



# 2021 UPDATE

## **Idaho Opioid Misuse and Overdose Strategic Plan 2017-2022**

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This document was updated June 2021.

## Message from the Administrator

Dear Idahoans,

On behalf of the Idaho Office of Drug Policy (ODP) and Idaho Department of Health and Welfare, Division of Public Health (IDHW), please find the enclosed report outlining the accomplishments and planned activities of the **Idaho Opioid Misuse and Overdose Strategic Plan Workgroup** for federal fiscal years 2017–2021. The report provides updates in support of four key areas:

1. Prescriber, Patient and Public Education
2. Improving Opioid Prescriber Practices
3. Strengthening and Supporting Families
4. Increasing Awareness of and Access to Treatment

As we begin the fifth and final year of this initial planning cycle, the work of this group and all its members remains committed to ensuring a collaborative, coordinated and comprehensive approach to addressing the impact of opioids across Idaho.

Nearly 10 million Americans misused prescription pain relievers in 2019, including 60,000 Idahoans ages 12 and older, according to the National Survey on Drug Use and Health. Additionally, results from the 2019 Idaho Youth Risk Behavior and Idaho Healthy Youth Surveys found that nearly 23% of Idaho 12th graders reported that they had misused a prescription drug one or more times in their life. While most youth did not report misusing prescription drugs, of those that did, over 41% took or received them from a family member or friend, and over 60% misused in their own home.

Unfortunately, substance misuse and drug overdose deaths have been exacerbated by the COVID-19 pandemic, with the Centers for Disease Control and Prevention reporting over 89,000 drug overdose deaths in the U.S. in the 12 months ending in October 2020 – the highest number of overdose deaths ever recorded in a 12-month period.

While we are pleased to report a number of successes from this workgroup, it is clear we have much work yet to do. 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 is 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,



Marianne King  
Administrator, Idaho Office of Drug Policy

# Background

## Idaho Opioid Misuse and Overdose Strategic Plan

In April 2017, the Governor’s Office of Drug Policy convened a multifaceted group of stakeholders deeply concerned and committed to reducing the burden of the opioid crisis in Idaho. The workgroup gathered for a two day retreat, followed by additional meetings and phone calls, to create a statewide, collaborative opioid misuse and overdose prevention blueprint; leading to the development of the “2017-2022 Idaho Opioid Misuse and Overdose Strategic Plan.” The five-year Strategic Plan identifies three key goal areas that address the epidemic with a comprehensive, multi sector approach to support the workgroup’s 2022 vision:

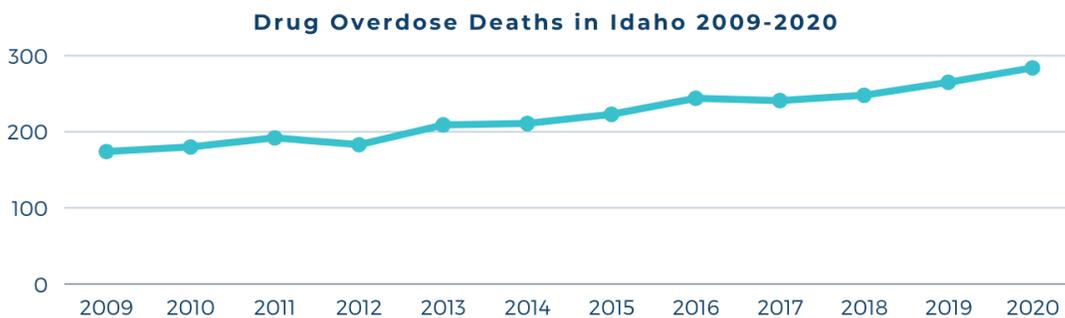
*“A safe and healthy Idaho, free of opioid misuse and untreated opioid use disorders.”*

The Idaho Opioid Misuse & Overdose workgroup continues to reconvene annually to review and revise the Strategic Plan. The group held its fifth annual retreat and plan update in April 2021, this document outlines those efforts and revisions.

## Opioid Misuse and Overdose and Trends

Drug overdose deaths in the United States continue to escalate, with overdose deaths from opioids increasing more than six-fold between 1999-2019.<sup>1</sup> The COVID-19 pandemic further escalated the opioid crisis, with an estimated 89,000 Americans dying from a drug overdose between October 2019-October 2020, a nearly 30% increase from the previous year.<sup>3</sup>

Like the rest of the country, Idaho is struggling with the opioid epidemic and has seen an increasing number of drug overdose deaths. Between 2015-2019, a total of 1,221 Idaho residents died from a drug overdose.<sup>2</sup> Provisional data available for 2020 predicts that we lost an additional 284 Idahoans to overdose-related deaths by October of that year, a 10% increase from October 2019.<sup>3</sup>



From 2015 to 2019, opioids were involved in 591 reported drug overdose-related deaths across Idaho. This number may be significantly underestimated as toxicology tests were often unavailable or non-specific.<sup>2</sup>

Idahoans aged 35-54 had the highest drug overdose death rate by age group, accounting for over 23% of overdose-related deaths between 2015-2019. However, that age group is followed closely by residents aged 45-54, which accounted for nearly 22%, and then those aged 25-34, which accounted for nearly 21%.<sup>2</sup>

In 2019, an estimated 60,000 Idahoans misused pain relievers.<sup>4</sup> Additionally, results from the 2019 Idaho Youth Risk Behavior Survey found that nearly 23% of high school seniors, and over 14% of Idaho high school students overall, reported misusing a prescription medication one or more times in their life.<sup>5</sup> While a majority of Idaho students did not misuse prescription drugs, of those that did: 71% misused pain relievers, 45% misused their own prescription, and 41% took or received the medication from a family member or friend.<sup>6</sup>

Between 2011-2016 the retail distribution of oxycodone to pharmacies, hospitals, and physicians increased from 13,000 grams per 100,000 population to over 16,000 grams. However, retail distribution has decreased annually since 2016, falling to 12,000 grams per 100,000 population in 2019.<sup>7</sup> According to the Idaho Board of Pharmacy, the number of opioid prescriptions per 100 residents decreased from 92 in 2015 to 69 in 2019. Yet, a total of 1,295,474 opioid prescriptions were still dispensed in 2019.<sup>8</sup>

### **Additional Substance Misuse and Overdose Trends**

Between 2010 and 2018, reported drug overdose related deaths involving psychostimulants with abuse potential (primarily methamphetamine) increased by 350% and in 2019, they surpassed opioids for the leading cause of drug overdose related deaths in Idaho. Synthetic opioids, including methadone and fentanyl, have also remained in the top three substances involved in drug overdose related deaths, increasing 54% between 2010 and 2018.<sup>9</sup>

Heroin is also becoming an increasing concern. Between 2014 and 2018, drug overdose deaths reporting heroin increased by almost three-fold and the arrest rate for heroin increased 500%.<sup>10</sup> 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 counterparts.<sup>11</sup>

<sup>1</sup> [Wide-ranging Online Data for Epidemiologic Research \(WONDER\)](#). 2021. CDC, NCHS.

<sup>2</sup> [Facts, Figures, & Trends Annual Report](#). 2020-2021. Idaho Department of Health & Welfare.

