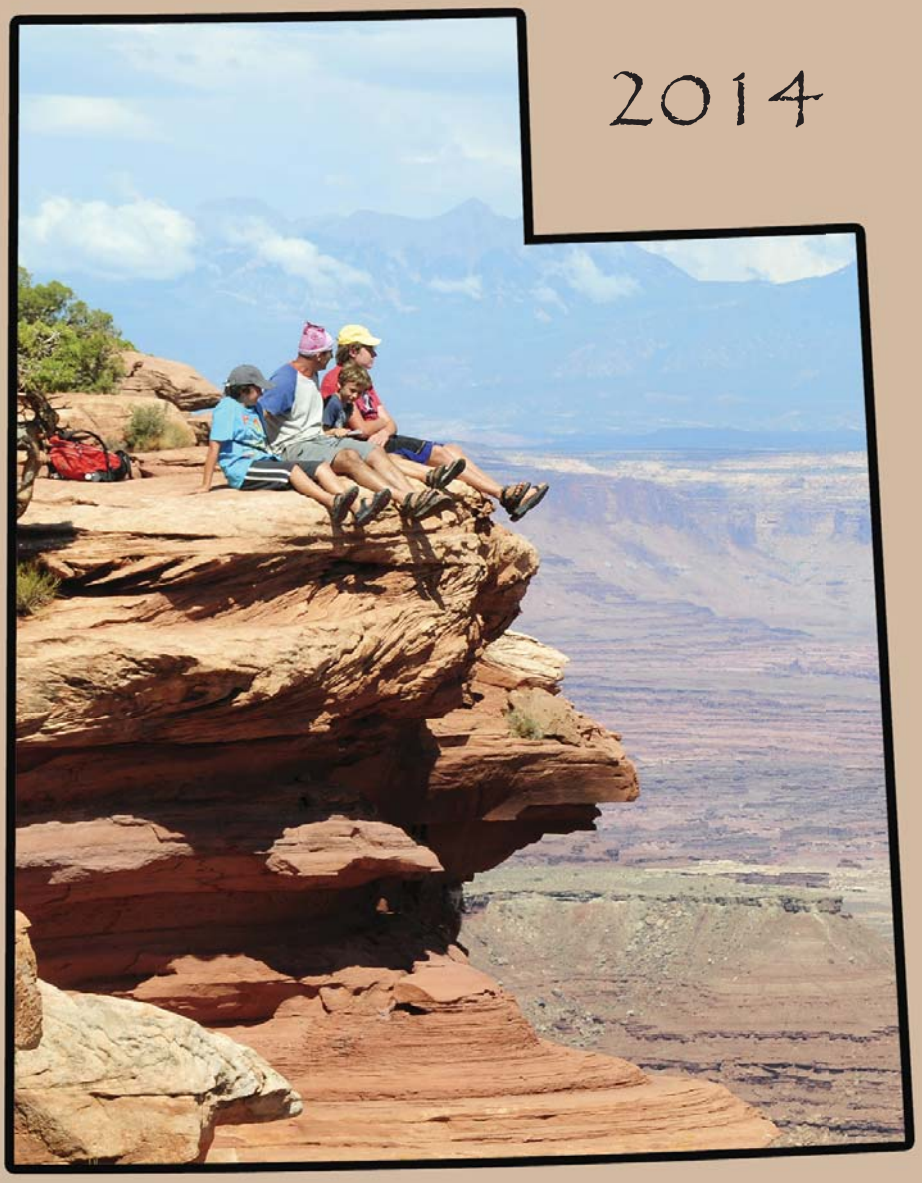
Division of Substance Abuse and Mental Health

ANNUAL REPORT

2014



Hope Health Healing

UTAH DEPARTMENT OF HUMAN SERVICES • DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Division of Substance Abuse and Mental Health

2014
Annual Report

Doug Thomas, Director
Division of Substance Abuse and Mental Health
Department of Human Services
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Salt Lake City, UT 84116

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State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES
ANN SILVERBERG WILLIAMSON
Executive Director

Division of Substance Abuse and Mental Health
DOUG THOMAS
Director

January 2015

We are proud to release the Division of Substance Abuse and Mental Health (DSAMH) Annual Report for 2014. We hope this report broadens your understanding of the important role that the public behavioral health system has in the lives of individuals, families, and communities in Utah. “Hope, Health, Healing” is our continued theme. We know that prevention works, treatment is effective, and that people can and do recover from mental health and substance use conditions. Together we can make a difference for those among us who suffer from the symptoms of mental health or substance use disorders. The results of our efforts are stronger and healthier individuals, families, and communities in Utah.

For the first time in our Nation’s history the Mental Health Parity Act and the Affordable Care Act have opened the way for people to get their behavioral health needs met on par with physical health. Over time, these programs should decrease stigma and increase understanding. We know the earlier people receive help, the better the outcomes people have, at less cost, with less disability. In Utah’s diverse population, it is more important than ever to have a trauma informed approach that does no harm and encourages healing for those we serve.

DSAMH has set the following priorities to emphasize specific goals and strategies in the coming year(s):

- Focus on prevention and early intervention
- Zero suicides in Utah
- Promote a recovery-oriented system of care led by people in recovery, that is trauma informed and evidence-based
- Improve the system of care for children and youth
- Promote integrated healthcare

I want to personally thank the brave individuals reaching out to confront these problems head on. I also want to thank those who help facilitate this process; the many dedicated friends, family members and professionals, whose support is life-altering for so many. We appreciate your support.

Sincerely,

Doug Thomas, LCSW
Director

“The Struggle - shows how much the media can influence all our inner struggles on a subliminal level”

Amber Drake, SLC, UT

2014 Youth Recovery & Resiliency Art Show

Utah’s Public System

Utah's Public Behavioral Health System

This Annual Report summarizes the activities, accomplishments, and outcomes of Utah's public behavioral health system. In Utah, publicly funded behavioral health services are provided through a partnership of State and county government. This report provides information on both the State Division of Substance Abuse and Mental Health (DSAMH) and our county partners.

DSAMH is authorized under Utah Code Annotated (UCA) §62A-15-103 as the single state authority in Utah. It is charged with ensuring a comprehensive continuum of substance use and mental health disorder services are available throughout the state. In addition, DSAMH is tasked with ensuring that public funds are spent appropriately.

Vision

DSAMH's vision is to contribute to the development of healthy individuals, families and communities. Substance use disorders and mental illnesses are chronic diseases. However, prevention works, treatment is effective, and people recover.

Mission

DSAMH's mission is to promote hope, health and healing by reducing the impact of substance abuse and mental illness. To achieve this mission, DSAMH provides leadership, promotes quality, builds partnerships, ensures accountability, and operates effective education and training programs. DSAMH uses a public health approach to make its vision a reality.

Guiding Principles

Systems, services, programs, activities, strategies, and policies should be trauma-informed, evidence-based, and culturally and linguistically competent.

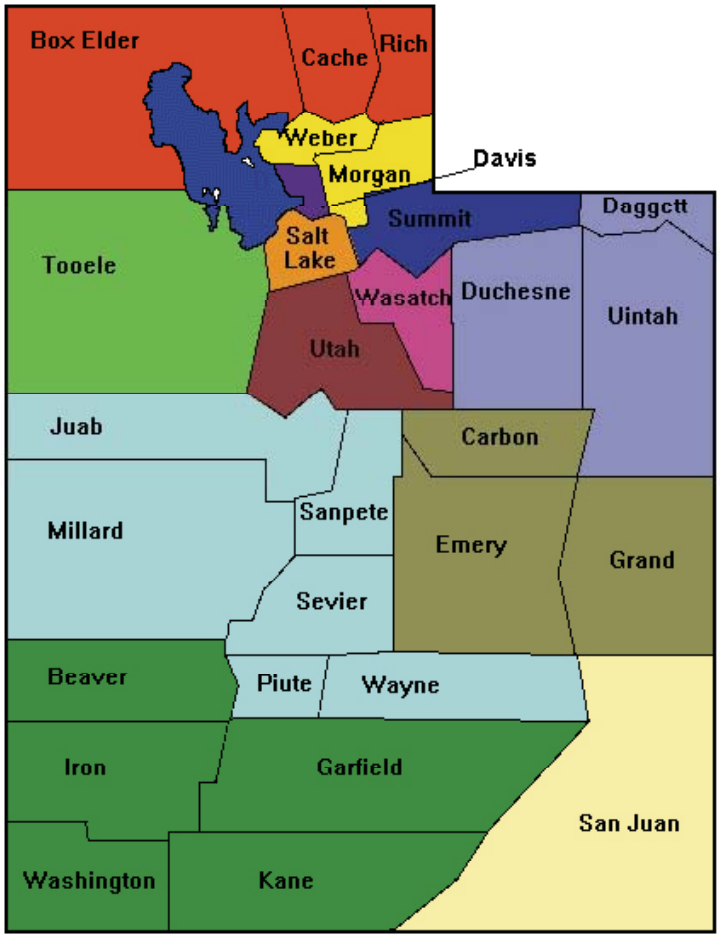
Trauma-Informed
Most individuals with mental health and substance use disorders are also dealing with trauma issues. DSAMH recognizes the prevalence of trauma and takes a universal precautions position. Trauma affects all individuals involved, including staff and the local workforce. DSAMH is working to ensure that all aspects of its system recognize the impact of trauma and make every effort to avoid re-traumatization. DSAMH will continue in its efforts to promote the use of trauma-informed care and trauma specific services through training and technical assistance for the local authorities and community partners.

Evidence-based Practices
Utah's publicly funded behavioral health system is committed to provide the best possible services to individuals, families and communities. DSAMH provides training and consultation designed to promote evidence-based practices. "Evidence-based" stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

Culturally and Linguistically Competent
DSAMH believes all aspects of behavioral health services should recognize and adapt to reflect the diversity of Utah's individuals,

families and communities. Individuals possess diverse cultural, economic, social backgrounds, values, beliefs, sexual orientations, ethnicity, religion, and languages. To be effective, behavioral health services need be culturally and linguistically competent.

Under Utah law, DSAMH does not operate or provide services directly. As part of the Utah Department of Human Services, DSAMH contracts with local county governments who are statutorily designated as local substance abuse authorities (LSAAs) and local mental health authorities (LMHAs) to provide prevention, treatment, and recovery services. DSAMH provides policy direction, monitoring, and oversight to Utah's 29 counties. Counties have formed 13 local authorities that deliver or contract for a comprehensive array of behavioral health services. The map below shows the organizational structure of Utah's local authority programs:

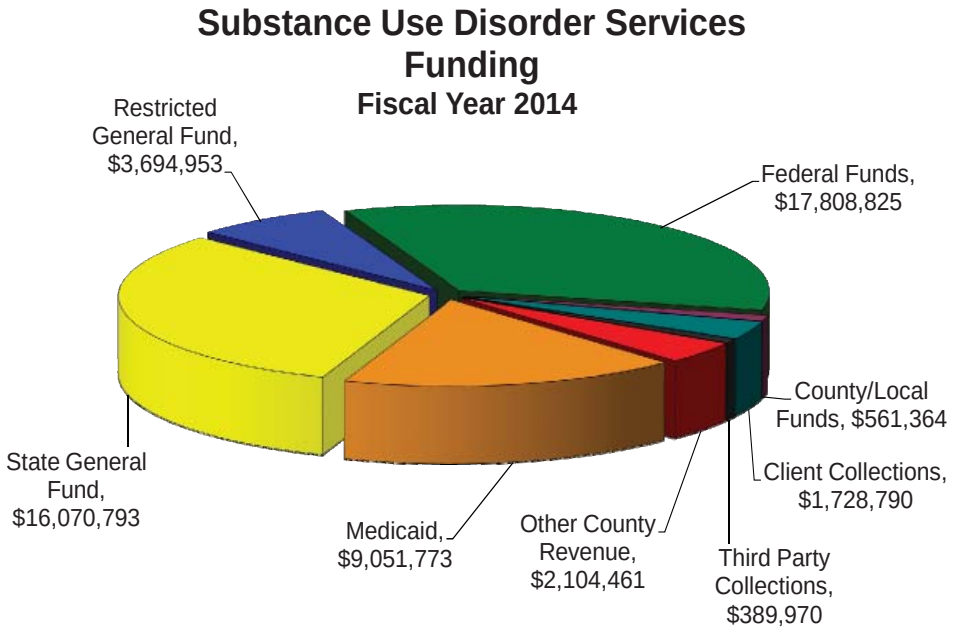


Local Authorities

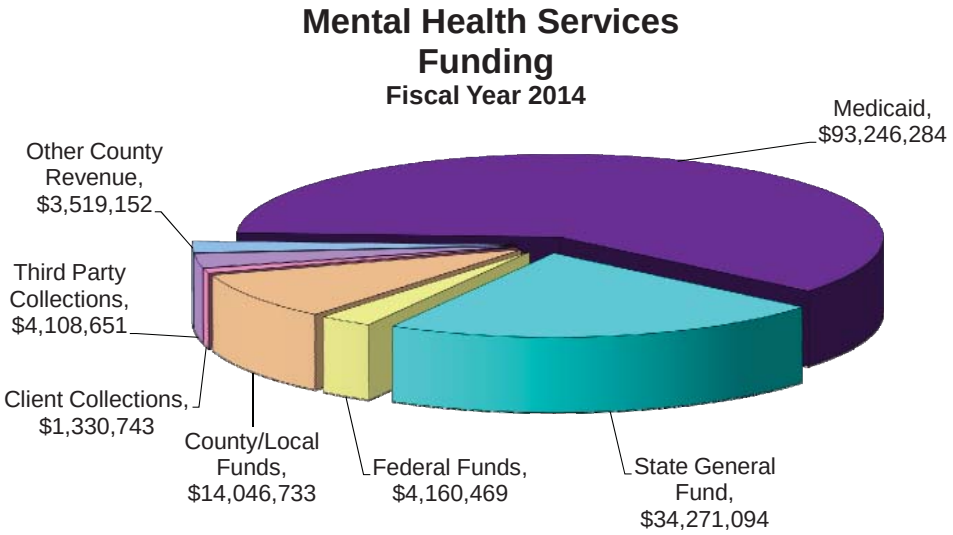
- Bear River
- Davis County
- Weber Human Services
- Tooele County
- Salt Lake County
- Summit County
- Utah County
- Wasatch County
- Northeastern
- Central
- Four Corners
- Southwest
- San Juan County

Source of Funding

Funding for services comes from a variety of sources. State, county, and federal funds as well as private insurance and payments directly from clients are used to provide services. For mental health services, the primary funding source is Medicaid. For substance use disorder services, the primary funding source is the Federal Substance Abuse Prevention Treatment block grant. Counties are required by State statute, to provide funding equal to at least 20% of the State contribution. The following provides a breakdown of the sources of funding for both mental health and substance use disorder services.



Total Revenues: $51,410,929.48



Total Revenues: $154,683,126.00

The Mental Health figures do not include Utah State Hospital information.

2014 State Strategies

In 2014, DSAMH leadership challenged its staff to develop a strategic plan that would enhance Utah's public behavioral health system. The plan outlines five key strategic initiatives. The initiatives were carefully chosen to build on past achievements, and to take advantage of emerging opportunities in a changing world. The goal is to build a better behavioral health system for all.

Strategy One: Prevention And Early Intervention

Expansion of prevention and early intervention is the number one priority for DSAMH.[1] Prevention and early intervention help individuals, families and communities avoid the cost and consequence of addiction or mental illness. The Institute of Medicine and the Centers for Disease Control and Prevention indicate that clear windows of opportunity are available to prevent mental, emotional, and behavioral disorders and related problems before they occur. The Affordable Care Act (ACA) also places a heavy focus on prevention and health promotion activities at the community, state, territorial, and tribal levels. DSAMH believes that expansion of prevention and early intervention will result in positive outcomes for individuals, families and communities.

Prevention of substance abuse and mental illness are closely related. The risk and protective factors for both substance use disorders and mental illness are well established, with first symptoms typically preceding a disorder by 2 to 4 years. DSAMH promotes systems and programs at the community level to target shared factors.

[1] Substance Abuse and Mental Health Services Administration (2011). Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014 Executive Summary and Introduction

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Utah's prevention system follows a strategic, science-based planning process called the Strategic Prevention Framework (SPF). The SPF is used to ensure a culturally competent, sustainable, effective, and cost efficient system. Communities work through a five-step process to implement the SPF. The five-step implementation process includes:

- Assess community needs
- Build capacity for services
- Plan based on needs, strengths, and resources
- Implement evidence-based strategies
- Evaluate the effectiveness of prevention services and activities

The SPF provides assurance that Utah prevention initiatives are effective, efficient, and address local needs.

DSAMH plays critical roles in several statewide substance abuse, suicide, and mental illness prevention programs as well as mental health promotion programs. These statewide initiatives include an underage drinking prevention campaign (Parents Empowered), a school-based prevention foundation curriculum (Prevention Dimensions), a Suicide Prevention Committee, and a mental illness prevention/mental health promotion project (Prevention by Design).

Additional information about Utah's prevention efforts can be found on page 40 of this report.

Strategy Two: Zero Suicides In Utah

Zero suicides is the goal in Utah. Suicide impacts people from all socioeconomic, racial, and ethnic backgrounds, and people of all ages. In Utah, 10

people per week lose their lives to suicide and 12 people are treated daily for suicide attempts. Suicide is the 8th leading cause of death for Utahns and our state ranks 7th in the nation for suicide deaths. Over the last decade the number of suicides in the U.S. has increased by 25%. During the same time, suicides in Utah have increased by 46% almost doubling the previous year's suicide rate.[2] Research suggests that suicide is largely preventable.

DSAMH is leading an effort to help communities understand that we all have a role to play in suicide prevention. the division co-chairs the Utah Suicide Prevention Coalition with the Utah Department of Health. Using the National Strategy for Suicide Prevention as a template, the Utah Suicide Prevention Coalition revised the State Suicide Prevention Plan. These strategies include partnering with state agencies to examine and use suicide related data, form public and private partnerships, work with local coalitions to identify and implement suicide prevention strategies, and work to improve clinical care related to suicide prevention statewide.

Solid partnerships within the public and private sector are critical. The Utah Suicide Prevention Coalition membership includes: the Utah Department of Health, Veterans Administration, Hill Air Force Base, Utah Air and Army National Guard, law enforcement, local health departments, health care providers, behavioral health service providers, suicide survivors, University of Utah researchers, Utah State Office of Education, legislators, mental health consumers, National Alliance on Mental Illness (NAMI) Utah, and other key stakeholders.

The Utah Suicide Prevention Plan promotes the message that "Everyone has a Role to Play" in suicide prevention. The plan has nine goals with objectives and activities outlined to meet each goal. The goals are:

1. Promote public awareness that suicide is a preventable public health problem
2. Develop broad based support through public/private partnerships dedicated to implementing and sustaining suicide prevention efforts
3. Improve the ability of all health providers and first responders to better support individuals at risk for suicide
4. Develop and promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors
5. Increase public access to health and behavioral health services, prevention programs, and other community resources
6. Develop policy to promote mental health, prevent mental illness, and eliminate suicide
7. Promote efforts to reduce suicide by reducing access to lethal means
8. Improve identification, data, research, and evaluation relevant to suicide prevention
9. Provide care and support to those affected by suicide and implement community strategies to prevent contagion

Prevention by Design, a partnership between DSAMH, NAMI Utah, and local community coalitions, addresses statewide suicide deaths across the lifespan. Coalitions evaluate local data, identify local priorities and risk factors, then use this information to select and implement evidence-based strategies to prevent suicide and to promote mental and behavioral health. Programs such as Question, Persuade, Refer (QPR), Mental Health First Aid, Hope for Tomorrow, and Positive Action Program are successfully used by coalitions to train and educate community members.

The Columbia Suicide Severity Rating Scale (C-SSRS) is a questionnaire used to assess the full range of evidence-based suicidal ideation

[2] Ibid Utah Department of Heath. Utah Suicide Facts. Retrieved from http://www.health.utah.gov/vipp/pdf/Suicide/SuicideInforgraphic.pdf

and behavior with criteria for next steps. The C-SSRS can be used across various settings including primary care, clinical practice, military settings, correction facilities, and more. DSAMH, local authorities and other major health providers have adopted the C-SSRS as a primary suicide screening tool in Utah. Training is free and easily accessible on-line. For more information and for training on use of the C-SSRS see http://www.cssrs.columbia.edu/training_cssrs.html.

Strategy Three: Promote Recovery

DSAMH's third strategy is to develop a "recovery-oriented system of care." Substance use disorder and mental illness are diseases.[3] However, people can and do recover. Recovery means more than abstinence from drugs or a remission of symptoms; recovery means achieving a meaningful life in the community, an improved quality of life and overall health. Behavioral health services should align with the needs of individuals seeking recovery or those in recovery. DSAMH recognizes that behavioral health services need to expand beyond acute care to help people recover.

The Federal Substance Abuse and Mental Health Services Agency (SAMHSA) found:

"Creating a recovery-oriented systems of care requires a transformation of the entire system as it shifts to becoming responsive to meet the needs of individuals and families seeking services. To be effective, recovery-oriented systems must infuse the language, culture, and spirit of recovery throughout their system of care. They have to develop values and principles that are shaped by individuals and families in recovery. These values and principles provide the foundation for systems that provide:

- *Accessible services that engage and retain people seeking recovery*
- *A continuum of services rather than crisis-oriented care*
- *Care that is age- and gender-appropriate and culturally competent*
- *Where possible, care in the person's community and home using natural supports"*[4]

Contract requirements, practice guidelines, division directives and data requirements have been updated and modified to ensure services are responsive to the needs of individuals and families. Initiatives such as peer support, Access To Recovery, expansion of limited treatment options, trauma-informed care, supported employment and supported education are examples of our commitment to this change.

Strategy Four: Improve Services For Children And Adolescents

DSAMH estimates that 11,391 youth (ages 12-18) need substance use disorder treatment and 83,632 children and youth need mental health treatment. Many receive inadequate care, care that could have been provided earlier, or no care at all. We believe that improving services for children and adolescents will result in healthier individuals, families, and communities.

Children and adolescents are best served in a "System of Care." This model is an organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving services, access and outcomes for children, youth and their families. The core values of the system of care philosophy are:

[3] National Institute on Drug Abuse

[4] Kaplan, L. (2008). The Role of Recovery Support Services in Recovery-Oriented Systems of Care. DHHS Publication No. (SMA) 08-4315. Rockville, MD: Center for Substance Abuse Services, Substance Abuse and Mental Health Services Administration. p. 3

- Family driven, with families having a primary decision making role and the strengths and needs of the child and family determining the types and mix of services and supports provided
- Youth guided, with the right to be empowered, educated (on the issues), and given a decision-making role in their care
- Community-based, with accessible services available at the community level
- Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve

A system of care approach provides effective, community-based services and supports organized into a coordinated network for children and youth that helps them function better at home, in school, in their community, and throughout life.

Family Resource Facilitation encourages family driven and youth guided care and provides peer support and wraparound facilitation to families and youth who have complex needs. Family peer or youth led wraparound helps to build a plan that incorporates both formal supports (e.g., mental health/substance abuse treatment, educational assistance, juvenile court engagement, etc.) and informal supports (e.g., family members, youth groups, clergy, etc.) that will help the youth and his/her family live full and productive lives. This service is currently available in 25 of the 29 counties in the state and DSAMH continues to work to increase access to this service throughout the state and in partnership with multiple child serving agencies.

In 2014, DSAMH in partnership with the Department of Human Services Executive Director's Office obtained a System of Care Implementation Grant at $1 million a year for four years (October 2014 to September 2019) from SAMHSA. The funding will supplement other funding to enable DHS to utilize regional systems (Northern, Salt Lake, Western, Eastern, and Southwest) to administer wraparound services for children, youth and their families, who have serious mental health conditions.

Strategy Five: Health System Integration

Integrating the delivery of behavioral health services and physical health services can greatly improve access to effective care and improved outcomes. This is because individuals with a behavioral health condition have poorer health outcomes than the general population.[5] Individuals with a serious mental illness (SMI) have a life expectancy 25 years shorter than the general population. Almost one fourth of all adult stays in community hospitals involve a mental health or substance use disorder; making mental health disorders the third most costly health condition, behind only heart conditions and injury-related disorders, in the United States.[6]

The continued implementation of healthcare reform and partnerships with physical health providers highlight our efforts over the last year to move toward a more fully integrated system.

Health reform efforts at the national and state level continue to focus on ways to improve health, improve healthcare, and lower costs. A central strategy to achieving this "triple aim," both nationally and in Utah, is to focus on the integration of behavioral and physical health care.

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[5] Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states, Colton CW and Manderscheid RW, Prevention of Chronic Disease, 2006 Apr 3(2):A42.

[6] Mental Health: Research Findings: Program Brief. September 2009. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/research/findings/factsheets/mental/mentalhth/index.html

Healthcare Reform

The greatest barrier to integration has been the lack of insurance coverage for behaviorial health services. Enacted on March 23, 2010, the Patient Protection and Affordable Care Act (ACA) provided one of the largest expansions of behavioral health coverage in a generation.

Two major elements of the law work together to achieve this. First, the ACA requires that all insurance plans available on a health insurance marketplace cover a set of 10 essential health benefits (EHB), which includes coverage for both mental health and substance use disorders. The law also builds upon the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (parity law), requiring health insurance plans to cover mental health and substance use disorder services at parity with medical and surgical benefits.

Second, the ACA extended options for affordable health insurance to millions of uninsured Americans through two paths—premium assistance on the marketplace and, if implemented, Medicaid coverage to all adults below 138% of the federal poverty level (FPL). These provisions of the law extended behavioral health benefits to many who were unable to access treatment, medications, and other services critical to addressing their mental health and/or substance use disorder conditions.

In January of 2014 healthcare coverage purchased through the marketplace took effect. In Utah this meant that over 80,000 individuals were able to purchase health insurance coverage with a behavioral health benefit. The majority of these individuals received a premium subsidy to help offset the cost of insurance.[7] DSAMH estimates 25% of the population eligible for coverage through the marketplace have a mental health condition and 10% have a substance use disorder.

While we have made great progress in extending comprehensive health coverage, many of the clients currently served by the public behavioral health system remain uninsured as a result of Utah not implementing the optional Medicaid Expansion Program.

A National Report published by the National Association of State Mental Health Program Directors (NASMHPD) found that nearly 70,000 Utahns below 138% of the FPL have a behavioral health condition and would qualify for the optional Medicaid expansion.[8] As an alternative to Medicaid expansion as proposed in the ACA, Governor Gary Herbert has proposed Healthy Utah. Healthy Utah would build on Utah's unique health market to extend coverage to an additional 110,000 Utahns through the private market, and in some cases through Medicaid.

Under Healthy Utah, Medicaid coverage would be available only to those most in need, or medically frail. This would include individuals with a chronic substance use disorder and/or a serious mental illness. While many of the clients currently served by Utah's public behavioral health system are expected to gain access to health insurance through Healthy Utah, many more that will qualify for Healthy Utah are in need of behavioral health services and are not currently able to access the system without a benefit.

Partnerships with Physical Health

Over the course of this last year DSAMH has continued to promote integrated programs that address an individual's substance abuse, mental health, and physical health. After the passage of H.B. 57 "Mental and Behavioral Health Amend-

[7] ASPE Issue Brief: Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period. May 2014. U.S. Department of Health and Human Services. Office of the Assistant Secretary for Planning and Evaluation, Washington, D.C. http://aspe.hhs.gov

[8] Maududi, N., and Miller, J.E. (2013). NASMHPD Resource Management Guide: Impacts of Affordable Care Act on Coverage for Uninsured People with Behavioral Health Conditions. National Association of State Mental Health Program Directors

ments" in 2013, DSAMH continues to ensure services delivered by our local authority system results in improved overall health and functioning. Such efforts include expanding partnerships with primary care providers and federally-qualified community health centers (FQHCs).

In 2014, two local authorities opened clinic sites with an FQHC, bringing the total number in the state to four. Another local autority began the process of developing a patient-centered medical home.

DSAMH partners with the Utah Department of Health on a number of initiatives including the Accountable Care Organization (ACO) Quality Measures Group, and the Health System Partnership. In 2012, Utah implemented an ACO model in Medicaid. There are four ACOs responsible for ensuring quality physical health services to Medicaid recipients living along the Wasatch Front. At the same time, local authorities are charged with ensuring quality behavioral health services to Medicaid recipients.

Recognizing a need to have local authorities and the ACOs work collaboratively to ensure a full continuum of services for both an individual's physical and behavioral health needs, DSAMH hosted two care coordination meetings for ACO and local authority care managers. These sessions focused on identifying benefits of integrated care within the publicly funded health and behavioral health systems, learning how clients utilized services within the physical health and behavioral health setting, and identifying next steps for coordinating care for individuals receiving treatment in both systems of care. The Health System Partnership was convened in 2013 and has a general mission of increasing the number of patients receiving coordinated services in primary care and/or behavioral health services by 25% by December 2015. The Partnership has four subgroups, one focused specifically on care coordination between primary care and behavioral health. Subgroup activities in fiscal year 2014 include:

- Conducting a comprehensive assessment of current integration activities in primary and behavioral health services
- Conducting mutual trainings among primary care and behavioral health services
- Increasing information sharing between primary care and behavioral health providers
- Establishing payment parity for behavioral health services

Melanie

From childhood I have struggled with mental illness, depression and anxiety. At age 24, I became addicted to prescription pain pills due to a medically complicated pregnancy and hospitalization. My life spiraled quickly into darkness and I found myself unable to cope with life's daily tasks. Trying to deal with what was happening to my body and state of mind lead me seek help from my physician. I was prescribed Xanax, and quickly become addicted. Shortly thereafter, I began to abuse it and all other prescription drugs I could get my hands on.

I was a single mother of two, fighting severe depression, anxiety and PTSD. Not willing to accept help from my desperate family, I began a downward spiral into a chain of self-harming behaviors. In 2009, I was admitted to residential treatment for substance abuse. A difficult 25-month recovery process at Odyssey House of Utah's, Parents with Children Program, gave me the tools I needed to finally overcome my mental health issues and substance abuse addiction.

I am more than five years sober and a healthy mother, daughter, sister, and friend. For the last two years, I have worked for a drug rehab facility as a marketing and design specialist. I live with my two boys and show up for life every day with gratitude in my soul. I advocate for others who are struggling with addiction, and find strength in sharing my story.

I am worthy and beautiful inside beyond measure. I am so grateful to all who contribute to make this world a place where a sad, scared girl was able to blossom into an amazing, competent woman, with so much light and love to share.

"Addiction affects us all in some way. People can recover, and help is available. I am living proof that change is possible."

Who We Serve

Who We Serve

The following tables and charts represent the estimated numbers of Utahns in need of services, as well as the actual number of clients served in the public behavioral health system by local authority.

Treatment Need and Clients Served

Substance Use Disorder				
	Adults (18 years+)		Youth (Ages 12-18)	
	# Need Treatment	Clients Served FY2014	# Need Treatment	Clients Served FY2014
Bear River	7,020	920	521	65
Central	3,636	375	313	41
Davis County	13,200	986	1,008	120
Four Corners	2,029	575	197	56
Northeastern	2,290	499	228	19
Salt Lake County	56,433	7,450	5,186	708
San Juan County	692	68	28	18
Southwest	10,336	577	541	58
Summit County	1,703	315	179	32
Tooele County	2,403	578	324	74
Utah County	23,281	942	1,577	15
Wasatch County	1,068	138	109	21
Weber	11,329	1,262	1,309	276
State Totals*	135,450*	14,726*	11,391*	1,493*

* Because of rounding in the percentages, duplication of clients across Local Substance Abuse Authorities (LSAAs) and an additional 320 clients served in non-local authority contracts, LSAA totals do not add up to the unduplicated total of clients served statewide.

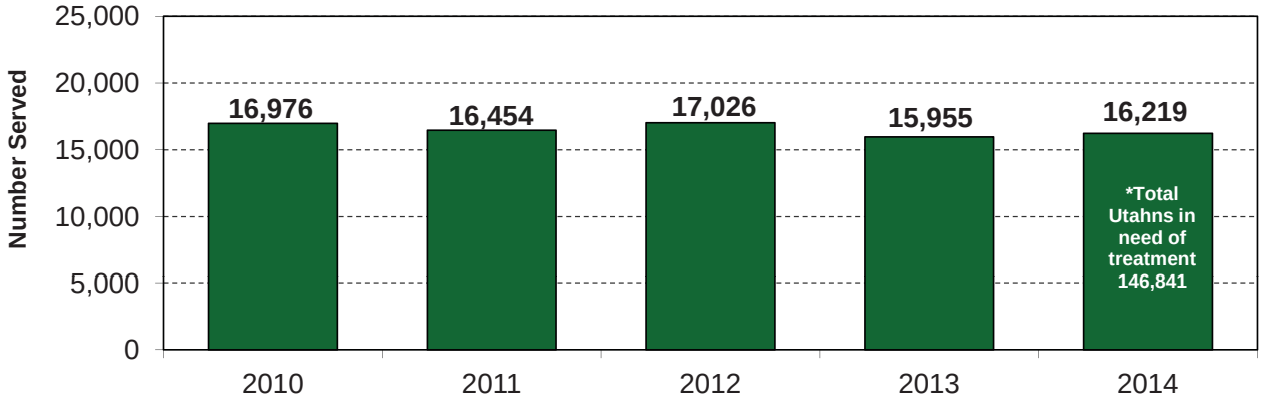
Mental Health				
	Adults (18 years+)		Children/Youth (Ages 5-17)	
	# Need Treatment	Clients Served FY2014	# Need Treatment	Clients Served FY2014
Bear River	7,328	1,709	4,852	1,221
Central	2,783	683	1,967	494
Davis County	10,678	3,239	9,594	1,689
Four Corners	1,553	940	1,171	465
Northeastern	2,390	1,224	2,031	752
Salt Lake County	39,275	9,583	33,600	5,934
San Juan County	530	407	362	143
Southwest	7,912	1,250	5,143	1,526
Summit County	1,778	256	823	145
Tooele County	2,508	1,082	2,361	652
Utah County	19,419	6,262	14,136	3,380
Wasatch County	1,115	396	573	170
Weber	8,465	4,253	7,020	1,639
State Totals*	105,737*	30,623*	83,632*	17,905*

*Because of rounding in the percentages and duplication of clients across Local Mental Health Authorities (LMHA), LMHA's totals do not add up to the unduplicated total of clients served statewide.

Total Number Served

The charts below show the total number of individuals served in all publicly funded substance use disorder treatment facilities, and the total number served for adults and children/youth by the local mental health authorities for fiscal year 2010 through fiscal year 2014.

Total Number of Individuals Served in Substance Use Disorder Treatment
Fiscal Years 2010 - 2014

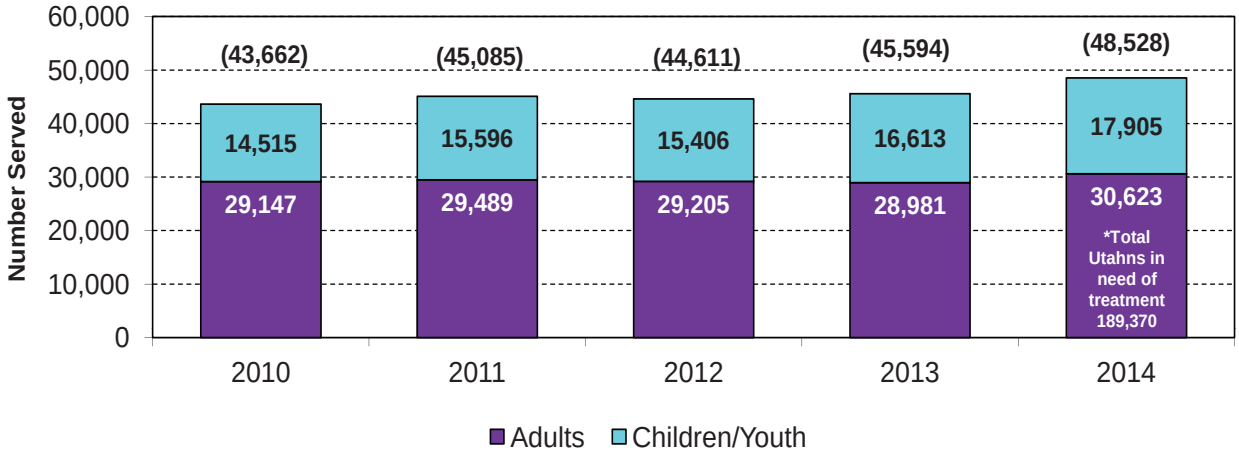


*Estimate of Need

Adult–Substance Abuse and Mental Services Administration. (2014). Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables. Rockville, MD. http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx.

Children/Youth–State of Utah Department of Human Services, Division of Substance Abuse and Mental Health. n.d. Student Health and Risk Prevention (SHARP) 2013 Prevention Needs Assessment Survey Results, Region Profile Reports, Data Table 5.

Total Number of Adults and Children/Youth Served in Mental Health Services
Fiscal Years 2010 - 2014



*Estimate of Need

Adult–Substance Abuse and Mental Services Administration. (2014). Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables. Rockville, MD. http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx.

Children/Youth–State of Utah Department of Human Services, Division of Substance Abuse and Mental Health. n.d. Student Health and Risk Prevention (SHARP) 2013 Prevention Needs Assessment Survey Results, Region Profile Reports, Data Table 5.

Household Income and Poverty

The following charts show the income levels by household size for those served in the public behavioral health system. Those highlighted in red are self-reported below the Federal Poverty Line for 2014. The majority of public clients are below the poverty line with 13,783 substance use clients (85%) and 39,441 mental health clients (81%) fitting the criteria.

Substance Use Disorder Clients and Poverty Level
Fiscal Year 2014

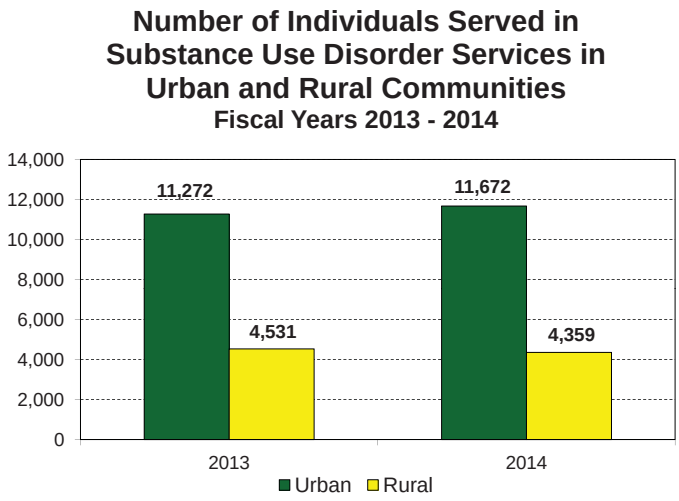
Number in Family	Monthly Income Grouping									Total Clients
	None	$1 - $500	$501 - $1000	$1001 - $1500	$1501 - $2000	$2001 - $2500	$2501 - $3000	$3001 - $3500	$3500+	
1	5,262	720	1,344	559	280	96	72	37	93	8,678
2	937	287	438	280	172	48	49	22	87	2,324
3	897	223	368	245	208	59	51	29	83	1,963
4	573	109	227	174	142	70	41	30	88	1,338
5	360	70	116	93	85	44	37	22	81	874
6	181	28	71	62	53	30	25	6	31	426
7	92	18	17	22	23	9	5	5	14	199
8	40	7	6	6	5	5	6	1	7	88
9	13	-	8	4	3	1	1	-	2	34
10+	35	7	12	7	9	3	-	-	3	44
Total Clients	8,390	1,469	2,607	1,452	980	365	287	152	489	15,968

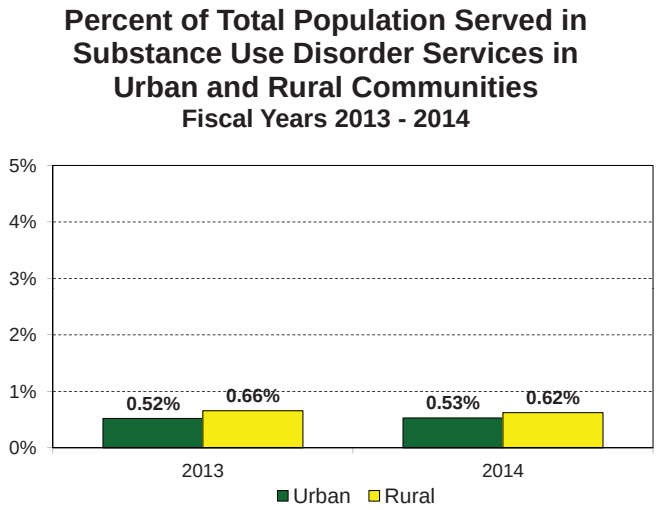
Mental Health Clients and Poverty Level
Fiscal Year 2014

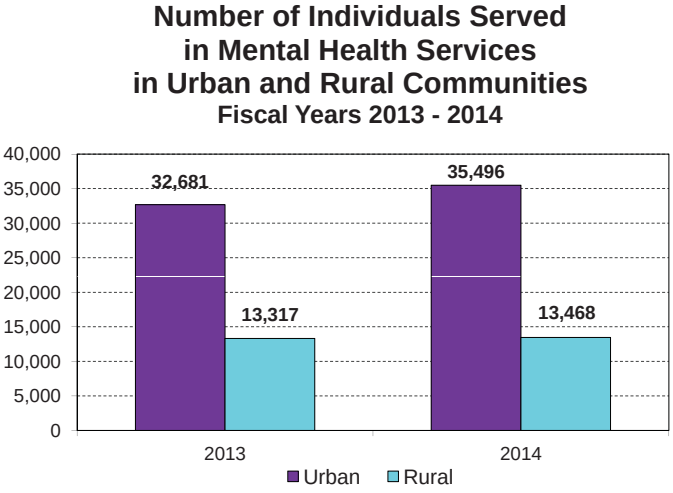
Number in Family	Monthly Income Grouping									Total Clients
	None	$1 - $500	$501 - $1000	$1001 - $1500	$1501 - $2000	$2001 - $2500	$2501 - $3000	$3001 - $3500	$3500+	
1	7,566	2,382	4,309	867	319	113	98	50	227	15,931
2	2,025	1,190	1,616	715	343	129	82	42	182	6,324
3	2,098	1,238	1,522	897	499	213	110	80	276	6,933
4	1,917	732	1,238	863	551	297	197	105	392	6,292
5	1,348	412	707	605	437	259	182	98	362	4,410
6	774	190	392	296	294	177	135	76	291	2,625
7	365	110	163	130	135	106	99	33	150	1,291
8	159	60	73	53	70	36	37	30	68	586
9	62	22	39	30	23	20	14	16	28	254
10+	190	80	48	26	23	12	18	10	59	466
Total Clients	16,535	9,786	10,115	4,485	2,696	1,362	972	540	2,037	48,528

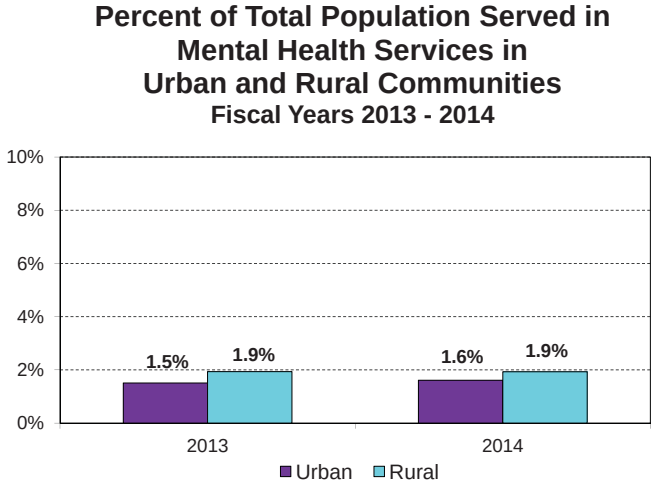
Urban and Rural Areas[1]

The following graphs show the total number of individuals served in urban and rural communities and the percentage of the total population served for substance use disorders and mental health.





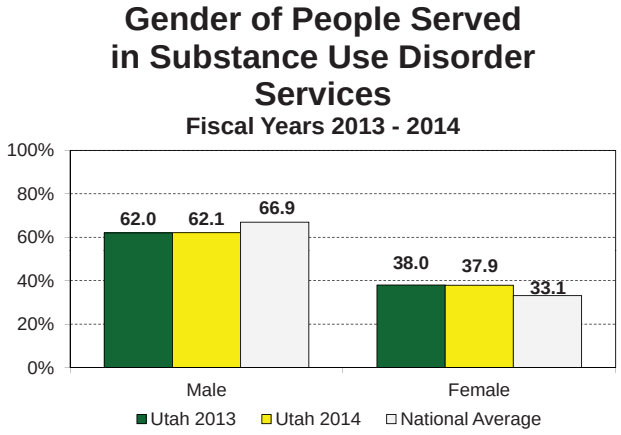


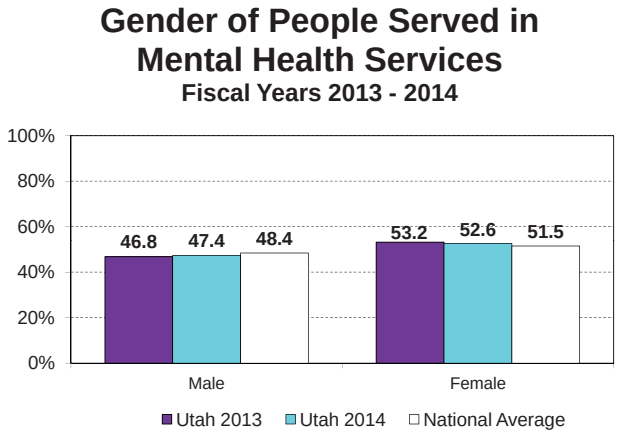


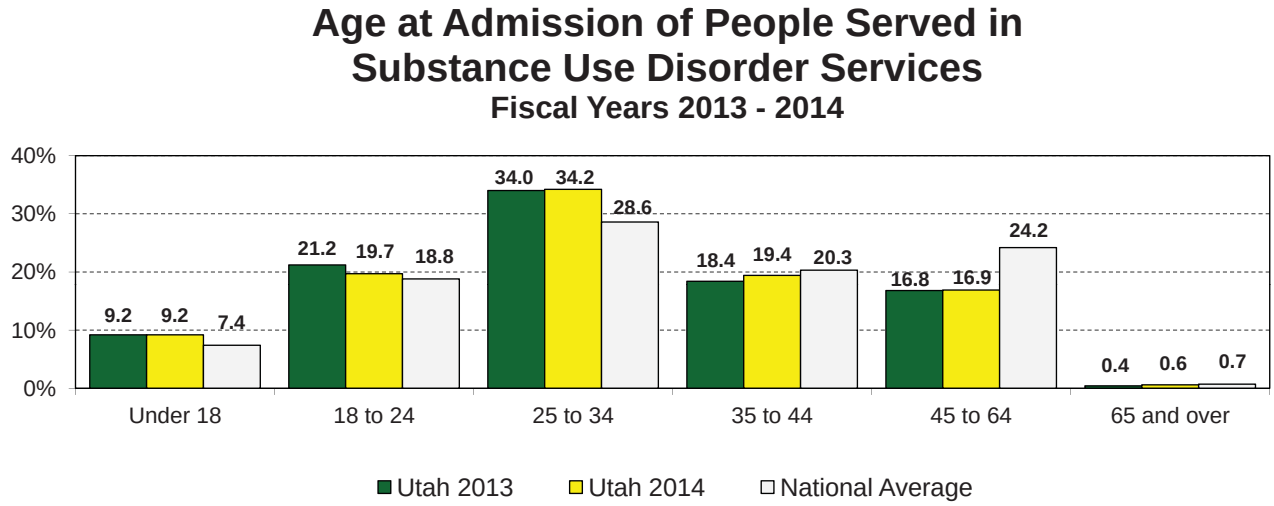
[1] Salt Lake, Davis, Weber (Morgan is included in Weber County district), and Utah Counties are reported as Urban. All other counties in Utah are reported as Rural.

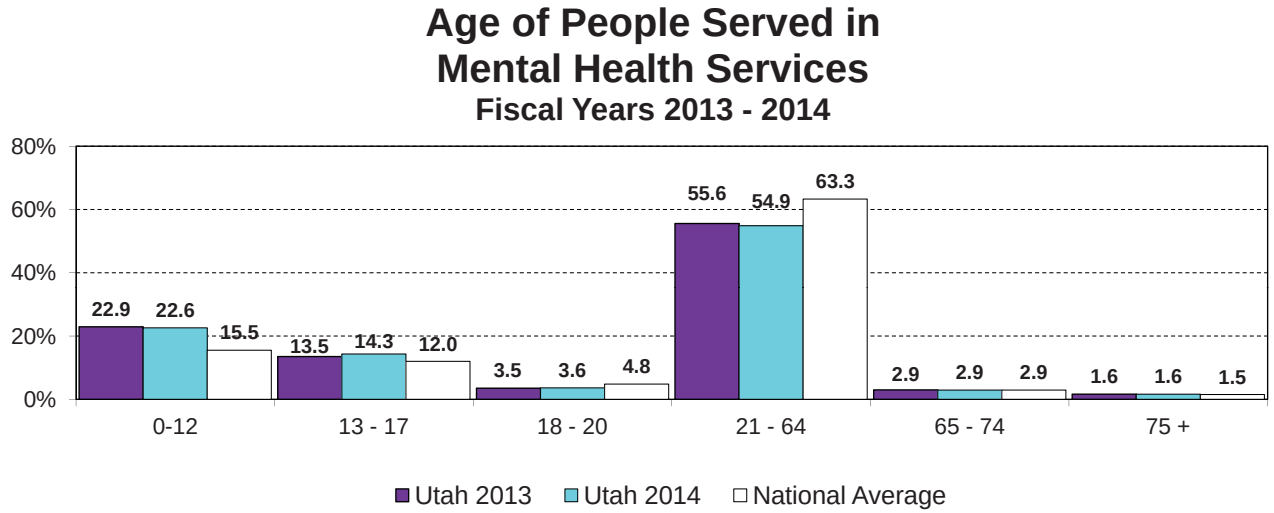
Gender and Age

The charts below identify the distribution of services by gender and age for substance use disorder and mental health services. There are significant differences between the substance use disorder and mental health populations in both gender and age.



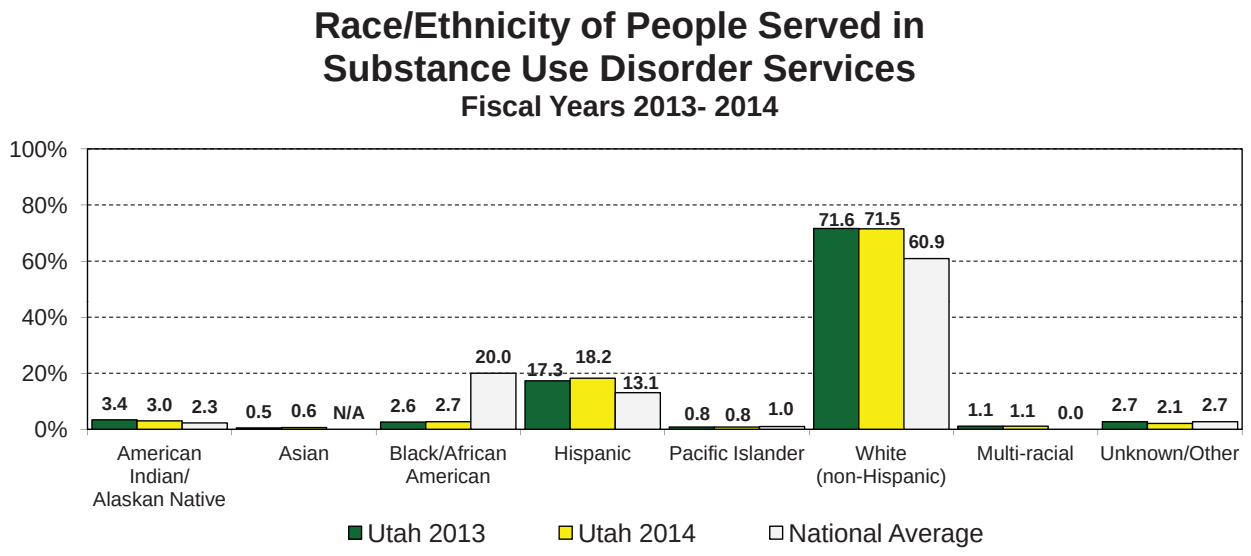




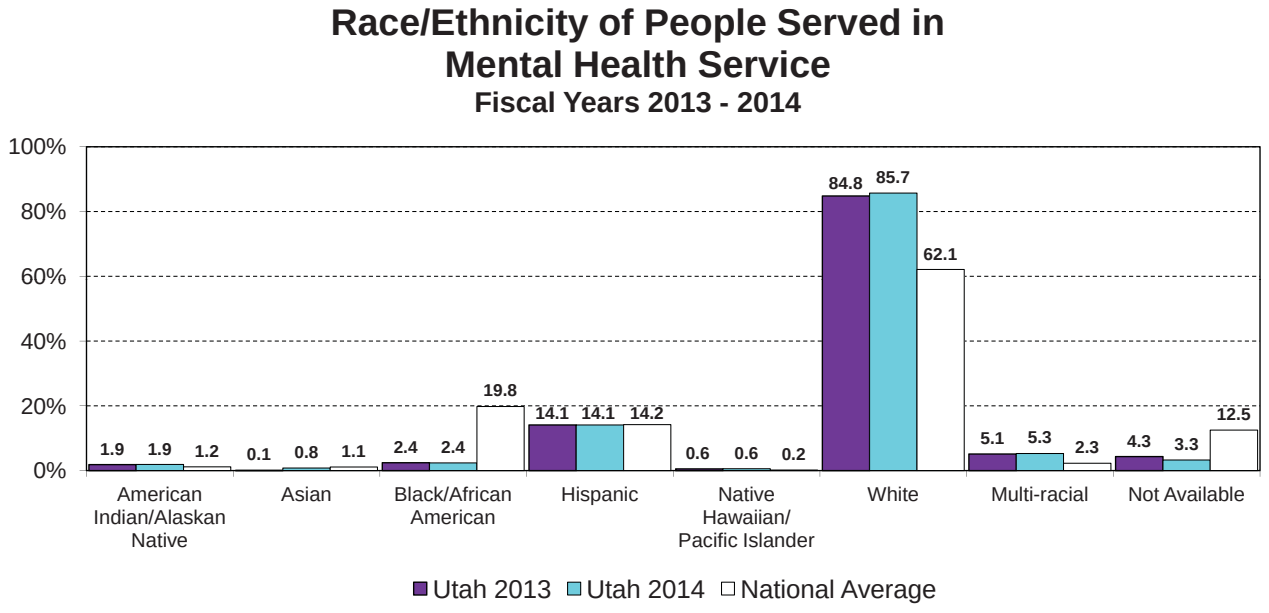


Race and Ethnicity

The charts below report the distribution of the treatment population by race categories. There are no significant differences in race and ethnicity for clients receiving substance use disorder or mental health services.



