



Utah Opioid Crisis Response Blueprint

A Roadmap for Opioid Settlement Investments:
County, Municipality, and Statewide Stakeholders

January 2024 Version



This document was authored for the **Utah Opioid Task Force** by its Opioid Settlement Advisory Committee (members in Appendix A).

This will be a Working Document with updates anticipated.

Collaborating Endorsing Partners include:

Utah Attorney General's Office

Utah Commission on Criminal and Juvenile Justice (CCJJ)

Utah Department of Commerce

Utah Department of Health and Human Services

Utah League of Cities and Towns

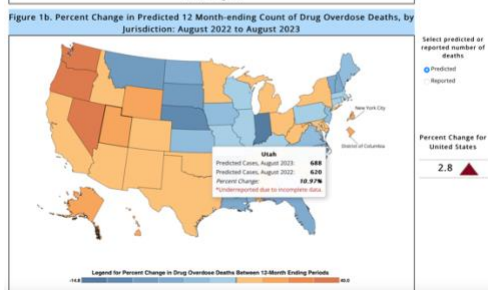
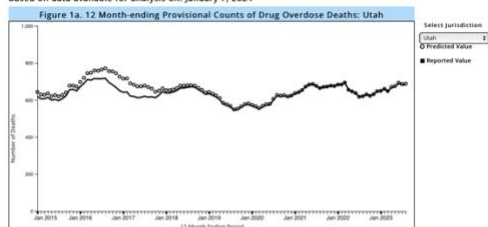
Office of the Governor of the State of Utah

Office of the Lieutenant Governor of the State of Utah

Utah Opioid Task Force



Based on data available for analysis on: January 7, 2024



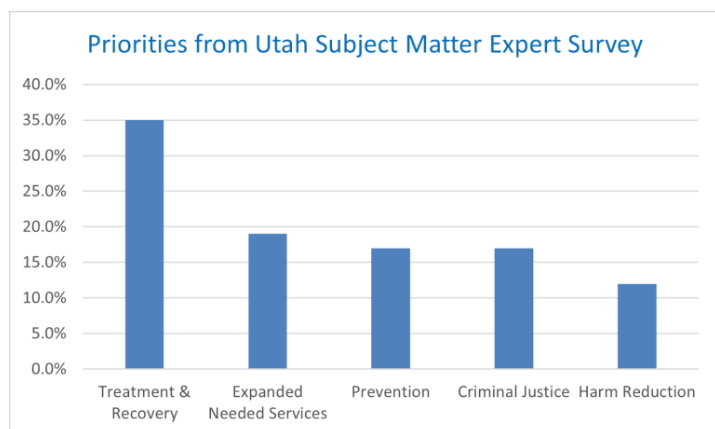
Utah Opioid Task Force Opioid Settlement Advisory Committee (OSAC) Executive Summary

This report provides Utah policymakers and stakeholders with guidance on how to leverage opioid settlement funds. Goals are to maximize benefits to the community and alleviate some of the harms caused by opioids in Utah. The OSAC is composed of subject matter experts from a broad range of fields and has the singular task of providing guidance on utilizing settlement funds expected from various opioid litigations.

One American dies every five minutes of an overdose. There were over 108,000 overdose deaths in the U.S. in 2022, the most ever in a 12-month period. Utah has made progress in this realm going from 4th to 42nd in the nation for rate of overdose deaths, but there is still much work to be done.

Immediate Strategic Priorities Recommended for Early Phase Settlement Fund Management:

- Establish CORE PRINCIPLES in legislation to provide a framework that ensures funds are spent in ways that save and improve lives.
- Determine the entity to oversee and manage funding, establish administrative cost limits.
- Establish an advisory group.
- Establish a structured process for allocation of funds based on the core principles.
- Establish parameters around project priorities and selection processes based on community assessments and resources.
- Establish reporting and outcome measurements required for transparency and compliance with settlements.



Subject Matter Expert (SME) Recommended Strategies

Utah's subject matter experts prioritize using opioid settlement funds to expand treatment and recovery opportunities (emphasis in rural areas), followed by expanding needed services, prevention, criminal justice, and harm reduction. Evidence-based and data-driven strategies should be prioritized, and results and outcomes should be tracked and reported.

Additional Key Considerations Identified by SME

- ◆ Comprehensive expansion of a more equitable workforce including professional development, compensation, and access throughout the state
- ◆ Those with lived experience, their families, and community members must be included in assessments and projects
- ◆ Prioritize housing, legal supports, education, and job training availability for those impacted by opioids
- ◆ Ensure naloxone access and overdose prevention for groups and areas that are high risk for overdose
- ◆ Recovery supports are vital and should be funded separately from treatment services
- ◆ Measuring and reporting results and outcomes should be a crucial piece of settlement spending planning

**Keep the Focus on the Intent of the Opioid Settlements:
To Ameliorate the Harms of Opioids on our Communities**

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Introduction

The opioid crisis is one of Utah's most pressing public health issues. Since 1999, Utah has seen increases in the number lost to drug related overdoses. The leading source of these overdoses has been prescription opioids which are responsible for thousands of preventable deaths for Utahns. Sadly, Utah has been as high as 4th in the nation for its rate of opioid related deaths. In response to this crisis, the Utah Attorney General's office joined other Attorneys General across the nation to hold various pharmaceutical, distribution, and consulting companies accountable for fueling the opioid crisis.



Many years later and after many lives lost, Utah will finally start to receive settlement monies designated to **ameliorate the harms** these companies have directly contributed to. No amount of money can bring back our loved ones, nor can it undo the trauma many families have faced and continue to face. But resources can be strategically utilized to help those who have been impacted the most, to prevent future substance misuse in communities, and to help bring wellness to our communities. Utah has made progress in this realm going from 4th to 38th in the nation for rate of overdose deaths, but there is still much work to be done.

The Utah Opioid Task Force's Opioid Settlement Advisory Committee (OSAC) is preparing this guide to assist the state and local communities in utilizing funds expected from various opioid litigations and settlements. ***This is an unprecedented opportunity to invest in solutions to address the needs of people impacted by opioids and substance use disorders. The public is counting on Utah's leaders to use these critical funds appropriately, impactfully, and with the best interests of those harmed at the center.***

Utah Opioid Task Force - Opioid Settlement Advisory Committee (OSAC)



The Opioid Settlement Advisory Committee (OSAC) is a part of the Utah Opioid Task Force (UTOTF). The UTOTF was formed within the Utah Attorney General's Office in 2017. This OSAC group was formed, and members selected to provide Utah policymakers and stakeholders (both statewide and local) with reliable guidance and subject matter expertise as optimal utilization of these crucial targeted resources is determined.

There are seventeen (17) OSAC members who come from a variety of backgrounds and areas of expertise (see **Appendix A**). Each member brings knowledge and experience critical to understanding and working in the Opioid Crisis space. Individuals do not necessarily represent any organization or agency in this setting. They represent subject matter expertise that can be used to benefit Utahns impacted by opioids. Members serve on a voluntary and non-compensated basis. Areas of expertise represented include: Treatment and Recovery, Addiction Medicine, Treatment Systems, Public Health, Harm Reduction, Law Enforcement/Public Safety, Legal and Justice Systems, Pharmacy, Medication Assisted Treatment (MAT), Health Systems, Education, Public Policy, Opioid Overdose Prevention, Family Members, and Lived Experience with Substance Use.

How to Use This Information as a Guide

This blueprint tool is intended to assist local and state policymakers and stakeholders. The process requires four steps — understand and prioritize your community's needs, compare them with the blueprint, and identify next steps to address the needs (Reference CHI).



STEP ONE: Understand your community's needs.

Conduct needs assessments and gather input from relevant stakeholders and those impacted. Explore where resources are already being directed and where more are needed.

STEP TWO: Prioritize your community's needs.

