence-Based Reporting System, 2007–2018.

⁸ Evaluation and Compliance, Idaho Department of Correction, 2020.

Planning Process

“The greater danger for most of us lies not in setting our aim too high and falling short, but in setting our aim too low and achieving our mark.”

- Michelangelo


A strategic plan provides a powerful roadmap to align and navigate efforts in pursuit of an impactful and inspiring future vision. In April of 2017, the Idaho Office of Drug Policy and the Idaho Department of Health and Welfare’s Division of Public Health convened a strategic planning team comprised of diverse statewide stakeholders connected to the opioid crisis to determine how to address this serious issue and achieve significant positive impact in the next five years. Attending stakeholders included persons and family members directly affected by opioid misuse, addiction, or overdose; the Idaho Office of Drug Policy; the Idaho Department of Health and Welfare; public health districts; Idaho State Senators and Representatives; mental health providers; physicians; treatment and recovery support providers; law enforcement jurisdictions and criminal justice professionals; medical associations and state licensing boards; the Coroner’s Office; and others.¹

First, the group came to consensus on a collective vision for the ideal future impact on the opioid epidemic in Idaho. Every participant’s input was considered in the process, culminating in a concise, compelling vision to serve as the point of alignment for the rest of the plan.

Next, the group conducted an environmental assessment: an analysis of all factors that have the potential to either help or hinder achievement of the vision. The assessment was informed by business intelligence generated and distributed in advance of the planning retreat, including current Idaho best practices and programs in opioid misuse prevention and control, Idaho’s Opioid Needs Assessment (updated annually), the CDC Opioid Prescribing Guidelines, and the SAMHSA Opioid Prevention Toolkit.

The results of the environmental assessment were synthesized into critical success factors: the most important areas of focus to achieve significant progress toward the vision. SMART goals were developed to address each of the critical success factors. Strategies were created to define how each goal would be attained. Performance measures were established to guide evaluation of progress toward reaching the goals. An accompanying performance measurement plan was created to define the timeframes, responsibilities, and audience for each measure. Finally, action plans were

¹ A detailed list of planning retreat participants and meeting details can be found in the Appendix.



developed, detailing the steps and responsibilities for carrying out each strategy; they will serve as the primary tool for strategic plan implementation.

This plan reflects the results of the strategic planning process, and represents Idaho stakeholders' commitment to aligning efforts to significantly move the needle on this serious issue.

Consistent strategic plan review and follow-up will continue to be key to success. Strategic planning stakeholders are convened bi-annually to report progress on action plans and performance measures, share agency updates, and collaborate on any challenges that arise. In addition, in the spring of 2018, 2019, and 2020, the group, along with new members, met to review and update the plan. These meetings include presentations from several subject matter experts on new and emerging topics critical to the opioid crisis, and opportunities to determine how best to refine the existing plan and incorporate new information. The group will continue to meet in-person annually to review and update the strategic plan, optimizing its relevance and effectiveness.

In 2020, the strategic planning update meeting was held entirely virtually due to recommendations to maintain social distancing to prevent the spread of COVID-19. Despite being virtual, the meeting was attended by 67 participants and was positively reviewed by attendees.

Vision

A vision describes the ideal future impact of an organization or collaboration of stakeholders. It is the guiding force that inspires stakeholders to take action in influencing success, and provides a point of alignment for all associated efforts. This vision is intended to drive significant positive outcomes with regard to opioid misuse and overdose over the duration of the strategic plan and beyond.

Idaho's 5 Year Vision

"A safe and healthy Idaho, free of opioid misuse and untreated opioid use disorders."



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Goals, Strategies, and Performance Measures

This section outlines the goals, strategies, and performance measures of the strategic plan. Goals articulate the outcomes that will be achieved to realize the vision. Strategies define how the goals will be accomplished. Strategy implementation, including process, timing, responsible parties, and resulting outputs, is detailed in accompanying action plans (please see next section). Performance measures are designed to assess the impact of plan activities. Measurement data is translated into intelligence that informs progress toward achieving the goals, and guides any course adjustments needed to maximize success at reaching the vision.

During the 2020 Annual Retreat, various changes and updates were made to the goals, strategies, and performance measures. Overall, Goal 1A, 1B, 2, and 3 were reworded to add specificity or extend timelines rather than to change the direction of the goals themselves. While all goals changed their strategies somewhat, Goals 1A, 3, and 4 had significant changes to their strategies. Goals 1A, 1C, and 3 had no changes to their performance measures, while Goals 1B and 2 had a few changes and Goal 4 had significant changes. Each goal had updates on the progress of their strategies and performance measures. Changes were made for clarity, due to environmental disruptions (such as COVID-19), and to align work among the different goals.

For more detailed information on these updates and changes please reference the dashboard. Comparisons to changes across years are provided on the dashboard, but more detailed information can be obtained by comparing previous years' dashboards.

Goals and Strategies

CRITICAL SUCCESS FACTOR 1: EDUCATE PROVIDERS, PATIENTS, AND THE PUBLIC

GOAL 1A

By December 2021, using Idaho's 2017 number of 645.2 as a baseline, reduce the annual amount of opioids prescribed in Morphine Milligram Equivalents (MME) per person in all ages, to 512.6 (the current U.S. average).

Strategies:

- 1) Update and reformat Idaho-based information and tools for Idaho's health workforce and distribute in a format that is easily accessed
- 2) Identify and implement strategies to connect opioid prescribing outliers with prescriber champions for peer-to-peer education
- 4) Serve as a resource to advisory groups and other professional organizations as they explore linking controlled substance licenses to continuing medical education
- 5) Provide information related to opioid stewardship and the state strategic plan to Idaho health education programs
- 6) Identify and implement strategies to support the sustainability of and increase engagement in Idaho's Extension for Community Health Outcomes (ECHO) OUD programs

GOAL 1B

By December 2021, reduce the past year pain reliever misuse among Idahoans 12 years and older from 4.25% to 4.0%, as measured by the National Survey on Drug Use and Health (NSDUH).

Strategies:

- 1) Expand Idaho branded patient education information for distribution to prioritized communities
- 2) Expand distribution of a patient friendly variation on the Brief Opioid Knowledge test rack card for patients
- 3) Develop patient education tools to implement at pharmacies

GOAL 1C

By December 31, 2020, 80% of Idaho's adult population (as measured by the Behavioral Risk Factor Surveillance System (BRFSS)) will be aware that using prescription painkillers more frequently or in higher doses than directed by a healthcare provider, or using prescription painkillers not prescribed by a healthcare provider, holds great risk.

Strategies:

- 1) Implement and expand evidence-based substance use prevention education programs for students
- 2) Provide information dissemination through adult-focused education campaign
- 3) Provide information dissemination through community statewide prevention education efforts
- 4) Continue information dissemination about the availability of local prescription take-back programs
- 5) Research and develop ways to create targeted messaging for priority populations within Idaho. Including, but not limited to, senior citizen, rural, hispanic, and Native American communities

CRITICAL SUCCESS FACTOR 2: IMPROVE OPIOID PRESCRIPTION PRACTICES

GOAL 2

By December 31, 2020, the percent of Idaho prescribers issuing controlled substance prescriptions who checked the Idaho PMP at least once during calendar year 2019 will be at least 10% greater than the percent who checked during calendar year 2016 (baseline rate).

Strategies:

- 1) Encourage prescribers and healthcare systems to adopt PMP integration into electronic medical records (EMRs)
- 2) Educate prescribers on access to and use of PMP, including use of delegates
- 3) Educate prescribers and administrators about safe opioid prescribing in general
- 4) Help make Idaho PMP data more accessible to public/interested parties
- 5) Coordinate with Medicaid on provisions of SUPPORT Act that involve the Idaho PMP

CRITICAL SUCCESS FACTOR 3: STRENGTHEN AND SUPPORT FAMILIES

GOAL 3

Expanding the coordination of substance misuse information, awareness and support services to assist families so that by December 2021, reduce the rate* of opioid-related drug overdose deaths from 7.4 to 7.2

***Age-adjusted mortality rate per 100,000 population**

Strategies:

- 1) Collect resources supporting all groups (patients, parents, families) affected by opioid misuse in crisis and coordinate dissemination to a predetermined public resource outlet. Part of that is to determine the single source outlet and use it exclusively
- 2) Create a resource map to include validated resources collected in strategy 1 and make it available to all stakeholders and the public in a single landing site
- 3) Increase awareness of family recovery support services available in person or online (narcotics anonymous, nar-anon family groups, Family Strong, Intherooms.com)
- 4) Educate families about the signs of drug use, destigmatize, disseminate resources

CRITICAL SUCCESS FACTOR 4: EXPAND AWARENESS OF, AND ACCESS TO, TREATMENT

GOAL 4

By December 2021, decrease the number of Idahoans with untreated opioid use disorder (OUD) from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health (NSDUH).