*Note: Pacific Islander and Asian reported together in National Averages

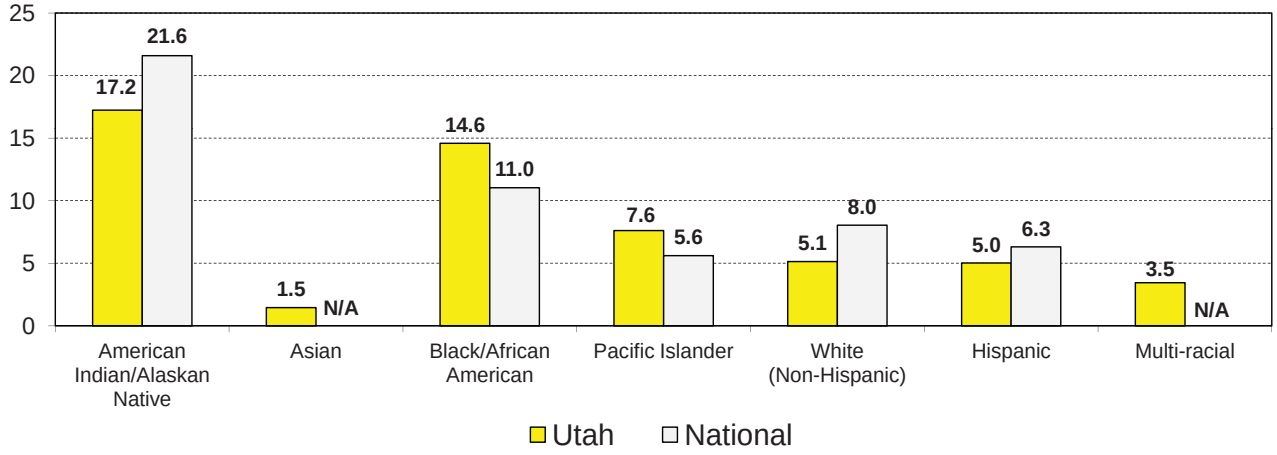


Note: More than one race/ethnicity may have been selected.

The charts below show the penetration of substance use disorder and mental health services by race/ethnicity. These graphs compare the rates that people are seeking services and account for the widely differing numbers of people in those racial/ethnic groups. For example, for every 1,000 whites in Utah, 5.1 are receiving substance use disorder treatment; however, for every 1,000 American Indians in Utah, 17.2 are receiving substance use disorder services.

Penetration of People in Substance Use Disorder Treatment per 1,000 Population by Race/Ethnicity

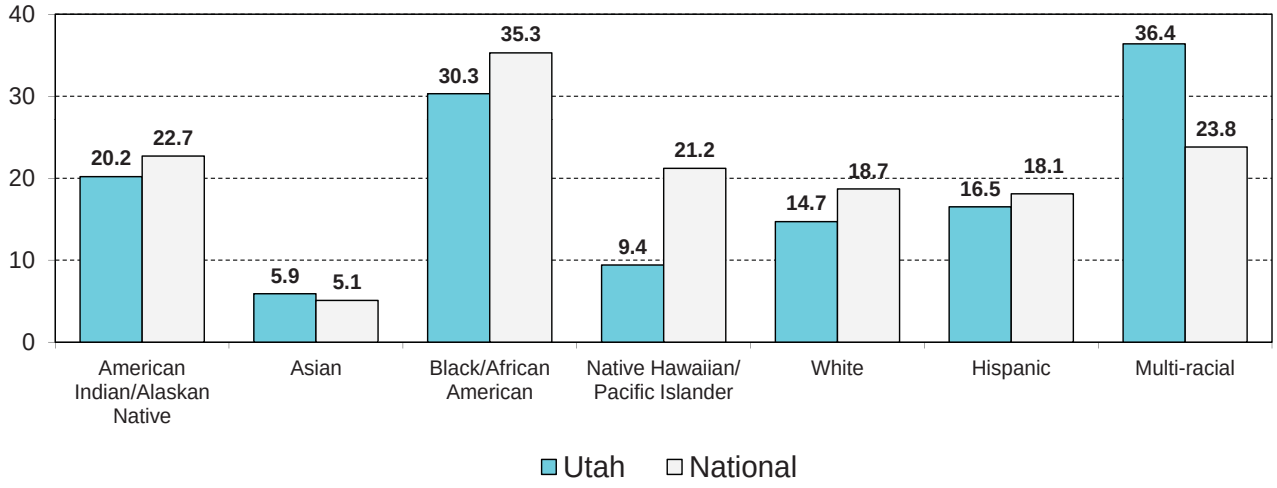
Fiscal Year 2014



Note: Pacific Islander and Asian reported together in National data. There was no data available for multi-racial clients in the National data.

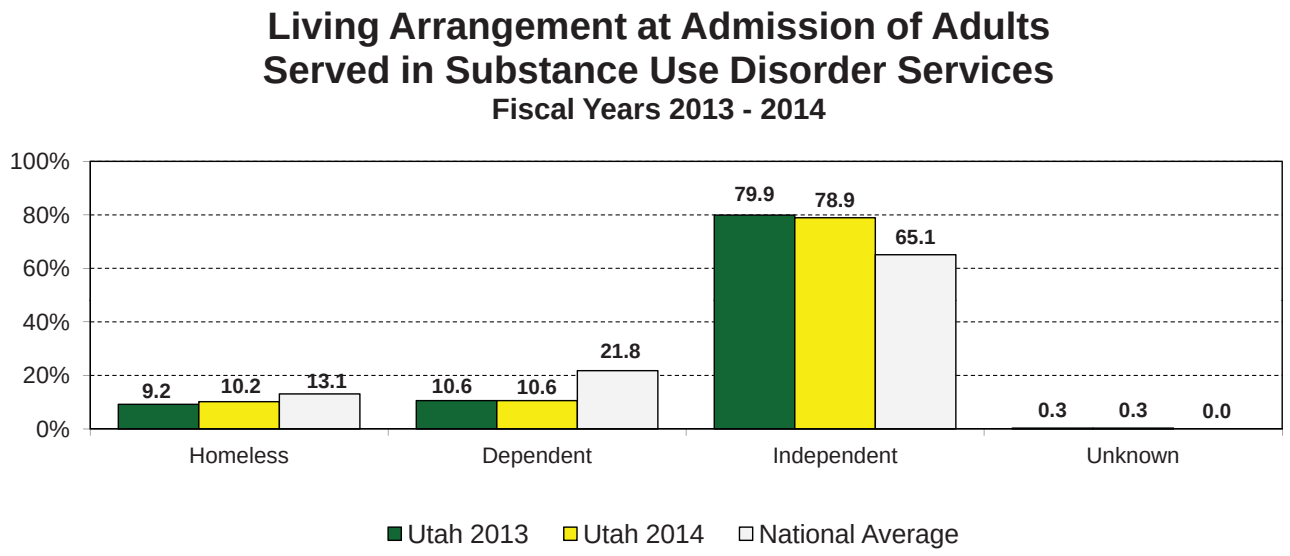
Penetration of People in Mental Health Treatment per 1,000 Population by Race/Ethnicity

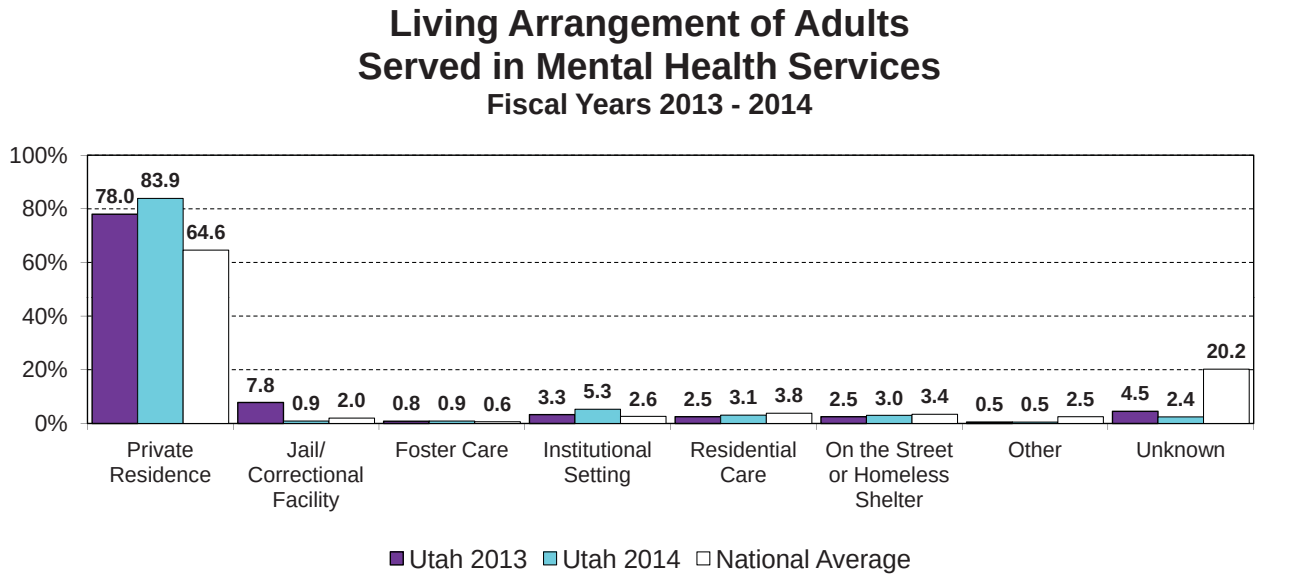
Fiscal Year 2014



Living Arrangement

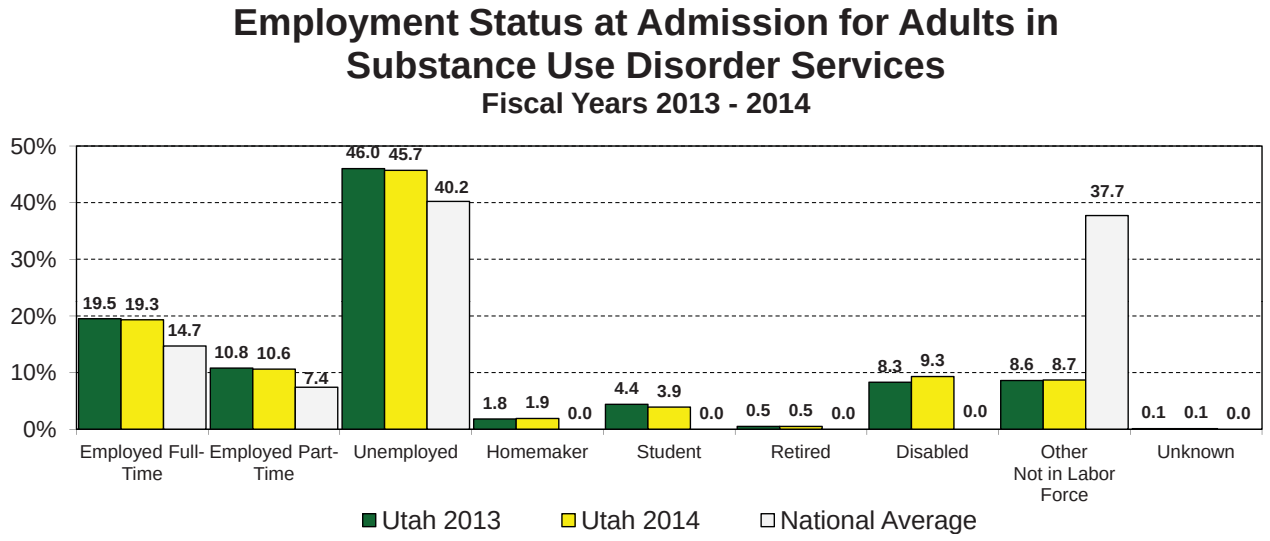
The following charts depict clients' living arrangement at admission for substance use disorder and for mental health clients served in fiscal year 2013 and fiscal year 2014. By far, the majority of clients receiving substance use disorder and mental health services are in independent living during treatment. Due to reporting requirements, more detailed data on living arrangement categories is available for mental health clients than substance use disorder clients.



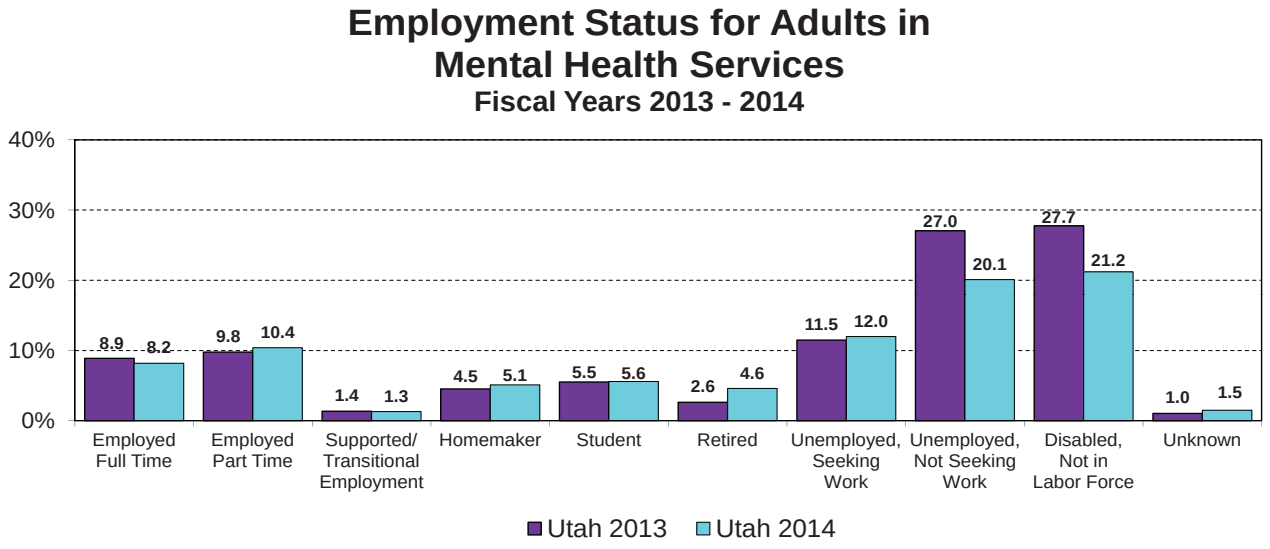


Employment Status

The following charts show the employment status at admission for substance use disorder and for mental health clients served in fiscal year 2013 and fiscal year 2014. The categories for mental health clients are different than those for substance use disorder clients due to different reporting requirements.

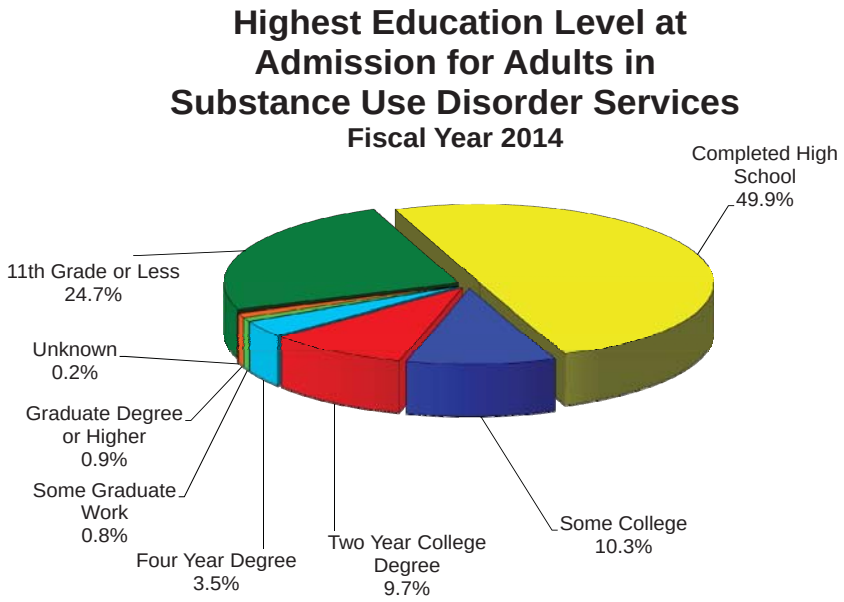


*Note: All National "Not in Labor Force" categories are collapsed into "Other Not in Labor Force."

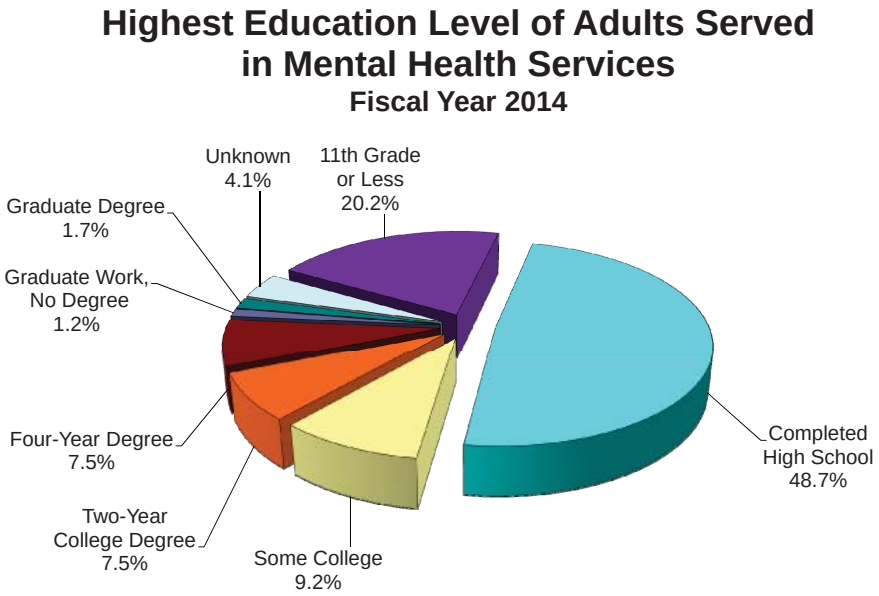


Highest Education Level Completed

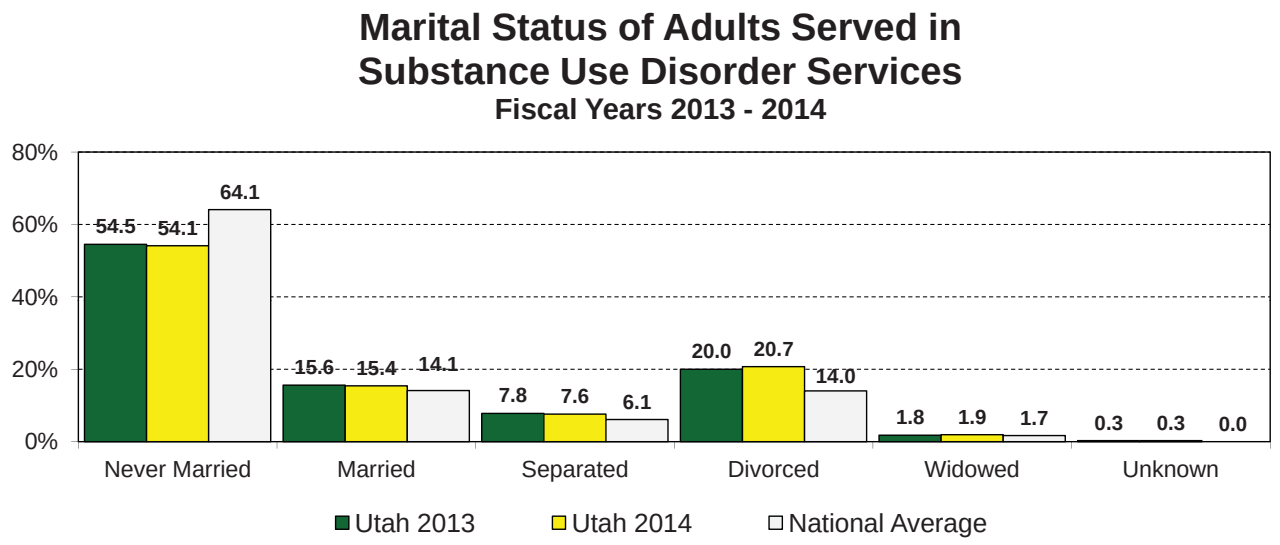
In fiscal year 2014, over 75% of adults in substance use disorder treatment statewide completed at least high school. Of those adults, 25% had also attended some college or technical training prior to admission. Still, 25% had not graduated from high school.

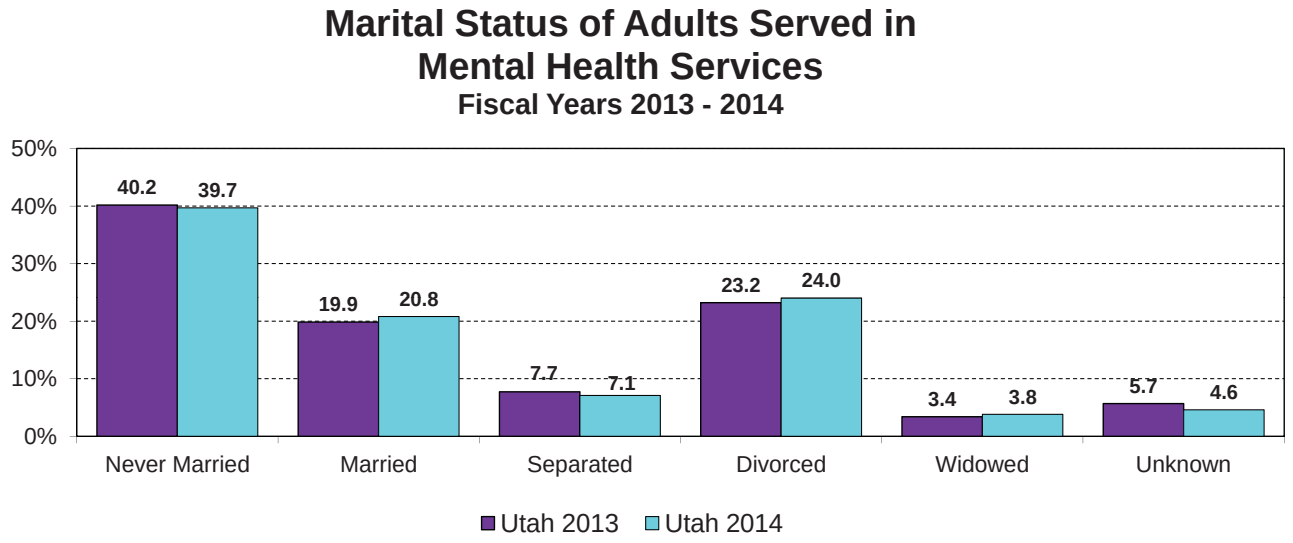


In fiscal year 2014, almost 76% of adults in mental health treatment statewide completed at least high school. Of those adults, 27% had also attended some type of college and/or technical training. Still, 20% had not graduated from high school.



Marital Status

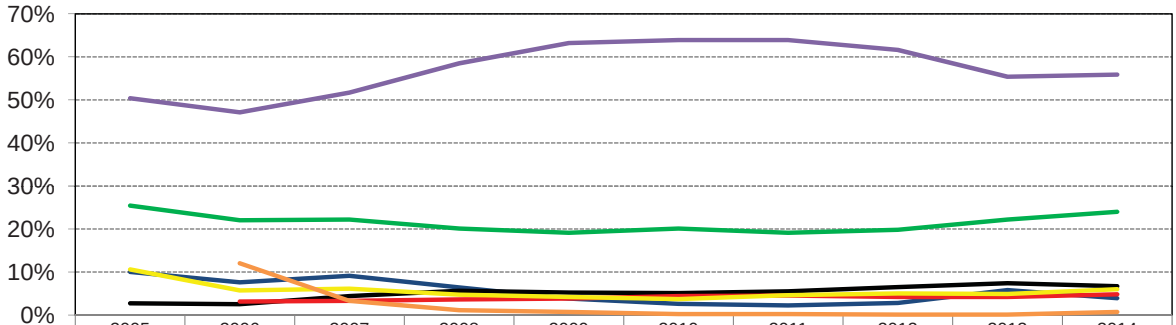




Referral Source

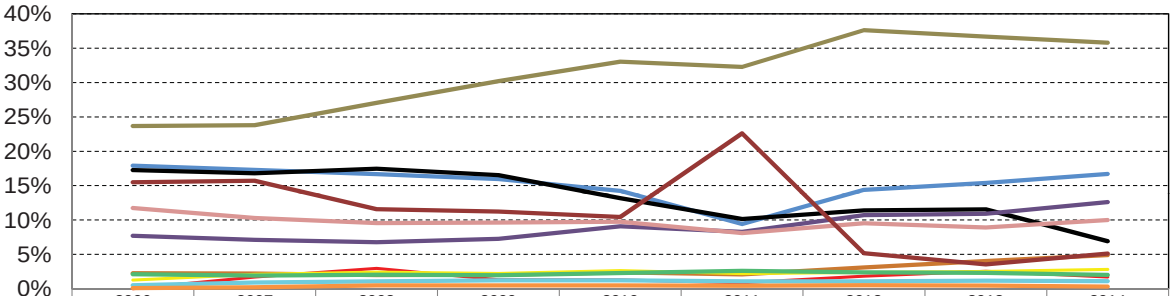
The charts below detail referral sources for substance use disorders for fiscal years 2005 through 2014 and for mental health for fiscal years 2006 through 2014.

Referral Source of Individuals in Substance Use Disorder Services
Fiscal Years 2005 - 2014



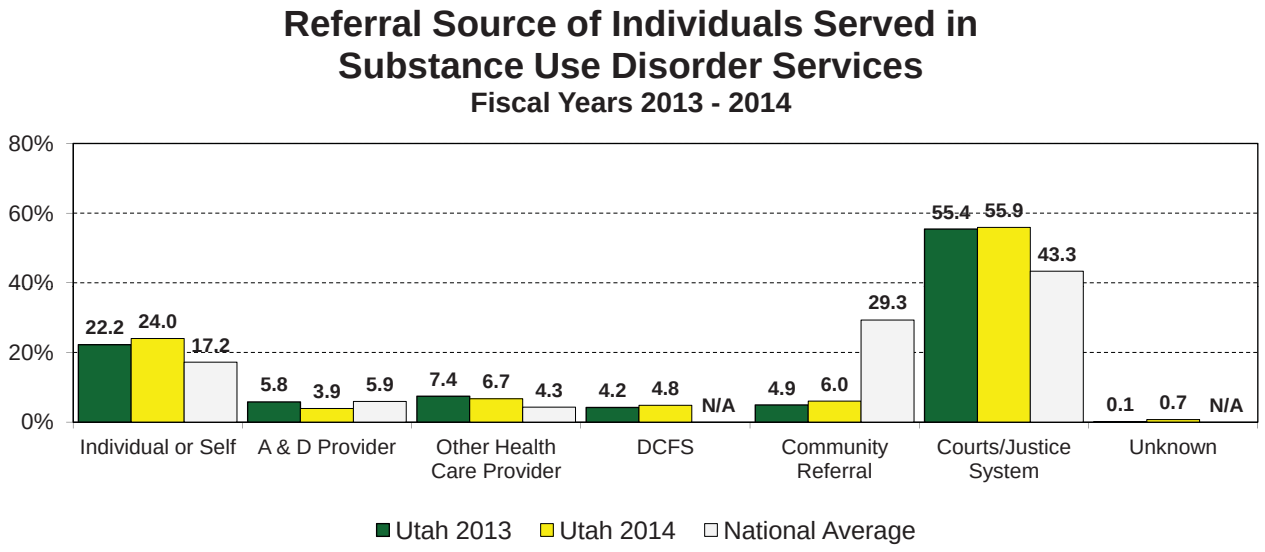
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Individual or Self	25.4%	22.0%	22.2%	20.1%	19.1%	20.1%	19.1%	19.8%	22.2%	24.0%
A & D Provider	10.0%	7.6%	9.1%	6.4%	3.8%	2.6%	2.2%	2.8%	5.8%	3.9%
Other Health Care Provider	2.7%	2.5%	4.4%	5.6%	5.2%	5.1%	5.5%	6.5%	7.4%	6.7%
DCFS		3.1%	3.3%	3.6%	3.8%	4.4%	4.5%	4.2%	4.2%	4.8%
Community Referral	10.6%	5.7%	6.1%	4.7%	4.2%	3.7%	4.6%	5.0%	4.9%	6.0%
Courts/Justice System	50.4%	47.1%	51.7%	58.5%	63.2%	63.9%	63.9%	61.6%	55.4%	55.9%
Unknown		12.0%	3.3%	1.1%	0.7%	0.2%	0.2%	0.1%	0.1%	0.7%

Referral Source of People Served in Mental Health Services
Fiscal Years 2006- 2014

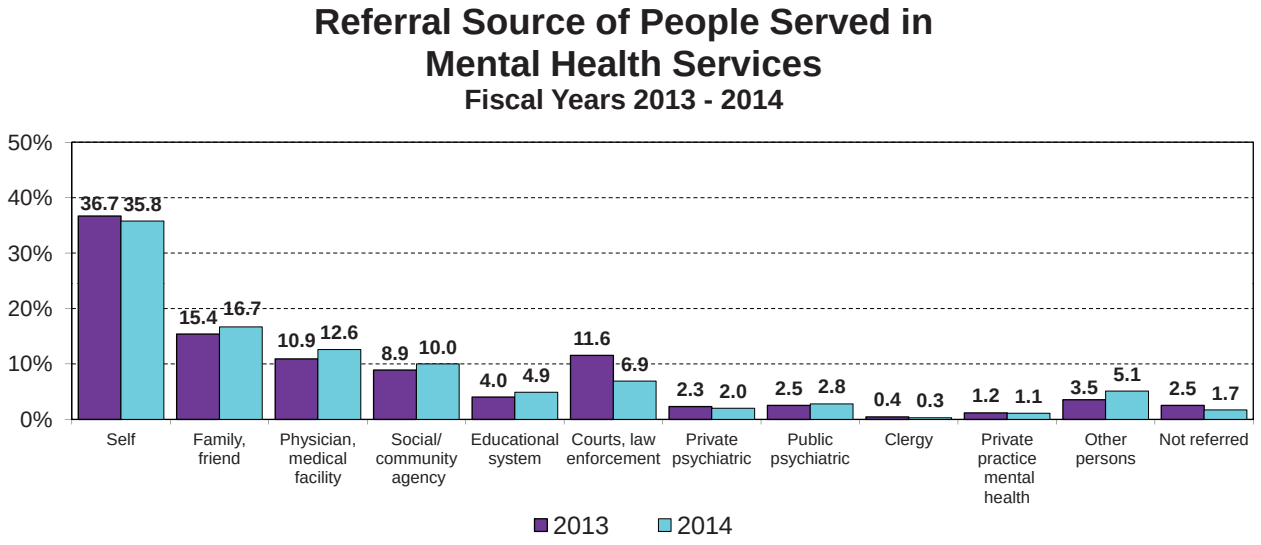


	2006	2007	2008	2009	2010	2011	2012	2013	2014
Self	23.7%	23.80%	27.1%	30.2%	33.0%	32.3%	37.6%	36.7%	35.8%
Family, friend	17.9%	17.30%	16.7%	16.0%	14.2%	9.4%	14.4%	15.4%	16.7%
Courts, law enforcement	17.3%	16.80%	17.5%	16.5%	13.2%	10.1%	11.4%	11.6%	6.9%
Physician, medical facility	7.7%	7.10%	6.8%	7.2%	9.1%	8.3%	10.7%	10.9%	12.6%
Social/community agency	11.7%	10.30%	9.6%	9.6%	9.8%	8.1%	9.5%	8.9%	10.0%
Educational System	2.2%	2.20%	2.0%	2.0%	2.4%	2.1%	3.1%	4.0%	4.9%
Other Persons	15.5%	15.7%	11.6%	11.2%	10.4%	22.6%	5.2%	3.5%	5.1%
Not referred	0.0%	1.7%	2.9%	1.3%	1.3%	0.9%	1.8%	2.5%	1.7%
Public psychiatric	1.2%	2.1%	2.4%	2.2%	2.6%	2.2%	2.4%	2.5%	2.8%
Private psychiatric	2.1%	1.9%	2.0%	2.0%	2.3%	2.6%	2.4%	2.3%	2.0%
Private practice mental health	0.5%	0.9%	1.1%	1.2%	1.2%	1.1%	1.1%	1.2%	1.1%
Clergy	0.1%	0.2%	0.5%	0.5%	0.5%	0.4%	0.5%	0.4%	0.3%

The graphs below detail referral sources for substance use disorder and mental health services for fiscal years 2013 and 2014.



*Note: All other National categories are contained in Community Referral.



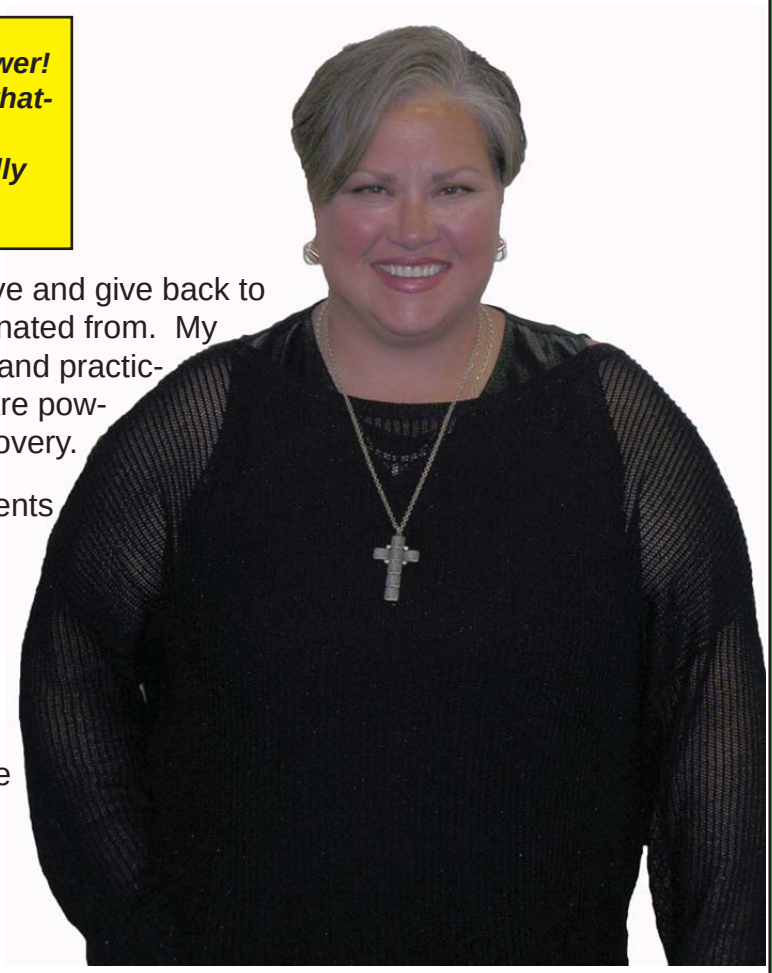
Tina

I am a proud, resilient woman in recovery. The long road in and out of recovery took me through many years of dark places, mental health issues, self medication, criminal activities, unsuccessful treatments, incarcerations and to prison. I am not only recovering from addiction but also from a family of dysfunction, mental health and substance abuse issues. My clean date is my oldest brother's birth date. He did not survive his addiction.

I am six years clean and can proudly say I am doing fabulous in my journey. I study, teach and practice "A Course in Miracles." By continuously focusing on what is strong within me, instead of what's wrong with me, helps me maintain the progress toward a lifetime of recovery.

Sharing my experiences and the peace I've found with others still living "at risk" lives, keeps me grounded. I facilitate an offenders group in Weber County and am the first ex-offender to advocate on the Executive Women's Summit Committee for the Department of Corrections. I am also a Certified Peer Support Specialist and a minister for the Universal Life Church. I have a amazing nineteen year old daughter. She graduated from high school in 2013. I am fortunate to share a beautiful home with my spiritual life partner. I have a full time job as a Truck Driver/Safety Manager.

"Never take no for an answer! You can do, be, or have whatever you want. You can be who you really are!"



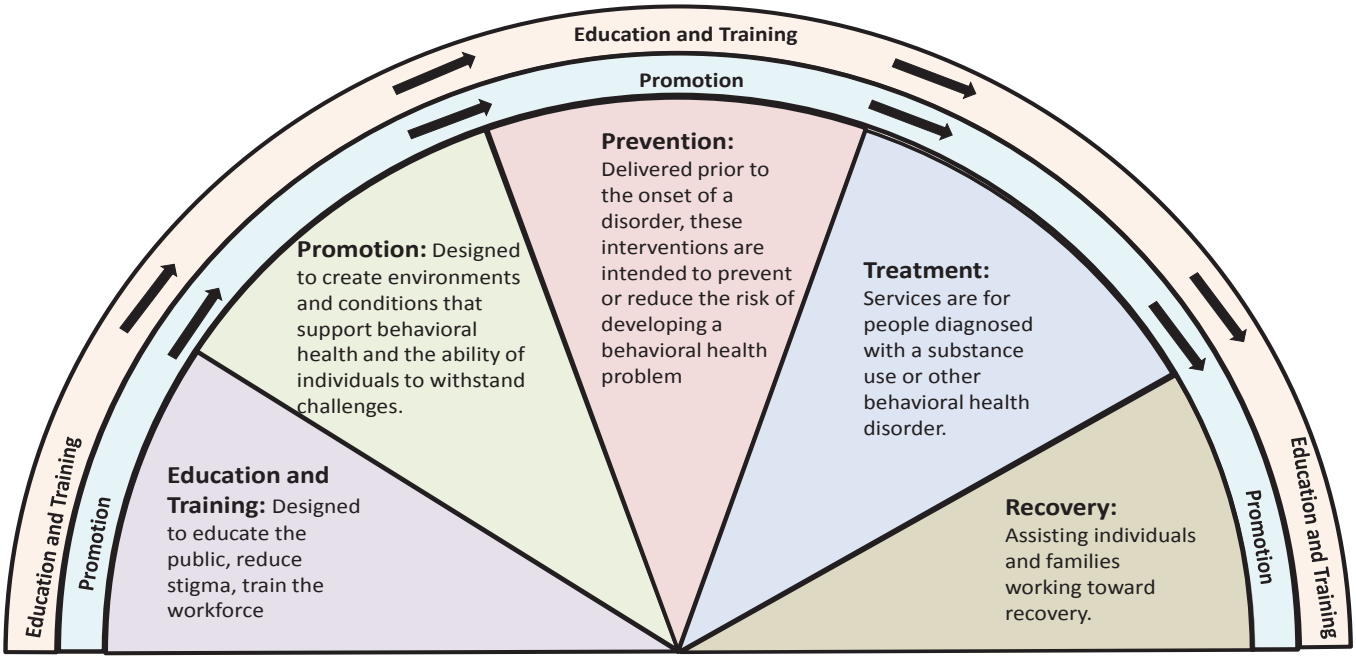
I continually volunteer with love and give back to the community I once felt alienated from. My service work, spiritual beliefs and practices are my saving grace and are powers that hold me up in my recovery.

My motto in the darkest moments was "bring on the pain" It is now "BRING ON THE JOY!" I have transformed myself into a "**SHEro**" as a way to find the strength to be myself and inspire others to find their inner strength. I am proud of the woman I've become!

Services and Activities

In partnership with county government, DSAMH oversees a comprehensive array of behavioral health services designed to address the full spectrum of substance use and mental health disorders. The following table illustrates the continuum of behavioral health services provided:

Continuum of Services



Education and Training

Utah law assigns DSAMH the responsibility to: educate the general public, operate workforce certification programs, and also disseminate information about effective practices (UCA §62A-15-105). DSAMH delivers hundreds of hours training through certification programs, conferences and other events around the state each year. These learning opportunities drive societal change by increasing understanding and improving the response to substance use and mental health disorders.

Certification Programs

A competent workforce is necessary to deliver effective behavioral health services. Behavioral health systems have long faced shortages of qualified workers, difficulties in recruiting and retaining staff, and a lag in implementing evidence-based practice.

DSAMH delivers the following certification programs to ensure the competence of Utah's behavioral health workforce:

Case Manager

DSAMH trains and certifies Mental Health Case Managers who work within the public behavioral health system. Case managers connect with consumers, develop service plans, link consumers and familes to needed services, monitor service

provision, and advocate for consumer rights. DSAMH has developed preferred practices for case management, including a training manual, and an exam with standards to promote, train, and support the practice of case management and service coordination. In 2014, DSAMH certified 175 case managers, for a total of 520 certified case managers throughout Utah.

Crisis Counseling

DSAMH trains crisis counselors of Utah supporting short-term interventions with individuals and groups experiencing psychological reactions to large scale disasters. These interventions involve the counseling goals of assisting disaster survivors in understanding their current situation and reactions, mitigating additional stress, assisting survivors in reviewing their options, promoting the use of or developments of coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies that may help survivors recover to their pre-disaster level of functioning. While always cognizant of those with special needs, the thrust of the Crisis Counseling Program has been to serve people responding normally to an abnormal experience. DSAMH has provided annual training over the past several years and currently has over 627 certified crisis counselors statewide.

Crisis Intervention Team (CIT)

This program provides law enforcement officers with specialized training to effectively respond to a person experiencing a mental health crisis. DSAMH partners with the Salt Lake City Police Department to provide training. Law enforcement personnel must pass a required state test to achieve the DSAMH certification. The CIT Academy is a 40-hour course that is completed in a one-week session. A total of 126 law enforcement agencies have sent representatives to become CIT certified, with more than 3,888 CIT certified officers. For more information, visit the CIT website, www.citutah.com.

Designated Examiner

Designated Examiners are licensed physicians familiar with severe mental illness (preferably a psychiatrist), who evaluate whether an individual meets criteria for civil commitment. Civil Commitment is a legal process through which an individual with symptoms of severe mental illness is court-ordered into treatment. Designated examiners apply the rules of civil commitment to protect public safety and citizen's civil rights. In 2014, DSAMH trained and certified 70 designated examiners. There are currently 351 designated examiners across Utah.

Driving Under the Influence (DUI) Education Instructors

DSAMH oversees the training of instructors who teach DUI Education classes. There are currently more than 200 certified DUI Instructors in Utah. These instructors use the *PRIME For Life* standardized DUI education program consisting of 16 hours of learning, self evaluation, and relevant group activities to help DUI offenders learn to make low-risk choices about alcohol and drug use. During fiscal year 2014, 7,579 people attended DUI Education classes.

Family Resource Facilitator

Family Resource Facilitators (FRFs) are trained family members who ensure families have a voice in service delivery and policy decisions. At no charge to families, FRFs provide referrals to local resources and programs; advocacy for culturally appropriate services; links to information and support groups; and family wraparound facilitation. DSAMH contracts with the Utah Family Coalition for standardized training, coaching, and supervision. There are 59 certified FRFs statewide. Family Resource Facilitation and Wraparound is accessible in 25 of the 29 Utah counties.

Off-Premise Alcohol Sales Training

Utah law mandates training for each store employee that sells beer or directly supervises the sale of beer. Training is required within 30 days of hire and at least every 5 years thereafter. Stores may hire a Trainer to train staff in person, purchase a training package to train their own staff, create and submit their own training for approval, or an individual may take online training. DSAMH establishes the curriculum requirements and approves training providers. In 2014, 9,649 people were trained to sell beer for off-premise consumption.

On-Premise Alcohol Beverage Server Training

DSAMH certifies providers who train servers who sell alcoholic beverages in Utah. All on-premise trainees must recertify at least every 3 years. During fiscal year 2014, 8,391 people were trained to serve alcohol for on-premise consumption.

Certified Peer Support Specialists

Peer Support Specialists are individuals in recovery from a substance use or mental health disorder that are fully integrated members of a treatment team. They provide highly individualized services in the community and promote client self-determination and decision-making. Peer Support Specialists also provide essential expertise and consultation to the entire treatment team to promote a culture in which each client's point of view and preferences are recognized, understood, respected, and integrated into treatment, rehabilitation, and community self-help activities. Since the program's inception, 287 individuals have been certified by DSAMH as Peer Support Specialists. DSAMH currently contracts with the University Of Utah Graduate School of Social Work to provide standardized training across the state.

Substance Abuse Prevention Specialist (SAPST)

DSAMH trains and certfies prevention workers using the SAPST model developed by the federal government. SAPST provides an introduction to the fundamentals of substance abuse prevention based on the current research and practice in the field. The training prepares practitioners to reduce the likelihood of substance abuse and promote well-being among individuals, within families, workplaces, schools, and communities. While the focus is primarily on preventing alcohol, tobacco, and drug abuse, the approach to prevention presented in this training is applicable to other behavioral health issues as well. In 2014, DSAMH trained and certified 69 prevention workers.

Conferences

Conferences play a vital role in disseminating information to the public, the behavioral health work force and other community partners such as law enforcement and the judiciary. DSAMH provides or sponsors a number of conferences thought the year designed to present emerging research, evidence-based practices and opportunities for professionals to gain a broader understanding of our system.

Critical Issues Facing Children and Adolescents

The 18th Annual Critical Issues Facing Children and Adolescents Conference was held October 23-24, 2014. The focus of this conference was critical behavioral health issues facing youth.

Generations Conference

The 2014 Generations Conference was held April 7 and 8, 2014. This conference provided the latest information and most effective practice techniques to deal with addiction and behavioral health. There were specialized sessions provid-

ing education in topics such as family work, couples therapy, geriatrics, and autism. This was the second year that the Utah Veterans and Families Summit was held in conjunction with Generations.

University of Utah School on Alcoholism and Other Drug Dependencies

DSAMH sponsored and provided scholarships to the 63rd Annual University of Utah School on Alcoholism and Other Drug Dependencies. This event was held on June 15-20, 2014. Twelve tracks provided specialized information and techniques for working effectively with substance use disorders in various disciplines such as;

1. American Indian
2. Dental
3. Drugs: Treatment and Rehabilitation
4. Education/Community Prevention
5. Nursing
6. Pharmacy
7. Physicians
8. Professional Treatment
9. Recovery Support
10. Relapse Prevention Counseling
11. Substance Abuse Overview/Current Issues
12. Vocational Rehabilitation

More than 600 individuals attended the conference this year.

Utah Drug Court Conference

In partnership with the Utah Administrative Office of the Courts (AOC), the 4th biennial Statewide Drug Court Conference was held on October 24 and 25, 2013. The conference ensures that Utah Drug Court teams are aware of the most up to date requirements and evidence-based practices regarding day to day drug court functions. More than 300 participants attended from every corner of the state. Drug court teams comprised of judges, prosecutors, defense attornies, treatment providers, court coordinators, and law enforcement professionals were in attendance. The conference featured a variety of learning opportunities related to topics such as: adverse childhood experiences and entry into the prison pipeline, health care reform and drug courts, Utah drug court certification standards and National Drug Court best practices.

Utah Fall Substance Abuse Conference

The 36th Annual Utah Fall Substance Conference was held in St. George, September 24-26, 2014. This conference, planned and hosted by DSAMH brings the most current information and tools to providers and community partners. The conference is divided into three different tracks: treatment, prevention, and justice/drug court. This year over 880 professionals attended.

Utah Peer Conference

Sponsored by DSAMH, in conjunction with Empowerment Services, this event is primarily for individuals with lived experience with mental health and substance use conditions. The event was held on August 22, 2014, and more than 200 individuals attended.

Utah Valley University Conference on Addiction

This event held on February 28, 2014, addressed a wide-range of issues specific to the topic of addiction. More than 450 individuals attended.

Other Training Events

In addition to conferences, DSAMH provides additional training each year to foster a better understanding of the symptoms, causes, treatment and prevention of substance use disorders and mental illness. In 2014, DSAMH staff and partners invested thousands of hours to educate, inform, and motivate stakeholders and constituents to dispel myths surrounding these important societal issues. Some examples are:

Forensic Evaluator

DSAMH trains and contracts with private Forensic Evaluators to provide forensic evaluations when ordered by the Utah courts. The Forensic Evaluations System (FES) was created by DSAMH and is currently being utilized to help standardize the adult and juvenile competency process and provide an interface between DSAMH, contracted evaluators, and the courts. For fiscal year 2014, Forensic Evaluators performed 57 court ordered juvenile competency evaluations and 745 evaluations for adults.

Preadmission Screening Resident Review (PASRR)

This program is mandated by federal law and administered by DSAMH. PASRR was enacted to identify and ensure individuals with mental illness and/or intellectual disability are placed appropriately in Medicaid Certified Nursing Facilities. The goal is to ensure that they receive the services they need in the most integrated setting and are appropriate to their needs. DSAMH contracts with qualified providers to provide PASRR evaluations, reviews and approves evaluation recommendations, and coordinates training and resources for the program. Utah has the 6th fastest growth rate in the nation for people 65 years and older. In fiscal year 2014, DSAMH processed 2,784 evaluations.

Applied Suicide Intervention Skills Training (ASIST)

Applied Suicide Intervention Skills Training (ASIST) is a two-day intensive, interactive and practice-dominated course designed to help clinical, non-clinical caregivers and parents recognize and review risk, and intervene to prevent the immediate risk of suicide. It is by far the most widely used, acclaimed and researched suicide intervention training workshop in the world. Trainers in Utah are certified by Living Works, Inc. as accomplished practitioners in suicide prevention, intervention, and postvention.

Question, Persuade, Refer (QPR)

QPR stands for Question, Persuade, and Refer—3 simple steps that anyone can learn to help prevent suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. QPR skills can be learned in a in as little as one hour. In Utah, 89 individuals have been trained as QPR Training Instructors and over 5,250 community members have been trained in QPR.

Mental Health First Aid (MHFA)

Mental Health First Aid is an 8-hour course that teaches individuals how to assist someone who is developing a mental health problem or experiencing a mental health crisis. The training helps individuals identify, understand, and respond to signs of mental illnesses and substance use disorders. Over 450 community members in Utah have been trained in Mental Health First Aid.

Connect Postvention

A suicide can have a devastating impact on a community or organization. The shock and grief can ripple throughout the community affecting friends, co-workers, schools, and faith communities. Connect Postvention training helps service providers respond in a coordinated and comprehensive way in the aftermath of a suicide or any sudden death. A total of 36 individuals are trained as trainers for Connect Postvention, with over 125 community members trained in Connect Postvention.

Seeking Safety

DSAMH held a Follow-Up Seeking Safety Training. The goal of the training was to reinforce the previous year's Seeking Safety course. Seeking Safety is an evidence-based treatment for trauma and/or substance abuse. Approximately 80 treatment and prevention professionals attended this training. Assessment tools and community resources were also explored.

Health Promotion

Promotion strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services. Examples of promotion activities sponsored by DSAMH include Trauma-Informed Care, Whole Health Action Management (WHAM), and Recovery Plus.

Trauma-informed Care

Most individuals with substance use disorders and mental illness are also dealing with trauma. Between 34% and 53% of people with a severe mental illness report childhood physical/sexual abuse. A Center for Substance Abuse Treatment publication states that as many as two-thirds of women and men in treatment for substance abuse report experiencing childhood abuse or neglect. Estimates of lifetime exposure to interpersonal violence in persons with severe mental illness are between 43% and 81%. Child abuse, sexual assault, military combat, domestic violence, and a host of other violent incidents help shape the response of the people we serve.

Adverse childhood experiences are strongly related to development and prevalence of a wide range of health problems, including substance abuse and mental illness. Neurodevelopment is altered by exposure to chronic stressful events. This disruption can impede a child's ability to cope with negative or disruptive emotions and contribute to emotional and cognitive impairment. Over time people exposed to trauma adopt unhealthy coping strategies that lead to substance use, disease, disability and social problems, and premature mortality.

Trauma-informed care is one of the Federal Substance Abuse and Mental Health Services Administration's (SAMHSA) primary initiatives.

SAMHSA describes a program, organization or system that is trauma-informed as one that:

1. Realizes the prevalence of trauma and taking a universal precautions position
2. Recognizes how trauma affects all individuals involved with the program, organization, or system, including its own workforce
3. Responds by putting this knowledge into practice
4. Resists re-traumatization

As part of a Department of Human Services (DHS) initiative to implement a trauma-informed approach in providing services, DSAMH partnered with Dr. Stephanie Covington to provide trauma-informed care training for DHS directors and managers. DSAMH, and other DHS divisions are developing and implementing a plan to incorporate a trauma-informed approach in its services, practices, policies, and procedures.

Whole Health Action Management (WHAM)

WHAM is a training program and peer support group model developed to encourage increased resiliency, wellness, and self-management of health and behavioral health among people with mental illnesses and substance use disorders.

