

## Proposal Narrative

### 1. Description of the Issue

A recent Centers for Disease Control and Prevention Data Brief, “394: Drug Overdose Deaths in the United States, 1999–2019” reported that drug overdoses resulted in nearly 841,000 deaths from 1999 to 2019 in the United States<sup>1</sup>. The epidemic continues to worsen, with a significant increase in all-drug overdose deaths from 2018 to 2019. Opioid-involved overdoses accounted for over 70% of drug overdose deaths, with increases across age and racial/ethnic groups and urbanization levels<sup>2</sup>.

Despite overdose prevention efforts, the rate of drug overdose deaths increased between 2018 to 2019, from 20.7 per 100,000 to 21.7 per 100,000<sup>1</sup>. In Idaho, data on involvement of specific drug types are likely under-reported as post-mortem toxicology testing is not required in the state. Other Idaho trends point to an alarming increase in opioid misuse in the state. In 2019, an Idaho citizen died every 31 hours because of a drug-induced death caused by illicit, prescription, or over-the-counter drug use<sup>4</sup>. From 2009 to 2019, there were over 2,500 drug-induced Idaho resident deaths. The annual number of drug-induced deaths more than doubled, from 101 deaths in 2009, to 280 deaths in 2019<sup>4</sup>.

Nationally, drug-induced death rates involving heroin, synthetic opioids, and stimulants have climbed sharply since 2010. In 2019, 14% of Idaho’s drug-induced deaths involved heroin and 11% involved synthetic opioids other than methadone<sup>4</sup>. During the same year, 35% of Idaho’s drug-induced deaths involved psychostimulants, including methamphetamine, and 14% of deaths involved benzodiazepines<sup>4</sup>.

While the drug overdose rate in Idaho is less than the 2019 national average of 21.7 per 100,000 population, the opioid prescribing rate is higher than the national average. A CDC study of retail opioid prescription data shows that in 2019, the opioid prescribing rate for Idaho was 68.9 per 100 persons compared to a national average of 46.7 per 100 persons<sup>5,6</sup>.

In response to the growing problem in Idaho, several initiatives and legislative changes have occurred. In 2017, the Idaho Office of Drug Policy convened a diverse stakeholder workgroup and implemented the Idaho Opioid Misuse and Overdose Strategic Plan 2017-2022. This strategic plan identifies four key goal areas that address the epidemic in a comprehensive, multi-faceted approach to support the plan's 2022 vision of "A safe and healthy Idaho, free of opioid misuse and untreated opioid use disorders". In 2019, Idaho's Governor created the Opioid and Substance Use Disorder Advisory Group, which provided recommendations to the Governor on evidence-based prevention and recovery initiatives to be implemented in the state.

The Idaho Prescription Drug Monitoring Program (PDMP) was established by state statute in 1997 and is administered by the Idaho Board of Pharmacy. As of July 1, 2018, information on the dispensing of opioid antagonists, such as naloxone, the opioid antagonist used for the reversal of opioid overdose, is also maintained in the PDMP. According to the Idaho PDMP, there were 69 opioid prescriptions per 100 individuals and 2 naloxone prescriptions per 100 individuals in 2019. Beginning October 1, 2020, providers are required in the state of Idaho to check the PDMP prior to issuing an opioid or benzodiazepine prescription that is for more than a 3-day supply.

In 2019, the Idaho Division of Public Health's Drug Overdose Prevention Program (DOPP) applied for and received the Overdose Data to Action (OD2A) grant from the Centers for Disease Control and Prevention to: increase comprehensiveness and timeliness of surveillance data; improve data collection; build state and local capacity for public health programs through

evidence-based practices, increase ease of Prescription Drug Monitoring Programs (PDMPs) use and access; work with health systems, insurers, and communities to improve opioid prescribing; provide linkages to care; build relationships with first responders; and empower individuals to make safer choices. With OD2A funding, DOPP increased access to surveillance data, including suspected overdose visits to the emergency department and EMS runs of suspected overdoses. DOPP has also worked with county coroners to improve comprehensive death certificate data for reporting to the CDC through the SUDORS system.