<sup>3</sup> [Provisional Drug Overdose Death Counts](#). May 2021. NCHS, Vital Statistics Rapid Release.

<sup>4</sup> [2018-2019 Estimated Totals by State, National Survey on Drug Use and Health](#). SAMHSA.

<sup>5</sup> [Idaho Youth Risk Behavior Survey](#). 2019 State Report. Idaho State Department of Education.

<sup>6</sup> [Idaho Healthy Youth Survey](#). 2019 State Report. Idaho Office of Drug Policy.

<sup>7</sup> United State Department of Justice, Drug Enforcement Agency, Diversion Control Division. Data downloaded from the Automated Reports and Consolidated Ordering System (ARCOS), 2019.

<sup>8</sup> [Idaho Prescription Drug Monitoring Program Data Dashboard](#). Idaho State Board of Pharmacy.

<sup>9</sup> Drug Overdose Deaths: Idaho Residents, 2014-2018, IDHW, Division of Public Health, Bureau of Vital Records & Health Statistics, Dec.2019.

<sup>10</sup> Idaho State Police, Idaho Statistical Analysis Center, National Incident-Based Reporting System, 2007-2018.

<sup>11</sup> 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 efforts in pursuit of an impactful and inspiring future vision. In April of 2017, the Idaho Office of Drug Policy (ODP) and the Idaho Department of Health and Welfare’s (IDHW) Division of Public Health convened a strategic planning team 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 individuals 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.<sup>1</sup>

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

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<sup>1</sup> A detailed list of original planning retreat participants and meeting details can be found in the Appendix of the 2017 Idaho Opioid Overdose and Misuse Plan.



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, 2020, and finally in 2021, the group, along with new members, met to review and update the plan. These meetings include presentations from 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 one more time in the winter of 2021/2022 to review and update the Strategic Plan, before the lifetime of this iteration of the Strategic Plan will close and a new Strategic Plan will be developed for a next 5 year cycle.

## **2021 Update**

In 2021, the strategic planning update meeting was held entirely virtually due to continued caution around the COVID-19 pandemic. Despite being virtual, the meeting was attended by 51 participants and was positively reviewed by attendees. During the meeting, Goal Groups were provided time to update their strategies, performance measures, action plans, and any other notable areas of their portion of the plan. Updates and proposed changes were shared with the entire working group to ensure alignment and decrease overlapping work. Those updates are reflected in this document.

## 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."**



## Goals, Strategies, and Performance Measures

This section outlines the goals, strategies, and performance measures of the Strategic Plan as they were updated at the 2021 Annual Retreat. 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. 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 2021 Annual Retreat, various changes and updates were made to the critical success factors, goals, strategies, and performance measures. Most notably critical success factor 2 and its associated goal (Goal 2) were merged into Goal 1A. This merge was accompanied by the completion of three strategies and the changing of three strategies and their associated performance measures, with the addition of a new performance measure. Goal 1B had very few changes, while Goal 1C merged Strategies 3 & 4 into the existing Strategy 5. Goal 3 had one small change in strategy wording and added a new performance measure. Goal 4 removed a strategy, completed a strategy, and changed a strategy as well as two performance measures and added a new performance measure.

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

### **NEW CRITICAL SUCCESS FACTOR 1: IMPROVE OPIOID PRESCRIBING PRACTICES THROUGH EDUCATING PRESCRIBERS, PATIENTS, AND THE COMMUNITY.**

#### **NEW GOAL 1A/2**

**By December 2021, the percent of high MME prescribers who check the prescription drug monitoring program (PDMP) 0% of the time will be reduced by 10 percentage points from the baseline of the last quarter of 2020.**

#### **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. Educate prescribers and administrators about safe opioid prescribing in general & 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) SUD/ODD programs.
7. Encourage prescribers and healthcare systems to adopt PMP integration into electronic medical records (EMRs).
8. Educate prescribers on access to and use of PMP, including use of delegates.

#### **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 rural and frontier 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, 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:

1. Implement and expand evidence-based substance use prevention education programs for students (K-12).
2. Provide information dissemination through adult-focused education campaign.
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 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. Disseminate wallet card with resources from Strategy 1 to identified target populations.
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:**

2. Increase payment options for treatment by identifying and removing financial barriers.
3. Reduce stigma around opioid treatment modalities and harm reduction principles.
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 OUD treatment, including 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 Strategic Plans from previous years.

GOAL #	MEASURE AND DESCRIPTION
<b>New 1A/2</b>	(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.
<b>New 1A/2</b>	(ii) Percent of patients prescribed LA/ER opioid who were opioid-naïve
<b>New 1A/2</b>	(iii) Percentage of Opioid Naïve Patients Who Took Opioids for Longer than Three Days
<b>New 1A/2</b>	(iv) Number of Patients Generating Unsolicited Reports from the Board of Pharmacy moving to 4 prescribers and 2 pharmacies
<b>New 1A/2</b>	(v) Using the PDMP Mandatory checking compliance tool to track check rates by profession.
<b>New 1A/2</b>	(vi) (Goal related measure): Percent of high MME prescribers who checked the prescription monitoring program (PMP) 0% of the time. (Quarterly for 2021 calendar year)

<b>1B</b>	(i) Statewide Patient Education Campaign Evaluation Behavioral intent is measured by patient experience surveys in initial hospitals. Reach numbers during the period of campaign implementation.
<b>1B</b>	(ii) Expansion of Full Hospital Campaign Number of locations to which the full hospital campaign extends. Number of pharmacy participants.
<b>1B</b>	(iii) Average Daily Supply Dispensed Track data via PMP.
<b>1B</b>	(iv) Track the locations where Campaign materials are distributed / displayed Public health districts, hospitals, clinics, pharmacies, dentists, physical therapy, pain specialists.
<b>1C</b>	(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. (i.i) Rural populations (i.ii) College populations
<b>1C</b>	(ii) Evidence-Based Program (EBP) Evaluation This will be a pre and post survey evaluation of the program aimed at middle school students.
<b>1C</b>	(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?"
<b>3</b>	(i) National Survey on Drug Use and Health (NSDUH) See results concerning prevalence of opioid use for various age groups.
<b>3</b>	(ii) Youth Risk Behavior Survey (YRBS) See results concerning prevalence of prescription drug use for high school students.
<b>3</b>	(iii) Idaho Healthy Youth Survey See results concerning prevalence of opioid use among students in grades 6, 8, 10 and 12.
<b>3</b>	(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.