Strategies:

- 1) Increase the number of buprenorphine prescribers for the treatment of OUD
- 2) Increase payment options for treatment by identifying and removing financial barriers
- 3) Reduce stigma around opioid treatment modalities
- 4) Improve pathways to treatment for all populations
- 5) Increase the number of buprenorphine prescribers who are actively treating patients with OUD
- 6) Increase access to SUD psychosocial treatment providers, emphasizing access in rural areas and increasing the use of telehealth throughout the state
- 7) Increase the number of patients accessing MAT
- 8) Increase the number of Opioid Treatment Programs (OTP) and/or Medication Units, focusing on locations outside of the Treasure Valley

Performance Measurement Plan

Performance measures provide a way to measure the success of the goals and objectives laid out in a strategic plan. They provide accountability to the work group and the public so that those invested in this work can see whether the interventions implemented are effective and a good use of resources. Each Goal Group working on the Strategic Plan has identified the Performance Measures listed below to correspond with each goal. Each Performance Measure plan includes the following information: (1) Measure and Description of the Performance Measure; (2) Frequency of Measurement; (3) the Party Responsible for Collecting the Data; (4) Method for Communicating Results; (5) and the Audience to which they plan to present the data.

In this document, only the Measure and Description of each Performance Measure is displayed. For the full plan on each Performance Measure, [see this linked Google Sheet](#).

To see how Performance Measures have changed from year to year in this Strategic Plan’s lifecycle, please see the published Strategic Plans from previous years.

GOAL #	MEASURE AND DESCRIPTION
1A	(i) Prescribing Rate per 100 Idahoans This figure, reported annually by the CDC, will track the trend/decrease in Idaho and comparison to the national average.
1A	(ii) Percent of patients prescribed LA/ER opioid who were opioid-naïve
1A	(iii) Percentage of Opioid Naïve Patients Who Took Opioids for Longer than Three Days
1A	(iv) Percentage of Opioid Prescriptions Dispensed that have Daily MME Doses under 50 MME, Between 50 and 90 MME, and Over 90 MME This data, obtained from the PMP, will track changes in proportion for each MME category.
1A	(v) Percentage of cumulative Opioid Prescriptions Dispensed per person that have Daily MME Doses under 50 MME, Between 50 and 90 MME, and Over 90 MME This data, obtained from the PMP, will track changes in proportion for each MME category.
1B	(i) Statewide Patient Education Campaign Evaluation Behavioral intent is measured by patient experience surveys in initial hospitals. Reach numbers during period of campaign implementation.
1B	(ii) Expansion of Full Hospital Campaign Number of locations to which the full hospital campaign extends. Number of pharmacy participants.

1B	(iii) Average Daily Supply Dispensed Track data via PMP.
1B	(iv) Track the locations where Campaign materials are distributed / displayed Public health districts, hospitals, clinics, pharmacies, dentists, physical therapy, pain specialists.
1C	(i) Statewide Adult Education Campaign Evaluation The evaluation will assess campaign reach, engagement and earned media. Additionally, the evaluation will measure change in knowledge, attitudes, behaviors, and how well the CDC campaign materials resonate with Idaho residents.
1C	(ii) Evidence-Based Program (EBP) Evaluation This will be a pre and post survey evaluation of the program aimed at middle school students.
1C	(iii) Perceived Risk of Opioid Misuse The source of this data is the 2018 IDHW added BRFSS question: "How much do you think people risk harming themselves in any way when they use prescription painkillers more frequently or in higher doses that directed by a healthcare provider or when they use prescription painkillers NOT prescribed by a healthcare provider?"
2	(i) TBD following demo review of the compliance tool at the next GG2 meeting on 7/29/2020 at 4pm **(Previous Wording: Number of Unique Providers Checking the PMP in a Calendar Year AND Number of Unique Providers Who Wrote a Controlled Substance Prescription that was Filled in the Same Calendar Year)
2	(ii) Number of Patients Generating Unsolicited Reports from the Board of Pharmacy moving to 4 prescribers and 2 pharmacies
2	(iii) Using the PDMP Mandatory checking compliance tool to track check rates by profession.
3	(i) National Survey on Drug Use and Health (NSDUH) See results concerning prevalence of opioid use for various age groups.
3	(ii) Youth Risk Behavior Survey (YRBS) See results concerning prevalence of prescription drug use for high school students.
3	(iii) Idaho Healthy Youth Survey See results concerning prevalence of opioid use among students in grades 6, 8, 10 and 12.
3	(iv) Behavioral Risk Factor Surveillance System (BRFSS) See results concerning prevalence of opioid use for various youth age groups for those 18 years and older.

4	(i) Trend in Number of Waivered Providers Source: The list of waivered prescribers provided monthly by SAMHSA.
4	(ii) Annual Trend in Number of Overdose Deaths with Opioid Involvement Among Idaho Residents Source: Annual Idaho Vital Records and Health Statistics data, based on calendar year.
4	(iii) Trend in Individuals Receiving Publicly Funded Treatment and Support Services
4	(iv) Amount of Public Funding for Treatment and Recovery Services Track the trend in funding.
4	(v) Trend in Number of Naloxone Prescriptions Dispensed Source: Annual PDMP data on naloxone prescriptions dispensed to Idaho residents, by calendar year.
4	(vi) Trend in Number of Opioid Treatment Programs (OTPs) in Idaho This will be monitored as Medicaid Expansion is rolled out via data provided by Medicaid. It will include how many BPA providers transition who have not already signed up to be in the Optum network.
4	(vii) Trend in Warm Handoff Programs Across the State This will be tracked through the various related grants as well as word of mouth through our strategic plan groups.
4	(viii) Trend in the Number of Buprenorphine prescriptions in Idaho *The use of this measurement will be determined on the accessibility of this data.
4	(ix) Trend in the Number of Medicaid providers prescribing buprenorphine for the treatment of OUD
4	(x) Trend in the number of patients Medicaid providers are prescribing to
4	(xi) Trend in the number of Idahoans accessing MAT through Public Funding/Medicaid
4	(xii) Trend in the number of SUD psychosocial treatment sites
4	(xiii) Trend in the utilization of telehealth for SUD treatment across the state

Action Plans

“Well done is better than well said.”
- Benjamin Franklin

Action plans translate strategies into concrete tasks, and have been developed for each strategy in the strategic plan. These will serve as the primary implementation tool to ensure the strategic plan is executed as intended and on time. They describe the tasks, timelines, and individuals involved in carrying out each strategy, and will be updated annually, as needed.

Each Goal Group working on the Strategic Plan has identified the Action Plans listed below to correspond with each strategy. Each Action Plan includes the following information: (1) Implementation Steps; (2) When the Action will Occur; (3) the person responsible for leading the Implementation Steps; (4) Resources Needed to complete the Implementation Steps; (5) and any Additional Considerations necessary to consider for successful implementation.

In this document, only the Implementation Steps and When the Action will Occur are displayed for each Activity Plan. For the Action Plans on each strategy, [see this linked Google Sheet](#) and move through the tabs along the bottom to view the Action Plans for each Goal Group.

Action plans are updated annually. To see previous iterations, please reference past years’ strategic plans.

GOAL GROUP 1A - Action Plans		
Strategy 1 Update and reformat Idaho-based information and tools for Idaho's health workforce and distribute in a format that is easily accessed	Implementation Step	When
	1. Identify data/tools to highlight, replicate strategies that are working well in other states (Oregon Pain)	Q1
	2. Finalize one tool per quarter to distribute	Q1-4
	3. Distribute broadly (stopoverdoseidaho.org, Medicaid Prior Auth. page, quarterly PDMP report, IMA, etc.)	Q1-4
	4. Revisit including info in email body of quarterly PDMP report	Q1
Strategy 2 Identify and implement strategies to connect opioid prescribing outliers with prescriber	Implementation Step	When
	1. Explore possibilities to proactively identify outliers and encourage participation in the program	Q1

champions for peer-to-peer education	2. Deepen the bench: identify 2-6 additional champions (regional representation, dentist, orthopedist, surgeon, etc.) to be vetted by Magni Ham	Q1
	3. Identify/implement strategies to connect outliers with champions, (i.e. promote the program)	Q2-4
Strategy 4 Serve as a resource to advisory groups and other professional organizations as they explore linking controlled substance licenses to continuing medical education	Implementation Step	When
	1. Revisit previous recommendations, update as needed	Q1
	2. Connect with other groups as necessary	Q1-4
Strategy 6 Identify and implement strategies to support the sustainability of and increase engagement in Idaho's Extension for Community Health Outcomes (ECHO) SUD/OD programs	Implementation Step	When
	1. Forward funding announcements and partnership opportunities to ECHO Idaho staff.	Ongoing
	2. Develop a partner toolkit for promotion of project ECHO including Facebook and Twitter graphics and post copy.	Q1
	3. Include ECHO session announcements in partner e-newsletters.	Ongoing

