



*Efforts align with Intermountain Healthcare's Opioid Community Collaborative Steering Committee.

Logic Model





Utah Coalition for Opioid Overdose Prevention 12 Month Strategic Plan

Due Date	Activity	Workgroups	Performance Indicator
Goal I: Promote public awareness of safe storage, safe disposal, opioid risks, signs of an overdose, and naloxone.			
Objective 1.1 Target at least three high-burden areas to promote existing public awareness messages by March 2018.			
May 2017	1.1.1 Identify high-burden areas in Utah and map out drop box locations and overdose outreach providers.	Data and Evaluation	Opioid fact sheet with high-burden areas identified, resource mapping of drop box locations and overdose outreach providers, data slide deck for partners
Ongoing	1.1.2 Target public awareness messages in high-burden areas by leveraging community events and disseminating materials.	Public Awareness and Education Advocacy	Number of events, number of materials disseminated, number of attendees
Ongoing	1.1.3 Post and promote community events on coalition website, social media, and through partners	Public Awareness and Education Advocacy	Number of site visits, social media metrics
Objective 1.2 Develop an opioid abuse, misuse, and overdose prevention social media plan and publish three social media posts each week with targeted boosts in at least three high-burden areas by July 2017.			
May 2017	1.2.1 Identify current social media sites and propose main messages for each site related to target audience.	Public Awareness and Education	Links to social media sites on UCOOP website
June 2017	1.2.2 Develop a three month plan for each site that includes posting / maintenance / evaluation responsibilities and assignments	Public Awareness and Education	Social media metric baseline data
June 2017	1.2.3 Place all downloadable social media files for partner / public access on UCOOP website, encourage partners use and social media shares	Public Awareness and Education Advocacy	Number of downloads
July 2017	1.2.4 Implement social media plan and target messages in high burden communities	Public Awareness and Education Advocacy	Social media metrics
Goal II: Increase provider education and training, including tools and resources, to positively change prescribing behavior.			
Objective 2.1 At least two health systems will implement a provider intervention (uptake of Utah Clinical Guidelines on Prescribing Opioids, implementation of a patient risk assessment, or conduct academic detailing) and provide educational materials on opioid			



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risks, signs of an overdose, and naloxone to patients who are at increased risk of opioid overdoses in at least three high-burden areas by March 2018.			
May 2017	2.1.1 Identify high-burden areas in Utah and map out health systems.	Data and Evaluation	Opioid fact sheet with high-burden areas identified, resource mapping of Utah Health Systems, data slide deck for partners
March 2018	2.1.3 Work with health systems / providers to implement selected provider intervention(s), discuss opioid risks with patients and disseminate appropriate materials.	Provider and Patient Education	Adoption of Utah Clinical Guidelines, number of providers targeted for academic detailing, number of risk assessments that identify patients at increased risk of opioid overdose, number of materials disseminated
Objective 2.2 Increase provider utilization of the controlled substance database in at least one health system by March 2018.			
May 2017	2.2.1 Develop risk measures for provider dashboards, patient, community and clinic level reports.	Provider and Patient Education	Risk measures defined and baseline data collected
July 2017	2.2.2 Develop risk measure reports for communities and clinics.	Data and Evaluation	Two risk measure reports developed (Utah Small Area and Utah Health Systems posted on website)
September 2017	2.2.3 Develop provider dashboard that alerts providers of patient level outliers using identified risk measures	Data and Evaluation Provider and Patient Education	Patient dashboard on controlled substance database
March 2018	2.2.4 Work with the controlled substance database program manager to meet with providers to discuss dashboard use, outlying risk measures by community or clinic and the benefits of using the controlled substance database as clinical tool for informed decision making.	Provider and Patient Education	Number of provider trainings, number of materials disseminated
Goal III: Increase availability of and access to physical and behavioral health services, treatment, and resources.			
Objective 3.1 Identify treatment resources, gaps, and barriers in three high-burden areas and provide recommendations to increase access to treatment by October 2017.			