Use the survey to gather community input on needs and resources.

Questions for consideration:

- *What's working well that needs to be scaled up?*
- *Which populations (by geography, age, race/ethnicity, language spoken, etc.) are most in need of these services?*
- *What outcomes are we interested in achieving?*
- *What are the priorities of the community members?*
- *What resources are already available for each investment domain?*

STEP THREE: Use the blueprint.

Check your community's prioritized needs and resources against the blueprint.

Questions for consideration:

- *How do our priorities line up with the results of the blueprint?*
- *Which subgroup priorities are most important in our community (e.g., law enforcement, health care professionals, harm reduction, others)?*
- *Which strategies are we already addressing with our community's resources?*
- *Which are we not?*

STEP FOUR: Identify next steps.

Based on the community's needs and the blueprint's guidance, decide which strategies are best suited for additional investment.

Questions for consideration:

- *Which agencies or organizations have the capacity to spend the dollars?*
- *How much time do we have to deliver the programs and strategies?*
- *What will we need to implement the selected programs and strategies in terms of training and costs?*
- *Who will lead this work?*
- *How will we ensure that the spending is done in alignment with settlement requirements?*
- *How will outcomes and data be tracked and reported?*

Creating a Blueprint for Utah - Establishing CORE PRINCIPLES to Guide Opioid Settlement Allocations in Statute

Members of the OSAC as well as the opioid-impacted public have indicated a strong desire to have transparency and sound established principles guiding opioid settlement spending. There is great concern from those who work in this arena, as well as from those who have faced the hardest impacts related to opioids, that special interests and for-profit interests will receive access to settlement funding instead of it being allocated to data and results-proven programming. In fact, in our public-facing survey, **47% of Utahns surveyed feel that Utah is “Unlikely” or “Very Unlikely” to spend settlement funds in meaningful ways to reduce further harms from opioids.**

Establishing core guiding principles in legislation is important in showing the intent to spend responsibly and with guided intent.

There are multiple national sources of recommendations for such Core Principles (see **Appendix B**). The Utah OSAC has adopted and is recommending the following **CORE PRINCIPLES**, as have many other agencies and organizations nationwide. Establishing these principles at the ground level of any settlement funding decisions will help ensure that funding is directed thoughtfully and appropriately. We recommend these being statutorily added:

1. Spend money to save lives.

- 1) Establish a dedicated fund.*
- 2) Supplement rather than supplant existing funding.*
- 3) Don't spend all the money at once.*
- 4) Report to the public on where the money is going.*

2. Use evidence to guide spending.

- 1) Direct funds to programs supported by evidence.*
- 2) Remove policies that may block adoption of programs that work.*
- 3) Build data collection capacity.*
- 4) Fund data-driven strategies that are currently without funding sources.*

3. Invest in youth prevention.

- 1) Youth prevention programs have a very favorable return on investment—\$18 dollars for every dollar spent by one estimate.*
- 2) Direct funds to evidence-based interventions.*

4. Focus on equity, to include geographic, racial, and socioeconomic equity.

- 1) Invest in communities affected by discriminatory policies.*
- 2) Support diversion from arrest and incarceration.*
- 3) Fund anti-stigma campaigns.*
- 4) Involve community members in solutions.*

5. Develop a fair and transparent process for deciding where to spend the funding.

- 1) Determine areas of need.*
- 2) Receive input from groups that touch different parts of the crisis to develop the plan.*
- 3) Ensure that there is representation that reflects the diversity of affected communities when allocating funds.*

Creating a Blueprint for Utah - Subject Matter Expert and Public Surveys

The UTOTF OSAC used previously implemented study strategies to create this Blueprint for Utah. Other states before us have created similar guides, and we have used those examples as a framework for Utah (see **Appendix B**). Using these examples, OSAC members identified and described a list of investment options falling under five categories or strategies: **Prevention, Treatment and Recovery, Harm Reduction, Criminal Justice, and Expanded Needed Services**.

Programming listed under each strategy represents existing and recommended approaches to confronting the opioid crisis as well as programming that has been identified as needed but not in existence.

These five broader strategy categories as well as the more granular programming concepts within them can be evaluated and explored in individual communities as needs assessments, response strategies, and spending planning are undertaken.

Prevention	
Provider education	Trainings for practitioners on non-opioid pain treatments, non-addictive chronic pain therapies, and guidelines for opioid prescribing best practices
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Workforce training and funding to implement evidence-based secondary prevention approaches that identify and intervene with problematic use, abuse, and dependence on substances
Primary prevention	Evidence-based primary prevention programs and strategies, including family and youth programming to promote protective factors and reduce risk factors, as well as adult education programs and other public communications campaigns
Community development	Funding for community services to support those in recovery such as: childcare, family services, and employability
Emergency Medical Services programming	Support for overdose death prevention and development of multidisciplinary teams (EMS, social work, peer support, harm reduction) to support individuals and families with resources and linkages to care after an overdose event
Overdose surveillance	Drug death and nonfatal overdose surveillance, including funding for law enforcement, medical examiners, EMS, and harm reduction agencies to improve accuracy and timeliness of overdose and drug-testing data
Write-In	Please specify:
Treatment & Recovery	
Recovery supports	Peer-based supports and other resources aimed at promoting and supporting recovery. Support services for children and families affected by substance use disorders, including training for professionals such as teachers, law enforcement, and others.
Low-Barrier Medication Assisted Treatment	Expanded access to Medication Assisted Treatment (MAT) for those suffering from Opioid Use Disorder
Rural/frontier and underserved treatment programs	Expand treatment options in rural, frontier, and underserved areas, including mobile programs and telehealth/telemedicine programs
Increased access to detox services	Support for expanded detoxification options for community members statewide
Substance use disorder treatment	Provision of evidence-based substance use disorder treatment services: inpatient/residential treatment, outpatient treatment, and medication assisted treatment
Research and evaluation	Funding for research into treatment outcomes, evaluation of program effectiveness, and the impact of policy interventions in Utah
Write-In	Please specify:

Harm Reduction

HIV and Hepatitis	Prevention, screening, early detection, vaccines, and treatment for HIV and hepatitis
Naloxone	Increase evidence-based targeted naloxone distribution and training
Syringe exchanges	Establishing, operating, and expanding existing syringe or needle exchange programs, including syringe disposal
Infection related services	Screening, early detection, and care for soft tissue infections to decrease sepsis and serious bacterial infections
Drug checking	Production, evaluation and distribution of drug-checking services to include fentanyl test strips and other evidence-based advanced testing technologies
Community-based, post-overdose EMS program	Opportunity to provide naloxone
Write-In	Please specify:

Criminal Justice

Jail-Based Substance Use Disorder treatment	Expansion of substance use disorder treatment in jails and prisons, including access to detox and Medication Assisted Treatment (MAT)
Law Enforcement Assisted Diversion programs	Support for development and operation of programs designed to divert individuals to treatment and support services for nonviolent law violations driven by unmet substance use/behavioral health needs in lieu of criminal justice system involvement
Law Enforcement training	Funding for data driven and evidence-based trainings for local police, drug task forces, and interdiction efforts on issues related to opioids and opioid treatment modalities
Community corrections	Developing or expanding drug or family courts and other pre-arraignment diversion programs. Judicial training on best practices for Opioid Use Disorder treatment
Post-incarceration social programs	Programs for reintegrating people recovering from Substance Use Disorder into communities following incarceration
Write-In	Please specify:

Expanding needed services to address the impacts of opioid use and dependence

Establishing and maintaining stable housing	Developing programs to help improve access to and maintenance of stable housing for those impacted in this realm
Protecting jobs and employment opportunities	Developing or expanding programs to increase employment opportunities, professional licensing supports, and career development
Social-legal partnership services	Developing and supporting programs to deliver focused legal services to help people affected by Opioid Use Disorder expunge criminal records, secure housing assistance, address debt and collections, and navigate custody issues
Education opportunities	Scholarship programs to help people affected by Opioid Use Disorder obtain higher education such as at a community college, four-year university, trade school, or technical school
Workforce development	Increasing training availability for needed treatment, recovery and support workforce members
Write-In	Please specify:



Subject Matter Expert Survey - Once the strategy areas were determined and organized, the OSAC compiled a list of Subject Matter Experts (SME) from across the state representing major realms of interest and multiple geographic areas as well. OSAC members were each tasked with identifying SME within their realms of expertise to ensure that there was representation across areas of expertise and that SME have actual relevant knowledge to contribute to the dialogue. The compiled list ultimately contained 188 SME and was reviewed by the committee to assess for missing representation and/or key voices needing inclusion.

