



# BUDGET DEEP-DIVE INTO OPIOID OUTREACH EFFORTS

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE  
STAFF: RUSSELL FRANSEN

ISSUE BRIEF

## SUMMARY

The State of Utah has experienced between 236 to 326 prescription opioid deaths annually in the last ten years. In Utah opioid outreach efforts are taking place in two categories: (1) supply and (2) users. To address the user side of opioids, the Department of Health reports that the state: “Implements public awareness efforts focused on opioid risk, overdose signs, naloxone, and safe use, storage, and disposal, hard reduction services such as syringe exchange, disease prevention and naloxone, data collection to identify risk and protective factors to inform prevention efforts, and development and dissemination of educational materials.” To address the supply side of opioids, the Department of Health reports that state: “Promotes permanent drop box locations, monitors data related to drug diversion, promotes use of the controlled substance database and prescribing guidelines, and is developing clinical decision-making tools within the controlled substance database.” The Legislature may want to consider taking additional action steps to address the use of opioids.

## LEGISLATIVE ACTION

1. The fiscal analyst recommends during the next General Session the Legislature consider moving the \$250,000 ongoing General Fund beginning in FY 2018 for opioid abuse, misuse, and overdose prevention within the Department of Health’s Disease Control and Prevention line item from the Health Promotion program to the Opiate Overdose Outreach Pilot Program. The pilot program has more specific statutory direction for how the funds are to be used.
  - a. **Agency Response:** “We disagree with this recommendation. Discretion is necessary to identify priorities that funding should go towards, which can change from year to year based on factors such as data, other funding sources, and stakeholder efforts.”
2. The fiscal analyst recommends that the Social Services Appropriations Subcommittee consider passing the following motion: The Social Services Appropriations Subcommittee intends that the Department of Health consult with the Public Employees Health Plan on its five changes made regarding opioid prescribing policies. The Department of Health shall report to the Office of the Legislative Fiscal Analyst by October 1, 2017 on whether the department should do something similar in Medicaid for all changes, a proposed timeline for implementation, and the reasons for pursuing or not pursuing each change taken by the Public Employees Health Plan.
  - a. **Agency Response:** “We agree with this recommendation. The Division of Medicaid will consult with the Public Employees Health Plan and report to the Office of the Legislative Fiscal Analyst on potential changes.”

## DISCUSSION AND ANALYSIS

The discussion regarding opioid outreach efforts has the following sections below. Each section has a brief discussion of the question.

1. What are we attempting to accomplish?
2. How do we know if we are successful?
3. How are we organized?
4. What are we buying and how are we paying for it?
5. What non-governmental sources are involved?
6. How is Utah addressing the supply side of opioids?
7. What are some additional interventions in other states?

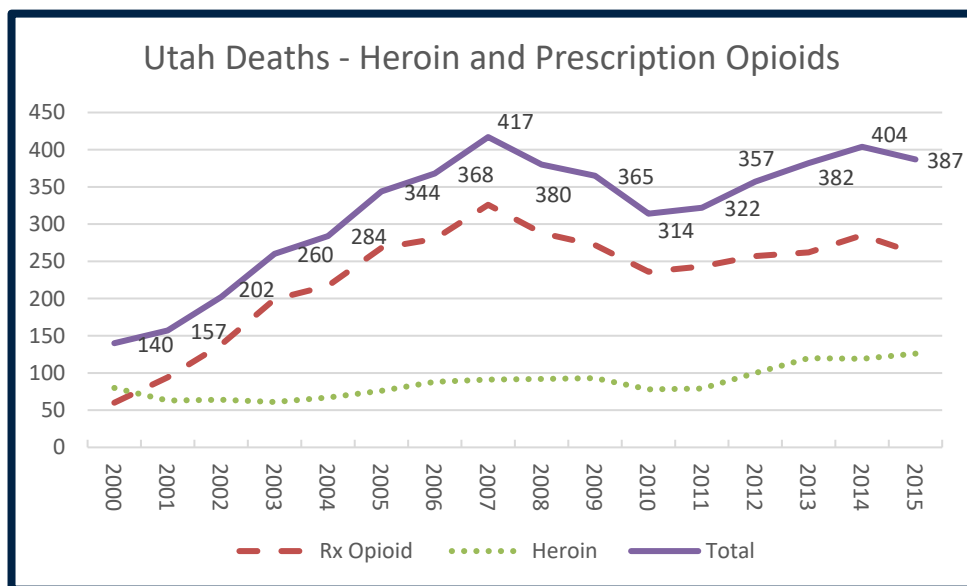
## What are we Attempting to Accomplish?

Utah law directs the Department of Health to do the following regarding health promotion and risk reduction (*emphasis added*):

- [UCA 26-1-30](#) (9) “establish and operate programs necessary or desirable for the promotion or protection of the public health and the control of disease or which may be necessary to ameliorate the major causes of injury, sickness, death, and disability in the state, *except that the programs may not be established if adequate programs exist in the private sector.*”
- [UCA 26-7-1](#) “The department shall identify the major risk factors contributing to injury, sickness, death, and disability within the state and where it determines that a need exists, educate the public regarding these risk factors, and the department may establish programs to reduce or eliminate these factors *except that such programs may not be established if adequate programs exist in the private sector.*”

Each statutory citation limits the establishment of government programs to instances where programs in the private sector are inadequate.

## How do we Know if we are Successful?



If the number of prescription opioid deaths are decreasing, then outreach efforts may be a contributing factor. The Department of Health states that: “From 2013 to 2015, Utah ranked 7th highest in the nation

for drug overdose deaths.” Heroin-related deaths may be also an indicator of prescription opioid problems. Below is a graph of the trend in prescription opioid and heroin deaths in Utah:

The Department of Health believes that the decline in deaths from 417 in 2007 to 314 in 2010 was due to “comprehensive, multi-agency efforts that involved the development of prescribing guidelines, implementation of prescriber education, data collection and risk factor analysis, and public awareness through legislative funding.” For the increase in deaths from 314 in 2010 to 404 in 2014, the Department of Health believes that this increase was due to a lack of coordinated efforts due to limited funding.

### ***How are we Organized?***

The Department of Health implemented the [Utah Coalition for Opioid Overdose Prevention](#) (UCOOP) to coordinate the efforts by many entities to address opioid abuse. The Department of Health indicates that: “The following are the primary agencies that participate in UCOOP: Legislators, Utah Department of Health, Utah Department of Human Services Division of Substance Abuse and Mental Health, Utah Department of Commerce Division of Occupational and Professional Licensing, Utah Department of Public Safety, Intermountain Healthcare, Utah Addiction Center, Local Health Departments, Local Substance Abuse Authorities, Utah Poison Control Center, Utah Substance Abuse and Mental Health Advisory Council, Public Advocates, Utah Naloxone, Syringe Exchange Network, Drug Enforcement Agency, Local Law Enforcement Agencies, US Attorney’s Office, and Health Insurers.” The Department of Health provided the following examples of what the coalition has accomplished: “Maintained a multi-agency coalition to streamline and engage in community action, partnered with Intermountain Healthcare in the areas of public awareness, provider training, and access to treatment, assisted in the update of the Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain, assisted in developing clinical risk indicators for a patient dashboard for prescriber use in the controlled substance database, assisted with Utah’s first Heroin and Opioid Summit, implemented the Use Only as Directed and the Stop the Opidemic public awareness campaigns, participated in the evaluation of Utah’s Naloxone Access and Good Samaritan Law, compiled a data slide deck for partner use, and developed a strategic plan to guide future efforts.”

The \$250,000 ongoing funding for opioid abuse, misuse, and overdose prevention was provided to the Health Promotion program within the Department of Health’s Disease Control and Prevention line item in [S.B. 2, New Fiscal Year Supplemental Appropriations Act](#), item 77. The Legislature in the 2016 General Session created the Opiate Overdose Outreach Pilot Program (also within the Department of Health’s Disease Control and Prevention line item), which has specific direction for how funds to address the opioid outreach efforts. [UCA 26-55-107](#)(3) lists the following approved uses for money provided for this pilot program:

- A. Provide grants under Subsection (4) [grant funds through the program to persons that are in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event];
- B. Promote public awareness of the signs, symptoms, and risks of opioid misuse and overdose;
- C. Increase the availability of educational materials and other resources designed to assist individuals at increased risk of opioid overdose, their families, and others in a position to help prevent or respond to an overdose event;
- D. Increase public awareness of, access to, and use of opiate antagonist;
- E. Update the department's Utah Clinical Guidelines on Prescribing Opioids and promote its use by prescribers and dispensers of opioids;

- F. Develop a directory of substance misuse treatment programs and promote its dissemination to and use by opioid prescribers, dispensers, and others in a position to assist individuals at increased risk of opioid overdose;
- G. Coordinate a multi-agency coalition to address opioid misuse and overdose; and
- H. Maintain department data collection efforts designed to guide the development of opioid overdose interventions and track their effectiveness.

*The fiscal analyst recommends during the next General Session the Legislature consider moving the \$250,000 ongoing General Fund beginning in FY 2018 for opioid abuse, misuse, and overdose prevention within the Department of Health's Disease Control and Prevention line item from the Health Promotion program to the Opiate Overdose Outreach Pilot Program. The pilot program has more specific statutory direction for how the funds are to be used.*

**What Are we Buying and How Are we Paying for it?**

Media Campaign Results From February to May 2017	Impressions	Views	Reactions/Clicks	Printed	Distributed
<a href="http://www.opidemic.org">www.opidemic.org</a>		112,485			
TV Commercials	3,458,743				
Facebook (and Audience Network)	3,031,538	1,215,434	1,488		
Instagram	1,343,641	330,973	2,176		
<a href="https://www.youtube.com/">YouTube</a>	5,646,910	1,265,425			
Digital Banner Ads (Google)	25,409,419		68,666		
Billboards (along highways)	30,683,596				
Brochures (medical providers to distribute)				90,000	80,000
Posters (for doctor offices and pharmacies)				6,500	1,500
Stickers (prescription bottle warnings)				100,000	90,000
<b>Total</b>	<b>69,570,000</b>	<b>2,920,000</b>	<b>70,000</b>	<b>200,000</b>	<b>170,000</b>

The Department of Health in FY 2017 made purchases in the following areas for the following purposes:

1. **Naloxone kits** (preliminary data from July 1, 2015 through March 15, 2017)
  - a. The Department of Health purchased 1,599 naloxone kits and distributed 757 kits or 47% to 617 individuals. The department anticipates having distributed 100% of the kits by June 30, 2017. The top three types of entities distributing naloxone kits were local health departments (50%), direct service agencies (44%), and law enforcement (6%).
  - b. Kit recipients have reported 18 opioid overdose reversals, which are instances where a death may have been avoided.
2. **Media campaign** – the table above shows the results of media purchases. From February to May 2017 the media campaign has received 2.9 million views.