Recovery Plus

Tobacco use disproportionately impacts the health and well being of individuals with substance use disorder and mental illness. Nationally, within behavioral health treatment facilities, approximately 80-90% smoke cigarettes.[1] More alcoholics die of tobacco-related illness than alcohol-related problems.[2] Equally striking is that 44% of all cigarettes are consumed by individuals with addictions or mental health co-morbidities.[3] In Utah, 9% of adults smoke, yet 68% of individuals in treatment for substance use disorder smoke.

Recovery Plus is a project designed to improve the health and quality of life by increasing the number of individuals who live tobacco free while recovering from a mental health or substance use disorder. Initially supported by a federal stimulus grant from the Centers for Disease Control and Prevention, the project was designed to take three years to provide the local authorities time to assess their local needs, develop plans to tailor the initiative to their circumstances, implement the needed education, and then fully implement the program.

The final implementation date was March 2013. Since implementation of Recovery Plus, local authorities have become tobacco free campuses and have incorporated tobacco cessation into treatment plans. Recovery Plus initiatives continue in local communities.

[1] Richter, K.P. Choi, W.S., and Alford, D.P. (2005). Smoking policies in U.S. outpatient drug treatment facilities. Nicotine and Tobacco Research, 7:475-480

[2] Hurt, R.D., Offord, K.P., Vroghanm, I.T., Gomez-Dahl, L., Kottke, T.E., Morse, R.M., & Melton, J. (1996). Mortality following inpatient addictions treatment. Journal of the American Medical Association, 274(14), 1097- 1103

[3] Lasser, K., Boyd, J.W., Woolhandler, S., Himmelstein, D.U., McCormick, D., & Bor, D.H. (2000). Smoking and mental illness: A population-based prevalence study. Journal of the American Medical Association, 284(20), 2606- 2610

Prevention Services

Prevention works. Reliable and valid studies show us what works to decrease a myriad of negative health problems in communities, at the top of the list of these major health issues is the misuse and abuse of alcohol, tobacco, and other drugs. Communities that use effective prevention strategies, programs and policies, see decreases in major health and social issues in their community. An ounce of prevention is worth a pound of cure.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), every $1 invested in substance abuse prevention in the state of Utah can result in a $36 savings in health care costs, law enforcement, other state-funded social and welfare services, and increased productivity.[1] Prevention serves a critical role in supporting healthy communities, families, and individuals.

Utah's prevention system follows a strategic, science-based planning process called the Strategic Prevention Framework (SPF). The SPF is utilized throughout Utah to ensure a culturally competent, effective, cost-efficient system is deployed. Communities throughout Utah utilize the five steps of the SPF, which are:

1. Assessing community needs
2. Building capacity for services
3. Making a plan based on needs, strengths, and resources
4. Implementation of evidence-based strategies, and
5. Evaluation of prevention services to ensure effective prevention work

By using the Strategic Prevention Framework, Utahns are assured that services in their area match their local needs and factors that lead to costly problems are addressed.

[1] Substance Abuse Prevention Dollars and Cents: A Cost Benefit Analysis, http://www.samhsa.gov.

Vital to a successful and sustainable prevention effort is a mobilized and organized community prevention coalition. DSAMH provides incentives to local substance abuse authorities (LSAAs) who utilize the Communities That Care (CommunitiesThatCare.net) system which has been scientifically proven to effectively start, run, and sustain local coalitions.

To support community prevention efforts, DSAMH provides technical assistance including Substance Abuse Prevention Specialist Training; manages a State Epidemiology Workgroup; and conducts a biennial Student Health and Risk Prevention survey. In addition, DSAMH hosts an Evidence-Based Workgroup to provide assistance to communities throughout Utah in identifying and incorporating evidence-based prevention services.

The Division has determined that the statewide priorities for substance abuse prevention are first, to prevent underage drinking and second, to prevent the abuse and misuse of prescription drugs.

Preventing Underage Drinking

According to the 2013 SHARP Survey, alcohol is the most commonly abused substance among youth. In fact, nearly one in every three 12th graders reported drinking alcohol sometime in their life. The same survey shows that 14% of 12th graders reported using alcohol in the past 30 days. To relate this problem in dollars and cents, underage drinking cost the citizens of Utah $400 million in 2010 (www.udect.org/factsheets/ut.pdf).

DSAMH prevention staff participates on the advisory committee for the highly successful "Parents Empowered" campaign. This campaign is aimed at eliminating underage drinking. DSAMH staff provides research, oversight, and connections between Parents Empowered and community coalitions throughout the state. For more information, visit www.parents-empowered.org.

Preventing the Abuse and Misuse of Prescription Drugs

One of the top two priorities for Utah Prevention is prescription drug abuse. In Utah, the illegal use of prescription drugs has reached epidemic proportions. While Utah has seen some success in prescription drug abuse prevention, it remains a very troubling issue.

- An average of 33 Utahns die as a result of prescription opioids (pain killers) each month.
- Prescription opioid deaths outnumbered motor vehicle crash deaths in 2007.
- The number of prescription opioid deaths increased from 356 in 2010 to 397 in 2012.
- A total of 71% of those who overdosed on opioid drugs had a substance abuse problem (substance abuse problems include those in which the individual was noted as using illegal drugs, abusing prescription medications, or regularly using inhalants at the time of death).

DSAMH collaborated with the Department of Health, Drug Enforcement Agency, Poison Control, Veterans Affairs and local substance abuse (LSAAs) to impact this issue. Following the Strategic Prevention Framework, prevention efforts included coalition work, changing laws, and strategic use of evidence-based prevention programs.

Information from the SHARP survey is encouraging. The following shows the percent of students who used prescription drugs (stimulants, sedatives, tranquilizers, or narcotics) without a doctor telling them to take them. (SHARP 2013)

	2009	2011	2013
6th	2.3	3.2	2.3
8th	6.4	7.5	4.5
10th	11.2	11.7	7.7
12th	13.7	14.5	4.7
All Grades	**8.3**	**9.0**	**4.8**

For more information, visit: www.useonlyasdirected.org.

Communities That Care

Whether it be public health concerns, environmental concerns, or issues related to major social problems such as poverty, scientists are postulating that the best effort to address large scale social problems is to develop community level coalitions. One example is found in Collective Impact published by Stanford Social Innovation Review, Winter 2011. In this article, Kania & Kramer report that "large-scale social change requires broad cross-sector coordination." Fur-

thermore, in the Community Youth Development Study, University of Washington scientists compared outcomes between communities that used the Communities That Care (CTC) model of coalition organization to communities that used other coalition models or no coalition model at all. Highlights of the study are listed below:

KEY FINDINGS of CTC Study:

Within 4 years of coalition implementation of the CTC system, communities using CTC experienced significant reductions in youth substance use and delinquency among students completing the eighth grade, compared to control communities:

- 23% less alcohol use in the past 30 days
- 49% less smokeless tobacco use in the past 30 days
- 37% less binge drinking in the past two weeks
- 31% fewer delinquent acts in the past year

Furthermore, youth in CTC communities were less likely to begin using drugs and to engage in delinquent behaviors for the first time by the eighth grade:

- 38% less likely to start using alcohol
- 57% less likely to start using smokeless tobacco
- 45% less likely to start smoking tobacco
- 29% less likely to start delinquent behaviors

CTC helps community stakeholders and decision makers understand and apply information about issues in their community, that are proven to make a difference in promoting healthy youth development. Specific issues include underage drinking, substance abuse, violence, delinquency, school dropout, anxiety, and depression. CTC is grounded in rigorous research from social work, public health, psychology, education, medicine, criminology, and organizational development. It engages all community members who have a stake in healthy futures for young people and sets priorities for action based on community challenges and strengths. Clear, measurable outcomes are tracked over time to show progress and ensure accountability.

The Social Development Strategy is CTCs primary approach. It focuses on strengthening protective factors that can buffer young people from problem behaviors and promote positive youth development. Bonding between youth and adults with healthy beliefs and clear standards is an essential piece of this model.

Risk and Protective Factor Model

The Risk and Protective Factor Model was adopted by DSAMH to guide prevention efforts. It is based on the premise that to prevent a problem from happening, we need to identify the factors that increase the risk for that problem developing, and then implement evidence-based practices, programs and policies to reduce the risk of the focus populations. The following chart identifies the Risk Factors for substance use disorder and other problem behaviors.

Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities (2009), presents four key features of risk and protective factors:

1. Risk and protective factors can be found in multiple contexts
2. Effects of risk and protective factors can be correlated and cumulative
3. Some risk and protective factors have specific effects, but others are associated with multiple behavioral health problems
4. Risk and protective factors influence each other and behavioral health problems over time

DSAMH's goal is to increase protective factors and decrease risk factors. Each local authority has prioritized risk and protective factors that are based on their individual community's needs. This allows communities to target specific needs for their area which helps creating the largest impact for their prevention work.

Communities that Care Risk Factors	Adolescent Problem Behaviors					
	Substance Abuse (all substances)	Delinquency	Tean Pregnancy	School Drop Out	Violence	Depression and Anxiety
Community						
Availablity of Drugs	✓				✓	
Availability of Firearms		✓			✓	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓			✓	
Media Portrayals of Violence					✓	
Transitions and Mobility	✓	✓		✓		✓
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓	
Extreme Economic deprivation	✓	✓	✓	✓	✓	
Family						
Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓	
School						
Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓	
Individual/Peer						
Early and Presistent Antisocial Behavior	✓	✓	✓	✓	✓	✓
Alienation and Rebelliousness	✓	✓		✓		
Friends Who Engage in the Program Behavior	✓	✓	✓	✓	✓	
Gang Involvement	✓	✓			✓	
Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓		
Early Initiation of the Program Behavior	✓	✓	✓	✓	✓	
Constitutional Factors	✓	✓			✓	✓

Utah Student Health and Risk Prevention Survey (SHARP)

The biennial SHARP survey was completed in spring of 2013. The SHARP survey is a combination of three major surveys delivered which include the Prevention Needs Assessment (PNA), the Youth Risk Behavior Survey, and questions from the Youth Tobacco Survey.

The SHARP Survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict adolescent problem behaviors. The survey was administered to students in grades 6, 8, 10, and 12 in 39 school districts and 14 charter schools across Utah. Nearly 50,000 students were surveyed. The data was gathered and reported as a full statewide report and by local substance abuse authority. Some school districts and individual schools elected to survey enough students where results can be analyzed to portray accurate survey results for their district or school.

Key findings of the 2013 SHARP report include:

Alcohol

- There was a decrease overall in the percentage of youth who reported using alcohol in the 30 days prior to the survey.
- From 8.6% in 2011 to 7.0% in 2013 for students in grades 6, 8, 10 and 12. The students in the 12th grade reported the largest

decrease from 17.0% in 2011 to 14.0% in 2013. This is consistent with 12th grade students also reporting a large increase in their parents feeling it was very wrong for them to drink alcohol and an increase in students reporting that drinking one or two drinks of an alcoholic beverage nearly every day put them at great risk physically or other ways, 53.6% in 2011 and 58.3% in 2013.

- Harmful drinking, as measured by binge drinking (drinking five or more drinks in a day, any time in the past two weeks), decreased overall from 6.6% in 2011 to 4.9% in 2013 with significant decreases in all but 6th grade. The largest decrease (3.1%) was for students in the 12th grade with 12.2% reporting binge drinking in 2011 and 9.1% in 2013.

Marijuana Use

- Marijuana use in the 30 days prior to the survey has increased since 2007 in all grades surveyed. In grades 6, 8, 10, and 12 overall, 4.1% reported using marijuana in 2007, 4.6% in 2009, 5.3% in 2011, and 5.8% in 2013. While the increase from 2011 to 2013 is not statistically significant, there is definitely a trend for increased marijuana use over the past six years.
- The perceived risk of using marijuana regularly decreased from 72.9% of students indicating great risk in smoking marijuana regularly in 2011 to 69.9% indicating great risk in 2013.

Mental Health and Suicide

- Overall, the number of students who need mental health treatment increased from 11.2% in 2011 to 13.0% in 2013 with significant increases in 8th grade (from 11.7% in 2011 to 13.6% in 2013) and in 10th grade (from 12.7% in 2011 to 15.6% in 2013).
- The percentage of students considering suicide (those who marked "yes" to the question, "During the past 12 months did you ever seriously consider attempting suicide?") increased from 9.4% in 2011 to 12.3% in 2013, with significant increases in all grades surveyed, 6, 8, 10, and 12. The largest increase of 4.2% was in the 10th grade with rates of 11.4% in 2011 and 15.6% in 2013.

Prevention Dimensions

Prevention Dimensions (PD) is a statewide curriculum resource delivered by trained teachers in a classroom setting to students in Utah. DSAMH collaborates with the Utah State Office of Education for implementation and evaluation of PD to ensure it meets the State Board of Education's core curriculum requirements. The PD objectives are based on increasing protective factors and decreasing risk factors while adhering to a no-use message for alcohol, tobacco, marijuana, inhalants, and other drugs. PD builds life skills, delivers knowledge about alcohol, tobacco and other drugs, and provides opportunities for students to participate in prevention activities.

Because PD is a product of the Utah Office of Education, it can be adapted to meet current needs such as bullying, suicide or specific priority drug prevention such as prescription drugs. PD also complements drug policies and other prevention strategies practiced in the schools. PD provides means for parents to get involved in preventing problems with their children by including them in homework assignments and providing prevention tools to be used in the home.

Highlights for the 2013-14 year include the following:

- 991 individuals participated in PD teacher trainings and received resource materials
- 26 teacher trainings were conducted during the year including four "whole school trainings"
- 82% of teachers trained during the year reported teaching a PD lesson during the year
- Based on online reporting, it is estimated that approximately 70% of Utah students in K through 6th grades received PD instruction
- 76% of public school districts report providing drug prevention instruction in all schools
- 54% of public school districts report collaborating to improve or expand prevention programs with their LSAA and 72% indicate this relationship is "somewhat or very effective"
- 23% of public school districts indicated they collaborated with a local or regional coalition to improve or expand prevention program services and 65% rated this collaboration as "somewhat or very effective"

Partnerships for Success Grant

The Partnerships for Success (PFS) Grant was designed for states to sustain successful efforts of previous grants. Utah applied for the PFS grant to sustain the community level organization and mobilization of prevention services. The purpose of this project is to increase community-centered evidence-based prevention (CCEBP) efforts.

There are four regions, each with their own prevention director. The regions were determined using the data and geography of the LSAAs by the State Epidemiological Outcomes Workgroup (SEOW). The Northern region includes: Bear River, Weber, Davis County, and Tooele County. The Salt Lake region includes Salt Lake County. The Eastern region includes: Summit County, Wasatch County, Northeastern, Utah County, and Four Corners. The Southern region includes: Central, Southwest, and San Juan County.

The primary responsibility of the regional prevention directors is to increase self-efficacy and capacity regarding CCEBP science throughout the LSAAs by: advocating and serving as a liaison between the state and LSAAs; assessing needs for technical assistance, developing a technical assistance plan, and providing technical assistance as requested; participating on (SEOW) and Evidence-Based Programs (EBP) workgroups; and collaborating with the LSAAs.

Substance Use Disorder Services

In Utah, a continuum of services has been designed to address the full spectrum of substance use problems. Treatment services are based on the American Society of Addiction Medicine (ASAM) Patient Placement Criteria.

Utah Division of Substance Abuse and Mental Health—Substance Abuse Services Continuum

Function	**Prevention/Intervention**			**Treatment**			**Recovery Support Services**
Program Level	***Universal***	***Selected***	***Indicated***	***Outpatient***	***Intensive Outpatient***	***Residential***	***All levels depending on need for services***
Appropriate for	• General Population	• High Risk	• Using but does not meet DSM IV Diagnostic Criteria	• DSM IV Diagnosis of Abuse or Dependence	• Serious Abuse or Dependence • DSM IV Diagnosis of Abuse or Dependence	• Severe Abuse or Dependence • DSM IV Diagnosis of Abuse or Dependence	• Individuals needing support services outside of treatment in order to maintain their recovery and build a meaningful life in the community

Source of Data

The federal government requires that each state collect demographic and treatment data on all clients admitted into any publicly funded substance abuse treatment facility. This data is called the Treatment Episode Data Set (TEDS). TEDS is the source that the Division of Substance Abuse and Mental Health (DSAMH) uses for treatment admission numbers and characteristics of clients entering treatment. Unless otherwise stated, the data in the following charts comes from this source.

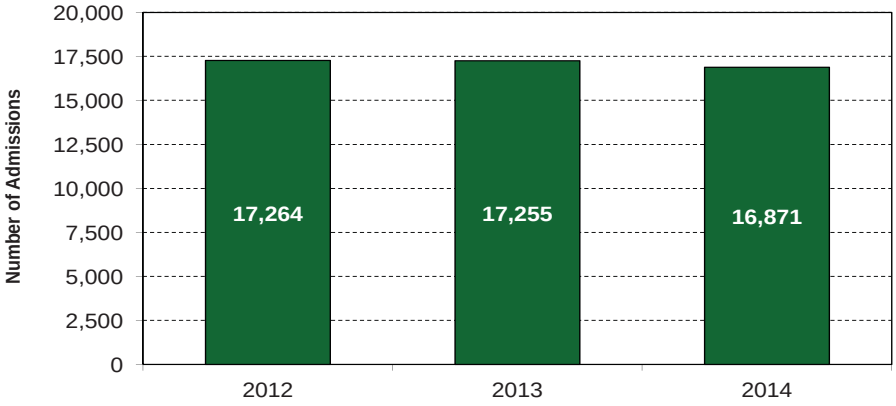
Number of Treatment Admissions

For the past four years, total treatment admissions have hovered around 17,000 admissions per year.

The chart below shows the number of admissions by each local authority and the University of Utah Clinic in fiscal year 2014. It should be noted that six local authorities each have less than 2% of treatment admissions for the state, and Salt Lake County provides services to almost 61% of the state's admissions.

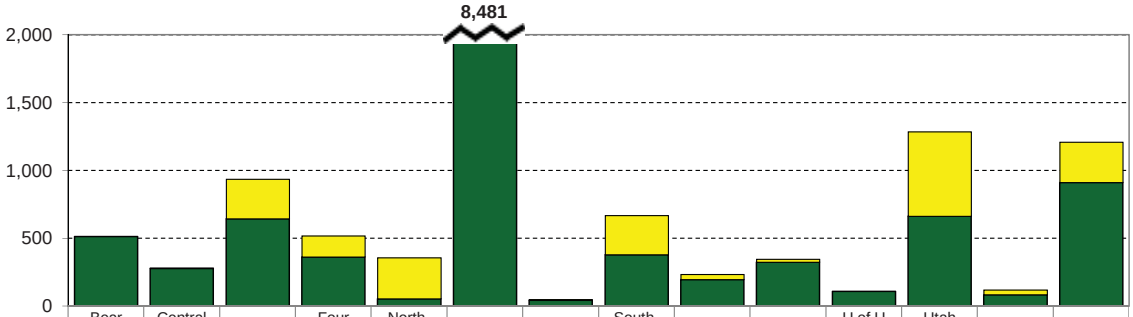
Substance Use Disorder Initial and Transfer Admissions into Modalities

Fiscal Years 2012 to 2014



Substance Use Disorder Treatment Admissions and Transfers in Utah

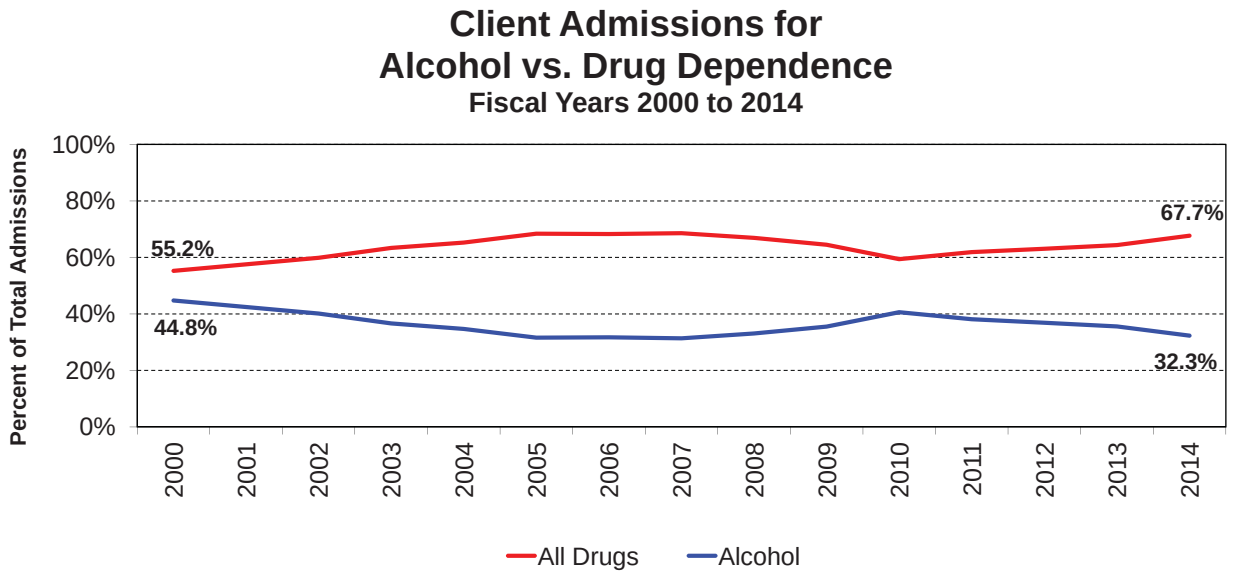
Fiscal Year 2014



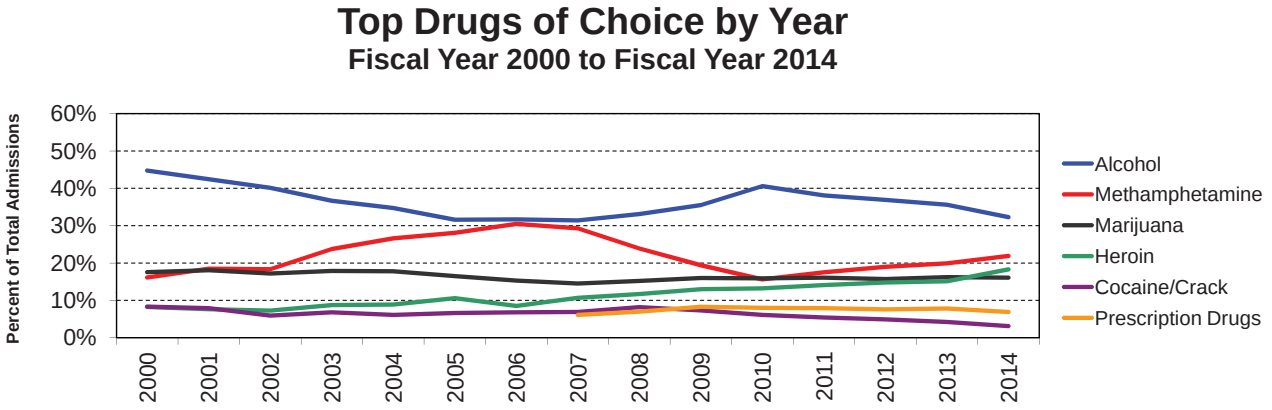
	Bear River	Central Utah	Davis	Four Corners	North-eastern	Salt Lake	San Juan	South-west	Summit	Tooele	U of U Clinic	Utah County	Wasatch	Weber HS
Transfer/Change in Modality	0	3	291	157	303	1,756	4	288	36	22	0	624	35	298
Initial Admissions	513	279	645	363	54	8,481	45	380	198	325	110	663	85	913

Primary Substance of Abuse

At admission, clients report their primary, secondary (if any), and tertiary (if any) drug use. Alcohol remains the primary substance of abuse, with 32.3% of clients reporting alcohol as their primary substance of abuse at admission.



Opioids are the second most abused drug at admission accounting for just under 24% of all admissions. Methamphetamines and marijuana are the third and fourth most common drugs at admissions with 21.9% and 16.1% of admissions, respectively. For the sixth straight year, cocaine/crack dropped and at 3.1%, is the lowest on record.



Primary Substance by Gender

The primary drug at admission for men remains alcohol, at 35.8% of admissions. However, it is worth noting that alcohol again dropped as a percentage of male admissions by 4.3% in a year. For women, admission rates for alcohol and methamphetamines dropped slightly and admissions for heroin and other opiates increased enough so that they are statistically very close at 26.1% (alcohol), 28.8% (methamphetamine) and 27.2% (all opiates). This continues a multi-year trend of increasing opiates and methamphetamine female admissions and declining female admissions for alcohol. This has implications for the appropriate treatment of women based on a different pattern of use.

Primary Substance by Gender
Fiscal Year 2014

	Male	Male %	Female	Female %	Total	Total %
Alcohol	3,895	35.8%	1,561	26.1%	5,456	32.3%
Cocaine/Crack	362	3.3%	157	2.6%	519	3.1%
Marijuana/Hashish	1,972	18.1%	747	12.5%	2,719	16.1%
Heroin	1,923	17.7%	1,160	19.4%	3,083	18.3%
Other Opiates/Synthetics	285	2.6%	261	4.4%	546	3.2%
Hallucinogens	13	0.1%	5	0.1%	18	0.1%
Methamphetamine	1,970	18.1%	1,722	28.8%	3,692	21.9%
Other Stimulants	47	0.4%	51	0.9%	98	0.6%
Benzodiazepines	41	0.4%	43	0.7%	84	0.5%
Tranquilizers/Sedatives	6	0.1%	11	0.2%	17	0.1%
Inhalants	17	0.2%	5	0.1%	22	0.1%
Oxycodone/Hydrocodone	209	1.9%	213	3.6%	422	2.5%
Club Drugs	7	0.1%	5	0.1%	12	0.1%
Over-the-Counter	6	0.1%	6	0.1%	12	0.1%
Other	133	1.2%	35	0.6%	168	1.0%
Unknown	1	0.0%	2	0.0%	3	0.0%
Total:	10,887	100.0%	5,984	100.0%	16,871	100.0%

Primary Substance by Age

Age plays a significant role in drug preference. For adolescents (under the age of 18) marijuana is the primary drug of use at admission. In a significant shift, opiates, which include heroin and prescription pain medication, are the number one drug at admission for individuals between 18 and 24, and for individuals between 25 and 34, outstripping alcohol as the drug of choice.

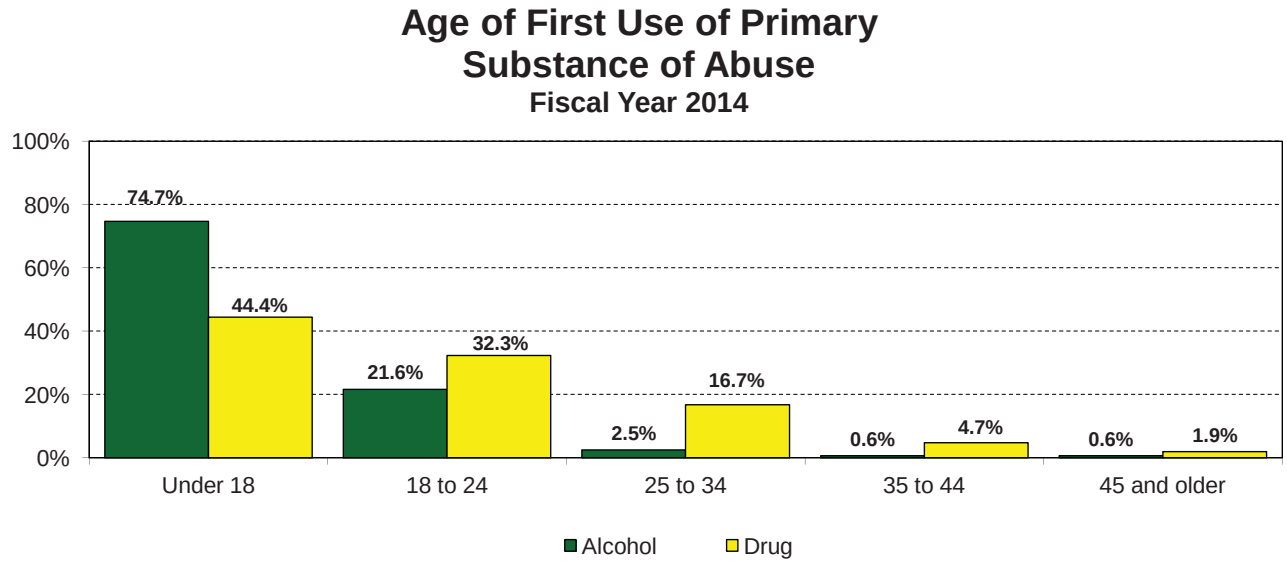
Primary Substance of Abuse by Age Grouping

Fiscal Year 2014

	Under 18	18 to 24	25 to 34	35 to 44	45 to 64	65 and over	Total
Alcohol	205	581	1,560	1,228	1,820	62	5,456
Cocaine/Crack	1	56	149	124	189	0	519
Marijuana/Hashish	1,107	791	512	204	104	1	2,719
Heroin	13	765	1,484	503	309	9	3,083
Other Opiates/Synthetics	2	56	279	138	69	2	546
Hallucinogens	5	4	5	1	3	0	18
Methamphetamine	30	545	1,468	1,076	566	7	3,692
Other Stimulants	0	14	49	22	13	0	98
Benzodiazepines	2	9	32	25	16	0	84
Tranquilizers/Sedatives	1	4	4	6	1	1	17
Inhalants	4	5	6	5	2	0	22
Oxycodone/Hydrocodone	6	53	230	90	41	2	422
Club Drugs	2	5	3	1	1	0	12
Over-the-Counter	3	0	4	4	1	0	12
Other	13	37	56	32	30	0	168
Unknown	0	1	2	0	0	0	3
Total:	1,394	2,926	5,843	3,459	3,165	84	16,871

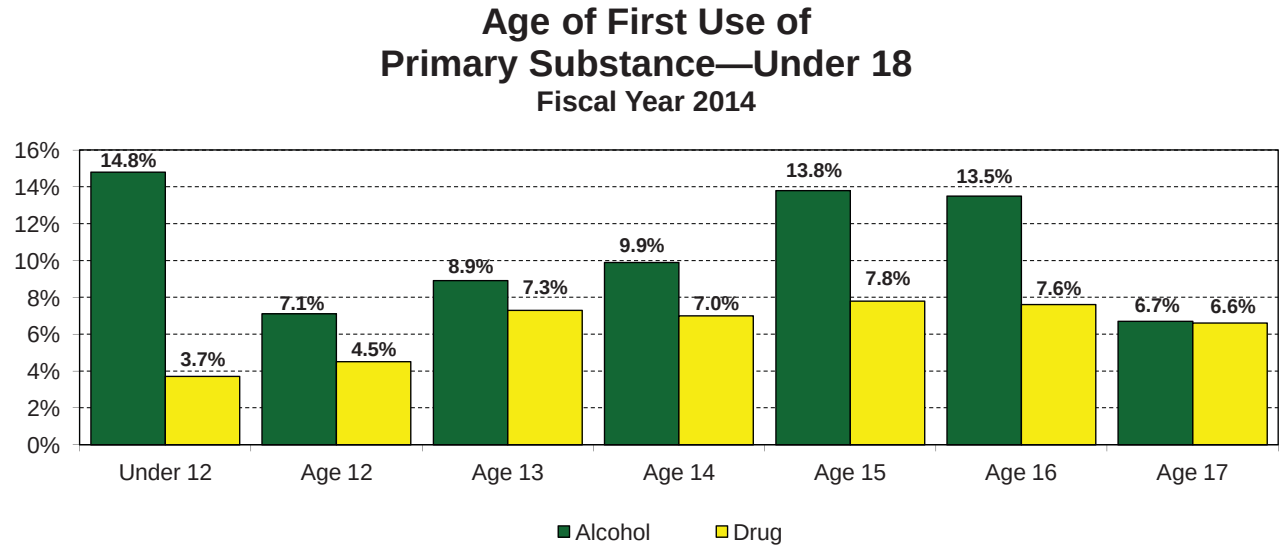
Age of First Use of Alcohol or Other Drug

In 2014, 74.7% of individuals who report alcohol as their primary drug began using prior to the age of 18, very slightly up from 2013. Individuals seeking treatment primarily for other drug use tend to begin their drug use at a later age, with 44% beginning their use prior to the age of 18, and 32% reporting their first use between ages 18 and 25.



Age of First Use of Primary Substance–Under 18

The following chart breaks down age of first use for individuals who reported using their primary substance prior to age 18. For alcohol and other drugs, age of first use peaks at age 15. About 41% of individuals who report alcohol as their primary substance of abuse started at or before age 14, with another 14% starting during their 15th year. More than 22% of individuals admitted for drug abuse started under the age of 14. This data is important as the research clearly shows that those that start using drugs or alcohol prior to the age of 18 have a significantly higher probability of becoming chemically dependent as adults.



Multiple Drug Use

Using more than one substance (drug or alcohol) places the client at greater risk for negative drug interactions, overdoses, psychiatric problems, and complications during the treatment process. In past years the numbers reported have only reflected the use of multiple drugs. Beginning this year, the numbers reflect the use of drugs and alcohol in any combination.

As a result, the numbers of clients reporting multiple substance use at admission jumped from 41.5% in 2013 to 58.3% in 2014 with every area of the state reflecting an increase. While this appears to be a change in the pattern of use, it is merely a more accurate reflection of the actual patterns of substance use across the state.

Multiple Drug Use
Fiscal Year 2014

	# Reporting Multiple Drug Use at Admission	% of Total Admissions for Each Area
Bear River	325	63.4%
Central Utah	73	25.9%
Davis County	865	92.4%
Four Corners	292	56.2%
Northeastern	132	37.0%
Salt Lake County	5,454	53.3%
San Juan County	15	30.6%
Southwest Center	312	46.7%
Summit County	123	52.6%
Tooele County	211	60.8%
U of U Clinic	85	77.3%
Utah County	1,054	81.9%
Wasatch County	72	60.0%
Weber Human Services	819	67.6%
Total:	9,832	58.3%

Injection Drug Use

Individuals who inject drugs are a priority population for receiving treatment, because they are at greater risk of contracting and transmitting HIV/AIDS, tuberculosis, and hepatitis B and C. This table indicates the number of clients who report intravenous needle use as the primary route of administration for any reported drug use in the past year. In 2014, there was a slight increase in the percentage of individuals requesting services through the public treatment system, who reported IV drug use as their primary route of administration. This increase was not consistent across the state, with Wasatch County, Utah County, and Northeastern showing the largest increases. This increase could be partially due to the increased use of heroin.

Admissions Reporting IV Injection Drug Use at Admission

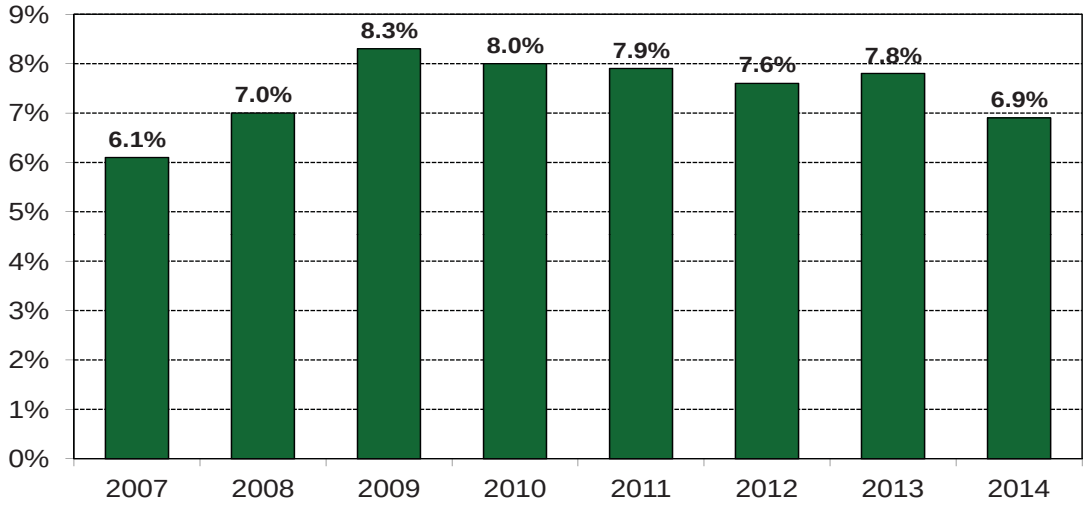
Fiscal Year 2014

	# Reporting IV Injection Drug Use at Admission	% of Total Admissions for Each Area
Bear River	46	9.0%
Central Utah	28	9.9%
Davis County	332	35.5%
Four Corners	110	21.2%
Northeastern	57	16.0%
Salt Lake County	2,358	23.0%
San Juan County	3	6.1%
Southwest Center	183	27.4%
Summit County	12	5.1%
Tooele County	46	13.3%
U of U Clinic	29	26.4%
Utah County	498	38.7%
Wasatch County	24	20.0%
Weber Human Services	211	17.4%
Total:	3,937	23.3%

Prescription Drug Abuse

The nonmedical use or abuse of prescription drugs is a serious and growing public health problem. The abuse of certain prescription drugs—opioids, central nervous system (CNS) depressants, and stimulants—can alter the brain's activity and lead to addiction. The Utah Department of Health reports that in 2011, more individuals died from prescription drug overdose (246) than died in car accidents (235). The chart below shows the percent of clients who report prescription drugs as their primary drug at admission:

Admission for Primary Drug—Prescription Drugs
Fiscal Years 2007 to 2014



Opioids (not counting heroin, but other opiates/synthetics and oxycodone/hydrocodone) are the most commonly abused prescription drugs in Utah. Taken as directed, opioids can be used to manage acute pain very effectively. However, if taken inappropriately, their use may lead to addiction. Additionally, mixing prescription drugs with alcohol and other substances can be a deadly combination. Women tend to be admitted to treatment more frequently than men for prescription drugs. The chart below shows prescription drug admissions by gender:

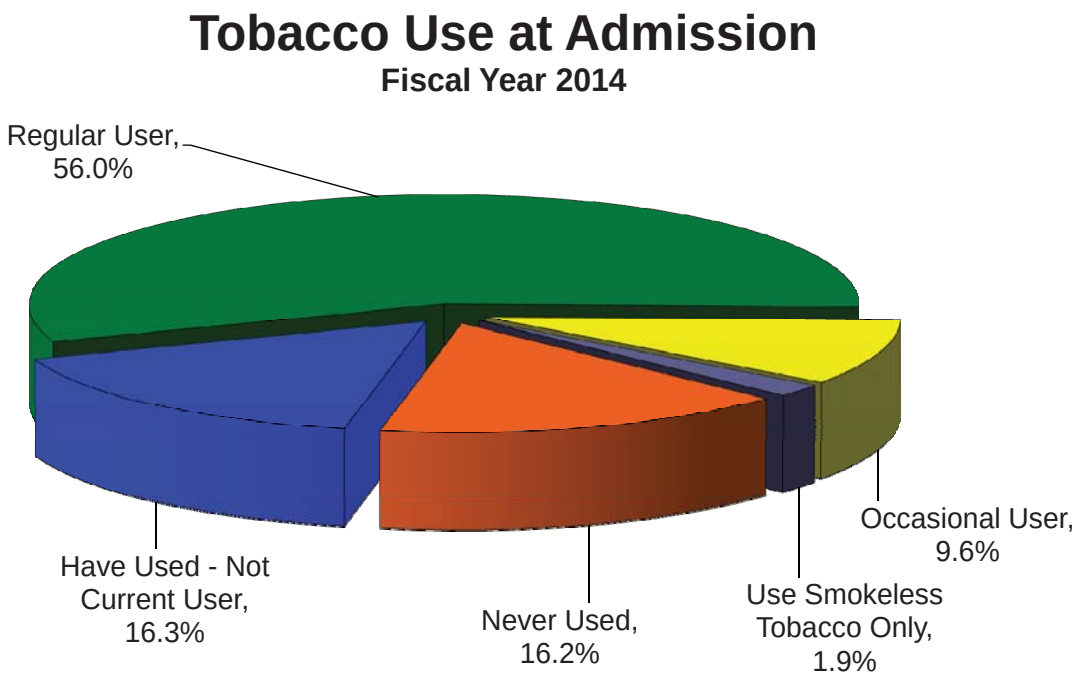
Prescription Drug Abuse by Gender
Fiscal Year 2014

	Male	Male %	Female	Female %	Total	Total %
Other Opiates/Synthetics	285	2.6%	261	4.4%	546	3.2%
Other Stimulants	47	0.4%	51	0.9%	98	0.6%
Benzodiazepines	41	0.4%	43	0.7%	84	0.5%
Tranquilizers/Sedatives	6	0.1%	11	0.2%	17	0.1%
Oxycodone/Hydrocodone	209	1.9%	213	3.6%	422	2.5%
Total:	588	5.4%	579	9.8%	1,167	6.9%

Tobacco Use

Individuals with substance use disorders are much more likely to use tobacco. In 2014 in Utah, 67.5% of individuals admitted to substance abuse treatment used tobacco compared to only 9% of the general population. This is a decrease from data in 2012 that indicated that over 70% of admissions used tobacco, however the percentage rose from 66% in 2013 to 67.5%. Tobacco use often results in poor health and shorter life expectancy, and an increased risk or a return to alcohol or other drug use.

DSAMH requires that all local authorities' services be provided in a tobacco free environment and that they provide education about benefits of smoking and nicotine cessation, and provide assistance to those desiring to quit. In 2014, the local authorities reported the percentage of individuals who used tobacco at discharge decreased to 62% of clients.



In fiscal year 2014, over 67% of clients use some type of tobacco at admission.

Pregnant Women in Treatment

In fiscal year 2014, 5.2% of women entering treatment (310) were pregnant at the time of admission. The percentage of admissions for pregnant women continues to stay relatively constant. State and federal law requires treatment providers to admit pregnant women into care within 48 hours of their first contact with the treatment provider.

Pregnancy at Admission
Fiscal Year 2014

	Female Admissions	Number Pregnant at Admission	Percent Pregnant at Admission
Bear River	163	10	6.1%
Central Utah	128	3	2.3%
Davis County	357	5	1.4%
Four Corners	209	2	1.0%
Northeastern	154	9	5.8%
Salt Lake County	3,178	187	5.9%
San Juan County	18	1	5.6%
Southwest	299	6	2.0%
Summit County	83	1	1.2%
Tooele County	144	6	4.2%
U of U Clinic	42	2	4.8%
Utah County	632	47	7.4%
Wasatch County	54	2	3.7%
Weber Human Services	523	29	5.5%
Total:	5,984	310	5.2%

Clients with Dependent Children

Children with a parent who abuses alcohol and/or other drugs are at a higher risk of developing substance use disorders themselves. The table below indicates the percentage of adult clients with dependent children as well as the number of women entering treatment who have dependent children, and the average number of children in those households. In fiscal year 2014, the percentage of all clients with dependent children in Utah was 44.7%, a figure that is consistent with the six year average of 45.5%. The average number of dependent children per household stayed virtually the same.

The table also depicts the percentage of women entering treatment who have dependent children and the average number of children for those households. A total of 58% of women who are admitted to treatment, report having dependent children.

Both the Utah and Federal governments recognize the importance of treating pregnant women and women with dependent children as a priority for the public treatment system. A portion of the Federal Substance Abuse Prevention and Treatment (SAPT) block grant is required to be set aside for women's treatment, and the Utah Legislature has passed a special general fund appropriation specifically for the treatment of women and their dependent children. DSAMH closely tracks the use of these special funds to ensure that quality treatment is provided to this priority population.

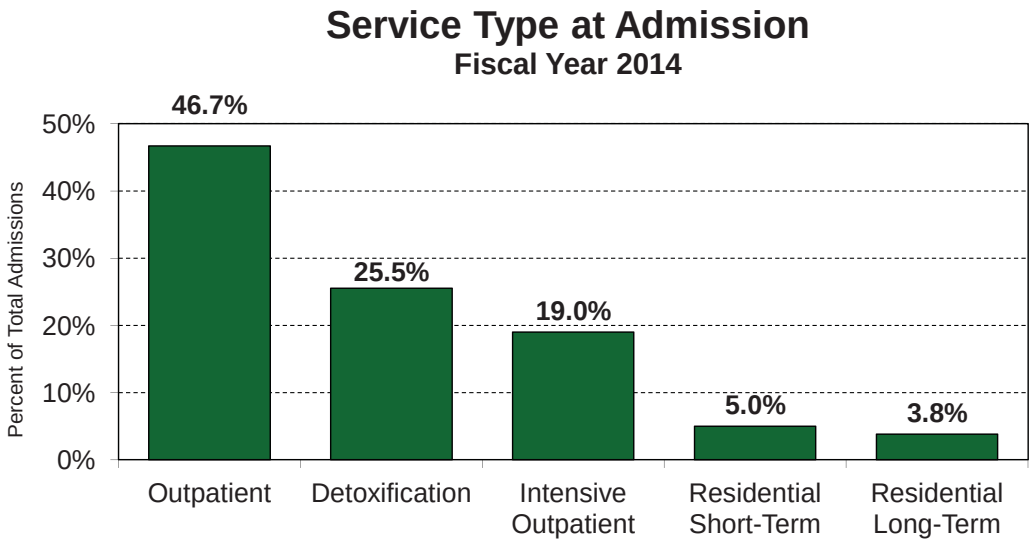
Clients with Dependent Children

Fiscal Year 2014

	Percent of all Clients with Children	Average Number of Children (of Clients with Children)	Percent of Women with Children	Average Number of Children (of Women with Children)
Bear River	35.6%	2.14	52.9%	2.07
Central Utah	47.8%	2.18	61.3%	2.21
Davis County	55.0%	2.30	70.6%	2.41
Four Corners	41.7%	2.27	54.7%	2.43
Northeastern	42.3%	2.07	46.1%	2.06
Salt Lake County	39.9%	2.03	52.7%	2.05
San Juan County	40.7%	2.49	40.0%	2.50
Southwest Center	52.4%	2.16	63.4%	2.17
Summit County	29.7%	1.95	40.4%	1.67
Tooele County	46.6%	2.10	62.4%	1.94
U of U Clinic	46.6%	2.36	58.3%	2.61
Utah County	67.2%	2.25	67.7%	2.25
Wasatch County	57.2%	2.65	61.6%	2.69
Weber Human Services	59.2%	2.75	56.9%	2.36
Total:	44.7%	2.17	58.0%	2.16

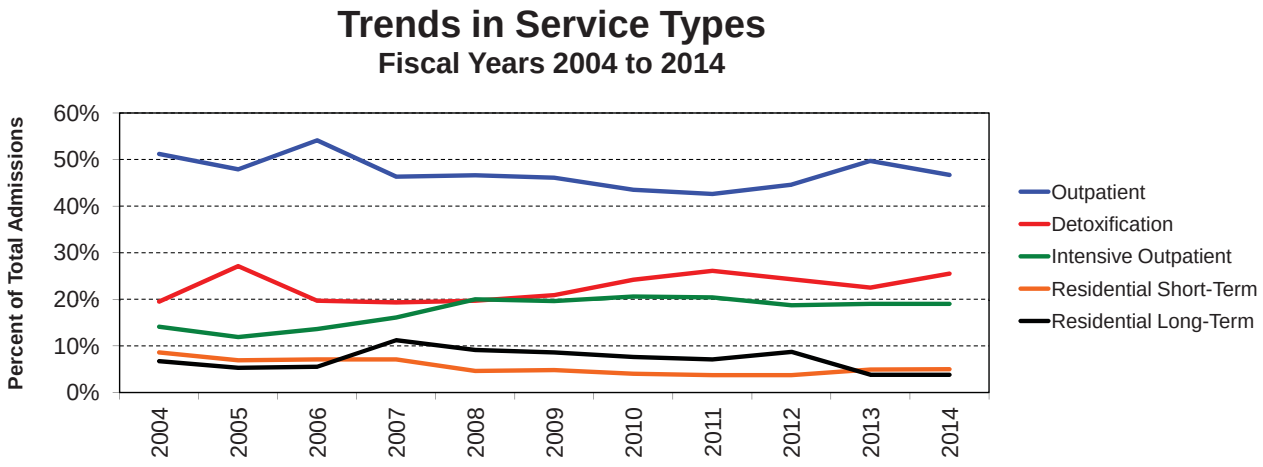
Service Type

In contrast to the earlier days of substance abuse treatment when almost all substance abuse treatment was residential, today 65.7% of admissions to treatment are to outpatient and intensive outpatient treatment. An expanded use of the ASAM Placement Criteria has helped place individuals in the level and intensity of care that they need.



Trends in Service Types

Intensive outpatient services increased from 11.9% in 2005 to 20.4% in 2011, since 2012 it has stayed steady with a decrease to 19.0%. During that same period, residential admissions declined slightly until 2012, but then dropped significantly in 2013 and 2014. Since most of this decrease was in long-term residential admissions, it appears to reflect better use of the ASAM criteria and changes in agency approaches to treatment.



Drug Courts

Individuals with a substance use disorder are disproportionately represented in our criminal justice system. Evidence indicates that approximately 80% of individuals in the criminal justice system meet the definition of substance use involvement and between one-half to two-thirds meet diagnostic criteria for substance abuse or dependence.

Drug Courts provide an alternative to incarceration for non-violent drug offenders. Drug Court targets offenders who are addicted to illicit drugs or alcohol and are at substantial risk for reoffending—commonly referred to as high-risk and high-need offenders. To effectively work with this population, Drug Court provides intensive supervision and treatment services in a community environment. Successful completion of the program results in dropped charges, vacated or reduced sentences, or rescinded probation. DSAMH funds 45 drug courts throughout the state of Utah; 25 adult felony drug courts,15 family dependency drug courts, and 5 juvenile drug courts. In fiscal year 2014, Utah's drug court program served 2,196 individuals, the majority of who participated in the felony drug court program.

As the drug court program continues to grow, an additional five courts have been funded in fiscal year 2015. DSAMH and our partner agencies (the Administrative Office of the Courts and the Department of Corrections) work to improve quality assurance and monitoring process of the program. In addition to conducting annual site visits and biennial certifications of courts, DSAMH has partnered with the National Center of State Courts to conduct process and outcome evaluations at select Utah Drug Courts, and develop performance measurements that should be implemented in fiscal year 2016.

The following chart shows drug court outcomes for fiscal year 2014.

Drug Court Outcomes

Measure Title	Purpose of Measure/Measure Definition	FY2013	FY2014
Successful Completion	Percent of participants who complete program successfully	51.5%	57.8%
Criminal Justice Involvement	Percent of clients reporting zero arrests while participating in Drug Court	88.0%	82.5%
	Percent decrease in clients arrested from 30 days prior to treatment to 30 days prior to discontinuation/discharge	66.1%	65.0%
Employment	Percent increase in full/part-time employment from admission to discharge	42.2%	57.1%
Substance Use–Alcohol	Percent increase in abstinence from alcohol from admission to discharge	30.7%	45.6%
Substance Use–Drug	Percent increase in abstinence from drugs from admission to discharge	194.4%	282.4%
Increase in Stable Housing	Percent increase in non-homeless clients admission to discharge	2.9%	2.1%

Drug Offender Reform Act (DORA)

The Drug Offender Reform Act (DORA), began in 2005 as a pilot project, and as of July 1, 2014, is operating in eight local substance abuse authorities—Bear River, which includes Box Elder, Cache, and Rich Counties; Carbon County; Davis County; Salt Lake County; Southwest, which includes Iron and Washington Counties; and Utah County. In 2014, 413 individuals were admitted to the DORA program statewide, for the first time.

DORA is based on the following premise: Smarter Sentencing + Smarter Treatment = Better Outcomes and Safer Neighborhoods.

The key components of DORA are intensive supervision, timely treatment access, and collaboration between treatment and supervision staff. Retention in, and adherence to treatment, are positively related to post-supervision criminal justice outcomes, according to the latest DORA research conducted by the University of Utah Criminal Justice Center. Individuals who are successful in treatment are less likely to be rearrested and enter or return to prison.

The following chart illustrates DORA's effectiveness:

Drug Offender Reform Act Outcomes

Measure Title	Purpose of Measure/Measure Definition	FY2012	FY2013	FY2014
Alcohol	Percent increase in abstinence from alcohol from admission to discharge	23.0%	33.2%	35.3%
Drugs	Percent increase in abstinence from drugs from admission to discharge	91.4%	129.9%	115.9%
Employment	Percent increase in full/part-time employment from admission to discharge	64.3%	34.1%	46.1%
Increase in Stable Housing	Percent increase in non-homeless clients admission to discharge	2.4%	3.9%	2.2%
Clients Served	Unduplicated number of clients served	668	706	769

Mental Health Services

Under UCA §17-43-301, the public mental health system provides an array of services that assure an effective continuum of care. Under the administrative direction of the Division of Substance Abuse and Mental Health (DSAMH), the counties and their local mental health authority (LMHA) are given the responsibility to provide mental health services to its citizens. Counties set the priorities to meet local needs and submit a local area plan to DSAMH describing what services they will provide with State, Federal, and county money. State and Federal funds are allocated to a county or group of counties based on a formula established by DSAMH. While providing the ten mandated services listed below, counties may deliver additional services in a variety of ways to meet the needs of their citizens.

Continuum of Services

DSAMH embraces and promotes the recovery model. The model uses the concept of non-linear access to care, which means people can receive very limited services or the full continuum of services based on the needs described in their self-directed person-centered plans. The continuum of available services for all Utah residents includes:

1. Inpatient care
2. Residential care
3. Outpatient care
4. 24-hour crisis care
5. Psychotropic medication management
6. Psychosocial rehabilitation, including vocational training and skills development
7. Case management
8. Community supports, including in-home services, housing, family support services, and respite services
9. Consultation and education services, including case consultation, collaberation with other county service agencies, public education, and public information
10. Services to people incarcerated in a county jail or other county correctional facility

In addition to the services described above, many of the local authorities also provide the following:

Clubhouses are a model of psycho-social rehabilitation where attendees are considered members and empowered to function in a work-ordered day. Clubhouses provide a supportive environment where individuals can rebuild their confidence, purpose, abilities, and community through education, productive work, housing, and meaningful relationships. All of this is done within a uniquely supportive and collaborative Clubhouse setting in which members and staff work together in an atmosphere built on principles of mutual respect and caring.