In 2020, the Idaho Division of Behavioral Health applied for and was awarded the State Opioid Response grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This funding is being used to: improve recovery support; increase access to Medication-Assisted Treatment; distribute prescriber reports; and increase the use of naloxone.

Despite these efforts, Idaho continues to experience challenges due to limited funding, a limited workforce and widespread stigma surrounding substance use.

In a 2019 survey of Idaho high school students, over 14% of respondents reported taking a prescription drug without a physician's prescription at least once during their lifetime<sup>3</sup>. In addition, over 78% of drug overdose deaths were deemed "accidental". Properly disposing of unused medication decreases the risk of misuse and overdose. Idaho has permanent prescription drug drop boxes in 43 of 44 counties across the state. Increased capacity of permanent drug drop boxes provides additional opportunity to safely dispose of prescription drugs and reduce the risk of drug misuse.

In April 2018, the United State Surgeon General released an advisory to increase the availability and targeted distribution of naloxone as a critical component of efforts to reduce opioid-related

overdose deaths. Starting in 2021, naloxone for Idaho organizations will be requested through the Idaho Department of Health and Welfare and distributed through the Idaho Harm Reduction Project. However, naloxone is not widely available in the state, especially in rural counties. In addition, education on how to administer naloxone is sporadic due to local public health district capacity.

In 2018, Project ECHO (Extension for Community Healthcare Outcomes), an evidence-based technology-enabled collaborative learning model, was launched through the University of Idaho. The purpose of Project ECHO is to build capacity among Idaho providers to manage chronic pain and engage in treatment of opioid use disorder. Through funding Project ECHO with the BJA COAP grant, the organization has held over 50 “Opioids, Pain and Substance Use” educational sessions for providers. In addition to these continuing medical education opportunities, Project ECHO Idaho hosts bi-annual DATA 2000 MAT Waiver trainings for eligible providers in the state. Through funding Project ECHO with the BJA COAP grant, over 100 Idaho providers have completed the eight-hour hybrid training to qualify for a MAT waiver.

In 2020, Idaho Department of Health and Welfare (DHW) collaborated with Tufts University to analyze opioid overdose vulnerability through a variety of data sources, such as fatal and non-fatal overdose rates, infection disease rates, and the location of harm reduction and treatment services. Through this analysis, the group identified counties in Idaho most vulnerable to opioid overdose, as well as provided a visual representation of gaps in services. DHW plans to use this assessment moving forward to target prevention and response efforts.

References:

1. Holly Hedegaard, M.D., Arialdi M. Miniño, M.P.H., and Margaret Warner, Ph.D. Drug Overdose Deaths in the United States, 1999–2019. NCHS Data Brief, no 394.
2. Mattson CL, Tanz LJ, Quinn K, Kariisa M, Patel P, Davis NL. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. MMWR Morbidity Mortal Weekly Rep 2021; 70:202–207.
3. Centers for Disease Control and Prevention. Youth Behavioral Risk Survey, Idaho Results, 2019.
4. Idaho Bureau of Records and Health Statistics. Idaho Vital Statistics Mortality Data, 2019
5. Centers for Disease Control and Prevention. U.S. Opioid Dispensing Rate Maps, 2019.
6. Idaho Board of Pharmacy. Idaho Prescription Drug Monitoring Program Data Dashboard, 2019.

## 2. Project Design and Implementation

The Idaho Department of Health and Welfare (DHW) is proposing six projects under *Category 2: State Applicant* of this solicitation. The aim of these projects will be to increase naloxone access, education, and distribution; coordination and expansion of take-back programs; access to medication-assisted treatment through provider and public safety education; and evaluation of DHW's naloxone distribution efforts to vulnerable populations.

