



IDAHO OPIOID MISUSE AND OVERDOSE STRATEGIC PLAN 2017 - 2022

Prepared on Behalf of the Strategic Planning Stakeholder Group by:

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Introduction

Drug overdose deaths in the United States continue to increase. Drug overdose deaths nearly tripled during 1999-2014, and the majority of drug overdose deaths involved an opioid.¹ Like the rest of the country, Idaho is struggling with the opioid epidemic and has seen a steadily increasing number of overdose deaths since 2001. In 2015, 223 Idahoans died from drug overdose. The age adjusted mortality rate increased significantly from 9.9 per 100,000 Idaho residents in 2008 to 14.6 per 100,000 Idaho residents in 2015. Among the drugs listed on death certificates from drug overdose in 2015, opioids were reported in slightly less than half (93 deaths). Of the 93 deaths with opioids reported, 64 deaths specified prescription opioid involvement. Despite these increases, the burden of opioid abuse in overdose deaths is likely underestimated. Due to barriers including the lack of requirement among certifiers to report specific drugs on death certificates and lack of funding for toxicology tests, in 2015, 25% of drug overdose deaths did not specify the drugs involved.²

According to the National Survey on Drug Use and Health, 3.9% of Idahoans aged twelve years and older reported nonmedical use of prescription pain relievers (2013-2014).³ Coupled with use, access of opioid medications have increased; between 2011 and 2015 the retail distribution of oxycodone to pharmacies, hospitals, and physicians increased significantly from over 13,000 grams per 100,000 population to over 17,000 grams per 100,000 population.⁴ As further evidence, among Idaho high school students, prescription medications, including opioids, are the second-most abused illicit drugs after marijuana.⁵ Although less often used, heroin is also becoming an increasing concern. Between 2008 and 2016, the drug/narcotic violation arrest rate for heroin increased more than 15-fold from 0.03 arrests per 1,000 population to 0.46 arrests per 1,000 population.⁶

The Governor's Office of Drug Policy convened a planning group to create a statewide, multi-stakeholder prescription drug and heroin abuse prevention strategic plan. In April 2017, a broad group of stakeholders met over two days and developed the "Idaho Opioid Misuse and Overdose Strategic Plan, 2017-2022." Subsequent meetings were held in person and by phone to further refine the goals and strategies. This strategic plan identifies 4 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."

¹ Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep.* ePub: 16 December 2016.

² Drug Overdose Deaths: Idaho Residents, 2008-2015, Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, 2017.

Drug overdose deaths are defined as deaths with the following ICD-10 codes as the underlying cause of death: X40- X44: Accidental poisoning by drugs, X60-X64: Intentional self-poisoning by drugs; X85: Assault by drug poisoning; Y10-Y14: Drug poisoning of undermined intent.

³ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013, and 2014

⁴ Substance Abuse Prevention Needs Assessment, Idaho, 2016. State Epidemiological Outcomes Workgroup, Office of Drug Policy

⁵ Results of the 2015 Idaho Youth Risk Behavior Survey, Idaho Department of Education

⁶ Idaho's Incidence Based Reporting System, Idaho Statistical Analysis Center, Idaho State Police

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. Participant areas and organizations represented 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.⁷

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 will serve as the primary tool for strategic plan implementation.

Consistent strategic plan review and follow-up will be key to success. Strategic planning stakeholders will be convened for quarterly conference calls to report progress on action plans and performance measures, and collaborate on any challenges that arise. The group will also meet annually to review and update the strategic plan, optimizing its relevance and effectiveness.

This plan reflects the results of the strategic planning process, defining the State’s direction for the next five years. Moreover, it represents Idaho stakeholders’ commitment to aligning efforts to significantly move the needle on this serious issue.

⁷ A detailed list of the April 25-26, 2017 planning retreat participants and meeting details can be found in the Appendix.

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. Although this vision is intended to drive significant positive outcomes with regard to opioid misuse and overdose over the next five years, it is likely to continue guiding efforts even beyond that period.

Idaho's 5-Year Vision (2022)

**“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. Goals articulate the outcomes that will be achieved in order to realize the vision. Strategies define how the goals will be achieved. 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.