3	(v) Drug overdose death rate per 100,000 residents per IDHW vital statistics.
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 (DBH/BPA, Medicaid, Medicare)
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 what OUD treatment services, including MAT, are covered by private insurances (blue cross, idaho insurance exchange, etc.)
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, specifically focusing on rural areas
4	(xiii) Trend in the utilization of telehealth for SUD treatment across the state
4	(xiv) Trend in the number of patients identified through syringe exchange who accept a referral to treatment

## 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.

New GOAL GROUP 1A and 2 - Action Plans		
Strategy 1	Implementation Step	When
<b>Update and reformat Idaho-based information and tools for Idaho's health workforce and distribute in a format that is easily accessed</b>	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
	5. Educate providers of harm reduction resources when it comes to prescribing.	Q3

<b>Strategy 2</b> <b>Educate prescribers and administrators about safe opioid prescribing in general &amp; Identify and implement strategies to connect opioid prescribing outliers with prescriber champions for peer-to-peer education</b>	<b>Implementation Step</b>	<b>When</b>
	1. Explore possibilities to proactively identify outliers and encourage them to outreach to Dr. Magni Hamso/ review the prescribing/ PDMP video.	Q1
	2. Identify/implement strategies to connect outliers with champions .	Q2-4
	3. Partner with ISU Program/ community pharmacists to recognize outlier prescribers with harm reduction resources.	Q3
	4. Board of Dentistry/ISDA to work to align Idaho Dental Practice Act with recommendations from the American Dental Association regarding safe opioid prescribing.	TBD
	5. Comagine to promote MIPS tool to providers/healthcare organizations.	Ongoing
	6. 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
7. Gather information about recommendations of specialty groups and organizations regarding safe opioid prescribing for acute pain (for educational purposes to larger groups).	Ongoing	
<b>Strategy 6</b> <b>Identify and implement strategies to support the sustainability of and increase engagement in Idaho's Extension for Community Health Outcomes (ECHO) SUD/OD programs</b>	<b>Implementation Step</b>	<b>When</b>
	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	

<b>Strategy 7</b>	<b>Implementation Step</b>	<b>When</b>
<b>Encourage prescribers and healthcare systems to adopt PMP integration into electronic medical records (EMRs)</b>	1. Work with BOP and IHA to determine which hospitals have EHRs compatible with Gateway/NarxCare but have not yet integrated.	Immediately (6/ 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 (6/2019)
	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
	6. Look for funding opportunities to help with the integration and start-up costs.	Ongoing
<b>Strategy 8</b>	<b>Implementation Step</b>	<b>When</b>
<b>Educate prescribers on access to and use of PMP, including use of delegates</b>	1. Continue efforts to educate providers around use of PMP, particularly in high burden areas.	9/2019, then ongoing
	2. Continue efforts to facilitate improved delegate access and training.	9/2019, then ongoing

<b>GOAL GROUP 1B - Action Plans</b>		
<b>Strategy 1 Expand Idaho branded patient education information for distribution to rural and frontier communities</b>	<b>Implementation Step</b>	<b>When</b>
	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 ...(presentation from Megan).	8/2/2019
	2.5 Obtain a list of pharmacies from Goal 1A/2 engaged in PDMP for best practices.	6/30/2021
	2.6 Identify a partner or coalition within each health district region who can lead implementation in their region. (ex. DOP, local pharmacies).	
	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, clinics, pharmacies, dentists, physical therapists, pain specialists, nurse/medical assistant champions, support staff, etc.).	9/2021-10/2021
	4. Promote print collateral materials for use in clinics and other settings that may not have funding or space for full campaign. Organizations can order through ODP online order form.	9/2021-10/2022
5. For interested partners, sign use agreement and share creative assets.	11/2021	
<b>Strategy 2 Expand distribution of a patient-friendly variation on the Brief Opioid Knowledge test rack card for patients</b>	<b>Implementation Step</b>	<b>When</b>
	1. Develop a user guide or cover sheet. a. Draft Cover sheet b. Finalized Version	8/2019 9/2019
	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.	10/2021-11/2021

<b>Strategy 3</b>	<b>Implementation Step</b>	<b>When</b>
<b>Develop patient education tools to implement at pharmacies</b>	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). d. Idaho Society of Health-System Pharmacist (Carline Merrit/Lindsey Hunt)	8/1/2021

**GOAL GROUP 1C - Action Plans**

<b>Strategy 1</b>	<b>Implementation Step</b>	<b>When</b>
<b>Implement and expand evidence-based substance use prevention education programs for students (K-12)</b>	1. Develop one-page summary of identified evidence-based programs appropriate for K-12 students.	10/1/2019
	2. Continue to engage key decision makers in DOE; continue discussions.	Ongoing
	2.1. Lists of DOE contacts broken out by region (will be compiled by ODP) shared with GG1C members to engage in discussions with identified contacts.	7/30/2021
	3. Based on data, geographically identify the location of School Districts in high-risk regions (will use Idaho Opioid Vulnerability Assessment).	8/1/2019
	3.1. Complete outreach to 3 identified districts.	8/31/2021
	4. Collaborate with School Districts to reduce barriers and increase benefits to schools participating in prevention programming.	6/1/2021
	5. Evaluate effectiveness of evidence-based programs and make changes accordingly.	12/1/2020

<b>Strategy 2</b> <b>Provide information dissemination through adult-focused education campaign</b>	<b>Implementation Step</b>	<b>When</b>
	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
	5. Ongoing implementation, maintenance, and evaluation.	8/1/2022
<b>Strategy 5</b> <b>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</b>	<b>Implementation Step</b>	<b>When</b>
	1. Integrate Strategy 3: Provide information dissemination through community statewide prevention education efforts.	12/31/2021
	1.1. Discuss and define GGIC capacity.	6/30/2021
	1.2. Identify # priority populations: (in discussion - seniors (65+), college age populations, rural , Tribal Communities) will be identified at June GGIC meeting.	7/31/2021
	1.3. Research and identify engagement channels (recognizing COVID-19 implications on various engagement channels).	8/31/2021
	1.4. Develop message, campaign dissemination plan, implementation, evaluation.	12/31/2021
	2. Integrate Strategy 4: Information dissemination about the availability of local prescription take-back programs.	8/31/2021
	2.1. Create map of current permanent Take Back locations across Idaho.	5/30/2021
	2.2. Discuss and define GGIC capacity.	6/30/2021
	2.3. Identify # of priority populations to engage with, and which priority populations to engage with.	6/30/2021
	2.4. Research and identify engagement channels (recognizing COVID-19 implications on various engagement channels).	7/31/2021
	2.5. Develop message, campaign dissemination plan, implementation, evaluation.	8/31/2021

<b>GOAL GROUP 3 - Action Plans</b>		
<b>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</b>	<b>Implementation Step</b>	<b>When</b>
	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. Dissemination of resources to non-traditional partners included but not limited to law enforcement, faith based communities, health systems, correctional facilities, etc.	12/1/2020
<b>Strategy 2: Disseminate wallet card with resources from Strategy 1 to identified target populations</b>	<b>Implementation Step</b>	<b>When</b>
	1. Identify specific counties to target and who will be lead for those counties.	5/30/2021
	2. Identify specific businesses/entities where people live, work, play, and worship & assign Goal Group Members to outreach to those entities.	6/30/2021
	3. Goal Group Members disseminate or advertise to the identified entities.	7/1/2021 - 4/30/2022
<b>Strategy 3: Increase awareness of family recovery support services available in person or online (narcotics anonymous, nar-anon family groups, Family Strong, Intherooms.com)</b>	<b>Implementation Step</b>	<b>When</b>
	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. Make resource information available on print material (ASAM booklet at well as online).	11/1/2020

<b>Strategy 4: Educate families about the signs of drug use, destigmatize, disseminate resources</b>	<b>Implementation Step</b>	<b>When</b>
	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 a conferencing platform 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