GOAL GROUP 1B - Action Plans

Strategy 1 Expand Idaho branded patient education information for distribution to prioritized communities	Implementation Step	When
	1. Gain permission from Utah to share digital files from the hospital campaign with Idaho hospitals statewide and establish use agreement.	8/1/2019
	2. Identify areas of higher rates of opioid prescribing from Opioid Needs Assessments.	8/2/2019
	3. Increase partner buy-in and recruit partner leadership in the identified locations with a high rate of opioid prescribing. (examples: public health districts, hospitals, clinic, pharmacies, dentist, physical therapy, pain specialists, nurse/medical assistant champions, support staff, etc.).	September - October 2021
	4. Promote print collateral materials for use in clinics and	September

	other settings that may not have funding or space for full campaign. Organizations can order through ODP online order form.	- October 2021
	5. For interested partners, sign use agreement and share creative assets.	By November 2021
Strategy 2 Expand distribution of a patient-friendly variation on the Brief Opioid Knowledge test rack card for patients	Implementation Step	When
	1. Develop a user guide or cover sheet. a. Draft Cover sheet b. Finalized Version	August 2019 September 2019
	2. Use the partnerships established in Strategy 1.3 to distribute the BOK rack cards at their sites. Hard copies while supplies last, then print-ready PDF version.	October - November 2021
Strategy 3 Develop patient education tools to implement at pharmacies	Implementation Step	When
	1. Develop sticker messaging a. Use the “Speak Out, Opt Out, Throw Out” campaign messaging to prompt proper disposal. Pill Bottle and Bag sticker.	7/1/2019
	2. Print materials (stickers + counter/window cling and poster from “Speak Out, Opt Out, Throw Out” campaign).	8/1/2019
	3. Recruit pharmacy partners, with focus on pharmacies who don't already have a take-back box. a. Ask for support from Albertsons b. Contact Board of Pharmacy (BOP) compliance leaders for each pharmacy c. Contact Pharmacy Association (Pam Eaton).	8/1/2021

GOAL GROUP 1C - Action Plans

Strategy 1 Implement and expand evidence-based substance use prevention education programs for students	Implementation Step	When
	1. Develop one-page summary of identified evidence-based programs appropriate for elementary, middle, high school and college-aged students.	10/1/2019
	2. Identify key decision makers in DOE; continue	Ongoing

	discussions.	
	3. Based on data, geographically identify the location of School Districts in high-risk regions.	8/1/2019
	4. Target School Districts in high risk regions for collaboration.	11/1/2021
	5. Collaborate with School Districts to reduce barriers and increase benefits to schools participating in prevention programming.	6/1/2021
	6. Evaluate effectiveness of evidence-based programs and make changes accordingly.	12/1/2020
Strategy 2 Provide information dissemination through adult-focused education campaign	Implementation Step	When
	1. Finalize Phase 2 of IDHW statewide media campaign.	6/1/2019
	2. Develop comprehensive evaluation plan.	12/1/2019
	3. Collect qualitative & quantitative data.	12/2/2019
	4. Disseminate outcome results to stakeholders.	3/1/2020
Strategy 3 Provide information dissemination through community statewide prevention education efforts	Implementation Step	When
	1. Target “Speak Out, Opt Out, Throw Out” #Fails adult-focused opioid awareness campaign on college campuses and senior population a. Target Fit and Fall Programs in every Public Health District b. Target Bengal awareness coalition by Physical Therapy outreach and health fairs c. Target Boise State University Wellness Department	10/1/2019
	2. Support community education events addressing opioid awareness.	6/1/2020
	3. Disseminate Brief Opioid Knowledge (BOK) cards on college campuses and senior centers.	6/1/2020
	4. Develop comprehensive evaluation plan.	12/1/2020
	5. Collect qualitative data.	12/2/2020
Strategy 4 Continue information dissemination about the availability of local prescription take-back programs	Implementation Step	When
	1. Disseminate updated regional rack-cards annually.	Ongoing
	2. Based on data, geographically identify gaps in prescription take-back programs.	Ongoing
	3. Explore alternative Rx disposal methods, e.g.: Deterra	8/1/2019

	packets; Rx Dispose kits.	
	4. Identify potential funding sources to support additional take-back locations/ efforts.	Ongoing
	5. Collaborate with stakeholders to reduce barriers and increase benefits of participating in take back programs.	12/1/2020
Strategy 5 Research and develop ways to create targeted messaging for priority populations within Idaho. Including, but not limited to, senior citizens, rural, hispanic, and Native American communities	Implementation Step	When
	1. Clearly define priority populations	7/15/2020
	2. Researching how to effectively and efficiently engage with those populations	8/15/2020
	3. Identify best delivery channel	8/15/2020
	4. Message creation	8/31/2020
	5. Create campaign dissemination plan that ensures connection with local schools, coalitions, and organizations	9/15/2020
	6. Implement Campaign	10/1/2020
	7. Conduct campaign evaluation (post-survey)	10/30-11/7/2020

GOAL GROUP 2 - Action Plans

Strategy 1: Encourage prescribers and healthcare systems to adopt PMP integration into electronic medical records (EMRs)	Implementation Step	When
	1. Work with BOP and IHA to determine which hospitals have EHRs compatible with Gateway/NarxCare but have not yet integrated.	Immediately (June 2019)
	2. Reach out to identified hospitals to provide information on Gateway/NarxCare software and grant fund availability.	TBD
	3. Work with BOP and ID MGMA to determine which large practices have EHRs compatible with Gateway/NarxCare but have not yet integrated.	Immediately (June 2019)
	4. Reach out to identified practices to provide information on Gateway/NarxCare software and grant fund availability	TBD
	5. Look for opportunities to support BOP in distributing information about Gateway/NarxCare software and grant fund availability.	Ongoing
Strategy 2: Educate prescribers on access to and use of PMP, including use of	Implementation Step	When
	1. Continue efforts by public health districts to educate providers around use of PMP, particularly in high burden	Sept 2019, then ongoing

delegates	areas.	
	2. Continue efforts by public health districts to facilitate improved delegate access and training.	Sept 2019, then ongoing
	3. Coordinate efforts with GG1A, Action Plan #2 (“Public Health Districts continue peer-to-peer educational approach with Prescriber Champions and implement Quality Improvement projects to improve clinical workflow to incorporate PMP checking”).	ongoing
Strategy 3: Educate prescribers and administrators about safe opioid prescribing in general	Implementation Step	When
	1. Board of Dentistry/ISDA to work to align Idaho Dental Practice Act with recommendations from the American Dental Association regarding safe opioid prescribing.	TBD
	2. Comagine to promote MIPS tool to providers/healthcare organizations.	ongoing
	3. Identify statewide conferences at which group members, as a team or individually, may present information about safe opioid prescribing and use of the PMP.	Ongoing
	4. Promote opioid CE opportunities to group members’ constituents.	Ongoing
	5. Gather information about recommendations of specialty groups and organizations regarding safe opioid prescribing for acute pain (for awareness initially, perhaps later for educational purposes to larger groups).	Ongoing
Strategy 4: Help make Idaho PMP data more accessible to public/interested parties	Implementation Step	When
	1. BOP to work to develop public portal that would allow individuals to run PMP data reports.	Immediately (June 2019)
	2. IDHW to analyze and share Idaho PMP data, as determined by DOPP priorities and as approved for distribution.	Ongoing
Strategy 5: Coordinate with Medicaid on provisions of SUPPORT Act that involve the Idaho PMP	Implementation Step	When
	1. Invite Medicaid pharmacy representative to join GG2.	Immediately (June 2019)
	2. Review SUPPORT Act provisions that reference PMP including use of PMP and PMP data reporting.	Immediately (June 2019)

	3. Maintain communication with Medicaid regarding implementation of these provisions.	Ongoing
	4. Provide input into implementation of provisions, as appropriate.	TBD
	5. Educate prescribers regarding provisions, as appropriate.	TBD

