

**OPIOID SETTLEMENT FUND
PROPOSALS
Board of Health
March 5, 2026**

SNAPSHOT

- Funding arrives over 17-year timeframe – currently in year 3
- We will receive approximately \$91+M from 10 settlements
- The Settlement MOU is our guide, aligned with State Opioid Blueprint
- Salt Lake County Human Services – Funding through 2026
 - Received - \$33M through 2025; \$5.4M more in 2026
 - Allocated \$8.77M through end of 2026
 - \$51.1M additional distributions 2027-2038

MOU AND STATE ALIGNMENT

- **Settlement Memorandum of Understanding**

- Treatment
- Naloxone or other FDA-approved drug to reverse opioid overdoses
- Medication-Assisted Treatment (MAT) distribution and other opioid-related treatment
- Pregnant and postpartum women
- Treatment for Neonatal Abstinence Syndrome (NAS)
- Expansion of warm handoff programs and recovery services
- Treatment for incarcerated population
- Prevention programs
- Expanding syringe service programs

- **State of Utah – Managed/Administered by UAC**

- *Utah Opioid Crisis Response Blueprint* - Priority Areas
- Treatment and Recovery
- Expanded Needed Services
- Prevention
- Criminal Justice
- Harm Reduction

Risk & Protective Factors



Community Prevention Model

- Availability of opioids
- Community laws and norms
- Media portrayal of behavior
- Transitions and mobility
- Low neighborhood attachment
- Extreme economic deprivation

Community Treatment & Recovery Model

Law Enforcement



Warm Handoff

Warm Handoff

Case Management

Assisting with...

- Housing
- Vocational rehab / employment
- Access to treatment
- Cost of treatment
- Healthcare
- Relapse and Resilience training
- Overdose & Misuse prevention
- Misuse prevention
- Other needs

County Jail



ER / Hospitals



Postvention & Recovery

Postvention & Recovery

Receiving Center

Detox Center



Residential & Intensive Outpatient Treatment



Family Prevention Model

- Family history of the opioid use
- Family management problems
- Family conflict
- Favorable parental attitudes and involvement in opioid use

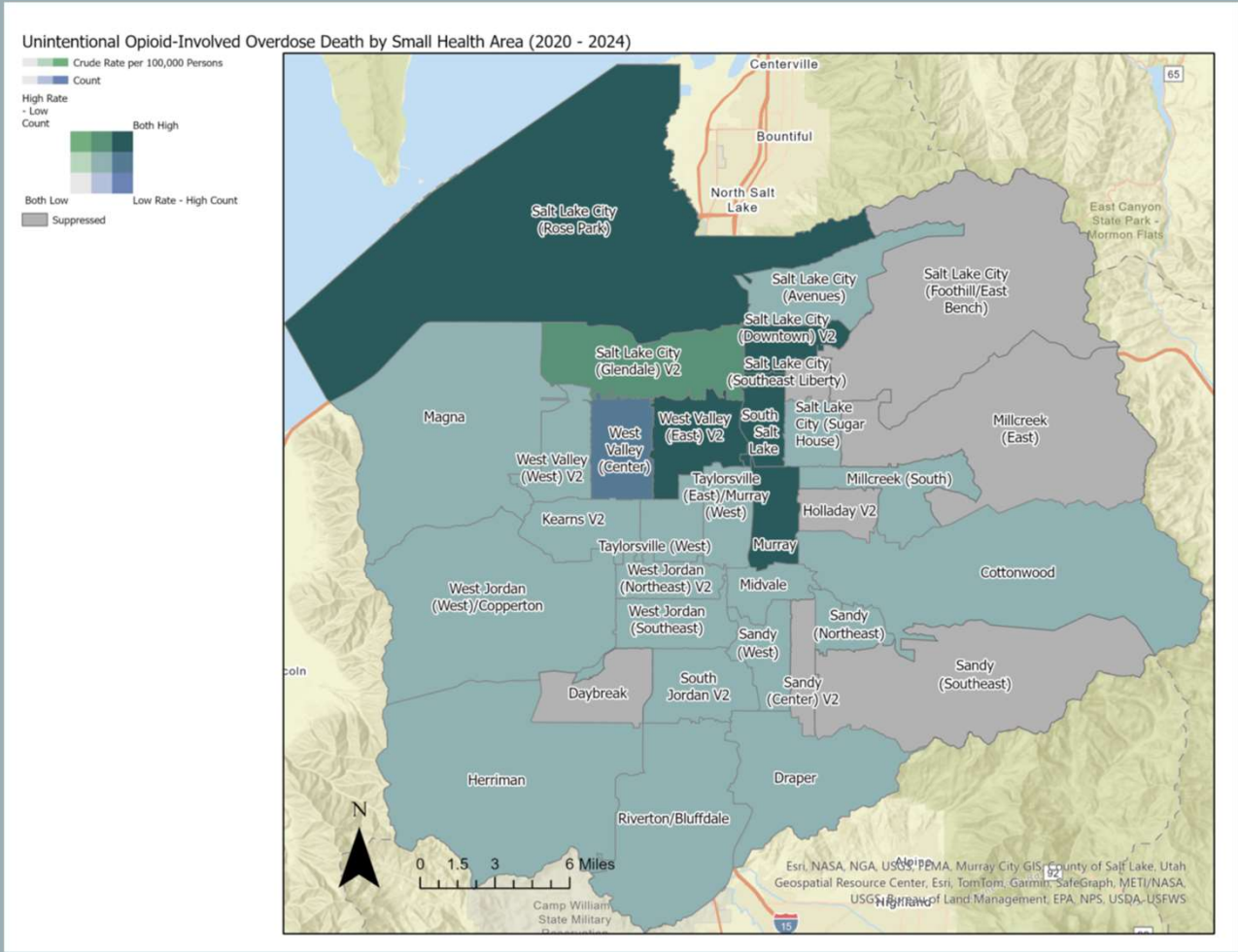
Individual/Peer Prevention Model

- Early and persistent antisocial behavior
- Rebelliousness
- Gang involvement
- Friends who engage in opioid use
- Favorable attitudes towards opioid
- Early initiation of opioid use
- Constitutional factors



Risk & Protective Factors

Unintentional Overdose Deaths 2020-2024



COMPLETED AND UNDERWAY PROJECTS

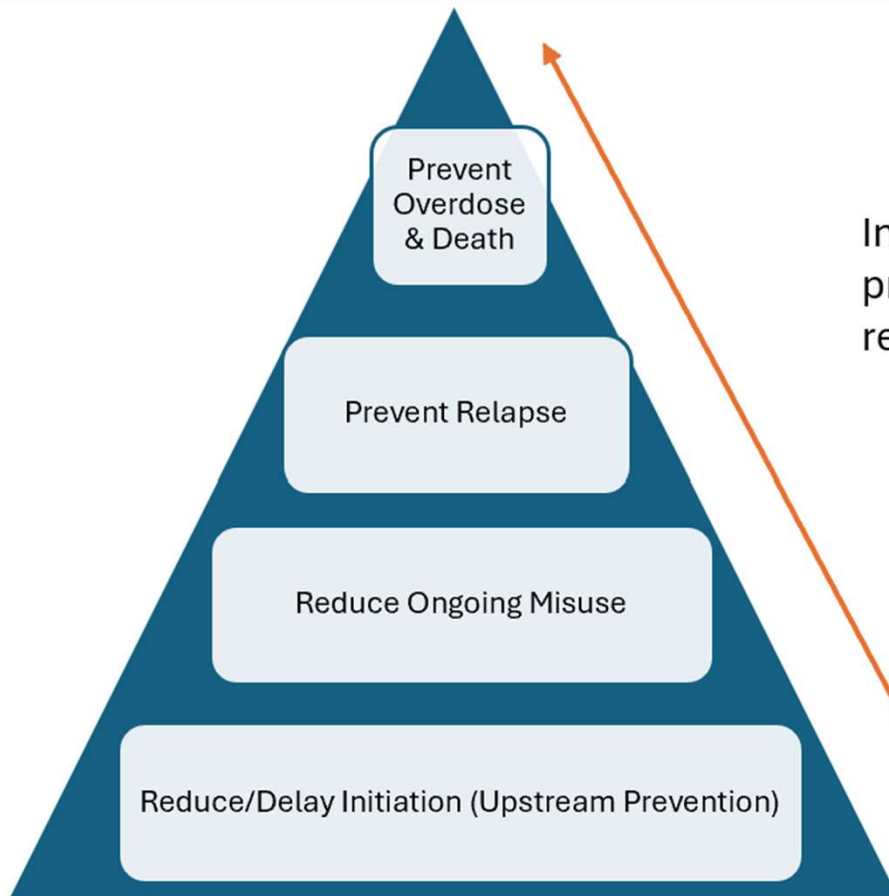
OSF Projects	# of Years	Total Funding Allocated	2024	2025	2026
VOA Detox	1	1,500,000	1,500,000		
Community Bridge Program	2	480,000	240,000	240,000	
SUPeRAD	2	337,000	247,000	90,000	
Children's Center - Capital Contribution	1	150,000		150,000	
Children's Center - Program Services	2	125,000		40,000	85,000
Naloxone Kits	1	100,000		100,000	
MAT Expansion - OTP Accreditation Portion	2	61,820		46,090	15,730
Intensive Outpatient Clinic (IOC)	1	400,000		400,000	
DEA - Training and TA	3	780,000	195,000	390,000	195,000
Public Health Informaticist	3	240,000		80,000	160,000
Total		4,173,820	2,182,000	1,536,090	455,730

