



# Annual Opioid Litigation Funding Report

State of Utah  
Office of Substance Use and Mental Health  
September 30, 2025

To: Health and Human Services Interim Committee, Social Service Appropriations Subcommittee

From: Eric Tadehara, Interim Director, Office of Substance Use and Mental Health

Subject: Opioid Litigation Proceeds Restricted Account Reporting

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## Purpose

As required by [26B-5-211](#), the Department of Health and Human Services (DHHS) submits the following report regarding funds from opioid litigation:

*(6) Beginning October 1, 2023, and on or before October 1 of each year thereafter, the office shall provide a written report that includes:*

- (a) the opening and closing balance of the restricted account for the previous fiscal year;*
- (b) the name of and amount received by each recipient of funds from the restricted account;*
- (c) a description of the intended use of each award, including the specific program, service, or resource funded, population served, and measures that the recipient used or will use to assess the impact of the award;*
- (d) a description of any finding or concern as to whether all opioid funds disbursed from the restricted account violated the prohibitions in Subsection (2) and, if applicable, complied with the requirements of a settlement agreement; and*
- (e) the performance indicators and progress toward improving outcomes and reducing mortality and other harms related to substance use disorders.*

## Executive summary

Utah legislation outlines basic funding mechanisms, with state funding decisions made through the legislative appropriation process. The funds are allocated through the Social Services Appropriations Committee with recommendations from the Opioid Task Force and the Opioid Settlement Advisory Committee. The Office of Substance Use and Mental Health (SUMH) within DHHS is designated as the entity responsible for reporting on settlement spending. This report outlines the annual allocations of funding to projects, overall expenditures, and collected outcome

measures. In addition, SUMH has developed a public website that tracks information on opioid litigation proceeds projects: [Utah Opioid Settlements](#)

## Primary report

Items B.a-B.d below detail the use of funds awarded to the state. Item B.e below describes the use of funds awarded to the counties.

### A. Opioid Litigation Proceeds Restricted Account Balances

*Note: DHHS doesn't manage this fund. The numbers provided are taken from the AM31 reports on the State Finance Website.*

- a. **Opening balance:** \$246,413,398.78
- b. **Closing balance:** \$266,593,686.72
- c. **Amount expended:** \$8,047,300

### B. Utilization of funding

#### a. State Funding Approved in General Session 2022

- i. **Treatment Project for Individuals that are Pregnant (PATH) ~ \$2,800,000:** This program is being run collaboratively by Intermountain Healthcare and Roseman University. A pilot project has been developed to run the Empowered program. This program facilitates the delivery of services to individuals who are pregnant or postpartum and are experiencing substance use disorder. The program also provides services for the infants.

#### b. State Funding Approved in General Session 2023

- i. **Jail/Receiving Center Medications for Opioid Use Disorder (MOUD) Implementation Programming ~ \$1,000,000:** Seven areas applied for funding, and five areas were awarded funds for their projects. These projects are collaborations between the Local Authorities (LAs) and the county jails. Each project requires matching funds from each county to support MOUD services in local jails and receiving centers. Priority was given to projects that provide methadone or buprenorphine to incarcerated individuals. The goal of this project is to increase service access and reduce recidivism.
- ii. **Emergency MOUD Induction Locations ~ \$1,200,000:** This project will increase formal community support for people who have had opioid-related health incidents. The funding has been allocated to three locations: Moab Regional Hospital, CommonSpirit/Holy Cross Hospitals, and IHC McKay Dee Hospital.
- iii. **FQHC Expansion of Opioid Use Disorder Treatment Access ~ \$1,300,000:** This project will expand and enhance OUD treatment in rural and underserved communities. This funding will support health centers (Carbon Medical Service Association, Inc., Community Health Centers, Inc., Creek Valley Health Clinic, Southwest Utah Community Health Center, Mountainlands Community Health Center, Utah Partners for Health Wayne

Community Health Center, Inc., and Wasatch Homeless Health Care) to provide OUD treatment to more uninsured individuals, develop and expand mobile MAT services, and provide community education and outreach. The funding will predominantly be used toward staffing and medication costs for uninsured patients.