**Idaho's Seven Public Health Districts** – *Allowable uses: (1) naloxone for law enforcement and first responders and (2) Identifiable and accessible take-back programs for unused controlled substances found in the home and used by hospitals and long-term care facilities.*

Idaho has seven local public health districts (PHDs), each serving four to eight counties in urban, rural, and frontier regions of the state. As independent agencies, Idaho's PHDs are primary outlets for public health services. Through subgrants in years one, two and three, the seven local public health districts will promote the availability of naloxone to individuals at risk of an opioid overdose as well as to organizations interacting with these individuals. The Idaho Department of Health and Welfare (DHW) will work with the seven local public health districts to produce a naloxone training presentation template. This training template will be used by each health district to educate audiences on the availability of naloxone, opioid overdose warning signs, how to administer naloxone, and the Idaho Good Samaritan Law. Target audiences for these trainings will include law enforcement, EMS, Fire, and other organizations interacting directly with individuals at risk of an opioid-related overdose such as recovery and crisis centers, criminal justice agencies, emergency departments, shelters, and safer syringe programs. Trainings will also be targeted to organizations reaching at-risk populations residing in high vulnerability

counties in each health district as identified by the Idaho Opioid Vulnerability Assessment. During these trainings, audiences will also be connected to naloxone.

The seven PHDs will also promote take-back locations and events for unused controlled substances within their districts. In each year of the grant, health educators at the PHDs will work with established and new partners within law enforcement to promote and organize permanent take-back locations as well as two take-back events within their communities. Efforts will be targeted towards at-risk populations residing in high vulnerability counties as identified by the Idaho Opioid Vulnerability assessment. DHW will develop an implementation manual for the seven PHDs to use in carrying out the COSSAP funded subgrant deliverables within the first six months of the grant. In addition, an annual summary report of the deliverable outcomes and accomplishments will be required from each public health district.

**Naloxone Distribution** – *Allowable uses: Naloxone for law enforcement and first responders.*

Access to emergency pre-hospital care, including the provision of naloxone, is important. The National Drug Control Strategy has called for equipping first responders to recognize and manage overdoses, and the Office of National Drug Control Policy has stated that naloxone should be in the patrol cars of every law enforcement professional across the nation.

Additionally, the Surgeon General advisory from 2018 recommended that patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose should know how to use naloxone and to keep it within reach to save a life.

The Idaho Department of Health and Welfare (DHW) proposes to continue naloxone distribution to organizations interacting directly with individuals at risk of an opioid-related overdose, including law enforcement and first responders, currently funded under the BJA COAP award 2018-PM-BX-K123 ending September 30, 2021. Naloxone and naloxone storage materials will be purchased and distributed through the Idaho Harm Reduction Project (IHRP) to requesting organizations. Overdose rescue kits will be purchased and distributed by the seven local public health districts (PHDs) in collaboration with IHRP. Opioid overdose and response trainings provided by the seven PHDs will be encouraged for all organizations requesting naloxone. Organizations that request naloxone will be asked to provide monthly reports on naloxone re-distribution, administrations, and overdose reversals. Naloxone distribution will be targeted towards organizations that work in counties in each public health region with high opioid vulnerability scores as identified in the Idaho Opioid Vulnerability Assessment. The seven PHDs and IHRP have a good working relationship in providing naloxone distribution and education to their districts across the state.

**Drug-Take Back Materials** – *Allowable uses: Identifiable and accessible take-back programs for unused controlled substances found in the home and used by hospitals and long-term care facilities.*

Medicine take back options are the best way to safely dispose of unused or expired prescription and over-the-counter medicines, including controlled substances. Although Idaho has made progress in decreasing prescribing rates over the last decade, Idaho remains above the national average for opioid prescriptions. The Idaho Department of Health and Welfare (DHW) proposes to fund the purchase and implementation of permanent drug-take back boxes, to increase access and use of safe drug disposal options in high-risk regions of the state. Regions will be targeted



and selected for drug-take back boxes or other safe-disposal materials based on the geographic data of high-prescribing rates, access to current drop-box locations, and high opioid vulnerability scores as identified in the Idaho Opioid Vulnerability Assessment. In year one, regions throughout the state will be identified for permanent take-back locations. The installation and promotion of drug-take back boxes at permanent locations and other safe disposal materials will also be implemented. Years two and three of the grant will focus on promoting and maintaining the availability of drug-take back boxes and other safe disposal materials to high risk regions. The promotion of permanent drug take-back locations and organizing of take-back events will be carried out by the seven local public health districts within their regions. Promotions of take-back locations and events may include social media, print, or traditional media buy awareness tactics.