Peer Drop-In Centers are places where individuals in crisis can receive support from peers in recovery to promote connectedness, social interaction, and encourage them to take responsibility for their treatment and recovery. Crisis lines are available in some areas for telephone support as well.

Nursing Home and Hospital Alternatives include community-based care, i.e., intensive case management, outreach services, coordination with other entities such as home health, etc.

Homeless Services are provided across the state through various methods and across multiple partnerships. DSAMH was awarded a federal grant Cooperative Agreement to Benefit Homeless Individuals (CABHI-UT) by the Substance Abuse and Mental Health Services Administration to enhance the infrastructure of the Utah Public Behavioral Health System. The grant will help increase capacity along the Wasatch Front to provide accessible, effective,

comprehensive, and integrated evidence-based treatment and recovery services for veterans and other individuals with a behavioral health disorder who are chronically homeless.

The CABHI-UT project will specifically address the issue with a two-fold process: 1) enhance a statewide plan (including a collaborative, sustainable funding initiative) to effectively coordinate housing and behavioral health programming using evidence-based practices; and 2) increase housing stability and recovery among those in the target population who are newly placed in permanent supportive housing.

Utah has a ten-year plan to end veteran and chronic homelessness by the end of 2015. Chronic homelessness has declined 72% since 2005 and chronic homelessness among veterans has reached an effective zero. DSAMH has been actively involved in working to help Utah's homeless neighbors with behavioral health disorders by collaborating with private and public agencies across the state in the development of permanent supportive housing, using a housing first approach with supportive services.

This method has proven to be highly effective and cost efficient. When combined with the CABHI-UT project, this will provide the supports and housing needed.

Projects for Assistance in Transition from Homelessness (PATH) is a federal grant that provides flexible, assisted services to adults with serious mental illness or who have co-occurring substance use disorders and are homeless or at imminent risk of becoming homeless. Valley Behavioral Health provides services in Salt Lake County; Weber Human Services provides services in Weber and Morgan Counties; Four Corners provides services in Carbon, Emery, and Grand Counties; and Wasatch Mental Health provides services in Utah County. In federal fiscal year 2013, 1,600 people benefitted from PATH services.

Source of Data

The federal government requires that each state collect demographic and treatment data on all clients admitted into publicly funded mental health treatment facilities. This data is called the Mental Health Event File (MHE). DSAMH collects this data on a monthly basis from the LMHAs. Unless otherwise stated, the data for the mental health charts come from this source.

Diagnostic Data

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) is the standard classification of mental disorders used by mental health professionals in the United States. Each disorder in the DSM-IV has a set of diagnostic criteria that includes applicable symptoms, parameters for duration of symptoms, and symptoms that must not be present for clinical diagnosis. An individual may have more than one diagnosis, and each diagnostic category listed may have several subsets. For example, an anxiety disorder may include a subset for generalized anxiety disorder, post traumatic stress disorder, or panic disorder.

If an individual has both a substance use disorder and a mental health disorder it is called a "co-occurring disorder." Today it is clear that the co-occurrence of mental illness and substance use disorders is common. According to the Federal Substance Abuse and Mental Health Services Administration, 50% of individuals with severe mental illness are affected by substance use disorders. This data is driving the need for an integrated approach to mental health promotion, mental illness and substance use disorder prevention, treatment, and recovery services.

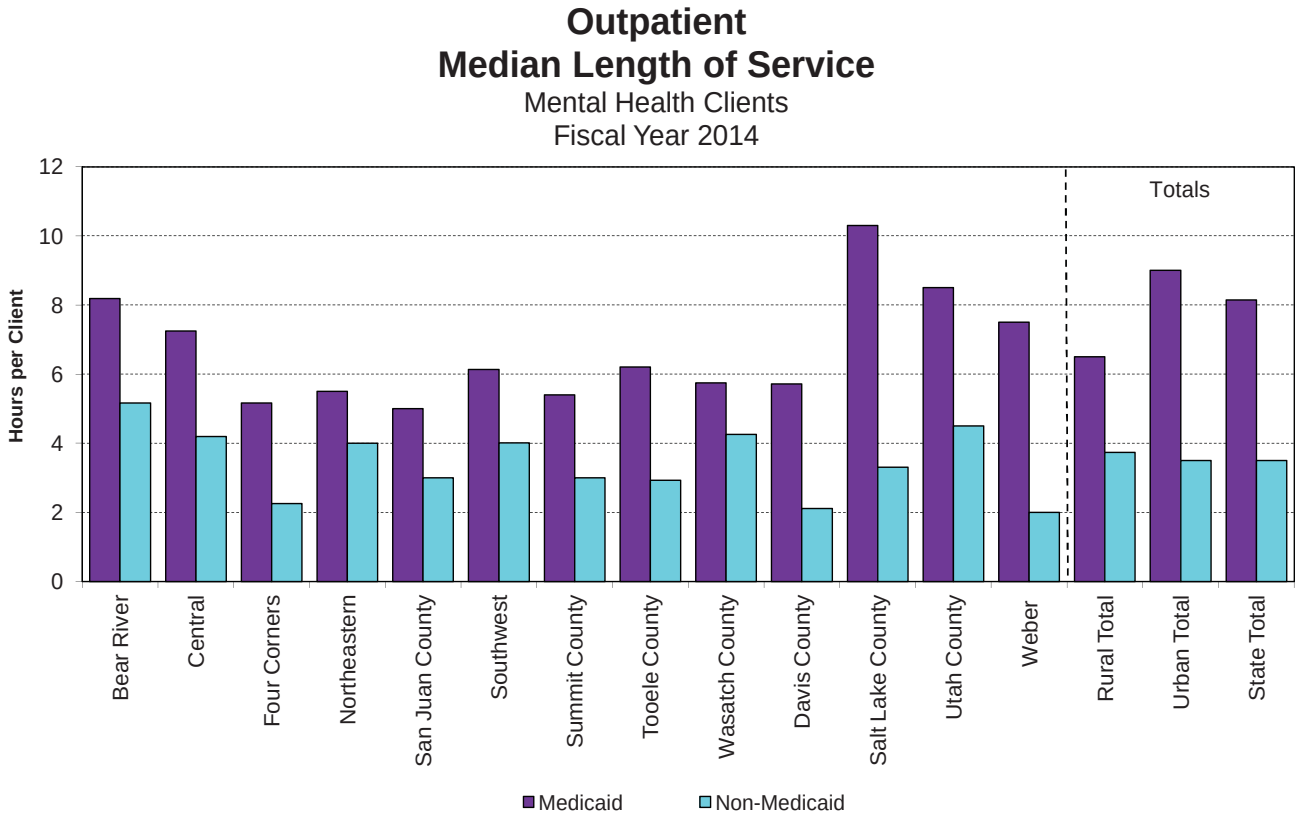
The tables on the next page describe the most common diagnoses treated in the public mental health system in Utah by local authority with statewide totals for both children and adults.

Diagnosis of Mental Health Clients 18 years and older, by Local Authority														
Diagnosis	Bear River Mental Health	Central Utah Counseling Center	Davis Behavioral Health	Four Corners Community Behavioral Health	Northeastern Counseling Center	Salt Lake County	San Juan Counseling	Southwest Behavioral Health Center	Summit County	Tooele County	Utah County	Wasatch County	Weber Human Services	Statewide Adults
Anxiety	25.4%	21.1%	26.3%	17.9%	31.1%	24.9%	22.0%	16.2%	24.8%	25.5%	29.8%	22.5%	22.8%	25.2%
Mood Disorder	16.5%	8.7%	17.2%	14.6%	14.0%	18.8%	18.8%	20.1%	14.3%	13.9%	14.4%	13.9%	22.6%	17.2%
Depression	13.5%	15.5%	7.9%	13.4%	19.0%	12.8%	27.8%	8.2%	13.7%	16.2%	13.9%	18.0%	7.0%	12.3%
Substance Abuse	7.4%	14.0%	18.2%	24.2%	7.5%	10.8%	3.6%	14.8%	15.5%	15.7%	0.8%	21.3%	12.3%	11.4%
Schizophrenia and Other Psychotic	5.5%	6.3%	8.4%	7.3%	3.8%	11.0%	2.6%	7.3%	2.0%	2.8%	5.9%	3.9%	8.1%	8.2%
Personality Disorder	11.1%	12.0%	6.3%	10.6%	3.3%	8.6%	3.0%	13.4%	5.0%	6.2%	6.4%	3.4%	10.2%	8.1%
Attention Deficit	6.1%	2.3%	5.2%	2.2%	3.7%	3.0%	5.8%	1.2%	5.8%	2.8%	5.8%	1.9%	1.9%	3.8%
Cognitive Disorder	2.8%	2.3%	2.4%	1.9%	2.0%	2.4%	1.7%	3.3%	1.3%	1.3%	4.8%	0.7%	3.1%	2.7%
Adjustment Disorder	2.1%	1.3%	1.4%	1.0%	2.4%	1.1%	6.4%	3.9%	2.7%	1.8%	1.8%	4.1%	1.6%	1.6%
Pervasive Developmental Disorders	1.2%	0.7%	1.2%	0.5%	0.5%	0.9%	1.7%	1.7%	0.9%	0.6%	1.9%	0.4%	0.9%	1.1%
Neglect or Abuse	0.1%	8.6%	0.3%	0.6%	2.1%	0.2%	0.8%	1.4%	0.6%	1.0%	3.3%	0.7%	0.8%	1.1%
Impulse Control Disorders	0.8%	1.0%	0.8%	0.8%	1.6%	0.8%	0.0%	0.8%	0.3%	0.5%	1.4%	0.6%	0.9%	0.9%
Oppositional Defiant Disorder	0.2%	0.1%	0.2%	0.3%	0.1%	0.1%	0.0%	0.1%	0.3%	0.0%	0.2%	0.0%	0.1%	0.1%
Conduct Disorder	0.2%	0.0%	0.1%	0.0%	0.1%	0.0%	0.2%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%
Other	2.4%	2.0%	3.0%	1.7%	1.1%	1.5%	2.3%	1.4%	1.4%	1.7%	3.6%	1.0%	1.2%	2.1%
V Codes	4.7%	3.9%	1.3%	2.9%	7.8%	3.0%	3.4%	6.1%	11.3%	9.9%	6.1%	7.4%	6.4%	4.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Diagnosis of Mental Health Clients 17 years and younger, by Local Authority														
Diagnosis	Bear River Mental Health	Central Utah Counseling Center	Davis Behavioral Health	Four Corners Community Behavioral Health	Northeastern Counseling Center	Salt Lake County	San Juan Counseling	Southwest Behavioral Health Center	Summit County	Tooele County	Utah County	Wasatch County	Weber Human Services	Statewide Children/ Youth
Anxiety	19.1%	12.6%	17.7%	12.0%	16.1%	23.6%	11.4%	18.6%	17.3%	19.6%	18.3%	13.8%	15.6%	19.4%
Attention Deficit	17.7%	16.2%	19.3%	13.3%	13.7%	14.2%	19.9%	8.2%	17.0%	12.8%	13.1%	8.6%	15.5%	14.7%
Mood Disorder	10.9%	5.7%	16.4%	9.1%	13.8%	14.7%	16.9%	9.9%	9.7%	9.4%	11.3%	11.2%	13.1%	13.1%
Adjustment Disorder	13.8%	14.0%	6.1%	10.9%	9.1%	7.5%	13.4%	11.1%	10.5%	5.1%	9.6%	10.8%	4.6%	8.3%
Oppositional Defiant Disorder	4.4%	11.0%	8.0%	6.1%	2.6%	9.3%	4.0%	3.3%	5.4%	4.9%	4.3%	1.1%	6.7%	6.9%
Neglect or Abuse	4.2%	10.0%	6.5%	5.4%	12.1%	4.2%	2.5%	7.7%	3.2%	9.0%	7.2%	2.6%	6.4%	6.1%
Depression	6.4%	7.5%	2.9%	5.2%	9.9%	6.0%	13.9%	3.6%	5.1%	7.9%	5.2%	7.4%	2.2%	5.2%
Pervasive Developmental Disorders	3.3%	3.0%	4.8%	2.7%	3.0%	4.7%	4.5%	3.6%	5.1%	2.9%	6.4%	3.0%	4.9%	4.6%
Impulse Control Disorders	3.9%	1.9%	2.7%	2.7%	4.7%	4.2%	2.0%	5.6%	4.0%	2.3%	3.4%	5.9%	8.9%	4.1%
Substance Abuse	0.7%	3.5%	2.2%	17.4%	0.9%	1.0%	4.0%	3.4%	2.5%	3.9%	0.2%	8.6%	2.7%	2.1%
Conduct Disorder	0.3%	1.9%	1.5%	0.2%	1.1%	0.8%	1.0%	0.8%	0.7%	1.3%	0.5%	0.0%	0.8%	0.9%
Cognitive Disorder	1.1%	0.8%	1.1%	0.6%	0.6%	0.6%	0.0%	1.0%	0.4%	0.5%	0.9%	0.4%	1.2%	0.8%
Personality Disorder	0.1%	0.5%	0.5%	1.0%	0.0%	0.1%	0.0%	1.2%	0.4%	0.5%	0.2%	0.0%	0.0%	0.3%
Schizophrenia and Other Psychotic	0.2%	0.1%	0.4%	0.0%	0.3%	0.1%	0.0%	0.1%	0.0%	0.0%	0.1%	0.4%	0.3%	0.2%
Other	6.9%	4.4%	6.3%	5.4%	4.0%	2.9%	2.5%	4.6%	4.3%	3.5%	4.4%	2.2%	4.1%	4.3%
V Codes	7.1%	6.8%	3.5%	7.8%	8.1%	5.9%	4.0%	17.4%	14.4%	16.2%	14.8%	24.2%	13.1%	9.1%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

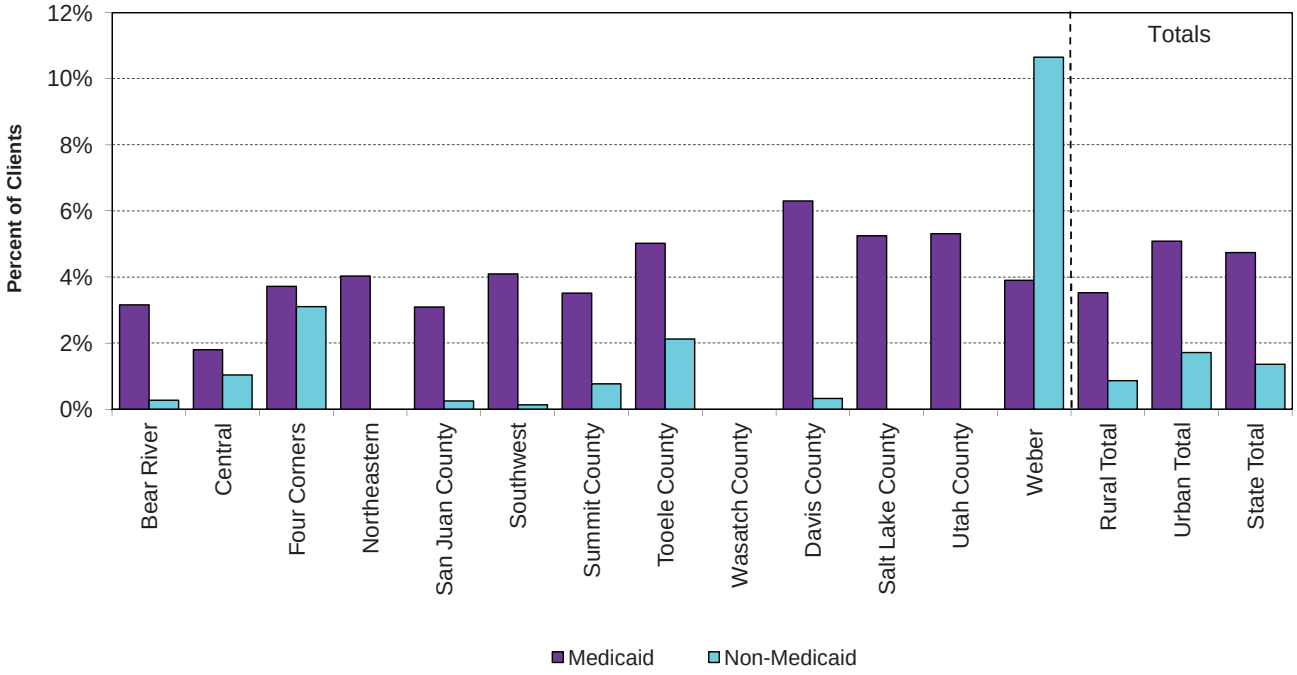
Mandated Services by Local Authority

DSAMH monitors the following statutorily mandated services for quality of care. Services provided to individuals and families in the public system are captured in these service areas. The following tables illustrate the service priorities (based on utilization and median length of service) for each of the 13 local mental health authorities with rural, urban and statewide totals. The N= for the utilization charts can be found on page 155.



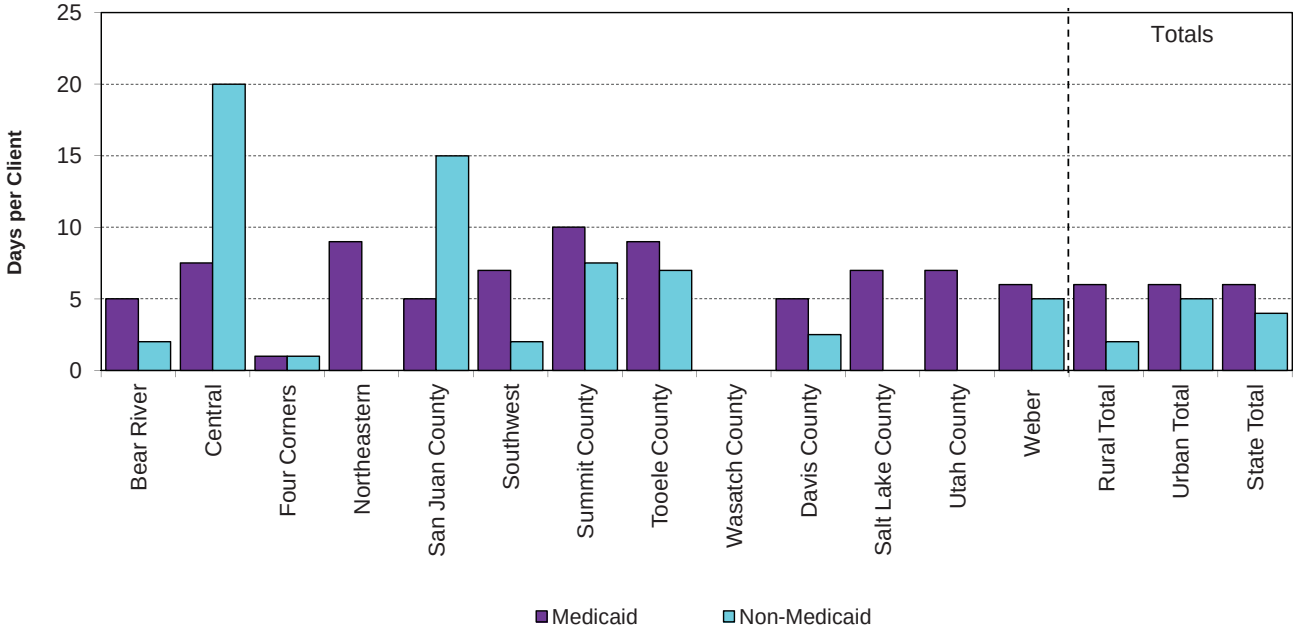
Inpatient Utilization

Mental Health Clients
Fiscal Year 2014



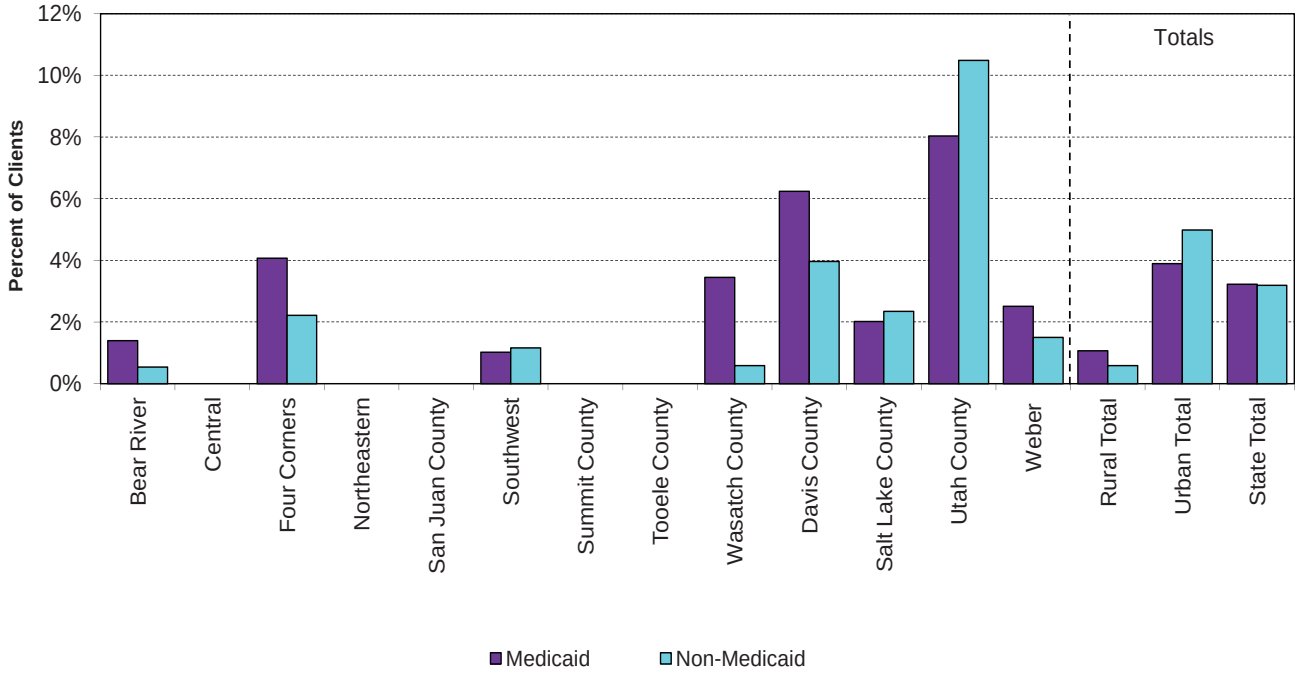
Inpatient
Median Length of Service

Mental Health Clients
Fiscal Year 2014



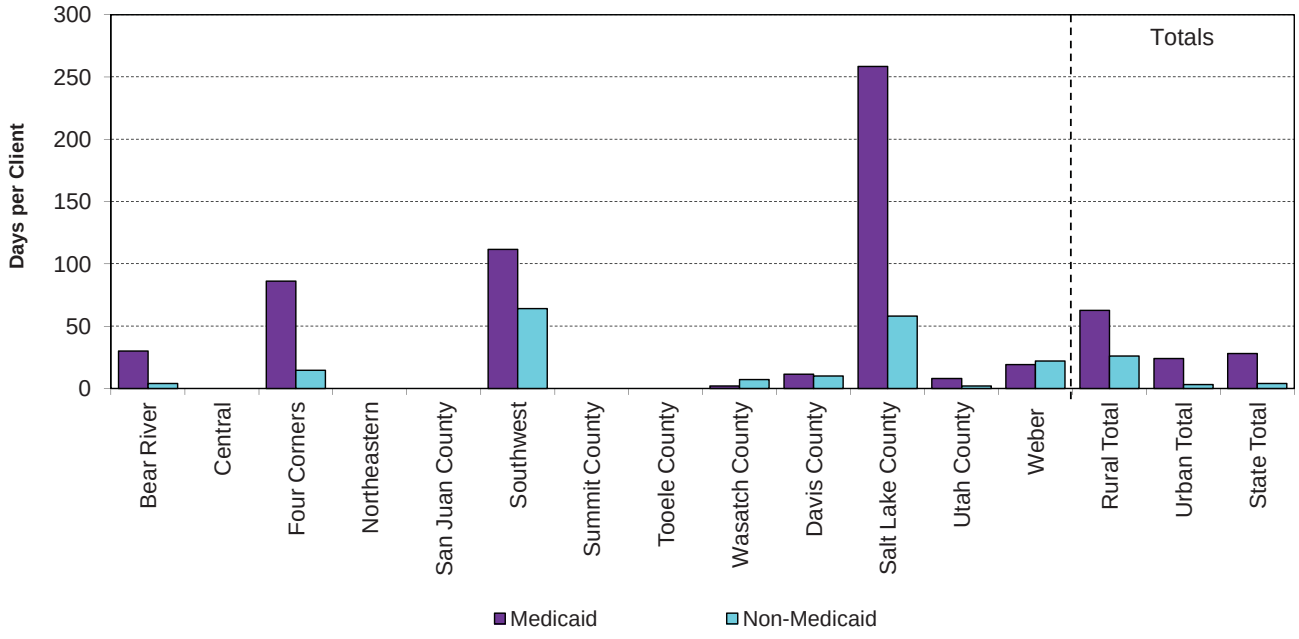
Residential Utilization

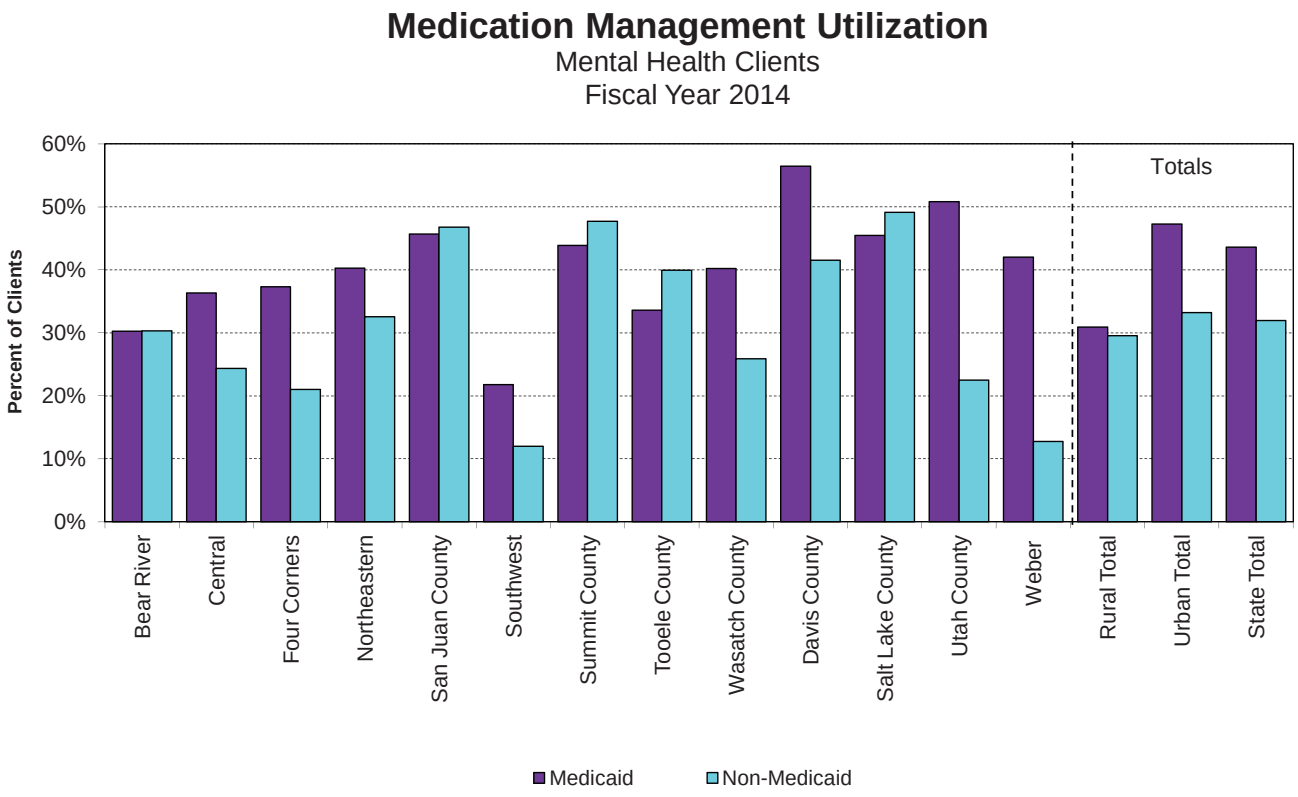
Mental Health Clients
Fiscal Year 2014

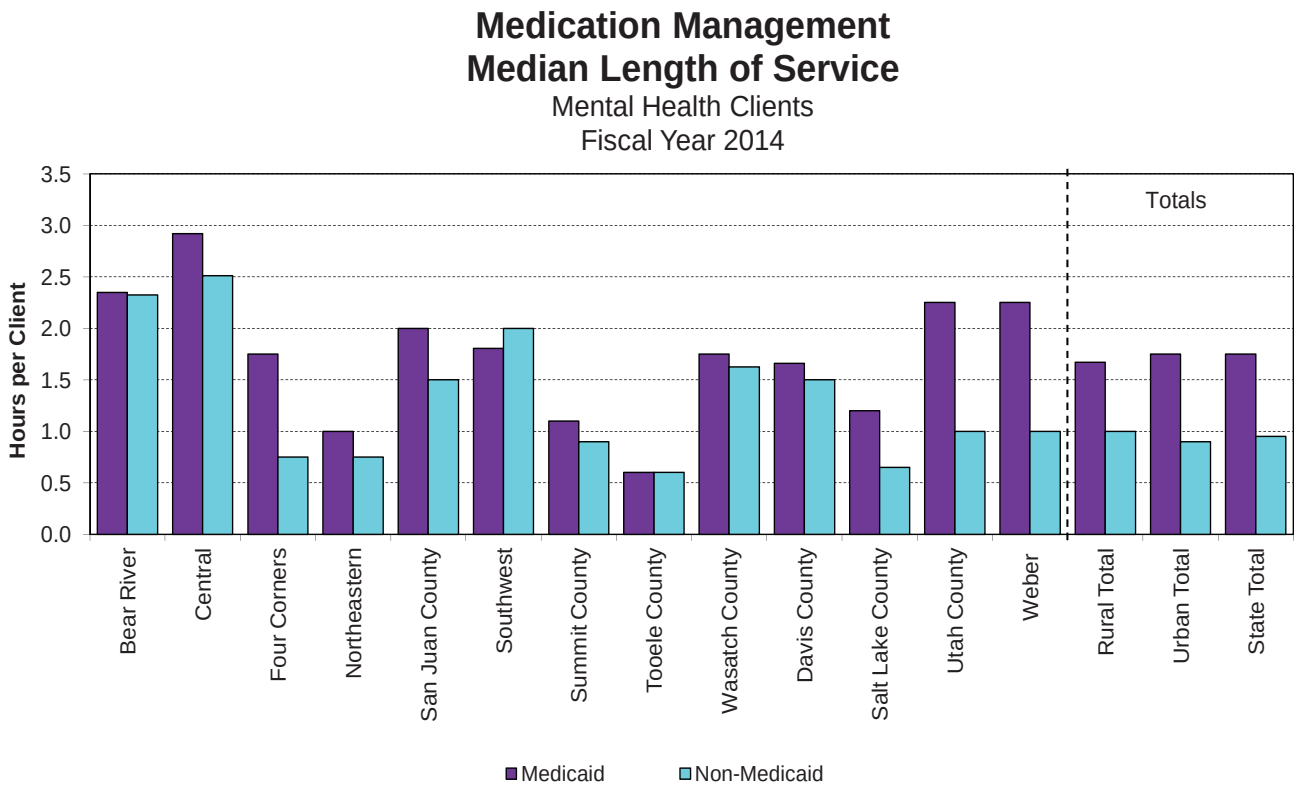


Residential Median Length of Service

Mental Health Clients
Fiscal Year 2014

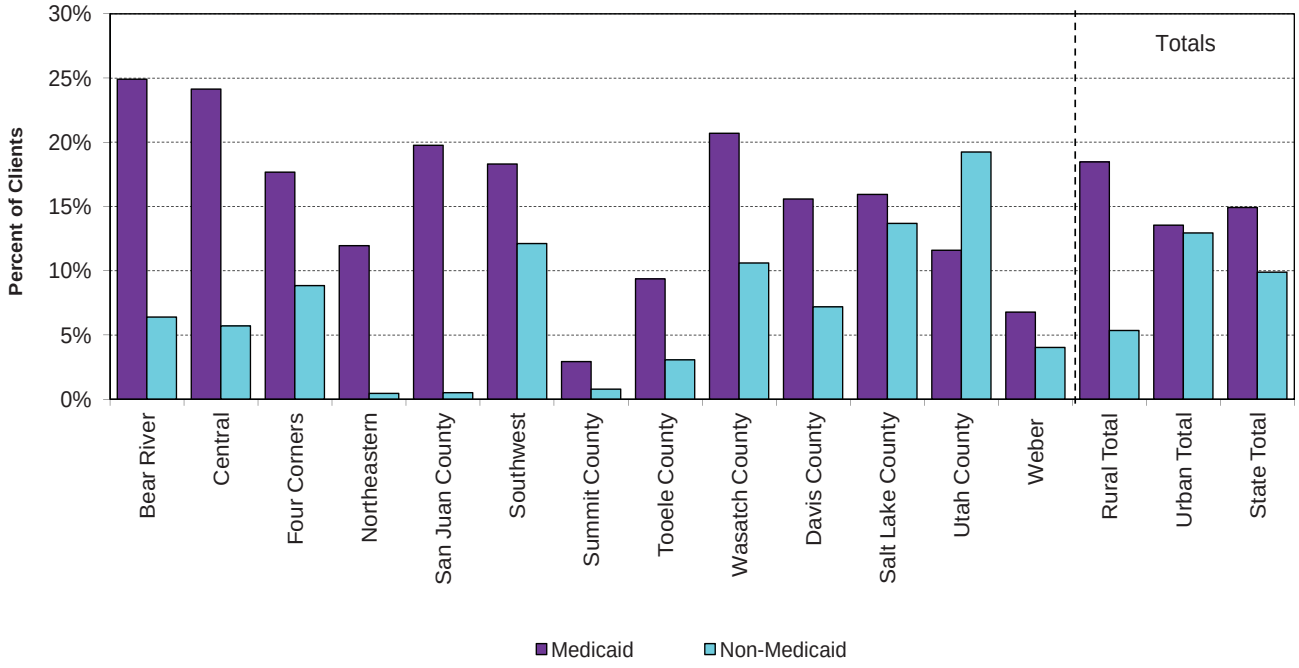



Medication Management Utilization
Mental Health Clients
Fiscal Year 2014
Percent of Clients
60%
50%
40%
30%
20%
10%
0%
Totals
Bear River
Central
Four Corners
Northeastern
San Juan County
Southwest
Summit County
Tooele County
Wasatch County
Davis County
Salt Lake County
Utah County
Weber
Rural Total
Urban Total
State Total
Medicaid
Non-Medicaid


Medication Management
Median Length of Service
Mental Health Clients
Fiscal Year 2014
Hours per Client
3.5
3.0
2.5
2.0
1.5
1.0
0.5
0.0
Totals
Bear River
Central
Four Corners
Northeastern
San Juan County
Southwest
Summit County
Tooele County
Wasatch County
Davis County
Salt Lake County
Utah County
Weber
Rural Total
Urban Total
State Total
Medicaid
Non-Medicaid

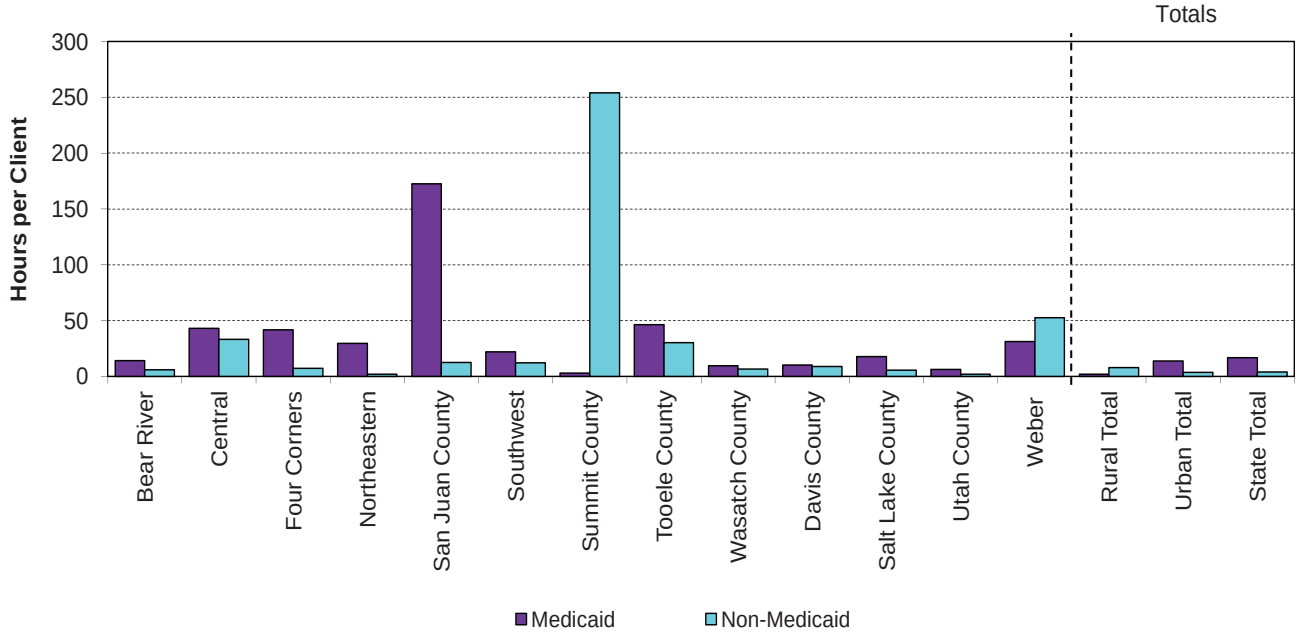
Psychosocial Rehabilitation Utilization

Mental Health Clients
Fiscal Year 2014



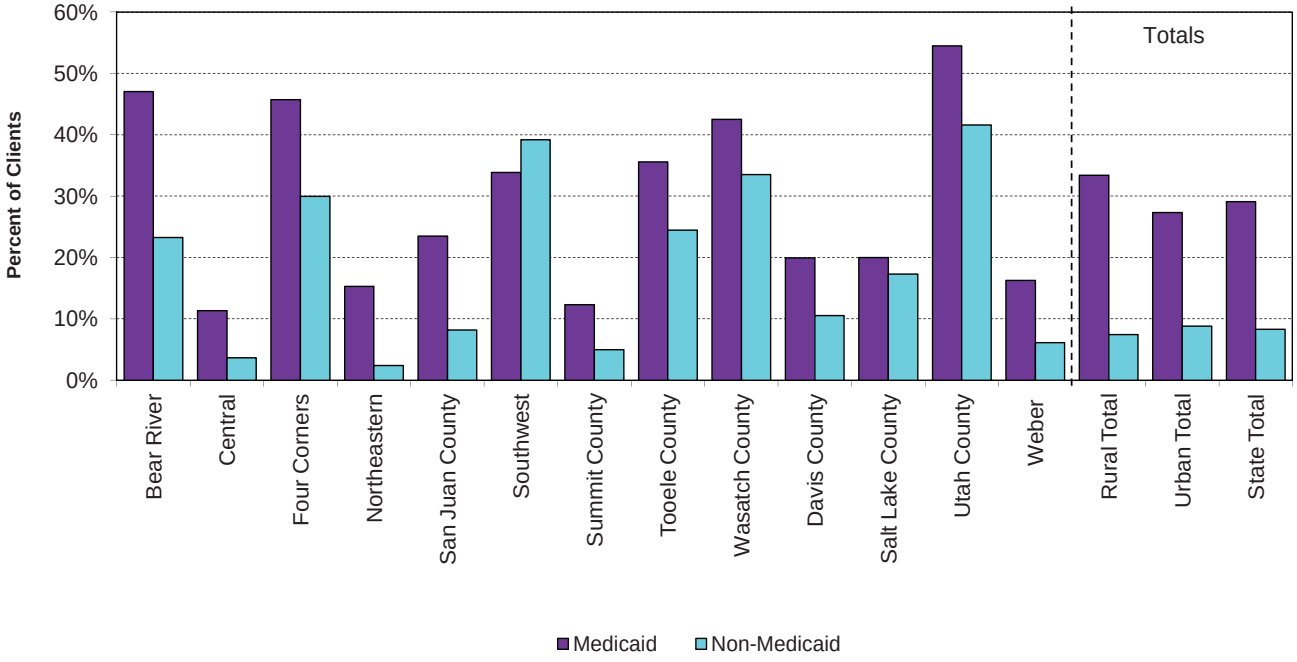
Psychosocial Rehabilitation Median Length of Service

Mental Health Clients
Fiscal Year 2014



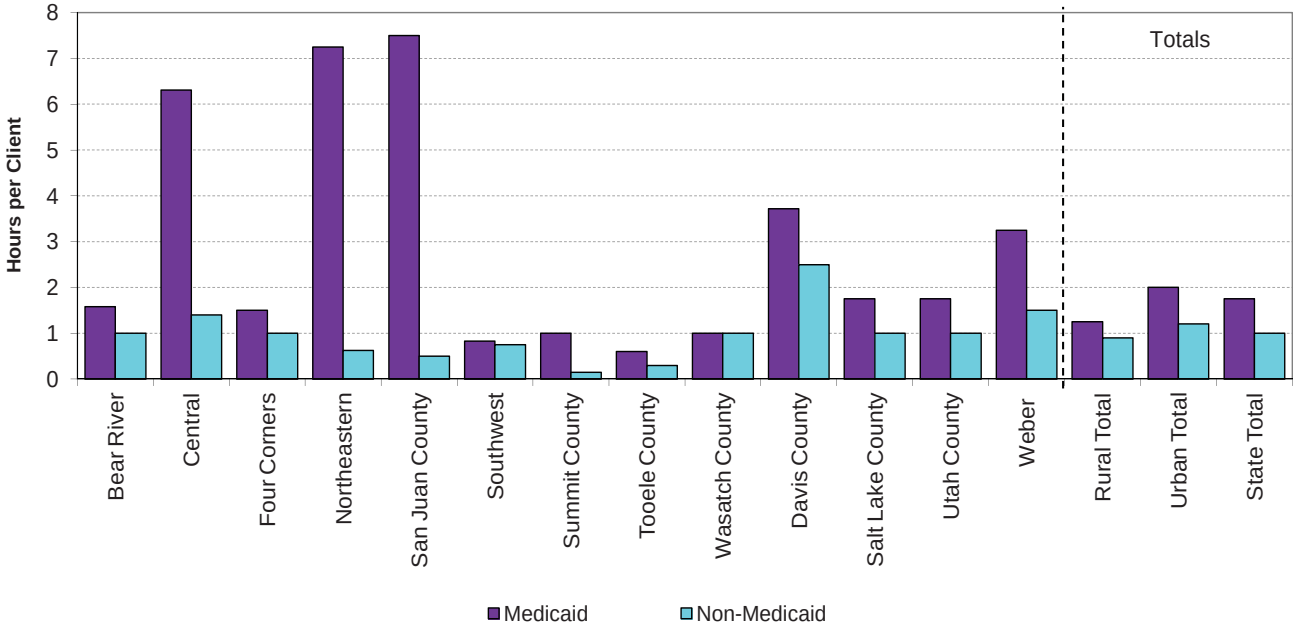
Case Management Utilization

Mental Health Clients
Fiscal Year 2014



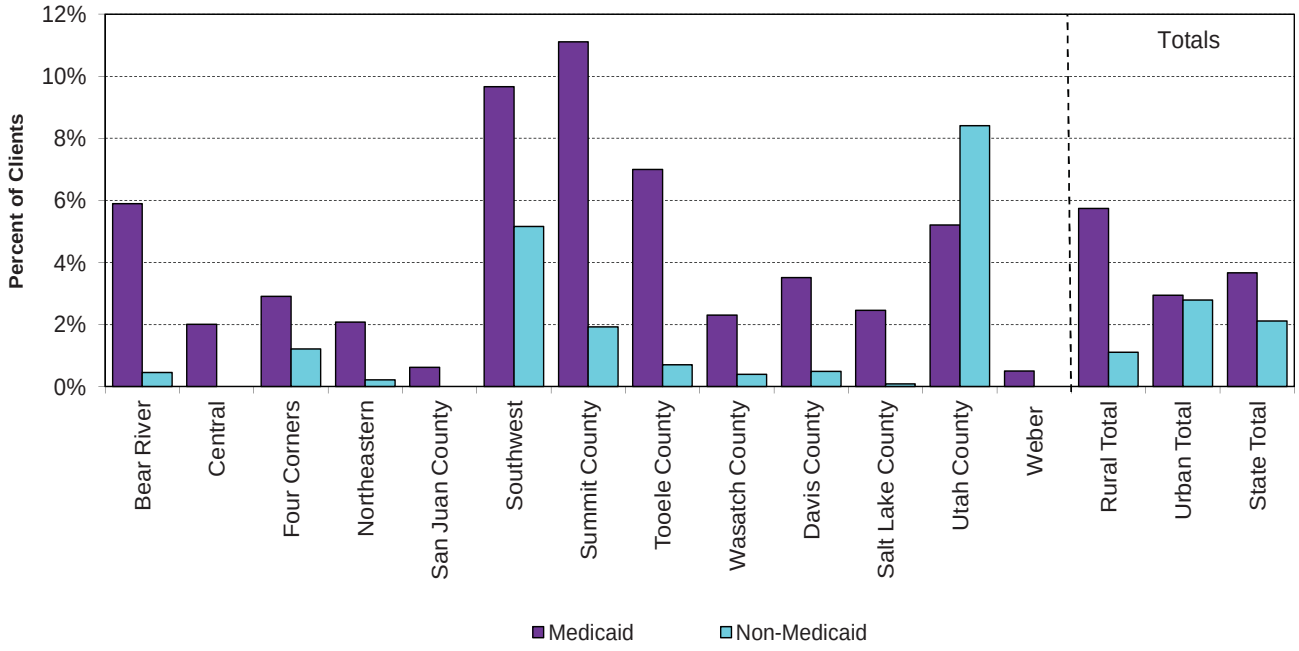
Case Management Median Length of Service