- iv. **Shifting Efforts Upstream\* ~ \$2,184,300:** These projects are funding ongoing efforts to increase prevention-based programming over time at a community level. All 13 LAS receive a baseline level of funding intended to provide an FTE position or equivalent to implement prevention services by community coalitions through an approved strategic planning process. 10 LAs receive a secondary level of funding based on need demonstrated through an application process. Secondary level funding includes additional coalitions funded in LA areas or implementation of evidence based prevention activities through associated coalitions.
- v. **Primary Prevention\*\* ~ \$443,400:** The LAs have been provided with grant funding for primary prevention services. Through this opportunity, local communities will have the flexibility to address the prioritized risk and protective factors in their area for working on upstream efforts. Primary prevention strategies include strengthening the number of evidence-based programs like Guiding Good Choices and Botvin's Life Skills Training Program to improve communities and their efforts toward opioid use prevention. Eligible entities include non-profits, local governments, tribal entities, and community coalitions.

**c. State Funding Approved in General Session 2024**

- i. **USARA Recovery Community Centers ~ \$500,000/yr for 3 years:** USARA operates Recovery Community Centers in 5 counties across the state. These funds are needed to support the infrastructure costs of the statewide centers and to expand access into Utah Counties. We have grant funding to provide direct services provided by certified peer support specialists to individuals and communities affected by the opioid epidemic and substance abuse, but need the funds to cover the infrastructure costs of operations.
- ii. **Pathway to Recovery from Opiate Use Disorder (PROUD) ~ \$351,200/yr for 3 years:** PROUD makes stable housing attainable for low-income people who have completed a residential treatment program for OUD. With support from First Step House case managers over 12-24 months, participants receive rental assistance to move into recovery housing (i.e., sober living), then transition into permanent housing. Participants are required to pay 30% of their income toward rent and fully engage in treatment, aftercare, and

recovery steps as indicated.

- iii. **Expanding Care for Pregnant Patients with Substance Use Disorder (SUPeRAD) ~\$200,000/yr for 3 years:** Expansion of the University of Utah's Substance Use & Pregnancy - Recovery, Addiction, Dependence (SUPeRAD) perinatal addiction program to increase the number of pregnant and postpartum patients receiving services.
- iv. **Substance Use Disorder Recovery and Animal Companions (RuffHaven) ~ \$225,000/yr for 3 years:** Ruff Haven Crisis Sheltering offers targeted programming to support individuals and their animal companions during crises such as substance use treatment, domestic violence, and homelessness. Their services include temporary sheltering, case management, and trauma-informed support. Funding goals include expanding organizational reach, offering statewide services, providing comprehensive case management, and ensuring individuals can access necessary substance use treatment with the assurance that their animal companions are cared for until reunification.
- v. **Spy Hop Youth Prevention Services ~\$200,000/yr for 3 years:** Funding will support Spy Hop Productions' statewide program portfolio that integrates workforce development, media arts education, and youth development into its project-based and mentor-based curriculum that bolsters protective factors and mitigates risk factors associated with substance misuse disorders among Utah youth ages 12-19.

**d. State Funding Approved in General Session 2025**

- i. **Health and Wellness Recovery Community Centers - \$250,000/yr for 3 years:** This Funding will be used to support programs that are dedicated to the fitness, health, and wellness of people in recovery who were most directly impacted by the opioid epidemic. Fit to Recover and the School of Addiction Recovery provide an array of services and establish a supportive community for people in recovery from SUDs. These programs enhance the quality of life and increase the likelihood of participants achieving long-term recovery
- ii. **Outreach, Connections, and Recovery Soap 2 Hope - \$250,000/yr for 3 years:** This program is dedicated to providing comprehensive support to individuals impacted by substance misuse, homelessness, and vulnerability on their journey toward long-term recovery. The program connects participants with essential resources and health services, offering linkage to care and treatment services, peer support to build resilience, and providing mobile outreach to meet individuals and their immediate needs where they are. Through personalized case

management, the program helps participants navigate complex healthcare and social services systems, including increasing accessibility to medical care, treatment, and maintaining treatment plans.