**MAT Education Toolkit** – *Allowable uses: Evidence-based treatment such as medication-assisted treatment (MAT) as well as recovery support services including transitional or recovery housing and peer recovery support services.*

Medication-Assisted Treatment (MAT), which combines pharmacologic and non-pharmacologic treatment methods, is an evidence-based treatment method for patients with opioid use disorder (OUD). As OUD diagnoses continue to rise, treatment availability must follow suit. Idaho has approximately 300 providers that are X-waivered to prescribe medications for opioid use disorder (MOUD), however many do not use their waiver and there are gaps in access to treatment across the state. To increase the MAT treatment capacity, the Idaho Department of Health and Welfare (DHW) proposes to fund a MAT education toolkit, that will present informative audio and visual materials that increase provider confidence in prescribing medications for opioid use disorder (MOUD). DHW will produce three, short educational videos

that introduce concepts such as the pharmacologic properties of MOUD, the neurological effects of substance use, and the clinical buprenorphine induction process. To supplement the short videos, informational handouts will be developed, and subject matter will be expanded upon for complete understanding of the scope of the topic. From October 1, 2021 to April 30, 2023, DHW will work with an addiction medicine physician to ensure all educational materials are scientifically sound, and the state-contracted media marketing vendor to produce the educational materials. From May 1, 2023 to September 30, 2024, DHW will focus on updating informational handouts, as well as heavily marketing the existing materials. The toolkit will be marketed through online and in-person channels, such as provider education networks, local and regional provider groups, and Idaho Board's communications. Informational handouts will be available through digital and print formats. Educational material dissemination will be targeted towards the Idaho counties that have limited or no providers that prescribe MOUD. As identified from the Idaho Opioid Overdose Vulnerability Assessment, five of Idaho's counties contain no buprenorphine prescribers but had high opioid overdose death rates. The identified counties are primarily rural and have limited accessibility to medical services, requiring more than a two-hour round-trip drive to access MOUD treatment. Overall, there is a continued need for MAT education and technical assistance. DHW's produced educational materials will address provider fears and misconceptions surrounding MAT services and will result in increased confidence and prescribing of MOUD.

**Project ECHO Idaho** – *Allowable uses: Evidence-based treatment such as medication-assisted treatment (MAT) as well as recovery support services including transitional or recovery housing and peer recovery support services.*