Goals and Strategies

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

GOAL 1A

By December 2019, achieve a rate of opioid prescriptions written for the following areas: 85% written under 80 MMEs⁸; 6.5% written between 80-120 MMEs; 5.5% written between 120-200 MMEs; and 3.5% written for over 200 MMEs.

Strategies:

- 1) Distribute an updated provider toolkit that includes the CDC Opioid Prescribing Guidelines and Prescription Monitoring Program information at a minimum
- 2) Continue to provide “academic detailing” one-on-one approach through the Public Health Districts with prescribers
- 3) Provide educational materials for provider offices
- 4) Explore linking controlled substance licenses to continuing medical education
- 5) Build additional training into healthcare professional education programs
- 6) Explore the implementation of an Extension for Community Health Outcomes (ECHO) program in Idaho

GOAL 1B

By December 2019, 90% of patients will be educated about risks and options prior to their first opioid prescription.

Strategies:

- 1) Develop and distribute patient information related to opioid prescriptions to disseminate through providers and pharmacies
- 2) Develop and distribute a patient-friendly variation on the Brief Opioid Overdose Knowledge (BOOK) test for patients pre-prescription
- 3) Develop a system for text reminders to patients for dose reduction or alternative therapies
- 4) Identify a web-based education program for patient viewing before initial prescription and for dosage change

⁸ MMEs = Morphine Milligram Equivalents.

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

GOAL 1C

By December 2018, 75% of Idahoans will be exposed to information about opioids.

Strategies:

- 1) Expand Truth 208 medication education campaign to high school students and adults
- 2) Expand awareness of prescription take-back programs (law enforcement and pharmacies)
- 3) Research and implement an opioid-focused evidence-based program (EBP) for middle school students
- 4) Initiate an adult-focused media campaign based on the CDC campaign
- 5) Increase access to Idaho data on websites across stakeholders/agencies

**CRITICAL SUCCESS FACTOR 2:
IMPROVE OPIOID PRESCRIPTION PRACTICES**

GOAL 2

By December 2019, the rate of prescriber check of the Prescription Monitoring Program (PMP) prior to an initial opioid prescription will double.

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 delegates
- 3) Implement and provide education on Provider Report Cards
- 4) Reassess goal and strategies by December 2018
- 5) After assessment of goal and strategies as outlined in Strategy 4, consider legislative mandate if goal is still supported but not met (2020 legislative session)
- 6) Optimize completeness of PMP data

**CRITICAL SUCCESS FACTOR 3:
STRENGTHEN AND SUPPORT FAMILIES**

GOAL 3

By December 2021, reduce Idaho youth opioid abuse by 10% as measured by the Idaho Healthy Youth Survey.

Strategies:

- 1) Develop an instrument to measure the rate of Idaho parent's access to resource when their child is abusing opioids
- 2) Develop and disseminate print media campaign directed at families in youth opioid use crisis-resources
- 3) Collect information and create county resource map
- 4) Identify and allocate resources for a statewide evidence-based program parent class directed at families in youth opioid use crisis
- 5) Increase family recovery support services in each county/region (e.g., Narcotics Anonymous and Nar-Anon Family Groups, etc.)
- 6) Integrate e-health intervention prevention into primary care practice

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

GOAL 4

By January 2022, significantly increase awareness of, and access to, resources to treat opioid use disorders and reduce deaths.

Strategies:

- 1) Research and define "affordable treatment" options for Idahoans
- 2) Develop interdisciplinary efforts to support substance use disorder treatment and recovery options for people leaving jail, including naloxone
- 3) Increase 211 CareLine resource content
- 4) Work with hospital ERs regarding referrals post-discharge for SUD
- 5) Promote telehealth expansion through provider education and invitations to deliver services
- 6) Increase number of Data 2000 waived prescribers and educate waived prescribers on the ability and urgency of increasing their MAT patient limits
- 7) Increase availability of, and access to, naloxone
- 8) Work with health insurance carriers to increase payment flexibility
- 9) Increase public funding for those requiring treatment and recovery support services