Mental Health Clients
Fiscal Year 2014



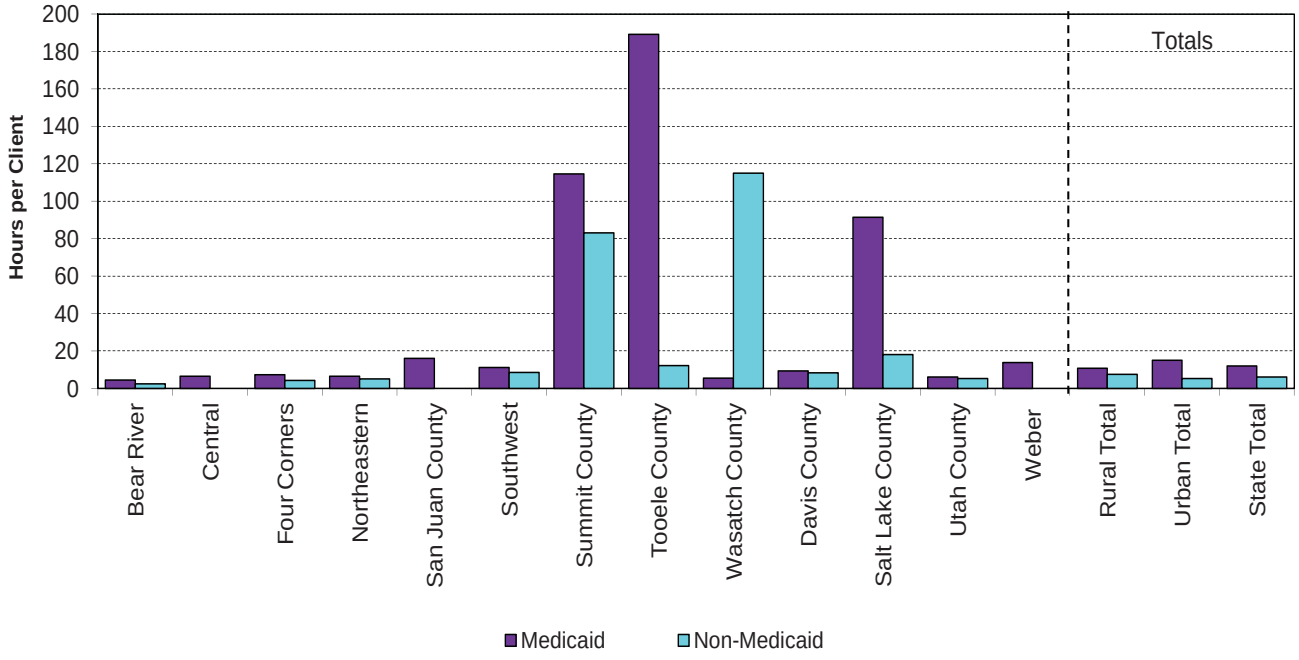
Respite Utilization

Mental Health Clients
Fiscal Year 2014



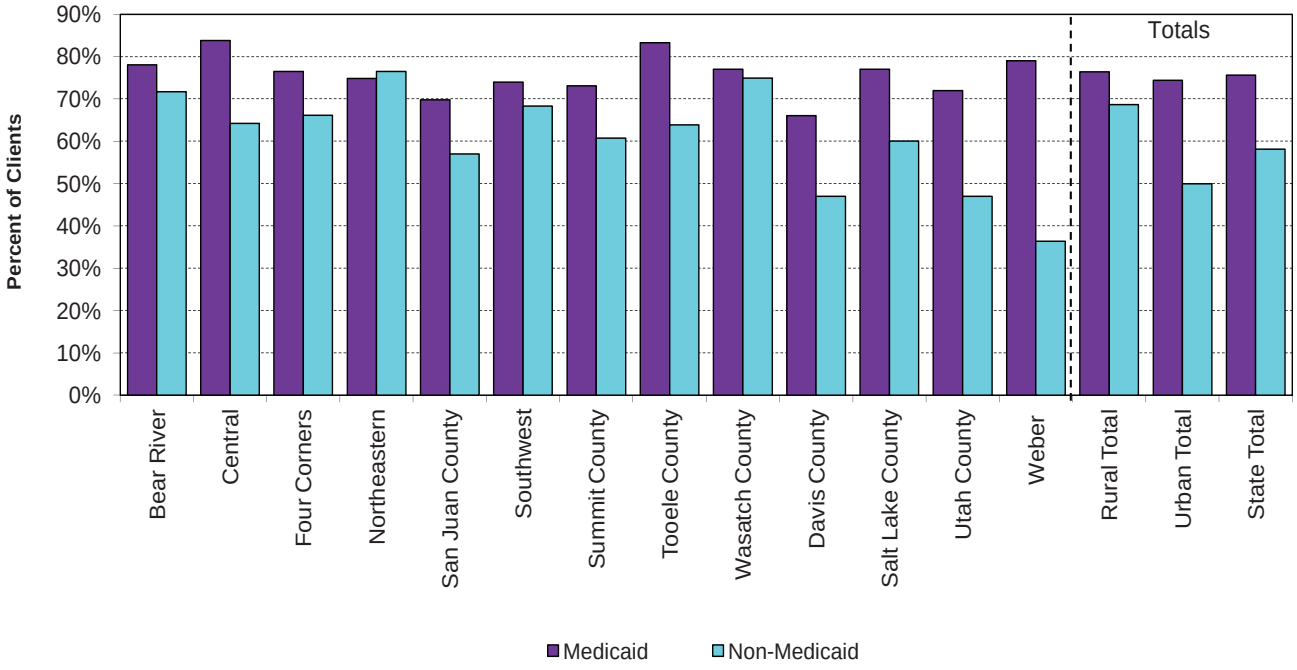
Respite
Median Length of Service

Mental Health Clients
Fiscal Year 2014



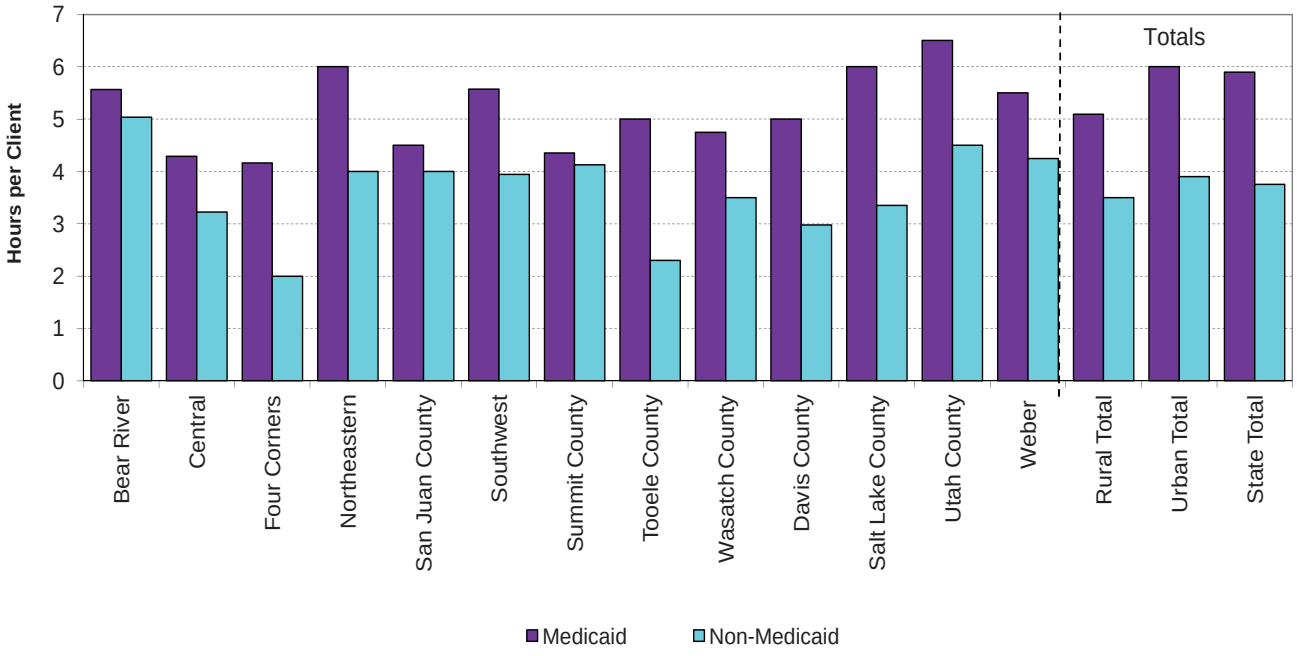
Therapy Utilization

Mental Health Clients
Fiscal Year 2014



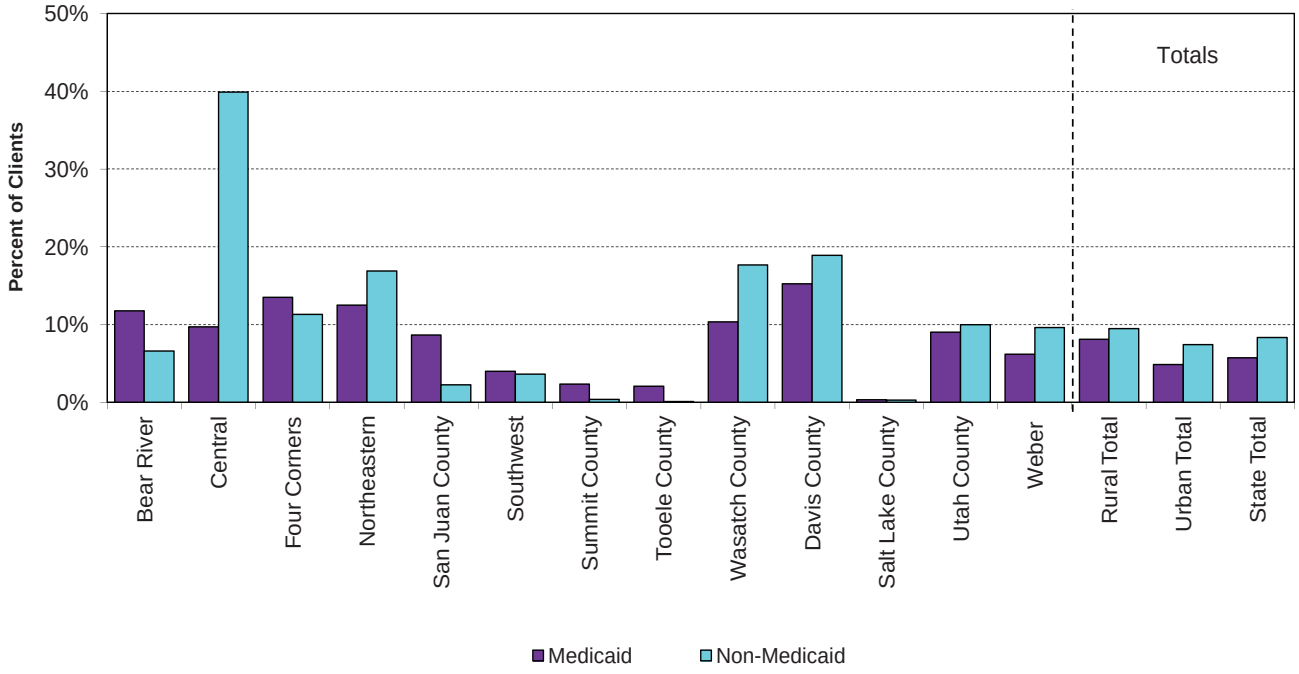
Therapy
Median Length of Service

Mental Health Clients
Fiscal Year 2014



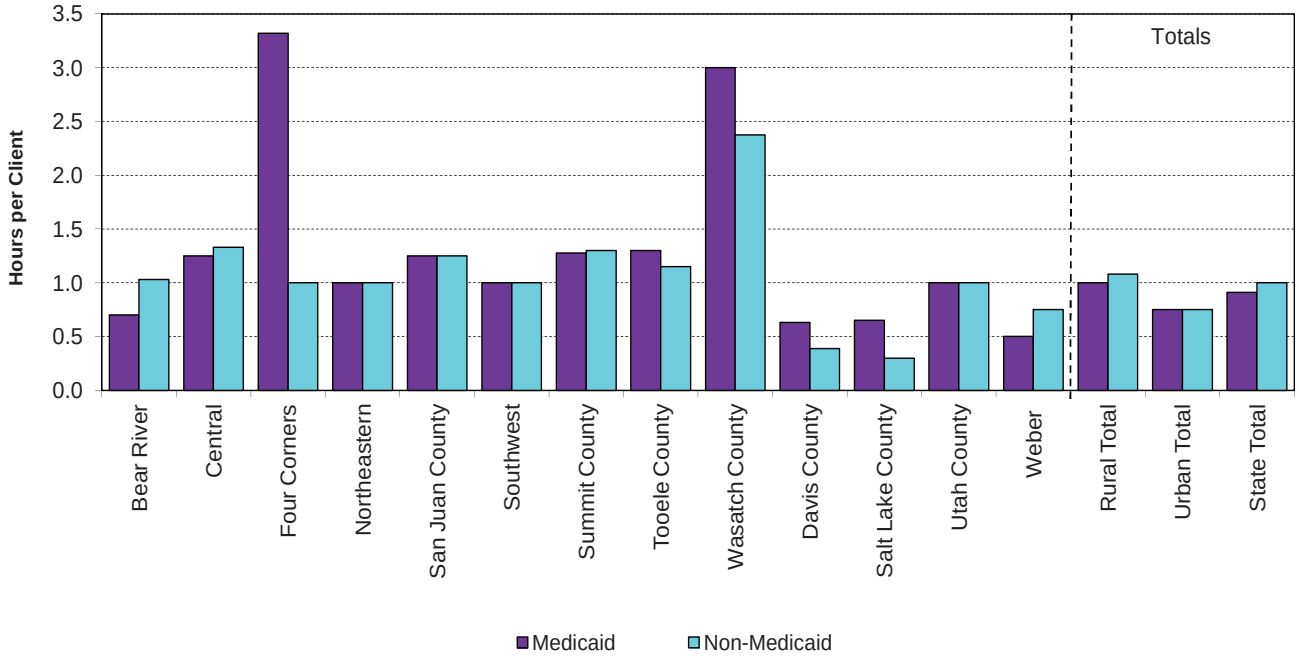
Emergency Utilization

Mental Health Clients
Fiscal Year 2014



Emergency
Median Length of Service

Mental Health Clients
Fiscal Year 2014



Utah State Hospital

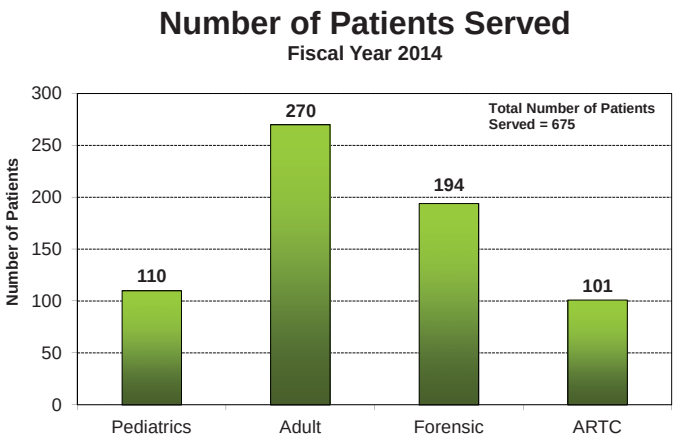
The Utah State Hospital (USH) is a 24-hour inpatient psychiatric facility. The hospital serves people who experience severe and persistent mental illness (SPMI) and children with severe emotional disturbance (SED). In fiscal year 2014, the hospital had a capacity of 329 patients (including a 5-bed acute unit). The hospital provides active psychiatric treatment services to all age groups and covers all geographic areas of the state. USH works with the local mental health authorities (LMHAs) as part of its continuum of care. All adult and pediatric beds are allocated to the LMHAs based on population.

Major Client Groups at the Utah State Hospital

- Adult patients age 18 and older who have severe mental disorders (civil commitment)
- Children and youth, ages 6-17, who require intensive inpatient treatment
- Persons adjudicated and found guilty and mentally ill
- Persons found not competent to proceed and need competency restoration or diminished capacity evaluations
- Persons who require guilty and mentally ill or diminished capacity evaluations
- Persons with mental health disorders who are in the custody of the Utah Department of Corrections
- Acute treatment service for adult patients from rural centers (ARTC)

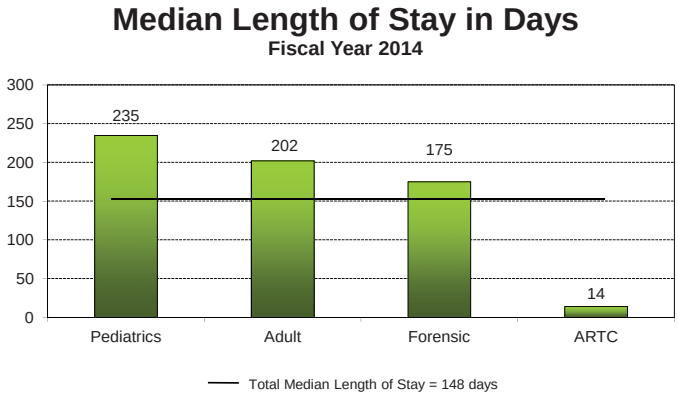
Programs

Children's Unit (ages 6-12)	22 Beds
Adolescent Unit (ages 13-17)	50 Beds
Adult Services (ages 18+)	152 Beds
Adult Recovery Treatment Center (ages 18 and above)	5 Beds
Forensic Unit (ages 18+)	100 Beds



Median Discharged Length of Stay

The median discharged length of stay at the USH in fiscal year 2014 was 148 days. The median discharged length of stay for adult patients with civil commitment was 202 days.



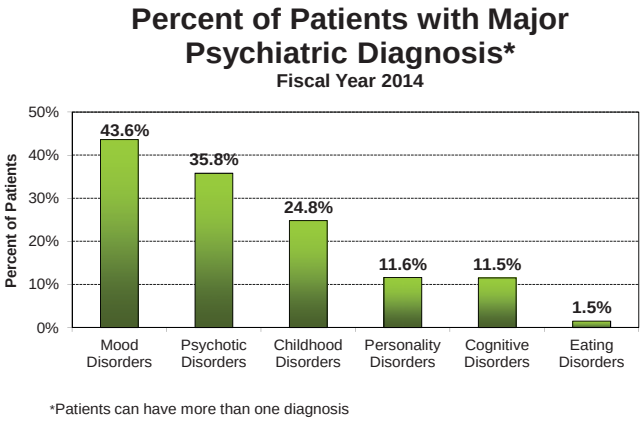
Types of Disorders Treated

- Mood Disorders: major depression, anxiety disorders, bipolar disorder, and dysthymia
- Psychotic Disorders: schizophrenia, schizoaffective disorder, other psychotic disorders, and delusional disorders
- Childhood Disorders: developmental disorders, autism, attention deficit disorder, conduct disorder, and adjustment disorder
- Personality Disorders: borderline, antisocial, paranoid, and narcissistic disorders.

These are often a secondary diagnosis.

- Cognitive Disorders: primary degenerative dementia, mental disorders due to general medical conditions, and intellectual disabilities.
- Eating Disorders

38% of the patients treated also had a substance use disorder diagnosis.

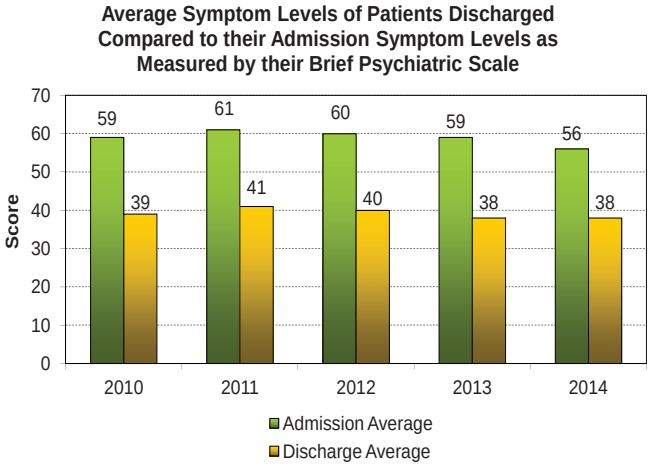


Services Provided

USH provides the following services: psychiatric services, psychological services, 24-hour nursing care, social work services, occupational therapy, vocational rehabilitation, physical therapy, recreation therapy, substance abuse/mental health program (Sunrise), dietetic services, medical/ancillary services, adult education, elementary education (Oak Springs School, Provo School District). USH is also actively involved in research programs to improve patient care, approved through the Department of Human Services Institutional Review Board.

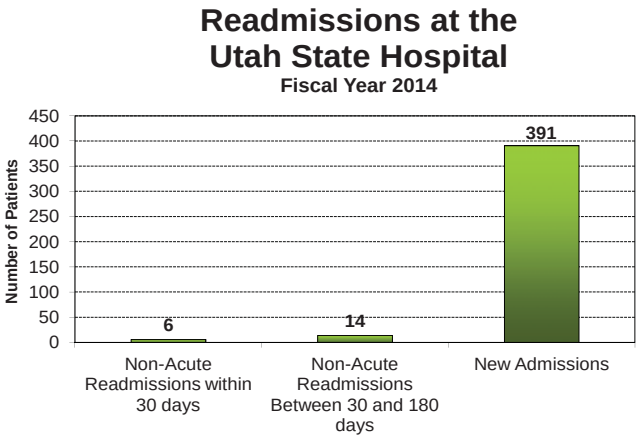
Assessment

In order to assess patient progress, the USH uses the Brief Psychiatric Rating Scale (BPRS). The BPRS is a clinical measurement of patient symptoms. The scores from the BPRS indicate the level of improvement from admission to discharge. The patients at USH continued to show a decrease in psychiatric symptoms from admission to discharge in the 2014 fiscal year. Lower scores indicate a reduction of symptoms.



Readmission

The hospital admitted a total of 295 patients (not including 96 ARTC admissions) in the 2014 fiscal year. Of these admissions, 6 were prior patients who had been discharged from the hospital within the previous 30 days. Fifteen of these admissions had been discharged from the hospital between 31 and 180 days prior to the current admission. The readmissions within 30 days accounted for one percent of the total admissions in fiscal year 2014.



Recovery Support Services

Utah's public behavioral health system offers a range of recovery support services that help people develop resiliency and recover from mental and/or substance use disorders. Recovery support services include Access to Recovery, supported employment, supported housing, education, and illness management. Recovery support services may be provided before, during, or after clinical treatment or may be provided to individuals who are not in treatment but seek support services. These services may be provided by professionals or peers.

Access to Recovery

Access to Recovery (ATR) is an innovative program that empowers individuals to help direct their own recovery. Participants are issued an electronic voucher that will allow them to directly control a range of services and supports, choose their providers and representatives, and design a recovery plan that aligns with their preferences and needs. Vouchers may be used for preventative services, treatment, or recovery support. Participation in ATR is not limited to those who have been in treatment, but allows anyone at any stage of recovery to participate. ATR has significantly increased the array of available services. Vouchers can be used for bus passes, emergency housing, sober housing, GED testing, help securing state ID cards, child care, online recovery support, medication assisted recovery, and educational services. Case managers also help individuals identify other resources in the community not available through ATR.

ATR participants have multiple and often unique needs. Navigating public resources can be overwhelming. Case managers provide direction, support and motivation. They also assist individuals develop their recovery plan and choose services and providers. Case managers maintain close contact and are available to resolve concerns or modify recovery plans as needed.

Six months after entrance, 80% of surveyed participants are not using alcohol or drugs and 96% have had no arrests in the prior 30 days. In addition, participants are finding jobs, going to school, and finding permanent places to live.

Since its inception ATR has served over 9,578 individuals in Salt Lake, Utah, Weber, and Davis Counties. The average cost per person for ATR services is $639. This compares favorably with the cost of serving an individual in the traditional system. In addition, as ATR provides supports such as housing and transportation, it increases the likelihood that an individual attending traditional treatment will maintain services for a longer period of time.

In fiscal year 2013, ATR was expanded and began serving individuals paroling from state prisons. This program is called Parolee-Access to Recovery (PATR). Parolees, parole officers, and corrections administration agree this has filled a need within corrections for parolees entering back into the community with a history of substance use disorders. To date PATR has served 79 individuals with an average cost per parolee of $854.

In fiscal year 2014, ATR was expanded again through a Transformation Transfer Initiative (TTI) grant from the National Association of State Mental Health Program Directors and began serving adults and youth with mental illness in Salt Lake County. In the first year of this program 60 individuals with mental illness received self-direct ATR services.

Peer Support Services

Peer Support Services are supportive services provided by Certified Peer Support Specialists (CPSS). These are trained specialists with lived experience, who are in recovery from their own or a family member's mental health and/or substance use disorders. They have progressed in their own recovery and are willing to utilize

that experience to help others. They work alongside other mental health and substance use professionals to improve the quality of life of those they serve.

Family peer support is provided by Family Resource Facilitators (FRF) who are family members of individuals with complex needs. FRFs act as advocates and resource coordinators for children, youth and families. FRFs are located throughout the State of Utah and work in partnership with multiple community providers.

Supported Employment

Supported Employment (SE) is an evidence-based practice that assists individuals with mental illness to obtain and retain competitive employment. On average, 70% of people with severe mental illness desire work and approximately 60% of consumers can be successful at working when using SE services.[1]

In fiscal year 2014, Tooele County, through Valley Behavioral Health (VBH) provided SE services to approximately 150 individuals with serious mental health conditions, including 24 young adults. Among them, 34 are now meaningfully employed. San Juan Counseling Center provided SE to 20 young adults, including 9 who were enrolled in school. The experiences from VBH Tooele and San Juan Counseling Center indicate that positive employment outcomes are possible when individuals and their treatment teams share the same vision for employment goals and have a uniformed treatment approach.

DSAMH was awarded a five-year Supported Employment grant from SAMSHA to initially provide services with Southwest Behavioral Health that includes Beaver, Garfield, Kane, Iron and Washington Counties, as well as Weber Human Services in Weber and Morgan Counties. A primary component of this program includes the formation of a multi-agency coordinating committee that will develop and implement a collaborative, sustainable funding initiative to expand and maintain robust SE services statewide. This program has a core philosophy that all individuals can work.

Those enrolled in SE will receive ongoing supports from multiple agencies including DSAMH, local mental health and substance use authorities, Vocational Rehabilitation, State Medicaid, Veterans Administration, Department of Workforce Services, other community agencies and family and community members.

Supported Education

Mental illness often begins when young people are still in school. Their educational accomplishments are impeded by the onset of the illness. This directly affects their abilities to obtain and maintain meaningful employment. Supported education, a promising practice, is similar to the supported employment in the philosophy and approach. It provides individualized support to people with psychiatric disabilities so they may succeed in their educational pursuits.

Tooele Mental Health has a part-time Education Specialist to provide supported education to young people between the ages of 16 and 25. Supported education is a promising practice endorsed by federal Substance Abuse and Mental Health Services Administration (SAMHSA) to help people with mental illnesses, who are interested in education and training, return to school.

In 2014, the Educational Specialist worked with 10 young people and helped them obtain high school diploma, get into college and manage college course work.

[1] Bond et al., 2001; Mueser et al., 2001; Rogers et al., 2001

Jeff's Story

My journey through mental illness started in 1988 when I fell down a flight of cement stairs, was in a coma for eight days, and suffered a traumatic brain injury (TBI). The hardest part of my recovery was that I was physically healed on the outside, but the brain injury changed my personality and caused me to suffer with depression as well as bipolar disorder. I lost my fine motor skills and, consequently, the profession I had worked at for 15 years.

While the doctors were treating my physical symptoms, I became more and more withdrawn and seriously depressed. After ten years of this incorrect diagnosis, I attempted suicide because it seemed like the only answer. Fortunately, my son, who is a cop, found me and got me to Davis Behavioral Health, where a doctor finally figured out that the TBI was at fault and that I had bipolar disorder and attention deficit disorder caused by the injury.

They got me on a treatment plan with correct meds, supported employment and transitional housing. Within a year I was working full-time and am now doing painting and other maintenance work for the transitional housing program.

I finally have a purpose in life and feel good about what I'm doing to help others who are starting on this road to recovery. My work is my

Outcomes

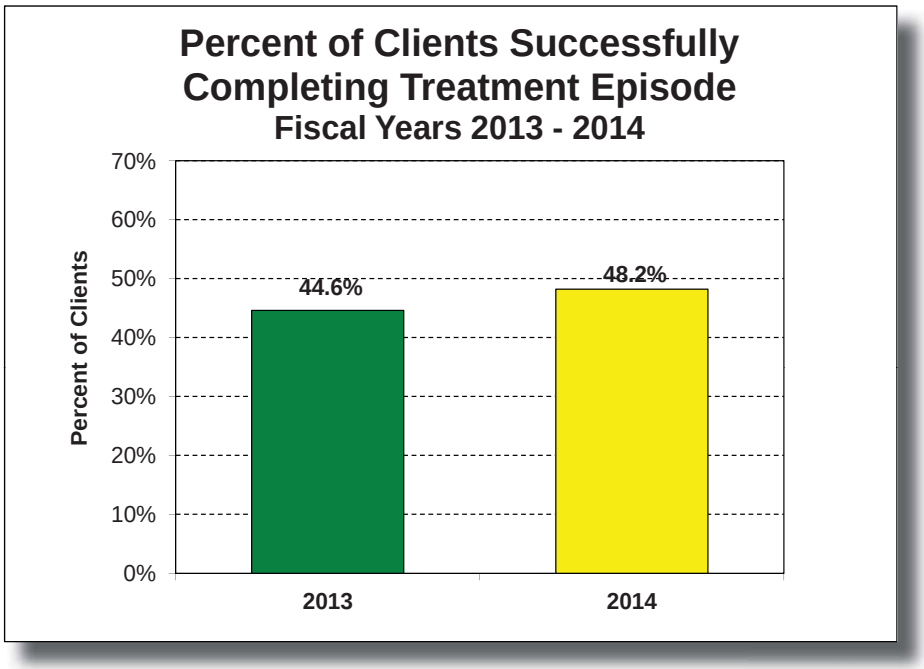
DSAMH monitors and evaluates programs provided by local authorities and their contracted providers. For a number of years, DSAMH has published detailed scorecards that measure and compare local authority providers with State and national standards. The scorecards are used to evaluate the quantity of services, cost, quality, client satisfaction, and outcomes. Innovative research tools, technology, and data are used to monitor, fund, and improve services within the public behavioral health system. This section provides a summary of only a portion of the measures used to ensure that the highest level of clinical standards and efficiencies are incorporated. To view the scorecards, go to: http://dsamh.utah.gov/data/outcome-reports/

Substance Use Disorder Treatment Outcomes

Substance use treatment outcomes are derived from data collected on each individual served. DSAMH collected final discharge data on 8,249 (non-detox) clients in fiscal year 2014. These are clients discharged from treatment and not readmitted into any treatment within 30 days after discharge. This section includes data of clients who were discharged successfully (completed the objectives of their treatment plan), and of clients who were discharged unsuccessfully (left treatment against professional advice or were involuntarily discharged by the provider due to noncompliance). Clients discharged as a result of a transfer to another level of care but not enrolled in that level are considered "unsuccessful." The data does not include clients admitted only for detoxification services or those receiving treatment from non-local authority contracted providers. For all outcomes, numbers are based on completed treatment episode, rather than a single treatment modality.

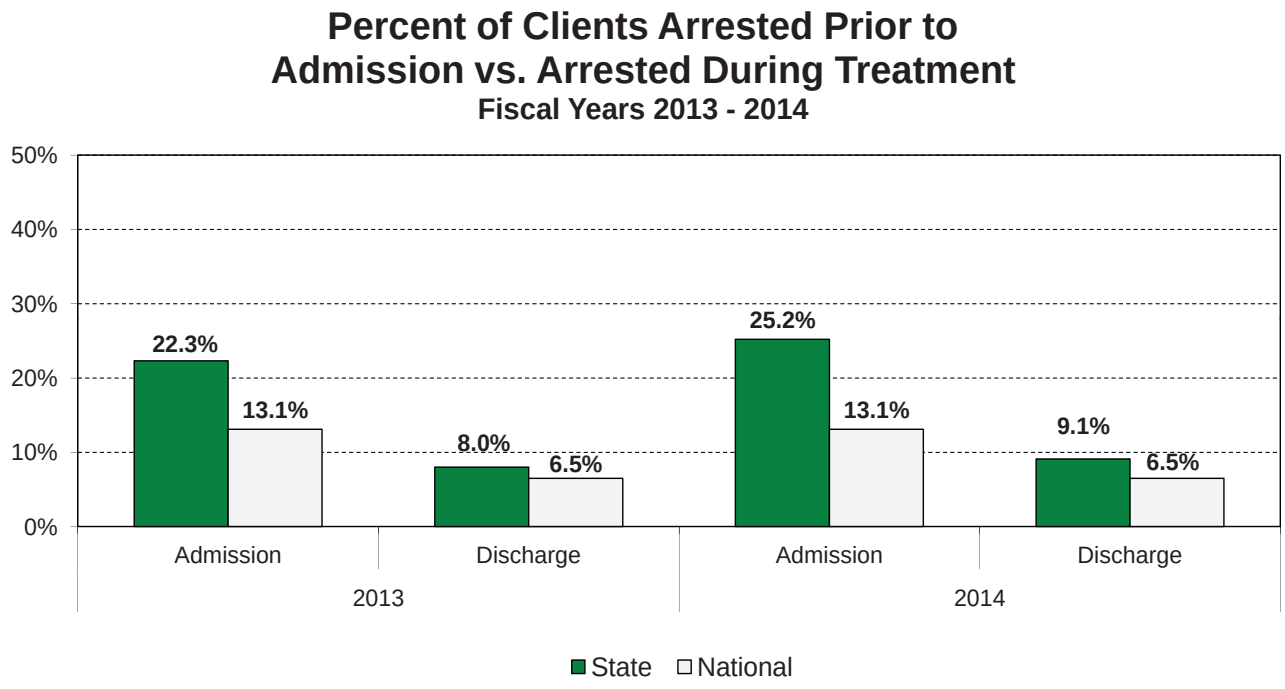
Discharge

The following graph depicts the percentage of clients discharged in fiscal year 2014 who successfully completed the entire treatment episode.



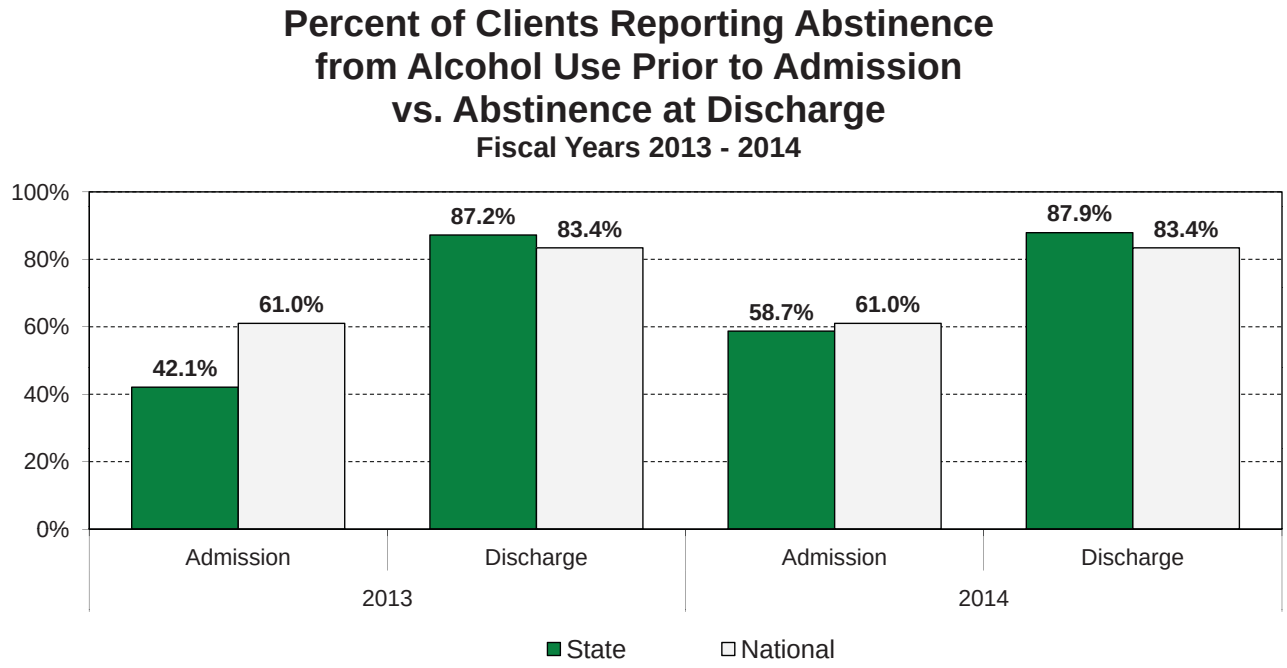
Criminal Activity

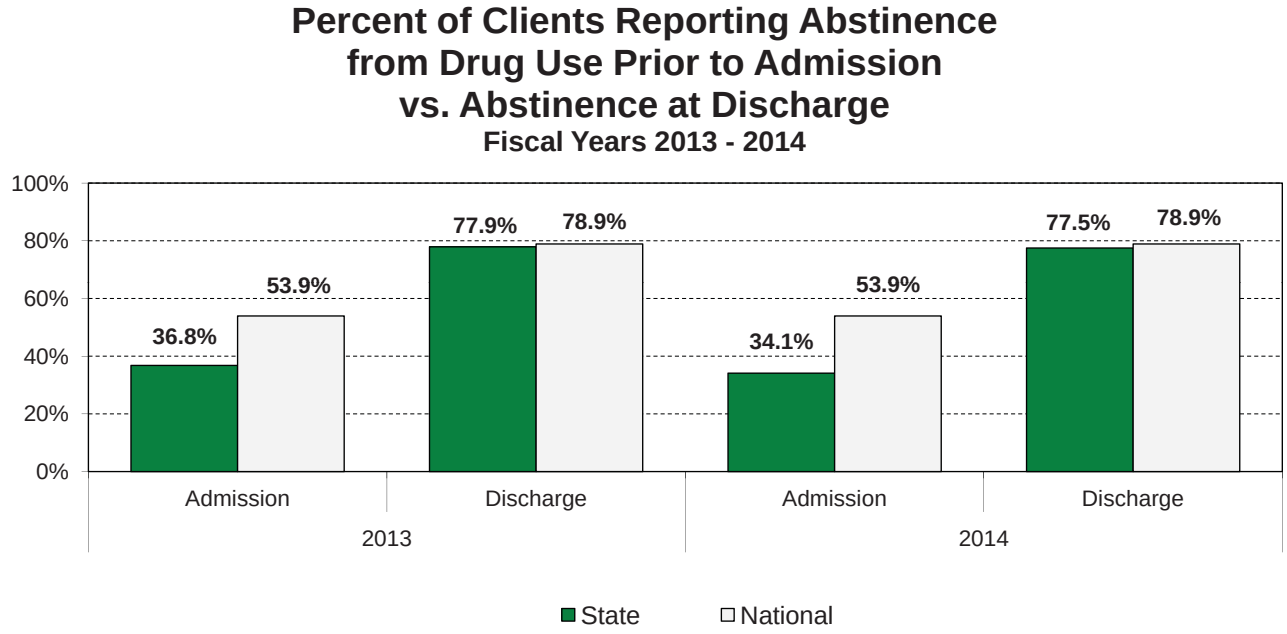
Approximately 72% of Utah's clients are involved with the criminal justice system. Reduction of criminal activity is an important goal for treatment and a good predictor of a client's long-term success. Treatment results in significant decreases in criminal activity and criminal justice involvement. In 2013 and 2014, Utah had higher arrest rates at admission than the national average, but the arrest rates at discharge are comparable to the national norm.



Changes in Abstinence from Drug and Alcohol Use During Treatment

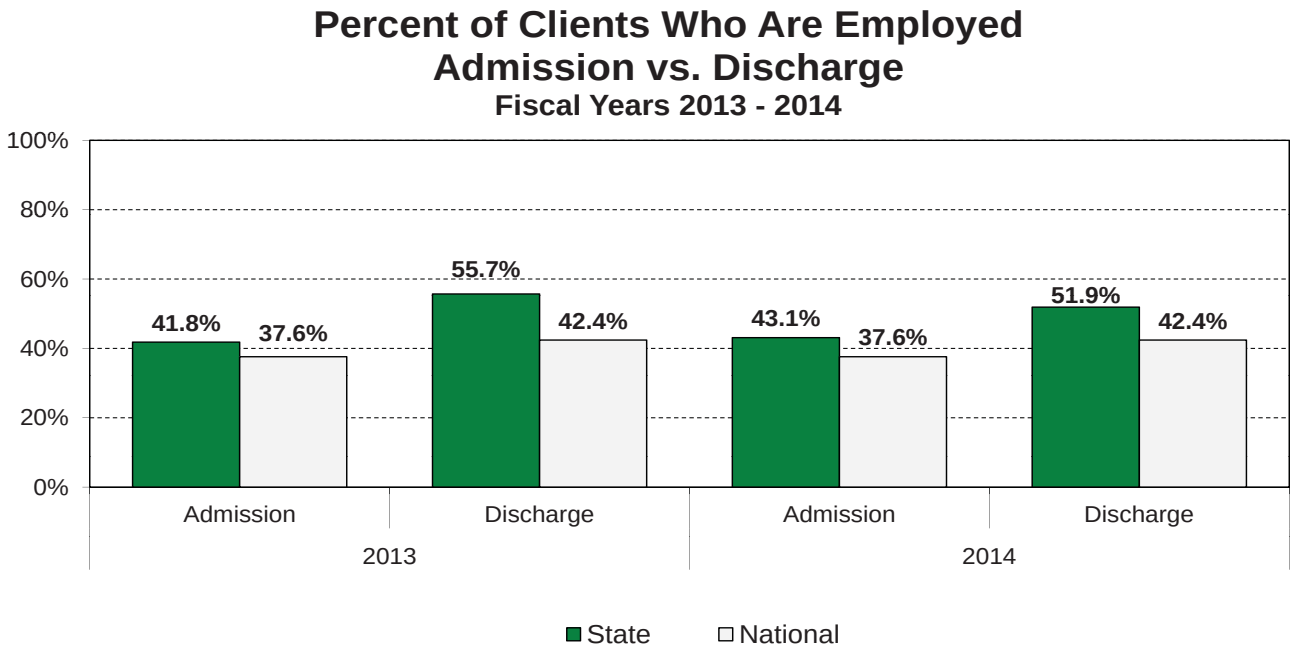
The following charts provide abstinence rates at admission and discharge for clients in all treatment levels except detoxification. Substance use is evaluated 30 days prior to the client entering a controlled environment, such as treatment or jail, and again in the 30 days prior to discharge. As expected, the rate of abstinence increases during treatment. Utah's 2014 rates of abstinence from alcohol and drug use at admission are lower than the national rates, but at discharge are comparable to the national rates.





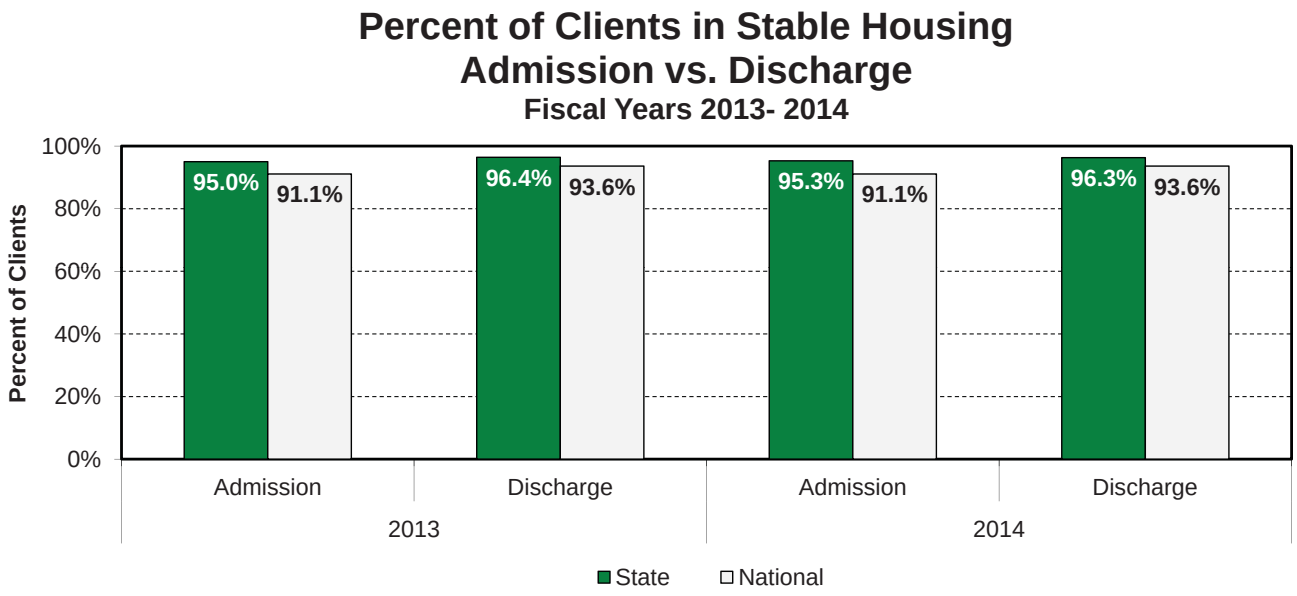
Employment

Clients who are in school or are employed have much higher treatment success rates than those clients who are unemployed. Consequently, treatment providers work with clients to improve their employability. At admission the percent of clients employed is comparable to the national average. However, at discharge, the percent of clients employed exceeds the national average.



Clients in Stable Housing

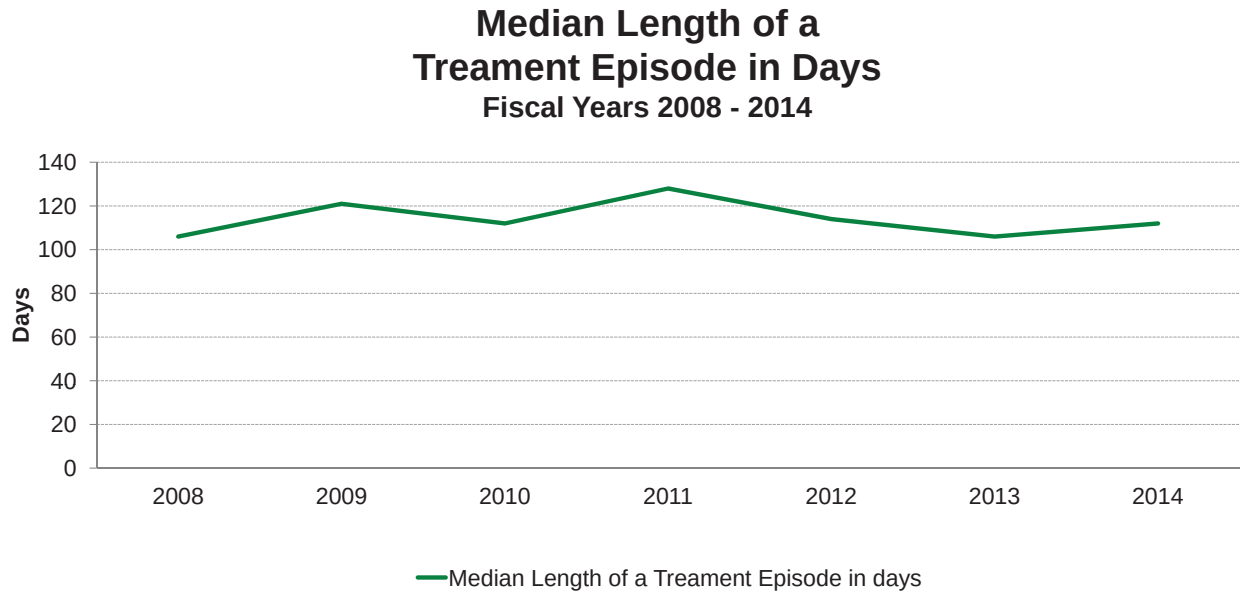
Stable housing is an important measure of successful treatment, as outcome studies have revealed that a stable living environment is a critical element in achieving long-term success in the reduction of substance abuse. Treatment also has been shown to help individuals with a substance use disorder achieve and maintain a stable living environment. Utah's rate of change is slightly below the national average, but the percentage in stable housing at discharge is higher than the national average.



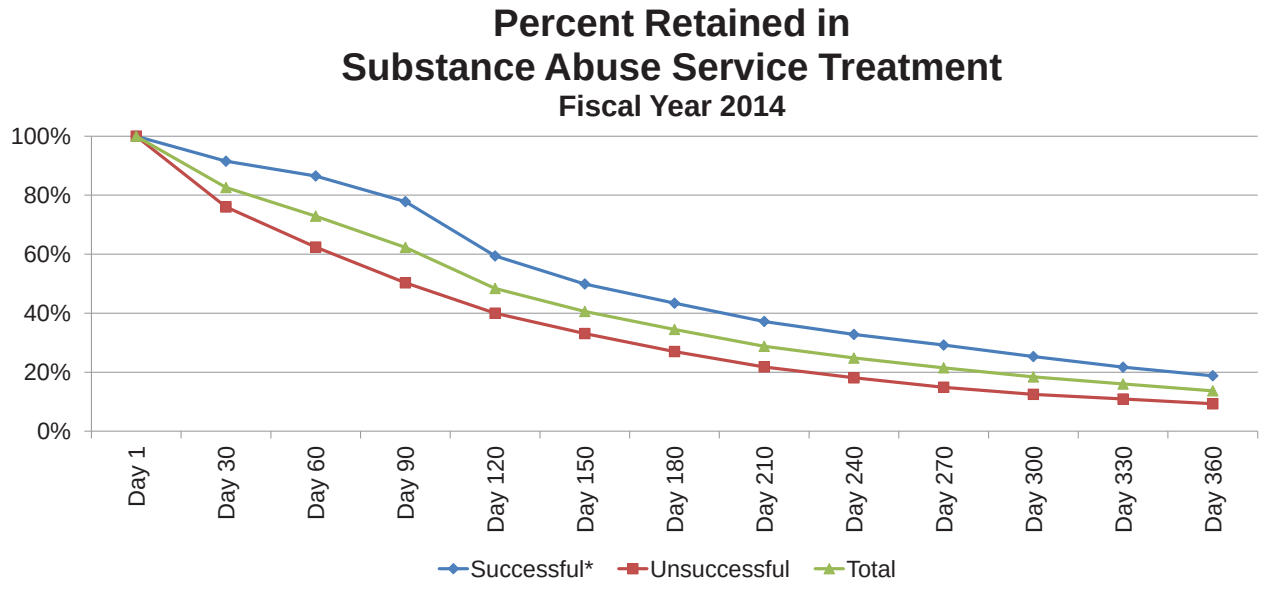
Retention in Treatment

Retention in treatment is the factor most consistently associated with positive client outcomes. The appropriate length of a treatment varies based on the needs of the individual. However, the National Institute of Drug Addiction (NIDA) states: "Participation in residential or outpatient treatment for less than 90 days is of limited effectiveness and treatment lasting significantly longer is recommended for maintaining positive outcomes. For methadone maintenance, 12 months is considered a minimum, and some opiod-addicted individuals continue to benefit from methadone maintenance for many years."

Just like treatment for any other chronic disease, addiction treatment must be of sufficient duration to succeed. Client progress over a short period of time should not be seen as a "cure." Likewise, relapse should not be a reason to discontinue care. Programs should employ multiple strategies to engage and retain clients. Successful programs offer continuing care, and use techniques that have been proven to enhance client motivation. It is also important to recognize that multiple episodes of treatment may be necessary. The following chart shows the median length of days in a treatment episode from 2008-2014.



The chart below shows the percent of clients retained in treatment by month. Over 60% of all clients in Utah are in treatment for more than 90 days.



* Sucessful completetion of Treatment in most cases mean that the client has completed at least 75% of their treatment

Mental Health Treatment Outcomes

Outcome Questionnaire (OQ)/Youth Outcome Questionnaire (YOQ)

People seeking mental health services are generally doing so because of increasing problems with social or functional domains in their lives. Some request services through a self-motivated desire to feel better. Many do so with the encouragement and support of friends, family, and clergy, while others may be compelled by the courts, schools, employers, etc.

The behavioral health sciences have only recently been able to quantifiably measure the effectiveness of treatment interventions. The Utah public mental health system uses the Outcome Questionnaire (OQ) and Youth Outcome Questionnaire (YOQ), both scientifically valid instruments, to measure change and functioning in people. These instruments are like measuring the vital signs of a person's mental health status. In fiscal year 2014, almost 85% of people who received mental health services and participated in the OQ/YOQ program either stabilized/improved or recovered from the distress that brought them into services. Of these, almost 23.5% were considered in recovery. In fiscal year 2014, 59% of clients participated in this outcome survey.

Statewide OQ Client Outcomes Report for Fiscal Year 2014

Local Mental Health Authority	Percent of Clients Participating	Percent Recovered	Percent Improved/ Stable
Bear River	71%	22.9%	62.3%
Central Utah	63%	24.8%	62.6%
Davis County	67%	20.9%	63.5%
Four Corners	58%	22.4%	63.8%
Northeastern	57%	27.3%	58.6%
Salt Lake County	44%	20.8%	62.2%
San Juan County	31%	23.9%	64.4%
Southwest	58%	21.7%	62.5%
Summit County	74%	26.0%	59.3%
Tooele County	51%	22.5%	61.0%
Utah County	75%	26.4%	58.7%
Wasatch County	61%	25.4%	62.0%
Weber	81%	30.3%	57.3%
Statewide totals	**59%**	**23.5%**	**61.1%**

Youth OQ Client Outcomes Report for Fiscal Year 2014

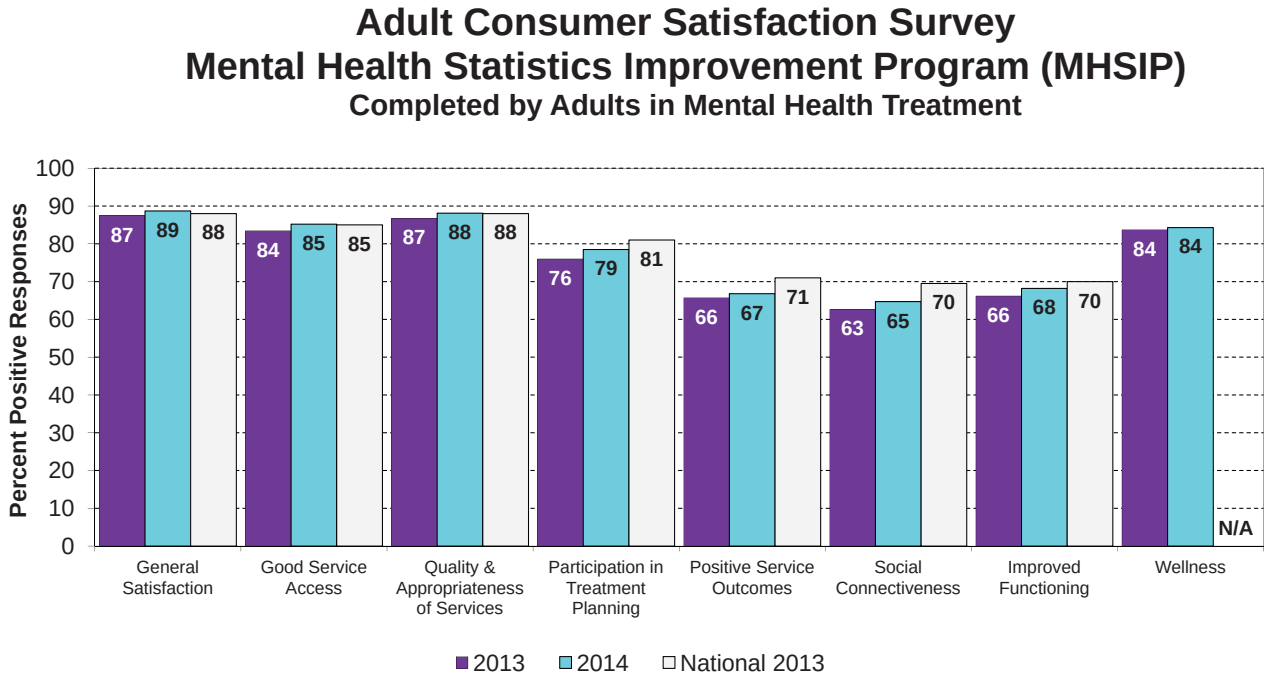
Local Mental Health Authority	Percent of Clients Participating	Percent Recovered	Percent Improved/ Stable
Bear River	69%	24.2%	61.2%
Central Utah	61%	22.8%	64.2%
Davis County	86%	26.7%	58.8%
Four Corners	71%	23.0%	64.5%
Northeastern	70%	30.1%	54.6%
Salt Lake County	53%	23.0%	60.8%
San Juan County	38%	22.4%	72.4%
Southwest	65%	22.1%	62.6%
Summit County	76%	26.8%	54.3%
Tooele County	52%	24.3%	60.0%
Utah County	75%	33.5%	53.2%
Wasatch County	53%	28.0%	60.0%
Weber	92%	37.8%	52.9%
Statewide totals	**68%**	**27.1%**	**58.5%**

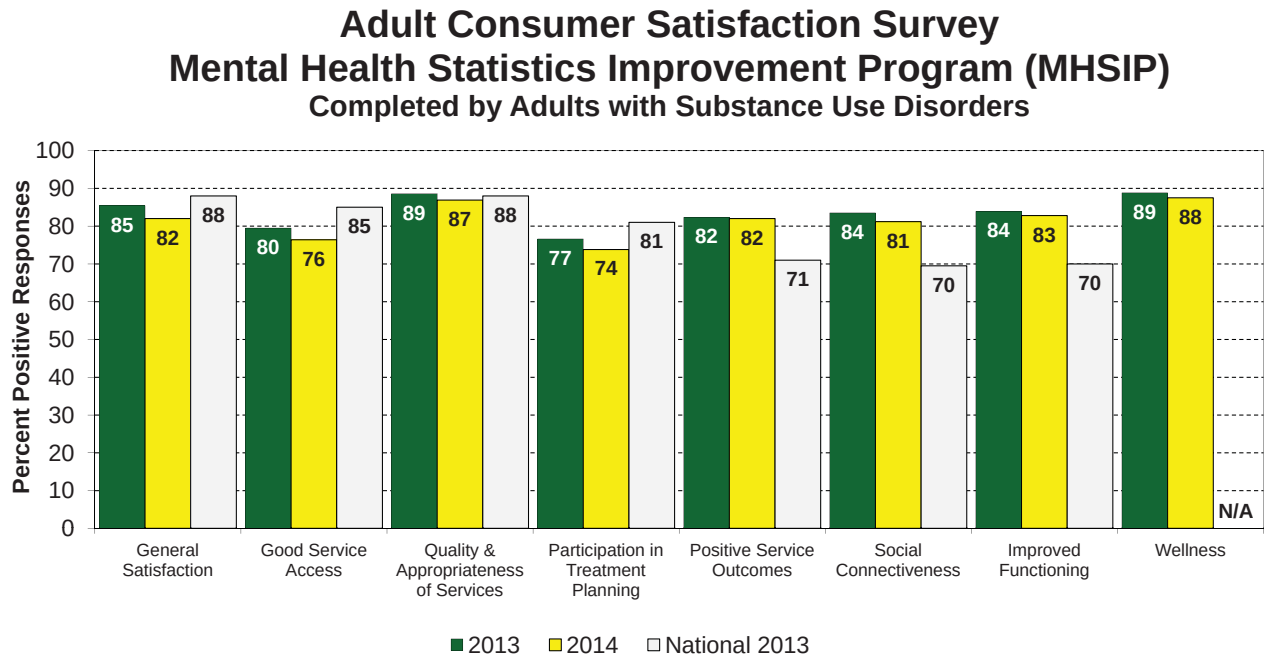
Adult OQ Client Outcomes Report for Fiscal Year 2014

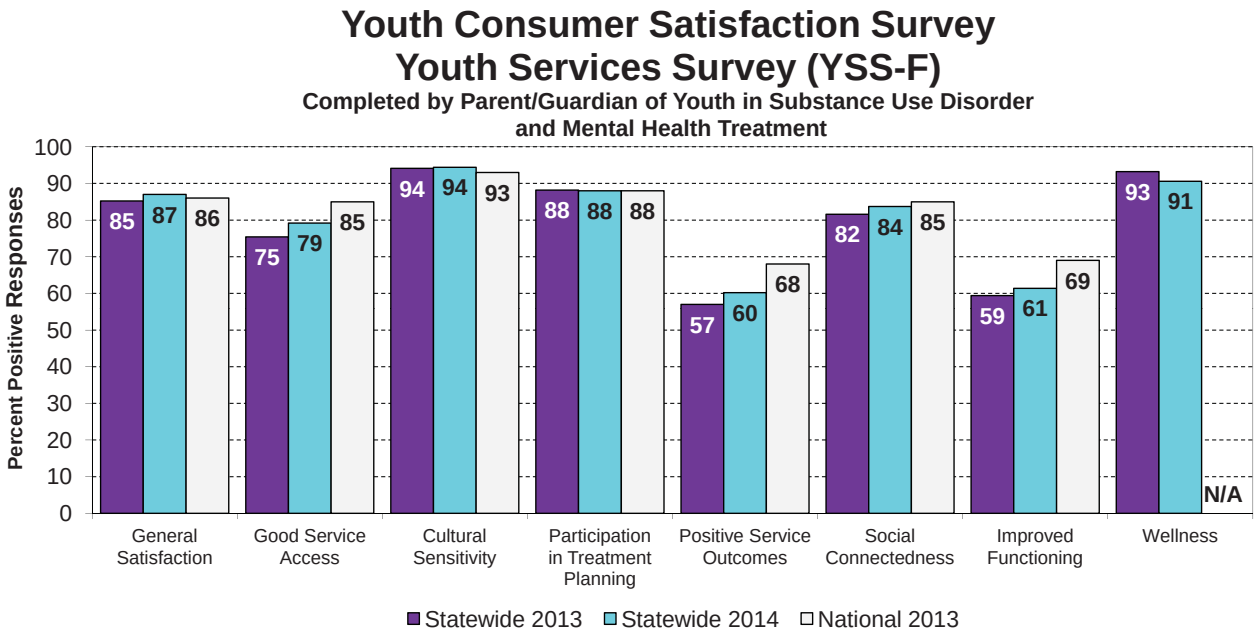
Local Mental Health Authority	Percent of Clients Participating	Percent Recovered	Percent Improved/ Stable
Bear River	72%	21.7%	63.3%
Central Utah	64%	26.1%	61.7%
Davis County	55%	14.7%	68.4%
Four Corners	53%	22.0%	63.3%
Northeastern	50%	25.0%	61.8%
Salt Lake County	39%	19.0%	63.4%
San Juan County	29%	24.8%	60.0%
Southwest	51%	20.9%	62.3%
Summit County	73%	25.4%	63.0%
Tooele County	50%	20.9%	61.8%
Utah County	76%	20.5%	63.3%
Wasatch County	64%	24.5%	62.7%
Weber	75%	24.3%	60.9%
Statewide totals	**55%**	**20.4%**	**63.3%**

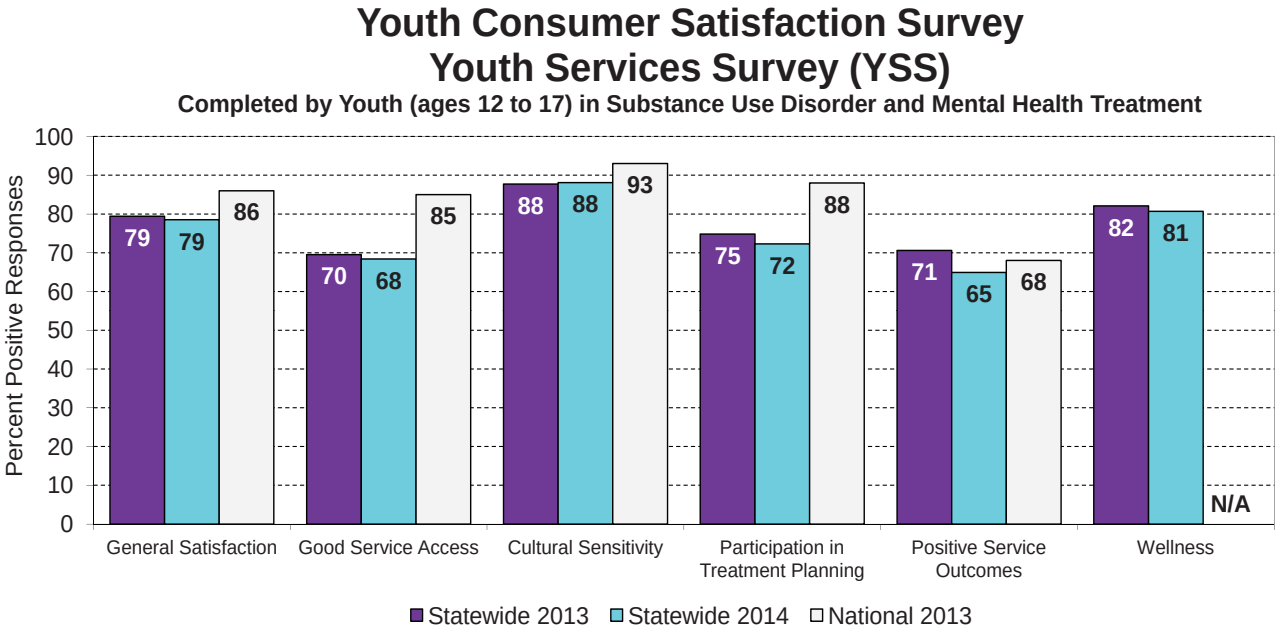
Consumer Satisfaction

In 2004, DSAMH and Federal funding grants began to require that all providers conduct an annual survey on consumer satisfaction and treatment outcomes. DSAMH requires that the survey is administered to consumers of both substance abuse and mental health services, and that providers comply with administration requirements and minimum sample rates. Below are the results of this survey comparing results from 2013 to 2014.