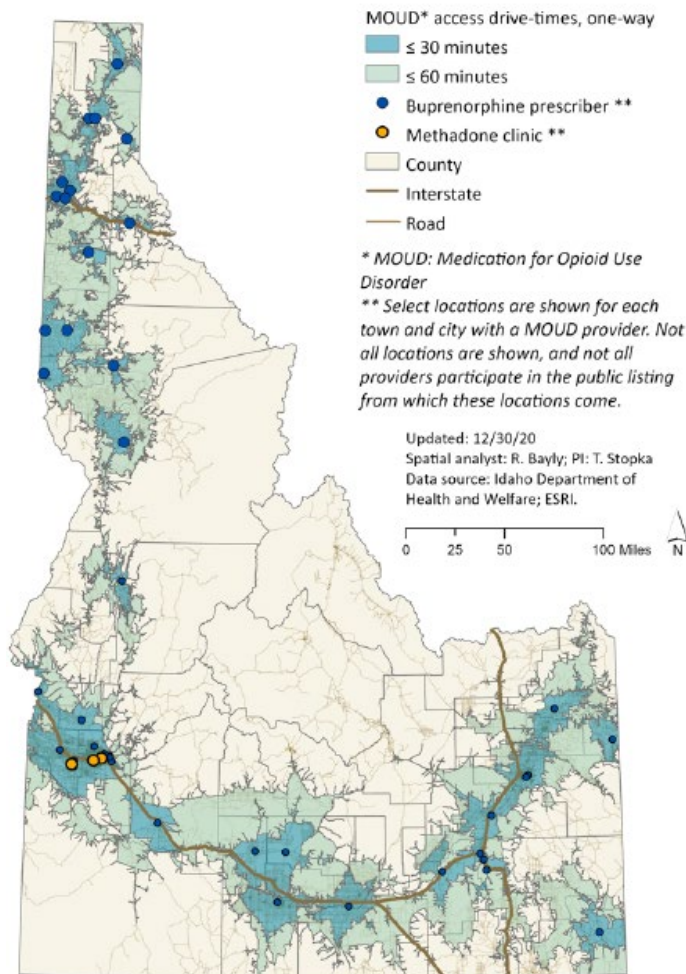
The University of Idaho's Project ECHO (Extension for Community Healthcare Outcomes) is an evidenced-based strategy to increase the capacity of the local workforce to improve lives for patients and providers, especially those in rural and underserved communities. Significant gaps in workforce training and knowledge on medications for opioid use disorder (MOUD) and substance use disorder (SUD) prevention, screening, and treatment continues to be a barrier for Idahoans accessing care. Since 2018, DHW has funded MAT X-waiver trainings for Idaho prescribers. However, there are still eighteen counties with no buprenorphine prescribers and five with high overdose rates and no prescribers. Further, an opportunity exists to build the capacity of Idaho's health care workforce to offer MOUD treatment and enhance best practice care for the complex health needs facing underserved populations at higher risk for substance use disorders. Healthcare professionals in Idaho have requested additional training opportunities to help advance their knowledge in these areas. An opportunity exists for ECHO Idaho to provide education and training that is culturally resonate and locally tailored for Idaho's rural and frontier communities through enduring, asynchronous learning opportunities.

The Idaho Department of Health and Welfare (DHW) will subgrant with ECHO Idaho to provide funding for ECHO Idaho's podcast and rural outreach events to strengthen rural engagement in MOUD/SUD education among providers. DHW will assist ECHO Idaho in identifying vulnerable counties for outreach efforts. The podcast series, "Something for the Pain", focuses on the latest trends, best-practices and existing resources for opioid and substance use disorder prevention, treatment and recovery in Idaho (<https://www.uidaho.edu/academics/wwami/echo/podcast>). This educational format enables Idaho's busy medical professionals to engage with content developed in previous ECHO Idaho SUD sessions and earn free continuing education (CE) credits. Resources supporting ECHO

Idaho's podcast project will end September 1, 2021 with only 6 episodes created. However, more content exists to produce additional podcast episodes focused on MOUD/SUD care. ECHO podcasts are designed specifically for Idaho's unique populations and workforce needs which will significantly build capacity to overcome barriers to care and reach populations at higher risk, who are underserved, and/or disproportionately affected by OUD/SUD and disseminate best practices to increase access to treatment in the state.

Much is unknown about healthcare professionals' educational needs, existing practice habits, and barriers for providing MOUD/SUD care in Idaho. This lack of understanding makes it difficult for policy makers and other stakeholders to design interventions to advance MOUD/SUD care. Further, ongoing evaluation is needed to support continuous quality improvement of ECHO's MOUD/SUD educational interventions to ensure desired impacts and outcomes are being achieved. Therefore, DHW will also subgrant with Project ECHO to assess the efficacy of ECHO Idaho MOUD/SUD educational activities to improve Idaho's health professionals' knowledge, skills, and confidence to provide OUD/SUD care. Project ECHO will produce a final written report of the assessment findings to DHW and will be shared with stakeholders in the Idaho Opioid Misuse and Overdose Strategic Plan and BJA.

**Priority Considerations:** The Idaho Opioid Vulnerability Assessment completed in January 2021, highlighted the state's gaps in access to treatment providers, facilities, and emergency medical services. Methadone maintenance access was limited to clinics in two southwestern Idaho cities, Boise and Nampa. Additionally, GIS analysis focused on access to MOUD providers indicates that large regions of Idaho have very limited accessibility, requiring more than a two-hour round-trip drive to access MOUD treatment (Figure 13).



