

The subcommittee goals align with the NCW Opioid Collaborative goals and the 2017 WA State Interagency Opioid Working Plan goals:

- 1) to prevent opioid/heroin abuse in communities.
- 2) to link individuals with opioid/heroin use disorder to treatment support services.
- 3) to enhance recognition of opioid/heroin addiction.
- 4) to increase knowledge and awareness of opioid/heroin treatment opportunities.

Inputs	Strategies	Reach	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
To accomplish our strategies, we will need:	To make improvements or address existing health problems, we will:	Our strategies target the following audience(s):	Once accomplished, we expect to produce the following evidence or service delivery:	Expected changes in 1 – 3 years: (often related to learning)	Expected changes in 4 – 6 years: (often related to actions)	Expected changes in 7 - 10 years: (often related to conditions)
<ul style="list-style-type: none"> Commitment by agency partners and individual subcommittee members to time & subgroup team work efforts. Commitment from current Opioid Collaborative agencies (and any additional agencies), including NCACH, to support subgroup strategies and evaluation processes. Additional partners to support subcommittee efforts. Healthcare agency and MCO participation in data collection. Identified target audiences for messages/education. Messages that align with audience needs (culture, literacy level, age range, behavioral changes needed) Communication/messaging methods, systems, processes and partnership with media Partnerships with media to support message distribution. Align metrics. Develop a 	<p>Define data points and ID existing data sources.</p> <p>Mine available data to identify target audiences and target locations, collecting as appropriate:</p> <ul style="list-style-type: none"> age gender ethnicity address service date diagnostic codes rx providers rx distribution #s subjective beliefs and habits about drugs, particularly opioids jail, law enforcement, court data <p>Develop an inventory of available opioid-related educational materials, including an assessment of audience appropriateness and content accuracy.</p> <p>Identify gaps in opioid-related knowledge of practitioners and community members (both adults and youth).</p> <p>Develop messaging campaign for each specific audience.</p> <p>Consider individual audiences</p>	<p>Adult community members (> age 20) identified as opioid abusers.</p> <p>Adults with new opioid prescriptions or opioids already in the home at risk for misuse by self or diversion by youth or others in the home.</p> <p>Incarcerated adults and youth needing opioid-related support (via Medication Assisted Program (MAT)).</p> <p>Current and recovering opioid addicts.</p> <p>Mentally ill and homeless populations.</p> <p>All youth <ID age ranges>.</p> <p>Elderly opioid users.</p> <p>Parents, Family and Caregivers.</p> <p>Medical prescribers (MD, PA, NP, DDS)</p>	<p>Accurate assessment of</p> <ul style="list-style-type: none"> Target audience education and messaging needs and gaps. Target audience awareness <p>Targeted community information campaign.</p> <p>Targeted continuing medical education.</p>	<p>By _____, complete a 4 – county assessment to identify opioid-related education gaps, barriers & service options.</p> <p>By _____, implement a targeted campaign of provider and community education.</p> <p>By _____, launch a regional website of opioid-related educational materials and resources.</p> <p>By _____, launch a school based program of opioid-related curriculum.</p>	<p>Evidence of:</p> <ul style="list-style-type: none"> Increased resources mobilized & targeted on opioid-related support. Long-term prevention strategies & interventions are established. Increased referral & utilization of opioid-related services. 	<p>Reduce incidence of opioid misuse in NCW.</p> <p>Evidence of:</p> <ul style="list-style-type: none"> Decreased number of people requiring opioid-related healthcare support. Decreased number of people receiving opioid prescriptions.

<p>data repository & data collection process.</p> <ul style="list-style-type: none"> • Maintain/develop national, state & local communication linkages. • 2017 WA State Interagency Opioid Working Plan. • Relationship with Dr. Robert Bree Collaborative. • Interagency Guideline on Prescribing Opioids for Pain (2015, AMDG). • Relationship with Substance Abuse and Mental Health Services Administration (SAMSHA). • Funding sources to offset strategy and evaluation expenses. 	<p>language & cultural differences, age, access barriers, income level, and other social determinants of health in message development & delivery.</p> <p>Develop marketing measurement – find out how individuals access the information.</p> <p>Explore and implement ongoing and sustained drug-related school education programs.</p> <p>Explore and implement ongoing and sustained competency-based healthcare provider education content.</p> <p>Develop sustainability plan for select strategies (funding, content updates, trained staff rollover, etc.)</p> <p>Use/expand WIN 211 system content for community and healthcare provider use.</p>	<p>responsible for prescribing, oversight and patient and family education.</p> <p>Healthcare institutions and non-prescribing healthcare professionals (RN, MA) responsible for identifying/assessing at risk patients.</p> <p>Emergency Room providers/staff responsible for opioid-related emergency care and coding.</p> <p>Pharmacists and Pharmacies</p> <p>Therapists</p> <p>School Nurses and School Districts</p> <p>Mental Health Counselors and Therapists</p> <p>Social Service Providers and Agencies</p> <p>Treatment Providers</p>				
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