3. **Media outlets** – over 10 articles written regarding the opioid epidemic and someone from the Department of Health appeared on all five local talk shows.

Below is a summary of spending by expenditure category for state funds for FY 2017:

<u>Expenditure Category</u>	<u>FY 2017</u>	<u>% Total</u>
Personnel	\$61,200	12%
Office Expenses / Printing	\$8,400	2%
<u>Contracts:</u>		
Heroin and Opioid Summit	\$16,000	3%
Media Campaign	\$154,000	31%
Website	\$10,400	2%
Naloxone Efforts / Pilot Project Grantees	\$250,000	50%
<b>Total</b>	<b>\$500,000</b>	<b>100%</b>

Below is a summary of funds available to address the opioid use problem in FY 2017 and FY 2018 both directly and indirectly. The sources highlighted in gray are those funds available to address the opioid use problem indirectly.

<u>Program (Agency)</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>Ongoing?</u>	<u>Source</u>
Prevention for States (Health)	\$1,940,000	\$1,940,000	ends Aug. 2019	federal funds
Partnerships for Success Grant (Human Services)	\$1,510,000	\$1,510,000	No	federal funds
Opioid Abuse, Misuse, and Overdose Prevention (Health)	\$ 250,000	\$ 250,000	Yes	General Fund
Overdose Outreach Pilot Program (Health)	\$ 250,000	\$ -	No	General Fund
Harold Rogers Prescription Drug Monitoring Grants (Health)	\$ 150,000	\$ 200,000	ends Sep. 2019	federal funds
<b>Total State Funding</b>	<b>\$4,100,000</b>	<b>\$3,900,000</b>		
<b>Intermountain Healthcare</b>	<b>Estimated</b>	<b>Estimated</b>		
Use Only as Directed	\$ 320,000	\$ 160,000	Maybe	private
Permanent medication disposal bins	\$ 10,000	\$ 5,000	Maybe	private
Provider training and education	\$ 330,000	\$ 170,000	Yes	private
Two pilot projects that offer medication-assisted treatment to specific target populations	\$ 330,000	\$ 170,000	Maybe	private
<b>Total Private Funding</b>	<b>\$ 990,000</b>	<b>\$ 505,000</b>		
	= funds indirectly address opioid efforts.			

Below is an explanation of how each federal grant listed in the table above is helping address the opioid issue:

1. **Prevention for States (Health)** – This grant helps fund opioid prevention staff in eight local communities, enhance of the controlled substance database as a public health tool, and evaluation of

policies implemented. When this grant ends in August 2019, the following services might be discontinued – opioid fatality reviews, developing real-time surveillance in controlled substance database, and analysis by the Department of Health of trends shown in the database.

2. Partnerships for Success Grant (Human Services) – This grant helps fund best practice prevention programs in local communities. When this grant ends in FY 2019, the following local community services might be discontinued – local community programs targeted to reduce opioid abuse and data collection.
3. Harold Rogers Prescription Drug Monitoring Grants (Health) – This grant helps fund enhancements to the Utah Controlled Substance Database for surveillance and real-time data collection. When this grant ends in September 2019, the following services might be discontinued – community analysis in the controlled substance database and evaluation of prescriber interventions.

Below is a summary of the indirect federal spending by expenditure category:

Indirect Federal Spending		
<u>Expenditure Category</u>	<u>FY 2017 (Health) &amp; FY 2016 (Human Services)</u>	<u>% Total</u>
Contractual	\$ 2,497,400	66%
Personnel	\$ 771,700	20%
Other	\$ 388,100	10%
Indirect Charges (Overhead)	\$ 81,300	2%
Travel	\$ 31,600	1%
Supplies	\$ 2,000	0%
<b>Total</b>	<b>\$ 3,772,100</b>	<b>100%</b>

#### ***What Non-governmental Sources Are Involved?***

Intermountain Healthcare reports the following results for its health system due to its spending efforts from 2015 through May 2017:

- 1) Use Only as Directed – survey data shows that 53% of patients are talking to their providers about the risks associated with taking opioids and 87% are discussing alternative treatments.
- 2) Permanent medication disposal bins – 13,000 pounds of medication disposed.
- 3) Provider training and education – 2,450 providers received opioid related education with a ten percent reduction in opioid prescribing in family medicine. Clients reported that 50% of the time prescribers discussed risks, storage, and proper disposal of opioids.
- 4) Two pilot projects that offer medication-assisted treatment to specific target populations – as of June 2017, there are 282 people in treatment. Eighty-five percent of those in treatment have become opioid free at twelve months. The client treatment retention rate is 64%, compared with 13% for those without medication-assisted treatment.

The Department of Health offered the following explanation for why private program efforts are inadequate: “While these efforts are critical, they are limited in scope and reach. The funding towards the media campaign each year only allows for six months of media (billboards and radio) efforts and the provider training and education efforts are focused only on Intermountain Healthcare providers. There are



still many gaps in efforts that Intermountain Healthcare funding does not address. These include a) expanding messages to include signs and symptoms of an overdose, risks associated with prescription drugs, and naloxone messaging, as well as increasing the length of the [Use Only as Directed] media campaign, and b) developing and increasing provider training and tools and patient education resources for all providers to have access to and utilize. In addition, data collection of unintentional drug overdose deaths is critical to help monitor trends and understand the scope of the problem to better inform prevention efforts.”

### ***How is Utah Addressing the Supply Side of Opioids?***

Below is a sample of what the State of Utah has done to address the supply side of opioids:

- 1) [H.B. 50, Opioid Prescribing Regulations, 2017 General Session](#) - Opioid prescriptions for acute, non-complex, non-chronic conditions limited to seven days. Prescribers required to check the controlled substance database before issuing the first prescription of an opioid to a patient unless the prescription is for three days or less or for a 30-day post-surgery supply. For ongoing opioid prescriptions, prescribers are required to periodically check the database.
- 2) **Medicaid** – since FY 2014 Medicaid has served the medical needs of over 300,000 low-income Utahns. In October 2016, Medicaid established the following 30-day limits: (1) 180 tablets for short-acting opioids and (2) 90 tablets for long-acting opioids. Additionally, initial opioid prescriptions are limited to a seven-day supply of pills.
- 3) **Public Employees Health Plan (PEHP)** – PEHP, which serves the majority of public employees’ health insurance needs in Utah, has taken four steps since 2013 that have resulted in a 29% reduction in the average number of opioid pills prescribed per member:
  - a. For opioid alternatives, removed prior authorizations and placed drugs in better cost sharing tiers;
  - b. Members must have a prior authorization to have more than 120 short-acting opioid pills per month;
  - c. PEHP put prior authorizations for all but two long-acting opioids; and
  - d. Restrictions on access to Methadone and Fentanyl.
    - i. Methadone – need a consultation with a pain specialist first.
    - ii. Fentanyl – unfavorable cost sharing unless used for end-of-life care.
  - e. Members, who are using more than 120 morphine equivalents daily, can have a second opinion from a double-board-certified pain specialist to explore dose reductions and alternative treatments.
- 4) **Division of Occupational and Professional Licensing** has taken, or is working on, the following steps to address the opioid problem:
  - a. Controlled Substance Database (Prescription Drug Monitoring Program)
    - i. By November 2017 the division hopes to have Patient Dashboard for Prescriber Use to show the following real-time information:
      1. Daily morphine milligram equivalents;
      2. Prescribers visited during the last six months;
      3. Pharmacies visited during the last six months; and
      4. Prescribing opioid and benzodiazepines together.

- ii. By March 2018 the division hopes to have the Prescriber Dashboard ready.
  - iii. Health system's electronic health records are currently able to connect to the information in the database.
  - b. Regulation of healthcare providers
    - i. From January 2016 to May 2017 the division took the following actions for providers who were overprescribing opioids:

1. Consolidated to Another Case	18
2. Letters of Concern	16
3. Administrative Discretion	6
4. Verbal Warnings	5
5. Administrative Actions	4
6. Voluntary Compliance	3
7. Criminal Felony Filing	1
8. Citation Issued	1
9. Referred to Another Agency	1
    - ii. Offending prescribers must attend extended medical courses in appropriate prescribing opioids and controlled substances.
    - iii. The division requires all controlled substance prescribers to complete 4 hours of continuing education credits every two years in controlled substance prescribing and utilization.
- 5) **Naloxone can be issued without a prescription** - On December 8, 2016 the Department of Health issued a statewide standing order for naloxone which allows anyone to buy naloxone without a prescription from a participating pharmacy. During the first 24 days, 88 of 522, or 17% of Utah brick and mortar retail pharmacies voluntarily used the standing order and distributed 140 naloxone kits.

*The fiscal analyst recommends that the Social Services Appropriations Subcommittee consider passing the following motion: The Social Services Appropriations Subcommittee intends that the Department of Health consult with the Public Employees Health Plan on its five changes made regarding opioid prescribing policies. The Department of Health shall report to the Office of the Legislative Fiscal Analyst by October 1, 2017 on whether the department should do something similar in Medicaid for all changes, a proposed timeline for implementation, and the reasons for pursuing or not pursuing each change taken by the Public Employees Health Plan.*

#### **What Additional Information is Coming in the Future?**

The Legislature will receive a report by October 1, 2017 comparing Utah Medicaid's opioid prescribing policies to the 2016 Centers for Disease Control guidelines. This report is the result of the intent language below passed in [S.B. 2, New Fiscal Year Supplemental Appropriations Act](#), item 79:

The Legislature intends that the Department of Health report to the Office of the Legislative Fiscal Analyst by October 1, 2017 on whether the policies of Medicaid and the accountable care organizations regarding opioid prescribing are in line with the 2016 Centers for Disease Control guidelines for prescribing opioids for chronic pain, and in line with the recommendations from the Utah opioid prescribing guidelines. Further, if



necessary, the report shall identify the required next steps and a proposed timeline to make opioid prescribing policies more in line with referenced guidelines.

The Legislature will receive a report by December 15, 2017 on the impact of Medicaid's October 2016 policy to restrict initial prescriptions of short-acting opiates. This report is the result of the intent language below passed in [S.B. 7, Social Services Base Budget](#), item 38:

The Legislature intends that the Department of Health report to the Office of the Legislative Fiscal Analyst by December 15, 2017 on the October 2016 policy change to restrict initial prescriptions for short acting opiates. The report should include at a minimum the results of the first 12 months and detail the financial impacts as well as the impacts to the supply of opiates.

Both of the reports mentioned above will likely be posted online at <https://medicaid.utah.gov/Legislative-Reports> once they are completed.

#### ***What are Some Additional Interventions in Other States?***

The National Conference of State Legislatures provided the following information via email to staff on June 2, 2017 on other states' efforts to reduce deaths from opioid overdose. Virginia and Wisconsin saw decreases in the number of opioid-related deaths from 2014 to 2015. The Department of Health is currently developing procedures for Utah for all of the efforts listed below.