These 188 experts were then individually asked to confidentially complete the above survey ranking how they would spend a hypothetical \$100 million in opioid settlement dollars (recreating the Colorado strategy with Utah adaptations). SME were asked to consider not only strategy importance, but also where they thought funds were needed and not currently available when making their decisions. There were 110 completed and returned SME surveys (response rate 59%). Each SME self-identified the area/s in which they have expertise. Areas of expertise include:

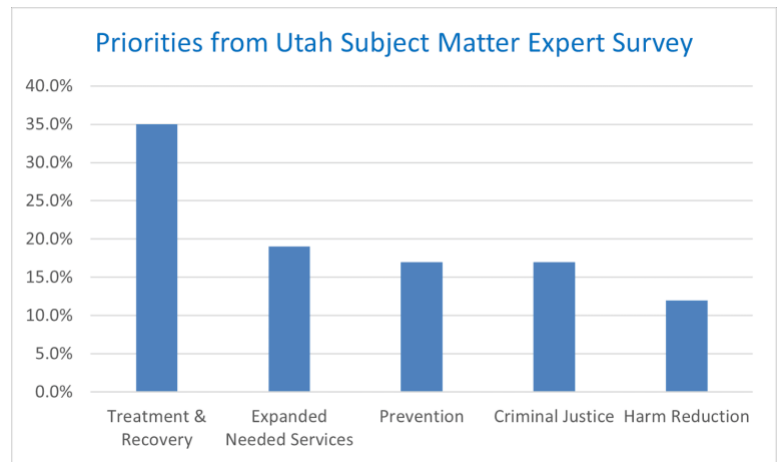
Criminal Justice, Education, EMS, Government, Harm Reduction, Behavioral Health Healthcare, Medical Healthcare, Judicial, Law Enforcement, Lived Experience (personal), Lived Experience (family), Policy, Prevention, Public Health, Recovery and Peer Support.

There were at least 10 respondents in each of the tallied areas of expertise. Results were calculated for the entire group of SME as well as broken down by specific area of subject matter expertise. IRB review and exemption determination was completed and granted through the University of Utah for data analysis.

Public Survey - An anonymous public-facing version of this survey was also created and disseminated across the state both in person and online (www.UtahOpioidPriorities.org). The public-facing version does not employ the hypothetical budget concept used with the SME but instead asks the public to rank strategies by level of importance. It also asks the public to identify how they have been impacted by opioids and how they have seen their communities impacted. The voice of the public is very important in determining community needs. The public-facing survey has had over 1,300 responses as of 01/10/2022.

Subject Matter Expert Survey Results

Utah subject matter experts (SME), across all fields, identify treatment and recovery (35%) as the most prioritized area of investment to address the opioid crisis. The next most ranked area of investment is expanding needed and/or non-existing services (19%), followed by equal proportions to criminal justice strategies (17%) and prevention strategies (17%), and lastly harm reduction strategies (12%).

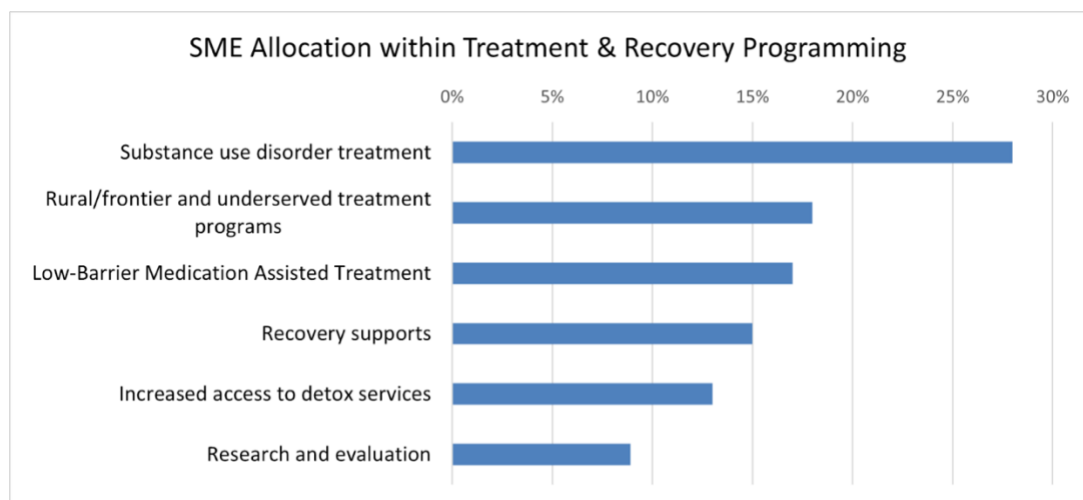


There is agreement across realms to allocate the most funding toward the treatment and recovery strategy. Provision of evidence-based substance use disorder treatment services is the most prioritized programming allocation across SME fields (9% of total) followed by expanded treatment options in rural, frontier, and underserved areas (6% of total).

There is much valuable commentary contributed by individual SME as they completed their surveys. Selected write-in responses are included in **Appendix C**.

Treatment and Recovery

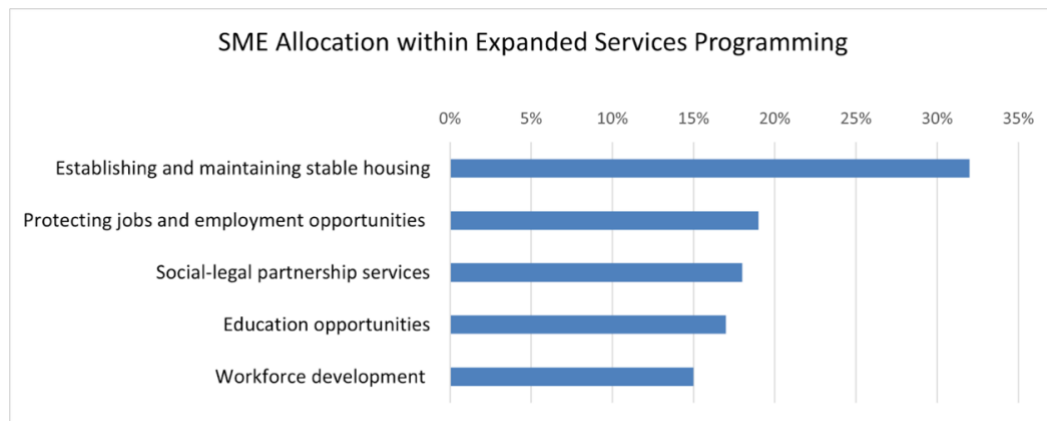
While there is substantial agreement among the SME and public respondents that treatment and recovery programming receive the largest proportion of settlement funding, overall proportions of the total range from 26-42% across fields of expertise. Experts in the Behavioral Health field allocated the most to treatment and recovery (42%) followed by medical healthcare (38%), emergency medical services (38%), government (36%), and recovery & peer support (35%). Experts in the public health, law enforcement, and judicial fields allocated the least with 31%. All SME allocations to treatment and recovery areas within the strategy are shown here:



Expanded Needed Services

The expanding needed and non-existing services category of programs is the second most prioritized by the SME at 19% of total funds. Across individual fields, allocations range from 17-27%. Experts in the judicial field allocated the most (27%) followed by public health (24%), policy makers (24%), and harm reduction (23%). Experts in the fields of government, behavioral health, and EMS allocated the least at 19%, 18%, and 17% respectively.