- iii. **Correctional Health Services, Opiate Use Disorder Treatment in Utah's Prisons - \$1,250,000/yr for 3 years:** Opioid use disorder (OUD) and hepatitis C virus (HCV) are intersecting public health epidemics impacting Utah and the nation. Among incarcerated individuals, overdose is the third leading cause of death and the leading cause of death post-release. Alongside the opioid epidemic, HCV, a bloodborne infection, has increased significantly due to opioid injection drug use. Despite high rates of OUD and HCV within Utah's prisons, access to treatment remains severely limited. We propose expanding treatment access for OUD and HCV in Utah's prisons by creating a medication-assisted treatment (MAT) program that co-manages OUD and HCV screening and treatment while providing comprehensive wrap-around services to individuals with OUD and co-occurring substance use or mental health conditions (SUD/MH). This approach will increase access to evidence-based standards of care for OUD and HCV and is expected to reduce rates of opioid use, overdose deaths, HCV transmission, and recidivism.

**e. County Funding**

- i. Of the 29 Utah counties, 27 have reported their intended projects. Projects range from prevention-based strategies and coalition-building efforts to medication-assisted treatment-based services with a focus on jails. All of the proposals reviewed appear to be aligned with the purposes allowed in the settlement agreement.

**C. Concerns regarding the distribution of restricted account funding**

- a. There are no findings of concern regarding the disbursed restricted account funding. Based on the information reported, the funding and projects do not violate any prohibitions listed in 26B-5-211(2).
- b. Due to the administrative steps required to award this funding (i.e., the request for proposal, contracting, and subcontracting processes), many of the projects that received funding in 2025 are still beginning project implementation and ramping up services. To this, it would be beneficial to have non-lapsing approval for funding to carry forward into subsequent state fiscal years, to ensure programs can be built out and expanded upon.

**D. Performance indicators and outcomes**

**a. State Approved Funding General Session 2022**

**i. Treatment Project for Individuals who are Pregnant:**

- 1. The program demonstrated a steady increase in all outcome metrics

measured from quarter to quarter. In sum, the program utilized the National Institute on Drug Abuse (NIDA) screening at the 3 pilot clinics in Weber County to screen 3,956 pregnant individuals, of which 764 were positive and needed additional screening through the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). The ASSIST screening was completed on 659 of the 764 patients, resulting in 95 patients needing intervention and referral to the program. Aside from upward-trending metrics, the program made strong efforts to support effective treatment of Neonatal Abstinence Syndrome (NAS) using evidence-based practices. Particularly, the program's effort to pilot and subsequently implement the evidence-based practice Eat, Sleep, Console (ESC) has led to proliferation and education about the practice across the program's hospital system. This included division-wide training on the practice, along with having ESC available at all Intermountain Hospitals in the state of Utah by the end of 2026. The program has seen the ESC practice show effectiveness in diminishing the number of days newborns with NAS spend in NICU care. Lastly, the program has seen continued success in engaging patients with wrap-around services provided through the partnerships and subcontracts with Roseman University's EMPOWERED program, Weber Human Services, and peer support services through USARA.

**b. State Approved Funding General Session 2023**

**i. Jail/ Receiving Center Medications for Opioid Use Disorder (MOUD) Implementation Programming**

1. Funds have been allocated to 5 catchment areas throughout the state. One of these areas has not been able to begin services in their jail, but is on track to start with this state's fiscal year's funds. The current projects include funding to pay for staff in the jail to provide counseling and medications to those who are incarcerated. There have been expansions of suboxone medication programs in two jails.