SLCO FOCUS AREAS

- **Preventing or Delaying Utilization of Opioids and Other Substances:** Evidence-based upstream, community and school-based efforts.
- **Reducing and Ending Ongoing Opioid Misuse:** Efforts that provide and support treatment of Opioid Use Disorder (OUD) and any co-occurring Mental Health and Substance Use Disorder (MH/SUD) including MAT.
- **Supporting People in Recovery to Prevent Relapse:** Housing with supportive services and peer supports.
- **Reducing/Ending Opioid Overdoses and Deaths:** Increasing access to Naloxone countywide.
- **Leadership, Coordination and Data Analytics:** Invest in increased coordination and data-driven decision making.

SLCO FOCUS POPULATIONS

- Youth and Communities at Risk of Opioid Use and Addiction
- People at the Intersection of Criminal Justice and Homelessness
- People with Brain Injuries



Increased funding in upstream prevention improves outcomes and reduces future impacts and costs.

**BEHAVIORAL HEALTH AND JUSTICE
ACTION PLAN:
LEIFMAN RECOMMENDATIONS**

OVERVIEW

- **Judge Leifman is a national leader in behavioral health and criminal justice reform**, having implemented one of the nation's most successful models for diverting individuals with serious mental illness from the justice system into treatment and recovery in Miami-Dade County.
- **Built upon extensive research and engagement** with 500+ local stakeholders
- **25 comprehensive recommendations** spanning stakeholders across the full system
- Includes both **short-term, longer-term, and multi-year initiatives**

KEY THEMES

Actionable recommendations to **improve public safety, reduce recidivism, and enhance outcomes for individuals with behavioral health needs** with three key themes:

- 1) Prevent and deflect crisis earlier** to improve system flow
- 2) Create pathways to treatment** instead of cycling individuals through systems – focusing on systematic, coordinated connections to treatment, support systems and housing.
- 3) Create cross-system data-sharing protocols** that enable coordinated care, strengthen accountability, and use data to improve outcomes and system performance.

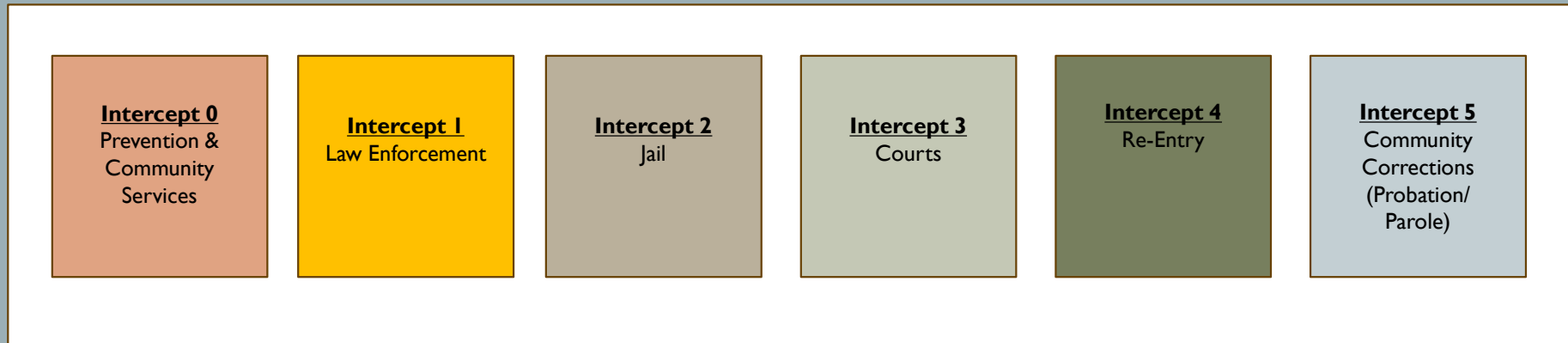


3/5/2026

12

Opioid Funds Aligned with Sequential Intercept Model

SIM visualizes the journey of individuals with behavioral health needs from law enforcement contact through community reentry.



PROPOSALS


- RI:Community and School-Based Interventions
- RI: Community Prevention Grants
- Naloxone Distribution
- Jail-Based MAT
- Pretrial Services
- Screening for Brain Injury (future)
- RI I: Jail-Based Reentry Program/Transition to Community
- RI 2: Project RIO – BH Diversion
- Sober Living Housing
- Certified Peer Specialists
- Community Tx Grants
- Naloxone Distribution

Community

1. R1: Community Readiness Assessments (Data Collection)
2. R1: Strengthen and Expand Evidence-Based Community Coalitions
3. R1: Community Grants for Evidence Based and Innovative Prevention Programs
4. Countywide Naloxone Distribution (discussed in I5)

School

1. R1: Implement SBIRT (Screening, Brief Intervention and Referral to Treatment) in Schools
2. R1: Expand Project CREST: Helping Schools Create Resilient Students



PROPOSALS:
INTERCEPT 0
Prevention &
Community
Services

Opioid-Focused Community Readiness Assessments (CRA)

Health Department uses the research-informed Community Readiness Assessment (CRA) for Community Change framework to assess a community's readiness to address opioid use and misuse.

Proposal: Conduct CRA in 4 additional highly impacted communities: Downtown SLC, Rose Park, Glendale and Millcreek.

Intended Outcome: Downtown SLC, Rose Park, Glendale and Millcreek are priority areas, two of which have a coalition and the two do not. CRAs inform what stage a community is in to start addressing and developing opioid-related health strategies. If a community is not ready, the likelihood of any intervention or action being impactful is reduced. New coalitions conduct CRAs to understand the needs and capacity of the community. CRAs and coalition expansion go hand-in-hand (e.g., Downtown SLC and Rose Park).

Strengthen and Expand Community Coalitions

Community Coalitions develop alliances of residents and organizations across diverse sectors to create buy-in and shared ownership to make prevention efforts last. They focus on reducing risks and increasing long-term health, wellness and safety across communities.

Proposal: Support three new coalitions in priority areas (Rose Park, Downtown SLC and WVC) experiencing high opioid-involved overdose deaths - begin with one and expand over three years. Each proposed coalition will receive 3 years funding.

Intended Outcome: Each coalition will coordinate local resources, build capacity, and reduce opioid-related harms through implementation of evidence-based environmental strategies such as skill building, reducing substance access and building accountability.

Expand Project CREST (Helping Schools Create Resilient Students)

Project CREST focuses on building family skills and is designed to facilitate the effective delivery of research- and evidence-based prevention programming in schools. Each Project CREST school receives training and technical assistance to assess needs; select, plan, recruit for, and hold three family skill-building workshops and a multi-week family prevention program.

Proposal: Expand CREST to 8 new schools across 3 years.

Intended Outcomes: Improved interactions between school personnel and families, increased parenting skills, improved youth behavior, improved emotional regulation skills for parents and youth thus improving family protective factors and reducing risk factors.

Implement SBIRT (Screening, Brief Intervention and Referral to Treatment) in Schools

SBIRT identifies at-risk students before substance use escalates, provide timely, brief counseling that influences decision-making, and connects youth to appropriate treatment when needed.

Proposal: Implement SBIRT in four schools in Granite School District and expand to two additional schools based on pilot results.

Intended Outcomes: 1) Delayed substance use initiation, 2) decreased rates of escalation, and 3) increased access to treatment for those engaging in problematic use.

Community Grant Program

Invest in trusted community-based organizations that are working in communities most at-risk of opioid misuse through an annual grant program.

Proposal: Provide \$1M in community grants annually, building local prevention capacity.

Intended outcomes: Leverage existing evidence-based efforts and build capacity of trusted organizations in communities, reducing community risk factors, building protective factors, reducing opioid initiation and misuse in the future.