GOAL GROUP 3 - Action Plans

Strategy 1: Collect resources supporting all groups (patients, parents, families) affected by opioid misuse in crisis and coordinate dissemination to a predetermined public resource outlet. Part of that is to determine the single source outlet and use it exclusively	Implementation Step	When
	1. Continue to work with noted agencies to assist with disseminating public resources.	12/1/2020
	2. Continue to work on specific resources through print material as well as permanent online presence.	12/1/2020
	3. Continue to review and finally print the OUD Overdose wallet card, and create draft for ASAM booklet to be printed in Fall 2020.	9/1/2020
	4. Determine public-facing resource location (website). Continue discussion with 211 Care Line.	12/1/2020
	5. Create dissemination plan including bail bondsmen, court houses, jails, clinics, schools, faith-based communities, etc.	12/1/2020
Strategy 2: Create a resource map to include validated resources collected in strategy 1 and make it available to all stakeholders and the public in a single landing site	Implementation Step	When
	1. Work with current mapping project with DOPP to ultimately have a resource place from which the public can utilize the information.	10/1/2020
	2. Work with 211 Care Line to discuss permanent location.	10/1/2020
	3. Work with DOPP to determine if the stopoverdoseidaho.com site could house the resource map.	10/1/2020
Strategy 3: Increase awareness of family recovery support services available in person or online (narcotics anonymous, nar-anon family groups, Family Strong, Intherooms.com)	Implementation Step	When
	1. Assess resources collected through Strategy 1 to identify gaps in services.	12/31/2020
	2. Increase public awareness of the various types of recovery support services (rss)	12/31/2020
	3. Identify in-person and online resources that are geared toward supporting families.	12/31/2020

	4. Once identified, work on getting the resources on a single public facing site as noted previously.	12/31/2020
	5. Make resource information available on print material (ASAM booklet as well as online).	11/1/2020
Strategy 4: Educate families about the signs of drug use, destigmatize, disseminate resources	Implementation Step	When
	1. Marketing pieces to disseminate to appropriate locations around the state and through various stakeholders.	11/1/2020
	2. Discuss self-rescue guides in regions of the state	12/1/2020
	3. Naloxone information disseminated through WebEx presented by selected regions in the state, which are available to every community member. Instructions on how to use Naloxone, and where to access it.	9/1/2020

GOAL GROUP 4 - Action Plans

Strategy 1: Increase the number of buprenorphine prescribers for the treatment of OUD	Implementation Step	When
	1. Focus on training of Data 2000 Waivered prescribers to ensure they are delivering quality services.	May 2020
	2. Coordinate with Medicaid to address provider shortage.	May 2020
	3. Partner with SAMHSA TA to provide statewide forums/recruit	Fall 2021
	4. Support Project ECHO in their training efforts	March 2020
	5. Look at utilizing IMD come 2022 for continued support of ECHO	Fall 2021
Strategy 2: Increase payment options for treatment by identifying and removing financial barriers	Implementation Step	When
	1. Coordinate public funding to ensure Medicaid Expansion clients have access to services.	May 2020
	2. Identify service gaps and use IROC funding to cover services that are not covered by Medicaid Expansion.	May 2020
	3. Work with Medicaid to reduce service interruption during expansion transition.	May 2020
Strategy 3: Reduce stigma around opioid treatment modalities	Implementation Step	When
	1. Normalize the use and prescribing use of Naloxone in all settings.	May 2020
	2. Increase OUD education with the public, providers, clients and community stakeholders.	May 2020
	3. Coordinate with divisions working on opioid campaigns.	May 2020

	4. Take advantage of IROC programs to spread education and awareness in Idaho communities	May 2020
	5. Support efforts to provide harm reduction education across the state	Fall 2021
Strategy 4: Improve pathways to treatment for all populations	Implementation Step	When
	1. Collaborate on appropriate interventions with: <ul style="list-style-type: none"> • Jails/Prisons • Emergency Departments/medical facilities • Crisis Centers Harm reduction/Syringe Exchange Programs	May 2020
	2. Improve treatment opportunities for pregnant and pre-and post-natal women	May 2020
	3. Research and/or develop innovative programs to build rapport and connect individuals to treatment (ex: harm reduction vending machine, recovery coaches)	August 2020
	4. Support providers in the use of telehealth	May 2020
Strategy 5: Increase the number of buprenorphine prescribers who are actively treating patients with OUD	Implementation Step	When
	1. Work with opioid stakeholder group (DBH, DPH, Medicaid, ODP, etc.) to identify already occurring work in this area	October 2020
	2. Determine if PDMP or Medicaid can be used to identify current prescribers	October 2020
	3. Complete outreach to prescribers to determine barriers and provide resources	October 2020
Strategy 6: Increase the number of psychosocial OUD treatment providers	Implementation Step	When
	1. Identify treatment providers in BPA and/or Medicaid network	Fall 2020
	2. need to strategize steps with Medicaid/DBH on outreach to providers and recruitment	Fall 2020
Strategy 7: Increase the number of patients accessing MAT	Implementation Step	When
	1. Expand LEAD programs across the state	May 2020
	2. Expand ED Warm Handoff Programs across the state	May 2020
	3. Provide FOA for OBOT/OTP provider expansion	May 2020
Strategy 8: Increase the number of Opioid Treatment Programs (OTP) and/or Medication Units, focusing on locations outside of the Treasure Valley	Implementation Step	When
	1. Release FOA for OTP provider expansion	October 2020
	2. Provide education on OUD, MAT, and OTPs to community stakeholders where new OTPs will be located	October 2020

Appendices

Appendix 1: Previous Years' Strategic Planning Meeting Details

The 2017 Strategic Planning Retreat for Opioid Misuse and Overdose was held April 25 and 26, 2017, in Boise, Idaho. The next page contains the list of participating stakeholders, sorted by the goal for which each was involved in developing strategies at the retreat. Since the retreat, some of these “goal team” assignments have changed, and several additional stakeholders have been added. The subsequent pages contain the list of stakeholders participating in the April 30 and May 1, 2018 strategic plan update retreat and May 29, 2019 update retreat.


A complete and current list of current workgroup members is available from the Idaho Office of Drug Policy

Appendix 2: Strategic Planning Retreat Participants

Year 4 Update: June 17-18, 2020

Name	Organization	Goal Group
Andrew Cascio	Office of Drug Policy	
Anna Guida	Empower Idaho	1C
Anne Lawler	Idaho State Board of Medicine	2
Annie Dixon	Bingham Memorial Hospital	2
Aria Mangan	Public Health District 1	
Ashley Denny	Southeastern Idaho Public Health	
Bill Foxcroft	Idaho Head Start Association	4
Bill Larsen	Treasure Valley Partnership	
Brant Massman	Center for Behavioral Health	4
Camille McCashland	Office of Drug Policy	1B (lead)
Caroline Messerschmidt	Department of Health and Welfare, Division of Public Health, Center for Drug Overdose and Suicide Prevention	
Catherine Oliphant	College of Pharmacy - Idaho State University	1A
Cathy Kaplan	Office of Drug Policy	3 (lead)
Chad Trisler	College of Western Idaho	
Cheryl Foster	Office of Drug Policy	3
Chris Johnson	Medicaid	2
Claudia Coatney	Southwest District Health	1B
Courtney Boyce	Central District Health	1B (lead)
David Phillips	Community Coalitions of Idaho	
Derek Gerber	Idaho Physical Therapy Association, Idaho State University Doctoral Program	1C
Dotti Owens	Ada County Coroner's Office	3
George Schnarre	Retired Police Detective	3
Heather Taylor	Southwest District Health	
Jeff Seegmiller	Idaho WWAMI Medical Education Program	1A
Jessie Dexter	Office of Drug Policy	1C
Jodi McCroski	City of Boise Police Department	3
Jodie Powell	Eastern Idaho Public Health	1C
Joey Vasquez	Idaho Medicaid	2
Kayla Blades	University of Idaho	3
Kayla Sprenger	Idaho North Central Public Health District 2	3
Kristen Raese	Department of Health and Welfare, Division of Public Health	1C

Lachelle Smith	Idaho WWAMI Medical Education Program	1A (lead)
Lee Binnion	St. Alphonsus Regional Medical Center	
Linda Rowe	Comagine Health	
Liz Bryant	North Idaho AHEC Director	1B
Liza Crook	Idaho Department of Juvenile Corrections	
Magni Hamso	Medicaid	4
Marcia Witte	Department of Health and Welfare	2
Marianne King	Office of Drug Policy	1C (lead)
Martha Jaworski	Qualis Health	2 (lead)
Mary Anne Doshier	South Central Public Health District	1C
Megan Hearn	Idaho Department of Health and Welfare, Division of Public Health	1A (lead)
Melinda Smyser	Office of Drug Policy	
Molly Steckel	Idaho Medical Association	1A
Nate Fisher	Governor's Office	
Nicki Chopski	Idaho Board of Pharmacy	2
Nikki Regent	Office of Drug Policy	
Omar Shamim	Department of Health and Welfare, Head Start Collaboration	3
Pam Eaton	Idaho State Pharmacy Association & Idaho Retailers Association	1A
Pamela Mhyre	Shatterproof	3
Rachel Nenno	Department of Health and Welfare, Division of Behavioral Health	4 (lead)
Randi Pedersen	Department of Health and Welfare, Division of Public Health	4
Rob Geddes	Albertsons Pharmacy	2
Rosie Andueza	Department of Health and Welfare, Division of Behavioral Health	
Sarah Buchanan	Department of Health and Welfare, Drug Overdose Prevention Program	
Sarah Woodley	BPA Health	4
Scott Bandy	Idaho Prosecuting Attorneys Association	2
Sharlene Johnson	Idaho North Central Public Health District	1C
Shelly Pearlman	Ada County Coroner's Office	3
Stephanie Kendall	City of Boise	1C
Susan Miller	Idaho State Board of Dentistry	2 (lead)
Susie Pouliot	Idaho Medical Association	2
Tami Eide	Idaho Medicaid	1A
Taylor Bybee	South Central Public Health District	1C