**ii. Emergency MOUD Induction Programs:**

1. As of the second quarter of Fiscal Year 2025, all three Emergency MOUD programs have successfully launched and are actively providing services to the communities they serve. Since all three programs' contracts were executed at the very end of Fiscal Year 2024, all programs spent significant time in FY25 working to develop infrastructure, provider education tools, referral networks, program staffing, policies and procedures, and the other necessary elements to successfully launch their programs and begin offering services. By the

end of FY25, 109 patients had been inducted on buprenorphine through these programs, 88 patients received referrals to support services, and the programs have cumulatively distributed 865 naloxone kits. Additionally, these programs continue to monitor the number of patients who present to their emergency departments without health insurance coverage who can benefit from these funded services. In FY25, 87 patients presented to these respective emergency departments without health insurance coverage. With all programs now operational and actively offering services, efforts have begun to increase utilization of the services. The COMPASS program has recently expanded its service locations into five additional counties. Moab Regional Hospital has projects underway to engage with the rural and indigenous populations in its catchment area. Common Spirit has started to employ Behavioral Health Specialists in their emergency rooms to help facilitate referrals, ensure effective screening, and help patients access program services. Since all programs have successfully launched and begun to focus on service expansion and utilization, an increase in outcome metrics is anticipated in Fiscal Year 2026.

**iii. FQHC Expansion of Opioid Use Disorder Treatment Access**

1. **Carbon Medical Service Association, Inc.:** Since the start of this contract on July 1, 2023, Carbon Medical has increased its new OUD patients by 31.5%. They had an overall goal within the three-year contract to increase new OUD patients by 31% overall. They achieved this goal by using these funds to support provider salaries and purchase necessary supplies.
2. **Community Health Centers, Inc.:** Since the start of this contract on July 1, 2023, Community Health Centers has increased their new OUD patients by 25%. They have an overall goal within the three-year contract to increase new OUD patients by 20% overall. They hope to increase the 25% by continuing to use these funds to support provider salaries and purchase necessary supplies.
3. **Creek Valley Health Clinic:** Since the start of this contract on July 1, 2023, Creek Valley Health Clinic has increased its new OUD patients by 7885%. They have an overall goal within the three-year contract to increase new OUD patients by 3500% overall. They hope to increase upon the 7885% by continuing to use these funds to support provider salaries and purchase necessary supplies.
4. **Southwest Utah Community Health Center (dba Family Healthcare):** Since the start of this contract on July 1, 2023, Family

Healthcare has increased its new OUD patients by 28% They have an overall goal within the three-year contract to increase new OUD patients by 32% overall. They will achieve this by continuing to use these funds to support provider salaries and purchase necessary supplies.

5. **4th Wasatch Homeless Health Care (dba Fourth Street Clinic):** Since the start of this contract on July 1, 2023, Fourth Street Clinic has increased its new OUD patients by 108%. They have an overall goal within the three-year contract to increase new OUD patients by 70% overall. They will achieve this by continuing to use these funds to support provider salaries and purchase necessary supplies.
6. **Mountainlands Community Health Center:** Since the start of this contract on July 1, 2023, Mountainlands Community Health Center has increased its new OUD patients by 23% They have an overall goal within the three-year contract to increase new OUD patients by 77% overall. They will achieve this by continuing to use these funds to support provider salaries and purchase necessary supplies.
7. **Utah Partners for Health:** Since the start of this contract on July 1, 2023, Utah Partners for Health has increased their new OUD patients by 175%. They have an overall goal within the three-year contract to increase new OUD patients by 100% overall. They will achieve this by continuing to use these funds to support provider salaries and purchase necessary supplies.
8. **Wayne Community Health Center, Inc.:** Since the start of this contract on July 1, 2023, Wayne Community Health Center has increased its new OUD patients by 38% They have an overall goal within the three-year contract to increase new OUD patients by 500% overall. They will achieve this by continuing to use these funds to support provider salaries and purchase necessary supplies.