Performance Measurement Plan

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
1A	<p>MME Rate Per Capita</p> <p>Track via the data received from the PMP.</p>	Annually: April	<p>Stephanie Pustejovsky, Office of Drug Policy (ODP)</p> <p>Teresa Anderson, Idaho Board of Pharmacy</p>	<p>Report results at the quarterly strategic plan update meeting immediately following data availability.</p> <p>Update Opioid Needs Assessment (annually).</p>	Strategic Planning Group ⁹
1B	<p>(i) Statewide Prescriber to Patient Education Campaign Evaluation</p> <p>This will be a pre and post evaluation, with questions assessing whether patients received information/education from their physicians.</p>	Per campaign schedule, immediately before and after the campaign	ODP	Report and presentation of evaluation results at the end of the campaign at the next quarterly strategic plan update meeting.	Strategic Planning Group

⁹ Strategic Planning Group refers to the participants of the 2017 Idaho Opioid Strategic Planning Retreat, and other parties actively involved in plan implementation.

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
1B	<p>(ii) Average Day Supply Dispensed</p> <p>Track via data from the PMP. (This measure will be assessed further, understanding that partial prescription fills cost pharmacies and patients/insurers more.)</p>	Semiannually: January and July (starting 2018)	<p>Alex Adams, Idaho Board of Pharmacy</p> <p>Stephanie Pustejovsky</p> <p>Martijn Van Beek, Department of Health and Welfare, Division of Public Health (DHW DPH)</p>	<p>Alex to report results at the immediately following quarterly strategic plan update meetings.</p> <p>Stephanie to update Opioid Needs Assessment (annually).</p>	<p>ODP</p> <p>Strategic Planning Group</p>
1C	<p>(i) Statewide Adult Education Campaign Evaluation</p> <p>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.</p>	Per campaign schedule, immediately before and after the campaign (FYE 2019)	Martijn Van Beek	Report and presentation of evaluation results at the end of the campaign at the next quarterly strategic plan update meeting.	Strategic Planning Group

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
1C	<p>(ii) Truth208 Media Campaign Evaluation</p> <p>This will be a pre and post evaluation, with questions assessing whether the youth population received/understood the messages of the campaign.</p>	Per campaign schedule, immediately before and after the campaign	ODP Truth208	Report and presentation of results at the end of the campaign at the next quarterly strategic plan update meeting.	Strategic Planning Group
1C	<p>(iii) Evidence-Based Program (EBP) Evaluation</p> <p>This will be a pre and post survey evaluation of the program aimed at middle school students.</p>	Annually, starting September 2018	Marianne King, ODP	Report and presentation of results at the end of the program at the next quarterly strategic plan update meeting.	Strategic Planning Group
2	<p>Providers Checking of PMP Prior to Issuing Initial Opioid Prescription</p> <p>Track via data from the PMP.</p>	Semiannually: January and July (starting 2018)	Alex Adams Stephanie Pustejovsky	Alex to report results at the immediately following quarterly strategic plan update meetings. Stephanie to update Opioid Needs Assessment (annually).	ODP Strategic Planning Group

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
3	<p>(i) Percentage of Parents Accessing DHW Division of Behavioral Health Services Who Misuse Opioids</p> <p>This measure refers to parents with minor children. It is intended as one indicator of the impact of opioid misuse on families.</p>	<p>Baseline: Summer/ Fall 2017</p> <p>Semiannually, thereafter</p>	<p>Crystal Campbell, DHW Division of Behavioral Health (DBH)</p> <p>Stephanie Pustejovsky</p>	<p>Report results at the immediately following quarterly strategic plan update meetings.</p> <p>Update Opioid Needs Assessment (annually).</p>	Strategic Planning Group
3	<p>(ii) National Survey on Drug Use and Health (NSDUH)</p> <p>See results concerning prevalence of opioid use for various age groups.</p>	<p>Biannually: starting January 2018</p>	<p>Stephanie Pustejovsky</p>	<p>Report results at the immediately following quarterly strategic plan update meetings.</p>	Strategic Planning Group
3	<p>(iii) Youth Risk Behavior Survey (YRBS)</p> <p>See results concerning prevalence of prescription drug use for high school students.</p>	<p>Biannually per YRBS administration schedule¹⁰</p>	<p>Stephanie Pustejovsky</p>	<p>Report results at the immediately following quarterly strategic plan update meetings.</p>	Strategic Planning Group

¹⁰ The YRBS and Idaho Healthy Youth Surveys are administered in alternating years.