<b>GOAL GROUP 4 - Action Plans</b>		
<b>Strategy 2: Increase payment options for treatment by identifying and removing financial barriers</b>	<b>Implementation Step</b>	<b>When</b>
	1.Coordinate public funding to ensure Medicaid Expansion clients have access to services.	5/1/2020
	2. Identify service gaps and use IROC funding to cover services that are not covered by Medicaid Expansion.	5/1/2020
	3. Work with Medicaid to reduce service interruption during expansion transition.	5/1/2020
<b>Strategy 3: Reduce stigma around opioid treatment modalities and harm reduction principles</b>	<b>Implementation Step</b>	<b>When</b>
	1. Normalize the use and prescribing use of Naloxone in all settings.	5/1/2020
	2. Increase OUD education with the public, providers, clients and community stakeholders.	5/1/2020
	3. Coordinate with divisions working on opioid campaigns.	5/1/2020
	4. Take advantage of IROC programs to spread education and awareness in Idaho communities.	5/1/2020
	5. Support efforts to provide harm reduction education across the state specifically targeting Corrections, Law Enforcement, Courts/Judges, etc.	Fall 2021
6. DBH collaborate with Randi P./DPH on accessing her SME resources, example 3 part series on principles of harm reduction, and getting them to tx & recovery providers.	Summer 2021	

<b>Strategy 4: Improve pathways to treatment for all populations</b>	<b>Implementation Step</b>	<b>When</b>
	1. Collaborate on appropriate interventions with: Jails/Prisons Emergency Departments/medical facilities Crisis Centers Community EMS Harm reduction/Syringe Exchange Programs Law Enforcement	5/1/2020
	2. Improve treatment opportunities for pregnant and pre-and post-natal women.	5/1/2020
	3. Research and/or develop innovative programs to build rapport and connect individuals to treatment (ex: harm reduction vending machine, recovery coaches).	8/1/2020
	4. Support providers in the use of telehealth.	5/1/2020
	5. Evaluate state policies that limit access to harm reduction services specifically targeting efforts to expand access to fentanyl test strips in Idaho.	Spring/ Summer 2021
<b>Strategy 5: Increase the number of buprenorphine prescribers who are actively treating patients with OUD</b>	<b>Implementation Step</b>	<b>When</b>
	1. Work with opioid stakeholder group (DBH, DPH, Medicaid, ODP, etc.) to identify already occurring work in this area.	10/1/2020
	2. Determine if PDMP or Medicaid can be used to identify current prescribers.	10/1/2020
	3. Complete outreach to prescribers to determine barriers and provide resources.	10/1/2020
	4. DPH working with ECHO on survey of why prescribers are not treating OUD, results May 2021. Explore barriers and solutions based on these results.	Spring 2021
	5. Promote ECHO Idaho mentorship sessions coming Oct 2021.	Summer 2021

<b>Strategy 6: Increase the number of psychosocial OUD treatment providers</b>	<b>Implementation Step</b>	<b>When</b>
	2. need to strategize steps with Medicaid/DBH on outreach to providers and recruitment.	Fall 2020
	3. Support DBH current and up and coming efforts on Behavioral Health workforce development.	2021-2022
<b>Strategy 7: Increase the number of patients accessing OUD treatment including MAT</b>	<b>Implementation Step</b>	<b>When</b>
	1. Expand LEAD programs across the state.	5/1/2020
	2. Expand ED Warm Handoff Programs across the state.	5/1/2020
	3. Target existing providers who are currently not providing telehealth, increasing access to a-typical telehealth practices/resources and or licensed in multiple states (other states, idaho telehealth limits) EMS involvement with BH workforce development.	Summer 2021
<b>Strategy 8: Increase the number of Opioid Treatment Programs (OTP) and/or Medication Units, focusing on locations outside of the Treasure Valley</b>	<b>Implementation Step</b>	<b>When</b>
	1. Release FOA for OTP provider expansion.	10/1/2020
	2. Provide education on OUD, MAT, and OTPs to community stakeholders where new OTPs will be located.	10/1/2020
	3. Support the three (3) up and coming OTPs by providing awareness and education to communities.	Summer 2021

## Appendices

### Appendix 1: Strategic Planning Retreat Participants

Year 5 Update: April 27-28, 2021

First Name	Organization	Goal Group
Teresa Anderson	Idaho Board of Pharmacy	
Rosie Andueza	Idaho Department of Health and Welfare, Division of Behavioral Health	
Miae Aramori	Emergent BioSolutions	
Mark Babson	Ada County Paramedics	
Courtney Boyce	Central District Health	Goal Group 3
Jeremy Brown	Idaho Board of Veterinary Medicine	Goal Group 1A / 2
Sarah Buchanan	IDHW, Division of Public Health, Drug Overdose Prevention Program	Goal Group 3
Taylor Bybee	South Central Public Health District	Goal Group 1C
Rose Cheff	Community Advocate, Speaker	
Claudia Coatney	Southwest District Health	Goal Group 1B
Amanda Cox	BPA Health	Goal Group 3
Liza Crook	Idaho Dept of Juvenile Corrections	Goal Group 3
Theresa Davis	North Idaho AIDS Coalition (NIAC)	Goal Group 3
Jessie Dexter	Idaho Office of Drug Policy	Goal Group 1C
Annie Dixon	Idaho Academy of Physician Assistants	Goal Group 1A / 2
Jen Dixon	Tri-State Health Services- Clearwater Medical	
Tessa Donaldson		
MaryAnn Doshier	South Central Public Health District	Goal Group 1C
Cheryl Foster	Idaho Office of Drug Policy	Goal Group 3
Bill Foxcroft	Idaho Head Start Association	Goal Group 4
Derek Gerber	Idaho Physical Therapy Association / Idaho State University PT	Goal Group 1C
Megan Hearn	Idaho Department of Health and Welfare	Goal Group 1A / 2
Kim Hill	Ideal Options	
Donna Honena	Shoshone-Bannock Tribes Four Directions Treatment Center	
Cloeie Hood	Recovery 4 Life	
Lindsey Hunt	Idaho Society of Health System Pharmacists	
Amy Jeppesen	Recovery 4 Life	
Mallory Johnson	Eastern Idaho Public Health	Goal Group 1C

Catherine Kaplan	Idaho Department of Health and Welfare, Div. of Behavioral Health	Goal Group 3
Marianne King	Idaho Office of Drug Policy	Goal Group 1C
Traci Lambson	Southeastern Idaho Public Health	Goal Group 3
Brant Massman	Center for Behavioral Health	Goal Group 4
Camille McCashland	Idaho Office of Drug Policy	Goal Group 1B
Caroline Messerschmidt	IDHW, Division of Public Health, Drug Overdose Prevention Program	
Jamie Neill	Idaho Medical Association	Goal Group 1A / 2
Rachel Nenno	Idaho Department of Health and Welfare, Div. of Behavioral Health	Goal Group 4
Shanna O'Connor	ISU Pharmacy	
Jessica Oliver	Idaho State Dental Association	Goal Group 1A / 2
Todd Palmer	Family Medical Residency of Idaho	Goal Group 1A / 2
Shelly Pearlman		
Nicole Pearson	Idaho Primary Care Association	
Randi Pedersen	Idaho Department of Health and Welfare	Goal Group 4
Susie Pouliot Keller	Idaho Medical Association	Goal Group 1A / 2
Kristen Raese	Idaho Department of Health and Welfare, Division of Public Health	Goal Group 1C
Norma Ramirez	Bannock Youth Foundation	
James Rhom	Magic Valley Paramedics/St. Luke's Health System	
Caitlin Rusche	Idaho North Central District Public Health	Goal Group 3
Curtis Sandy	Idaho EMS Physician Commission	
Dr. Omair Shamim	Idaho Department of Health and Welfare	Goal Group 3
Lachelle Smith	Project ECHO Idaho, University of Idaho, WWAMI Medical Education Program	Goal Group 1A / 2
Sarah Woodley	BPA Health	