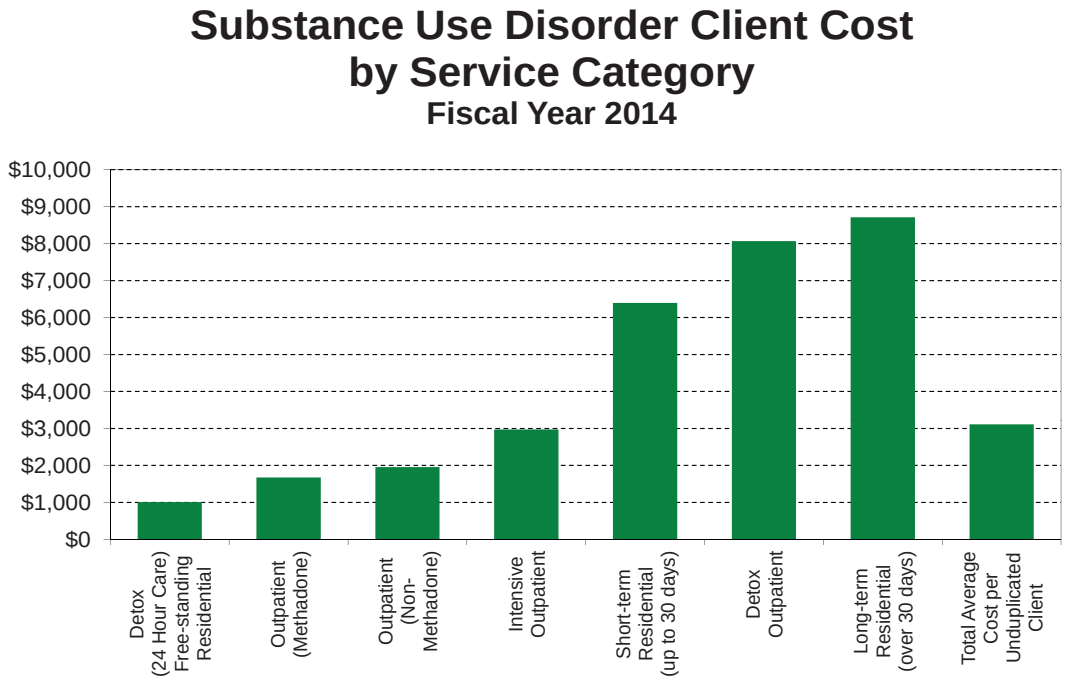

Youth Consumer Satisfaction Survey
Youth Services Survey (YSS-F)
Completed by Parent/Guardian of Youth in Substance Use Disorder and Mental Health Treatment
Percent Positive Responses
100
90
80
70
60
50
40
30
20
10
0
85 87 86
75 79 85
94 94 93
88 88 88
57 60 68
82 84 85
59 61 69
93 91
N/A
General Satisfaction
Good Service Access
Cultural Sensitivity
Participation in Treatment Planning
Positive Service Outcomes
Social Connectedness
Improved Functioning
Wellness
Statewide 2013
Statewide 2014
National 2013

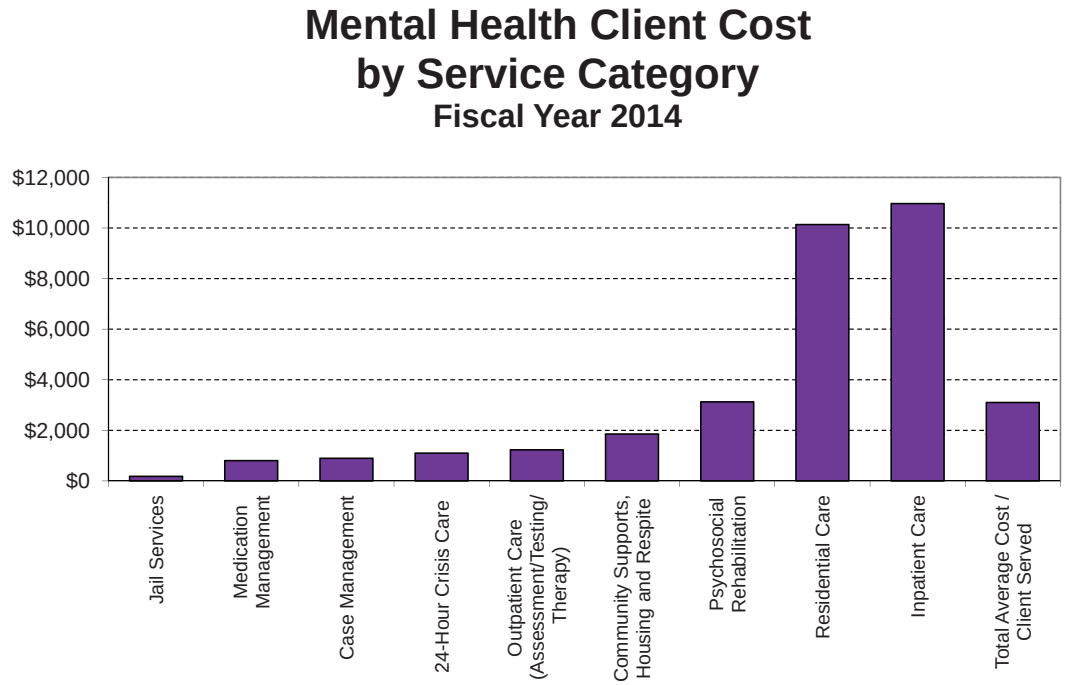

Youth Consumer Satisfaction Survey
Youth Services Survey (YSS)
Completed by Youth (ages 12 to 17) in Substance Use Disorder and Mental Health Treatment
Percent Positive Responses
100
90
80
70
60
50
40
30
20
10
0
79 79 86
70 68 85
88 88 93
75 72 88
71 65 68
82 81
N/A
General Satisfaction
Good Service Access
Cultural Sensitivity
Participation in Treatment Planning
Positive Service Outcomes
Wellness
Statewide 2013
Statewide 2014
National 2013

Cost Analysis

Client Cost by Service Category

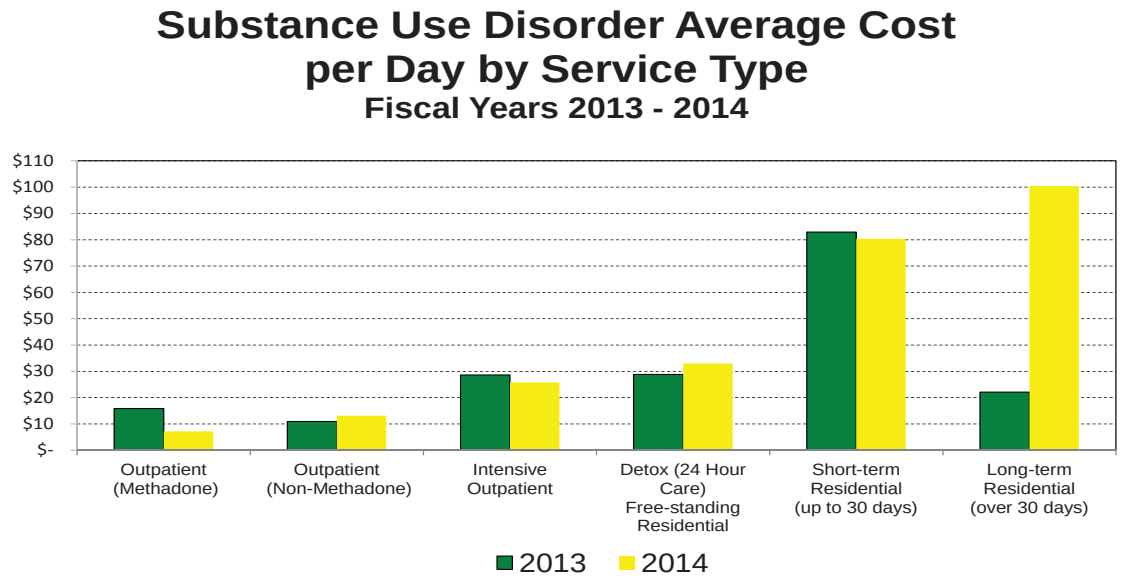
DSAMH requires the local authorities to submit year-end fiscal reports that describe local authority spending in specific categories. This fiscal information is then used to calculate a client cost by service category for both substance abuse and mental health. In fiscal year 2014, the statewide average cost for mental health services was $3,100. For substance abuse services, the average client cost was $3,112.

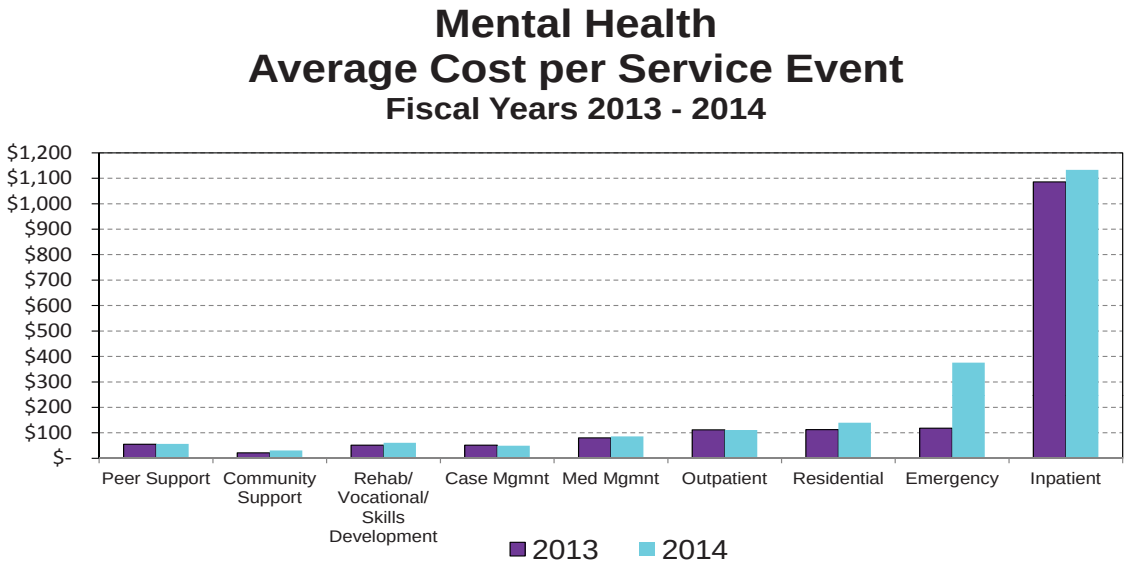




Additional Cost Analysis

Using the service data reported in fiscal years 2013 and 2014, DSAMH calculated an average cost per day by substance abuse service type and an average cost per mental health service event.

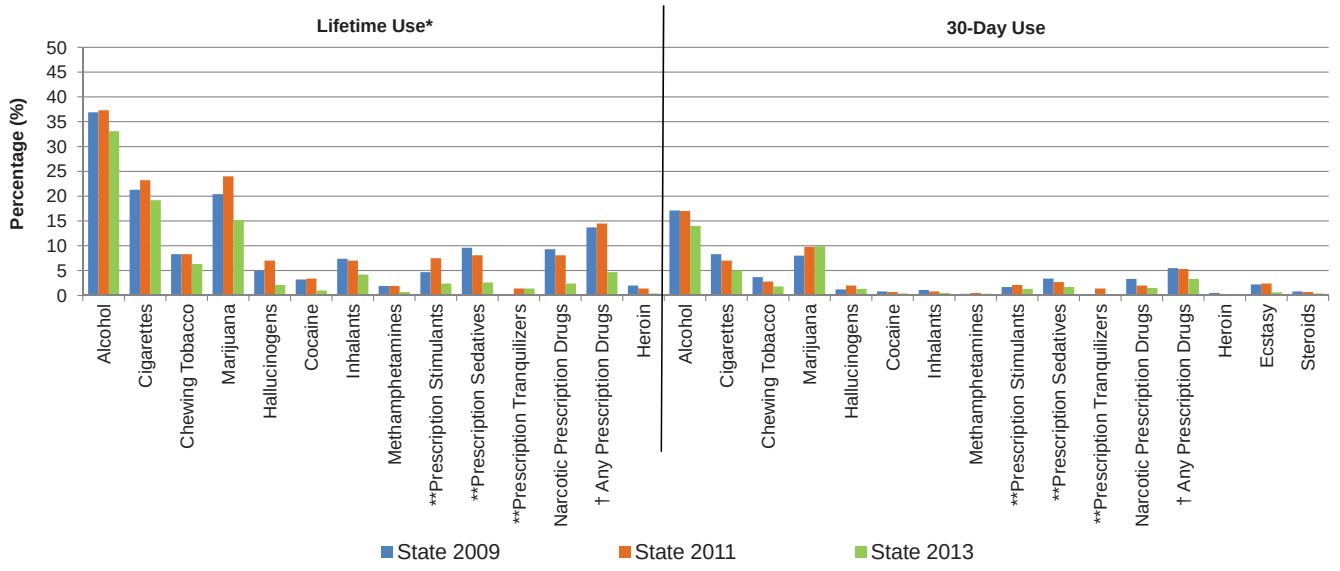




Student Health and Risk Prevention (SHARP) Survey

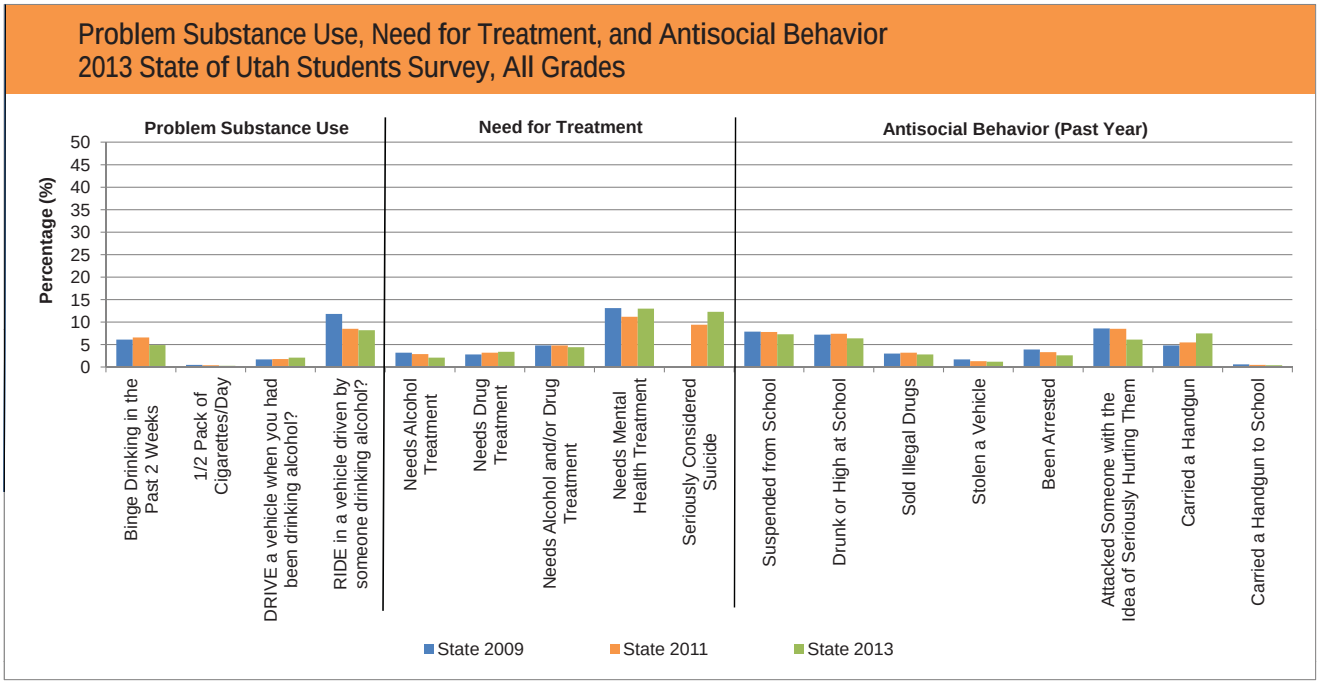
This chart shows the percentage of 12th grade students who reported using alcohol, tobacco or other drugs (ATOD) in their lifetime and within the 30 days prior to taking the survey. The survey shows Utah has had success in decreasing the amount of students using alcohol and prescription drugs. See the full report http://dsamh.utah.gov/data/sharp-survey-reports/

Lifetime and 30-Day ATOD Use
2013 State of Utah Student Survey, Grade 12

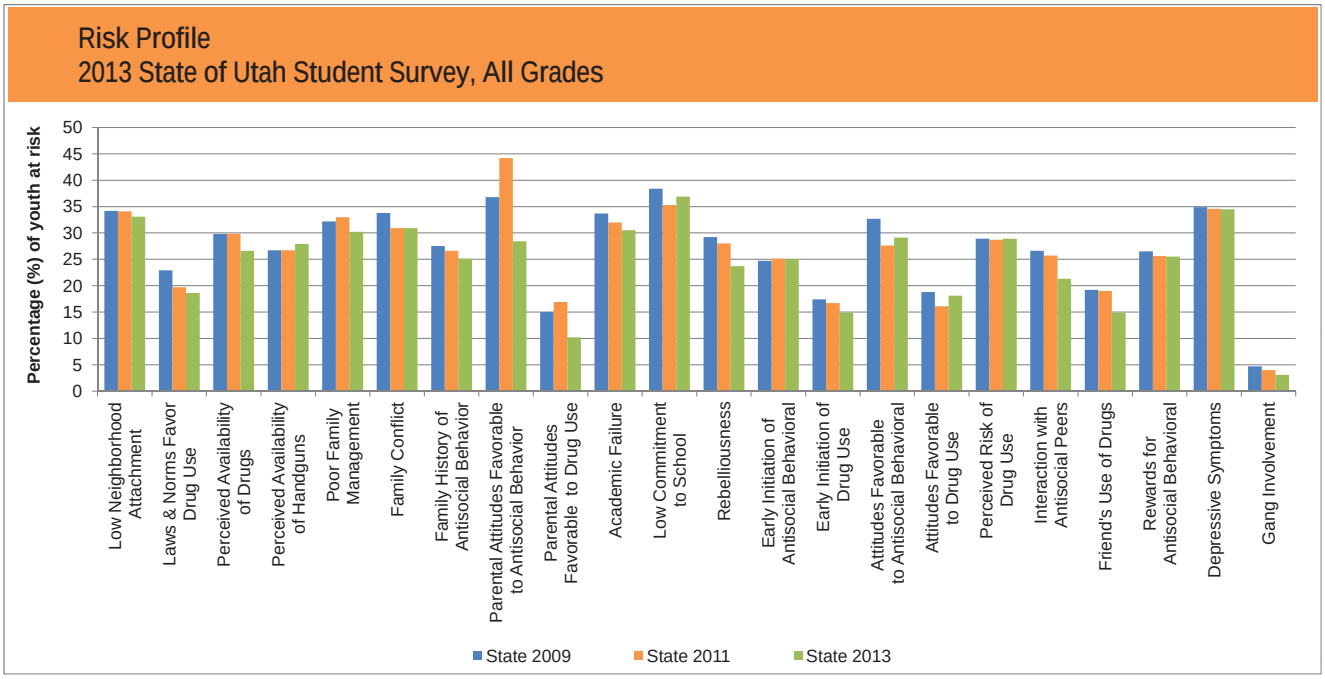


*2013 lifetime use is calculated from a different set of questions than previous years.
** In 2011, Sedatives was replaced by Prescription Sedatives and Prescription Tranquilizers.
† Prescription Drugs is a combined measure showing the total use of any stimulant, sedative, tranquilizer, or narcotic prescription drugs.

The chart on the following page shows the percentage of students who are in need of alcohol treatment, drug treatment, mental health treatment, and the percent of those that have seriously considered suicide. In addition, the chart shows highly problematic behavior, such as binge drinking and riding in a vehicle driven by someone drinking alcohol. See the full report at: http://dsamh.utah.gov/data/sharp-survey-reports/

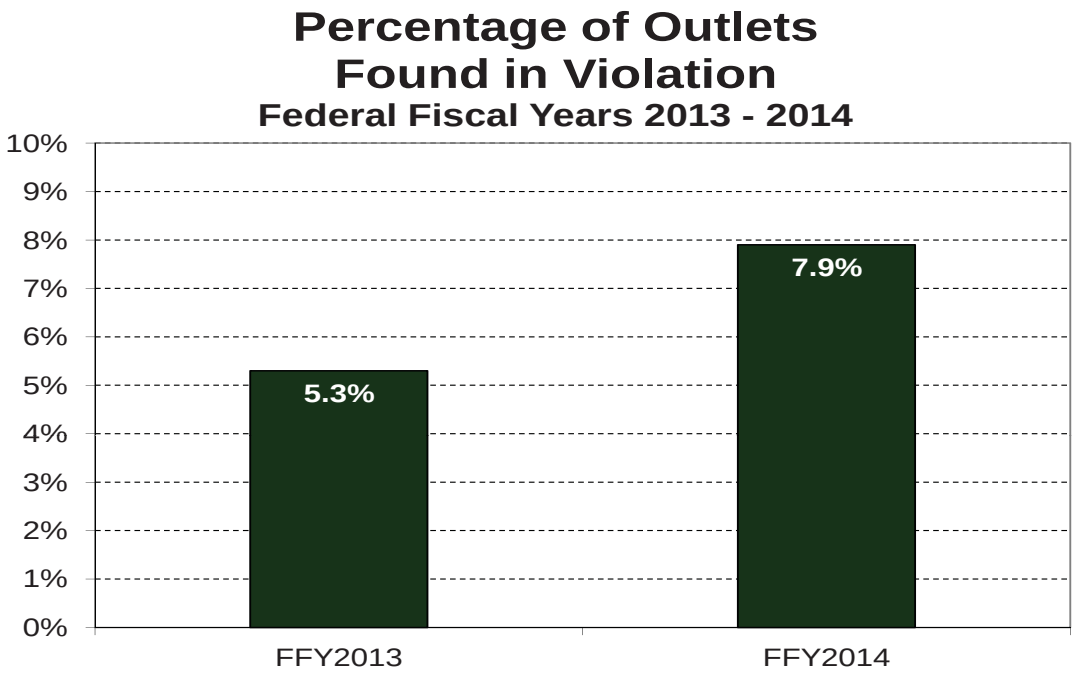


The following chart shows percentage of students indicating increased risk in research based variables that have been proven to be predictive of alcohol, tobacco, other drugs, school dropout, teen pregnancy, anxiety/depression, and violence. See the full report at: http://dsamh.utah.gov/data/sharp-survey-reports/



Federal Synar Amendment

The Federal Synar Amendment is designed to protect the nations's youth from nicotine addiction. It requires states to have laws in place prohibiting the sale and distribution of tobacco products to persons under the legal age (19 in Utah) and to enforce those laws effectively. States are to achieve a sale to minors' rate of not greater than 20%. In a collaborative effort between the Department of Health and DSAMH, Utah has effectively decreased the number of tobacco sales to minors and has a violation rate of 5.3% from 1,632 eligible outlets checked in 2013 and 7.9% from 1601 eligible outlets checked in 2014.



“Your mind can be an escape as well as your prison”

Jessica Stoops, Ogden, UT

2014 Youth Recovery & Resiliency Art Show

Local Authorities

Local Authorities Service Outcomes

Substance Use Disorder and Mental Health Statistics by Local Authority

Under Utah law, local substance use disorder and mental health authorities are responsible for providing services to their residents. A local authority is generally the governing body of a county. Some counties have joined together to provide services for their residents. There are 29 counties in Utah, and 13 local authorities.

Local authorities are responsible for providing a full continuum of prevention and treatment services to their residents. Additionally, they submit data regularly to DSAMH detailing the number and types of services they are providing and some basic information about the people they are serving. This data helps to inform DSAMH, and Utah citizens, regarding the services provided by the local authorities and provides information regarding how well local authorities are doing in providing services.

The following pages provide data and graphs describing how each local authority provided services to its residents during state fiscal year 2014 (July 1, 2013 to June 30, 2014).

There are four pages for each local authority. Page one provides local authority contact information as well as local substance use disorder prevention services. Page two shows outcomes and data for substance use disorder treatment, and pages three and four include mental health treatment information.

Bear River

Cache, Rich & Box Elder Counties

Population: 169,991

Substance Abuse Provider Agency:
Brock Alder, LCSW, Director
Bear River Health Department, Substance Abuse Program
655 East 1300 North
Logan, UT 84341
Office: (435) 792-6420, www.brhd.org

Mental Health Provider Agency:
C. Reed Ernstrom, President/CEO
Bear River Mental Health
90 East 200 North
Logan, UT 84321
Office: (435) 752-0750, www.brmh.org

Bear River Substance Abuse—Prevention

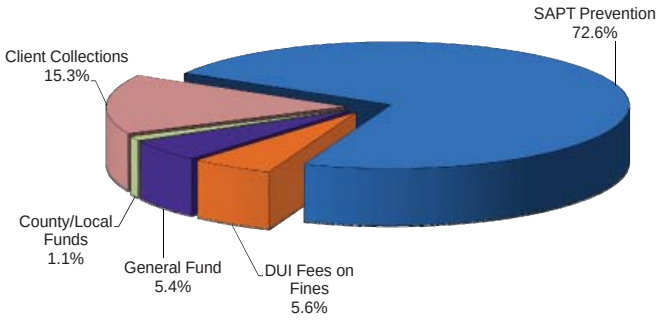
Protective Factors:

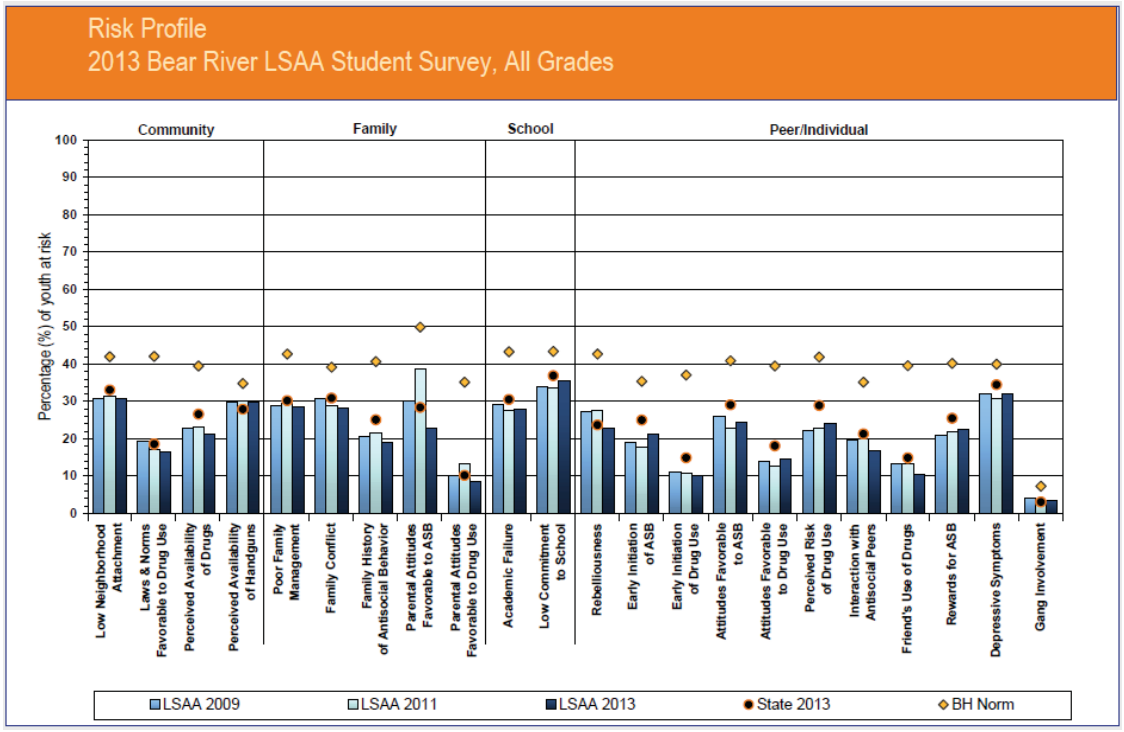
- Community rewards for pro-social involvement

Prioritized Risk Factors:

- Poor family management
- Parental attitudes favorable toward anti-social behavior
- Academic failure

Source of Revenues
Fiscal Year 2014



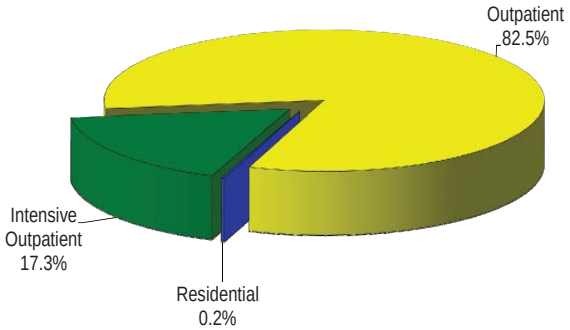


Bear River Health Department—Substance Abuse

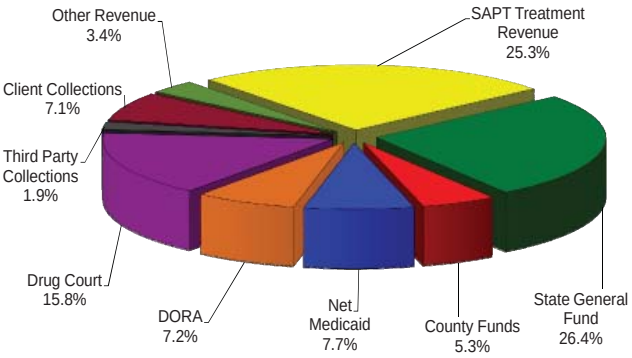
Total Clients Served.....985
Adult 920
Youth.....65
Penetration Rate (Total population of area)..0.6%

Total Admissions.....513
Initial Admissions 513
Transfers.....0

Admission into Modalities
Fiscal Year 2014



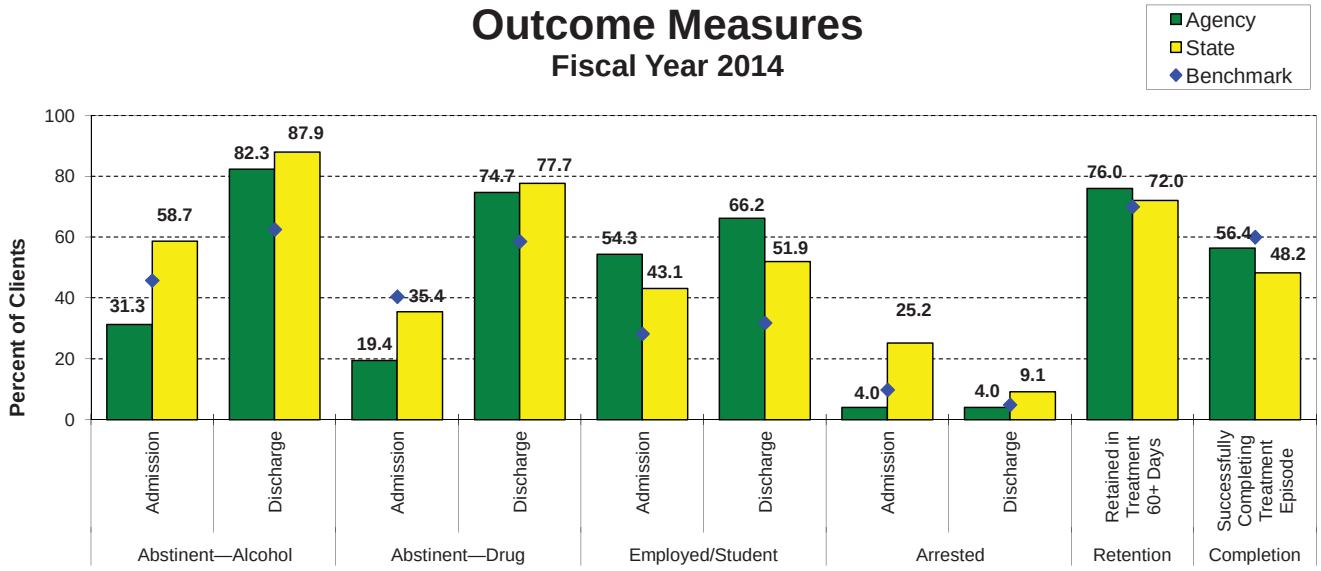
Source of Revenues
Fiscal Year 2014



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	137	61	198
Cocaine/Crack	1	2	3
Marijuana/Hashish	126	25	151
Heroin	6	4	10
Other Opiates/Synthetics	23	23	46
Hallucinogens	2	1	3
Methamphetamine	37	35	72
Other Stimulants	11	9	20
Benzodiazepines	1	0	1
Tranquilizers/Sedatives	1	1	2
Inhalants	0	2	2
Oxycodone	2	0	2
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	3	0	3
Total	**350**	**163**	**513**

Outcome Measures
Fiscal Year 2014



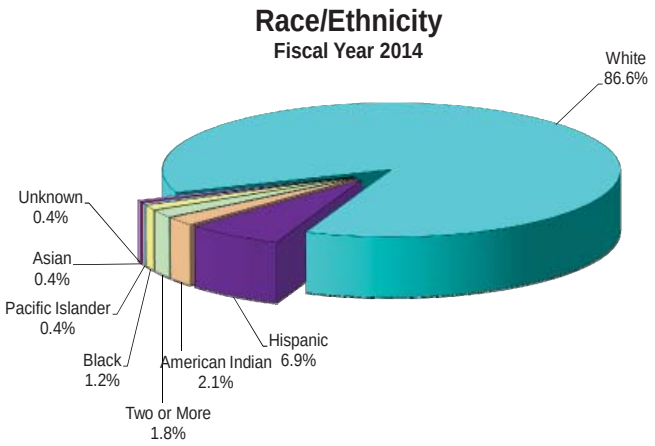
Benchmark is 75% of the National Average.

Bear River Mental Health—Mental Health

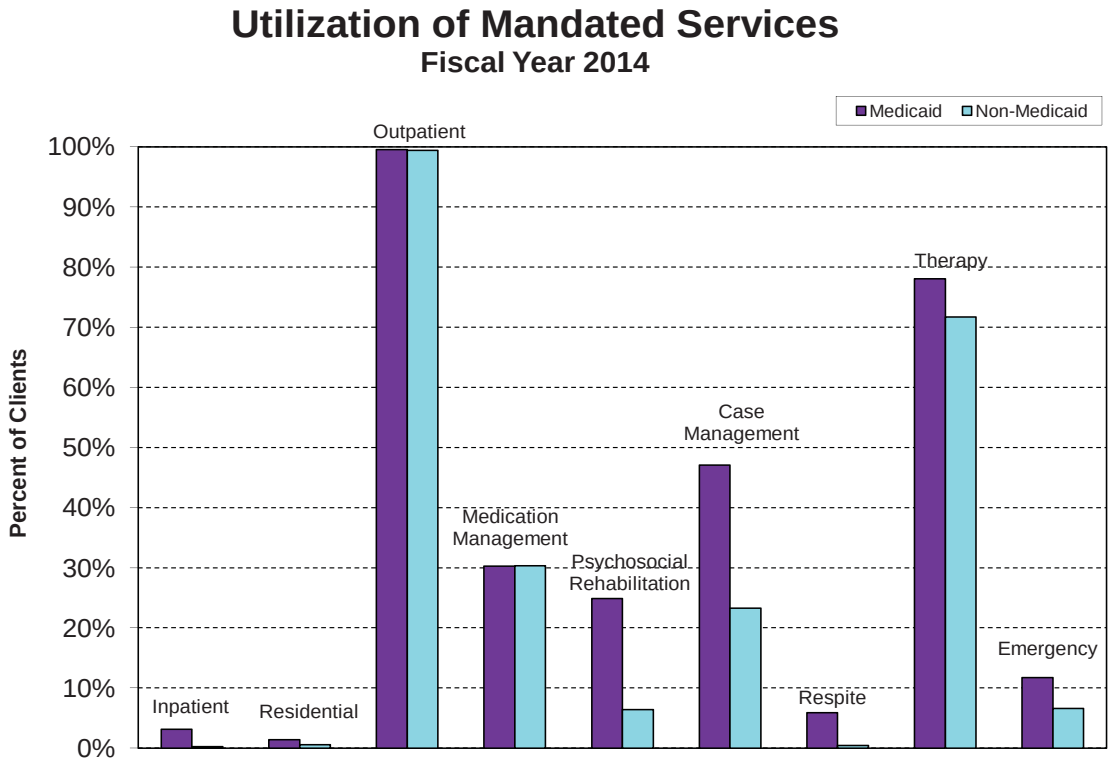
Total Clients Served.....2,930
Adult 1,709
Youth.....1,221
Penetration Rate (Total population of area)..... 1.7%
Civil Commitment 28
Unfunded Clients Served 456

Diagnosis

	Youth	Adult
Adjustment Disorder	94	315
Anxiety	1,120	435
Attention Deficit	270	403
Cognitive Disorder	124	25
Conduct Disorder	8	7
Depression	595	145
Impulse Control Disorders	37	89
Mood Disorder	728	249
Neglect or Abuse	3	95
Oppositional Defiant Disorder	10	101
Personality Disorder	489	3
Pervasive Developmental Disorders	52	75
Schizophrenia and Other Psychotic	241	4
Substance Abuse	328	16
Other	108	158
V Codes	209	162
	2,282	4,416

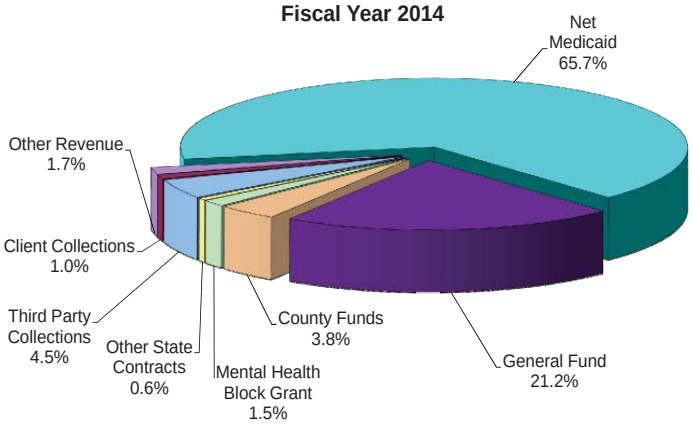


More than one race/ethnicity may have been selected.

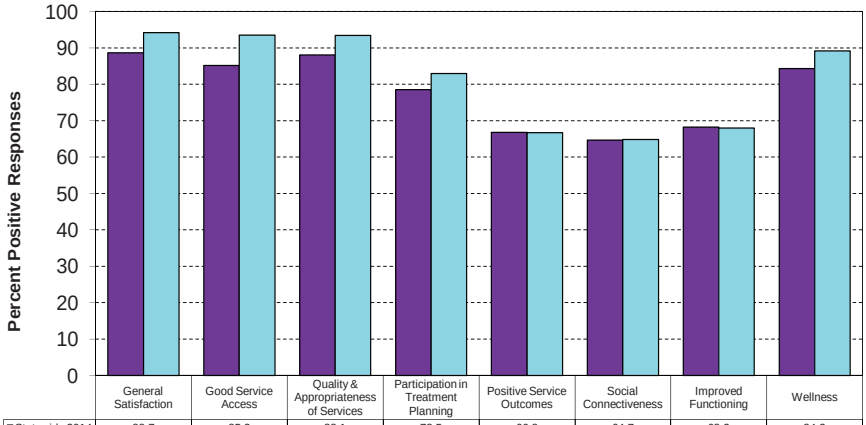


Bear River Mental Health—Mental Health *(Continued)*

Source of Revenues
Fiscal Year 2014

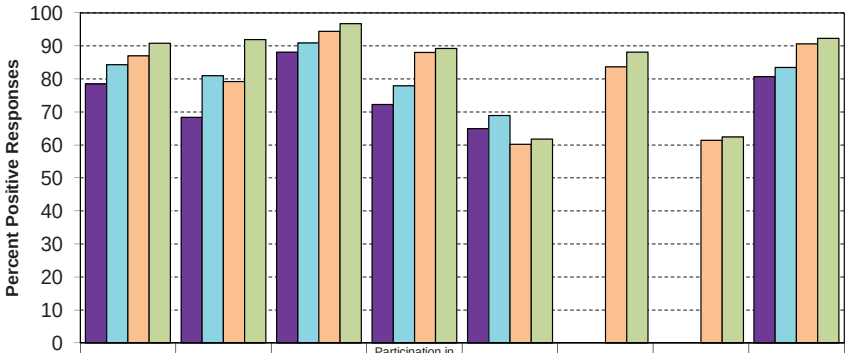


Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)
2014



	General Satisfaction	Good Service Access	Quality & Appropriateness of Services	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide 2014	88.7	85.2	88.1	78.5	66.8	64.7	68.2	84.3
Center 2014	94.2	93.5	93.4	83.0	66.7	64.8	68.0	89.2

Youth Consumer Satisfaction Surveys (YSS and YSS-F)
2014



	General Satisfaction	Good Service Access	Cultural Sensitivity	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide YSS	78.5	68.4	88.1	72.3	64.9			80.7
YSS	84.3	81.0	90.9	77.9	68.9			83.5
Statewide YSS-F	87.0	79.2	94.4	88.0	60.2	83.7	61.4	90.6
YSS-F	90.8	91.9	96.7	89.2	61.8	88.1	62.4	92.3

Central Utah Counseling Center

Juab, Millard, Sanpete, Sevier, Piute, Wayne Counties

Substance Abuse and Mental Health Provider Agency:
Brian Whipple, Executive Director
Central Utah Counseling Center
152 North 400 West
Ephraim, UT 84647
Office: (435) 462-2416
www.cucc.us

Population: 76,356

Central Utah Substance Abuse—Prevention

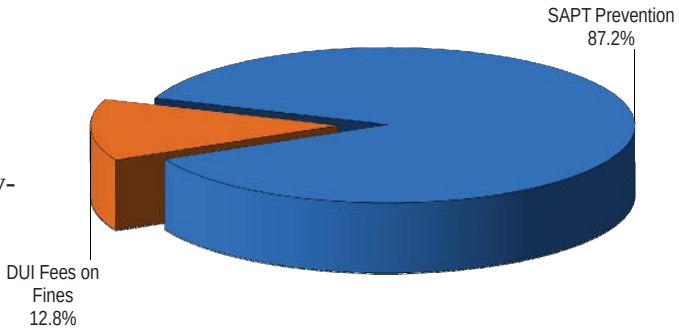
Protective Factors:

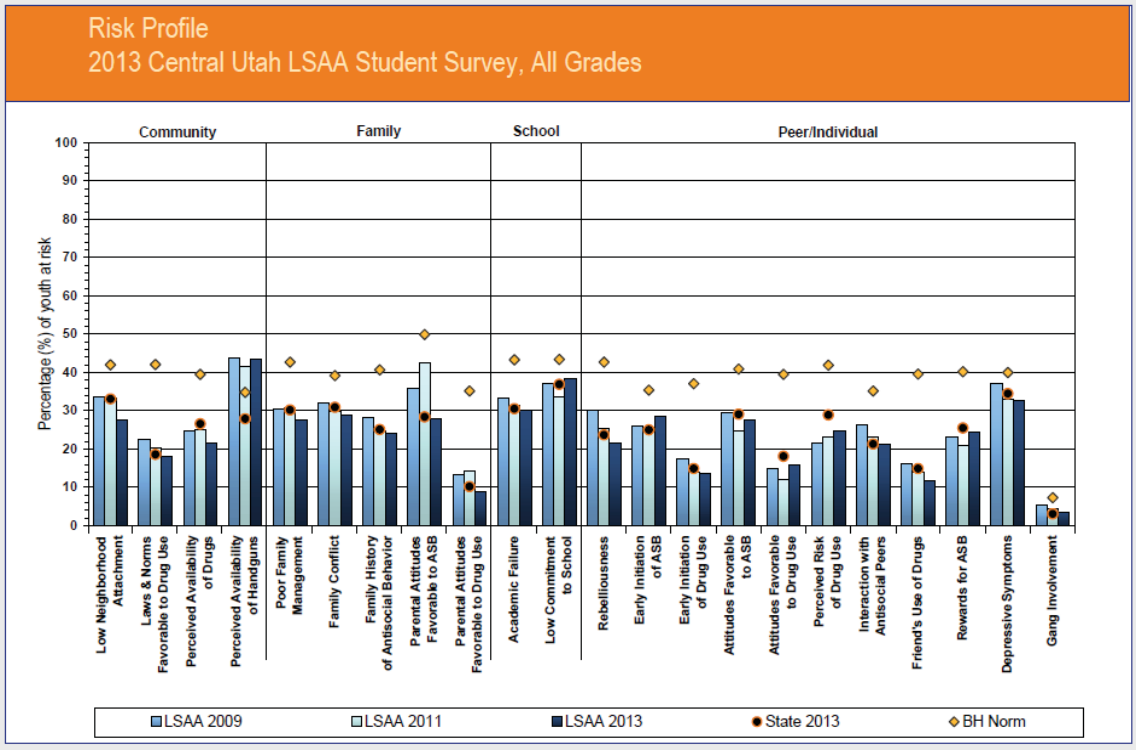
- Rewards for pro-social involvement
- Family attachments
- Opportuntities for pro-social interaction

Prioritized Risk Factors:

- Perceived availability of drugs
- Parental attitudes favorable to anti-social behavior
- parental attitudes favorable to drugs
- Academic failure, depressive symptoms

Source of Revenues
Fiscal Year 2014



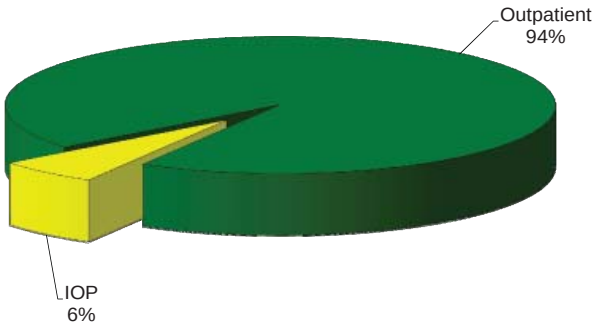


Central Utah Counseling Center—Substance Abuse

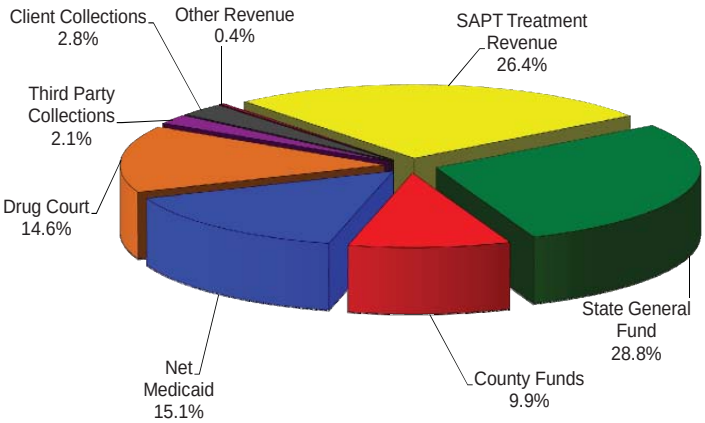
Total Clients Served.....416
Adult 375
Youth.....41
Penetration Rate (Total population of area)..0.5%

Total Admissions.....282
Initial Admissions 279
Transfers.....3

Admission into Modalities
Fiscal Year 2014



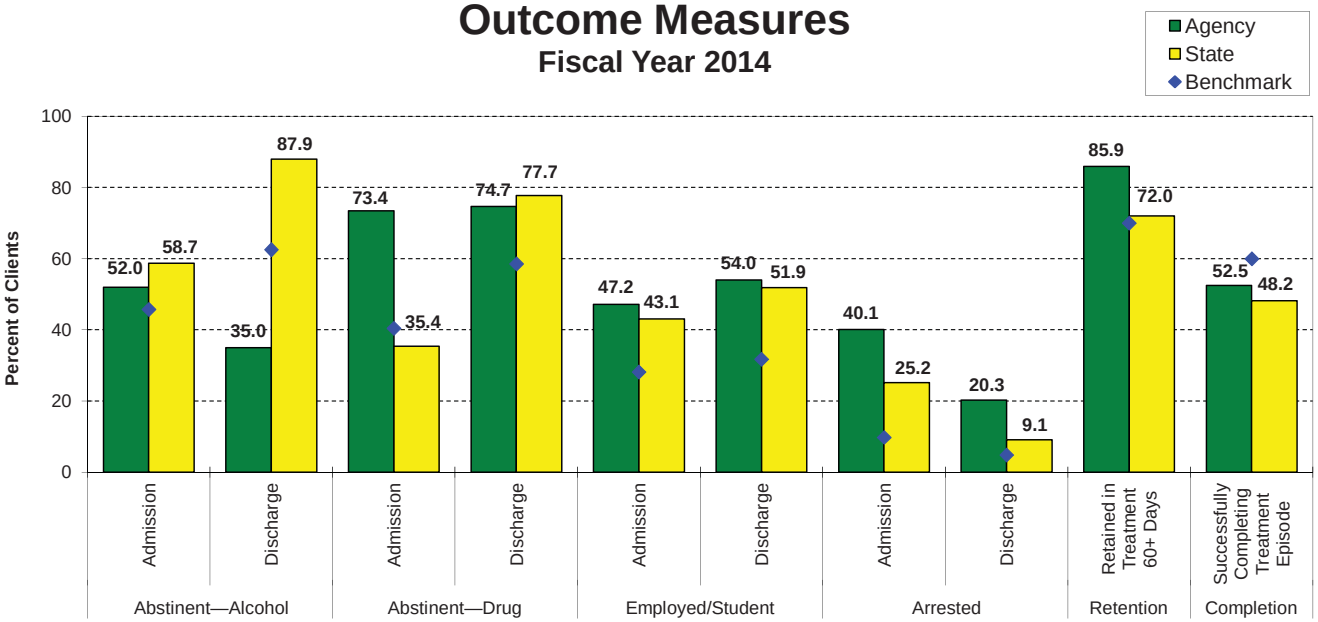
Source of Revenues
Fiscal Year 2014



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	60	43	103
Cocaine/Crack	0	0	0
Marijuana/Hashish	37	17	54
Heroin	16	6	22
Other Opiates/Synthetics	6	15	21
Hallucinogens	0	0	0
Methamphetamine	25	33	58
Other Stimulants	0	2	2
Benzodiazepines	0	1	1
Tranquilizers/Sedatives	0	0	0
Inhalants	0	0	0
Oxycodone	8	9	17
Club Drugs	0	0	0
Over-the-Counter	0	1	1
Other	2	1	3
Total	**154**	**128**	**282**

Outcome Measures
Fiscal Year 2014



Benchmark is 75% of the National Average.