Teresa Anderson	Board of Pharmacy	
Todd Palmer	Family Medicine Residency of Idaho	1A
Tracy Lambson	Southeastern Idaho Public Health	3

Appendix 3: 2020 SWOTT Analysis Results

The 2020 SWOTT-C (Strengths, Weaknesses, Opportunities, Threats, Trends, Changes) Analysis was completed by the 2017 - 2022 Idaho Opioid Misuse and Overdose Strategic Plan Members via an online survey ahead of the June 17-18, 2020 annual strategic planning retreat. Through the SWOTT-C survey, analysis, presentation of results, and discussion during the annual retreat, major barriers and facilitators were identified. The top three barriers identified were a combination of current circumstances and traditional roadblocks. These were: COVID-19, funding instability, and confusion surrounding the scope of the Strategic Plan and it's interdependent parts. Major facilitators identified were: commitment to the Strategic Planning workgroup, collaboration and coordination among workgroup members and stakeholders, and supportive policies and legislation.

A SWOTT was completed in 2017, when the original Strategic Plan was created. To see the results from that SWOTT, see a previous year version of this plan.

Strengths	
The strengths identified by members of the Strategic Plan were overwhelmingly similar making it clear that the strengths listed below are embraced by the majority of the group.	
Wide Representation of Disciplines	Variety of Expertise Ability to See Overlap of Disciplines
Partnerships Across Agencies and Stakeholders	Multi-agency Partnerships Community, Regional, Statewide Partnerships
Collaboration through Sharing Ideas, Materials	Sharing Materials Sharing Ideas Learning from One Another
Awareness of the Initiative Across the State (Includes Community Engagement)	Work in All Regions Community Engagement
Clear Objectives and Progress Toward Objectives (span disciplines and are evidence-based)	Measurable Objectives Evidence-based Objectives Span Disciplines Allows Progress to Be Tracked
Strong Support	Administrative Organization Leadership from State Government
Passion & Commitment of Strong Core Membership	Professionalism High-level Knowledge Members Care About the Issues Direct Professional Involvement with Issues

Weaknesses

The weaknesses identified by members of the Strategic Plan were **overwhelmingly dis-similar**. Many weaknesses were only listed one time and are often contradictory.

Expand Membership	Lived Experience Education Sector Rural Members
Measuring & Realizing Progress	Too Long / Difficult to See Progress Inaccurate Data / Measurement (+ Lack of Data)
Scope Confusion	Too Many Groups to Keep Up With Lack of Clarity on Differences between Groups Overlap of Goals/Objectives/Information
Scope Change Opinions	Not Enough Focus on Prevention/Harm Reduction Too Much Focus on Stigma Opioid Focus Too Narrow Lack of Full State/Region Focus
Group Member Attributes	Group Members Too Busy Lack of Commitment from Some Group Members Some Members Unwilling to Listen Some Members Unwilling to Try New/Give Up Old Some Members Don't Contribute Not Enough in Common with Group Members Lack of Communication
Individual Group Downfalls	Difficult to Maintain Momentum Getting Too Detailed / Off Track Need to Refresh Goals/Objectives Need Better Process to Determine Goals Too Few Meetings for Responsibility & Follow Up Too Many Meetings Constant Change of Membership
Leadership & Commitment	Lack of Commitment from Key Sectors(Prescribers) Change of Leadership Lack of Leadership Government Bureaucracy (funding rules)
Lack of Funding	

Opportunities

The opportunities identified by members of the Strategic Plan were relatively aligned. Overwhelmingly, members identified opportunities for **collaboration and policy/legislation** development.

Collaboration	To Avoid Duplicated Services Expand State Partners One Clear Statewide Plan
Policy & Legislation	Additional Mandates (PMP Use, Primary Prevention) Support for Alternative Therapies Alternative Sentencing Increase Knowledge on OUD Among Policy Makers Removal of MAT Waiver Requirement Good Samaritan Laws
Funding	Opportunities for Funding For Expansion of Services
Prevention	Primary prevention Education Early Intervention
Scope	More Emphasis on Prescription Management Increased Resource & Service Availability Harm Reduction Poly-Substance Inclusion
Public Communication	Media Awareness Public Events

Threats

The threats identified by members of the Strategic Plan were **largely aligned in two areas: COVID-19 and Funding Instability**. Other than those two areas, there was a lot of variation in the trends noted by members.

*Some items that were clearly outlined in Weaknesses and were internal to the group were not included here.

COVID-19	<ul style="list-style-type: none"> Restrictions Focus on COVID-19 Instead of Other Priorities Resources & Funding Redirected to COVID-19 Unemployment Due to COVID Overdose Deaths Due to COVID Lack of Community Interest Due to COVID Prescribing changes Due to COVID
Funding Instability	<ul style="list-style-type: none"> End of Grants End of or Changes in Funding Reduced State Funding Lack of Funding Policy Decisions Based on Funding not Necessity
Workforce Limitations	<ul style="list-style-type: none"> Unemployment Lack of Accountability
Issues with Legislators	<ul style="list-style-type: none"> Lack of buy-in from Legislators Stigma Based Policy Makers Political Priorities
Stigma	<ul style="list-style-type: none"> Among Policy Makers (repeated from above) Affecting Resource Availability Negative Perceptions

Trends

The trends identified by members of the Strategic Plan were relatively equally distributed across the following areas: **Changes in Illicit Substance Use, MAT Treatment Awareness & Use, SUD Risk Awareness, Interest & Availability of Recovery & Support Services, Emphasis on Prevention & Harm Reduction.**

Change in Illicit Substance Use	<ul style="list-style-type: none"> Polysubstance Use Fentanyl / Illicit Opioids Switch to Stimulant Use Increased Use Due to COVID-19
MAT Treatment Awareness & Use	<ul style="list-style-type: none"> Increase in Waivered Providers & Training Use of OTPs Increased Awareness of MAT as an Option Increased Accessibility of MAT Prescribing via Telehealth Due to COVID
Interest & Availability of Recovery & Support Services	<ul style="list-style-type: none"> Recovery-based Centers Alternative Recovery Options Social Services for Recovery Support
SUD Risk Awareness	<ul style="list-style-type: none"> More Awareness of Risks Associated with Use Wider Discussions of SUD
Emphasis on Prevention & Harm Reduction	<ul style="list-style-type: none"> Needle Exchanges & Narcan Awareness of Harm Reduction Prescription Drop-Offs
Telehealth Availability	
Reduction in Stigma	<ul style="list-style-type: none"> Knowledge About Stigmatization Less Stigma Around Treatment & Recovery Decreased Stigma Among Providers
Alternative Treatment Options	<ul style="list-style-type: none"> Alternative Pain Treatment Treatment in Detention Centers
Better Data	<ul style="list-style-type: none"> Specific Overdose Death Data Available More Types of Data Available Increased Use of PDMP

Changes

The changes identified by members of the Strategic Plan were relatively broader than anticipated and generally repeated issues covered previously in the SWOTT. Most participants recommended changes around **Adding Goals/Components or Decreasing Goals/Components**.

Add Goals / Components	<p>Engagement of People with SUD</p> <p>More Emphasis on Prevention</p> <p>Increasing Alternative Pain Therapy Options</p> <p>More Harm Reduction Strategies</p> <p>Emphasize Addressing Vulnerable Populations</p> <p>Incorporate More Substances</p> <p>Include Additional Components on Recovery</p>
Reduce Goals / Components	<p>Remove items no longer relevant or effective</p> <p>Narrower focus</p> <p>Consolidation of Groups with Similar Goals</p> <p>Keep the Goals as They Are</p>
Increased Integration & Coordination	<p>Integration with State Behavioral Health Strategy Plan being Developed</p>

Appendix 4: Year 4 Strategic Plan Progress Dashboard

This dashboard is a tool to document quarterly and annual progress updates to the strategic plan. Progress is indicated according to action plans that correspond with each strategy that define implementation steps, schedule, and responsible parties. The following version of the dashboard represents the overview of year 2 progress on the strategic plan and accompanying performance measures. The dashboard information displayed in this document is an abridged version of the full dashboard. The full dashboard can be [viewed at this linked Google Sheet](#).