1. "Virginia is in the process of enhancing its ability to improve [syndromic surveillance](#) from emergency departments to detect emerging issues related to drug overdoses."
2. "Maryland is implementing opioid death review panels, similar to maternal/infant mortality review panels, to better understand opportunities for intervention in the pathways to opioid-related deaths."
3. "Wisconsin is providing academic detailing in counties with high opioid prescribing rates, to better inform prescribers about safer opioid prescribing practices and non-opioid options."

#### ***Additional Information***

- Appendix A - Utah Department of Health Prescription Drug Abuse, Misuse, and Overdose Prevention Budget Deep-dive
- Appendix B - PEHP Efforts to Promote Safer Opioid Prescribing
- Appendix C - Sample Budget Deep-dive Checklist for Substance Use Disorder Prevention from the Department of Human Services
- Appendix D - Opioid Community Collaborative Update for Legislative Analyst 6/8/17 (from Intermountain Healthcare)
- Attachment E - Division of Occupational and Professional Licensing Efforts to Address the Abuse of Opioids
- Issue Brief - 2016 Interim - Report On Opioid Pain Medications Dispensed Per Capital, see <https://le.utah.gov/interim/2016/pdf/00002626.pdf>
- Prescription Drug Misuse: Selected Policy Responses by the Utah Legislature, 2007-2017 <https://le.utah.gov/interim/2017/pdf/00002377.pdf>
- <https://www.cdc.gov/drugoverdose/>

- <https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/CMS-Opioid-Misuse-Strategy-2016.pdf>
- <https://ucoop.utah.gov/wp-content/uploads/UCOOP-Translating-Data-to-Action-Summary-Plan.pdf>
- <http://health.utah.gov/vipp/pdf/RxDrugs/PDODeaths2015.pdf>
- [https://www.pbm.va.gov/PBM/academicdetailingservice/Opioid Overdose Education and Naloxone Distribution.asp](https://www.pbm.va.gov/PBM/academicdetailingservice/Opioid%20Overdose%20Education%20and%20Naloxone%20Distribution.asp)
- [https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm#T1\\_down](https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm#T1_down)
- <https://www.bjatrainning.org/tools/naloxone/Collaboration>

**Utah Department of Health  
Prescription Drug Abuse, Misuse, and Overdose Prevention  
Budget Deep-dive**

**What We Are Attempting to Accomplish**

**1. What authorizes delivery/provision of function (statute, intent, rule)? List specific statutory / other reference?**

**2015 General Session (G.S.)**, the Utah Department of Health was appropriated \$500,000 as one-time from the general fund for prescription drug abuse, misuse, and overdose prevention (July 1, 2015 – June 30, 2016).

**2016 G.S.**, the Utah Department of Health was appropriated \$250,000 as one-time from the general fund for prescription drug abuse, misuse, and overdose prevention (July 1, 2016 – June 30, 2017).

**2016 G.S.**, the Utah Department of Health was appropriated \$250,000 as one-time from the general fund through HB 192 2016 General Session (Rep. McKell) Opiate Overdose Response Act – Pilot Program (July 1, 2016 – June 30, 2017).

Section 11 of Opiate Overdose Response Act. Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures Act, for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following sums of money are appropriated from resources not otherwise appropriated, or reduced from amounts previously appropriated, out of the funds or amounts indicated. These sums of money are in addition to amounts previously appropriated for fiscal year 2017.

Item 1. To Department of Health - Disease Control and Prevention

From General Fund, One-time: \$250,000

**Statutes 26-1-30 (9) and 26-7-1**

26-1-30 The department (of Health) shall exercise the following powers and duties, in addition to other powers and duties established in this chapter:

(9) establish and operate programs necessary or desirable for the promotion or protection of the public health and the control of disease or which may be necessary to ameliorate the major causes of injury, sickness, death, and disability in the state, except that the programs may not be established if adequate programs exist in the private sector;

26-7-1. Identification of major risk factors by department -- Education of public -- Establishment of programs.

The department shall identify the major risk factors contributing to injury, sickness, death, and disability within the state and where it determines that a need exists, educate the public regarding these risk factors, and the department may establish programs to reduce or eliminate these factors except that such programs may not be established if adequate programs exist in the private sector.

## **2. What other activities are undertaken without explicit authority?**

In addition to efforts to prevent prescription drug abuse, misuse, and overdose, efforts also encompass addressing the rise of illicit opioid abuse, misuse, and overdoses.

## **3. What alternative government and non-government resources exist to achieve these outcomes? Why is state involved?**

**Intermountain Healthcare** performed prescription drug prevention efforts with focuses on the following from January 2015 to December 2017 with the approximate funding amounts in parentheses:

- Safe use, safe storage, and safe disposal messages for the Use Only as Directed (UOAD) media campaign, including an annual evaluation survey (\$970,000)
- Permanent medication disposal bins placed in Intermountain Community Pharmacies (\$30,000)
- Provider training and education for Intermountain Healthcare providers, including an analysis of prescribing behavior (\$1,000,000)
- Two pilot projects in Davis and Weber counties that offer medication-assisted treatment to specific target populations who are abusing and misusing prescription opioids (\$1,000,000)

While these efforts are critical, they are limited in scope and reach. The funding towards the media campaign each year only allows for six months of media (billboards and radio) efforts and the provider training and education efforts are focused only on Intermountain Healthcare providers.

There are still many gaps in efforts that Intermountain Healthcare funding does not address. These include a) expanding messages to include signs and symptoms of an overdose, risks associated with prescription drugs, and naloxone messaging, as well as increasing the length of the UOAD media campaign, and b) developing and increasing provider training and tools and patient education resources for all providers to have access to and utilize. In addition, data collection of unintentional drug overdose deaths is critical to help monitor trends and understand the scope of the problem to better inform prevention efforts.

The **Utah Division of Substance Abuse and Mental Health** Partnerships for Success Grant (July 2013 – June 2018; \$1,507,564 each year) uses their funding to:

- Hire five regional prevention directors to strengthen local prevention delivery systems,

- Assist prevention coalitions in implementing programs that target prescription drug misuse and abuse among individuals ages 12 to 25, among other efforts to prevent substance misuse.

The **Utah Department of Health** also operates the Boost for State Prescription Drug Overdose Prevention (September 2014-August 2015; \$367,267), Prevention for States (September 2015 – August 2019; \$1,940,000 each year), and Harold Rogers Prescription Drug Monitoring Grants (October 2016 – September 2019; \$200,000 each year) to:

- Maximize and enhance the Controlled Substance Database for use as a public health tool to monitor and define opioid use and prescribing (data dashboards, clinical risk indicators, prescriber profiles, etc.)
- provide technical assistance to six high-burden communities through a cooperative agreement that includes enhancing the uptake of evidence-based opioid prescribing guidelines in local health systems,
- develop and implement a multi-disciplinary team led by state law enforcement and public health to advance a real-time data collection and prevention approaches to drug overdose deaths, and
- establish a multi-agency evaluation team to implement legislative policy evaluations for the Good Samaritan Law (2014 Legislative Session HB 11), Naloxone Law (2014 Legislative Session HB 119), and Opioid Overdose Response Act (2016).

The UDOH is the most appropriate agency to address this issue and this level of government involvement is critical to seeing improved outcomes for two key reasons: 1) the surveillance and evaluation capacity unique to the Utah Department of Health, and 2) the authority and connections of the UDOH to other stakeholders at the state level. A summary table of resources that exist to address these efforts is listed below.

<b>UDOH Legislative Funding</b>	<b>UDOH Federal Grants</b>	<b>Intermountain Opioid Community Collaborative</b>	<b>DSAMH Partnership for Success Grant</b>
Collecting and analyzing data on unintentional drug overdose deaths.	Expand and maximize the Utah Controlled Substance Database as a public health surveillance system.	Continue community awareness and education efforts through the Use Only as Directed campaign.	Build prevention support and infrastructure in local communities.
Promote public awareness to include opioid risks, signs of an overdose, and naloxone.	Advance real time data collection through informatics approaches	Develop provider education materials of opioid overprescribing and report cards focusing on prescribing behaviors of Intermountain providers.	Adopt and utilize best practice prevention programs, strategies, and policies.
Increase patient and family education.	Evaluate policy implementation activities and create lessons learned.	Identify barriers to treatment and provide access to treatment within targeted geographical areas.	Enhance or establish community centered prevention in local communities.
Enhance Clinical Practice Tools in healthcare settings.	Fund opioid prevention staff in six local communities to implement activities		

Enhance overdose prevention efforts to include naloxone initiatives.			
--	--	--	--

## How We Are Organized

### 4. What organizations are associated with this function?

The Utah Department of Health, Division of Disease Control and Prevention, Bureau of Health Promotion, Violence and Injury Prevention Program has implemented efforts to prevent opioid abuse, misuse, and overdose through a collective impact framework with the [Utah Coalition for Opioid Overdose Prevention](https://ucoop.utah.gov/) (UCOOP) (<https://ucoop.utah.gov/>). This framework is an innovative and structured approach to making collaboration work across agencies to achieve significant and lasting social change with complex social problems. It is premised on the belief that no single policy, government department, organization or program can tackle or solve the opioid epidemic in Utah and calls for multiple organizations from different sectors to abandon their own agenda in favor of a common agenda, shared measurement and alignment of effort. The Utah Department of Health serves as the centralized infrastructure of UCOOP with dedicated staff to help participating organizations shift from acting alone to acting in concert. Under House Bill 192: Opiate Overdose Response Act—Pilot Project; the Utah Department of Health is authorized to “coordinate a multi-agency coalition to address opioid misuse.” Under H.C.R. 4 Concurrent Resolution Declaring Drug Overdose Deaths to Be a Public Health Emergency “strongly urges Utah’s Department of Health, Department of Human Services, and Department of Public Safety to immediately direct resources to address this crisis.” The following are the primary agencies that participate in UCOOP: Legislators, Utah Department of Health, Utah Department of Human Services Division of Substance Abuse and Mental Health, Utah Department of Commerce Division of Occupational and Professional Licensing, Utah Department of Public Safety, Intermountain Healthcare, Utah Addiction Center, Local Health Departments, Local Substance Abuse Authorities, Utah Poison Control Center, Utah Substance Abuse and Mental Health Advisory Council, Public Advocates, Utah Naloxone, Syringe Exchange Network, Drug Enforcement Agency, Local Law Enforcement Agencies, US Attorney’s Office, and Health Insurers .

### 5. What are the missions of the organizations associated with that function?

The mission of the Utah Department of Health (UDOH) is to protect the public's health through preventing avoidable illness, injury, disability and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles. Drug poisoning death is one of several indicators identified to measure the Health Department’s strategic goal of being the healthiest people in the country.