2026

1. Jail-Based MAT (Medically Assisted Treatment) Infrastructure

2027

1. Jail-Based MAT Implementation
2. TBI Screenings



PROPOSALS:
INTERCEPT 2
Jail

1. R11: Reentry Planning During Incarceration and Coordination of Care Upon Release
2. R12: Recidivism Reduction through Project RIO Expansion for People with Behavioral Health Disorders



PROPOSALS:
INTERCEPT 4
Reentry

R11: Reentry Planning and Coordination of Care

Proposal: Implement a team of 6 case managers and 6 Peers to conduct in-reach to jail inmates to develop reentry plans and coordinate jail discharge transitions to directly connect individuals to treatment and other community resources.

Intended Outcome: Increased connection to appropriate treatment housing and support services to improve social and health outcomes for the individual and reduce future OUD and other substance misuse, new criminal activity and jail utilization.

R12: Project RIO Expansion to create case management for in jail with behavioral health disorders

Proposal: Expand Project RIO to increase capacity (current capacity funded in FY26 budget). Expansion would include 1 case managers and 1 LCSW in 2026 with additional capacity in 2027.

Intended Outcome: People experiencing a substance use and mental health disorder and homelessness will have a case management/peer team who conducts jail in-reach to plan for discharge and works closely with providers to find housing, appropriate treatment and other needed community support. Finding from the year 1 pilot demonstrate a reduction in recidivism, jail days and increased participation in community supports.

1. R21: Sober Living Housing (BHS)
2. R13: Peer Certification Training
3. Treatment Infrastructure Grants
4. Countywide Naloxone Distribution Initiative



PROPOSALS:
INTERCEPT 5
Community
Supervision

Sober Living Supports

The need for safe, stable, and sober housing upon transitioning from incarceration or residential treatment back into the community is far greater than the Salt Lake County Sober Living Program can currently support.

Proposal: Provide \$500,000 annually for three years to support housing for 100 additional individuals per year.

Intended Outcome: Provide transitional safe, stable, sober housing for 100 individuals, supporting sobriety, safe housing and support for workforce engagement.

Certified Peer Specialist for SUD

Certified Peer Support Specialists are important to the success of behavioral health and criminal justice systems to help clients navigate safe and effective treatment, reduce the chances of relapse, and prevent overdose.

Proposal: Provide training and certification for 10 CPSS peers. 2027 proposal would request funding to integrate peers into R13: a team of case managers and peers supporting people across transitions.

Intended Outcome: Outcomes are twofold. First, increase the number of Peer Support Specialists across the criminal justice and behavioral health systems to better support clients in reentry and stabilization in the community. Secondly, provide access to employment post-incarceration.

Treatment Grant Program

Community-based treatment providers often need one-time investments to expand treatment capacity and/or housing capacity for those with OUD and other behavioral health conditions.

Proposal: Provide \$1M in treatment infrastructure grants annually, building local treatment and/or housing capacity to support those with OUD and other behavioral health conditions. If no proposals are received in one year, funds could roll-over for future opportunities.

Intended outcomes: Continue to support treatment capacity in the community to reduce opioid and other SUD misuse.

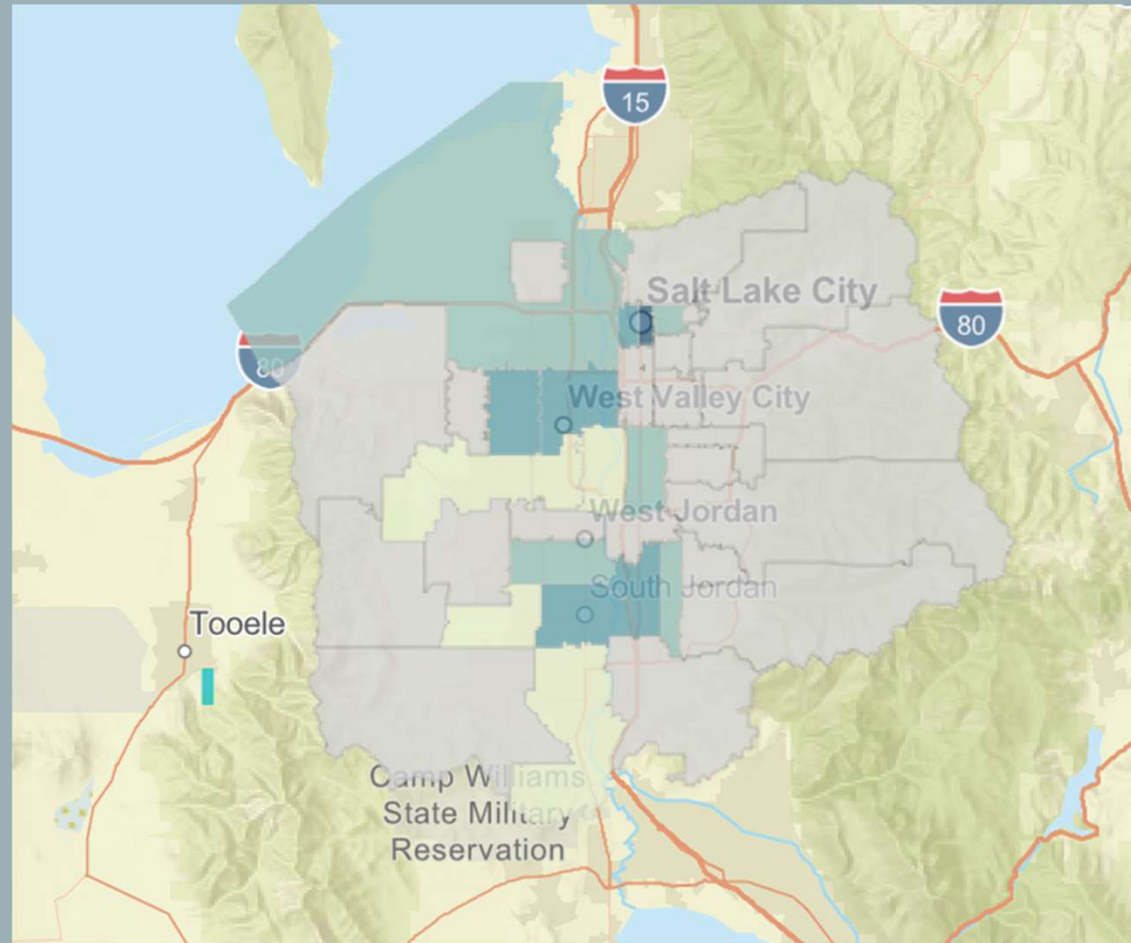
Countywide Naloxone Distribution Initiative

Research indicates that increasing access to Naloxone and educating on Naloxone use in communities reduces opioid deaths.


Proposal: Fund a robust and widespread naloxone education and distribution effort at all county facilities for distribution to community members. The program would include 1) an education campaign (including media and materials) and training for non-traditional first responders (library staff, rec center and human services employees) on overdose recognition, naloxone administration, and Good Samaritan protections; 2) purchase of Naloxone for distribution in high-risk communities, and 3) community health workers to provide health education and ensure naloxone is available in communities most at-risk of overdoses – with a goal of expanding to more than 1,000 community sites through year 3 utilizing microgrants to CBOs to assist in distribution.

Intended outcomes: Increased access and understanding of Naloxone administration; reduced opioid overdose deaths.

**Naloxone Distribution:
Salt Lake County Health and
Utah DHHS, 2024**



1. OSF Program Coordinator



PROPOSALS:
ADMINISTRATION
AND
EVALUATION

QUESTIONS?