Status	ON TRACK	Progress	* (stayed the same)
	ACTION ITEMS/ MEASURES CURRENTLY DUE		< (advanced)
	ACTION ITEMS/ MEASURES >1 MONTH OVERDUE		> (regressed) ^ (changed)

CRITICAL SUCCESS FACTOR 1: EDUCATE PROVIDERS, PATIENTS, AND THE PUBLIC					
GOAL 1A: By December 2021, using Idaho's 2017 number of 645.2 as a baseline, reduce the annual amount of opioids prescribed in Morphine Milligram Equivalents (MME) per person in all ages, to 512.6 (the current U.S. average).					
STRATEGIES and PERFORMANCE MEASURES	2020	2019	2018	2017	Brief Comments: Progress, Challenges, Request for Support, Findings, Modifications, etc.
Strategy 1: Update and reformat Idaho-based information and tools for Idaho's health workforce and distribute in a format that is easily accessed.	^	*	^		Updated 5.8.2020: This strategy is complete. Goal group is in the process of revamping the 2019 toolkit and making an online version available at stopoverdoseidaho.org.
Strategy 2: Identify and implement strategies to connect opioid prescribing outliers with prescriber champions for peer-to-peer education.	*	^	Completed		Updated 5.8.2020: The Prescriber Champion was out on maternity leave, but plans to start reaching out to providers in the near future.
Strategy 4: Serve as a resource to advisory groups and other professional organizations as they explore linking controlled substance licenses to continuing medical education	^	>			Updated 5.8.2020: A presentation summarizing how other states have required CME for DEA license renewal was created and included a recommendation from the workgroup for adopting CE requirements in Idaho. We provided the information to the Governor's SUD Advisory Council PMP/Provider Education workgroup and have offered to present the findings at an upcoming workgroup meeting on request. We are at the ready to be a resource to this group as they examine this issue.

Strategy 5: Provide information related to opioid stewardship and the state strategic plan to Idaho health education programs	Completed	^	^	Updated 5.8.2020: A letter from this workgroup to Idaho's health education programs was sent to medical programs in December 2019 and other health education programs (nursing, counseling, pharmacy, etc.) in January 2020. The letter provided information on opioid stewardship as well as Idaho sources of information and efforts.	
Strategy 6: Identify and implement strategies to support the sustainability of and increase engagement in Idaho's Extension for Community Health Outcomes (ECHO) OUD programs.	^	*	^ 1st Stage Completed	No update changes from last update	
Measure 1: Prescribing Rate per 100 Idahoans	<	^	Status N/A	No measures listed	Updated 5.8.2020: 2018 rate was 61.9 per 100 Idahoans, down from 70.3 in 2017, 77.6 in 2016, and 81.9 in 2015. Still above U.S. average of 51.4 in 2018. While we have seen success statewide, there is still great variation in prescribing rates across Idaho's counties.
Measure 2: Percent of patients prescribed LA/ER opioid who were opioid-naïve	*		Status N/A	No measures listed	Updated 5.8.2020: Data is from 2019. Q1: 22%, Q2: 20%, Q3: 57%* , Q4: 23% *Working with vendor to see why Q3 is so high. Minimal success, more work is needed in this area.
Measure 3: Percentage of Opioid Naïve Patients Who Took Opioids for Longer than Three Days	*		Status N/A	No measures listed	Updated 6.17.2020: Data is from 2019. Q1: 83%, Q2: 82%, Q3: 88%* , Q4: 81% *Working with vendor to see why Q3 is so high. Minimal success, more work is needed in this area.
Measure 4: Percentage of opioid prescriptions dispensed that have daily MME doses under 50 MME, between 50 and 90 MME, and over 90 MME	<	^	N/A b/c new in 2019	No measures listed	Updated 5.8.2020: 2019 < 50 MME: Q1: 72%, Q2: 74%, Q3: 75%, Q4: 75%, Year: 74% >=50 & < 90 MME: Q1: 16%, Q2: 15%, Q3: 14%, Q4: 15%, Year: 15% >=90 MME: Q1: 12%, Q2: 11%, Q3: 11%, Q4: 10%, Year: 11% *Of all opioid prescriptions with MME calculations. While progress has been made, more information is required to accurately assess if daily MME proportions are sufficient or still need improvement.
Measure 5: Percentage of cumulative Opioid Prescriptions Dispensed per person that have Daily MME Doses under 50 MME, Between 50 and 90 MME, and Over 90 MME. This data, obtained from the PMP, will track changes in proportion for each MME category.			N/A		

GOAL 1B: By December 2021, reduce the past year pain reliever misuse among Idahoans 12 years and older from 4.25% to 4.0%, as measured by the National Survey on Drug Use and Health (NSDUH).

STRATEGIES and PERFORMANCE MEASURES	2020	2019	2018	2017	Brief Comments: Progress, Challenges, Request for Support, Findings, Modifications, etc.
Strategy 1: Expand Idaho branded patient education information for distribution to prioritized communities	*	^	^ 1st New Stage Completed		<p>Updated Winter 2019-2020: Requested a list of member hospitals from the IHA and after accounting for the five hospitals that have already participated, we packed and shipped to 37 hospitals materials sample boxes with a brochure explaining how the campaign works and what is available. Boxes shipped on November 5th. As of writing this update, we have received interest from three hospitals in implementing some version of the campaign.</p> <p>Working in conjunction with Goal Group 1C who will report exact numbers, 1B also shared materials with the Idaho Community Health Workers Association who disseminated to their members resulting in approximately 10 materials requests.</p>
Strategy 2: Expand distribution of a patient-friendly variation on the Brief Opioid Knowledge test rack card for patients	*	^	< 1st Stage Completed		<p>Updated Winter 2019-2020: Group recently completed and approved a cover sheet for the BOOK that includes talking points on the back page and references for the information provided. That cover sheet is now shipped with any orders for the BOK rack cards and was digitally shared with any medical organization that already requested the BOK rack card through our online order form and reported use in a hospital/clinical setting (13)</p>
Strategy 3: Develop patient education tools to implement at pharmacies	*		^		<p>Updated Winter 2019-2020: Printed 1" and 2" stickers, 1" for pill bottle caps and 2" promoted as bag stickers and counter/window clings. These items were added "for pharmacy only" to the online order form. Holly shared with her contacts in October and we received materials requests from 32 Albertsons, 1 Fred Myer, and Nimipuu health and distributed 34,500 1" stickers, 37,500 2" stickers, 80 counter clings, and 70 window clings. BOP will share information about the materials in their December newsletter.</p>

Measure 1: Statewide Patient Education Campaign Evaluation	*	Status N/A	No measures listed	<p>Updated Winter 2019-2020: Awareness and Behavioral Intent: Received survey responses from the two hospitals that implemented the survey questions measuring awareness and behavioral intent. Bonner General added to their patient experience survey and provided 100 responses, Boundary County Community Hospitals handed out paper copies and provided 18 responses from May and 20 from september, unmatched. A longer description of the findings was provided with meeting materials. Please refer to this document.</p> <p>Reach: We estimated the campaign reached roughly 86,884 non-unique individuals. It is not possible to know how many individuals saw the campaign materials; to provide the estimate we used hospital traffic based on average monthly in- and out-patient visits reported by the hospitals, and multiplied that by the length of time the campaign was required to be in place. Acknowledge limitations in this estimate.</p>
Measure 2: Expansion of Full Hospital Campaign	* ^	N/A b/c new in 2019	No measures listed	<p>Updated Winter 2019-2020: Number of locations to which the full hospital campaign extends: 0 so far, three hospitals interested in implementing and in discussion</p> <p>Number of pharmacy participants that have received pharmacy materials: 34</p>
Measure 3: Average Daily Supply Dispensed	*	Status N/A	No measures listed	<p>Updated Winter 2019-2020: DOPP research analyst pulled data for last full year available (July 2018 - June 2019). Average daily opioid prescriptions, excluding buprenorphine, filled by Idaho residents at an Idaho pharmacy: 1,609</p> <p>Q3-Q4 2018: 1,667</p> <p>Q1-Q2 2019: 1,554</p>
Measure 4: Track the locations where Campaign materials are distributed / displayed.	^			

GOAL 1C: By December 31, 2022, 80% of Idaho's adult population (as measured by the Behavioral Risk Factor Surveillance System (BRFSS)) will be aware that using prescription painkillers more frequently or in higher doses than directed by a healthcare provider, or using prescription painkillers not prescribed by a healthcare provider, holds great risk.