The mission of the Utah Coalition for Opioid Overdose Prevention is to prevent and reduce opioid abuse, misuse, and overdose deaths in Utah through a coordinated response.

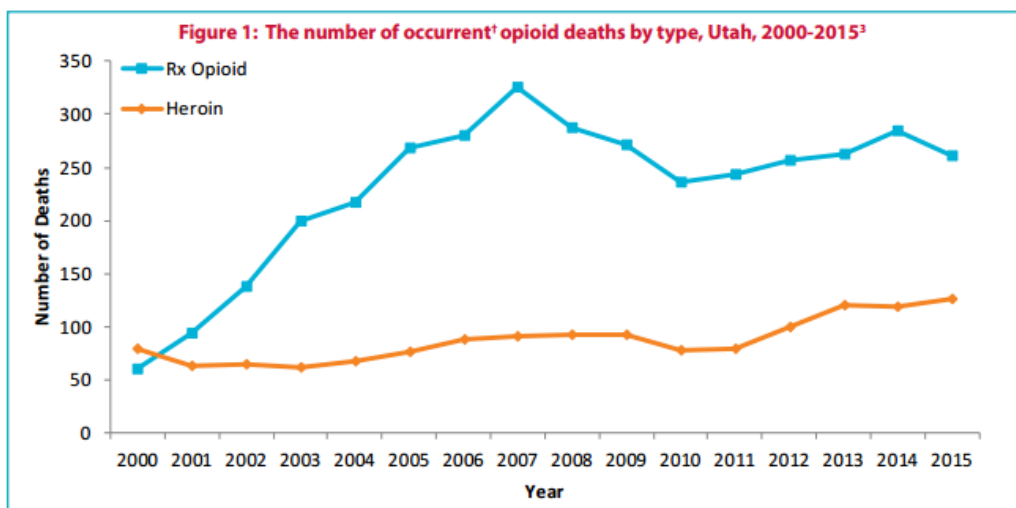
## 6. What outcomes are achieved by the organization associated with this function?

The desired outcome is to decrease prescription drug misuse, abuse, and overdose in Utah.

- 2015 was the first time in six years that Utah observed a decrease in the rate of prescription opioid deaths ages 18 years and older.
- Although we are seeing a decrease in the number of prescription opioid deaths since 2010, the number of heroin deaths have increased in the same time-period.

The following is taken from the [Prescription Opioid Deaths Fact Sheet](http://health.utah.gov/vipp/pdf/RxDrugs/PDODeaths2015.pdf) (<http://health.utah.gov/vipp/pdf/RxDrugs/PDODeaths2015.pdf>):

Year	Occurrent <sup>†</sup> Poisoning Deaths	Occurrent <sup>†</sup> Rx Drug Deaths	Occurrent <sup>†</sup> Rx Opioid Deaths	Rx Opioid Deaths, UT Residents 18+	Rx Opioid Death Rate per 100,000 UT Residents 18+	95% Confidence Interval
2006	416	308	280	274	15.8	(14.0 - 17.8)
2007	478	371	326	313	17.6	(15.7 - 19.6)
2008	430	321	289	278	15.2	(13.5 - 17.1)
2009	420	306	272	269	14.4	(12.7 - 16.2)
2010	369	278	236	227	11.9	(10.4 - 13.6)
2011	444	306	246	233	12.0	(10.5 - 13.7)
2012	536	327	268	257	13.1	(11.5 - 14.8)
2013	531	354	274	265	13.2	(11.7 - 14.9)
2014	531	363	301	285	14.0	(12.4 - 15.7)
2015	566	357	282	262	12.6	(11.1 - 14.2)



## 7. What data is collected/reported to document/demonstrate progress toward the outcomes?

The following measures and associated data have been identified and tracked to monitor progress toward the outcomes:

### 2015 Measures and Results

Measures	Results
Increase public awareness that prescription opioids have a potential for abuse / addiction by 10% from 2015 to 2016.	Perceived potential for abuse has increased 9.5% from 2015 to 2016.
Increase providers reached through education, training, resources, and tools by 10% from 2015 to 2016.	87,850 materials (pocket cards, brochures, naloxone tracking cards) have been disseminated, a 728% increase from 2015 to 2016.
Decrease prescription drug overdose deaths by 15% from 2014 to 2016.	In 2014, there were 301 prescription opioid deaths and preliminary data in 2016 indicate there were 272 prescription opioid deaths, a decrease 9.6%.

### 2016 Measures and Results (Baseline and Preliminary Data):

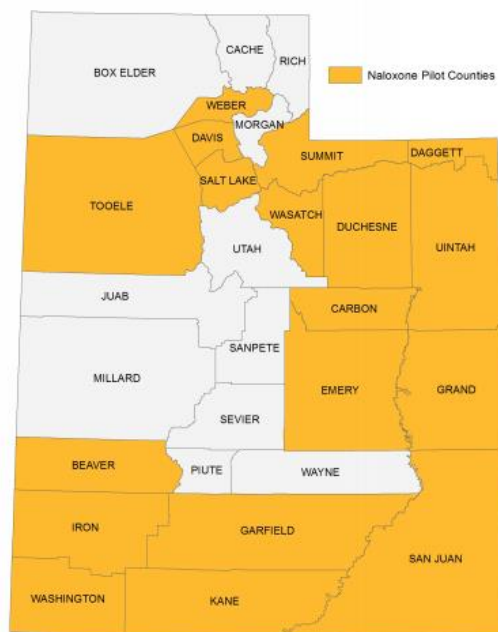
Objective	Measures	2015 Baseline / 2019 Target
Decrease high risk prescribing by 10% from 2015 to 2019	<ol style="list-style-type: none"> <li>Rate of opioid prescriptions dispensed per 1,000 population</li> <li>Percent of opioid prescriptions with a daily MME &gt; 90</li> </ol>	<ol style="list-style-type: none"> <li>888.5 → 800.0 per 1,000 population</li> <li>15.9% → 14.3% dispensed with daily MME &gt; 90</li> </ol>
Decrease opioid overdoses by 10% from 2015 to 2019.	<ol style="list-style-type: none"> <li>Rate of drug overdose deaths involving opioids per 100,000 population</li> <li>Rate of drug overdose ED visits / hospitalizations involving opioids per 10,000 population</li> </ol>	<ol style="list-style-type: none"> <li>15.8 → 14.2 per 100,000 population</li> <li>1.6 → 1.4 ED visits 1.0 → 0.88 Hospitalizations per 10,000 population</li> </ol>
Increase access to naloxone by 50% from 2015 to 2019.	<ol style="list-style-type: none"> <li>Number of counties with Overdose Outreach Providers implementing harm reduction strategies</li> </ol>	<ol style="list-style-type: none"> <li>0 → 16 counties with Overdose Outreach Providers</li> </ol>

### [H.B. 102 Opiate Overdose Outreach Pilot Program Results](http://health.utah.gov/vipp/pdf/RxDrugs/Opiate%20Overdose%20Outreach%20Pilot%20Program%20Leg%20Factsheet.pdf)

[\(http://health.utah.gov/vipp/pdf/RxDrugs/Opiate%20Overdose%20Outreach%20Pilot%20Program%20Leg%20Factsheet.pdf\)](http://health.utah.gov/vipp/pdf/RxDrugs/Opiate%20Overdose%20Outreach%20Pilot%20Program%20Leg%20Factsheet.pdf)

- \$236,037 was awarded to 17 law enforcement agencies, six local health departments, and nine direct service agencies to purchase naloxone kits and pay for the training on the proper administration of naloxone throughout Utah (Figure 2).

**Figure 2: Map of Geographic Reach of Opiate Overdose Outreach Pilot Program**



Preliminary data from the March 15, 2017 progress report shows:

- 1,599 naloxone kits have been purchased
- 757 naloxone kits have been disseminated (47.3%) to 617 individuals
- 18 opioid overdose reversals have been reported

In relation to the **Statewide Standing Order for Naloxone**, the following results have been obtained from December 8, 2016, when the standing order went into effect, to December 31, 2016, the end of the reporting period:

- 88 pharmacies voluntarily enrolled
- 140 naloxone kits were distributed
  - Narcan® Nasal Spray (naloxone HCl) 4 mg/0.1mL Nasal Spray: 83 (59%)
  - Naloxone HCl Solution 1 mg/mL in a 2 mL pre- filled Luer- Lock Syringe: 10 (7%)
  - Evzio® (naloxone HCl injection) 0.4 mg auto-injector: 43 (31%)
  - Naloxone HCl 0.4 mg/mL in a 1 mL unit dose vial: 4 (3%)

**Stop the Opidemic** media campaign results include the following:

**Website** – The Opidemic website (<http://www.opidemic.org/>) provided information and resources for Utah residents, including the signs and symptoms of an opioid overdose, a list of common opioids, and a directory of support groups and rehab centers.

- Sessions: 94,512
- Pageviews: 112,485
- Avg. Time Spent on Page: 00:02:24
- Returning/New Visitors: 67.5%/32.5%

**Testimonials** (<http://www.opidemic.org/stories/>) - Utah residents shared their stories of loss or personal struggle. Eleven testimonials were produced. Several shorter versions were also edited for use on social media as well as YouTube pre-roll.

