State Opioid Settlement Appropriation

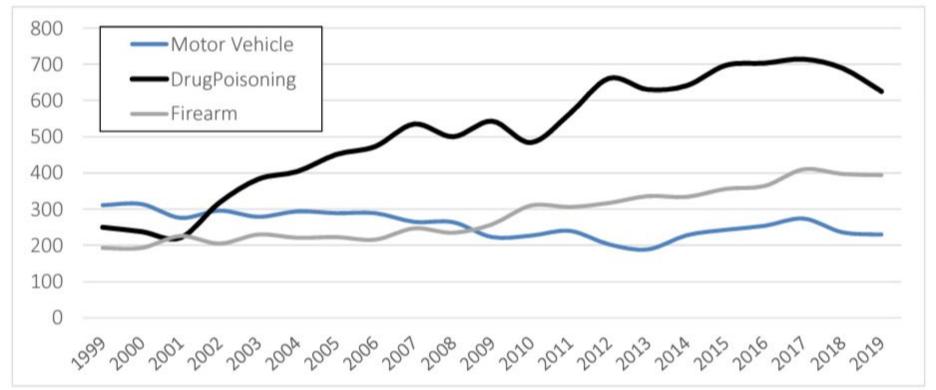
Shifting Efforts Upstream

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In Utah, drug overdose deaths have been the leading cause of injury deaths since 2002.

Figure 1. Leading cause of injury deaths, Utah, 1999 - 2019



Source: Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health

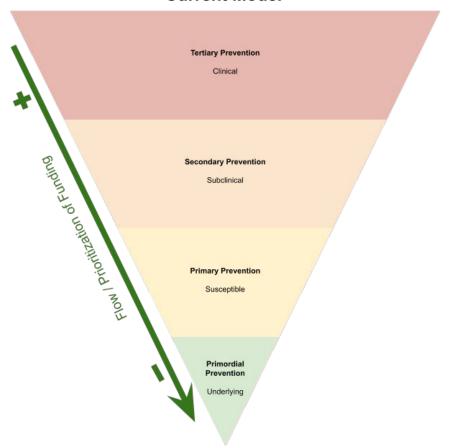
Fentanyl Deaths and Law Enforcement Seizures in Utah Figure 3. The trends of fentanyl seizures and fentanyl related deaths have continued to increase since 2018 peaking at nearly 90,000 fentanyl pills seized in 2021. 85,654



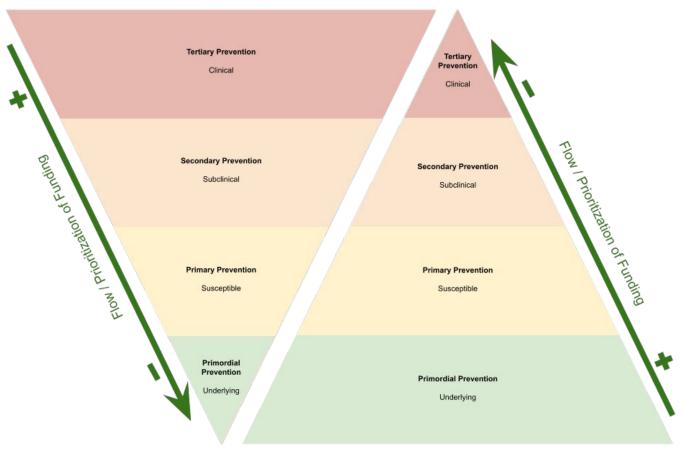
 January-August of 2021 Note: Medical examiner data for 2021 is not yet available

Source: Utah Office of the Medical Examiner and Utah Highway Patrol Source: https://lbis.health.utah.gov/lbisph-view/bdf/opha/publication//suu/2021/11

