

# LFA Request - Opioid Reports

## Jail-Based Opioid Use Disorder Treatment

**Overview:** Medications for Opioid Use Disorder (MOUD) programs provide opioid use disorder treatment for people who are incarcerated. No other funding exists for these services.

**Outcomes:** The intended outcomes were achieved. Throughout the first 2 years of funding, 478 individuals were able to receive medications for opioid use disorder throughout 6 different jails (Davis County, Carbon County, Emery County, Salt Lake County, Weber County, and Utah County), while one more location is preparing to start services.

**Recommendations:** At this time, we would recommend continued funding for these programs, as funds are available. No other funds are available to the jails to provide these types of services for individuals who are incarcerated.

**Barriers:** The barriers to implementing these programs have varied based on the area. Some areas took considerable time to get jails and staff on board to implement these medications in secure facilities. Many locations struggled to get staff hired and in place to start their programs. Many of the programs believe that they could serve more individuals with additional funding.

## MOUD Induction in Emergency Departments

**Overview:** Emergency Department induction programs provide immediate access to MOUD in emergency rooms and urgent care clinics to people with Opioid Use Disorder who are in withdrawal or have experienced an overdose. These programs focus on providing care to underserved Utahns, particularly those who are uninsured or underinsured.

**Outcomes:** The intended outcomes were achieved. The initial implementation goal has been achieved by all three programs, with all programs going live and serving patients by the second quarter of state fiscal year 2025. Since the programs have become operational, 166 patients have received MOUD services through these programs.

**Recommendations:** We recommend continuing funding for these programs, as funds are available. These programs offer critical access to people who may otherwise not be able to access MOUD due to monetary barriers, not knowing where community providers outside of the hospital are, or having access to timely services when individuals are ready for treatment.

**Barriers:** Due to an extended RFP process following the initial appropriation, all three vendors experienced delays in implementing programming. The contracts were awarded and finalized in the final months of SFY24, and initial implementation efforts could not begin in earnest until SFY25. A challenge shared between all three vendors has been how to ensure providers in these settings, which are subject to frequent changes, stay aware of and engage with the programs and medication protocols. Since launching and working to overcome this barrier, these programs have developed strategies to ensure new providers in these environments are current with program protocols, helping to increase utilization.

### **Prevention, Shifting Efforts Upstream**

**Overview:** Opioid Settlement Appropriations *Shifting Efforts Upstream* and *Primary Prevention* were combined to create one project. The project purpose is to increase capacity for Community Centered Evidence-based Prevention (CCEBP) through proven models for community mobilization, organization and planning, and implementation of effective prevention strategies. An application process for Local Authorities was completed in SFY24 and awards were made on allocation for SFY24, SFY25, and SFY26. All 13 Local Authorities received a base amount of \$100,000. 6 Local Authorities received additional amounts of up to \$150,000 through competitive RFP. A contract for evaluation of the project was awarded to Bach-Harrison, LLC.

**Outcomes:** The intended outcomes were achieved. Throughout the first 2 years of funding: 14 new community prevention coalitions were developed with 9 additional coalitions receiving funding; 20 coalitions progressed through phases in strategic planning and implementation models (Communities That Care, Strategic Prevention Framework, Coalition Academy); 23 unique trainings were attended with 417 prevention oriented training sessions held; and 54 prevention initiatives were implemented (including Guiding Good Choices and Botvin's Life Skills).

**Recommendations:** We recommend continuing funding for this project, as funds are available. Shifting efforts upstream through primary prevention to mitigate risks associated with negative behavior outcomes has been proven to reduce rates of substance use. Settlement dollars have allowed SUMH to increase Community Centered Evidence-based Prevention (CCEBP) throughout the state through coalition efforts. Cost-benefit analyses on this coalition centered approach to primary prevention indicates a return of \$5.30 per \$1.00 invested (Kuklinski et al., 2012).

**Barriers:** Lack of qualified and trained personnel at a local level, which slowed down hiring and implementation of coalitions models. Fortunately, many local authorities used funding for training purposes of both staff and community volunteers.