**Figure 13. MOUD access by drive-time, Idaho, 2020**

**Potential Barriers:** Potential barriers may be encountered in establishing new permanent take-back locations in counties that have high opioid vulnerability scores. Challenges in establishing permanent take-back locations include lack of interest with local law enforcement and pharmacies to host a drop-box as well as logistical and cost barriers for transportation and final disposal of collected drugs in rural and frontier counties. To overcome these barriers, the Idaho Department of Health and Welfare (DHW) will work with the local public health districts (PHDs) to engage with local law enforcement and pharmacies in their districts. The PHDs will be provided with technical assistance and support regarding counties with high opioid

vulnerability scores and locations without permanent drug take-back boxes. DHW will also collaborate with the Idaho Office of Drug Policy, who has done this type of work in the past. Additional barriers that may be encountered include resistance to uptake of naloxone distribution and trainings within law enforcement and other first responders. The PHDs have been establishing relationships with public safety in their districts to assist in overcoming this resistance and are continuing to reach out to address their concerns and educate on the importance of naloxone. A third barrier that may be encountered is in engaging Idaho providers in the assessment of Project ECHO's MOUD/SUD educational activities. Historically it has been a challenge to gather feedback from medical providers. To help overcome this barrier, Project ECHO proposes to utilize a University of Idaho evaluation team with extensive experience leading medical educational needs assessments and evaluations.

**Evaluation:** Demand for naloxone distribution to organizations and individuals throughout Idaho has continued to outpace supply since 2018. Additionally, reports of opioid-related overdoses involving fentanyl have increased over the past year. The Idaho Department of Health and Welfare (DHW) anticipates an increased need for naloxone distribution to the most vulnerable counties and individuals. Therefore, DHW proposes to conduct an independent evaluation of the naloxone distribution project activity under this grant. An independent evaluation of naloxone distribution, in Idaho's most vulnerable counties, will provide meaningful insights into whether naloxone is accessible to and reaching populations at highest risk of opioid-related overdose.

In year one, DHW will contract with a third-party evaluator through a competitive-bid process to assess naloxone distribution effectiveness, gaps, and needs across the state. In year two of the grant, the evaluator will work with DHW, the Idaho Harm Reduction Project (IHRP), and the seven public health district (PHD) project sites involved with naloxone distribution to

identify the project site's vulnerable counties, high opioid prescribing rates, and current naloxone distribution and education activities. Aggregate and de-identified data on opioid prescription rates will be provided by DHW and data on counties with high opioid vulnerability scores will be gathered from the Idaho Opioid Vulnerability Assessment. Naloxone distribution and educational activity information will be gathered from IHRP and the PHDs. A final evaluation report and geo-map summarizing Idaho's current naloxone distribution efforts and effectiveness will be provided to DHW in year two of the grant. In year three, the evaluation report results will be shared with IHRP and the seven PHDs. Naloxone education and distribution efforts will be informed by the evaluation and continuous improvements will be implemented in year three. This project evaluation is intended only to generate internal improvements to DHW's naloxone distribution program.

#### **Proposed Project Sites:**

The Idaho Department of Health and Welfare (DHW) is proposing a total of seven implementation project sites. Each of the seven public health districts (PHDs) in Idaho will serve as a project site. The public health districts are the primary outlets for public health services in their counties. Through CDC's Overdose Data to Action (OD2A) grant, the seven PHDs have established working relationships with public safety partners, including law enforcement, within their districts. Each district will be able to respond to local needs in providing services that may vary from district to district. None of the selected implementation project sites are current BJA COAP- or COSSAP-funded sites. Additionally, at least five vulnerable counties will be identified for implementation of targeted project efforts in the MAT Education Toolkit and Project ECHO Idaho activities. Marketing and outreach efforts will be statewide, but these five counties will be targeted heavily. These counties will be selected in year one using a combination

of data from the Idaho Opioid Vulnerability Assessment and the PDMP advanced analytics data. The vulnerability assessment identifies counties at high-risk of opioid overdose morbidity and mortality based on access to and capacity of MOUD, naloxone, and harm reduction and support services. Advanced analytic data will become available in the fall of 2021 and will also help identify counties where there are gaps in buprenorphine prescriptions.