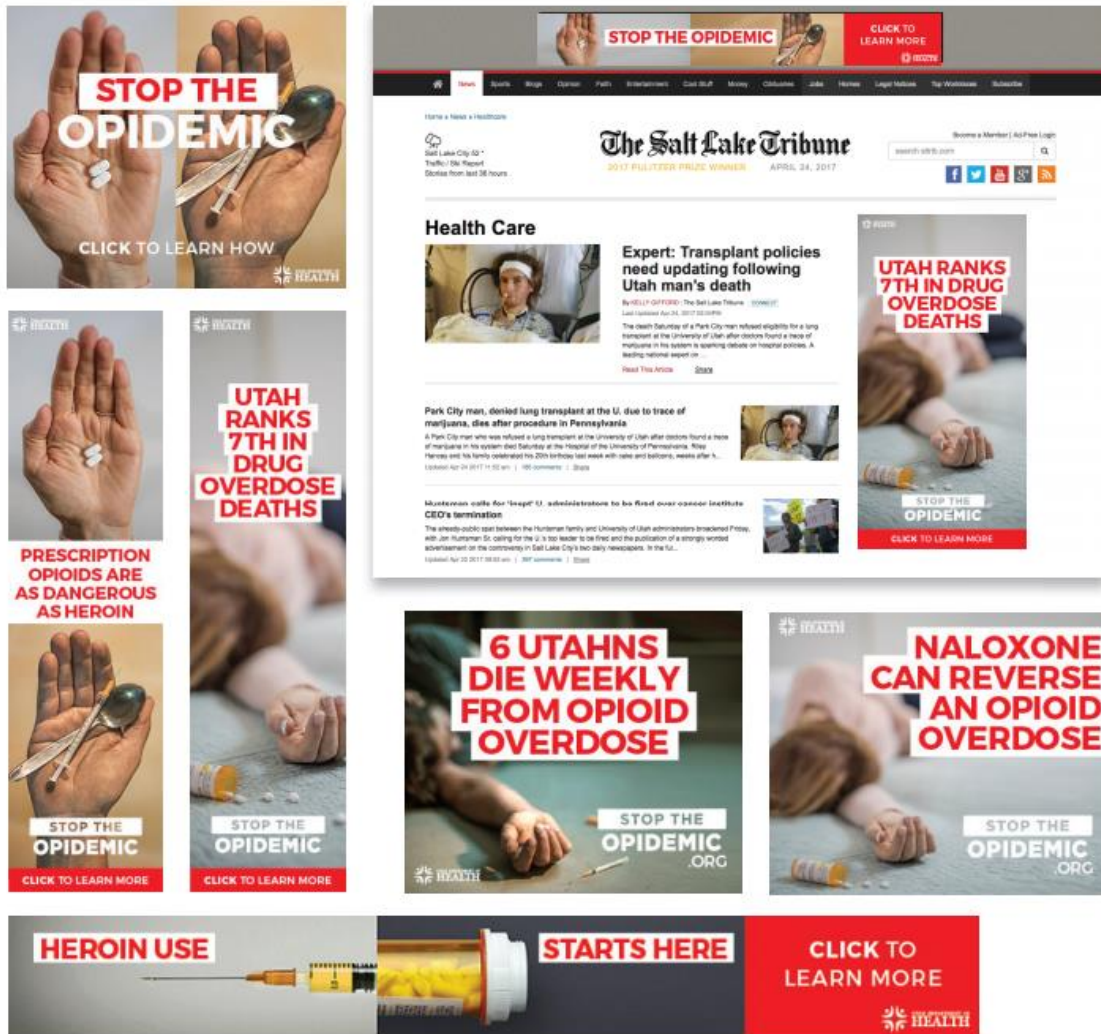
**Videos** - Two split-screen commercials were produced. The first was a comparison of prescription opioids and heroin, ending with declaration, “[Your Body Can’t Tell the Difference](https://www.youtube.com/watch?v=MNODSb9y4n4)” (<https://www.youtube.com/watch?v=MNODSb9y4n4>). This commercial ran on TV and social media. The second, longer commercial ([Stop the Opidemic – Naloxone](https://www.youtube.com/watch?v=AcFnsLLpodk)) (<https://www.youtube.com/watch?v=AcFnsLLpodk>) focused on the antidote to an overdose, naloxone, and ran solely on social media.

**Social Media** - Video ads ran on Facebook, Instagram, and YouTube, racking up well over 2.5 million views.

- Facebook (and Audience Network)
  - Video Views: 1,215,434
  - Impressions: 3,031,538
  - Reactions: 1,488
  - Comments: 191
  - Shares: 442
- Instagram
  - Video Views: 330,973
  - Impressions: 1,343,641
  - Reactions: 2,176
  - Comments: 168
  - Shares: 6
- YouTube
  - Video Views: 1,265,425
  - Impressions: 5,646,910
  - View Rate: 22.41%

**Digital Media** - Digital banner ads in various sizes ran on the Google Display Network. Clicks led people to the website where they could learn more about Utah’s opioid epidemic.

- Impressions: 25,409,419
- Viewable Impressions: 12,841,126
- Clicks: 68,666
- Viewable CTR: 0.53%



**Billboards** - Twenty-one billboards, mainly along Utah's major interstate, were hard to miss.

- Number of Boards: 21
- Gross Impressions (Age 25-64): 30,683,596+
- Reach (Age 25-64): 92%+
- Frequency: 23.1+





**Brochures** - Two informational brochures were created, to be distributed in hospital emergency rooms, doctor's offices, and pharmacies. One brochure gives a general overview of opioids and associated risks ([Opidemic Brochure \(http://www.opidemic.org/wp-content/uploads/2016/10/Brochure-StopTheOpidemic.pdf\)](http://www.opidemic.org/wp-content/uploads/2016/10/Brochure-StopTheOpidemic.pdf)). The other focuses on naloxone, the antidote that reverses an opioid overdose ([Naloxone Brochure \(http://www.opidemic.org/wp-content/uploads/2016/10/Naloxone-Digital-Brochure.pdf\)](http://www.opidemic.org/wp-content/uploads/2016/10/Naloxone-Digital-Brochure.pdf)).

- Quantities Printed: 90,000
- Distribution So Far: 80,000

**Poster and Stickers** - Posters will hang in doctors' offices and pharmacies to inform the public about opioids, their risks, and what can be done about the opioid epidemic. These can be found on the opidemic.org website. Utah pharmacies will place warning labels on opioid prescription pill bottles and talk about the risks, as well as recommend a prescription for naloxone during "Talk to Your Pharmacist Month" in May 2017.

- Number of Poster Types: 5
- Quantities Printed: 5,000 medium, 1,500 large
- Distribution So Far: 1,500
- Sticker Quantities Printed: 100,000
- Distribution So Far: 90,000



**PR** - Every major news outlet in Utah attended a press event announcing the campaign. Individuals from the community were invited to share personal stories about how opioids impacted their lives. The result was an overflow of news stories and articles about the campaign. A representative from the Department of Health also made appearances on all local talk shows.

- Every Major News Outlet at Press Conference
- Number of Articles Written: 10+
- Daytime News Show Appearances: 5

**8. How are appropriations structured to accomplish this function?**

**Budget Detail for SFY2016 (July 1, 2015 – June 30, 2016)**

<b>Item</b>	<b>Cost</b>
Personnel	\$52,773
Office Expenses / Printing	\$7,675
Contracts:	
Naloxone Kits	\$40,000
Media Campaign / Materials	\$300,000
Research	\$40,000
Website	\$16,418
Guidelines	\$43,134
Total	\$500,000

**Current Budget In-Progress Detail for SFY2017 (July 1, 2016 – June 30, 2017)**

<b>Item</b>	<b>Cost</b>
Personnel	\$61,185
Office Expenses / Printing	\$8,415
Contracts:	
Heroin and Opioid Summit	\$16,000
Media Campaign	\$154,000
Website	\$10,400
Naloxone Efforts / Pilot Project Grantees	\$250,000
Total	\$500,000

**9. In what units of measure are outputs reported, how and why have those outputs changed over time?**

See Questions 6 and 7

**10. Are performance measures meaningful and how is management assuring such?**

Performance measures are related to the overall goal of preventing opioid abuse, misuse and overdose prevention. They have been selected through a consensus process from the Utah Coalition for Opioid Overdose Prevention and based off of strategic planning efforts.

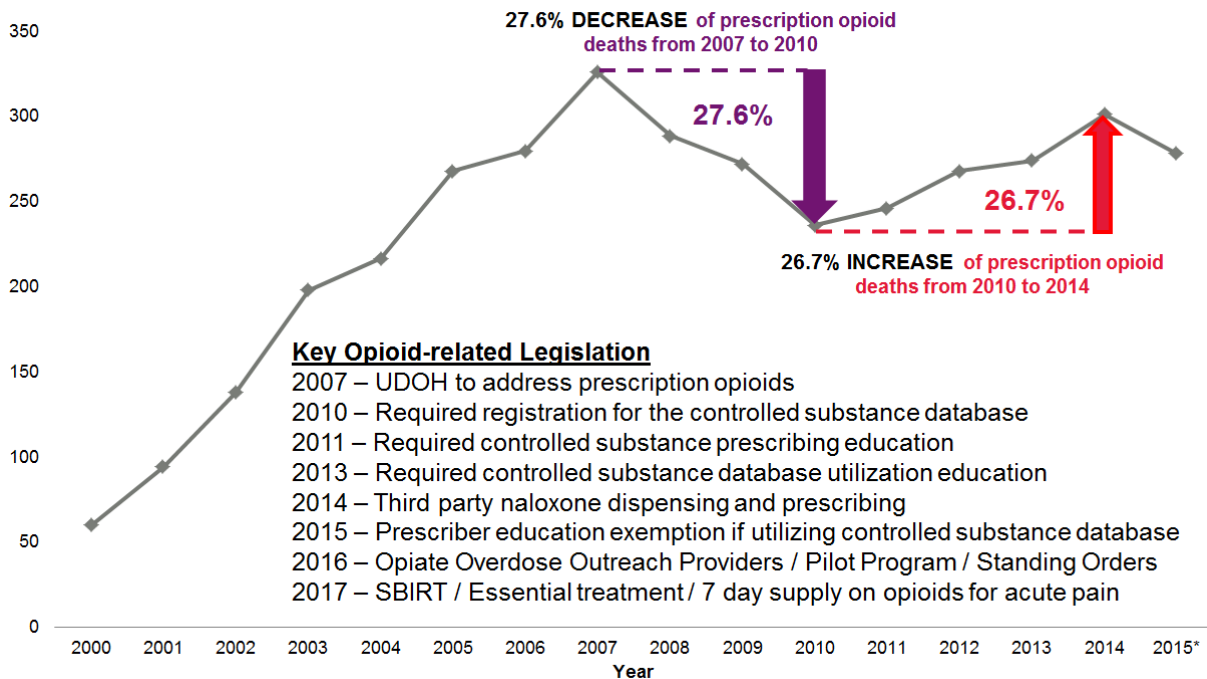
**11. What kind of external variables impact the organization / function and what is the current status of those variables?**

The Utah Department of Health has taken the lead in opioid abuse, misuse, and overdose prevention efforts and has not identified external variables that significantly impact its function at this time.

**12. Are there standards (industry, national, other states, etc.) for output or output per unit of input? How do they compare to this?**

The Utah Coalition for Opioid Overdose Prevention has developed the state strategic plan using standards from the Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, Association of State and Territorial Health Officers, National Governor's Association, National Prevention Strategy and Utah agency plans such as the Utah Health Improvement Plan, Intermountain Healthcare, and the Division of Substance Abuse and Mental Health. When comprehensive approaches have been implemented, similar to the approaches of the above national plans, data shows that overdose deaths decrease.

## Number of current prescription opioid deaths by year, Utah, 2000-2015



### 13. To whom is performance data reported?

Performance data is reported to the Legislature, stakeholders, partners, and the Utah Coalition for Opioid Overdose Prevention

### 14. What decisions are based on reporting data?

The Utah Department of Health and the Utah Coalition for Opioid Overdose Prevention has engaged in a strategic planning process based on data from the performance measures. In addition, several national and state plans have been used to inform the process. A draft summary of the plan can be found [here \(https://ucoop.utah.gov/wp-content/uploads/UCOOP-Translating-Data-to-Action-Summary-Plan.pdf\)](https://ucoop.utah.gov/wp-content/uploads/UCOOP-Translating-Data-to-Action-Summary-Plan.pdf). In addition, the data has helped us identify geographic regions and population groups to target, and guides decisions on prevention and intervention efforts, such as the Stop the Opioid media campaign.