## Appendix 2: 2021 SWOTT Analysis Results

The 2021 SWOTT was completed by 18 of the 2017 - 2022 Idaho Opioid Misuse and Overdose Strategic Plan Members via an online survey ahead of the April 27-28, 2021 annual strategic planning retreat. The SWOTT covers Strengths, Weaknesses, Opportunities, Threats, and Trends around this Strategic Plan and its implementation. Strengths and Weaknesses are INTERNAL to the group. Opportunities and Threats are those things EXTERNAL to the group, but that will affect its work. Trends help identify those things that the group will need to consider as they move forward.

A Environmental Scan, similar to the SWOTT, was completed in 2017, when the original Strategic Plan was created. To see the results from a previous year's SWOTTs / Environmental Scans, see that year's version of this plan.

<h3 style="margin: 0;">Strengths</h3> <p style="margin: 0; font-size: 0.9em;">The strengths identified by members of the Strategic Plan were <b>overwhelmingly similar</b> making it clear that the strengths listed below are embraced by the majority of the group.</p>	
<b>Goal Groups</b>	Committed Members, Variety of Expertise, Ability to See Overlap of Disciplines, Creativity, Longevity of Membership, Wide Geographic Representation, Supportive
<b>Stakeholders</b>	Diverse Partnerships, Committed Agency Partners, Collaboration, Information Sharing
<b>Leadership</b>	State Organizational Support, State Funding, Generally Strong Leadership
<b>Topic of Strategic Plan Work</b>	Passion for Solutions and Engagement, Inspiration, Relevant, Hope
<b>Plan Organization</b>	Measurable Goals, Objectives, Strategies Evidence-based, Thorough, Objectives Span Disciplines
<b>Planning Group Structure</b>	Accountability in Smaller Work Groups and Larger Planning Group, Action-oriented, Work Across Disciplines, Information Sharing
<h3 style="margin: 0;">Compared to Last Year</h3> <p style="margin: 0; font-size: 0.9em;">Almost the same. Still overwhelmingly grateful for the ability to come together and work on a meaningful topic with so many dedicated colleagues.</p>	

## Weaknesses

The weaknesses identified by members of the Strategic Plan were persistently focused on **diversion of focus from opioid work**. COVID-19 was exhausting and diminished the capacity of the Goal Group members.

<b>Planning Group Structure</b>	Lack of Inter-Goal Group Collaboration, Slow Progress Overall, Lack of Time & Capacity of Stakeholders, Virtual Format Becoming Challenging
<b>Goal Groups</b>	Lack of Capacity Among Members, Lack of Engagement, Too Few Members Doing Work, Trouble Scheduling
	Need More Consistent Assignments & Meetings with Goal Group Members to Stay Engaged
<b>Plan Organization</b>	Too Complex, Too Many Areas of Focus, Less Overlap Across Goal Groups, Need Alignment Between Goals and Performance Measures, Too Narrowly Focused
<b>COVID</b>	Diminished Capacity of Goal Group Members, Only Virtual Communication
<b>Funding</b>	Need Funding to Implement Strategies
<b>Leadership</b>	Turnover, More from Governor's Office

### Compared to Last Year

- More emphasis on COVID pulling people's attention away from opioid work and the topic of opioids overall.
- More concern that the 100% virtual environment is taking away from the ability to form good group cohesion.
- Still some trouble understanding the overlap of different goal groups' work, concern of lack of funding, and turnover in leadership.

## Opportunities

The opportunities identified by members of the Strategic Plan were relatively aligned. Overwhelmingly, members identified opportunities for **policy/legislation, funding, and awareness especially related to COVID-19 increasing opioid use.**

<b>Policy &amp; Legislation</b>	Alternative Therapies for Pain Management, Use of Fentanyl Test Strips, Naloxone Access Laws, Removal of MAT Waiver Requirement, Improve Good Samaritan Laws, Increase Syringe Service Programs, Better Engagement of Legislators
<b>Funding</b>	Opportunities for Funding Due to COVID, Federal Commitment to Funding Opioid Work, Opioid Settlements
<b>Partners</b>	Need Educators as Partners, Many Partners Ready to Collaborate and Work
<b>Topic</b>	Maintain Narrow Focus on Opioids to Accomplish Goals, Expand Focus Beyond Opioids, Focus on Intersection of COVID & Opioid,
<b>Opioid Settlements</b>	Raise Awareness, Funding Access
<b>Best Practice</b>	New Research & Evidence Base, Engage Peer Support, Learn from Other States
<b>Success</b>	Harness Successes to Create Momentum, Education Opportunities, Media Engagement
<b>PDMP</b>	Consistently Increasing Use, Continue Expansion
<b>X Waivers</b>	Continue to Increase Providers with X-Waiver

### Compared to Last Year

- More emphasis on the need for policy/legislative change.
- Recognition of the opportunity/momentum provided by the intersection of COVID-19 & substance use and how this could be harnessed for both policy and funding opportunities.

## Threats

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

<b>Focus</b>	Hyper focus on COVID, General Lack of Interest, Lack of Capacity for Partners and Legislators to Focus on Opioids
<b>Funding</b>	End of Funding, Lack of Funding, Too Much Funding Becoming Unaligned
<b>Leadership</b>	Lack of Focus, Turnover, Lack of Legislator Support
<b>Capacity</b>	Lack of Time and Energy
<b>Collaboration</b>	Not Actually Working Together, Siloing Projects
<b>Overwhelm</b>	Opioids are Such an Overwhelming Issue
<b>Best Practice</b>	Sometimes Providers and Professionals Do Not Adhere to Best Practice (ex. Rx opioids for pain management when not necessary.)
<b>Stigma</b>	Among Policy Makers (repeated from above)

### Compared to Last Year

- Still considerable concern that the COVID-19 focus is taking away capacity and focus from opioid work.
- Fewer comments on stigma as a threat.