Due Date	Activity	Workgroups	Performance Indicator
May 2017	3.1.1 Identify high-burden areas and map out treatment resources.	Data and Evaluation	Opioid fact sheet with high-burden areas identified, resource mapping of treatment resources, data slide deck for partners
July 2017	3.1.2 Disseminate information on the availability of treatment resources in high-burden areas.	Public Awareness and Education Advocacy	Number of materials disseminated
October 2017	3.1.3 Work with high-burden areas to understand treatment gaps and barriers and develop recommendations to close gaps and address barriers for each community.	Access to Treatment Advocacy	Treatment Resources, Gaps, Barriers, Recommendations Report Developed
October 2017	3.1.4 Explore the implementation of a resource line to guide individuals to treatment options, referrals, naloxone information, etc.	Access to Treatment Advocacy	Opioid hotline
Objective 3.2 Increase the number of medication assisted treatment training opportunities and providers receiving the training in three high-burden communities by March 2018.			
Ongoing	3.2.1 Promote MAT training opportunities in high-burden areas	Public Awareness and Education Advocacy	MAT training on UCOOP calendar, shared with partners
August 2017	3.2.2 Educate providers on the benefits and importance of becoming an opioid treatment provider in their communities by developing an informational sheet for providers	Public Awareness and Education Advocacy Access to Treatment	Number of trainings, number of providers
Objective 3.3 Explore implementation of community-based treatment and support services (housing, healthcare, job training, treatment and mental health support) for low level offenders in at least one high burden area by March 2018.			
May 2017	3.3.1 Identify high-burden areas in Utah and map out community-based treatment and support services.	Data and Evaluation	Opioid fact sheet with high-burden areas identified, resource mapping of treatment and support services, data slide deck for partners
July 2017	3.3.2 Work with community stakeholders to identify feasibility of piloting law enforcement assisted diversion program, barriers, and community readiness.	Law Enforcement Advocacy Access to Treatment	Establish Community Public Safety Group



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March 2018	3.3.3 Develop an implementation plan and identify potential resources for a law enforcement assisted diversion program with community stakeholders for a high burden area.	Law Enforcement Advocacy Access to Treatment	LEAD Implementation Plan developed
Objective 3.4 Increase availability, access, training, and dissemination of naloxone in three high burden areas by July 2017.			
May 2017	3.3.1 Identify high-burden areas in Utah and map out overdose outreach providers.	Data and Evaluation	Opioid fact sheet with high-burden areas identified, resource mapping of overdose outreach providers, data slide deck for partners
July 2017	3.3.2 Work with community stakeholders to identify potential overdose outreach providers and naloxone community training opportunities	Naloxone	Training events on UCOOP calendar
July 2017	3.3.3 Work with community stakeholders to identify populations of increased risk of overdose for targeted naloxone education and dissemination	Naloxone	Number of trainings, number of kits disseminated
Ongoing	3.3.4 Identify community trainers to provide naloxone training and disseminate naloxone in high burden areas	Naloxone	Number of trainings, number of kits disseminated
Goal IV: Improve timeliness of data, surveillance, and evaluation efforts.			
Objective 4.1 Identify gaps in current data collection efforts and explore opportunities to address gaps by October 2017.			
May 2017	4.1.1 Develop policies and procedures for Opioid Fatality Review Pilot	Data and Evaluation	Policy and Procedure Manual for Opioid Fatality Review Team
August 2017	4.1.2 Work with community stakeholders to identify feasibility of piloting a local opioid fatality review program, barriers, and community readiness.	Data and Evaluation Law Enforcement Advocacy Access to Treatment Provider and Patient Education	Establish Opioid Fatality Review Team
October 2017	4.1.3 Develop an implementation plan and identify potential resources for an opioid fatality review program. With community stakeholders for a high burden area.	Data and Evaluation Law Enforcement Advocacy Access to Treatment	Opioid Fatality Review Community Implementation Plan developed



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		Provider and Patient Education	
May 2017	4.1.4 Identify and promote protective factors and increase awareness of risk factors in high-burden areas (PNA, YRBS, BRFSS, other population based surveys)	Data and Evaluation Public Awareness Advocacy	Report, number of presentations
May 2017	4.1.5 Establish mechanisms for tracking naloxone distribution and reversals.	Naloxone Data and Evaluation	Number of reversals, number of naloxone kits
Objective 4.2 Increase frequency of surveillance reports in three high-burden areas by March 2018.			
March, June, September 2017 and March 2018	4.2.1 Update number and rate of prescription opioid and heroin deaths quarterly on website and through the Heroin Accountability, Response and Protocol ONDCP work group.	Data and Evaluation Law Enforcement	Data table on UCOOP website ONDCP data presentation
March, June, September 2017 and March 2018	4.2.2 Develop and disseminate quarterly drug monitoring initiative reports to understand and respond to emerging trends that present a danger to public safety and public health each quarter.	Data and Evaluation Law Enforcement	Data reports