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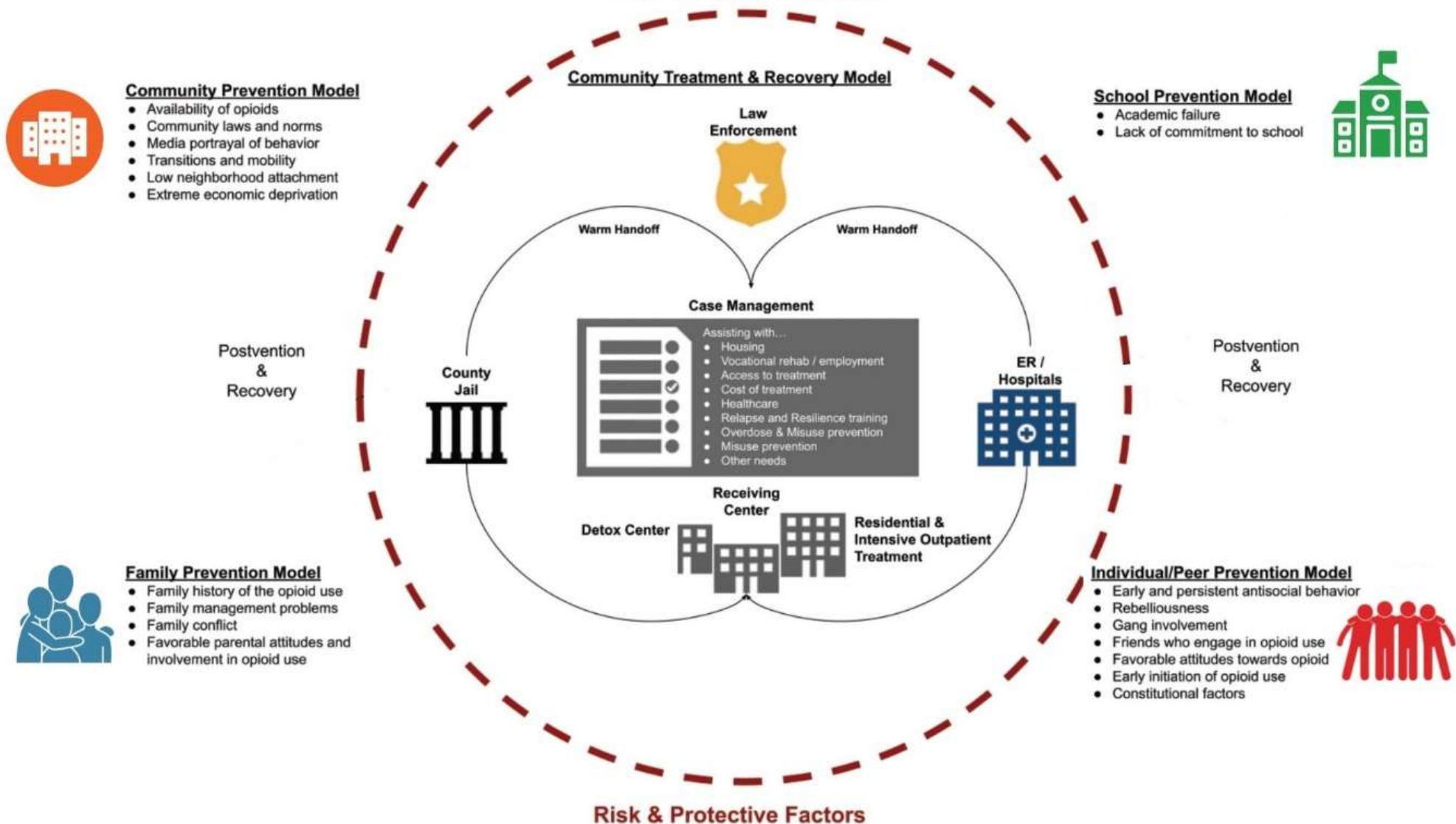
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Warm Handoff

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ER / Hospitals



Postvention
&
Recovery

Postvention
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County Jail



Receiving Center

Detox Center



Residential &
Intensive Outpatient
Treatment

School Prevention Model

- Academic failure
- Lack of commitment to school



Family Prevention Model

- Family history of the opioid use
- Family management problems
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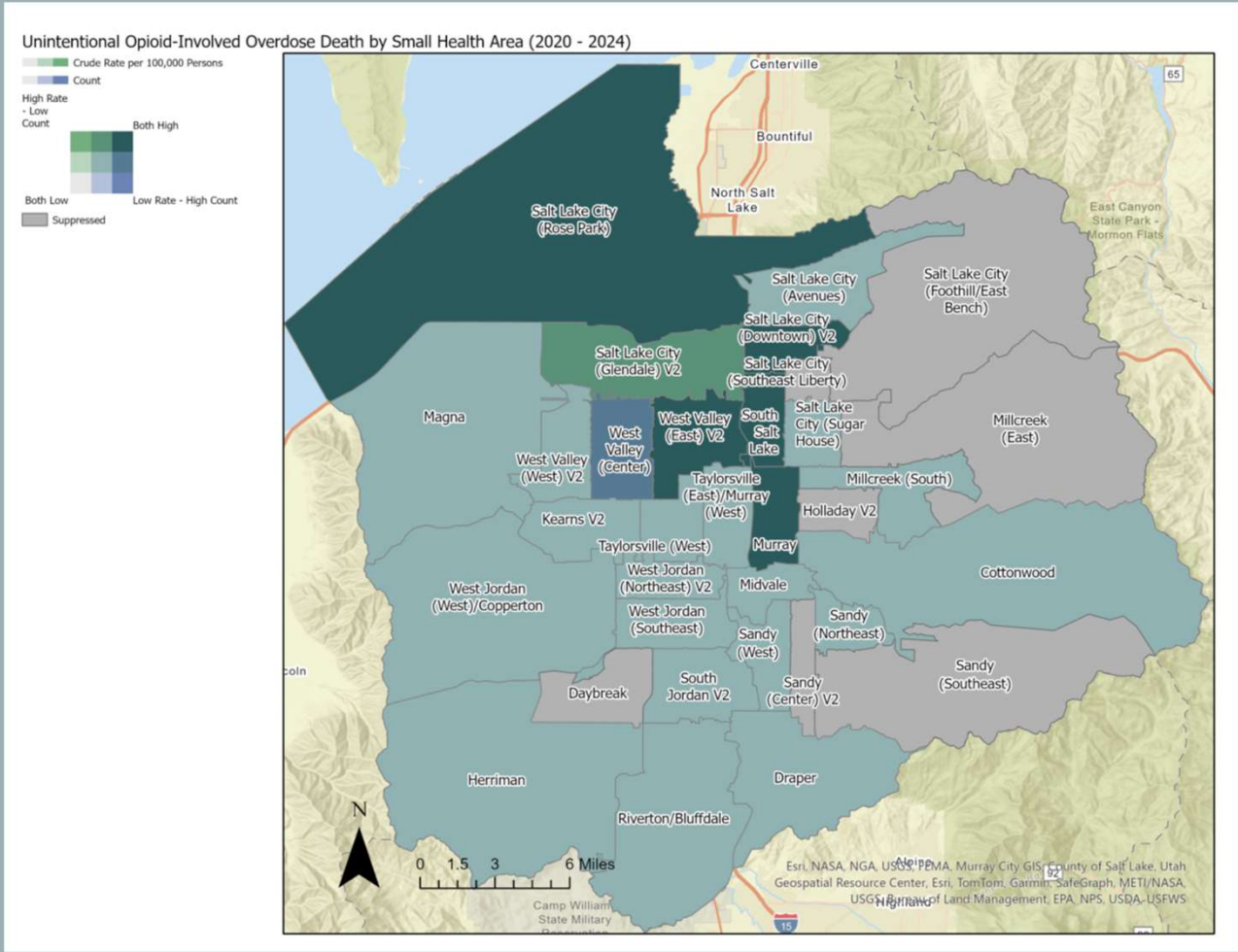
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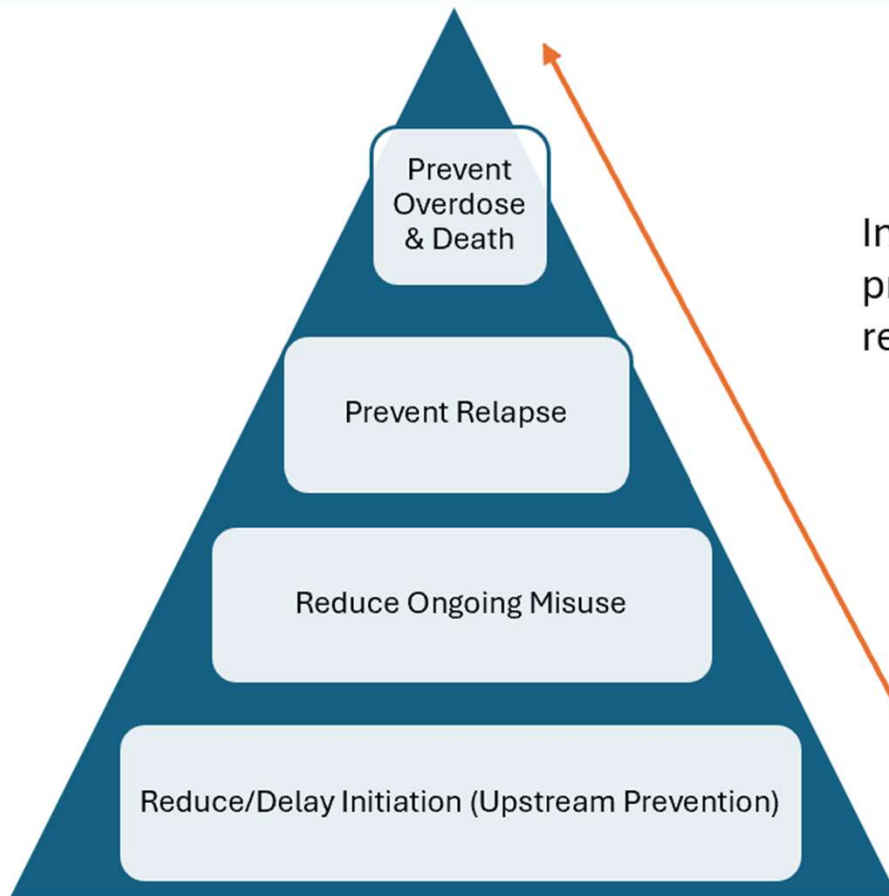
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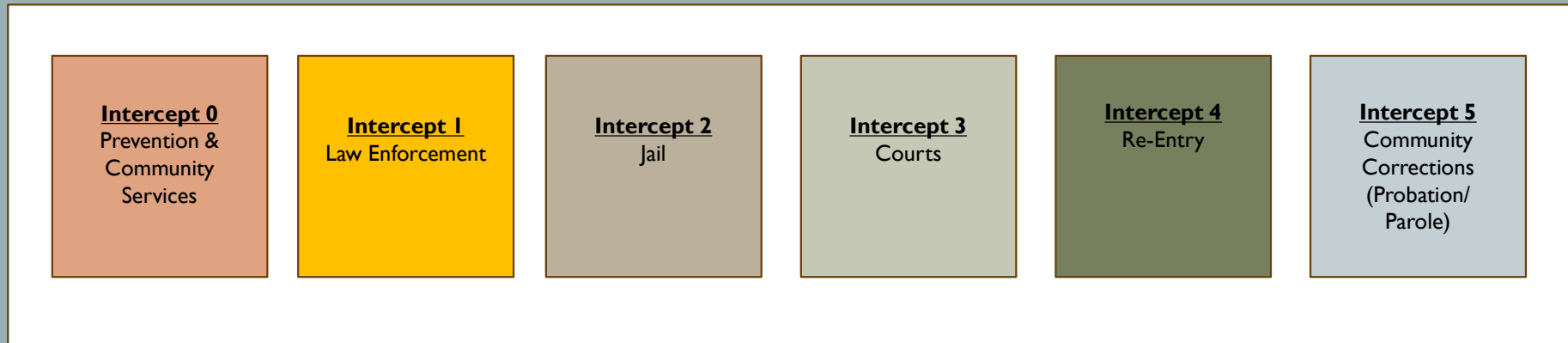