Within this strategy domain, establishing and maintaining stable housing is the most heavily prioritized across most SME fields with those in the judicial and lived experience fields allocating the most at 11% and 10% of the total. All SME allocations to expanded needed services within the strategy are shown here:

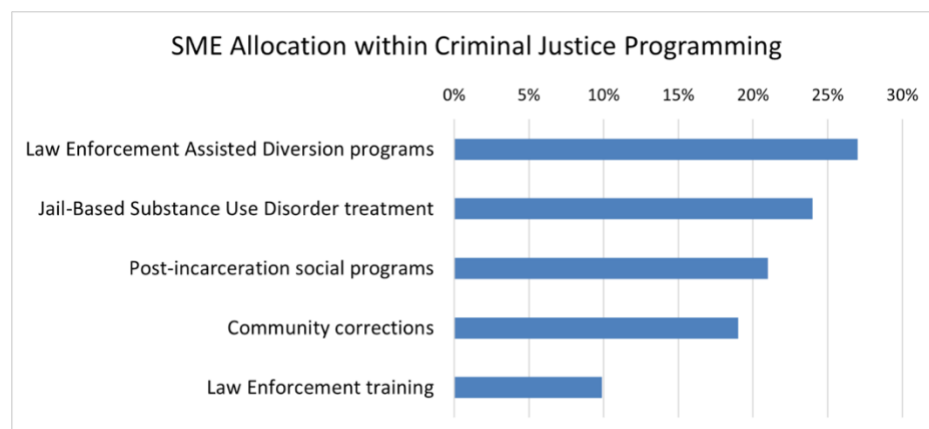


Criminal Justice

Across individual SME fields, criminal justice allocations range from 12-24% of the total. Experts in the judicial field allocated the most (24%), followed by law enforcement (22%), and government (19%). Experts in the fields of recovery/peer support and lived experience allocated the least at 13% and 12%, respectively.

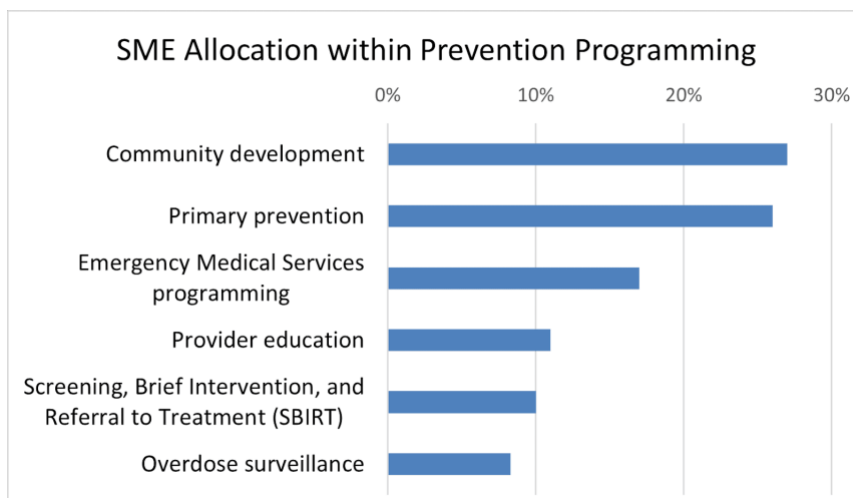
Within this domain, Law Enforcement Assisted Diversion programs are the most heavily prioritized and many SME also support the concepts of legal assistance, expungements, and resolving warrants.

Based on overall SME feedback, many believe in the power of programs that help rehabilitate people rather than further penalizing them. This is especially for those who currently struggle or previously have struggled with substance use disorders. All SME allocations to criminal justice activities within the strategy are shown here:



Prevention

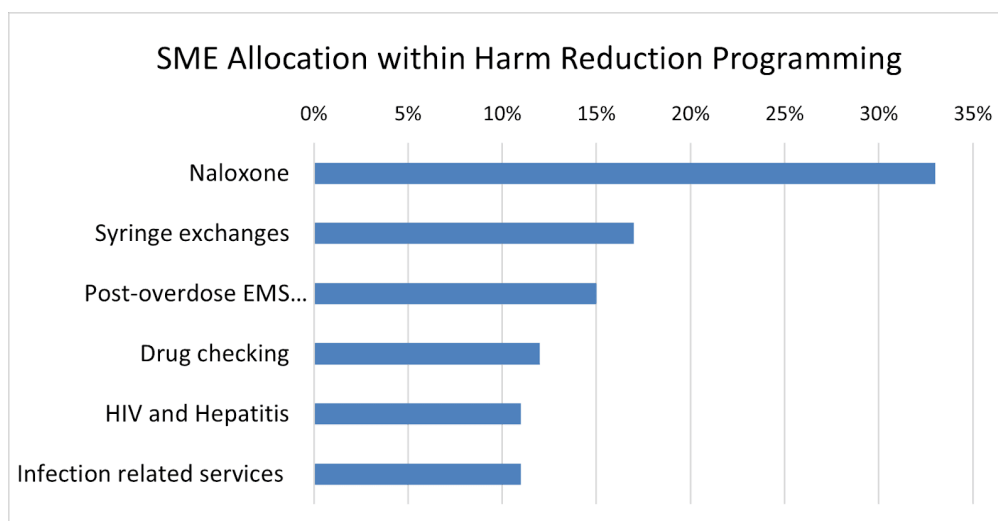
Across individual SME fields, allocations to the prevention category range from 10-20% of the total. Experts in the law enforcement field allocated the most (20%) followed by prevention (19%), then those with lived experience through a family member (16%). Experts in the fields of harm reduction and direct lived experience allocated the least at 12% and 10%, respectively. All SME allocations to prevention concepts within the strategy are shown here:



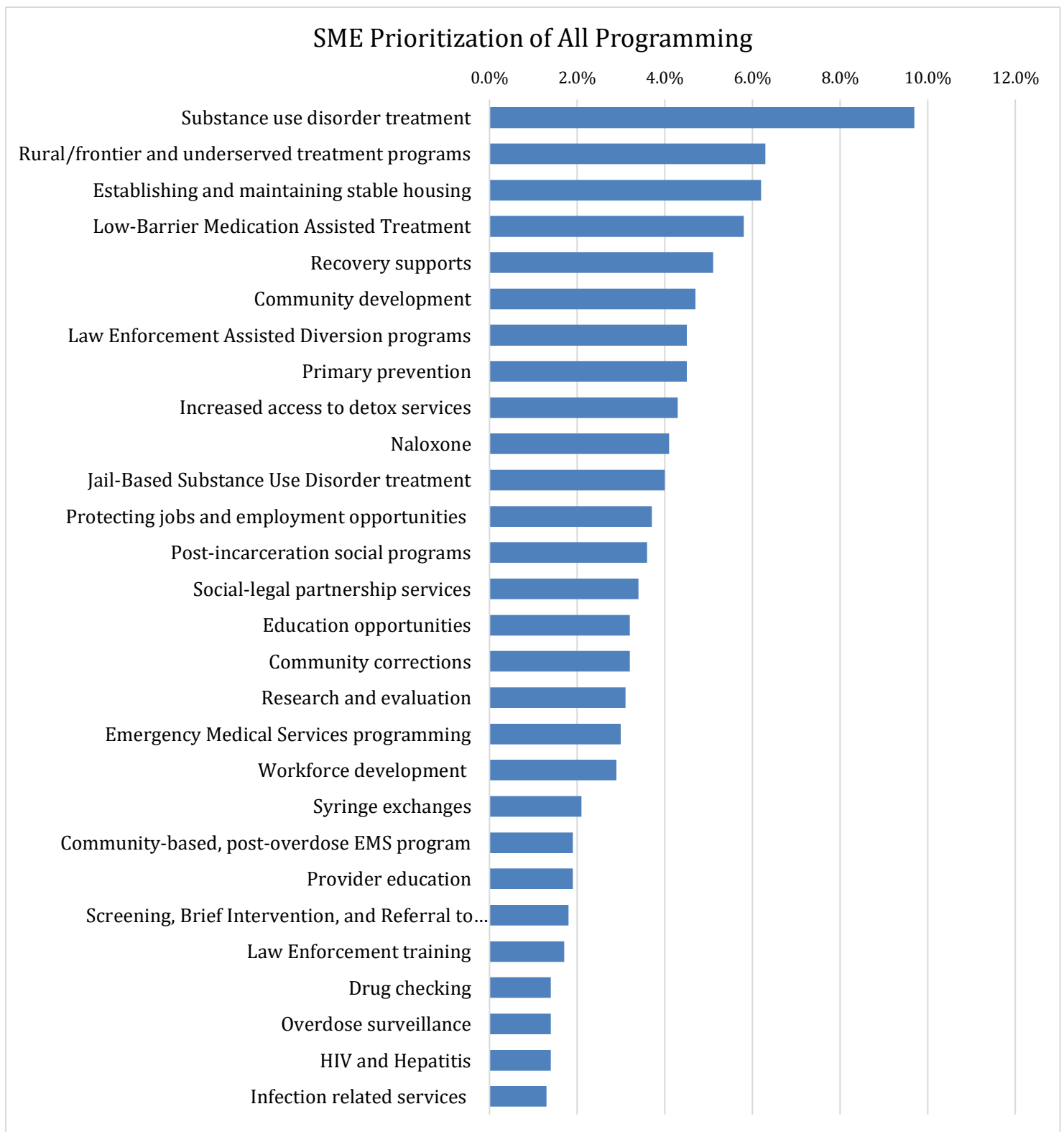
Harm Reduction

Across individual SME fields, allocations to harm reduction as a strategy range from 7-22%. Experts with direct lived experience allocated the most (22%) followed by harm reduction (17%), and recovery/peer support (16%). Experts in the law enforcement, government, and judicial fields allocated the least at 11%, 10%, and 7%, respectively.

General consensus across all SME suggests that harm reduction plays an important role in any response to the opioid crisis. It can provide opportunity for engagements and lifesaving tools yet receives minimal funding in Utah. Those SME with both professional and personal lived experience allocated 11% of the total funding to naloxone programming alone. All SME allocations to harm reduction services within the strategy are shown here:

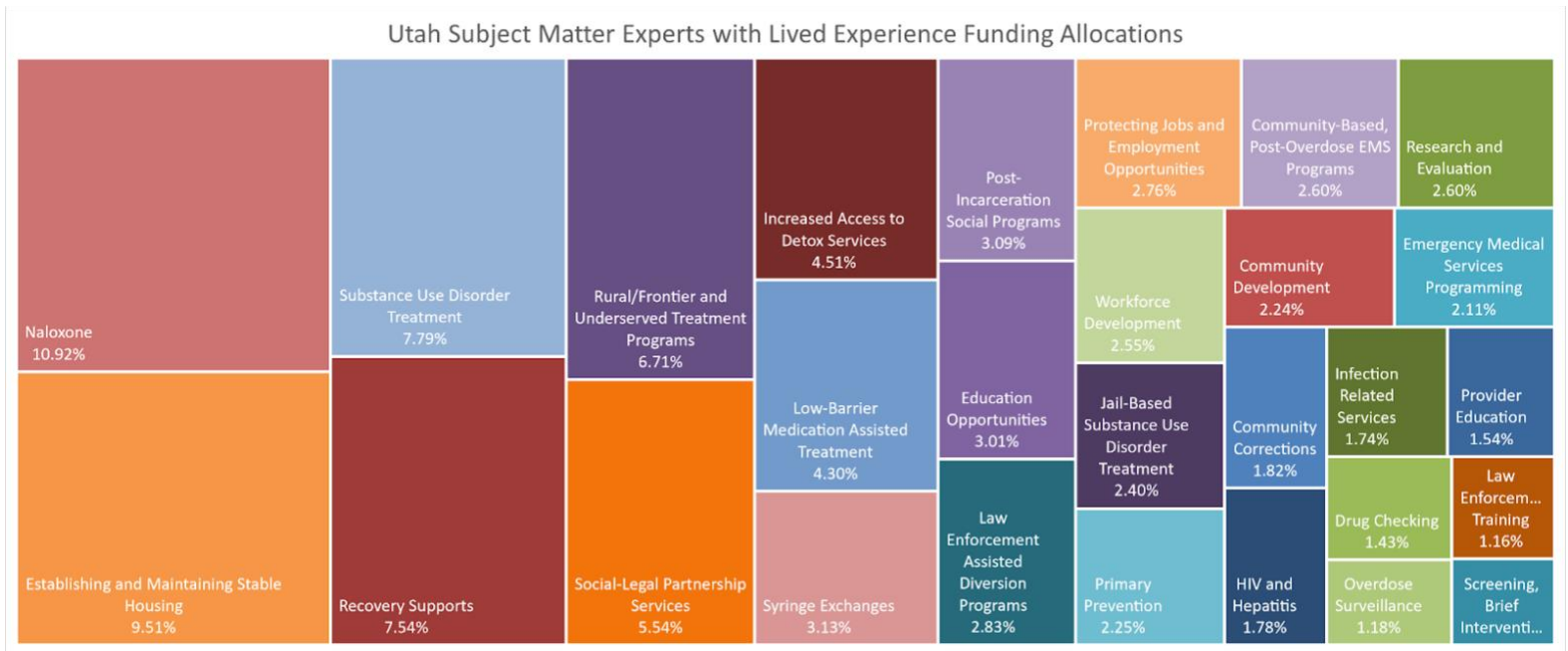


Total Allocation Priorities of All Utah Subject Matter Experts (SME)



Strategic Priorities from Utah Subject Matter Experts who also have Lived Experience

SME with lived experience offer a valued and unique perspective on priorities as they know the professional and the personal sides of this realm. As is shown in the graphic below and summarized here, these subject matter experts prioritized spending as follows. They allocated the most funding to naloxone distribution programs (11%), followed by establishing and maintaining stable housing (10%), substance use disorder treatment (8%), recovery support programs (8%), rural treatment programs (7%), social-legal partnership services (6%), increased access to detox services (5%), low barrier MAT (4%), and syringe exchange services (3%).

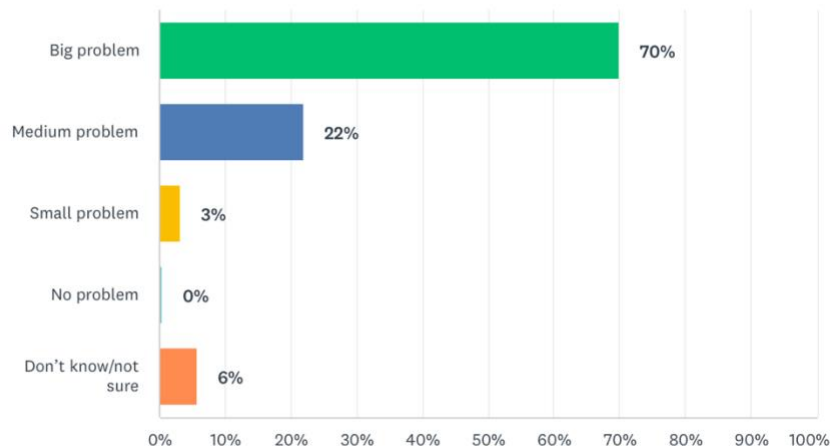


Public Survey Results

The following data and graphics outline some of the key findings from our Utah opioid settlement public survey (www.UtahOpioidPriorities.org). There are over 1,300 responses as of 01/10/2022.