## Trends

The trends identified by members of the Strategic Plan were relatively equally distributed across the following areas: **Increasing Fentanyl and Stimulant (Methamphetamine) Use, Naloxone/Narcan Use, and Partnerships with Law Enforcement.**

<b>Change in Illicit Substance Use</b>	Fentanyl Increase, Switch to Stimulant Use, Polysubstance Use
<b>Harm Reduction</b>	More Funding, More Emphasis on Naloxone/Narcan
<b>Law Enforcement Partnerships</b>	Increase Emphasis on Jail Diversion and Partnering with Behavioral Health
<b>PDMP</b>	Increased Awareness and Use
<b>SUD Intersection</b>	COVID Increasing SUD, Housing Limitations
<b>Opioid Treatment Programs (OTPs)</b>	More OTPs Establishing Across the State
<b>Telehealth Availability</b>	Popular and Has Lots of Support to Continue After COVID
<b>Medication Assisted Treatment (MAT)</b>	More Programs, More Acceptance as Evidence-based Tx, Growing Availability in Emergency Departments, Growing Acceptance Among People with SUD
<b>Alternative Treatment Options</b>	Alternative Pain Treatments More Common
<b>Medical Marijuana</b>	New as a Tx for Opioid Use Disorder
<b>Opioid Data</b>	More Data Available

### Compared to Last Year

- Partnerships with law enforcement not just to seize and bust - but now to partner and improve diversion to behavioral health resources.
- OTPs are taking off across the state.
- Introduction of legalization of marijuana and the potential that may have as a treatment for OUD and discussion around substance use in general.
- Less emphasis on presence of stigma.
- Still a lot of emphasis on the use of the PDMP, availability of more and better opioid data, as well as the emphasis on insurance coverage for alternative pain relief methods.

## Appendix 3: 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](#).

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

### NEW CRITICAL SUCCESS FACTOR 1: IMPROVE OPIOID PRESCRIBING PRACTICES THROUGH EDUCATING PRESCRIBERS, PATIENTS, AND THE COMMUNITY.

**NEW GOAL 1A/2: By December 2021, the percent of high MME prescribers who check the prescription drug monitoring program (PDMP) 0% of the time will be reduced by 10 percentage points from the baseline of the last quarter of 2020.**

STRATEGIES and PERFORMANCE MEASURES	2021	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.	Completed	^	*	^		Updated 4.6.21 This strategy is complete.
Strategy 2: Educate prescribers and administrators about safe opioid prescribing in general & Identify and implement strategies to connect opioid prescribing outliers with prescriber champions for peer-to-peer education.	^	*	^	Completed		Updated 5.12.2021: Merged with previous Goal 1A Strategy 2 and Goal 2 Strategy 3. Wording of both previous strategies was kept, but they were combined into one strategy here.

<p>Strategy 4: Serve as a resource to advisory groups and other professional organizations as they explore linking controlled substance licenses to continuing medical education.</p>	<p>Completed ^</p>	<p>&gt;</p>		<p>Updated 4.6.21: This strategy is complete. 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. There is limited interest at this time, but we are ready to be a resource if this changes.</p>
<p>Strategy 5: Provide information related to opioid stewardship and the state strategic plan to Idaho health education programs.</p>	<p>Completed Completed</p>	<p>^</p>	<p>^</p>	<p>Updated 5.12.2021: Completed.</p>
<p>Strategy 6: Identify and implement strategies to support the sustainability of and increase engagement in Idaho's Extension for Community Health Outcomes (ECHO) SUD/ODU programs.</p>	<p>* ^</p>	<p>*</p>	<p>^ 1st Stage Completed</p>	<p>No update changes from last update</p>
<p>Strategy 7: Encourage prescribers and healthcare systems to adopt PMP integration into electronic medical records (EMRs).</p>	<p>^ &lt;</p>	<p>*</p>	<p>*</p>	<p>Updated 5.12.21: Moved from Goal 2 Strategy 1 to here. One implementation step added.</p>
<p>Strategy 8: Educate prescribers on access to and use of PMP, including use of delegates.</p>	<p>^ &lt;</p>	<p>*</p>	<p>*</p>	<p>Updated 5.12.21: Moved from Goal 2 Strategy 2 to here. Implementation steps changed.</p>

Measure 1: Prescribing Rate per 100 Idahoans	<	<	^	Status N/A	No measures listed	Updated 4.6.21: 2019 rate was 53.4, down from 61.9 in 2018 , 70.3 in 2017, 77.6 in 2016, and 81.9 in 2015. Still above U.S. average of 46.7 in 2019. 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 4.6.21: Measure cannot currently be tracked. Data is from 2019. Q1: 22%, Q2: 20%, Q3: 57%*, Q4: 23%. *Working with vendor to see why Q3 is so high.
Measure 3: Percentage of Opioid Naïve Patients Who Took Opioids for Longer than Three Days	*	*		Status N/A	No measures listed	Updated 4.6.21: Measure cannot currently be tracked. Data is from 2019. Q1: 83%, Q2: 82%, Q3: 88%*, Q4: 81% *Working with vendor to see why Q3 is so high.
Measure 4: 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 1.19.21: Change in measure took place July 2020. July-Dec 2020 = 406 Jan-Mar 2021 = 171
Measure 5: Use the PDMP Mandatory checking compliance tool to track check rates by profession.	^	^	^	N/A b/c new in 2019	No measures listed	Updated 4.27.21: The following numbers indicate the percentage of prescribers, by profession, that wrote high mme and checked the PDMP; we can't give you annual numbers for 2020 or 2021 as we didn't receive the reporting tool until July 1, 2020.
Measure 6 (Goal related measure): Percent of high MME prescribers who checked the prescription monitoring program (PMP) 0% of the time. (Quarterly for 2021 calendar year)	^					Update 4.27.21: January 2021: 60.08%; February 2021: 60.48%; March 2021: 59.15%

**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	2021	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 rural and frontier communities.	*	*	^	^ 1st New Stage Completed		Updated 4.23.2021 - Supported the dissemination of the National Prescription Drug Take Back Day Event Planning Toolkit and Promotional Guide to increase engagement with faith-based organizations and encourage participation among prioritized communities - particularly seniors (Idahoans aged 65+). Updated statistics and Take Back Locations on the Central District Health, Southwest District Health and North Central District Health - and facilitated the printing of 2500, 2275, and 1000 respectively.
Strategy 2: Expand distribution of a patient-friendly variation on the Brief Opioid Knowledge test rack card for patients.	<	*	^	< 1st Stage Completed		Updated 4.23.2021 - Provided PDF copy of Brief Opioid Knowledge Rack cards to Drug Overdose Prevention Program (DOPP) Coordinators at the seven Idaho Public Health Districts. Developed a partnership with the Boise State University RADAR Center to store and distribute Speak Out/Opt Out/Throw Out materials starting April 2021.
Strategy 3: Develop patient education tools to implement at pharmacies .	<	*		^		Updated 4.23.2021 - Updated the sticker design to increase clarity and enhance print to make them easier to read. Facilitated the printing of 10,000 one-inch and 10,000 two-inch stickers for distribution to pharmacies. Over 13,000 one-inch and two-inch stickers distributed to prevention partners across the state in the past year.