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Community

1. R1: Community Readiness Assessments (Data Collection)
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PROPOSALS:
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Opioid-Focused Community Readiness Assessments (CRA)

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Intended Outcome: Each coalition will coordinate local resources, build capacity, and reduce opioid-related harms through implementation of evidence-based environmental strategies such as skill building, reducing substance access and building accountability.

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2026

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2027

1. Jail-Based MAT Implementation
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PROPOSALS:
INTERCEPT 2
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INTERCEPT 4
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2. R13: Peer Certification Training
3. Treatment Infrastructure Grants
4. Countywide Naloxone Distribution Initiative



PROPOSALS:
INTERCEPT 5
Community
Supervision

Sober Living Supports

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Proposal: Provide \$500,000 annually for three years to support housing for 100 additional individuals per year.

Intended Outcome: Provide transitional safe, stable, sober housing for 100 individuals, supporting sobriety, safe housing and support for workforce engagement.

Certified Peer Specialist for SUD

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Proposal: Provide training and certification for 10 CPSS peers. 2027 proposal would request funding to integrate peers into R13: a team of case managers and peers supporting people across transitions.

Intended Outcome: Outcomes are twofold. First, increase the number of Peer Support Specialists across the criminal justice and behavioral health systems to better support clients in reentry and stabilization in the community. Secondly, provide access to employment post-incarceration.

Treatment Grant Program

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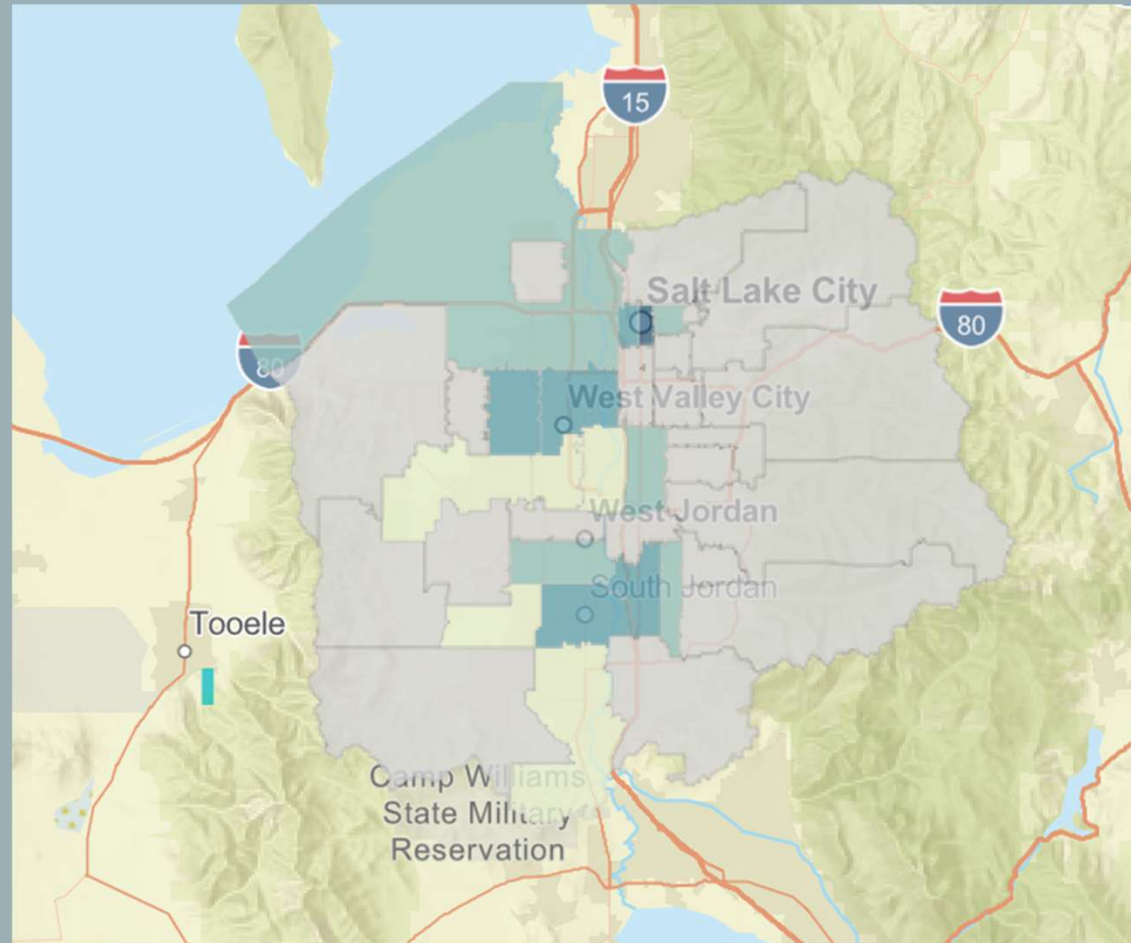
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Intended outcomes: Increased access and understanding of Naloxone administration; reduced opioid overdose deaths.