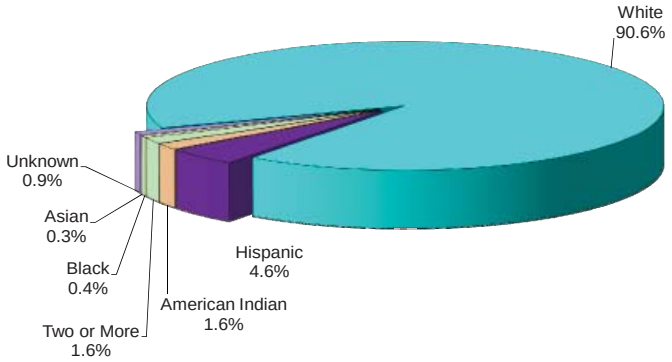
Central Utah Counseling Center—Mental Health

Total Clients Served.....1,177
Adult 683
Youth.....494
Penetration Rate (Total population of area)..... 1.5%
Civil Commitment 27
Unfunded Clients Served 21

Diagnosis

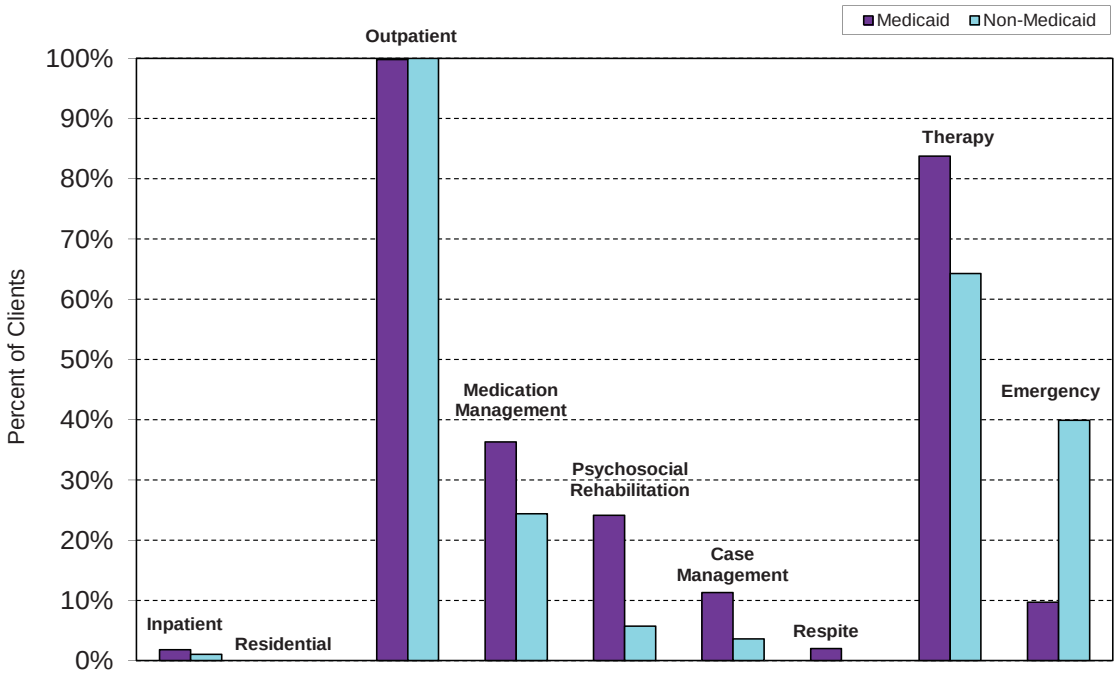
	Youth	Adult
Adjustment Disorder	158	27
Anxiety	142	455
Attention Deficit	183	50
Cognitive Disorder	9	50
Conduct Disorder	22	1
Depression	85	335
Impulse Control Disorders	22	22
Mood Disorder	64	187
Neglect or Abuse	113	186
Oppositional Defiant Disorder	124	2
Personality Disorder	6	260
Pervasive Developmental Disorders	34	16
Schizophrenia and Other Psychotic	1	137
Substance Abuse	39	302
Other	50	44
V Codes	77	84
Total	1,129	2,158

Race/Ethnicity
Fiscal Year 2014



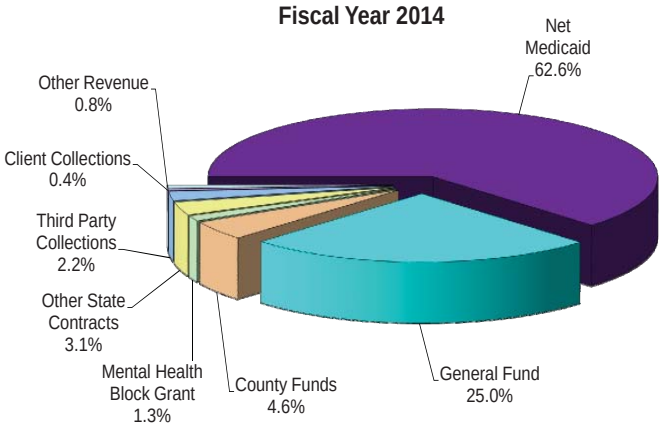
More than one race/ethnicity may have been selected.

Utilization of Mandated Services
Fiscal Year 2014

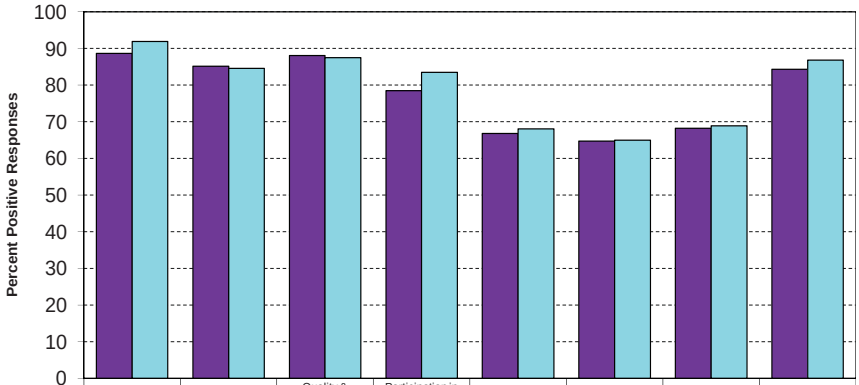


Central Utah Counseling Center—Mental Health *(Continued)*

Source of Revenues
Fiscal Year 2014

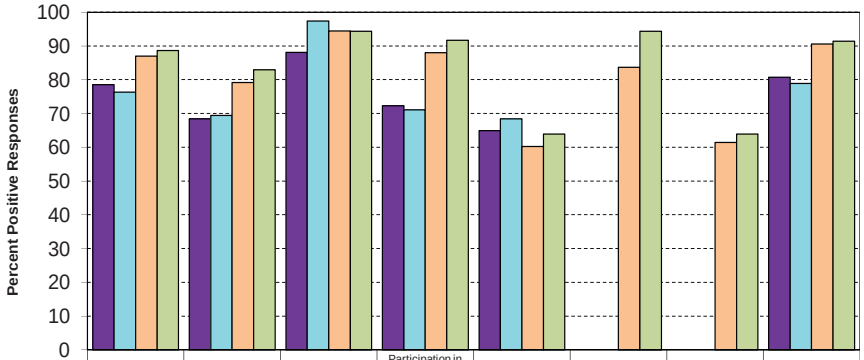


Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)
2014



	General Satisfaction	Good Service Access	Quality & Appropriateness of Services	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide 2014	88.7	85.2	88.1	78.5	66.8	64.7	68.2	84.3
Center 2014	91.9	84.6	87.5	83.5	68.1	65.0	68.9	86.8

Youth Consumer Satisfaction Surveys (YSS and YSS-F)
2014



	General Satisfaction	Good Service Access	Cultural Sensitivity	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide YSS	78.5	68.4	88.1	72.3	64.9			80.7
YSS	76.3	69.4	97.4	71.1	68.4			78.9
Statewide YSS-F	87.0	79.2	94.4	88.0	60.2	83.7	61.4	90.6
YSS-F	88.6	82.9	94.3	91.7	63.9	94.3	63.9	91.4

Davis Behavioral Health

Davis County

DAVIS BEHAVIORAL HEALTH INC

Population: 322,094

Substance Abuse and Mental Health Provider Agency:

Brandon Hatch, CEO/Director
Davis Behavioral Health
934 S. Main
Layton, UT 84041
Office: (801) 544-0585
www.dbhutah.org

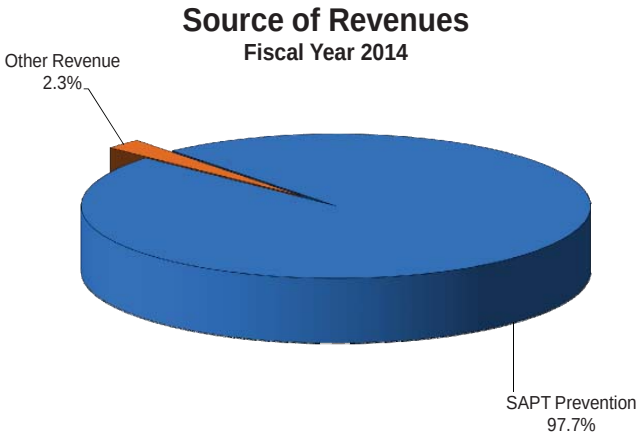
Davis Substance Abuse—Prevention

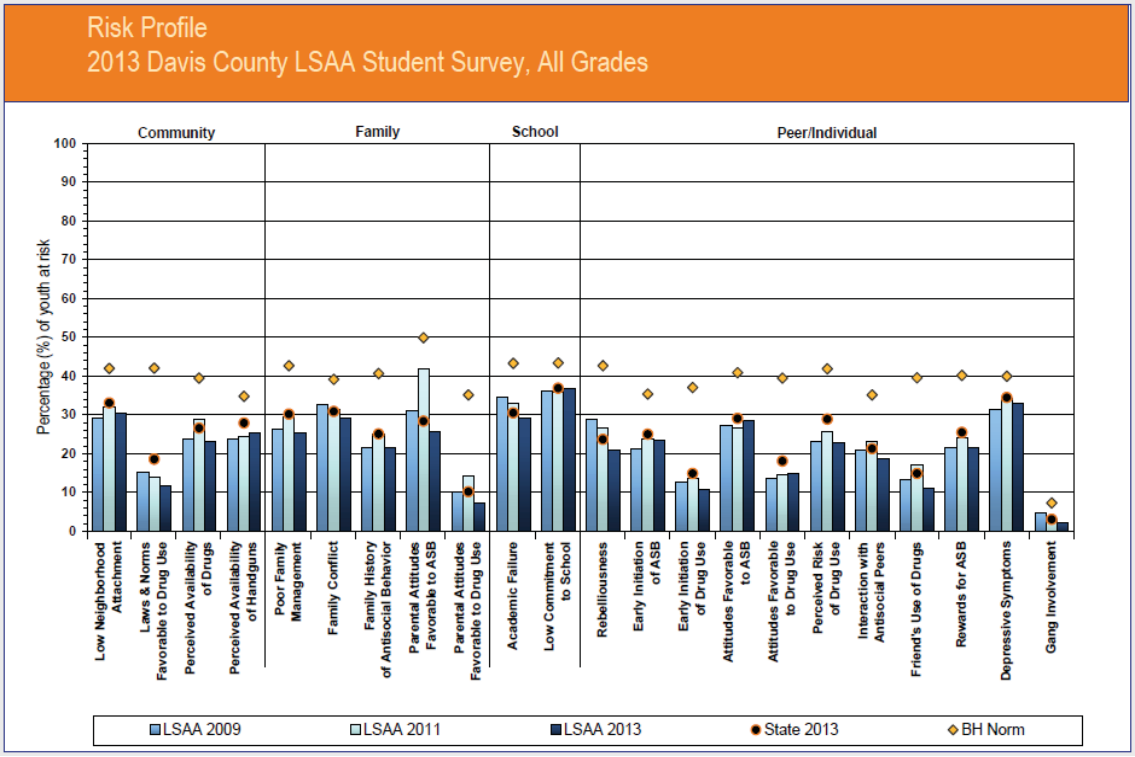
Protective Factors:

- Rewards & opportuntities for pro-social involvement

Prioritized Risk Factors:

- Family conflict
- Poor family management
- Low commitment to school
- Attitudes favorable to drug use
- Depressive symptoms



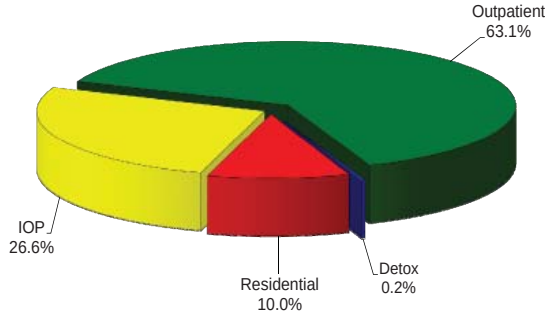


Davis Behavioral Health—Substance Abuse

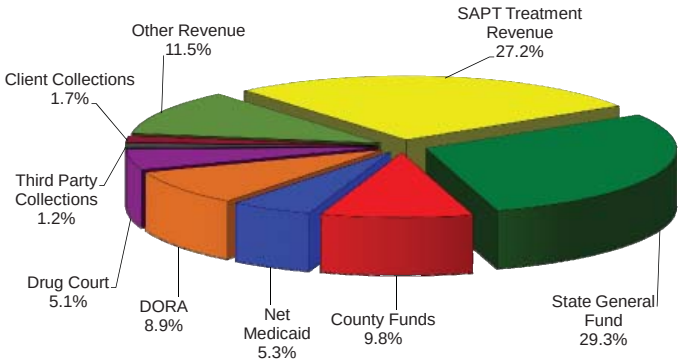
Total Clients Served.....1106
Adult 986
Youth.....120
Penetration Rate (Total population of area)..0.3%

Total Admissions.....936
Initial Admissions 645
Transfers.....291

Admissions into Modalities
Fiscal Year 2014



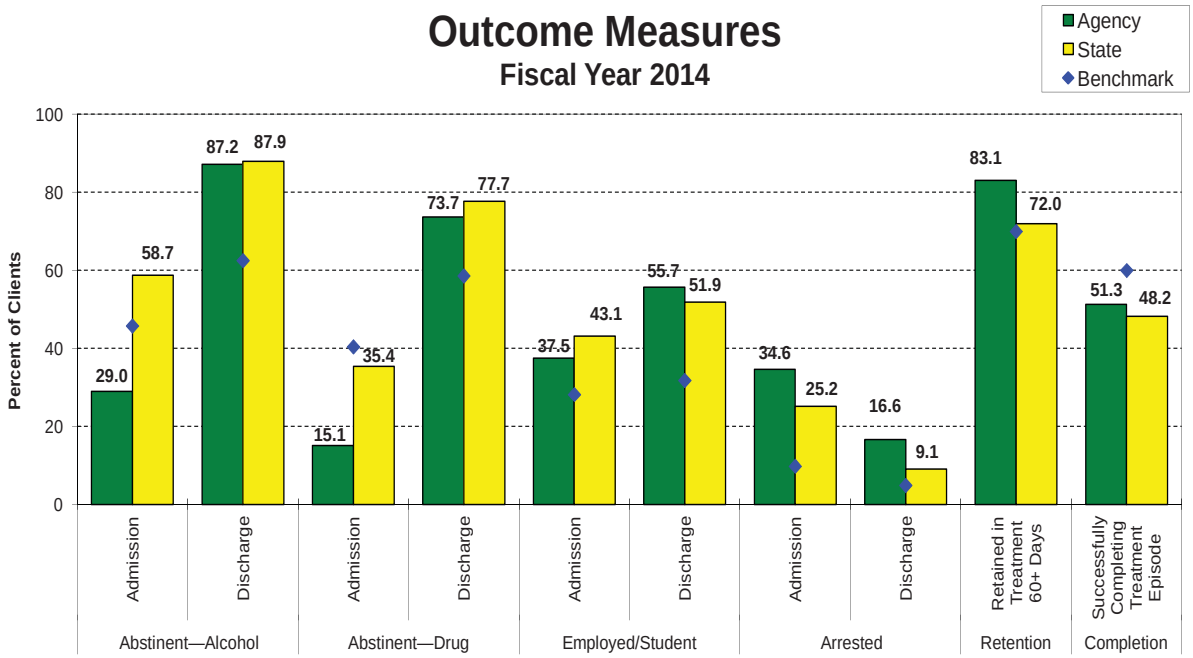
Source of Revenues
Fiscal Year 2014



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	77	62	139
Cocaine/Crack	8	4	12
Marijuana/Hashish	141	38	179
Heroin	149	80	229
Other Opiates/Synthetics	20	15	35
Hallucinogens	1	0	1
Methamphetamine	143	118	261
Other Stimulants	5	0	5
Benzodiazepines	4	3	7
Tranquilizers/Sedatives	2	1	3
Inhalants	1	0	1
Oxycodone	23	30	53
Club Drugs	0	2	2
Over-the-Counter	0	2	2
Other	5	2	7
Total	**579**	**357**	**936**

Outcome Measures
Fiscal Year 2014



Benchmark is 75% of the National Average.

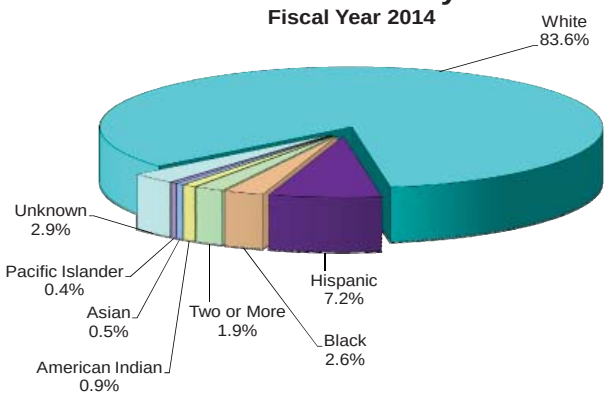
Davis Behavioral Health—Mental Health

Total Clients Served.....4,928
Adult 3,239
Youth.....1,689
Penetration Rate (Total population of area)..... 1.5%
Civil Commitment 115
Unfunded Clients Served.....1,549

Diagnosis

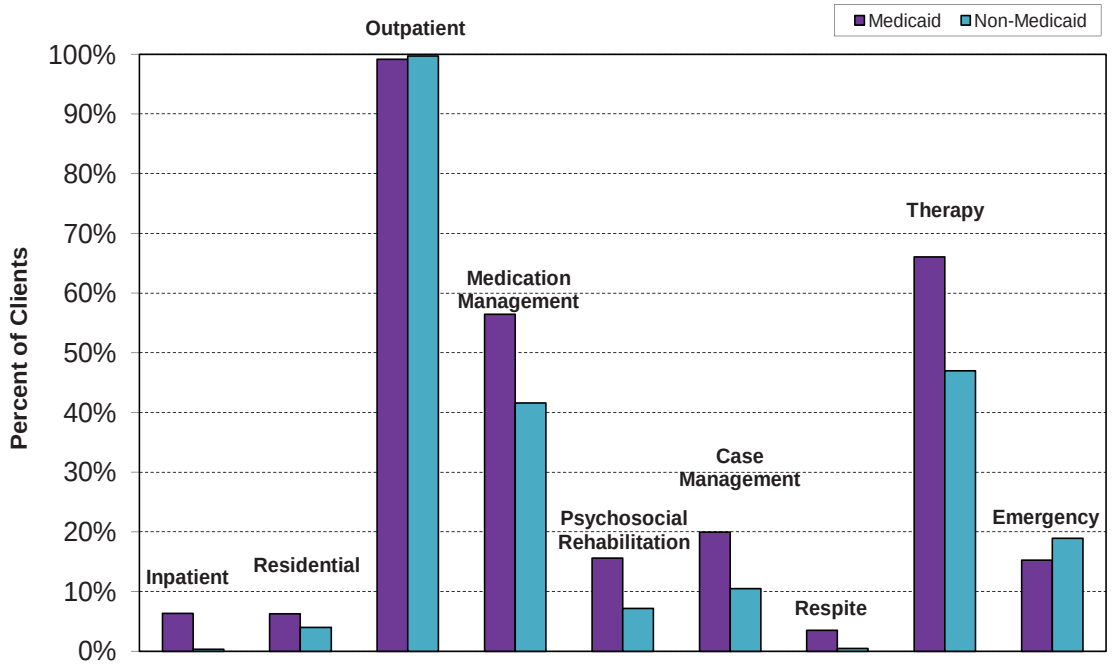
	Youth	Adult
Adjustment Disorder	428	175
Anxiety	1,242	3,328
Attention Deficit	1,357	654
Cognitive Disorder	78	299
Conduct Disorder	105	10
Depression	203	996
Impulse Control Disorders	189	103
Mood Disorder	1,151	2,178
Neglect or Abuse	455	37
Oppositional Defiant Disorder	561	25
Personality Disorder	33	800
Pervasive Developmental Disorders	340	154
Schizophrenia and Other Psychotic	26	1,061
Substance Abuse	156	2,307
Other	444	377
V Codes	249	171
Total	7,017	12,675

Race/Ethnicity
Fiscal Year 2014



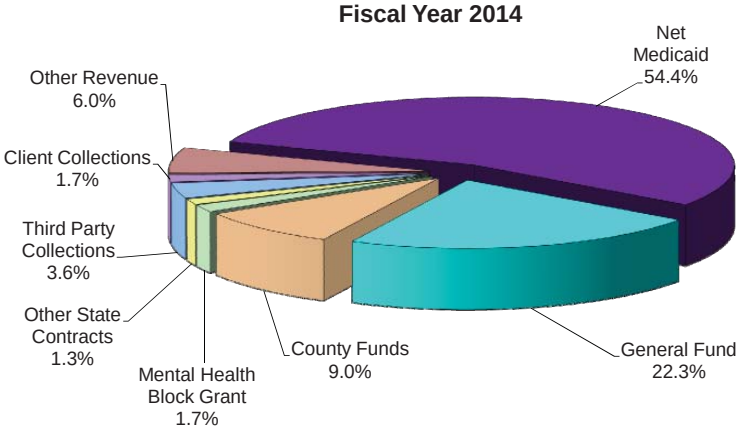
More than one race/ethnicity may have been selected.

Utilization of Mandated Services
Fiscal Year 2014

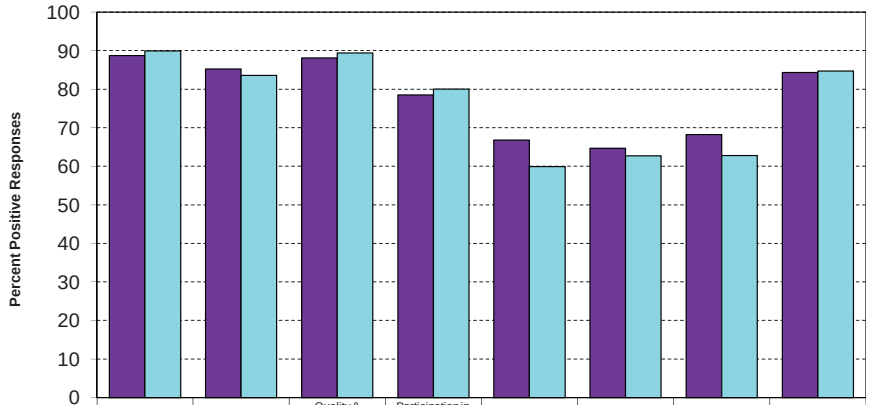


Davis Behavioral Health—Mental Health *(Continued)*

Source of Revenues
Fiscal Year 2014

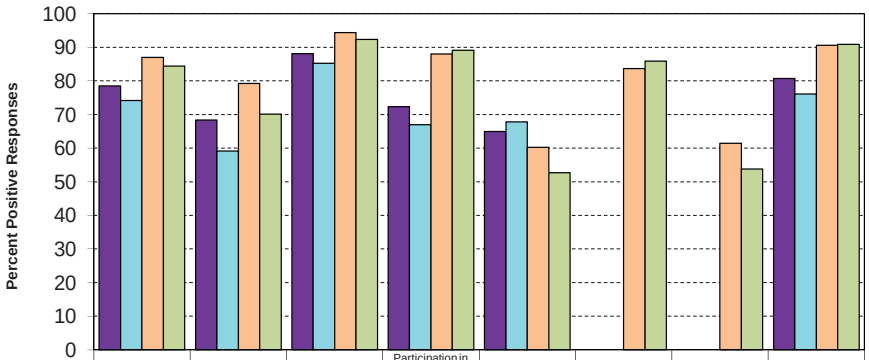


Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)
2014



	General Satisfaction	Good Service Access	Quality & Appropriateness of Services	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide 2014	88.7	85.2	88.1	78.5	66.8	64.7	68.2	84.3
Center 2014	89.9	83.6	89.4	80.0	59.9	62.7	62.8	84.7

Youth Consumer Satisfaction Surveys (YSS and YSS-F)
2014



	General Satisfaction	Good Service Access	Cultural Sensitivity	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide YSS	78.5	68.4	88.1	72.3	64.9			80.7
YSS	74.2	59.1	85.2	67.0	67.8			76.1
Statewide YSS-F	87.0	79.2	94.4	88.0	60.2	83.7	61.4	90.6
YSS-F	84.4	70.1	92.3	89.1	52.7	85.9	53.8	90.9

Four Corners

Carbon, Emery & Grand Counties

Substance Abuse and Mental Health Provider Agency:
Karen Dolan, CEO
Four Corners Community Behavioral Health
105 West 100 North
P.O. Box 867
Price, UT 84501
Office: (435) 637-7200
www.fourcorners.ws

Population: 41,097

Four Corners Substance Abuse—Prevention

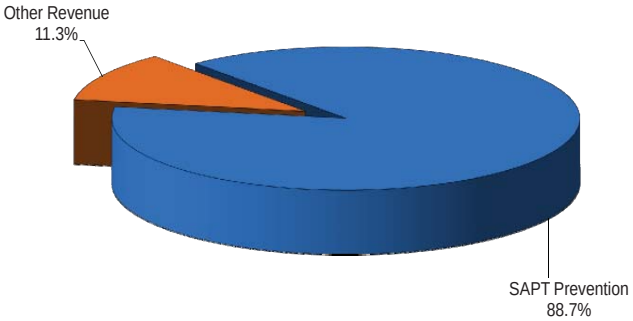
Protective Factors:

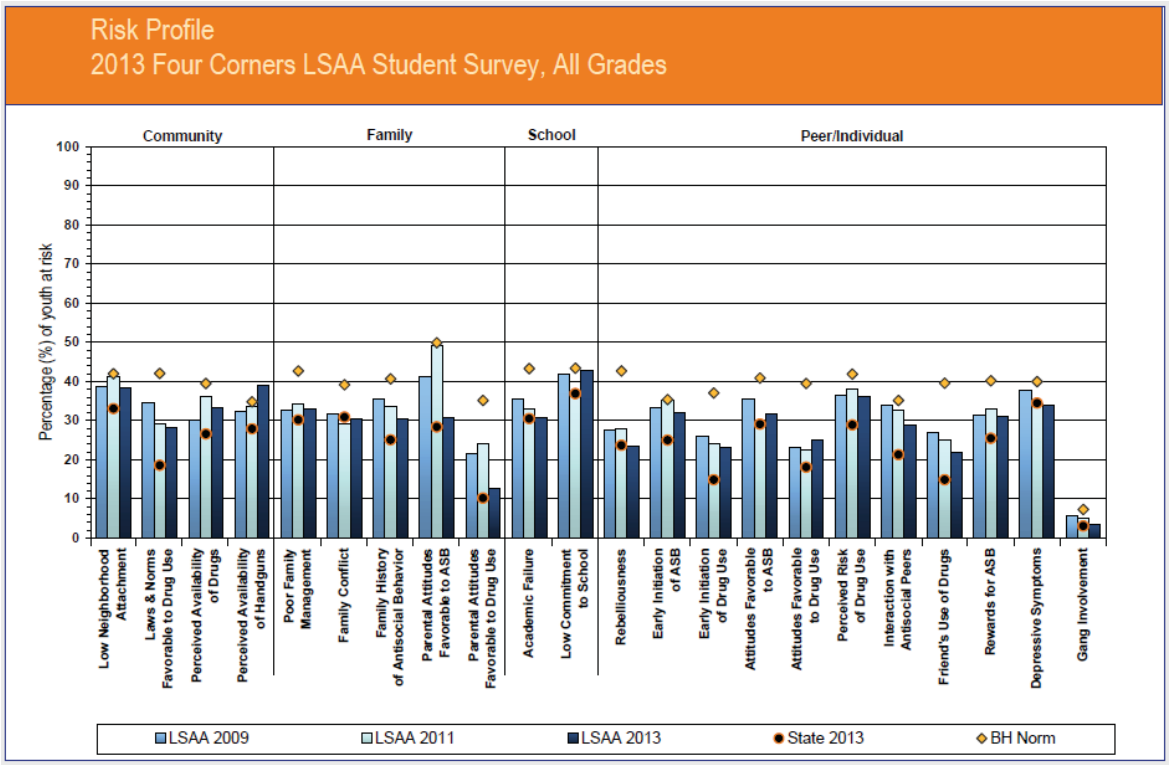
- Promotion of rewards for pro-social involvement in all 4 domains, family, community, school and individual

Prioritized Risk Factors:

- Community norms favorable to drug use
- Parental attitudes favorable to drug use
- Depressive symptoms

Source of Revenues
Fiscal Year 2014



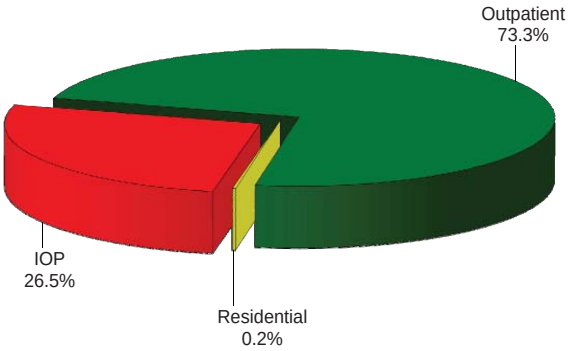


Four Corners Community Behavioral Health—Substance Abuse

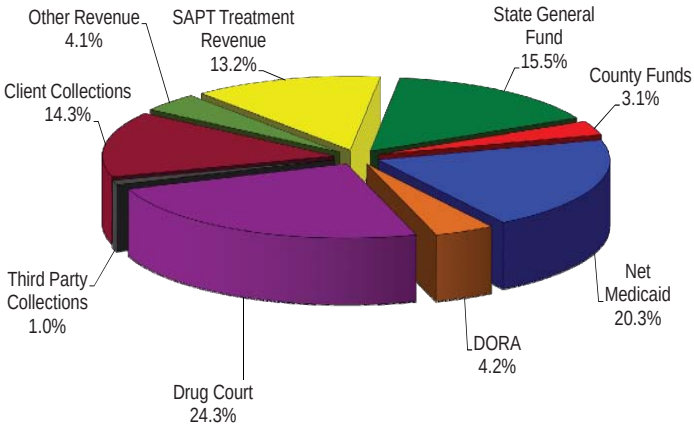
Total Clients Served.....631
Adult 575
Youth.....56
Penetration Rate (Total population of area)..1.5%

Total Admissions.....520
Initial Admissions 363
Transfers.....157

Admissions into Modalities
Fiscal Year 2014

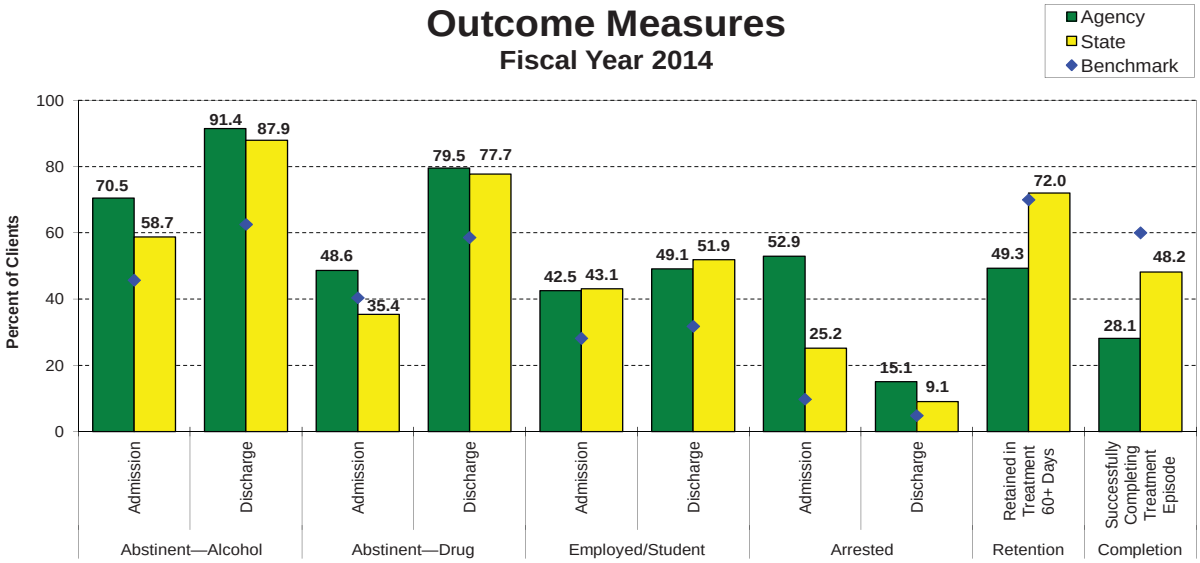


Source of Revenues
Fiscal Year 2014



Primary Substance of Abuse at Admission			
	Male	Female	Total
Alcohol	108	55	163
Cocaine/Crack	2	3	5
Marijuana/Hashish	71	22	93
Heroin	18	22	40
Other Opiates/Synthetics	39	30	69
Hallucinogens	0	0	0
Methamphetamine	65	68	133
Other Stimulants	0	1	1
Benzodiazepines	1	2	3
Tranquilizers/Sedatives	0	0	0
Inhalants	0	0	0
Oxycodone	4	6	10
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	3	0	3
Total	**311**	**209**	**520**

Outcome Measures
Fiscal Year 2014



Benchmark is 75% of the National Average.

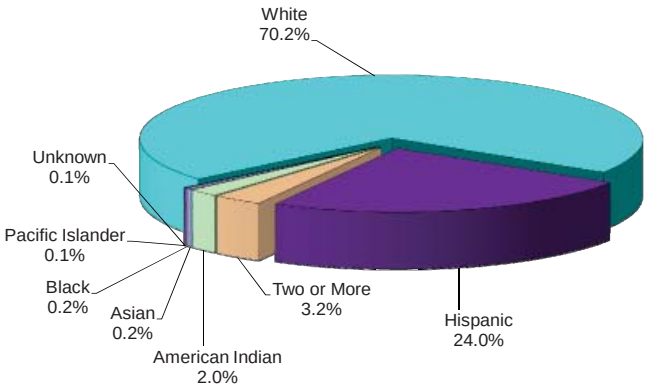
Four Corners Community Behavioral Health—Mental Health

Total Clients Served.....1,405
Adult 940
Youth.....465
Penetration Rate (Total population of area)..... 3.4%
Civil Commitment 6
Unfunded Clients Served 171

Diagnosis

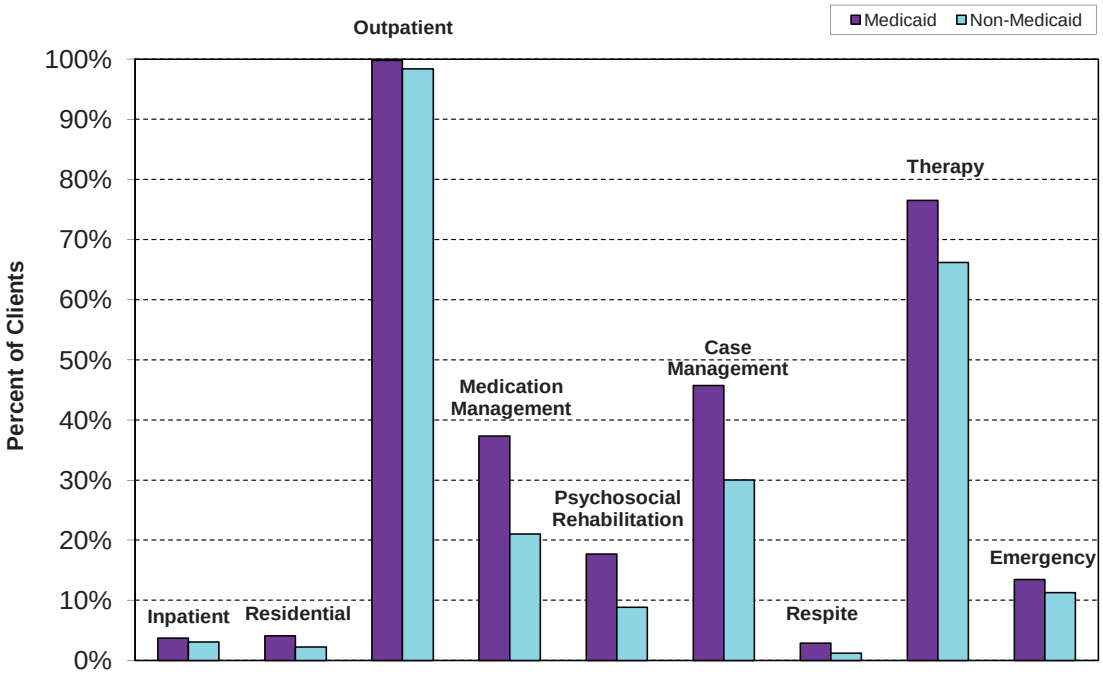
	Youth	Adult
Adjustment Disorder	151	31
Anxiety	166	537
Attention Deficit	184	65
Cognitive Disorder	8	56
Conduct Disorder	3	1
Depression	72	402
Impulse Control Disorders	37	24
Mood Disorder	126	437
Neglect or Abuse	75	17
Oppositional Defiant Disorder	84	9
Personality Disorder	14	318
Pervasive Developmental Disorders	37	16
Schizophrenia and Other Psychotic	0	218
Substance Abuse	240	723
Other	75	51
V Codes	108	87
Total	1,380	2,992

Race/Ethnicity
Fiscal Year 2014

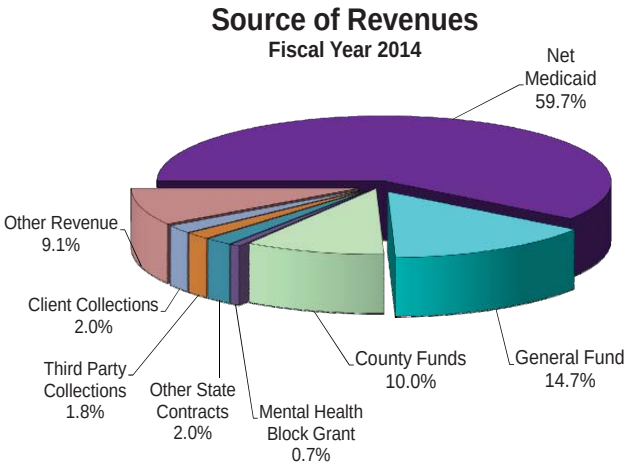


More than one race/ethnicity may have been selected.

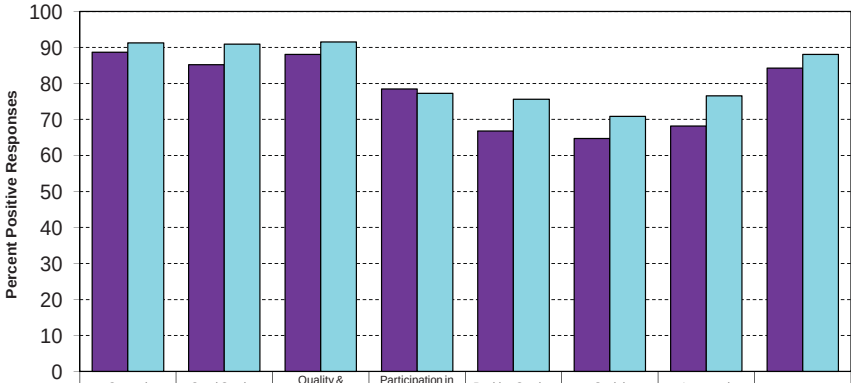
Utilization of Mandated Services
Fiscal Year 2014



Four Corners Community Behavioral Health—Mental Health *(Continued)*

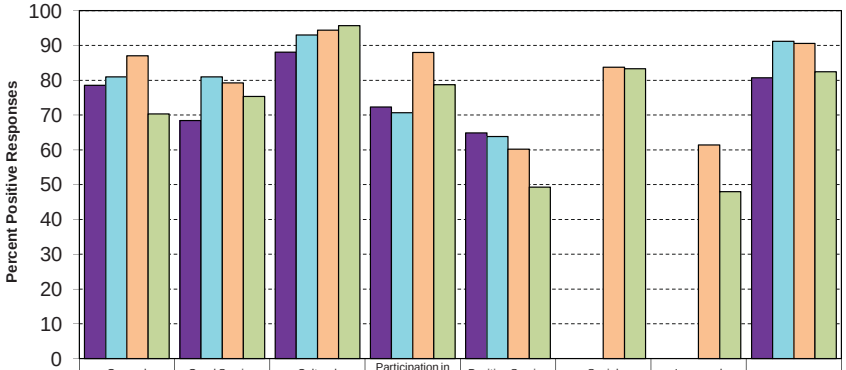


Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)
2014



	General Satisfaction	Good Service Access	Quality & Appropriateness of Services	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide 2014	88.7	85.2	88.1	78.5	66.8	64.7	68.2	84.3
Center 2014	91.3	90.9	91.5	77.3	75.6	70.9	76.6	88.1

Youth Consumer Satisfaction Surveys (YSS and YSS-F)
2014



	General Satisfaction	Good Service Access	Cultural Sensitivity	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide YSS	78.5	68.4	88.1	72.3	64.9			80.7
YSS	81.0	81.0	93.0	70.7	63.8			91.2
Statewide YSS-F	87.0	79.2	94.4	88.0	60.2	83.7	61.4	90.6
YSS-F	70.3	75.3	95.7	78.7	49.3	83.3	48.0	82.4

Northeastern Counseling Center

Daggett, Duchesne, & Uintah Counties

Substance Abuse and Mental Health Provider Agency:
Kyle Snow, Director
Northeastern Counseling Center
1140 West 500 South
P.O. Box 1908
Vernal, UT 84078
Office: (435) 789-6300
Fax: (435) 789-6325
www.nccutah.org

Population: 56,990

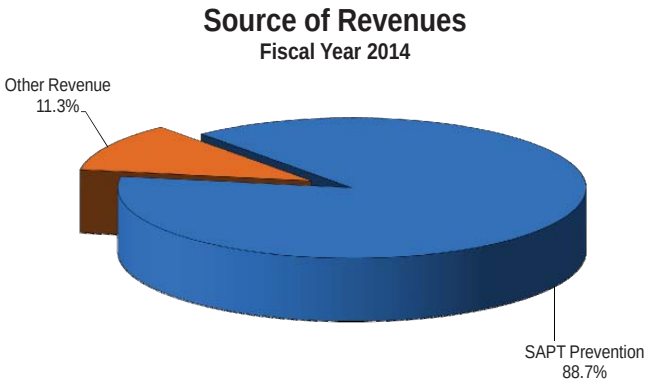
Northeastern Substance Abuse—Prevention

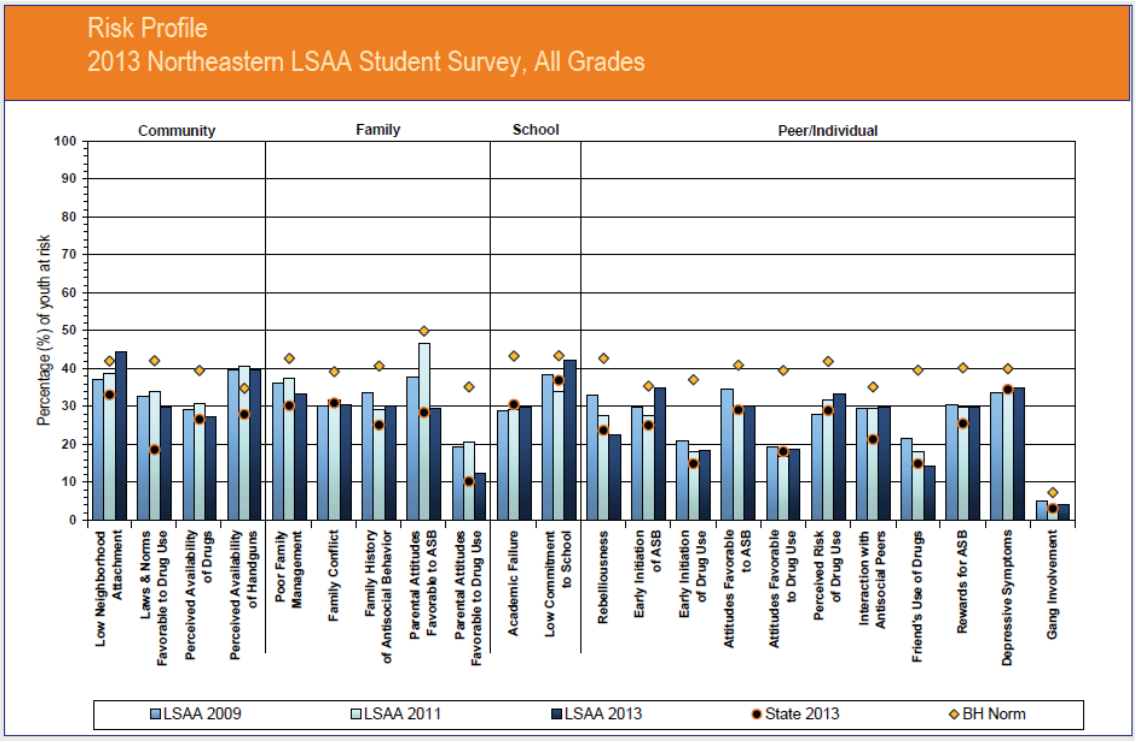
Protective Factors:

- Interaction with pro-social peers
- Opportuntities for pro-social interaction

Prioritized Risk Factors:

- Low neighborhood attachment
- Underage alcohol sales
- Retail merchant laws not enforced, sales clerks do not check ID



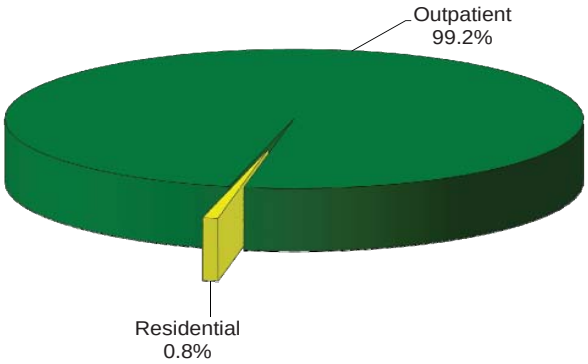


Northeastern Counseling Center—Substance Abuse

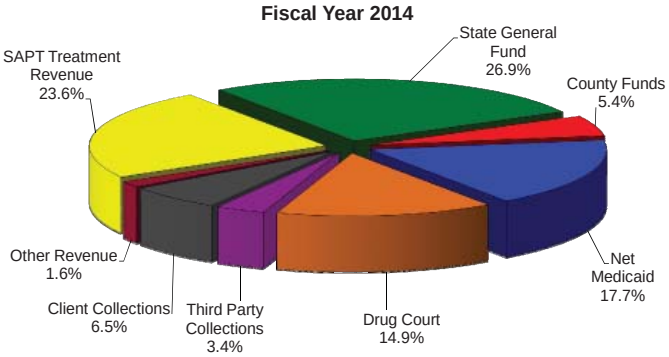
Total Clients Served.....518
Adult 499
Youth.....19
Penetration Rate (Total population of area)..0.9%

Total Admissions.....357
Initial Admissions 54
Transfers.....303

Admission into Modalities
Fiscal Year 2014



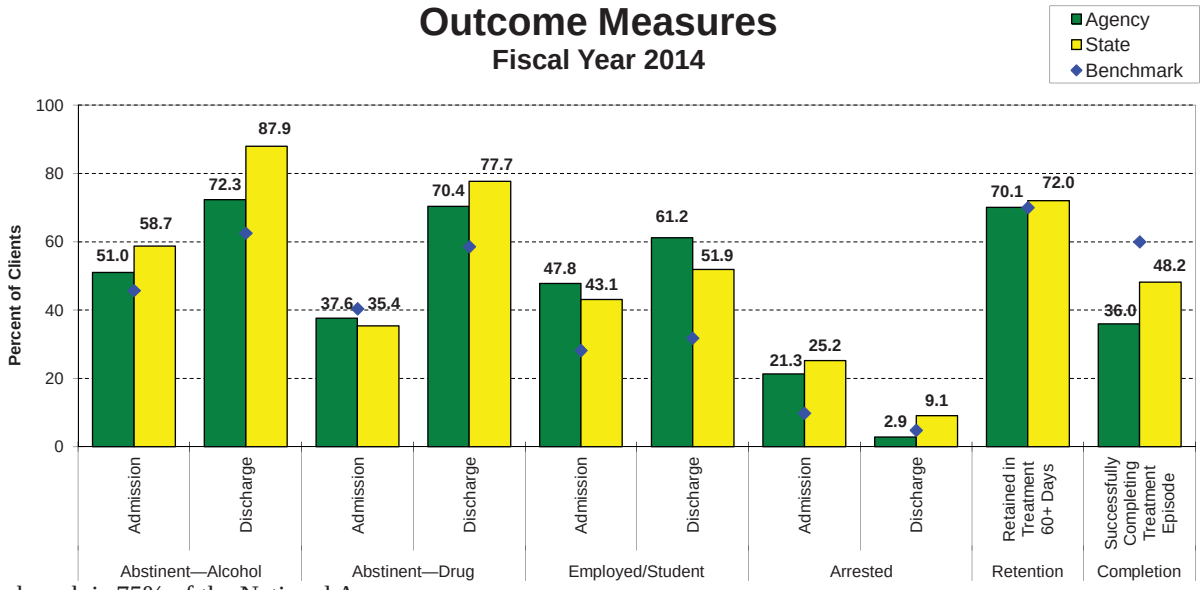
Source of Revenues
Fiscal Year 2014



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	72	55	127
Cocaine/Crack	0	1	1
Marijuana/Hashish	46	21	67
Heroin	5	5	10
Other Opiates/Synthetics	3	8	11
Hallucinogens	0	0	0
Methamphetamine	64	53	117
Other Stimulants	0	1	1
Benzodiazepines	3	0	3
Tranquilizers/Sedatives	0	1	1
Inhalants	0	0	0
Oxycodone	10	9	19
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	0	0	0
Total	**203**	**154**	**357**

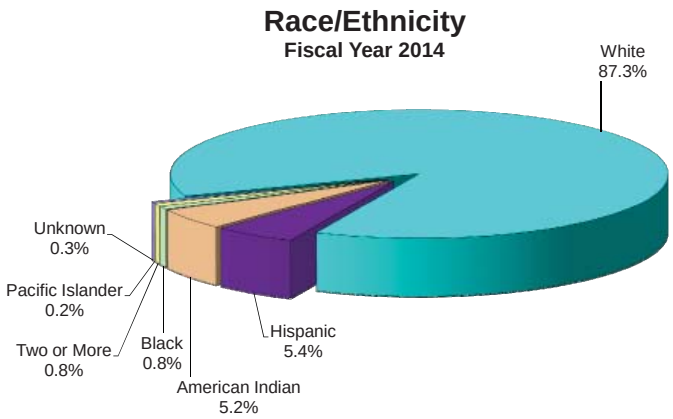
Outcome Measures
Fiscal Year 2014



Benchmark is 75% of the National Average.