STRATEGIES and PERFORMANCE MEASURES	2020	2019	2018	2017	Brief Comments: Progress, Challenges, Request for Support, Findings, Modifications, etc.
Strategy 1: Implement and expand evidence-based substance use prevention education programs for students	<	^	^		Updated 4.23.2020: FY2020 SABG grantees are now delivering school-based prevention programs/activities for students in 76 unique schools across all seven Public Health District regions. Idaho State Police (ISP) has committed to enlisting Troopers in delivering opioid education classes to students in rural and frontier communities as an extension of their community outreach efforts. ISP is currently reviewing available curriculums and finalizing implementation for fall 2020. The following recommendation from the Opioid and Substance Use Disorder Advisory Committee was forwarded to the Governor in February 2020: Beginning with the 2021 school year, Idaho Public Schools will receive support to integrate evidence-based substance misuse prevention instruction in grades six through eight. Funding support includes but is not limited to, block grant funding from the Office of Drug Policy.
Strategy 2: Provide information dissemination through adult-focused education campaign	<	^			Updated 4.23.2020: Phase II of the IDHW statewide media campaign, Real Idahoans, concluded December 31, 2019. The University of Idaho is currently finalizing an outcome evaluation report of the campaign's reach and impact.
Strategy 3: Provide information dissemination through community statewide prevention education efforts	*	^	^ 1st stage completed		Updated 4.23.2020: Targeted outreach event to college-age student population was cancelled in response to COVID 19. ISU Physical Therapy students logged approximately 80 hours of community presentations and health fairs in Region VI. Updated 5.14.2020: Public education events held by the public health districts from November 2019 - February 2020 directly reaching a total of 1,812 individuals: PHD1: 2, PHD2: 7, PHD3: 8, PHD4: 1, PHD5: 1, PHD6: 4, PHD7: 8. From November 2019 - February 2020, the public health districts have conducted 3 naloxone trainings in their communities. Many planned naloxone trainings and educational events have been delayed due to COVID-19.

<p>Strategy 4: Continue information dissemination about the availability of local prescription take-back programs</p>	<p>< ^ ^ 1st stage completed</p>	<p>Updated 4.23.2020: Increased interest in the purchase and dissemination of Deterra disposal pouches in response to current conditions has been noted. Several communities are making these materials available at pharmacies at the time of prescription pick-up. Eastern Idaho PHD created flyers that went out in Bonneville County sewer bills; additional utility providers will be sending out flyers through the spring and summer months. Boise Police Department, in partnership with Ada County Public Works Department, similarly disseminated take-back information in Ada County/Treasure Valley communities via utility bills. Spanish language Regional Rack Cards have been printed and remain available for dissemination.</p>
<p>Strategy 5 - Research and develop ways to create targeted messaging for priority populations within Idaho. Including, but not limited to, senior citizen, rural, hispanic, and Native American communities.</p>	<p>< ^</p>	
<p>Measure 1: Statewide Adult Education Campaign Evaluation</p>	<p><</p>	<p>Status N/A</p> <p>No measures listed</p> <p>Updated 4.29.2020: Phase II of the IDHW statewide media campaign, Real Idahoans, concluded December 31,2019. A preliminary report of the survey totals include the following: 933 valid (paper and web) surveys were completed and returned, with 38.1% of respondents reporting they had seen/heard the campaign in the past 2-3 months. A total of 99.2% of respondents agreed, or somewhat agreed, with the statement, "There are risks to taking prescription opioids"; 99.1% agreed, or somewhat agreed, with the statement, "Misusing prescription opioids can lead to overdose." The final report is due to IDHW in June and will include an analysis of data by Health District, age group, etc.</p> <p>Updated 5.14.2020: Estimates for target populations reached across the state through TV were 79% for 18-34; 84% for 35-49; and 90% for 50+. Estimated radio reach of the first buy in the four media markets and Latino stations, was 73% with an average ad frequency of 14. The second radio buy extended coverage into the fall months with an average</p>

			estimated reach of 85% and ad frequency of 8. Estimated billboard impressions were 16,587,099 over the course of 23 weeks. As through October 2019, there were over 23 million impressions on social media with over 17,000 click throughs from the ads.
Measure 2: Evidence-Based Program (EBP) Evaluation	*	Status N/A	No measures listed Updated 4.23.2020: Next statewide EBP Evaluation report will be available October 2020.
Measure 3: Perceived Risk of Opioid Misuse	*	Status N/A	No measures listed Updated 4-23-2020: Adult perceived risk:78.3% of Idaho's adults were aware of the great risks associated with prescription drug misuse, Idaho Behavioral Risk Factor Surveillance System, 2018. This will serve as baseline data moving forward. Youth perceived risk:14.2% of students report having taken a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription or differently than how a doctor told them to use it, Idaho Youth Risk Behavior Survey, 2019.

CRITICAL SUCCESS FACTOR 2: IMPROVE OPIOID PRESCRIPTION PRACTICES

GOAL 2: By December 31, 2020, the percent of Idaho prescribers issuing controlled substance prescriptions who checked the Idaho PMP at least once during calendar year 2019 will be at least 10% greater than the percent who checked during calendar year 2016 (baseline rate).

STRATEGIES and PERFORMANCE MEASURES	2020	2019	2018	2017	Brief Comments: Progress, Challenges, Request for Support, Findings, Modifications, etc.
Strategy 1: Encourage prescribers and healthcare systems to adopt PMP integration into electronic medical records (EMRs)	<	*	*		Updated 6.30.2020: 1. Estimated nearly 40% of users integrated. Statewide Gateway will push us toward "full integration" which is expected to be 80-85%. 2. Hospital Pharmacy Directors and CEOs to be contacted regarding statewide integration opportunity. Spreadsheet developed and being worked by BOP and Appriss. 5. Information sent to state medical associations and relevant boards for their newsletters/websites *have 6 implementation steps, 3 were updated
Strategy 2: Educate prescribers on access to and use of PMP, including use of delegates	<	*	*		Updated 6.30.2020: 1. Passage of SB 1348 will serve as an additional push for educational efforts. *have 3 implementation steps, 1 was updated
Strategy 3: Educate prescribers and administrators about safe opioid prescribing in general	<	^	^		Updated 6.30.2020: 1. CE requirement to not make it out of task force full committee. Mandatory checking did (see SB 1348) *have 5 implementation steps, 1 was updated
Strategy 4: Help make Idaho PMP data more accessible to public/interested parties	<	^	> Completed		Updated 6.30.2020: 1. Public portal was launched 5/4/2020. Awaiting approval from DHW to link their data/graphs to BOP page as well as ODMAP. 2. IDHW continues to receive and analyze de-identified data. *have 2 implementation steps, 2 were updated
Strategy 5: Coordinate with Medicaid on provisions of SUPPORT Act that involve the Idaho PMP	Completed	^	Completed		Updated 4.30.2020: 1. SUPPORT Act funding approved for 19.5 million. Approx \$275,000 will go toward statewide gateway integration. Meetings between IHDE, IBOP and Appriss continue to move toward integrated connection for IHDE. *have 5 implementation steps, 1 was updated

Measure 1: TBD following demo review of the compliance tool at the next GG2 meeting on 7/29/2020 at 4pm	^	^		No measures listed	Updated 4.30.2020: YTD 2020: Without delegates 50% With Delegate 68%
Measure 2: Number of Patients Generating Unsolicited Reports from the Board of Pharmacy moving to 4 prescribers and 2 pharmacies	^	^	N/A b/c new in 2019	No measures listed	Updated 4.30.2020: 2016: 488 2017: 393 2018: 242 2019: 182 2020: 52 YTD
Measure 3: Use the PDMP Mandatory checking compliance tool to track check rates by profession.	^	^	N/A b/c new in 2019	No measures listed	Statewide Gateway integration funding approved by legislature (some from SUPPORT Act). Implementation set to kickoff in May 2020

CRITICAL SUCCESS FACTOR 3: STRENGTHEN AND SUPPORT FAMILIES

GOAL 3: Expanding the coordination of substance misuse information, awareness and support services to assist families so that by December 2021, reduce the rate* of opioid-related drug overdose deaths from 7.4 to 7.2

***Age-adjusted mortality rate per 100,000 population**

STRATEGIES and PERFORMANCE MEASURES	2020	2019	2018	2017	Brief Comments: Progress, Challenges, Request for Support, Findings, Modifications, etc.
Strategy 1: Collect resources supporting all groups (patients, parents, families) affected by opioid misuse in crisis and coordinate dissemination to a predetermined public resource outlet. Part of that is to determine the single source outlet and use it exclusively.	^	*	^		Updated 5.18.2020: Continue to work with noted agencies to assist with disseminating public resources. Continue to work on specific resources through print material as well as a permanent online presence. Currently in progress: Opioid wallet cards for distribution and booklets on OUD through ASAM will be available in October 2020. Working on determining public facing landing place (website).
Strategy 2: Create a resource map to include validated resources collected in strategy 1 and make it available to all stakeholders and the public in a single landing site.	^	^	^		Updated 5.8.2020: Goal Group 3 revisiting this strategy. 6.18.2020: Will work with current mapping project with DOPP to see if this can be added to a permanent online site. Further discussion with DOPP to determine if mapping will be on stopoverdoseidaho.org, and if it can be linked to 211.
Strategy 3: Increase awareness of family recovery support services available in person or online (narcotics anonymous, nar-anon family groups, Family Strong, Intherooms.com)	^	^	^		Updated 5.8.2020: Goal Group 3 revisiting this strategy. Perhaps increase public awareness of these types of RSS. 6.18.2020: Will work on identifying in person and online services that are specifically geared toward supporting families. Update 5.18.2020: Determined additional support group/sites. Will be working on getting them on the single public facing site (TBD), and on print material available Oct. 2020, to distribute to key stakeholders and locations.
Strategy 4: Educate families about the signs of drug use, destigmatize, disseminate resources.	*	^	*		Updated 5.8.2020: Continue to work on a marketing piece to disseminate material/resources. Update 7.1.2020: Discuss self rescue guide. Naloxone trainings through regions?