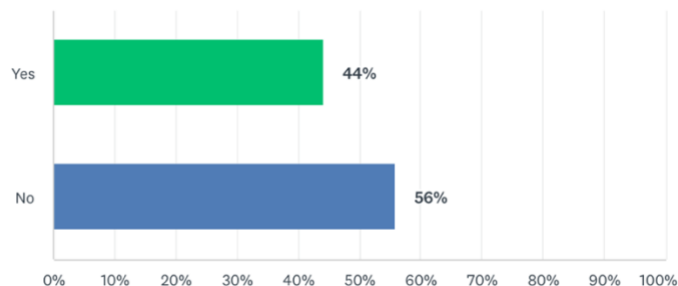
How big of a problem is opioid use in your community?

Answered: 1,040 Skipped: 280



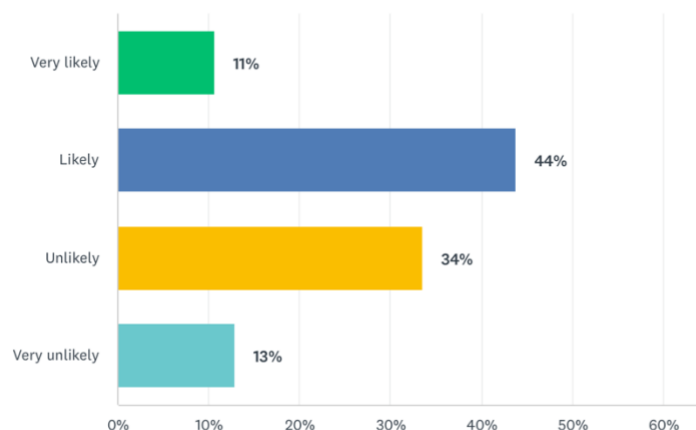
Before completing this survey, were you aware that the state of Utah will be receiving settlement funds from companies to resolve lawsuits over their roles in the opioid crisis?

Answered: 1,233 Skipped: 87



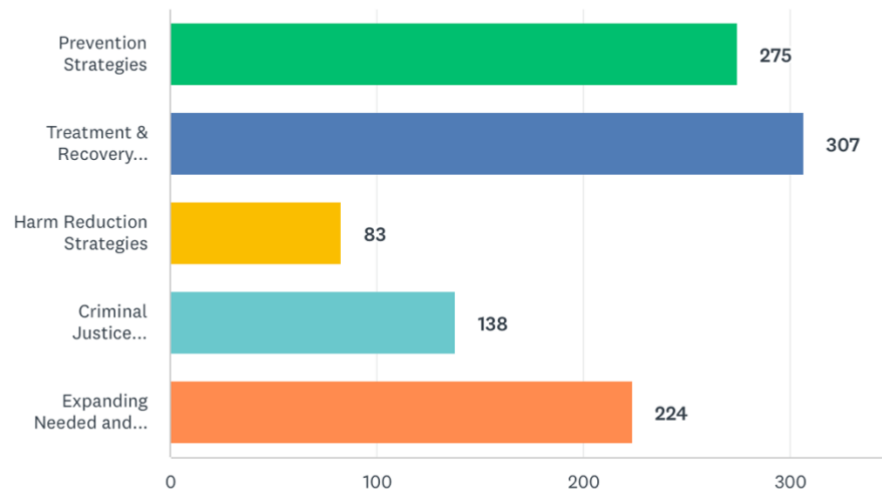
Do you feel that settlement funds will be spent in meaningful ways that will reduce further harms to the community from opioids?

Answered: 1,063 Skipped: 291



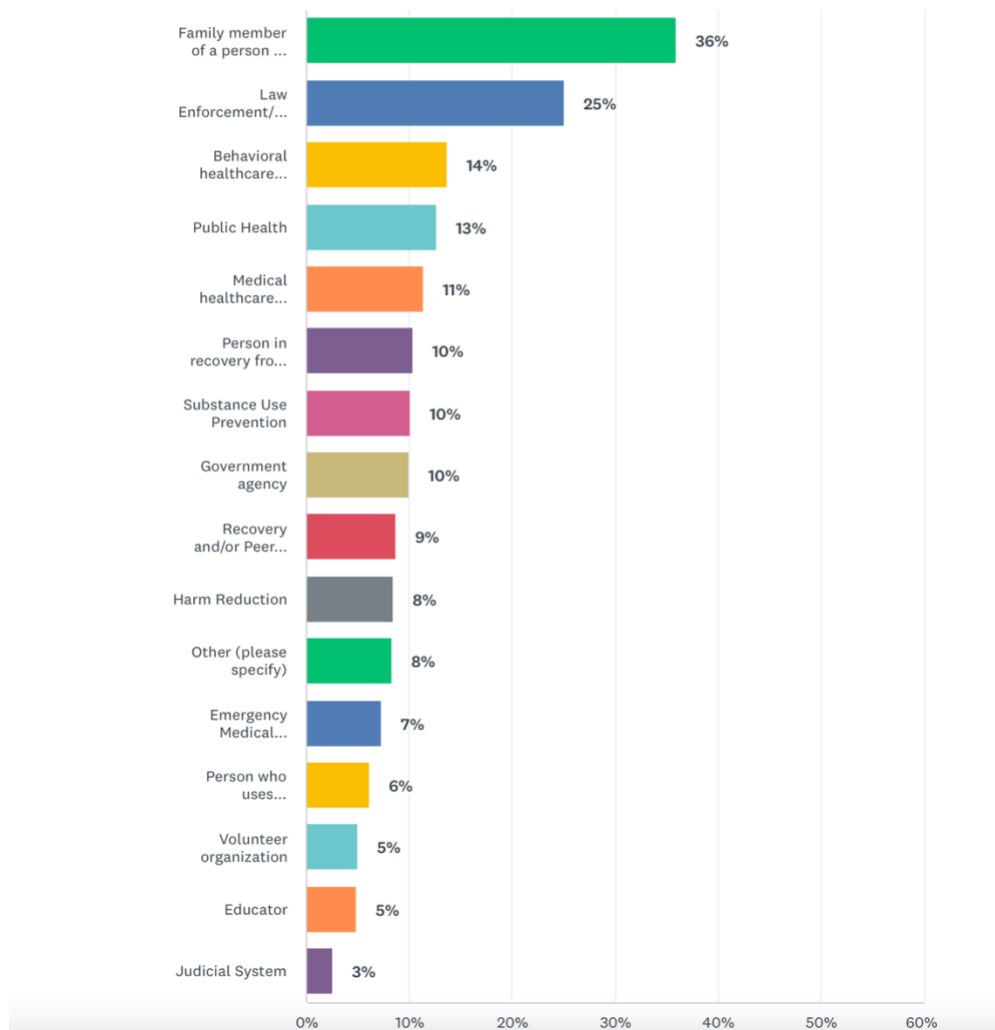
Of the 5 groups of strategies in the previous questions, which do you feel is the most important to your community?

