



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



Logic Model

We will	8	52000 No. 2006	And these outcomes		
use these resources	To implement these activities	That will result in	Short-term	Intermediate	Long-term
Partner / Stakeholder Expertise	Implement public awareness campaigns in high-burden communities. Maintain websites.	Effective public awareness messages	Increased awareness of prescription opioid-related	Decreased rate of high-dose opioid prescribing	Decreased rate of opioid overdoses (ED and
Evaluation expertise and guidance Evidence- based	Develop social media plans. Disseminate patient education materials Promote uptake of Utah Clinical Guidelines on	Updated and informative websites Patient/provider resources	Increased knowledge of naloxone utility	Increased treatment referrals for opioid use disorder Increased use of non-opioid therapies	Increased opioid use disorder treatment
Federal funding State funding	Prescribing Opioids 3) Increase utilization of the controlled substance database by providers 1) Identify gaps and barriers in	Recommendations to address treatment gaps	Expanded use of opioid prescribing guidelines in Utah "hot	for pain Reduced problematic drug co-prescribing	Improved health outcomes in Utah "hot spots"
Access to data sources	treatment 2) Disseminate available treatment resources 3) Support and promote MAT training 4) Support and promote community-based treatment referrals from LE treatment resource guide / hotline Naloxone enduser training Community naloxone trainers	Enhanced knowledge and accountability for providers engaging in risky	Decreased use of multiple prescribers for opioids Increased enforcement actions against outlier		
	Promote and support naloxone training and dissemination	Opioid Fatality Review Team Naloxone	prescribing practice Increased use of CSD to	providers Increased knowledge of	
	Identify data gaps. Increase reports. Evaluate efforts.	tracking DMI reports	inform prescribing practice	effective/ineffective approaches to PDO interventions	



Utah Coalition for Opioid Overdose Prevention 12 Month Strategic Plan

Due Date	Activity	Workgroups	Performance Indicator		
Goal I: Pro	Goal I: Promote public awareness of safe storage, safe disposal, opioid risks, signs of an overdose, and naloxone.				
Objective 1	Objective 1.1 Target at least three high-burden areas to promote existing public awareness messages by March 2018.				
May	1.1.1 Identify high-burden areas in Utah and map out	Data and Evaluation	Opioid fact sheet with high-burden		
2017	drop box locations and overdose outreach providers.		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	Public Awareness	Number of events, number of		
	areas by leveraging community events and disseminating	and Education	materials disseminated, number of		
	materials.	Advocacy	attendees		
Ongoing	1.1.3 Post and promote community events on coalition	Public Awareness	Number of site visits, social media		
	website, social media, and through partners	and Education	metrics		
		Advocacy			
	1.2 Develop an opioid abuse, misuse, and overdose prevention		d publish three social media posts each		
week with	targeted boosts in at least three high-burden areas by July 20				
May	1.2.1 Identify current social media sites and propose main	Public Awareness	Links to social media sites on		
2017	messages for each site related to target audience.	and Education	UCOOP website		
June	1.2.2 Develop a three month plan for each site that	Public Awareness	Social media metric baseline data		
2017	includes posting / maintenance / evaluation	and Education			
	responsibilities and assignments				
June	1.2.3 Place all downloadable social media files for	Public Awareness	Number of downloads		
2017	partner / public access on UCOOP website, encourage	and Education			
	partners use and social media shares	Advocacy			
July 2017	1.2.4 Implement social media plan and target messages	Public Awareness	Social media metrics		
	in high burden communities	and Education			
Cool II. I		Advocacy			

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



Due Date	Activity	Workgroups	Performance Indicator	
	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)	
Septembe r 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.