**Naloxone Distribution:
Salt Lake County Health and
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1. OSF Program Coordinator



PROPOSALS:
ADMINISTRATION
AND
EVALUATION

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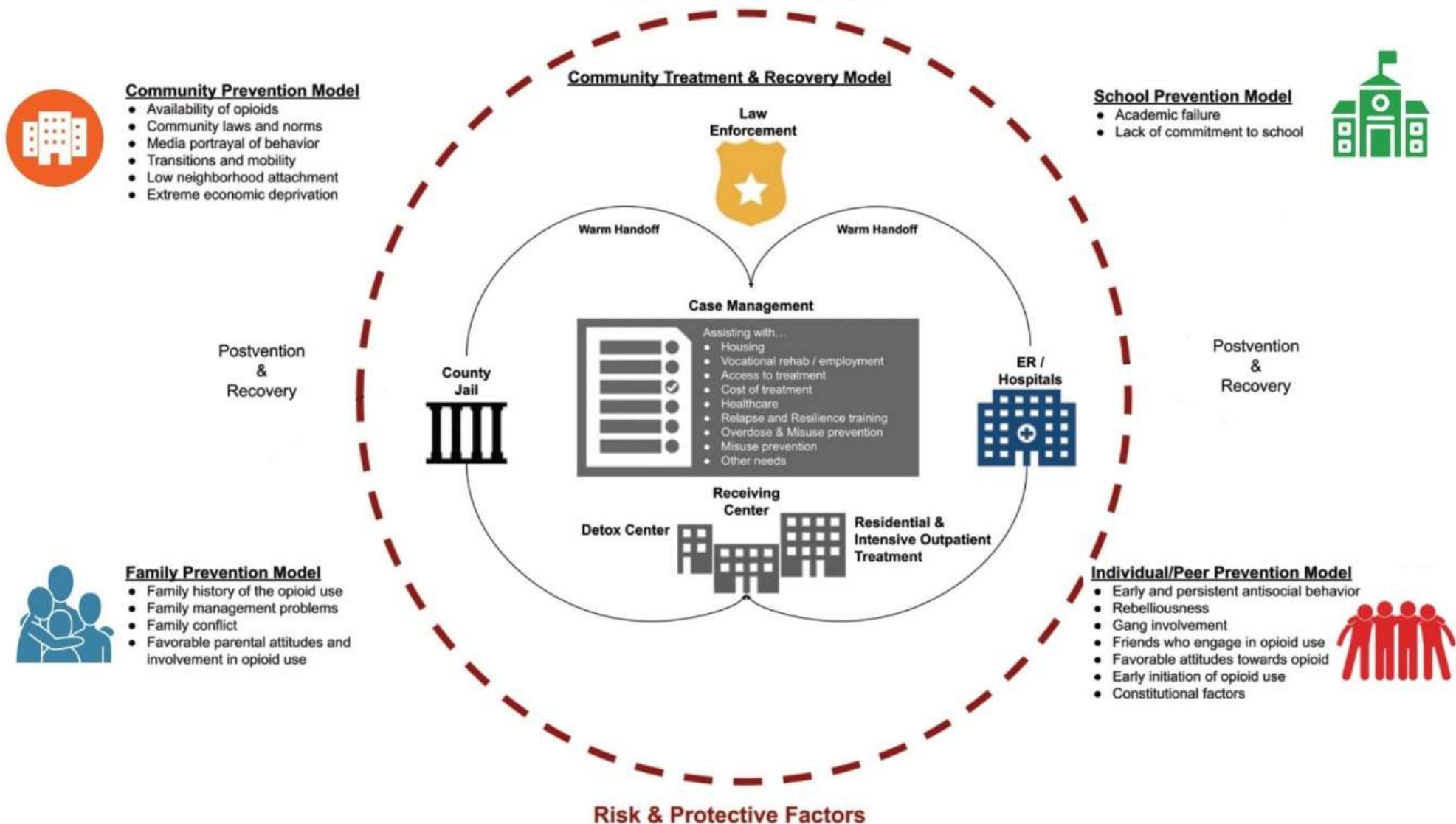
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- Community laws and norms
- Media portrayal of behavior
- Transitions and mobility
- Low neighborhood attachment
- Extreme economic deprivation



School Prevention Model

- Academic failure
- Lack of commitment to school



Family Prevention Model

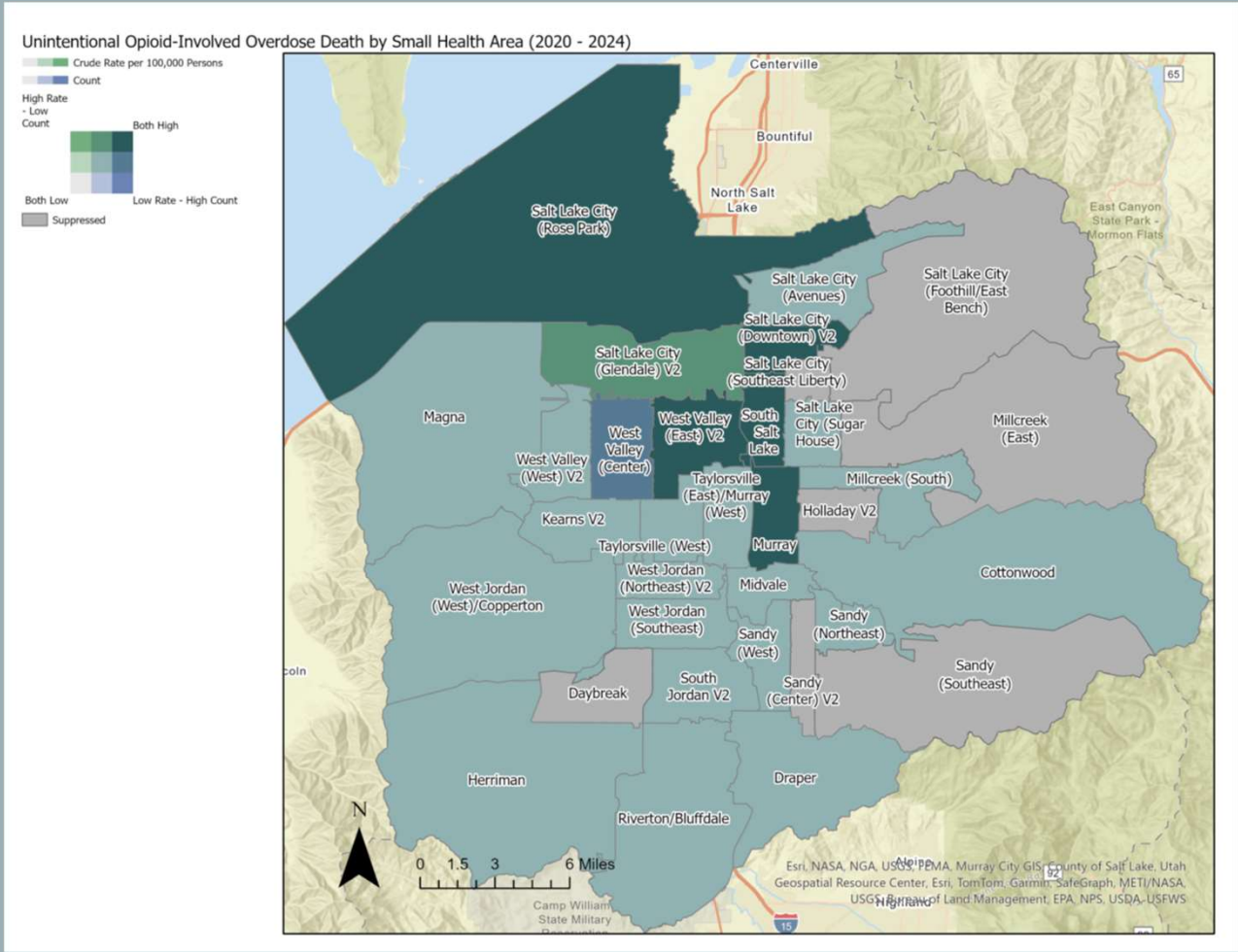
- Family history of the opioid use
- Family management problems
- Family conflict
- Favorable parental attitudes and involvement in opioid use



Individual/Peer Prevention Model

- Early and persistent antisocial behavior
- Rebelliousness
- Gang involvement
- Friends who engage in opioid use
- Favorable attitudes towards opioid
- Early initiation of opioid use
- Constitutional factors