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
3	<p>(iv) Idaho Healthy Youth Survey</p> <p>See results concerning prevalence of opioid use among students in grades 6, 8, 10 and 12.</p>	Biannually per Health Youth Survey administration schedule ¹⁰	Stephanie Pustejovsky	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group
3	<p>(v) Behavioral Risk Factor Surveillance System (BRFSS)</p> <p>See results concerning prevalence of opioid use for various youth age groups for those 18 years and older.</p>	Annually: starting August/September 2018	Martijn Van Beek	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group
4	<p>(i) Public Inquiries About Opioid Treatment</p> <p>Track trends via 211 call data.</p>	Semiannually: starting May 2018	Rachel Gillett, IDHW Division of Public Health	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group
4	<p>(ii) Trend in Number of Waivered Providers</p>	Semiannually: January and July (starting 2018)	DHW DBH	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
4	(iii) Opioid-Related Death Indicator	Starting May 2018	Chris Hahn, DHW DPH	Data report	Strategic Planning Group
4	(v) Trend in Individuals Receiving Publicly Funded Treatment	TBD	Rosie Andueza, DHW DBH	Data report	Strategic Planning Group
4	(vi) Amount of Public Funding for Treatment and Recovery Services Track the trend in funding.	TBD	Rosie Andueza,	Data report	Strategic Planning Group

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.

Appendix: Strategic Planning Meeting Details and Participants

The 2017 Strategic Planning Retreat for Opioid Abuse and Overdose was held April 25 and 26, 2017, in Boise, Idaho. The following 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. A complete list of current workgroup members is available from the Idaho Office of Drug Policy.

**Opioid Misuse & Overdose Strategic Planning Retreat Participants
April 25-26, 2017**

First Name	Last Name	Organization	Goal Team
Pam	Eaton	Idaho State Pharmacy Association & Idaho Retailers Association / Retail Pharmacy Council	1a
Tami	Eide	Idaho Medicaid	1a
William	Lutz	Drug Enforcement Administration	1a
Maggie	Mann	Southeastern Idaho Public Health	1a
Monte	Moore	Idaho Physical Medicine and Rehabilitation	1a
Cathy	Oliphant	College of Pharmacy- Idaho State University	1a
Stephanie	Pustejovsky	Office of Drug Policy	1a
Pamela	Rich	Eastern Idaho Public Health	1a
Sandy	Evans	Board of Nursing	1b
Tara	Fouts	Central District Health Department	1b
Anne	Lawler	Idaho State Board of Medicine	1b
Kelsey	McCall	Panhandle Health District 1	1b
Mary	Souza	Idaho Senate Health and Welfare Committee	1b
Scott	Bandy	Idaho Prosecuting Attorneys Association	1c
Susie	Beem	South Central Public Health District	1c
Elisha	Figueora	Office of Drug Policy	1c
Derek	Gerber	Idaho Physical Therapy Association / Idaho State University Doctoral Program in Physical Therapy	1c
Lee	Heider	State Senate	1c
Dotti	Owens	Ada County Coroner's Office	1c
Alex	Adams	Idaho State Board of Pharmacy	2
Terry	Cochran	Cottonwood Police Department	2
Martha	Jaworski	Qualis Health	2
Toni	Lawson	Idaho Hospital Association	2
Mark	Nelson	Family	2
Claudia	Ornelas	Southwest District Health	2
Linda	Swanstrom	Idaho State Dental Association	2
Marcia	Witte	Department of Health and Welfare	2
Sharlene	Johnson	Office of Drug Policy	3
Darlene	Lester	Southeastern Idaho Public Health	3
Chris	Nelson	Family	3
Christy	Perry	Legislature	3
Kayla	Sprenger	Public Health - Idaho North Central District	3
Sue	Chew	House of Representatives	4
Nicole	Fitzgerald	Office of Drug Policy	4
Monica	Forbes	PEER Wellness Center, Inc.	4
Janice	Fulkerson	BPA Health	4
Christine	Hahn	Idaho Division of Public Health/IDHW	4
Kevin	Hudgens	Idaho State Police	4
Kevin	Pettus	The Walker Center	4
Ben	Skaggs	IDHW Division of Behavioral Health	4
Monica	Revoczi	Facilitator	N/A