### 15. How might you recommend the authorization, mission, or performance measurement change?

General funds are a significant supplemental to what federal funds are unable to cover and have complimented efforts to ensure a comprehensive approach is being implemented in Utah. The continuation of these funds is essential to making progress.

## What We Are Buying

### 16. What is the largest category of expenditure for an organization and how big is it?

The largest categories of expenditure are related to the Stop the Opioid Media Campaign (\$164,000) and Naloxone Disseminating and Training (\$236,037).

### 17. How does this expenditure support the above justification/authorization?

Opioid overdoses are a preventable public health problem and evidence supports that a sustainable, comprehensive public health approach results in significant decreases in preventable overdose deaths. Increasing public awareness and knowledge of the dangers of opioid (opioid risks), signs of an opioid overdose, and the availability of life-saving medications such as naloxone is the focus of the “Stop the Opioid” public awareness campaign implemented by the Utah Department of Health as one approach to prevent abuse, misuse, and overdose that also tie into the legislative performance measures.

The Utah Department of Health released a request for proposal to contract with a qualified firm (advertising or marketing agency) to research, plan, coordinate, produce, and operate a public messaging campaign to: 1) increase knowledge on the signs and symptoms of prescription opioid abuse, misuse, and overdose, 2) increase knowledge of risk factors associated with prescription opioid abuse, misuse, and overdose, 3) increase awareness of naloxone as an opiate antagonist and prevention tool, 4) increase knowledge of how and where to obtain a prescription for naloxone, and 5) increase naloxone use among high-risk populations. Through a competitive process, GumCo was awarded the contract with the Utah Department of Health.

The identified target audiences for the campaign include:

- Utahns aged 25-64
- Males and females
- Family and friends of those at risk of overdosing
- Residents of high-burden counties in Utah which include Carbon County, Salt Lake County, and Weber County

Risk factors associated with prescription opioid abuse, misuse, and overdose can include: taking opioids for long-term management of chronic pain; history of substance abuse or previous non-fatal overdose; lowered opioid tolerance as result of completing a detoxification program or being recently released from incarceration; and smoking cigarettes or having respiratory illness, kidney or liver disease, cardiac illness, or HIV/AIDS; using a combination of opioids and other drugs such as alcohol or benzodiazepines.

To reach the target audiences, a media plan was developed and an integrated campaign that utilized both traditional and non-traditional forms of media (e.g. TV, radio, print, transit, billboard, grassroots, public relations, social media, social marketing, and digital buys, etc.).

Prior to launching components of the campaign, a baseline of awareness and education was established to track the success of the campaign. A phone survey was administered representative of the Utah population by geography, age and sex (n = 404) to determine opioid

knowledge (majority of Utahns indicated they were familiar with the term opioid 62%) and opioid attitudes (majority of Utahns indicated that opioid abuse is a serious problem in Utah 74%). Just over 4 in every 10 respondents had seen advertising related to opioid abuse in Utah, majority through commercials. It is interesting to note that at the time of the survey, there had not been any Utah based commercial public awareness efforts surrounding opioids in five years or more. Where Opioid advertising was viewed varied significantly by age:

MEDIA	21-34	35-54	55+
Television Commercial	24%	38%	54%
News Broadcast	4%	12%	25%
Outdoor Billboard	29%	18%	10%
Social Media	6%	6%	2%
Newspaper	6%	7%	17%
Radio	29%	40%	17%
Online Advertising	16%	4%	2%

In addition, newspaper and magazines were least consumed, with online, social media and radio the most consumed mediums. This also varied significantly by age:

MEDIA	21-34	35-54	55+
Television	44%	56%	82%
Social Media	83%	66%	41%
Newspaper	14%	20%	50%
Magazines	14%	16%	21%
Radio	64%	72%	51%
Billboards	72%	62%	42%
Online or Internet News	80%	65%	56%

Nearly 4 in 10 respondents knew someone currently using prescription opioids, over 6 in 10 respondents knew a relative who was using opioids, and 4 in 10 respondents were aware of naloxone and aided in reversing an overdose. Addiction and dependency were viewed as the highest risks of opioid abuse, with death being the lowest risk.

The Utah Department of Health also released a request for proposal to contract with Overdose Outreach Providers to purchase and distribute naloxone kits and for the training on the proper administration of naloxone. Through a competitive process, 17 law enforcement agencies, six local health departments, and nine direct service agencies were awarded contracts with the Utah Department of Health.

## 18. What is that category of expenditure buying (how many/cost per unit)?

Contractual (For local purchase of naloxone)  
Professional and Technical (Advertising and media)

**19. How does the above relate to units of output?**

See Questions 16 and 17

**20. How has the expenditure changed over five years relative to the units of output?**

No change

**21. Are there any outliers/anomalies in current or budgeted spending in this category?**

No

**22. Does the amount of expenditure for a category change significantly in accounting period 12 or 13? Why?**

No

**23. How might you recommend this expenditure category change based on the above?**

Not applicable

**How We Are Paying for It**

**24. What is the largest fund or account from which resources are drawn to support the above expenditures and how big is it?**

2015 G.S. \$500,000 General Funds

2016 G.S. \$500,000 General Funds

**25. What are the revenue sources for that fund or account and what are their relative shares?**

100% General Funds Appropriated

**26. Is the source one-time or ongoing and do ongoing sources match or exceed ongoing expenditures?**

2015 G.S. \$500,000 One-time General Funds

2016 G.S. \$500,000 One-time General Funds

In the 2017 G.S., the Utah Department of Health received \$250,000 in ongoing funds to address opioid abuse, misuse, and overdose prevention. It will be difficult to maintain a robust media campaign and to continue the Overdose Outreach Pilot Program.



**27. How has the source changed over time relative to expenditures and units of output?**

Not applicable

**28. Are there any outliers/anomalies in current or budgeted periods for this source?**

No

**29. Does source have unencumbered balances that relate directly to this function /organization? How have those balances changed over time?**

No

**30. What is a reasonable balance and Why?**

Not applicable

**31. Is the availability of sources (grants or previous "building blocks"), rather than mission or objective, driving expenditures?**

No

**32. Are other sources available to support the same expenditure?**

No, as discussed previously.

**33. How might you recommend this revenue category change based on the above?**

See Question 26.

**Do We Balance?**

**34. What are total expenditures and total sources? Do they equal one another?**

For 2015 G.S. Funding, 90.5% of the allocation was expended by June 30, 2016. \$456,607 of \$500,000 was expended, for a difference of less than 10%. A portion of the unexpended funds came from the abstractor position which became vacant during the funding period. In addition, the Department of Technology Services was unable to complete some of the website work until after the funding period so the funds allocated to them were not utilized. Finally, not all the funds allocated to the Utah Medical Association to assist in Updating the Utah Clinical Guidelines on Prescribing Opioids were expended prior to June 30, 2016. The website work and the guidelines work have been completed and an abstractor has been hired.

It is expected that 100% of the allocation from the 2016 G.S. will be expended by June 30, 2017.

Funding was used (1) for staff time to manually abstract unintentional drug overdose deaths; (2) to develop and print pocket cards that focus on the signs and symptoms of an overdose and what to do in an overdose event; (3) for Use Only as Directed collateral materials and social media advertisements; (4) for website development of the Utah Coalition for Opioid Overdose Prevention and Use Only as Directed; (5) for media campaign efforts focusing on the signs and symptoms of an overdose, risks of opioid use, and naloxone availability, (6) for purchasing naloxone kits, and (7) for updating the Utah Clinical Guidelines on Prescribing Opioids.

**35. Have all appropriated or authorized resources been expended at year-end?**

See Question 34.

**36. How have nonlapsing appropriation balances (if any) changed over time?**

See Question 34.

**37. Are fees or taxes supporting a function and are those fees or taxes reasonable?**

Not applicable

**38. Are there significant risk associated with this organization / function, if so, are there proper controls in place?**

We are not aware of significant risks associated with our efforts.

## **PEHP Efforts to Promote Safer Opioid Prescribing**

Social Services Appropriations Subcommittee

June 6, 2017

Since 2013, PEHP has taken the following steps to support safer opioid prescribing, many of which are now supported by nationally-based prescribing guidelines:

1. Removing administrative and cost barriers to opioid alternatives by eliminating prior authorizations and placing most alternatives at a preferred Tier 1 or Tier 2 cost share.
2. Limiting the number of tablets of short-acting opioids a member can obtain without prior authorization to 120 units per month.
3. Requiring prior authorization for all but two long-acting opioids.
4. Requiring a consult from a pain specialist before authorizing Methadone and applying a Tier 3 copayment for Fentanyl patches unless used for cancer or end-of-life care.
5. Implementing a second opinion program with a double board-certified pain specialist for members using more than 120 morphine equivalents a day to evaluate dose reduction and alternative treatments. The program has reached over 300 members with an average per member dose reduction of 95 morphine equivalents per day and with 56 members having reduced their dose to less than 120 morphine equivalents per day. Participant feedback indicates that functionality, quality of life, and ability to participate in activities of daily life have increased significantly without increasing pain.

The sum of PEHP's efforts have resulted in a 29% reduction in the average number of opioid tablets prescribed per member. The volume of Methadone and Fentanyl prescriptions has also fallen by 42% and 8% respectively. PEHP is also evaluating the prescribing patterns of prescribers to identify educational and other opportunities to reduce potential opioid misuse.

## Sample Budget Deep-dive Checklist

**Purpose:** Budget deep-dives are intended to allow legislators a more thorough review of program outcomes, spending, and finance in the Legislative Interim Session. Budget deep-dives answer four broad questions: What are we in government attempting to accomplish? How are we organized to accomplish it? What are we buying? How are we paying for it?