Measure 1: Statewide Patient Education Campaign Evaluation	*	*		Status N/A	No measures listed	Updated 4.23.2021 - Supported Take Back Day collection site events in Star, Middleton, Caldwell, and Nampa.
Measure 2: Expansion of Full Hospital Campaign	*	*	^	N/A b/c new in 2019	No measures listed	Updated 5.31.2021 - The opioid misuse prevention education campaign has expanded beyond hospitals and pharmacies to also include treatment and recovery clinics and counseling centers. Since May 2020 the campaign materials have been distributed at 7 hospitals and treatment and recovery clinics, 1 counseling center, and 1 pharmacy.
Measure 3: Average Daily Supply Dispensed	*	*		Status N/A	No measures listed	Updated 5.31.2021 - Per the Idaho Board of Pharmacy Prescription Drug Monitoring Dashboard, across Idaho in 2020 there were: a total of 2,738,864 controlled substance prescriptions; 1,209,805 opioid prescriptions; and 79,074 buprenorphine subscriptions.
Measure 4: Track the locations where Campaign materials are distributed / displayed.	*	^				Campaign material orders are tracked via ODP.

**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	2021	2020	2019	2018	2017	Brief Comments: Progress, Challenges, Request for Support, Findings, Modifications, etc.
<p>Strategy 1: Implement and expand evidence-based substance use prevention education programs for students (K-12).</p>	<	<	^	^		<p>Updated 4.6.2021: Formal recommendations for expanding evidence-based substance use prevention programs for students were approved by the Governor's Opioid and Substance Use Disorder Advisory Group and submitted to the Governor on October 2020 for consideration. Similar considerations are being supported and currently under discussion by the State Behavioral Health Council. FY21 approximately \$130,000 was awarded via mini-grants specifically targeting rural and high-risk communities. A total of 6 school districts implemented EBPs as a result of mini-grant distribution. FY22 SABG Grant applications included an increase in school districts applying for grant funding to implement EBPs for substance use prevention education programs for students.</p>
<p>Strategy 2: Provide information dissemination through adult-focused education campaign.</p>						<

		<p>Spring/Summer 2021 media buy for the campaign ads. Due to COVID, media sponsorships with Learfield for BSU, UI, ISU, as well as Boise Hawks, and Idaho Steelheads are continuing through spring 2021. 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.</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>&lt;, ^ ^</p>	<p>Updated 4.6.2021: National Prescription Drug Take Back Day Event Planning Toolkit and Promotional Guide created to support efforts of prevention partners encourages outreach and engagement efforts to specific priority populations including rural Idahoans, Native American Communities, Hispanic Communities, and Seniors. Additionally, a map graphic was created of October 2020 NPDTBD collection site events across Idaho in advance of the April 2021 NPDTBD to identify participation gaps and encourage Take Back Day event organization in rural and underserved communities.</p> <p>From previous Strategy 3: Updated 4.6.2021: Continuation of previous efforts. Between September 2020 - February 2021 Idaho Public Health Districts conducted 29 public education and Naloxone training events directly reaching 911 individuals. Healthy Bengal Wellness Coalition with ISU will be resuming activities in April 2021. Statewide prevention education efforts included the Idaho Family Breakfast campaign, the Amazing Adolescent Brain: Opportunities &amp; Vulnerabilities educational presentation, National Drugs and Alcohol Facts Week, and an Opioid Misuse Prevention</p>

				<p>Education presentation at the Annual Caregiver Alliance Conference.</p> <p>From previous Strategy 4: Updated 4.6.2021: Region-specific Rx Take Back Location Rack Cards were updated, and two new locations were added at Terry Reilly Health Services Pharmacies in Nampa and Boise serving priority populations including low-socioeconomic and Hispanic communities. National Prescription Drug Take Back Day (NPDTBD) Event Planning Toolkit and Promotional Guide created and disseminated to prevention partners to support event organizing for the 19th and 20th NPDTBD. October 2020 NPDTBD had 42 events and collected 10,526 lbs of medication statewide - a state record. In preparation for April 2021 NPDTBD, a map was created to show 2020 NPDTBD locations and participation gaps across Idaho. We've begun assessment of prescription drug donation program set in Idaho statute of the Legend Drug Donation Act. Information about said program was disseminated via the Board of Pharmacy Monthly Newsletter. Additionally, we had outreach to the Idaho Retailers Association about partnering and expanding access to in-home drug disposal and deactivation systems.</p>
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Measure 1: Statewide Adult Education Campaign Evaluation	< <	Status N/A	No measures listed	Updated 4.6.2021: Between November-December 2020, a total of 4,500 radio spots and 2,600 tv spots ran. Additionally, the digital component of the campaign had over 2 million impressions and 7,700 click throughs for more information.
Measure 2: Evidence-Based Program (EBP) Evaluation	* *	Status N/A	No measures listed	Updated 4.6. 2021: Statewide EBP evaluation report from December 2020 found that students, parents, and caregivers completing surveys after participating in EBPs showed an increase in family engagement, and a decrease in favorable attitudes related to substance use. Positive youth outcomes related to refusal skills, decision making skills, increased bonding perception of risk/harm were also noted. High school students reported past 30 day use of prescription drug and marijuana saw a statistically significant decrease. Due to COVID-19, there were far less EBP programming in schools in 2020, negatively affecting reach and impact.
Measure 3: Perceived Risk of Opioid Misuse	* *	Status N/A	No measures listed	Updated 4.6.2021: Adult perceived risk: The 2019 BRFSS found that 78.5% of Idaho's adult population were aware of the risks associated with prescription drug misuse, a slight increase from baseline data at 78.3%.  Youth perceived risk: no data for 2020, the next iteration of the Youth Risk Behavior Survey will be 2021.

**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	2021	2020	2019	2018	2017	Brief Comments: Progress, Challenges, Request for Support, Findings, Modifications, etc.
<p>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.</p>	<	^	*	^		<p>Updated 3.5.2021: Completed the creation of Opioid Resource Card, changing it 3 times to the final version. Completed the creation of the ASAM Opioid Addiction Treatment Guide for Patients, Families and Friends. Have located the booklets and resource cards to RADAR on BSU campus, where they can be ordered for delivery or in PDF format, and numbers tracked. 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. Updated 11.10.20 - Opioid wallet cards are completed and first round is printed and distributed. Another order is forthcoming following an addition of recovery centers contact info. Are considering putting a public order form online due to demand. Currently working on booklets on OUD through ASAM will be available in December 2020. Working on determining public facing landing place, experiencing some issues with new webpages within DHW and are working to coordinate all opioid and SUD to one or 2 searchable spots for the public.</p>

<p>Strategy 2: Disseminate wallet card with resources from Strategy 1 to identified target populations.</p>	^	^	^	^	<p>Updated 5.12.21: Wording changed from " 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." to current wording due to the unknown future of the central resource cites such as 2-1-1 or LiveBetterIdaho, or other statewide resource dissemination platform, we are reluctant to start prioritizing work around creating or improving this.</p>
<p>Strategy 3: Increase awareness of family recovery support services available in person or online (narcotics anonymous, nar-anon family groups, Family Strong, Intherooms.com).</p>	*	^	^	^	<p>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. 11.10.20 Update - All of this information will be available on the ASAM booklet and updating 211 with the support group websites and recovery centers.</p>
<p>Strategy 4: Educate families about the signs of drug use, destigmatize, disseminate resources.</p>	<	*	^	*	<p>Updated 3.5.2021: Approximately 4000 Resource Cards have been disseminated to agencies around the state. This has been tracked, and the same will be done with the Guide Books. Update 11.10.20 - Online naloxone training open to the public through the public health districts.</p>