**iv. Shifting Efforts upstream**

1. Please see the response under D.b.v. Primary Prevention below

**v. Primary Prevention**

1. As mentioned above, Shifting Efforts Upstream and Primary Prevention have been combined. LAs received funding in the state fiscal year 2024. During Year 2, OPG funds helped sustain 18 preexisting (prior to OPG) and 15 new prevention staff positions across Utah. Of these 33 staff positions, 20 serve in a Coalition Coordinator role. Every LA has at least one OPG-funded prevention staff position; 10 were able to fund at least one new position.
2. At the conclusion of Year 2, there are 23 OPG-funded prevention

coalitions across Utah; 61% of these are new coalitions (in 8 LAs) as a result of OPG funding. Almost all (96%) utilize the CTC framework, and most (74%) serve rural communities. By year-end, 48% had completed an opioid Community Readiness Assessment, up from 27% at the end of Year 1. 27% are operating in Phase 1 of the CTC framework, down from 67% at the end of Year 1. Overall, from the end of Year 1 to the end of Year 2, 62% progressed to a higher CTC phase, and another 33% made substantial progress within the same Phase. Most often, coalition work is focused on risk and protective factors in the family domain.

3. During Year 2, 11 LAs used OPG dollars to fund implementation of 54 prevention initiatives, up from 9 LAs implementing 29 initiatives in Year 1. 13 were sustained through OPG funding, while 41 were new initiatives made possible by OPG. Half were programs to increase knowledge and skills promoting healthy youth development or reducing risky behaviors, including parenting programs, youth life/social skills development programs, and programs to reduce risk in indicated populations. Additional initiatives included media campaigns or other information dissemination strategies, community events intended to increase community readiness, and initiatives targeted toward reducing opioid overdoses, either through reducing availability through proper storage and safe disposal or through the distribution of opioid overdose reversal kits.

4. [OPG Year 2 Evaluation Report](#)

**vi. Prescription Digital Therapeutic Pilot**

1. This program was originally placed on hold due to the company filing for bankruptcy, and it has been determined that it will not be implemented. No updates.

**c. State Approved Funding General Session 2024**

**i. USARA Recovery Community Centers**

1. From the start of this contract on July 1st, 2024, USARA has utilized the funding to support the operation and overhead costs of Recovery Community Centers (RCC) across the state of Utah. Each RCC offers Recovery Support Services (RSS) to individuals, families, and communities who have been impacted by the opioid epidemic and substance use. In total, during the first year of funding, staff members employed at the RCCs visited 1,749 patients in acute care and made 2,561 follow-up calls to patients following their discharge from acute care. 3,920 one-on-one peer coaching sessions were held at the Recovery Community Centers and along with 2,101 mutual aid

and recovery groups, with a total of 13,966 attendees. Additionally, 292 family support groups were held with 1,992 total attendees. Initially supporting five RCCs, the funding was used to support the opening of a sixth RCC in Provo, further expanding the reach of these services to Utah County communities. Additionally, some USARA RCCs have created new partnerships with Federally Qualified Health Centers operating in rural Utah to further expand the reach of the RCCs by offering services to traditionally underfunded and underserved communities that have been affected by the opioid epidemic and substance use.

**ii. Pathway to Recovery from Opiate Use Disorder (PROUD)**

1. From the start of this contract on July 1, 2024, case management services within PROUD have been utilizing funding to promote financial self-sufficiency, housing stability, and long-term recovery for participants who have completed a certified residential treatment program for opioid use disorder. Participants contribute 30% of their income toward monthly rental costs while PROUD provides up to 9 months of rental assistance paid directly to the landlord. In addition, participants are eligible for up to 24 months of case management services in the program. There are currently 23 participants, which demonstrates a steady increase in enrollment since the project implementation. This indicates positive traction and ongoing progress with the program, and is on track to further expand its reach.