### Detailed Questions

NAME OF FUNCTION: Substance Use Disorder Prevention - SPF-PFS

#### What We Are Attempting to Accomplish

- 1 What authorizes delivery/provision of function (statute, intent, rule)? **UCA 62A-15-103. Division -- Creation -- Responsibilities , Utah Administrative Code Title R523. Human Services, Substance Abuse and Mental Health; UCA 17-43-201, UCA 17-43-301**
- 2 What other activities are undertaken without explicit authority? **None**
- 3 What alternative government and non-government resources exist to achieve these outcomes? **County Government, Interlocal Governmental Authority, Special Service District, Federal Government, Private market, Hospitals, Medicaid, Healthcare Exchange, ACA, Mental Health Equity & Addictions Protection Act** Why is state involved? **Not only is prevention the number one priority of the Division, but the state ensures that tax dollars are used for effective and evidence based prevention services throughout the state. Prevention provides a \$38 return on investment for every dollar spent in prevention.**

#### How We Are Organized

- 4 What organizations are associated with this function? **Department of Human Services/Division of Substance Abuse and Mental Health, Counties acting as Local Substance Abuse Authorities, private non-profit and for profit providers, managed care organizations and other entities. Also close coordination with USAAV, CCJJ, DCFS, DJJS, DSPD, Department of Health (both Medicaid and Prevention/Public Health), Public Safety, DABC, Corrections, DWS, Peer Run and other organizations.**
- 5 What are the missions of the organizations associated with that function? **Hope, Health & Healing; health promotion, prevention, treatment, recovery supports, meaningful life in the community. There are many missions aimed at preventing substance misuse and dependence. See DSAMH Strategic Plan <https://dsamh.utah.gov/pdf/DSAMHStrategicPlan2017-2-14.pdf>**
- 6 What outcomes are achieved by the organization associated with this function? **Prevention has seen a 25% decrease in underage drinking (SPF PFS priority) during this grant. This decrease is more significant than the national trend. Utah's youth prescription drug use (also a SPF PFS priority) has decreased by 31% during the grant. In addition, Utah has seen more local level coalitions increase from 13 to 40 during the past four years. Scorecards <https://dsamh.utah.gov/data/outcome-reports/> SHARP data <https://dsamh.utah.gov/data/sharp-student-use-reports/> Annual report <https://dsamh.utah.gov/data/annual-reports/>**
- 7 What data is collected/reported to document/demonstrate progress toward the outcomes? **SHARP and process level data with support from our contracted evaluator. DOH also collects data through BRFSS, IBIS, medical examiner records and NVDRS.**
- 8 How are appropriations structured to accomplish this function? **(Kyle) applications for funds for Partnership for Success. A base amount is provided to local communities using a formula incorporating underage drinking rates, prescription drug abuse rates, overdose deaths, and populations. The remaining funds are disseminated based upon community strategic plans.**

**KBA - Administration (organization wide)**

**KCC - Substance Use statewide services - Typically division directed**

**KCD - Continuum wide Substance Abuse Services (Passthrough) directed by Counties**

**KCF - DUI Fees on Fines - (Passthrough) directed by Counties**

**KDB - Drug Courts - (Passthrough) directed by Counties**

**KDC - Drug Offender Reform Act (Passthrough) directed by Counties**

- 9 In what units of measure are outputs reported, how and why have those outputs changed over time? **The outputs for the SPF- PFS are measured in consumption rates for underage drinking, prescription drug abuse rates among youth and adults. These are reported in percentages.**

Utah has seen a decrease among youth alcohol use rates (decreased by 25%) and prescription drugs (decreased by 31%). For adult use rates, we are waiting for the Behavioral Risk Factor Surveillance System (BRFSS). This data should have preliminary data available by September 2017.

The state has seen a decrease in underage drinking due to local community efforts that have been guided by evidence based strategies. Prescription drug abuse has decreased due to increased awareness of risks of prescription drugs through the statewide Use Only As Directed campaign. (Kyle)

Prevention Outcome Reports <https://dsamh.utah.gov/data/sharp-student-use-reports/> and Youth Access to Tobacco Reports <https://dsamh.utah.gov/data/synar-reports/>

- 10 **Are performance measures meaningful and how is management assuring such? (UPDATE)**

Yes, they are meaningful. We monitor these outcomes carefully and hold the entire system accountable to them during our annual monitoring visits and monthly organizational meetings. In addition these are used by management and the system to compare Authority's to themselves and each other as well as made available to the public to do likewise. Transparency is very important to DSAMH. The division provides technical assistance to ensure these outcome measures are met.

- 11 **What kind of external variables impact the organization/function and what is the current status of those (UPDATE)**

Local community willingness to adopt strategies that have been proven to be effective in preventing substance use has been a variable. When a community is resistant to using best practices, science, and data driven planning, the decrease in substance use has not been as significant. Adequate capacity at the community and Authority level also impacts the success of prevention. Coalitions/communities using a model that is evidence based have more local funding, control, and better outcomes. DSAMH advocates and encourages communities to use evidence based models, but allows the communities to select the best, most appropriate model for them. High level items that impact variables may include, general economic conditions in the area (depends on the community), family supports and informal supports, community support, general community education of resources (working to increase), public safety net funding (need outstrips resources everywhere in the State), and community implementation of evidence based practices (improving)..

- 12 **Are there standards (industry, national, etc.) for output or output per unit of input? How do they compare to this?**

**The standards are set by the individual states. However, as a nation, the states are measured to one another for comparison. Utah reviews state trends for substance use, using the State Epidemiological Outcomes Workgroup. When compared nationally, Utah has the lowest underage drinking rates. Utah also has one of the highest rates of opioid overdose deaths (11th based on most recent data).**

- 13 **To whom is performance data reported? Utah reports to SAMHSA quarterly through a cross site data collection project. DSAMH, shares the data on-line <https://dsamh.utah.gov/data/> (<https://dsamh.utah.gov/data/sharp-student-use-reports/>) also report to Feds, SAMHSA, Legislature, GOMB,CCJJ and community partners.**

- 14 **What decisions are based on reporting data? Decisions related to strategic planning, funding, and capacity building are based upon reporting data from communities and state level measures.**

- 15 **How might you recommend the authorization, mission, or performance measurement change? Public health approach across system and providers.**

#### **What We Are Buying**

- 16 **What is the largest category of expenditure for an organization and how big is it? Prevention services, most likely coalition efforts, at the community level are the largest expenditure category**  
**SPF-PFS Funds - Spending as of 6/5/17.**

Sum of Amount Object_Category_Name	Fiscal_Year 2014	2015	2016	Grand Total
AA Personnel Services	\$59,222	\$180,189	\$151,658	\$391,069
BB Travel/In State	\$668	\$3,856	\$5,102	\$9,626
CC Travel/Out of State	\$4,886	\$11,876	\$7,514	\$24,275
DD Current Expense	\$1,030	\$222,523	\$282,552	\$506,105
EE Data Processing Current Expense	\$2,155	\$30,845	\$4,891	\$37,891
HH Other Charges/Pass Through		\$396,090	\$1,180,333	\$1,576,423
<b>Grand Total</b>	<b>\$67,961</b>	<b>\$845,378</b>	<b>\$1,632,051</b>	<b>\$2,545,390</b>

Source: 2016 Form B, Local Substance Abuse Authorities

- 17 How does this expenditure support the above justification/authorization? **The local providers select the appropriate strategies for their communities. The Division oversees that those strategies are evidence based strategies, capacity is being improved (through technical assistance), and that the strategies are selected using data and best science. Prevention also decreases the need for welfare, public housing, high cost ER use, criminal justice services, child welfare and juvenile justice systems.**
- 18 What is that category of expenditure buying (how many/cost per unit)? **(Brent)**  
**Our current tracking system in Prevention is based on the SA block grant. Funds, including SPF-PFS, are not held out separate for reporting on services provided to specific people. Prevention does not tie funds to specific people as a practice, so reporting is less granular as compared to treatment services.**
- 19 How does the above relate to units of output? **Level of care, risk shifts from state to county, incentivize providing low-cost community based services in lieu of high-cost residential or inpatient services.**
- 20 How has the expenditure changed over five years relative to the units of output? **(Kyle)**  
**SPF-PFS Funds - Spending as of 6/5/17.**

Sum of Amount Object_Category_Name	Fiscal_Year 2014	2015	2016	Grand Total
AA Personnel Services	\$59,222	\$180,189	\$151,658	\$391,069
BB Travel/In State	\$668	\$3,856	\$5,102	\$9,626
CC Travel/Out of State	\$4,886	\$11,876	\$7,514	\$24,275
DD Current Expense	\$1,030	\$222,523	\$282,552	\$506,105
EE Data Processing Current Expense	\$2,155	\$30,845	\$4,891	\$37,891
HH Other Charges/Pass Through		\$396,090	\$1,180,333	\$1,576,423
<b>Grand Total</b>	<b>\$67,961</b>	<b>\$845,378</b>	<b>\$1,632,051</b>	<b>\$2,545,390</b>

- 21 Are there any outliers/anomalies in current or budgeted spending in this category? **(Kyle/Brent) No**
- 22 Does the amount of expenditure for a category change significantly in accounting period 12 or 13? **(Kyle) Why?**  
**(Kyle)**  
**Traditionally we have a catch-up billing in period 13 with things fairly spread out throughout the year.**
- 23 How might you recommend this expenditure category change based on the above? **(Brent, Kyle, & Doug) No recommendations.**

REPEAT 14-21 FOR EACH EXPENDITURE CATEGORY FROM LARGEST TO SMALLEST **(Kyle)**

#### How We Are Paying For It

- 24 What is the largest fund or account from which resources are drawn to support the above expenditures and how big is it? **We were asked specifically about SPF-PFS.**  
**The most recent award letter from the federal government shows:**



Grant Number: 5U79SP020152-04 REVISED  
 FAIN: SP020152  
 Program Director: Craig L PoVey

**Project Title:** SPF-PFS: This grant is a cooperative agreement that focuses on addressing priorit

Grantee Address	Business Address
UTAH STATE DEPARTMENT OF HUMAN SERVICES Program Administrator 195 North 1950 West Salt Lake City, UT 841163100	UTAH STATE DEPARTMENT OF HUMAN SERVICES Executive Director 195 North 1950 West Salt Lake City, UT 841163100

**Budget Period:** 09/30/2016 – 09/29/2017

**Project Period:** 09/30/2013 – 09/29/2018

#### SECTION I – AWARD DATA – 5U79SP020152-04 REVISED

##### Award Calculation (U.S. Dollars)

Salaries and Wages	\$66,801
Fringe Benefits	\$34,693
Personnel Costs (Subtotal)	\$101,494
Supplies	\$3,400
Consortium/Contractual Cost	\$1,876,895
Travel Costs	\$9,786
Other	\$49,117
Direct Cost	\$2,040,692
Indirect Cost	\$18,683
Approved Budget	\$2,059,375
Federal Share	\$2,059,375
Less Unobligated Balance	\$551,811
Cumulative Prior Awards for this Budget Period	\$1,507,564

**AMOUNT OF THIS ACTION (FEDERAL SHARE)** \$0

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
4	\$1,507,564
5	\$1,507,564

**Source: 2016 Form B, Local Substance Abuse Authorities**

25 What are the revenue sources for that fund or account and what are their relative shares? **(Kyle)**

**N/A - See response above**

26 Is the source one-time or ongoing and do ongoing sources match or exceed ongoing expenditures? **The grant runs until 9-29-2018. We always keep expenditures within granted funds.**

27 How has the source changed over time relative to expenditures and units of output?

**Funds are constant as expressed in the award letter.**

**(Kyle/Brent)**

28 Are there any outliers/anomalies in current or budgeted periods for this source? **(Kyle/Brent)**

No

- 29 Does source have unencumbered balances that relate directly to this function/organization? How have those balances changed over time? **(Kyle)**