Measure 1: National Survey on Drug Use and Health (NSDUH)	< ^	No measures listed	Updated 5.8.2020: Pain reliever misuse ages 12 and older 2017-2018 - 4.5% 2016-2017 - 4.3% 2015-2016 - 5.1% 18-25 age range decreased significantly: from 9.8% to 5.6%.
Measure 2: Youth Risk Behavior Survey (YRBS)	< >	No measures listed	Updated 5.8.2020: Percentage of Idaho students reported using prescription drugs without a prescription 2017 - 13.9% 2019 - 14.2% Although slight increase over the last two years, the overall trend is decreasing. The rate in 2011 was 20.1%.
Measure 3: Idaho Healthy Youth Survey	< *	No measures listed	Updated 5.8.2020: Reduce youth opioid abuse by 10% 2017 - 8.0% 2019 - 7.4% 7.5% reduction
Measure 4: Behavioral Risk Factor Surveillance System (BRFSS)	<	Status N/A	Updated 5.8.2020: Risk perception of painkillers, All adults 2018 No Risk - 1.3% Slight Risk - 3.8% Moderate Risk - 16.6% Great Risk - 78.3% Sex, age group, and income categories are statistically associated with perceptions of harm.

CRITICAL SUCCESS FACTOR 4: EXPAND AWARENESS OF, AND ACCESS TO, TREATMENT

GOAL 4: By December 2021, decrease the number of Idahoans with untreated opioid use disorder (OUD) from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health.

STRATEGIES and PERFORMANCE MEASURES	2020	2019	2018	2017	Brief Comments: Progress, Challenges, Request for Support, Findings, Modifications, etc.
Strategy 1: Increase the number of buprenorphine prescribers for the treatment of OUD	^	^	<,^		<p>Updated 5.8.2020: With Medicaid Expansion rolled out live in January 2020 all but one of BPA's 98 treatment providers are also enrolled to be an Optum Idaho provider (the one who elected out does not want to provider treatment services any longer). Eligible clients who originally funded by BPA/State funding successfully transitioned to Medicaid reimbursement.</p> <p>DATA 2000 Waivered trainings continue to occur via ECHO.</p>
Strategy 2: Increase payment options for treatment by identifying and removing financial barriers	Completed	^	*		<p>Updated 5.8.2020: Representatives from Medicaid, DBH, and DPH are currently working with CMS TA to develop an appropriate reimbursement rate/bundle for the dosing of Methadone within an Opioid Treatment Program.</p>
Strategy 3: Reduce stigma around opioid treatment modalities	<	^	<,^		<p>Updated 5.8.2020: DBH has developed both LEAD and ED Warm Handoff fliers to assist in education Idaho communities in the pros of these programs and the steps to implement within their communities. The goal is for DBH Regional staff to assist with spreading this education within their communities.</p>
Strategy 4: Improve pathways to treatment for all populations	*	^	*		<p>Updated 5.8.2020: Emergency Department warm handoff programs are being implemented across the state. To assist with this effort IROC released a competitive funding opportunity for medical facilities/clinics who provide emergency response services. Two organizations (St. Alphonsus & IF Crisis Center) applied and were awarded funds for a full years salary for recovery coaches. These recovery coaches will be utilized to implement warm handoff programs within facilities current emergency response services.</p> <p>Ada county's LEAD program continues to be implemented and is expected to continue through the new SOR funding beginning 9/1/20. Under this funding individuals with stimulant use disorder will also be able to receive services. Nampa also has launched their LEAD</p>

					<p>program, serving 2 individuals within the first week.</p> <p>DBH has developed both LEAD and ED Warm Handoff fliers to assist in education Idaho communities in the pros of these programs and the steps to implement within their communities. The goal is for DBH Regional staff to assist with spreading this education within their communities.</p>
Strategy 5: Increase the number of buprenorphine prescribers who are actively treating patients with OUD	^				
Strategy 6: Increase access to SUD psychosocial treatment providers, emphasising access in rural areas and increasing the use of telehealth throughout the state	^				
Strategy 7: Increase the number of patients accessing MAT	^				
Strategy 8: Increase the number of Opioid Treatment Programs (OTP) and/or Medication Units, focusing on locations outside of the Treasure Valley	^				
Measure 1: Trend in Number of Waivered Providers	<	^	No measures listed	Updated 5.8.2020: As of April 2020 Idaho has 456 DATA waived prescribers.	
Measure 2: Annual Trend in Number of Overdose Deaths with Opioid Involvement Among Idaho Residents	*	^	No measures listed	No update	
Measure 3: Trend in Individuals Receiving Publicly Funded Treatment and Support Services	<	^	No measures listed	Updated 5.8.2020: Total clients served via STR/SOR since April 15, 2018 – 1,209 of these 602 received MAT. % of individuals accessing slowly but surely continues to rise.	
Measure 4: Amount of Public Funding for Treatment and Recovery Services	<		No measures listed	Updated 5.8.2020: DBH is currently working on applying for the next year of SOR funding for a total a \$7.8M per year. This funding will include opioids and stimulant use disorder and primarily be used to increase access to treatment and expand current IROC initiatives to include stimulants. It is anticipated this funding will be available 9/1/20	

Measure 5: Trend in Number of Naloxone Prescriptions Dispensed	<	^ <		No measures listed	Updated 5.8.2020: As of July 2019 160 Idaho Pharmacies have acted as the Prescriber for naloxone kits. Total requests for naloxone through SOR for FY20, 1646 -- 40 overdoses reported
Measure 6: Trend in Number of Opioid Treatment Programs (OTPs) in Idaho	*	>		No measures listed	If awarded SOR funding will provide some support for opening OTPs in locations outside of the Treasure Valley.
Measure 7: Trend in Warm Handoff Programs Across the State	<		N/A b/c new in 2019	No measures listed	St. Als is expanding their to include 3 locations. Idaho Falls Crisis Center is also implementing warm handoff program through SOR subgrant.
Measure 8: Trend in the Number of Buprenorphine prescriptions in Idaho *The use of this measurement will be determined on the accessibility of this data.		^			
Measure 9: Trend in the Number of Medicaid providers prescribing buprenorphine for the treatment of OUD		^			
Measure 10: Trend in the number of patients per Medicaid provider being prescribed buprenorphine		^			
Measure 11: Trend in the number of Idahoans accessing MAT through Public Funding/Medicaid		^			
Measure 12: Trend in the number of SUD psychosocial treatment sites		^			
Measure 13: Trend in the utilization of telehealth for SUD treatment across the state		^			

Appendix 5: Messaging Campaigns

Goal	Campaign	Link to Campaign
Goal Group 1A	Stop Overdose Idaho	stopoverdoseidaho.org
Goal Group 1B	Speak Out, Opt Out, Throw Out	https://prevention.odp.idaho.gov/order-resource-materials-prescription-opioid-misuse-prevention/
Goal Group 1C	Real Idahoans	https://healthandwelfare.idaho.gov/Health/DrugOverdosePreventionProgram/Resources/tabid/4350/Default.aspx?QuestionID=171&AFMID=17081
	Local take-back initiatives	Unknown
	Targeted messaging for priority populations within Idaho	TBD
Goal Group 2	None	
Goal Group 3	Opioid wallet cards for distribution and booklets on OUD through ASAM	Available October 2020
	Single online source for materials	TBD
	Resource map	TBD
	211	https://www.idahocareline.org/
Goal Group 4	LEAD & ED warm handoff fliers	Unknown



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