**iii. Expanding Care for Pregnant Patients with Substance Use Disorder (SUPeRAD)**

1. From the start of this contract on August 5, 2024, the SUPeRAD clinic successfully utilized its initial year of funding to establish a new clinic location in Rose Park, which opened in March of 2025. This expansion is a significant step towards increasing accessibility to their services. They will continue to provide evidence-based maternal-fetal health and addiction services at a single location, aiding pregnant people in treatment, recovery, and counseling both during and after pregnancy during SFY26.

**iv. Substance Use Disorder Recovery and Animal Companions (RuffHaven)**

1. From the start of this contract on July 1, 2024, Ruff Haven has offered statewide services ensuring individuals can access necessary substance use treatment with the assurance that their personal animals are cared for, receive basic veterinary care, receive vaccinations and microchips, and any additional medical needs until reunification in a 60-90 day timeframe. On average, 91.25% of persons

living with Opioid Use Disorder were successfully reunified with their personal animal following treatment in SFY25.

**v. Spy Hop Youth Prevention Services**

1. The contract was signed on August 12, 2024. During the SFY 25 reporting period, Spy Hop delivered 77 programs serving 1,305 students through a wide range of hands-on, mentor-based experiences in film, audio, music, and design.
2. Survey data shows that the majority of students demonstrated significant SEL growth, particularly in areas like Contribution (94%), Social Skills (88%), and Self-Management (81%), with 97% of students reporting access to positive adult role models and 100% showing growth in technical media arts skills. These outcomes, combined with qualitative feedback from students who describe increased confidence, clearer career direction, and a stronger sense of belonging, highlight the transformative impact of this work.

**d. State Approved Funding General Session 2025**

**i. Health and Wellness Recovery Community Centers**

1. These projects have not been able to get started. SB0002 did not contain the intent language, stating that the two community partners, Fit to Recover and School of Addiction Recovery, are the ones that should receive funds. Based on discussions with the request sponsor, DHHS is holding this funding, pending additional direction from the Legislature on how the funding should be awarded.

**ii. Outreach, Connections, and Recovery Soap 2 Hope**

1. The contract was signed and in place before the start of SFY26, allowing contract requirements to begin July 1, 2025. Soap2Hope provides and expands connections to essential healthcare, treatment, and support services for high-risk populations affected by substance misuse, Opioid Use Disorder, homelessness, and abuse. The first quarter report will be available by October 15, 2025.

**iii. Correctional Health Services, Opiate Use Disorder Treatment in Utah's Prisons**

1. The CHS MOUD program has made remarkable progress in its first year, building a strong foundation and expanding life-saving services to a growing number of incarcerated individuals. The program has successfully established a strategic framework, secured external validation, and made a critical operational shift toward a more effective form of treatment in structured housing. However, the data reveal that the program is still in its early stages of addressing the overwhelming need for MOUD treatment within the correctional

system. A significant population with high-risk substance use disorders remains untreated, highlighting a substantial gap in care. The projected funding deficit for a full-scale expansion underscores the need for a targeted, financially sustainable approach. The ongoing strategic planning sessions will be essential to developing a comprehensive plan that can address these operational and financial constraints, ensuring the program's long-term viability and its ability to expand access to a larger portion of the population in need.

**Potential Legislative Action/Follow-Up**

We recommend the Legislature continue the process of reviewing existing awards and considering new awards based on available funding. We strongly encourage that there is continued work with the LFA to ensure that intent language makes it into the final bill in order to avoid delays in contracting and getting the funds to the community partners, while ensuring that projects start at the beginning of each state fiscal year. We also recommend that the Legislature consider providing DHHS with non-lapsing authority for this funding to carry forward any unspent or underspent awards into subsequent state fiscal years, so programs have sufficient time to be built out and implemented.