Unintentional Overdose Deaths 2020-2024



COMPLETED AND UNDERWAY PROJECTS

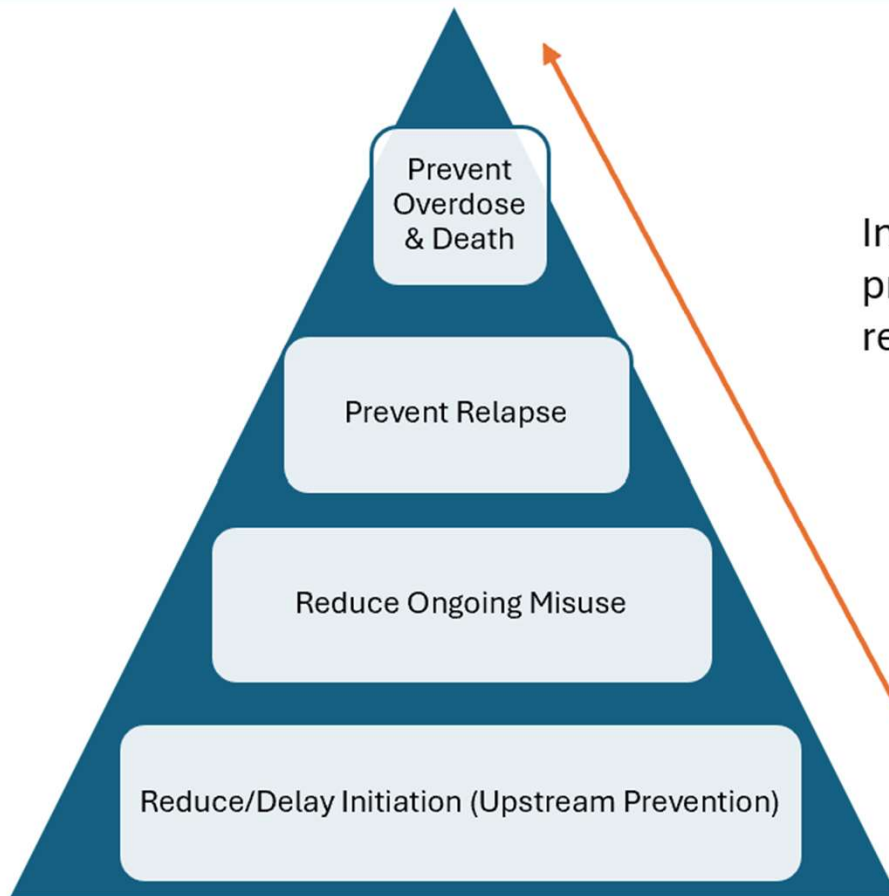
OSF Projects	# of Years	Total Funding Allocated	2024	2025	2026
VOA Detox	1	1,500,000	1,500,000		
Community Bridge Program	2	480,000	240,000	240,000	
SUPeRAD	2	337,000	247,000	90,000	
Children's Center - Capital Contribution	1	150,000		150,000	
Children's Center - Program Services	2	125,000		40,000	85,000
Naloxone Kits	1	100,000		100,000	
MAT Expansion - OTP Accreditation Portion	2	61,820		46,090	15,730
Intensive Outpatient Clinic (IOC)	1	400,000		400,000	
DEA - Training and TA	3	780,000	195,000	390,000	195,000
Public Health Informaticist	3	240,000		80,000	160,000
Total		4,173,820	2,182,000	1,536,090	455,730

SLCO FOCUS AREAS

- **Preventing or Delaying Utilization of Opioids and Other Substances:** Evidence-based upstream, community and school-based efforts.
- **Reducing and Ending Ongoing Opioid Misuse:** Efforts that provide and support treatment of Opioid Use Disorder (OUD) and any co-occurring Mental Health and Substance Use Disorder (MH/SUD) including MAT.
- **Supporting People in Recovery to Prevent Relapse:** Housing with supportive services and peer supports.
- **Reducing/Ending Opioid Overdoses and Deaths:** Increasing access to Naloxone countywide.
- **Leadership, Coordination and Data Analytics:** Invest in increased coordination and data-driven decision making.

SLCO FOCUS POPULATIONS

- Youth and Communities at Risk of Opioid Use and Addiction
- People at the Intersection of Criminal Justice and Homelessness
- People with Brain Injuries



Increased funding in upstream prevention improves outcomes and reduces future impacts and costs.

**BEHAVIORAL HEALTH AND JUSTICE
ACTION PLAN:
LEIFMAN RECOMMENDATIONS**

OVERVIEW

- **Judge Leifman is a national leader in behavioral health and criminal justice reform**, having implemented one of the nation's most successful models for diverting individuals with serious mental illness from the justice system into treatment and recovery in Miami-Dade County.
- **Built upon extensive research and engagement** with 500+ local stakeholders
- **25 comprehensive recommendations** spanning stakeholders across the full system
- Includes both **short-term, longer-term, and multi-year initiatives**

KEY THEMES

Actionable recommendations to **improve public safety, reduce recidivism, and enhance outcomes for individuals with behavioral health needs** with three key themes:

- 1) Prevent and deflect crisis earlier** to improve system flow
- 2) Create pathways to treatment** instead of cycling individuals through systems – focusing on systematic, coordinated connections to treatment, support systems and housing.
- 3) Create cross-system data-sharing protocols** that enable coordinated care, strengthen accountability, and use data to improve outcomes and system performance.

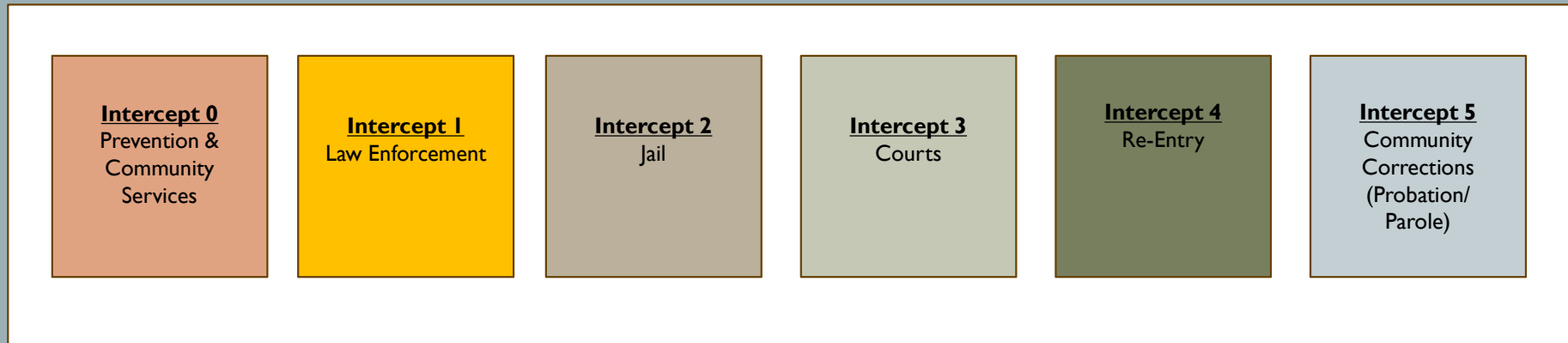


3/5/2026

12

Opioid Funds Aligned with Sequential Intercept Model

SIM visualizes the journey of individuals with behavioral health needs from law enforcement contact through community reentry.



PROPOSALS


- RI:Community and School-Based Interventions
- RI: Community Prevention Grants
- Naloxone Distribution
- Jail-Based MAT
- Pretrial Services
- Screening for Brain Injury (future)
- RI 1: Jail-Based Reentry Program/Transition to Community
- RI 2: Project RIO – BH Diversion
- Sober Living Housing
- Certified Peer Specialists
- Community Tx Grants
- Naloxone Distribution

Community

1. R1: Community Readiness Assessments (Data Collection)
2. R1: Strengthen and Expand Evidence-Based Community Coalitions
3. R1: Community Grants for Evidence Based and Innovative Prevention Programs
4. Countywide Naloxone Distribution (discussed in I5)

School

1. R1: Implement SBIRT (Screening, Brief Intervention and Referral to Treatment) in Schools
2. R1: Expand Project CREST: Helping Schools Create Resilient Students



PROPOSALS:
INTERCEPT 0
Prevention &
Community
Services

Opioid-Focused Community Readiness Assessments (CRA)

Health Department uses the research-informed Community Readiness Assessment (CRA) for Community Change framework to assess a community's readiness to address opioid use and misuse.

Proposal: Conduct CRA in 4 additional highly impacted communities: Downtown SLC, Rose Park, Glendale and Millcreek.

Intended Outcome: Downtown SLC, Rose Park, Glendale and Millcreek are priority areas, two of which have a coalition and the two do not. CRAs inform what stage a community is in to start addressing and developing opioid-related health strategies. If a community is not ready, the likelihood of any intervention or action being impactful is reduced. New coalitions conduct CRAs to understand the needs and capacity of the community. CRAs and coalition expansion go hand-in-hand (e.g., Downtown SLC and Rose Park).

Strengthen and Expand Community Coalitions

Community Coalitions develop alliances of residents and organizations across diverse sectors to create buy-in and shared ownership to make prevention efforts last. They focus on reducing risks and increasing long-term health, wellness and safety across communities.

Proposal: Support three new coalitions in priority areas (Rose Park, Downtown SLC and WVC) experiencing high opioid-involved overdose deaths - begin with one and expand over three years. Each proposed coalition will receive 3 years funding.

Intended Outcome: Each coalition will coordinate local resources, build capacity, and reduce opioid-related harms through implementation of evidence-based environmental strategies such as skill building, reducing substance access and building accountability.

Expand Project CREST (Helping Schools Create Resilient Students)

Project CREST focuses on building family skills and is designed to facilitate the effective delivery of research- and evidence-based prevention programming in schools. Each Project CREST school receives training and technical assistance to assess needs; select, plan, recruit for, and hold three family skill-building workshops and a multi-week family prevention program.