Answered: 1,027 Skipped: 277



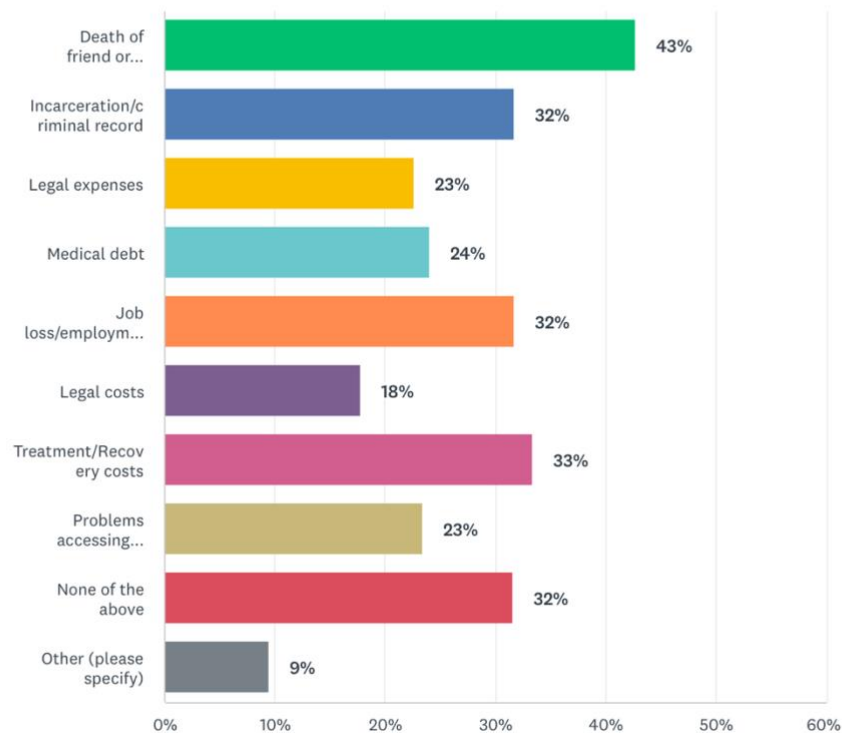
Which of the following describes your personal and/or professional involvement in the opioid crisis? (Select all that apply)

Answered: 1,233 Skipped: 87



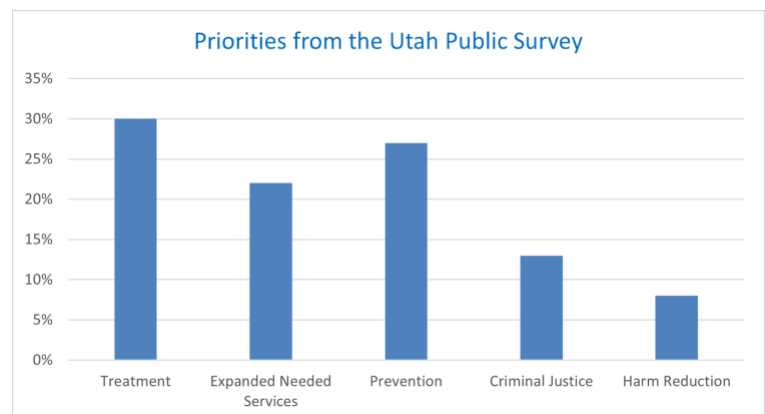
Have you or your family been impacted in any of the following ways by the opioid crisis? (Select all that apply)

Answered: 1,220 Skipped: 100



Key Takeaways from the Public Survey responses

Utahns have felt the impact of the opioid crisis deeply. It has hit them personally or touched their family and friends. Of those who participated in the public survey, **43% have experienced the death of a friend or family member**. Other significant life impacts secondary to opioids such as incarceration, legal expenses, medical debt, job loss, and treatment and recovery costs were also noted.



Over 70% report that opioids are a “Big Problem” in their communities, only 44% were aware that opioid settlement funds are coming to Utah, and 47% reported feeling that it is “Unlikely” or “Very Unlikely” that settlement funds will be used in meaningful ways that will reduce further harms to the community from opioids. A public trust is not well demonstrated in these results.

The public survey had broad representation from our communities including family members, people in recovery from substance use, people who use drugs, professionals working in the realm, and from agencies and organizations such as law enforcement, EMS, harm reduction, and the judicial system. The public prioritizes spending directed to treatment and recovery at 30%, expanding needed services 22%, prevention 27%, criminal justice 13%, and harm reduction 8%.

Key OSAC Recommended Strategic Priority Considerations

- Utah's SME prioritize using opioid settlement funds to expand treatment and recovery opportunities, with an emphasis in rural areas, followed by expanding needed services, prevention, criminal justice, and harm reduction.
- Dialogues about treatment and recovery services would benefit from separating them conceptually. There are differences in acute and chronic treatment services and recovery services. There are also often payment structures in places for treatment services, but not for recovery support services. Recovery support is an area that should be considered crucial to ameliorating the harms caused by opioids.
- There are important needs for individuals getting and keeping their lives on track which are not currently adequately available or funded in our systems. These needs include housing supports, legal entanglement supports, job training, and education. Providing funding to meet these types of expanded program needs was prioritized by SME, those with lived experience, and members of the public.
- Workforce availability in all realms (hospitals through treatment centers through criminal justice) is a crucial component of every single strategy listed on the survey. Comprehensive expansion of a more equitable workforce including professional development, compensation, and access throughout the state should be prioritized.
- Consideration of possible means to fund/support the building, renovation, and expansion costs of actual physical structures for services to be delivered is a priority in many of the realms.
- Programming and services addressing and mitigating the impacts and trauma on the families and children of those affected by opioids are important to include in response strategies.
- There are benefits to area-specific needs/readiness assessments.
- Desired population outcomes should be identified, and funded programs should be required to demonstrate progress toward them with supporting data and accountability. Measurement of data, performance, and outcomes is essential.
- Medicaid expansion has increased payment coverage for treatment and MAT.
 - Of note: Medicaid dollars do not go toward the needs of the incarcerated.
- Funding that would be directed to support for-profit entities should be very carefully vetted and monitored. Members of the public are especially skeptical about this type of utilization of funding.

Immediate Strategic Priorities Identified for the Beginning Phase (3-to-5-year Period)

- Establish administrative structure/s with appropriate oversight to support and manage Block Grants/RFPs specific to strategy realms. Utilize SME advisory groups.
- Establish a structure for funding disbursement that protects funds from going excessively to administrative and bureaucratic costs while not supporting the intent of the settlement funds - to ameliorate the harms done to our community members.
- Workforce development - supports all five of the strategy areas as there cannot be expansion of spending and effort without a workforce to do the work.
- Ensure that compliance with spending requirements is met within the legal framework of the settlement agreements and that spending reporting structures are set up (guidance from the AGs office on meeting these requirements will be important).

Looking Ahead - Establishing a FRAMEWORK for Spending Oversight, Guidance and Governance



Drawing from the core principles above, it is crucial that spending and allocation decisions involve evidence-based and data-driven strategies. This will require the involvement of subject matter experts and structures to formulate how to disperse funds throughout our communities. There will also be a framework

needed for how allocations are ultimately made, how results are tracked, and how outcomes are measured. Some mechanisms that have been suggested in other states include Competitive Funding, Noncompetitive Funding Allocation to Communities, Matching Funds, and Pay for Success Contracts.

UTOTF OSAC Recommendations for Utah Funding Determination Structure in the Beginning Phase (3-to-5-year Period)

Committee discussions revealed a consensus favoring placing opioid settlement funds in relevant established spaces with structure for competitive funding such as RFP/grants to agencies and community-based organizations after a review process. This will be an evolving process requiring adaptation. For the initial 3-to-5-year period we recommend:

- **Establish CORE PRINCIPLES in legislation to provide a framework that ensures funds are spent in ways that save and improve lives.**
- **Determine the entity to oversee and manage funding, establish administrative cost limits.**
- **Establish an advisory group.**
- **Establish a structured process for allocation of funds based on the core principles.**
- **Establish parameters around project priorities and selection processes based on community assessments and resources.**
- **Establish reporting and outcome measurements required for transparency and compliance with settlements.**

There will need to be ongoing and updated needs assessments every additional three-to-five years to assess progress as well as the emergence of new challenges and new successes. Needs assessments and outcome measures can be further used to guide ongoing funding and allocations within any locality and statewide.