DHW will assist the PHD implementation sites with training needs by hosting a kick-off call at the start of the subgrant and providing an implementation manual and resources for completing project deliverables. Ongoing training and technical assistance will also be provided through a series of monthly peer-to-peer subgrant meetings with all seven PHDs. Performance data will be collected from the sites through quarterly subgrant monitoring reports that detail progress made on deliverables and required performance measures. DHW will provide subgrant monitoring and oversight through quarterly subgrant monitoring reports, monthly subgrant meetings, and monthly invoice submissions with personnel and operating expenditures. Finally, each PHD will be required to submit an annual summary of their activities and accomplishments under this grant at the end of each year and budget two staff to attend the two national meetings.

### **3. Capabilities and Competencies**

The grant will be managed by the Drug Overdose Prevention Program (DOPP) located in the Center for Drug Overdose and Suicide Prevention (CDOSP) in the Division of Public Health at the Idaho Department of Health and Welfare (DHW). A detailed organizational chart and staff resumes are included as a separate attachment. The program will work closely with the Idaho Public Health Districts, Project ECHO Idaho, the Idaho Safer Syringe Program, the Idaho Division of Behavioral Health, and other stakeholders identified through the Idaho Opioid



Misuse and Overdose Strategic Plan. Additionally, DHW agrees to work closely with any BJA designated TTA provider(s) as well as an evaluator.

**Program Manager:** Caroline Messerschmidt will be responsible for coordinating and managing the overall operation of the program. Responsibilities include programmatic budget oversight, determination of program activities, coordination with other agencies, contract/sub-grant development and monitoring, providing technical assistance with content knowledge, oversight of staff performance, and ensuring program compliance with policies and procedures. Time dedicated to overall project coordination of this grant will be 10 hours per week.

**Health Program Specialist:** Kristen Raese's responsibilities include contract and subgrant development and monitoring, providing technical assistance to all contractors/subgrantees, coordination with other program partners, monitoring of program budgets, meeting facilitation and record keeping, and assistance with other programmatic activities as needed. She has experience working with all seven public health districts and Project ECHO in opioid overdose prevention and education subgrants.

**Health Program Specialist:** Sarah Buchanan's responsibilities include contract development and monitoring, providing technical assistance to all contractors, coordination with other program partners, monitoring of program budgets, meeting facilitation and record keeping, and assistance with other programmatic activities as needed. She has experience working with the state's contracted media marketing vendor for opioid-related education projects for the general public and healthcare providers.

**Administrative Assistant:** Elaine Arterburn's responsibilities include records management, contract documents generation, payment of bills and bookkeeping, correspondence, arranging travel, and other general office duties.

**Center Manager:** Palina Louangketh's responsibilities include providing direction and leadership; managing fiscal resources; ensuring coordinated and integrated management of contracts and grants; ensuring program quality, integrity, and compliance with state and federal program requirements; maximizing use of program resources to support program quality; and seeking opportunities for partnerships.

**Idaho's Public Health Districts:** Integration of state and local prevention and response efforts has been key to DHW's success in combatting various public health problems. The state has seven public health districts that work closely with DHW and specifically with DOPP's Health Program Specialist. Each district has a dedicated overdose focused health educator using funding from the CDC's Overdose Data to Action grant.

**Project ECHO Idaho:** DOPP has worked with ECHO Idaho since 2018 to increase provider capacity in rural and frontier Idaho for treating substance use disorder through DATA 2000 waiver trainings. ECHO Idaho has provided continuing education through ongoing and limited learning collaboratives covering topics in opioid use and pain, and medication-assisted treatment prescriber training.

