

Navigating OUD Care in Utah: A Clinician's Quick Guide

Utah has a complex OUD landscape with high fentanyl use and limited rural services. This guide helps clinicians navigate resources and make effective patient referrals.

Know the Landscape: Utah's OUD Resources



Outpatient MAT is the Foundation of Care

Most patients with OUD can and should be treated in primary care or outpatient clinics.



Methadone Clinics Are Essential but Limited

These are for severe OUD or those not stable on buprenorphine; know local locations.



Residential Programs Require Vetting

Always verify their MAT policy before referring; many are abstinence-only, which is contraindicated.



Harm Reduction is a Universal Precaution

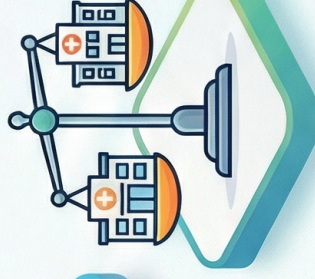
All patients with OUD should receive naloxone, fentanyl test strips, and safety education.

The 3-Step Referral Pathway



Step 1: Triage & Immediate Action

After a positive screen, offer same-day MAT initiation and provide naloxone to take home.



Step 2: Match Patient to Care Level

Most patients need outpatient MAT; few require inpatient care for medical instability only.



Step 3: Coordinate a "Warm Handoff"

Actively coordinate with the receiving facility by calling ahead and sending patient information.