Throughout the funding period, there will need to be determinations made on what entities and organizations are eligible to receive funding and if any funding amount limitations are recommended by policy makers.

Certainly, there is a role for establishing intent via bills/legislation, but an entire funding structure does not necessarily need to be laid out nor any/all funds immediately spent.

Of utmost importance is ensuring that compliance with settlements is maintained.

Broad Policy Considerations

This blueprint is intended to provide guidance for local/state decision-makers and stakeholders as they allocate resources to address the opioid crisis and other behavioral health challenges. However, depending on individual community needs, community leaders should adjust their allocations. Important considerations are described below (Reference CHI):

Breadth versus depth. Some communities may benefit from broad financial support across their behavioral health system. But others may create the biggest impact from a significant influx of funding into one part of the system.

Outcome alignment. Policymakers should identify key outcomes to target, set timeframes, and prioritize their investments.

Spending capacity. Following an analysis of a community's resources, policymakers should think about the extent to which these service areas have capacity to spend the dollars.

Sustainability. When thinking long-term, policymakers and communities should consider the sustainability of the investments and grant funding, as well as strategies themselves.

Cost-effectiveness. Maximize the impacts of any given investment for responsible spending and maximize the benefit to the impacted public.

Conclusions

As of December 2021, Utah communities are anticipating settlement dollars coming out of multiple, ongoing opioid lawsuits. The impact of the opioid crisis on Utah has been tremendous and Utahns are counting on our policy makers, leaders, and stakeholders to use the funds appropriately and judiciously. Resources can be strategically utilized to help those who have been impacted the most, to prevent future substance misuse in communities, and to help bring wellness to our community members. This is an unprecedented opportunity to invest in solutions to address the needs of people impacted by opioids and substance use disorders.

The Utah Opioid Task Force Opioid Settlement Advisory Committee (OSAC) will continue to remain engaged and working on this blueprint as the landscape evolves. This will be a **WORKING DOCUMENT** as decisions and spending unfold. There will be continued work done with our collaborating endorsing partners as well. We will be available to work collaboratively with Utah state/county/municipal agencies and leaders, the Governor's Office, and the Utah State Legislature to assist in the ongoing efforts to leverage opioid settlement funds to maximize the benefit to our Utah communities and alleviate some of the harms caused by opioids in Utah.

References and Resources

Appendix A. Opioid Settlement Advisory Committee (OSAC) Members and Blueprint Authors, with areas of experience/expertise

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Nick Weaver, PharmD, MBA	Pharmacy, MAT, Overdose Prevention, EMS, Health Systems
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Appendix B. Data, Core Principles, and Strategies References

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Appendix C. Write-in Commentary from SME Survey

Treatment and Recovery Write-ins: The 'write-in' option for the treatment and recovery strategy was utilized by 10% of respondents. Examples of write-in suggestions for this section included: 1. *"Please be aware when allocating dollars to treatment, that most individuals are eligible for Medicaid or Marketplace plans. Due to Medicaid expansion, there are few who cannot qualify (undocumented etc.). It is helpful to remember that Medicaid dollars cannot be used in incarcerated settings, so these dollars would be beneficial" there.* 2. *"We need housing solutions. Both in terms of a receiving center for short-term crisis intervention alternatives to jail and/or the emergency room and a longer term, transition housing. There is almost always a greater need than there are open beds. Same is true for in-patient treatment facilities -- mental health patients often self-medicate with controlled substances and have substance abuse disorders that require in-patient treatment, and those facilities are invaluable as they transition from jail... Many are successful long term because of this approach, but if we had more beds in all of these kinds of facilities, we would save many, many jail days and many hospital visits. With the escalation of the real estate market, this is only going to get worse, too. There's not enough section 8 housing or other affordable options where mental health court participants who've made remarkable progress can go next as they transition back to independence. They typically have low wage earning capacity and other limitations that, even in a strong job market, put very modest rental units out of reach financially, which threatens to undermine the stability they work so hard to obtain."* 3. *"There are several modalities in place to pay for treatment programs. The major areas lacking are low barrier MAT and detox. There are several communities across our state where there are 0 detox beds available to community members."* 4. *"Aftercare. This includes sober living, life skill training, and continued outpatient treatment following completion of inpatient treatment."* 5. *"One-time brick and mortar funds to expand treatment facilities statewide,"* 6. *Funding for Parent/Child treatment (keep the family together) also natural and informal supports in the recovery community."* 7. *"Support for Crisis Receiving Centers/ 23 hour drop off for SUD treatment."*

Expanded Needed Services Write-ins: The 'write-in' option for expanded needed services programs was utilized by 10% of respondents. Examples of write-in suggestions included: 1. *"Funding should be considered for the brick and mortar of buildings to build sustainable detox programs and recovery spaces."* Other commentary from a judicial system SME included, 2. *"The current responses to opioid use disorder have not proven to be effective and have left many gaps in the support needed for people to maintain health and wellness. People need roofs over their heads, jobs, and ways to feel productive in their lives. The best utilization of this settlement money would be to expand the areas above where currently there are very few supports."* Additionally, from an SME with lived experience, 3. *"Encourage/train/support a model of community-based employers who also function as mentors during recovery."* 4. *"The need for legal services is huge with those in recovery who have a minor criminal record and as a result struggle for find employment. Most of these offenses are directly related to the period when they were suffering from SUD"*

Criminal Justice Write-ins: Examples of write-ins for this section include, 1. *“Incarceration is an impotent, socially disingenuous, and ineffective tool to deploy against addiction. Drug courts work and they work best when progressive law enforcement officers are involved. Or if not progressive, at least charitable.”* 2. *“The need for legal services is huge with those in recovery who have a minor criminal record and as a result struggle to find employment. Most of these offenses are directly related.”* 3. *“Jail based access to MAT is crucial.”* 4. *“Providing education to our criminal justice entities, to include judges and attorneys, about evidence-based treatment programs and MAT so that we are helping set people up to succeed instead of fail because of unrealistic or uninformed expectations.”* 5. *“Outreach and enrollment in health care coverage for Utah’s prison and jail population.”*

Prevention Write-ins: Write-ins in this section include many expressions of the need for more practitioners and more training in addiction medicine, particularly for psychiatry providers, such as MD, NP, and PAs as well as Social Workers and Peer Support Specialists. Other feedback suggested, 1. *“Additional funds should [go towards youth] to include advertising and awareness on all substance use, not just underage drinking.”* Conversely, other SME said 2. *“There are many funds available federally to support prevention. These funds should be used for novel strategies that lack other funding sources.”* Additionally, a medical provider stated, 3 *“Establishing and maintaining housing MUST prioritize direct rent payment programs that prevent eviction.”* 4. *“Mandate insurance and Medicaid coverage for non-opioid pain therapies.”*

Harm Reduction Write-ins: Write-ins from this section include a comment from law enforcement: 1. *“Harm Reduction has slowly become a more accepted term in Utah and providing the user community safe alternatives and options is key to reducing the spread of infectious diseases, infections, and potentially taking lethal doses of fentanyl.”* Those within the medical field stated, 2. *“Many harm reduction strategies are without solid funding sources. There is increasing evidence and support for harm reduction as an effective tool to keep people alive and to direct them toward resources that are supportive of their health and well-being.”* Public health experts reported, 3. *“Stigma combatting campaigns that target families, religious institutions, schools- warning about the “dangers” of drug use is not sufficient and it may cause more stigma in the long run vs harm reduction-based prevention strategy.”* There was also an expressed need for, 4. *“Mobile clinics that include physical (including syringe services) and behavioral health services to serve in areas where there is low or no access.”*

Collaborating Endorsing Partners