2017 1 July 2017 3 t October 2017 t October 2017 8	 3.1.1 Identify high-burden areas and map out treatment resources. 3.1.2 Disseminate information on the availability of treatment resources in high-burden areas. 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. 3.1.4 Explore the implementation of a resource line to guide individuals to treatment options, referrals, naloxone information, etc. 	Public Awareness and Education Advocacy Access to Treatment Advocacy Access to Treatment Advocacy	Opioid fact sheet with high-burden areas identified, resource mapping of treatment resources, data slide deck for partners Number of materials disseminated Treatment Resources, Gaps, Barriers, Recommendations Report Developed Opioid hotline			
July 2017 3 t October 2017 t October 2017 g	 3.1.2 Disseminate information on the availability of treatment resources in high-burden areas. 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. 3.1.4 Explore the implementation of a resource line to guide individuals to treatment options, referrals, naloxone 	and Education Advocacy Access to Treatment Advocacy Access to Treatment Advocacy	treatment resources, data slide deck for partners Number of materials disseminated Treatment Resources, Gaps, Barriers, Recommendations Report Developed			
October 2017 t October 2017 g	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. 3.1.4 Explore the implementation of a resource line to guide individuals to treatment options, referrals, naloxone	and Education Advocacy Access to Treatment Advocacy Access to Treatment Advocacy	Number of materials disseminated Treatment Resources, Gaps, Barriers, Recommendations Report Developed			
2017 t 1 October 2017 g	treatment gaps and barriers and develop recommendations to close gaps and address barriers for each community. 3.1.4 Explore the implementation of a resource line to guide individuals to treatment options, referrals, naloxone	Access to Treatment Advocacy Access to Treatment Advocacy	Recommendations Report Developed			
2017	guide individuals to treatment options, referrals, naloxone	Advocacy	Opioid hotline			
1						
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.						
	3.2.1 Promote MAT training opportunities in high-burden areas	Public Awareness and Education Advocacy	MAT training on UCOOP calendar, shared with partners			
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			
i i	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			



Due Date	Activity	Workgroups	Performance Indicator			
March	3.3.3 Develop an implementation plan and identify	Law Enforcement	LEAD Implementation Plan			
2018	potential resources for a law enforcement assisted	Advocacy	developed			
	diversion program with community stakeholders for a	Access to Treatment				
	high burden area.					
Objective 3	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	Data and Evaluation	Opioid fact sheet with high-burden			
	overdose outreach providers.		areas identified, resource mapping of			
			overdose outreach providers, data			
			slide deck for partners			
July 2017	3.3.2 Work with community stakeholders to identify	Naloxone	Training events on UCOOP calendar			
	potential overdose outreach providers and naloxone					
	community training opportunities					
July 2017	3.3.3 Work with community stakeholders to identify	Naloxone	Number of trainings, number of kits			
	populations of increased risk of overdose for targeted		disseminated			
	naloxone education and dissemination					
Ongoing	3.3.4 Identify community trainers to provide naloxone	Naloxone	Number of trainings, number of kits			
	training and disseminate naloxone in high burden areas		disseminated			
Goal IV: I	Goal IV: Improve timeliness of data, surveillance, and evaluation efforts.					
Objective 4	bjective 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	Data and Evaluation	Policy and Procedure Manual for			
	Review Pilot		Opioid Fatality Review Team			
August	4.1.2 Work with community stakeholders to identify	Data and Evaluation	Establish Opioid Fatality Review			
2017	feasibility of piloting a local opioid fatality review	Law Enforcement	Team			
	program, barriers, and community readiness.	Advocacy				
		Access to Treatment				
		Provider and Patient				
		Education				
October	4.1.3 Develop an implementation plan and identify	Data and Evaluation	Opioid Fatality Review Community			
2017	potential resources for an opioid fatality review program.	Law Enforcement	Implementation Plan developed			
	With community stakeholders for a high burden area.	Advocacy				
		Access to Treatment				



Due Date	Activity	Workgroups	Performance Indicator
		Provider and Patient	
		Education	
May 2017	4.1.4 Identify and promote protective factors and increase	Data and Evaluation	Report, number of presentations
	awareness of risk factors in high-burden areas (PNA,	Public Awareness	
	YRBS, BRFSS, other population based surveys)	Advocacy	
May 2017	4.1.5 Establish mechanisms for tracking naloxone	Naloxone	Number of reversals, number of
	distribution and reversals.	Data and Evaluation	naloxone kits
Objective 4	1.2 Increase frequency of surveillance reports in three high-b	urden areas by March 2	2018.
March,	4.2.1 Update number and rate of prescription opioid and	Data and Evaluation	Data table on UCOOP website
June,	heroin deaths quarterly on website and through the	Law Enforcement	ONDCP data presentation
September	Heroin Accountability, Response and Protocol ONDCP		
2017 and	work group.		
March			
2018			
March,	4.2.2 Develop and disseminate quarterly drug monitoring	Data and Evaluation	Data reports
June,	initiative reports to understand and respond to emerging	Law Enforcement	
September	trends that present a danger to public safety and public		
2017 and	health each quarter.		
March			
2018			