Proposal: Expand CREST to 8 new schools across 3 years.

Intended Outcomes: Improved interactions between school personnel and families, increased parenting skills, improved youth behavior, improved emotional regulation skills for parents and youth thus improving family protective factors and reducing risk factors.

Implement SBIRT (Screening, Brief Intervention and Referral to Treatment) in Schools

SBIRT identifies at-risk students before substance use escalates, provide timely, brief counseling that influences decision-making, and connects youth to appropriate treatment when needed.

Proposal: Implement SBIRT in four schools in Granite School District and expand to two additional schools based on pilot results.

Intended Outcomes: 1) Delayed substance use initiation, 2) decreased rates of escalation, and 3) increased access to treatment for those engaging in problematic use.

Community Grant Program

Invest in trusted community-based organizations that are working in communities most at-risk of opioid misuse through an annual grant program.

Proposal: Provide \$1M in community grants annually, building local prevention capacity.

Intended outcomes: Leverage existing evidence-based efforts and build capacity of trusted organizations in communities, reducing community risk factors, building protective factors, reducing opioid initiation and misuse in the future.

2026

1. Jail-Based MAT (Medically Assisted Treatment) Infrastructure

2027

1. Jail-Based MAT Implementation
2. TBI Screenings



PROPOSALS:
INTERCEPT 2
Jail

1. R11: Reentry Planning During Incarceration and Coordination of Care Upon Release
2. R12: Recidivism Reduction through Project RIO Expansion for People with Behavioral Health Disorders



PROPOSALS:
INTERCEPT 4
Reentry

R11: Reentry Planning and Coordination of Care

Proposal: Implement a team of 6 case managers and 6 Peers to conduct in-reach to jail inmates to develop reentry plans and coordinate jail discharge transitions to directly connect individuals to treatment and other community resources.

Intended Outcome: Increased connection to appropriate treatment housing and support services to improve social and health outcomes for the individual and reduce future OUD and other substance misuse, new criminal activity and jail utilization.

R12: Project RIO Expansion to create case management for in jail with behavioral health disorders

Proposal: Expand Project RIO to increase capacity (current capacity funded in FY26 budget). Expansion would include 1 case managers and 1 LCSW in 2026 with additional capacity in 2027.

Intended Outcome: People experiencing a substance use and mental health disorder and homelessness will have a case management/peer team who conducts jail in-reach to plan for discharge and works closely with providers to find housing, appropriate treatment and other needed community support. Finding from the year 1 pilot demonstrate a reduction in recidivism, jail days and increased participation in community supports.

1. R21: Sober Living Housing (BHS)
2. R13: Peer Certification Training
3. Treatment Infrastructure Grants
4. Countywide Naloxone Distribution Initiative



PROPOSALS:
INTERCEPT 5
Community
Supervision

Sober Living Supports

The need for safe, stable, and sober housing upon transitioning from incarceration or residential treatment back into the community is far greater than the Salt Lake County Sober Living Program can currently support.

Proposal: Provide \$500,000 annually for three years to support housing for 100 additional individuals per year.

Intended Outcome: Provide transitional safe, stable, sober housing for 100 individuals, supporting sobriety, safe housing and support for workforce engagement.

Certified Peer Specialist for SUD

Certified Peer Support Specialists are important to the success of behavioral health and criminal justice systems to help clients navigate safe and effective treatment, reduce the chances of relapse, and prevent overdose.

Proposal: Provide training and certification for 10 CPSS peers. 2027 proposal would request funding to integrate peers into R13: a team of case managers and peers supporting people across transitions.

Intended Outcome: Outcomes are twofold. First, increase the number of Peer Support Specialists across the criminal justice and behavioral health systems to better support clients in reentry and stabilization in the community. Secondly, provide access to employment post-incarceration.

Treatment Grant Program

Community-based treatment providers often need one-time investments to expand treatment capacity and/or housing capacity for those with OUD and other behavioral health conditions.

Proposal: Provide \$1M in treatment infrastructure grants annually, building local treatment and/or housing capacity to support those with OUD and other behavioral health conditions. If no proposals are received in one year, funds could roll-over for future opportunities.

Intended outcomes: Continue to support treatment capacity in the community to reduce opioid and other SUD misuse.

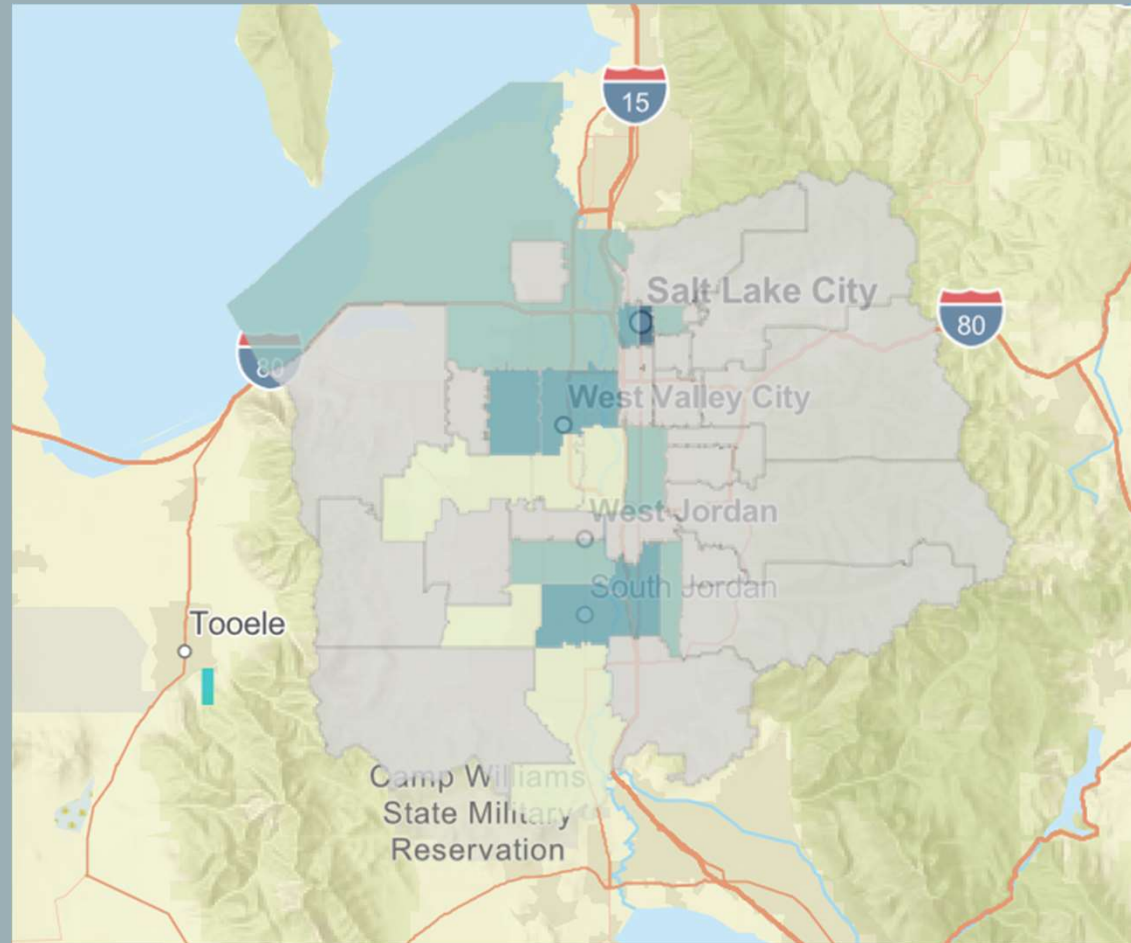
Countywide Naloxone Distribution Initiative

Research indicates that increasing access to Naloxone and educating on Naloxone use in communities reduces opioid deaths.


Proposal: Fund a robust and widespread naloxone education and distribution effort at all county facilities for distribution to community members. The program would include 1) an education campaign (including media and materials) and training for non-traditional first responders (library staff, rec center and human services employees) on overdose recognition, naloxone administration, and Good Samaritan protections; 2) purchase of Naloxone for distribution in high-risk communities, and 3) community health workers to provide health education and ensure naloxone is available in communities most at-risk of overdoses – with a goal of expanding to more than 1,000 community sites through year 3 utilizing microgrants to CBOs to assist in distribution.

Intended outcomes: Increased access and understanding of Naloxone administration; reduced opioid overdose deaths.

**Naloxone Distribution:
Salt Lake County Health and
Utah DHHS, 2024**



1. OSF Program Coordinator



PROPOSALS:
ADMINISTRATION
AND
EVALUATION

QUESTIONS?