Measure 1: National Survey on Drug Use and Health (NSDUH).	<	<	^	No measures listed	Updated 3.24.2021: Pain reliever misuse ages 12 and older 2018-2019 - 4.1% 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	No data for 2020 because done every other year on odd years.
Measure 3: Idaho Healthy Youth Survey.	*	<	*	No measures listed	No data for 2020 because done every other year on odd years.
Measure 4: Behavioral Risk Factor Surveillance System (BRFSS).	<	<	Status N/A	No measures listed	Updated 3.24.2021: Risk perception of painkillers, All adults 2019 No Risk - 1.3% Slight Risk - 3.0% Moderate Risk - 17.2% Great Risk - 78.5% Sex, age group, and income categories are statistically associated with perceptions of harm.
Measure 5: Drug Overdose Death Rate Per 100,000 residents per IDHW Vital Statistics.	>				Updated 3.24.2021 - Added this measure this year. 2019 Opioids 7.5, All drugs 14.8. 2018 Opioids 7.4, All drugs 14.5 2017 Opioids 7.1, All drugs 14.7 2016 Opioids 7.7, All drugs 15.4

**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	2021	2020	2019	2018	2017	Brief Comments: Progress, Challenges, Request for Support, Findings, Modifications, etc.
Strategy 2: Increase payment options for treatment by identifying and removing financial barriers.	Completed	Completed	^	*		Updated 5.12.21: Completed
Strategy 3: Reduce stigma around opioid treatment modalities and harm reduction principles.	^	<	^	<, ^		No updates
Strategy 4: Improve pathways to treatment for all populations.	<	*	^	*		Updated 4.9.21: DBH is working with R4L on the implementation of up to 2 warm handoff programs. The IF Crisis Center continues to have a successful program  LEAD is now in Nampa and Boise with other programs developing across the state
Strategy 5: Increase the number of buprenorphine prescribers who are actively treating patients with OUD.	*	^				Updated 5.12.21: SOR II budget year 2 (Oct. '21) will be funding ECHO sessions specifically for the mentorship of recently waived prescribers
Strategy 6: Increase access to SUD psychosocial treatment providers, emphasizing access in rural areas and increasing the use of telehealth throughout the state.	<	^				Updated 5.12.21: With the onset of COVID, telehealth has increased significantly. SUD psychosocial treatment providers Workforce development is an up and coming initiative

Strategy 7: Increase the number of patients accessing OUD treatment, including MAT.	<, ^	^				Updated 5.12.21: 3 new OTPs up and coming!
Strategy 8: Increase the number of Opioid Treatment Programs (OTP) and/or Medication Units, focusing on locations outside of the Treasure Valley.	<	^				Update 5.12.21: 3 new OTPs will be up and running in 2021. CDA, Pocatello, Twin Falls
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 (DBH/BPA, Medicaid, Medicare).	<, ^	<	^		No measures listed	Updated 5.12.21: Total clients served via STR/SOR since April 15, 2018 – March 2021: 1,474 Idahoans have access treatment (up 265 from last year)
Measure 4: Amount of Public Funding for Treatment and Recovery Services.	<	<			No measures listed	Updated 5.12.21: Idaho continues to get federal funding to support treatment during COVID. Funding now available for IEP session for first responders. Funding is no longer an issue and monitoring of funds isn't as necessary
Measure 5: Trend in Number of Naloxone Prescriptions Dispensed.	<	<	^ <		No measures listed	Updated 5.12.21: No update on number of prescriptions. DBH & DPH have partnered to streamline naloxone requests thru Idaho Harm Reduction Program! link coming soon
Measure 6: Trend in Number of Opioid Treatment Programs (OTPs) in Idaho.	*	*	>		No measures listed	Updated 5.12.21: 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	Updated 5.12.21: DBH awarded a subgrant to R4L to implement up to 2/3 new programs
Measure 8: Trend in the Number of Buprenorphine prescriptions in Idaho.	<	^				Updated 5.12.21: 485 current D2W prescribers. Continues to increase
Measure 9: Trend in what OUD treatment services, including MAT, are covered by private insurances (blue cross, idaho insurance exchange, etc.).	^					Added 2021
Measure 10: Trend in the number of patients per Medicaid provider being prescribed buprenorphine.	*	^				No update
Measure 11: Trend in the number of Idahoans accessing MAT through Public Funding/Medicaid.	<	^				Update 5.12.21: Medicaid Participants with OUD: 12/2019: 306 participants with OUD-related claim 1/2020: 739 participants with OUD-related claim 12/2020: 770 participants with OUD-related claim Medicaid Expansion led to doubling of # of participants receiving some sort of psychosocial treatment for OUD Medicaid Participants receiving MAT at OTPs: New service effective 1/1/2021, paid through a weekly bundled rate These numbers are not complete because of claim-lag up to 3months Almost 500 members newly receiving MAT at OTPs (or payor became Medicaid, when previously DBH). 478 members in 1/2021, 489 2/2021

<p>Measure 12: Trend in the number of SUD psychosocial treatment sites specifically focusing on rural areas.</p>	<p>&lt;      ^</p>				<p>Update 5.12.21: Medicaid Psychosocial treatment providers: INCREASE in providers: 141 7/2019 to 167 1/2020 (when Medicaid Expansion became effective) and 190 12/2020 Medicaid Expansion appears to have led to ~15% increase in provider network.</p>
<p>Measure 13: Trend in the utilization of telehealth for SUD treatment across the state.</p>		<p>&lt;      ^</p>			
<p>Measure 14: Trend in the number of patients identified through syringe exchange who accept a referral to treatment.</p>	<p>^</p>				

## Appendix 4: Messaging Campaigns

Goal	Campaign	Link to Campaign
Goal Group 1A	Stop Overdose Idaho	stopoverdoseidaho.org
Goal Group 1B	Speak Out, Opt Out, Throw Out	<a href="https://prevention.odp.idaho.gov/order-resource-materials-prescription-opioid-misuse-prevention/">https://prevention.odp.idaho.gov/order-resource-materials-prescription-opioid-misuse-prevention/</a>
Goal Group 1C	Real Idahoans  Local take-back initiatives  Targeted messaging for priority populations within Idaho	<a href="https://healthandwelfare.idaho.gov/Health/DrugOverdosePreventionProgram/Resources/tabid/4350/Default.aspx?QuestionID=171&amp;AFMID=17081">https://healthandwelfare.idaho.gov/Health/DrugOverdosePreventionProgram/Resources/tabid/4350/Default.aspx?QuestionID=171&amp;AFMID=17081</a>  Unknown  TBD
Goal Group 2	None	
Goal Group 3	Opioid wallet cards for distribution and booklets on OUD through ASAM  Single online source for materials  211	<a href="#">IROC's Substance Use Resources Wallet Card</a> and <a href="#">ASAM Opioid Addiction Treatment Booklets</a>  TBD - considering the <a href="#">Idaho Regional Alcohol Drug Awareness Resources (RADAR) Center</a>  <a href="https://www.idahocareline.org/">https://www.idahocareline.org/</a>
Goal Group 4	LEAD & ED warm handoff fliers	Unknown



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