**Thus far, we have been able to carry forward funds from budget period to budget period. These amounts are related to startup delays normal with new funding and the delay in issuing the award letters.**

- 30 What is a reasonable balance and Why? **Basically with the delay in award letters, everything is shifted forward 6-8 months. It is reasonable to expect 50%-80% of the budget period funding to appear as an uncommitted or unencumbered amount. These funds will be spent as outlined in the budget submitted to our federal partners, just offset in time by the delay in the award letter.**

- 31 Is the availability of sources (grants or previous "building blocks"), rather than mission or objective, driving expenditures? **(Brent) Mission and objective drives expenditures. The purpose of these funds is to provide critical prevention. Data drives the expenditures - where are the areas that need the attention at the local level? That's what the communities identify and propose in plans.**

- 32 Are other sources available to support the same expenditure? **(Brent/Kyle)**

**No. State general fund and county dollars are best used to pull down Medicaid dollars. DOH is updating a waiver to send to CMS for approval that will expand Medicaid SU could technically be used, but doing so could jeopardize the providers ability to pull down federal matching dollars.**

- 33 How might you recommend this revenue category change based on the above? **(Brent/Kyle/Doug) no recommendations**

REPEAT 22-31 FOR EACH SOURCE OF APPROPRIATION FROM LARGEST TO SMALLEST **(Kyle)**

#### **Do We Balance?**

- 34 What are total expenditures and total sources? Do they equal one another? **(Kyle)**

**Yes, total revenues equal total expenditures.**

Have all appropriated or authorized resources been expended at year-end? **(Kyle)**

**Yes, if you allow for the delay in award letter discussed in Q.27.**

- 35 How have nonlapsing appropriation balances (if any) changed over time? **(Kyle)**

**Non lapsing authority and balances for Substance Abuse Prevention has remained fairly constant, with the division being given the ability to carry funding over from year to year. Although this amount carried forward is modest, it allows the division to accommodate a healthy mix of programs that begin, end and maintain over time.**

- 36 Are fees or taxes supporting a function and are those fees or taxes reasonable? **(Kyle) - none for SPF-PFS..**

- 37 **Are there significant risk associated with this organization/function, if so, are there proper controls in place?**

The risks are consistent with regular governmental programs and proper controls, oversight and redundancies are in place.

REPEAT 5-35 FOR EACH ORGANIZATION WITHIN A FUNCTION **(Kyle)**

Opioid Community Collaborative  
Update for Legislative Analyst 6/8/17

Safe use, storage and disposal

- 2017 and 2018 messaging is focused on collaborative messaging with the local prevention teams including public and hospital based installation
- Our Speak Out, Opt Out, Throw Out campaign has been well received; survey research indicates that 53 percent of individuals are speaking to their providers about risk and 87 percent are talking to their providers about alternatives. We will continue to focus on this messaging going forward.

Permanent medication disposal bins

- Permanent drop boxes are in 21 Intermountain pharmacies; smaller pharmacies have disposal envelopes available
- 13,000 pounds of medication have been disposed of in Intermountain pharmacies
- We have allocated funds to support up to eight community partners to install drop boxes. Weber Human Services will install one in their pharmacy. We are working with Associated Foods on potential installations in rural communities

Provider training and education

- 2,450 prescribers and support staff have participated in opioid related education
- Prescribing is currently being tracked with feedback given to providers in family practice, women and newborns, intensive medicine, and surgical services
- We have had some challenges in pulling data due to a migration to a new electronic health record and data is still being validated
- We have validated data of a ten percent decrease in family practice prescribing
- We have conducted a survey of over 2,000 patients who were prescribed opioids post-surgery; 50 percent of patients indicated that they did not use all of the opioids and nearly 50 percent indicated that their prescriber discussed safe use, storage and disposal with them. This research will be used to direct additional provider education to support prescribing lower numbers of tablets and encourage discussions regarding safe use, storage, and disposal
- Intermountain is in the process of developing a system-wide goal regarding a decrease in prescribing that will be in alignment with the UDOH's goal to decrease prescribing by 10 percent and to target high risk prescribing

Treatment

- Our pilot projects with Davis Behavioral Health and Weber Human Services continues
- 282 people are currently in treatment; our goal was 150
- The retention rate in treatment is 64 percent at twelve months versus the benchmark from Davis Behavioral Health and Weber Human Services of 13 percent for those without medication assisted treatment
- 85 percent of those in treatment were opioid abstinent at twelve months

- Housing and employment status has either not declined or has improved for over 95 percent of patients



GARY R. HERBERT  
Governor

SPENCER J. COX  
Lieutenant Governor

## State of Utah Department of Commerce

Division of Occupational and Professional Licensing

FRANCINE A. GIANI  
Executive Director

MARK B. STEINAGEL  
Division Director

June 7, 2017

Russell Frandsen  
Social Services Appropriations Subcommittee

### **Subject: DOPL Efforts to Address the Abuse of Opioids**

Dear Mr. Frandsen,

In an email on Friday, June 2, 2017 you asked if the Division of Occupational and Professional Licensing (DOPL) could provide to you, “a few paragraphs by 11 a.m. Wednesday, June 7th about what DOPL is doing to help address the abuse of opioids?” You also provided a copy of an analysis the Utah Department of Health completed, appearing to answer the same question. The purpose of this letter is to provide some information to assist you in your study. Since we did not have enough time to provide a comprehensive list or detailed explanations, please do not hesitate to send to me follow-up questions the Committee may have.

DOPL has two primary methods of assisting with this very important issue: the Controlled Substance Database (CSD) and regulation of healthcare providers. Most of the items highlighted in this letter address work with the CSD. It has been an area of focus for us, the medical community, the Department of Health, the Utah Legislature, and even the Federal Government.

### **DOPL CSD Efforts Tackling the Opioid Problem**

Utah’s Prescription Drug Monitoring Program (called PDMP, nationally) is named the Controlled Substance Database or “CSD.” The purpose of Utah’s CSD is to track in a central database those controlled substances dispensed in Utah pharmacies. As your committee members are probably aware, controlled substances are those drugs that are deemed by the state or federal government to have a high propensity for abuse. The vast majority of prescriptions are not controlled substances. Opioids are a type of controlled substance that have seen a shocking increase in abuse, resulting in thousands of Utah deaths in recent decades. For many reasons beyond the scope of this letter, opioids have become ground zero in Utah—and America’s—fight against what we used to call “addiction.”

During the past few years, DOPL has worked on the following projects, supported by many leaders and groups including Governor Herbert, the Utah Department of Health and other agencies, the Utah State Legislature, and even the Federal Government:

1. **Update of CSD Software from ASAP 95 to ASAP 4.2.** On March 13, 2017, DOPL rolled out an update to the CSD software, along with a number of enhancements funded by the Legislature:
  - a. **Electronic Health Record (EHR) Integration.** In 2016 the Legislature funded the one-time costs for preparing the CSD to integrate with many health systems’ EHRs. A number of the health system EHRs are close to plugging into the CSD.
  - b. **Real Time and Daily Batch Reporting.** In recent years DOPL moved from weekly reporting to one of two more frequent reporting systems: daily or real time.
  - c. **Numerous Security Enhancements.** While the CSD is one of the important tools to combat abuse of controlled substances, it also contains very sensitive information on most of Utah’s citizens. This information needs to be secure.

- d. **Improved Delegate Accounts for Prescribers and for Pharmacy Interns and Technicians.**
  - e. **Third Party Notifications.** The Legislature funded in the 2016 Session the opportunity for individuals to identify a third party who receives notice of their controlled substance prescriptions when they are dispensed.
  - f. **Prescriber Notification of Patient Usage Actions.**
  - g. **Medical Examiner's Office.** Along with the three types of proactive reports DOPL provided to practitioners prior to the 2016 session (based on controlled substance DUI reports from the courts, controlled substance overdoses from the hospitals, and "doctor shopper" letters from DOPL), the Legislature funded the integration of overdose death reports from the Medical Examiner's Office.
2. **Upcoming Patient Dashboard.** Along with the national trend toward better (proactive) information from the CSD to healthcare practitioners, DOPL is working with the Utah Department of Health on a patient dashboard that will show the following analyzed information for patients:
- a. Daily Morphine Milligram Equivalents (MME). MMEs are the standardized dosage measures that compares different types of opioids and helps predict whether an opioid prescription dosage is likely to cause an overdose;
  - b. Number of prescribers visited in the last 6 months;
  - c. Number of pharmacies visited in the last 6 months; and
  - d. Prescribing of both opioid and benzodiazepines.
3. **Upcoming Prescriber Dashboard.** Following the release of the patient dashboard, DOPL and the Utah Department of Health will finish the prescriber dashboard. It will provide more proactive information that allows prescribers to compare themselves to other prescribers, in accordance with House Bill 375, 2016 General Session:
- a. MME prescribing metrics;
  - b. Patients seeing multiple prescribers in the last 6 months;
  - c. Patients using multiple pharmacies in the last 6 months;
  - d. Patients prescribed both opioid and benzodiazepines; and
  - e. Prescriber usage of the CSD.
4. **New IT Servers.** Thanks to health care legislators on the Health and Human Services Interim Committee, DOPL identified in 2016 a significant impediment to the CSD. The CSD was still functioning on an over utilized server that was not equipped to handle its 2016 CSD traffic. The Utah State Legislature funded four new servers in the 2017 Session.

**DOPL's Non CSD Efforts Tackling the Opioid Problem.** Aside from the CSD, DOPL regulates healthcare practitioners in the following ways to tackle Utah's opioid problem:

- 1. **Information Mining the CSD for Opioid Overprescribing**
- 2. **Disciplinary Action or Education for Opioid Overprescribing**
- 3. **Pharmacy Alerts Regarding "Doctor Shoppers"**
- 4. **Federal Grant.** The Utah Department of Health worked with DOPL to apply for a federal grant for CSD enhancements, specifically for the dashboards above, and for provider education.
- 5. **Collaboration with Health Department, Medical Community, and Others.** The Department of Health also staffs the Utah Coalition for Opioid Overdose Prevention, comprised of all key players in this epidemic. The parties are also working closely with the Utah Medical Association on opioid prescribing guidelines, soon to be adopted.

6. **Family Prescribing Guidelines.** The Physicians and Surgeons Licensing Board and DOPL are working to establish guidelines addressing prescribing to family members.
7. **Educational Symposium.** In Fall 2017 the Physicians and Surgeons Licensing Board and DOPL are hosting an educational symposium on the new guidelines for opioid prescribing.
8. **DOPL Participates Heavily in the National Association of Drug Diversion Investigators.**

While I and my team were not able to provide a comprehensive list of DOPL efforts within the time provided, I hope this information is helpful.

Please do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Steinagel', with a stylized flourish extending to the right.

Mark Steinagel  
Director