**Idaho Harm Reduction Project:** DOPP and the Idaho Harm Reduction Project (IHRP) have worked together to distribute naloxone to law enforcement and other first responders throughout Idaho since March 2021. IHRP has regularly partnered with DOPP health educators at Idaho's public health districts to provide overdose prevention, recognition, and response training to organizations who work with substance users.

**Idaho Office of Drug Policy:** The Idaho Office of Drug Policy and DOPP work together through monthly meetings and the Idaho Opioid Misuse and Overdose Strategic Plan to move

forward efforts in opioid misuse prevention including prescription drug take-back events and locations.

**4. Plan for Collecting the Data Required for this Solicitation’s Performance Measures**

The Idaho Department of Health and Welfare (DHW) agrees to collect and enter the performance measures of the grant through reporting in the BJA Performance Measurement Tool (PMT) and JustGrants platforms as required under this grant. Performance measure data will be collected by DHW through quarterly monitoring reports of the PHDs and Project ECHO Idaho. Additional naloxone data will be collected through monthly invoices and distribution reports from the Idaho Harm Reduction Project and Safer Syringe Program. There may be a barrier in gaining access to accurate data on the pounds of controlled substances collected and disposed of at take-back locations installed through this grant funding. DHW will address this barrier by attempting to calculate the percentage of controlled substances collected from the overall pounds of prescription drugs received and disposed of at one take-back location. This percentage will then be used to calculate the estimated pounds of controlled substances received and disposed of at all take-back locations funded. DHW will also collaborate with the Idaho Office of Drug Policy, whom has previous experience collecting data from permanent drug take-back locations as well as drug take-back day events.

The performance measures identified below will be collected from subgrantees and project sites for ensuring progress towards program goals, objectives, and deliverables.

	<b>Performance Measure</b>	<b>Data Source</b>	<b>Frequency</b>	<b>Responsible Party</b>
1a	Number of naloxone trainings.	Quarterly monitoring report	Quarterly	PHDs
1b	Types of individuals that received naloxone trainings.	Quarterly monitoring report	Quarterly	PHDs
1c	Number of individuals reached through naloxone trainings.	Quarterly monitoring report	Quarterly	PHDs

1d	Method of delivery for naloxone trainings.	Quarterly monitoring report	Quarterly	PHDs
1e	Number of take-back events coordinated/participated in with law enforcement.	Quarterly monitoring report	Quarterly	PHDs
1f	Pounds of controlled substances recovered from take-back events.	Drug Enforcement Agency & local law enforcement	Quarterly	Idaho Office of Drug Policy/PHDs
2a	Number of naloxone kits purchased.	Monthly invoice	Monthly	IHRP & SSP
2b	Number of overdose kits purchased.	Monthly invoice	Monthly	IHRP & SSP
2c	Number of vulnerable counties reached.	Monthly distribution report	Monthly	IHRP & SSP
3a	Number of permanent drop-boxes purchased.	Monthly invoice	Monthly	DOPP
3b	Pounds of controlled substances received at permanent take-back locations.	Drug Enforcement Agency & local law enforcement	Annual	Idaho Office of Drug Policy/Local law enforcement
3c	Pounds of controlled substances disposed of.	Drug Enforcement Agency & local law enforcement	Annual	Idaho Office of Drug Policy/Local law enforcement
4	Number of MAT education toolkits distributed/downloaded.	Distribution report	Monthly	DOPP Project Coordinator
4	Number of marketing platforms promoting MAT education toolkit.	Distribution report	Monthly	DOPP Project Coordinator
4	Number of MAT educational video views.	YouTube analytics reports	Annual	DOPP Project Coordinator
5a	Number of podcasts produced.	Quarterly monitoring report	Quarterly	Project ECHO
5b	Number of podcast downloads.	Quarterly monitoring report	Quarterly	Project ECHO
5c	Number of outreach events to vulnerable counties.	Quarterly monitoring report	Quarterly	Project ECHO
5d	Number of ECHO Idaho MOUD.SUD educational activities assessed.	Quarterly monitoring report	Quarterly	Project ECHO
6a	Type of data captured for evaluation.	Meeting notes	Annual	DOPP & Third-party evaluator