Current Model



Current Model



Proposed Model

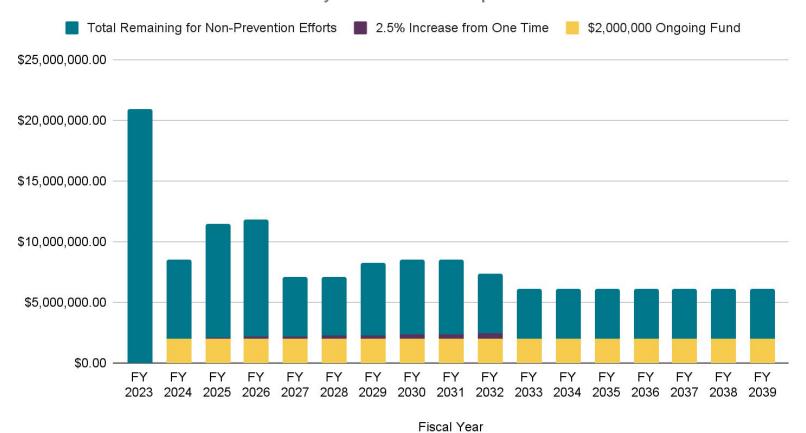


Source of image: Brian Castrucci, *Health Affairs*

	DHHS Opioid Projections		Primary Prevention Request				Non Prevention	
Fiscal Year	Ongoing (Low-risk) Revenues	One Time (High-risk) Revenues	30% from Ongoing Revenue for Evidence-Based Primary Prevention (Per DHHS Recommendation)	2.5% Increase from One Time Revenue to Evidence-Based Primary Prevention	Total Prevention Request	% to Prevention	Total Remaining for Non-Prevention Efforts	% Remaining
FY 2023	\$0.00	\$20,967,756.16	\$0.00	\$0.00	\$0.00	0.00%	\$20,967,756.16	100.00%
FY 2024	\$6,127,688.31	\$2,432,575.79	\$2,000,000.00	\$50,000.00	\$2,050,000.00	23.95%	\$6,510,264.10	76.05%
FY 2025	\$6,127,688.31	\$5,348,977.54	\$2,000,000.00	\$100,000.00	\$2,100,000.00	18.30%	\$9,376,665.85	81.70%
FY 2026	\$6,127,688.31	\$5,679,245.56	\$2,000,000.00	\$150,000.00	\$2,150,000.00	18.21%	\$9,656,933.87	81.79%
FY 2027	\$6,127,688.31	\$1,006,454.78	\$2,000,000.00	\$200,000.00	\$2,200,000.00	30.84%	\$4,934,143.09	69.16%
FY 2028	\$6,127,688.31	\$1,006,454.77	\$2,000,000.00	\$250,000.00	\$2,250,000.00	31.54%	\$4,884,143.08	68.46%
FY 2029	\$6,127,688.31	\$2,117,897.52	\$2,000,000.00	\$300,000.00	\$2,300,000.00	27.89%	\$5,945,585.83	72.11%
FY 2030	\$6,127,688.31	\$2,379,034.64	\$2,000,000.00	\$350,000.00	\$2,350,000.00	27.63%	\$6,156,722.95	72.37%
FY 2031	\$6,127,688.31	\$2,379,034.64	\$2,000,000.00	\$400,000.00	\$2,400,000.00	28.21%	\$6,106,722.95	71.79%
FY 2032	\$6,127,688.31	\$1,217,070.80	\$2,000,000.00	\$450,000.00	\$2,450,000.00	33.36%	\$4,894,759.11	66.64%
FY 2033	\$6,127,688.31	\$0.00	\$2,000,000.00	\$0.00	\$2,000,000.00	32.64%	\$4,127,688.31	67.36%
FY 2034	\$6,127,688.31	\$0.00	\$2,000,000.00	\$0.00	\$2,000,000.00	32.64%	\$4,127,688.31	67.36%
FY 2035	\$6,127,688.31	\$0.00	\$2,000,000.00	\$0.00	\$2,000,000.00	32.64%	\$4,127,688.31	67.36%
FY 2036	\$6,127,688.31	\$0.00	\$2,000,000.00	\$0.00	\$2,000,000.00	32.64%	\$4,127,688.31	67.36%
FY 2037	\$6,127,688.31	\$0.00	\$2,000,000.00	\$0.00	\$2,000,000.00	32.64%	\$4,127,688.31	67.36%
FY 2038	\$6,127,688.31	\$0.00	\$2,000,000.00	\$0.00	\$2,000,000.00	32.64%	\$4,127,688.31	67.36%
FY 2039	\$6,127,688.31	\$0.00	\$2,000,000.00	\$0.00	\$2,000,000.00	32.64%	\$4,127,688.31	67.36%
TOTAL:	\$98,043,012.96	\$44,534,502.20	\$32,000,000.00	\$2,250,000.00	\$34,250,000.00	24.02%	\$108,327,515.16	75.98%



Primary Prevention Request





- local matching funds supporting primary prevention efforts
- # of evidence-based community coalitions
- ✓ following evidence-based prevention model
- ✓ conducted an evidence-based local needs assessment
- ✓ developed a community action plan
- ✓ implementing evidence-based programs, strategies, and evaluating impact

- (10+ Years)
- Upioid use as indicated by:
 - youth opioid drug use (SHARP)
 - EMT responses to opioid-related calls (EMS Data)
 - reported opioid-related ED visits (IBIS)
 - reported opioid-related overdoses (IBIS/OME)
 - reported opioid-related drug charges
 - reported opioid-related incarcerations
 - reported opioid-related deaths (IBIS/OME)
- 1 Investment in primary prevention by local communities

Summation

- 1 Primary Prevention funding to LSAA using \$2,000,000 ongoing state settlement revenue
- 1 Investment in Primary Prevention by 2.5% each year for the first 9 years
 - allows for initial resources to support the acute crisis while still investing in prevention
 - allows LSAAs time to scale their primary prevention efforts
- Local community investment in Primary Prevention by instituting a matching requirement
- ✓ Report progress annually to SAA, with significant measurable outcomes at the end of years 5 and 9