Northeastern Counseling Center—Mental Health

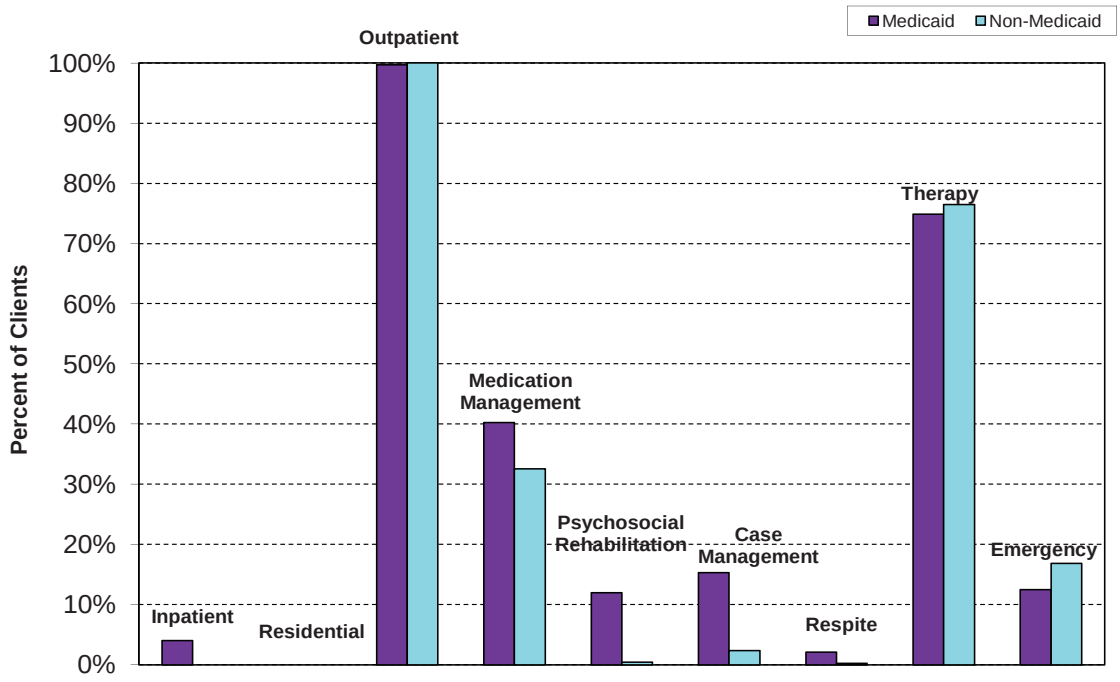
Total Clients Served.....1,976
Adult 1,224
Youth.....752
Penetration Rate (Total population of area)..... 3.5%
Civil Commitment 12
Unfunded Clients Served.....483



More than one race/ethnicity may have been selected.

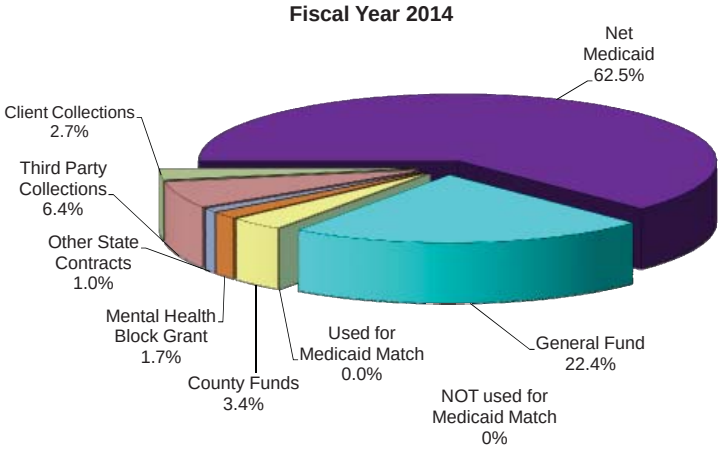
Diagnosis

	Youth	Adult
Adjustment Disorder	127	63
Anxiety	224	816
Attention Deficit	190	96
Cognitive Disorder	9	53
Conduct Disorder	15	2
Depression	137	499
Impulse Control Disorders	65	42
Mood Disorder	192	367
Neglect or Abuse	168	54
Oppositional Defiant Disorder	36	3
Personality Disorder	0	88
Pervasive Developmental Disorders	41	12
Schizophrenia and Other Psychotic	4	101
Substance Abuse	13	197
Other	55	28
V Codes	113	206
Total	1,389	2,627

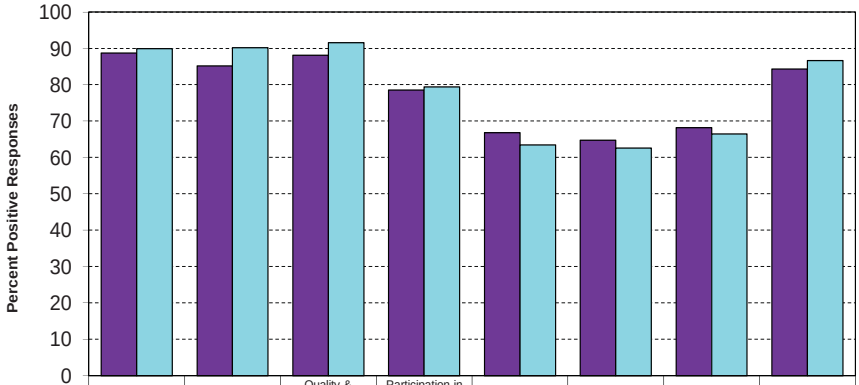


Northeastern Counseling Center—Mental Health *(Continued)*

Source of Revenues
Fiscal Year 2014

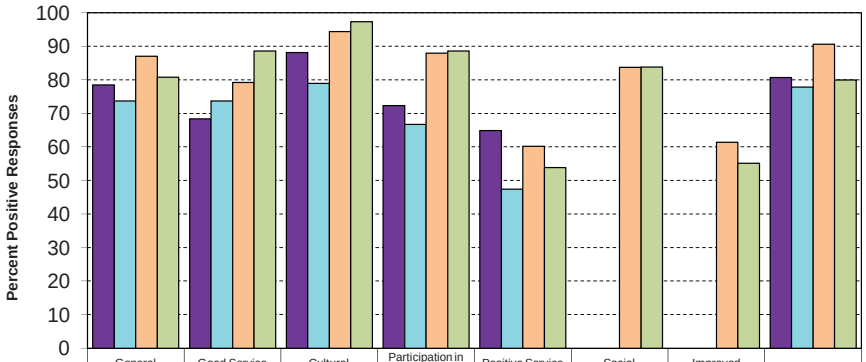


Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)
2014



	General Satisfaction	Good Service Access	Quality & Appropriateness of Services	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide 2014	88.7	85.2	88.1	78.5	66.8	64.7	68.2	84.3
Center 2014	89.9	90.2	91.6	79.4	63.4	62.6	66.5	86.6

Youth Consumer Satisfaction Surveys (YSS and YSS-F)
2014



	General Satisfaction	Good Service Access	Cultural Sensitivity	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide YSS	78.5	68.4	88.1	72.3	64.9			80.7
YSS	73.7	73.7	78.9	66.7	47.4			77.8
Statewide YSS-F	87.0	79.2	94.4	88.0	60.2	83.7	61.4	90.6
YSS-F	80.8	88.6	97.3	88.6	53.8	83.8	55.1	80.0

Salt Lake County

Substance Abuse and Mental Health Administrative Agency:
Patrick Fleming, Substance Abuse Director
Tim Whalen, Mental Health Director
Salt Lake County
Division of Behavioral Health Services
2001 South State Street #S2300
Salt Lake City, UT 84190-2250
Office: (801) 468-2009
behavioralhealthservices.slco.org

Population: 1,079,721

Salt Lake County Substance Abuse—Prevention

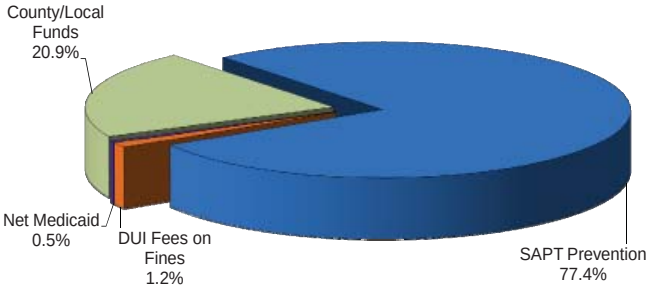
Protective Factors:

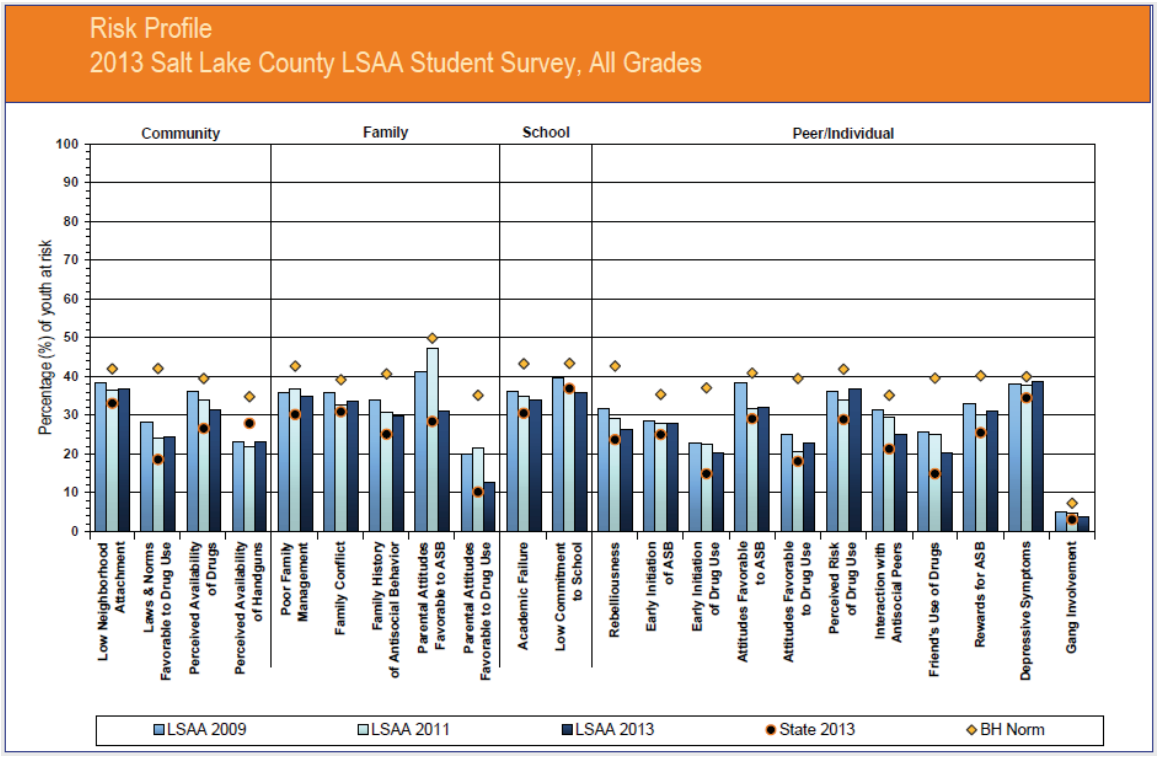
- Rewards for pro-social involvement in family and community
- Family attachments
- Opportuntities for pro-social interaction

Prioritized Risk Factors:

- Parental/individual attitudes favorable to anti-social behavior
- Early initiation of use
- Low perceived risk of use

Source of Revenues
Fiscal Year 2014



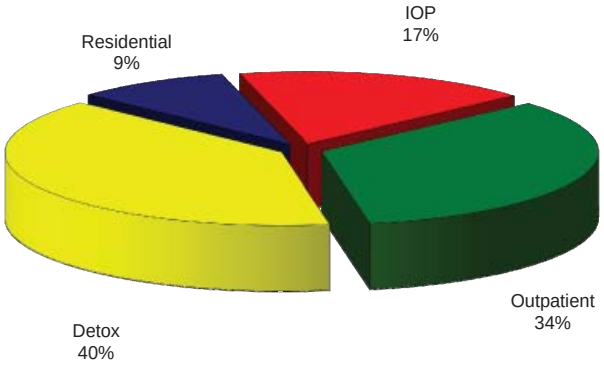


Salt Lake County Division of Substance Abuse

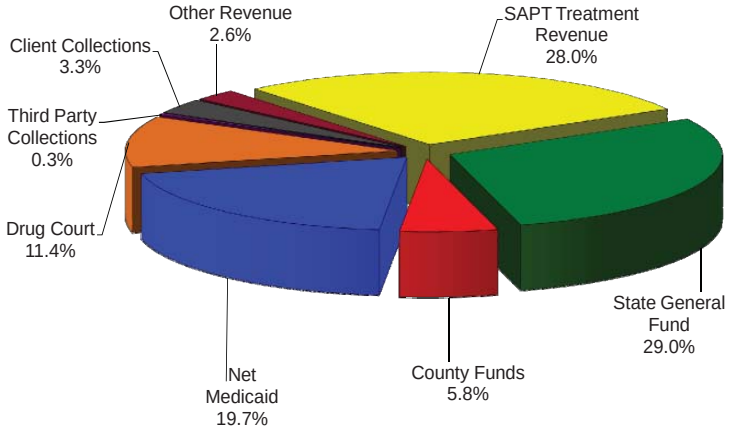
Total Clients Served.....8,158
Adult 7,450
Youth.....708
Penetration Rate (Total population of area)..0.8%

Total Admissions.....10,237
Initial Admissions 8,481
Transfers.....1,756

Admissions into Modalities
Fiscal Year 2014



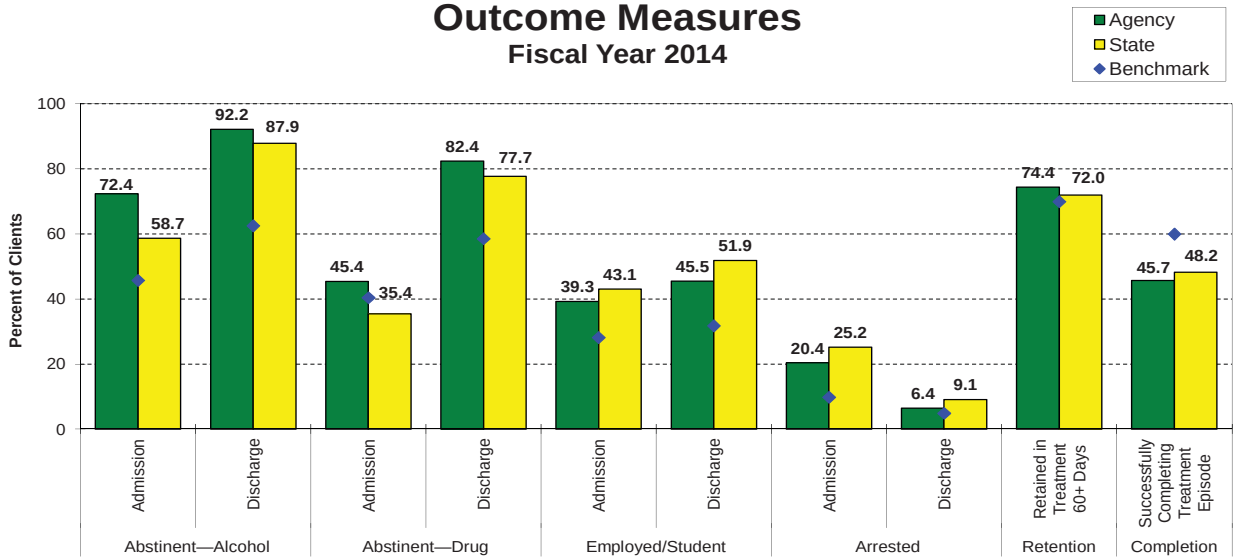
Source of Revenues
Fiscal Year 2014



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	2,571	644	3,215
Cocaine/Crack	293	106	399
Marijuana/Hashish	1,042	378	1,420
Heroin	1,423	749	2,172
Other Opiates/Synthetics	127	112	239
Hallucinogens	4	2	6
Methamphetamine	1,319	1,021	2,340
Other Stimulants	24	25	49
Benzodiazepines	21	24	45
Tranquilizers/Sedatives	1	4	5
Inhalants	9	3	12
Oxycodone	99	81	180
Club Drugs	7	3	10
Over-the-Counter	6	0	6
Other	113	26	139
Total	**7,059**	**3,178**	**10,237**

Outcome Measures
Fiscal Year 2014



Benchmark is 75% of the National Average.

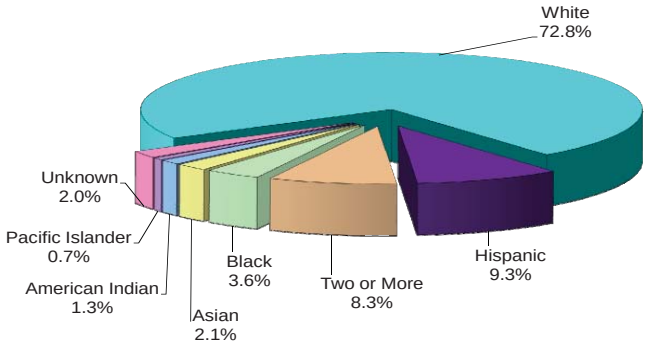
Salt Lake County—Mental Health

Total Clients Served.....15,517
Adult 9,583
Youth.....5,934
Penetration Rate (Total population of area)..... 1.4%
Civil Commitment 723
Unfunded Clients Served 1,651

Diagnosis

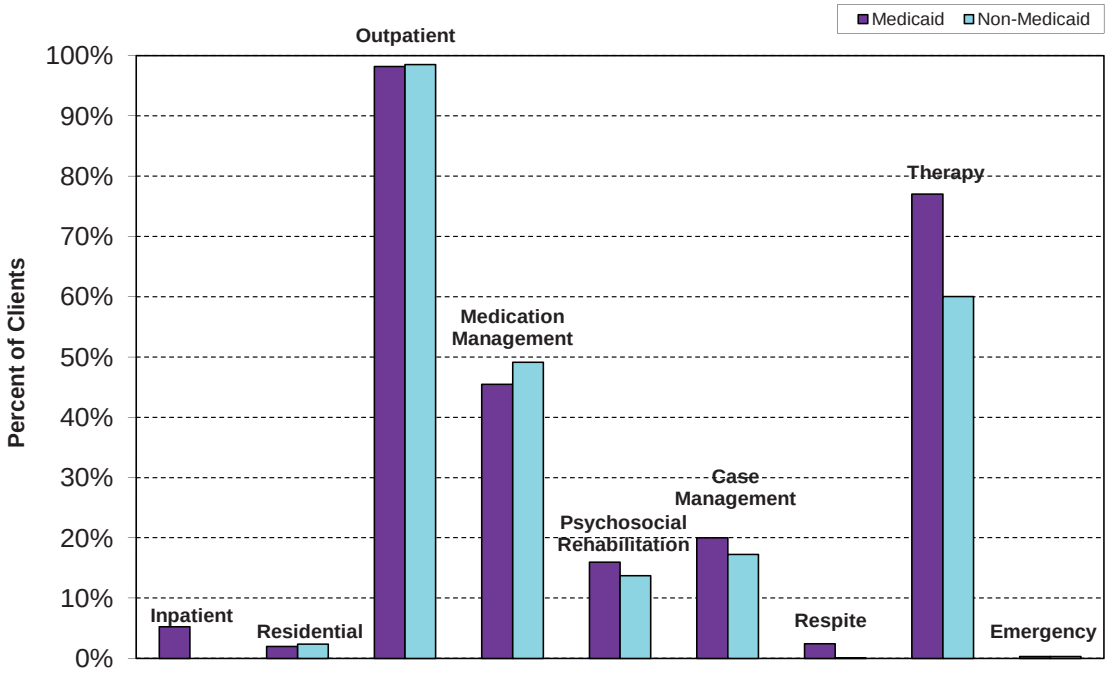
	Youth	Adult
Adjustment Disorder	1,100	303
Anxiety	3,472	7,145
Attention Deficit	2,095	864
Cognitive Disorder	92	687
Conduct Disorder	114	5
Depression	883	3,680
Impulse Control Disorders	618	217
Mood Disorder	2,159	5,395
Neglect or Abuse	624	61
Oppositional Defiant Disorder	1,368	28
Personality Disorder	16	2,450
Pervasive Developmental Disorders	698	272
Schizophrenia and Other Psychotic	22	3,160
Substance Abuse	153	3,081
Other	430	435
V Codes	861	867
Total	14,705	28,650

Race/Ethnicity
Fiscal Year 2014

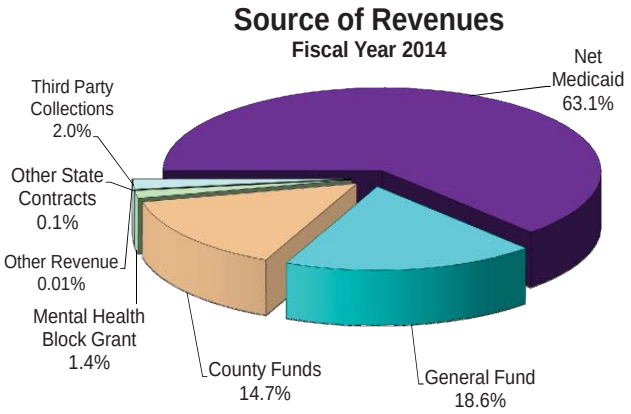


More than one race/ethnicity may have been selected.

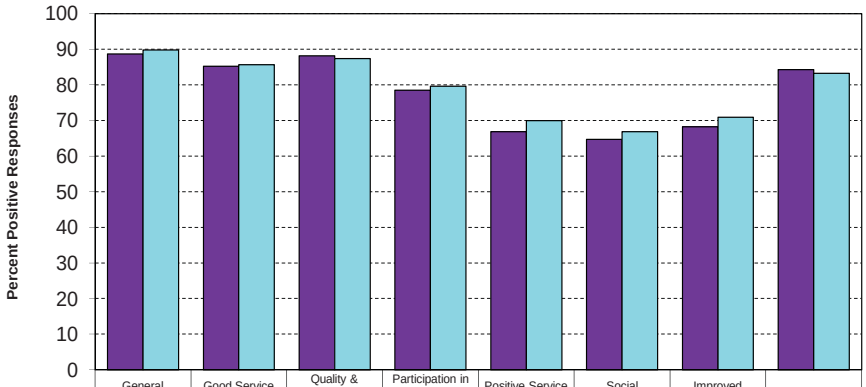
Utilization of Mandated Services
Fiscal Year 2014



Salt Lake County—Mental Health *(Continued)*

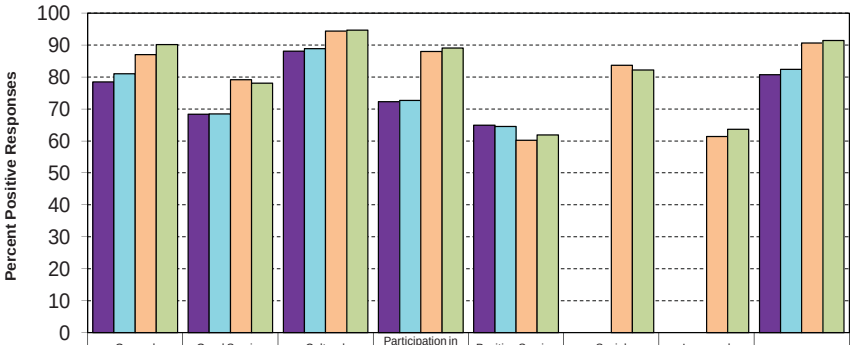


Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)
2014



	General Satisfaction	Good Service Access	Quality & Appropriateness of Services	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide 2014	88.7	85.2	88.1	78.5	66.8	64.7	68.2	84.3
Center 2014	89.8	85.6	87.4	79.6	69.9	66.8	70.9	83.2

Youth Consumer Satisfaction Surveys (YSS and YSS-F)
2014



	General Satisfaction	Good Service Access	Cultural Sensitivity	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide YSS	78.5	68.4	88.1	72.3	64.9			80.7
YSS	81.0	68.5	88.9	72.7	64.5			82.4
Statewide YSS-F	87.0	79.2	94.4	88.0	60.2	83.7	61.4	90.6
YSS-F	90.1	78.1	94.7	89.1	61.9	82.2	63.6	91.4

San Juan County

Substance Abuse and Mental Health Provider Agency:

Tammy Squires, Director
San Juan Counseling Center
356 South Main St.
Blanding, UT 84511
Office: (435) 678-2992

Population: 14,973

San Juan Substance Abuse—Prevention

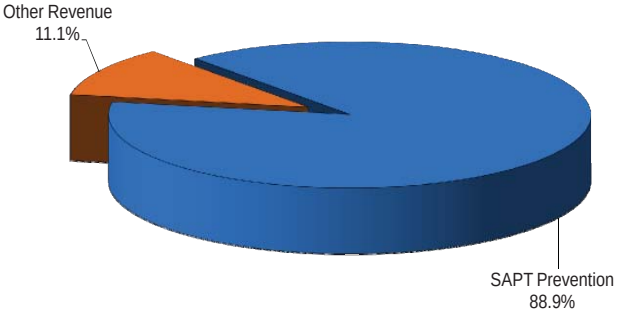
Protective Factors:

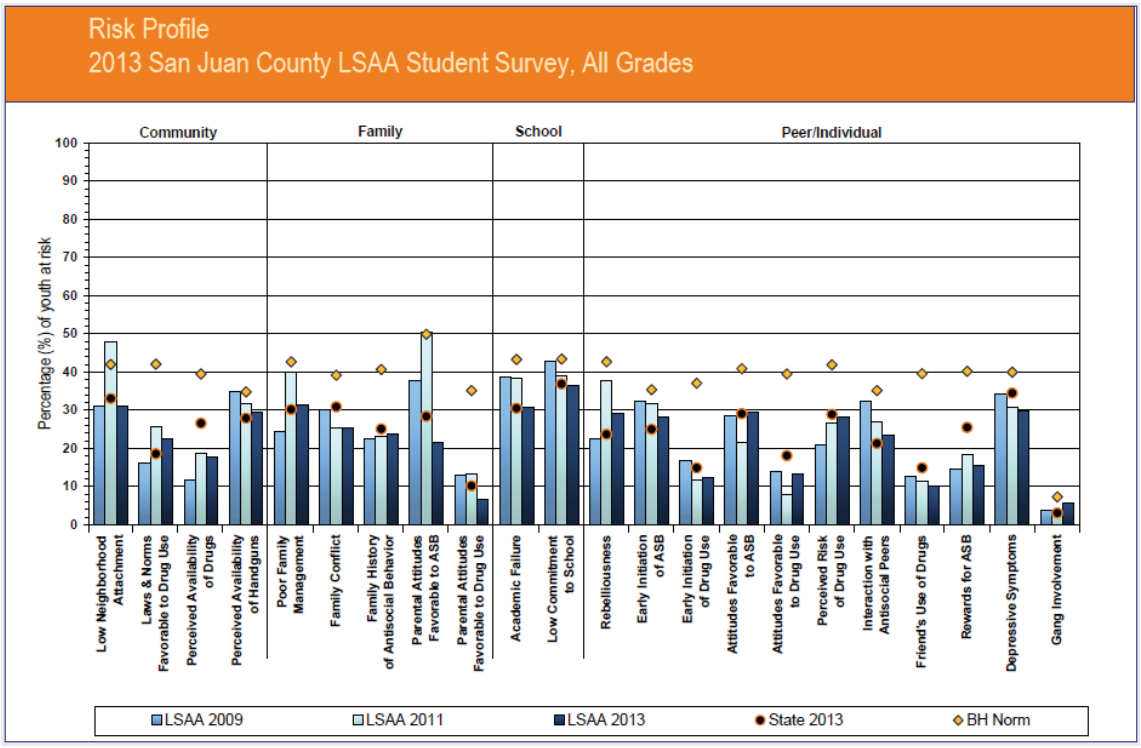
- Belief in the moral social order
- Opportuntities for pro-social interaction

Prioritized Risk Factors:

- Perceived availability of drugs
- Parental attitudes favorable to anti-social behavior
- Favorable attitude toward the problem behavior

Source of Revenues
Fiscal Year 2014



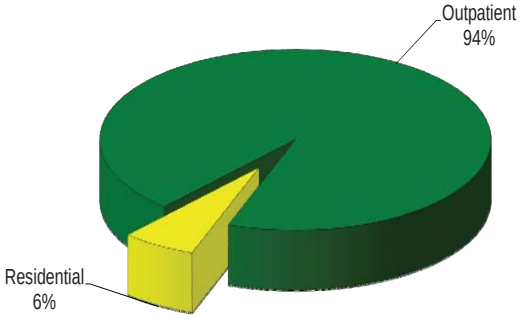


San Juan Counseling—Substance Abuse

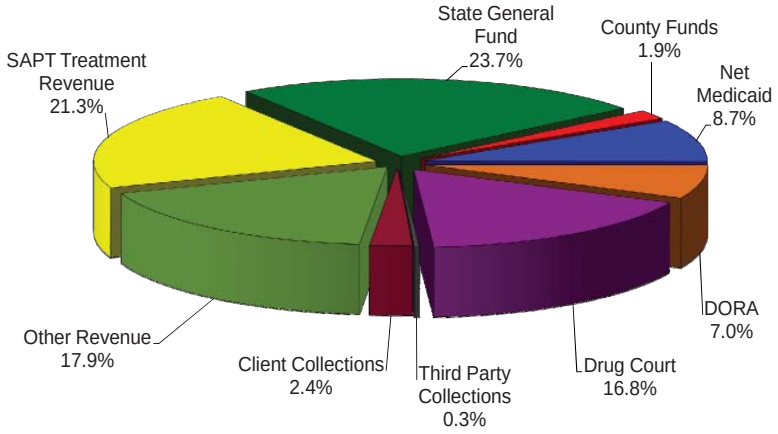
Total Clients Served.....86
Adult 68
Youth.....18
Penetration Rate (Total population of area).... .6%

Total Admissions.....49
Initial Admissions 45
Transfers.....4

Admissions into Modalities
Fiscal Year 2014



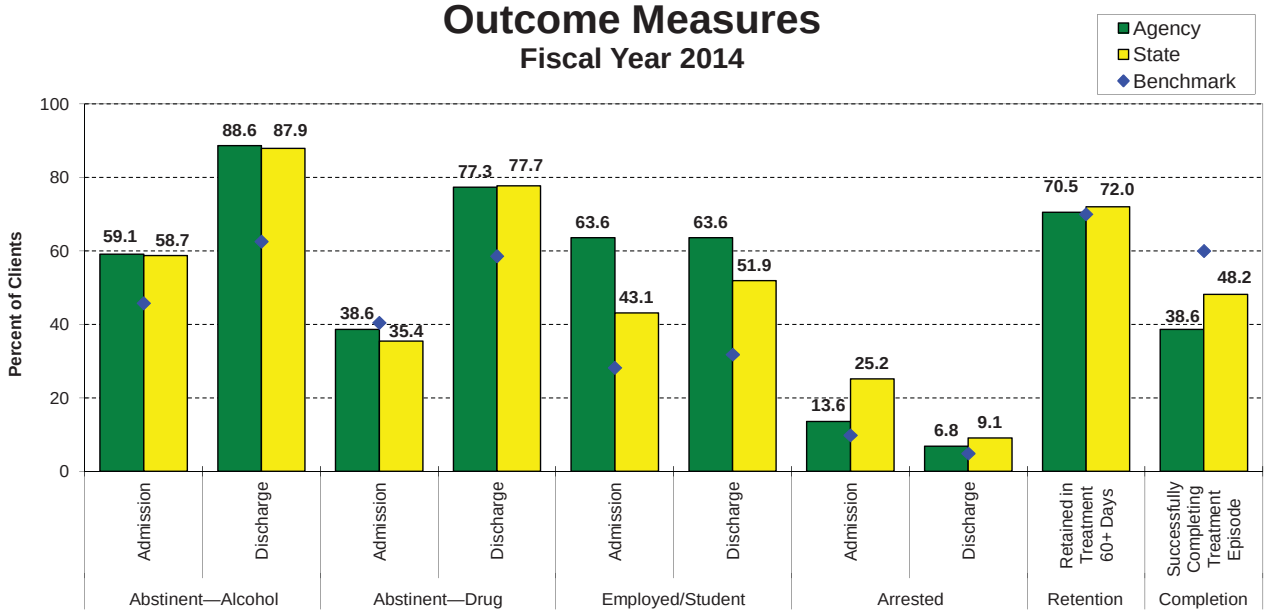
Source of Revenues
Fiscal Year 2014



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	10	6	16
Cocaine/Crack	0	0	0
Marijuana/Hashish	15	8	23
Heroin	1	1	2
Other Opiates/Synthetics	0	0	0
Hallucinogens	0	0	0
Methamphetamine	3	3	6
Other Stimulants	0	0	0
Benzodiazepines	1	0	1
Tranquilizers/Sedatives	0	0	0
Inhalants	0	0	0
Oxycodone	1	0	1
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	0	0	0
Total	**31**	**18**	**49**

Outcome Measures
Fiscal Year 2014



Benchmark is 75% of the National Average.

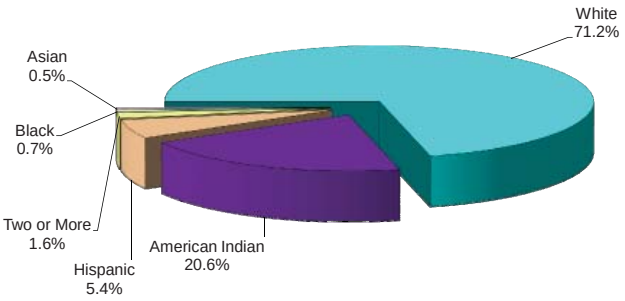
San Juan Counseling—Mental Health

Total Clients Served.....550
Adult 407
Youth.....143
Penetration Rate (Total population of area)..... 3.7%
Civil Commitment 1
Unfunded Clients Served.....130

Diagnosis

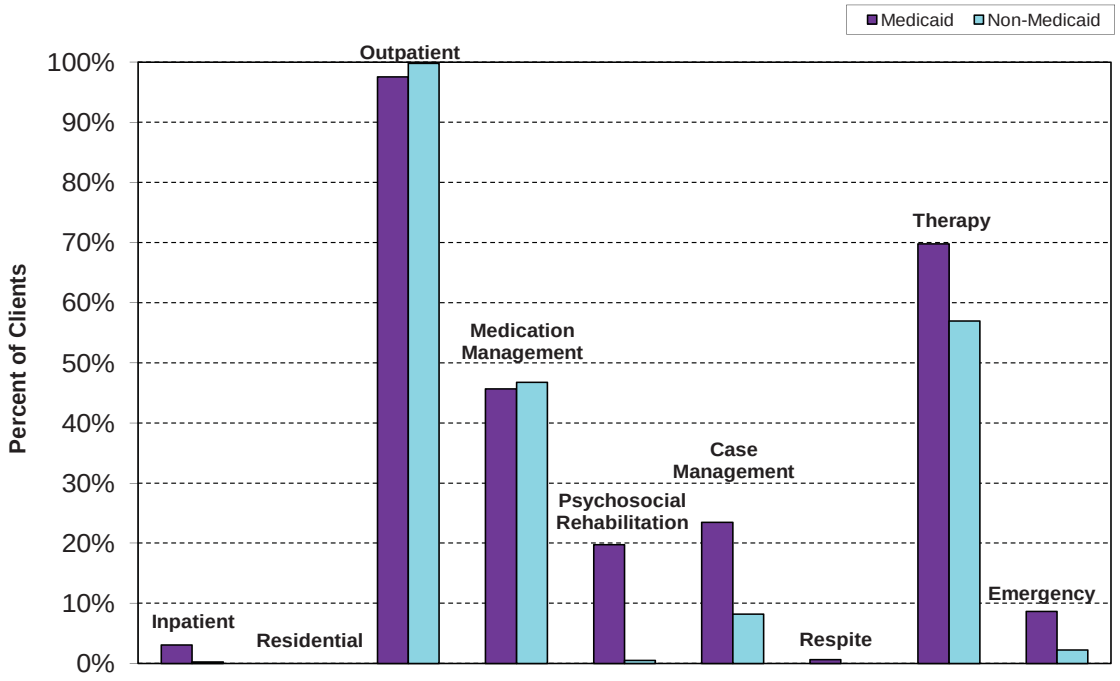
	Youth	Adult
Adjustment Disorder	27	34
Anxiety	23	117
Attention Deficit	40	31
Cognitive Disorder	0	9
Conduct Disorder	2	1
Depression	28	148
Impulse Control Disorders	4	0
Mood Disorder	34	100
Neglect or Abuse	5	4
Oppositional Defiant Disorder	8	0
Personality Disorder	0	16
Pervasive Developmental Disorders	9	9
Schizophrenia and Other Psychotic	0	14
Substance Abuse	8	19
Other	5	12
V Codes	8	18
Total	201	532

Race/Ethnicity
Fiscal Year 2014



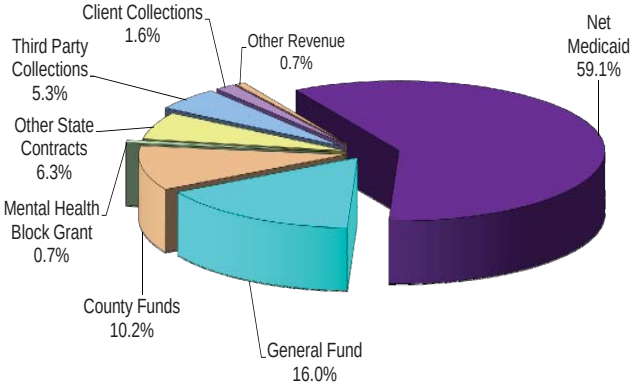
More than one race/ethnicity may have been selected.

Utilization of Mandated Services
Fiscal Year 2014

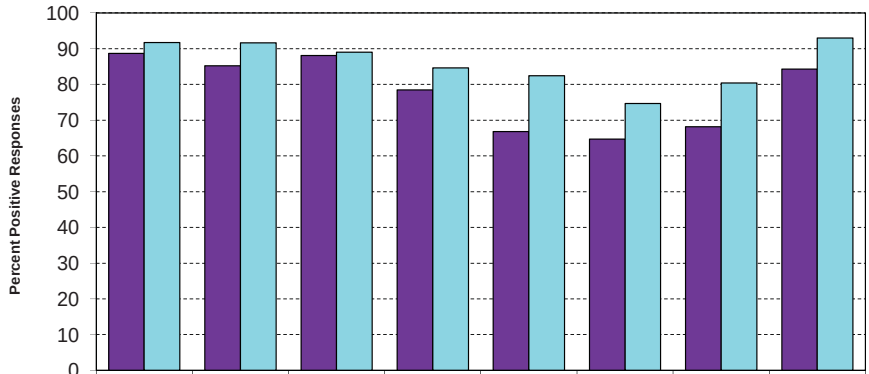


San Juan Counseling—Mental Health *(Continued)*

Source of Revenues
Fiscal Year 2014

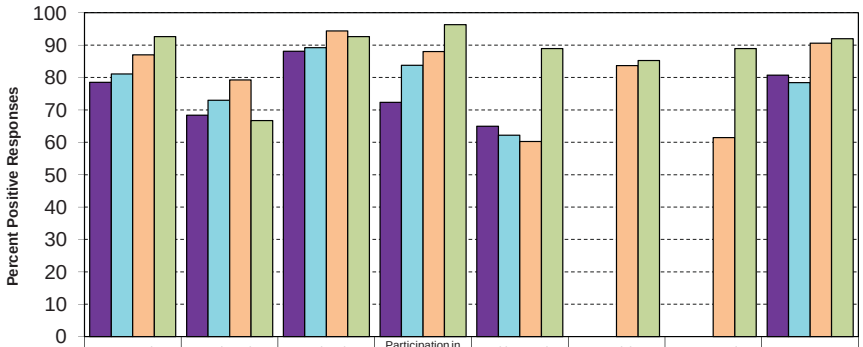


Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)
2014



	General Satisfaction	Good Service Access	Quality & Appropriateness of Services	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide 2014	88.7	85.2	88.1	78.5	66.8	64.7	68.2	84.3
Center 2014	91.7	91.6	89.0	84.6	82.4	74.7	80.4	93.0

Youth Consumer Satisfaction Surveys (YSS and YSS-F)
2014



	General Satisfaction	Good Service Access	Cultural Sensitivity	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide YSS	78.5	68.4	88.1	72.3	64.9			80.7
YSS	81.1	73.0	89.2	83.8	62.2			78.4
Statewide YSS-F	87.0	79.2	94.4	88.0	60.2	83.7	61.4	90.6
YSS-F	92.6	66.7	92.6	96.3	88.9	85.2	88.9	92.0

Southwest Behavioral Health Center

Beaver, Garfield, Iron, Kane, and Washington Counties

Substance Abuse and Mental Health Provider Agency:
Mike Deal, Director
Southwest Behavioral Health Center
474 West 200 North, Suite 300
St. George, UT 84770
Office: (435) 634-5600
www.sbhc.us

Population: 213,382

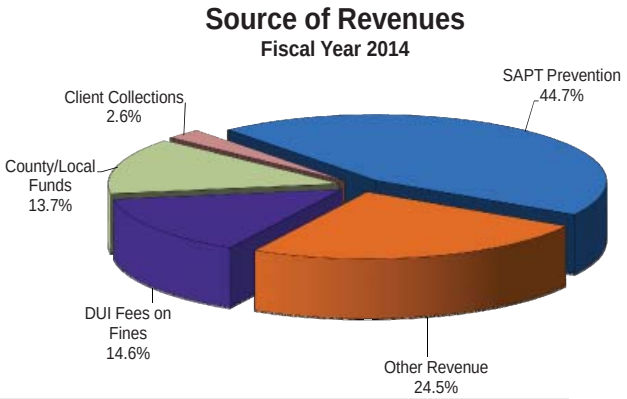
Southwest Substance Abuse—Prevention

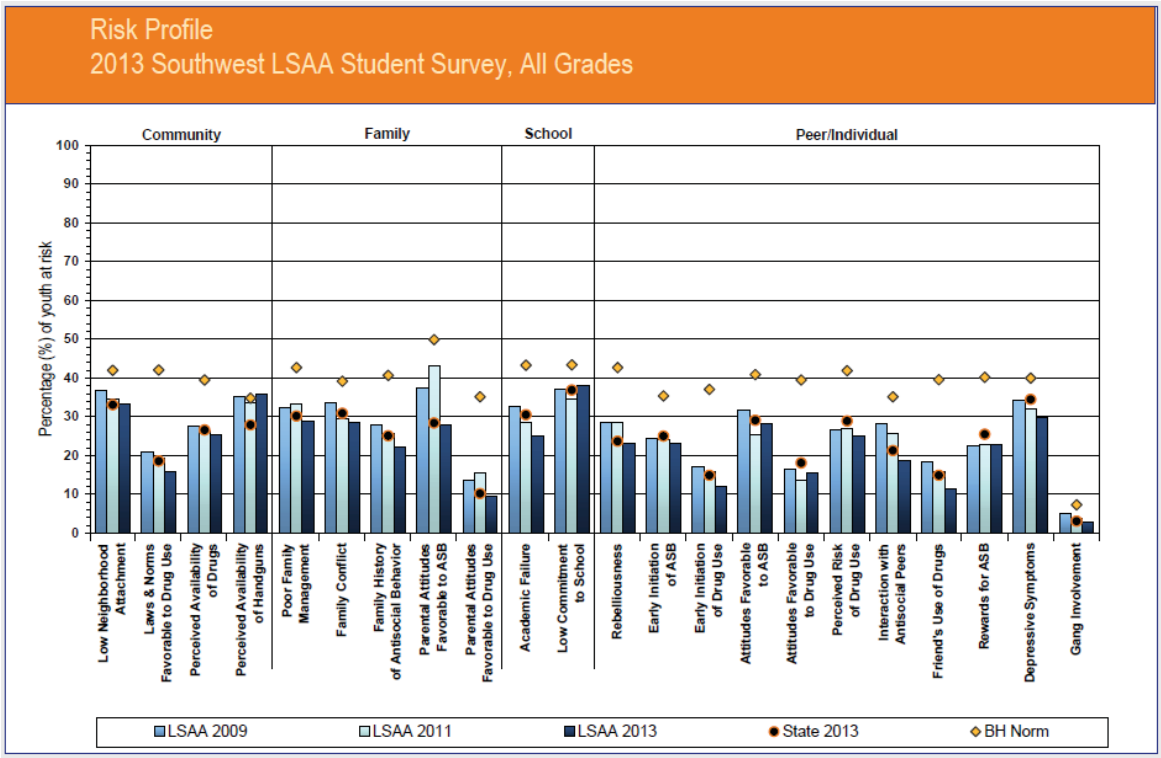
Protective Factors:

- Rewards for pro-social involvement
- Family attachments
- Opportuntities for pro-social interaction

Prioritized Risk Factors:

- Family conflict, low comittment to school
- Parental attitudes favorable to anti-social behavior
- Early initiation of use
- Depressive symptoms



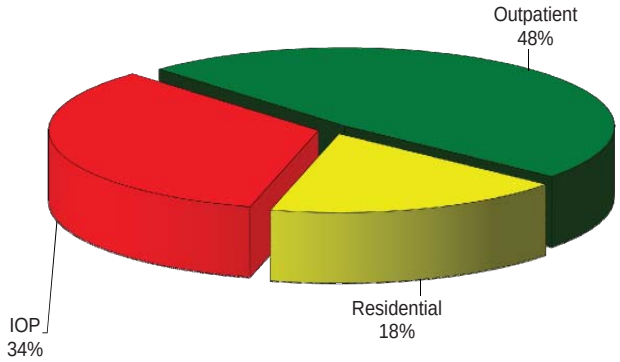


Southwest Behavioral Health Center—Substance Abuse

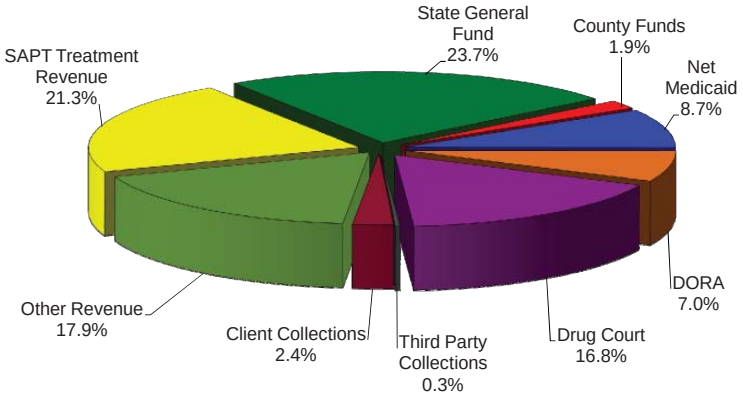
Total Clients Served.....635
Adult 577
Youth.....58
Penetration Rate (Total population of area)..0.3%

Total Admissions.....668
Initial Admissions 380
Transfers.....288

Admissions into Modalities
Fiscal Year 2014



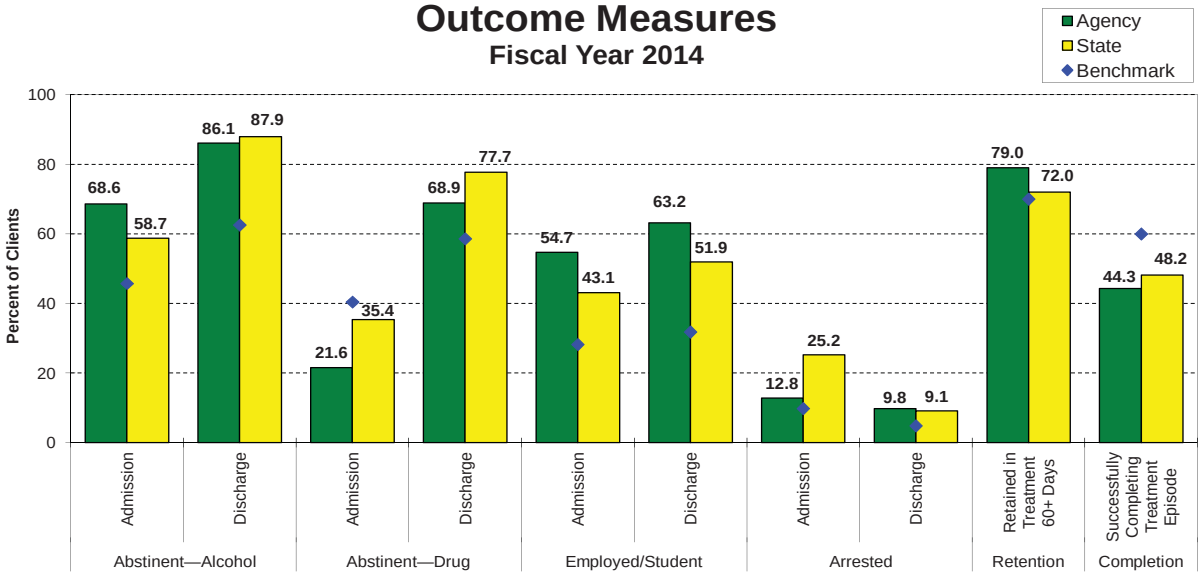
Source of Revenues
Fiscal Year 2014



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	58	45	103
Cocaine/Crack	0	0	0
Marijuana/Hashish	78	22	100
Heroin	85	87	172
Other Opiates/Synthetics	27	17	44
Hallucinogens	0	1	1
Methamphetamine	106	101	207
Other Stimulants	0	2	2
Benzodiazepines	0	2	2
Tranquilizers/Sedatives	0	2	2
Inhalants	0	0	0
Oxycodone	13	18	31
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	2	2	4
Total	369	299	668

Outcome Measures
Fiscal Year 2014



Benchmark is 75% of the National Average.

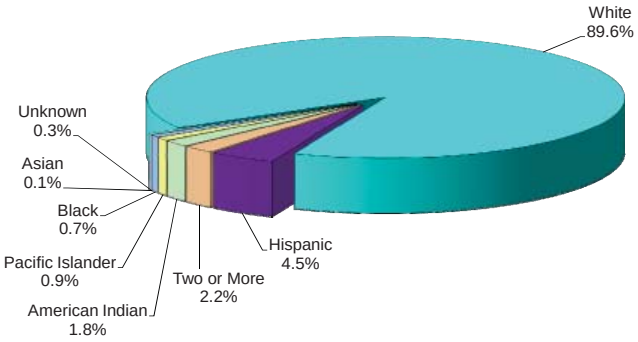
Southwest Behavioral Health Center—Mental Health

Total Clients Served.....2,776
Adult 1,250
Youth.....1,526
Penetration Rate (Total population of area)..... 1.3%
Civil Commitment 46
Unfunded Clients Served.....427

Diagnosis

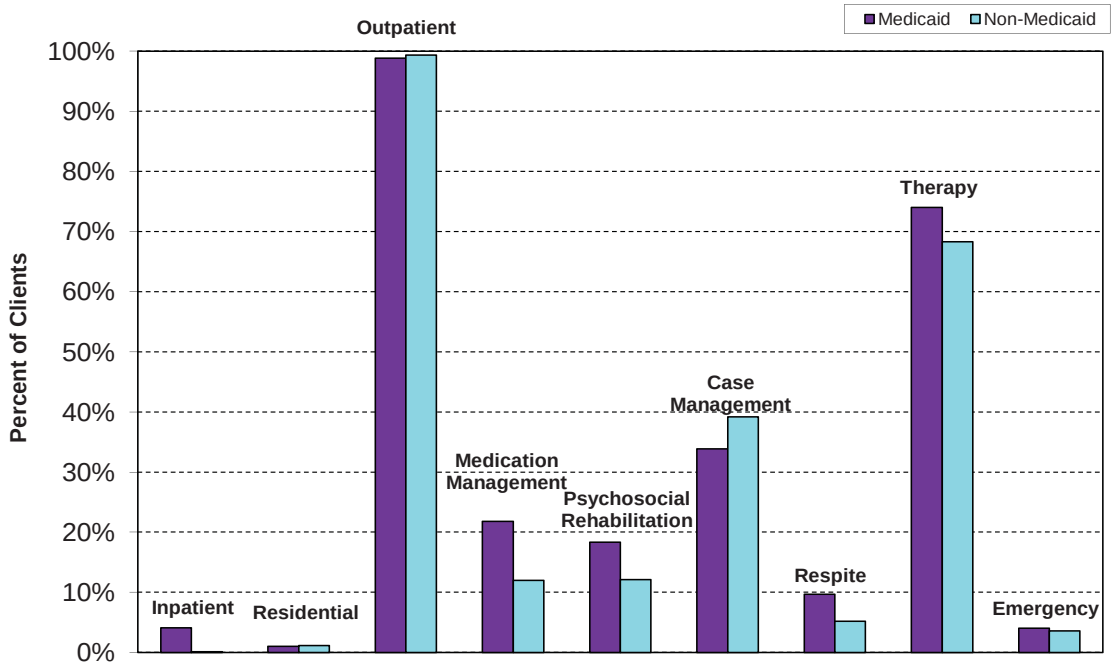
	Youth	Adult
Adjustment Disorder	356	102
Anxiety	598	428
Attention Deficit	265	33
Cognitive Disorder	32	88
Conduct Disorder	25	3
Depression	115	216
Impulse Control Disorders	180	20
Mood Disorder	317	532
Neglect or Abuse	249	38
Oppositional Defiant Disorder	105	3
Personality Disorder	38	355
Pervasive Developmental Disorders	117	44
Schizophrenia and Other Psychotic	2	192
Substance Abuse	111	391
Other	149	38
V Codes	559	160
Total	3,218	2,643

Race/Ethnicity
Fiscal Year 2014



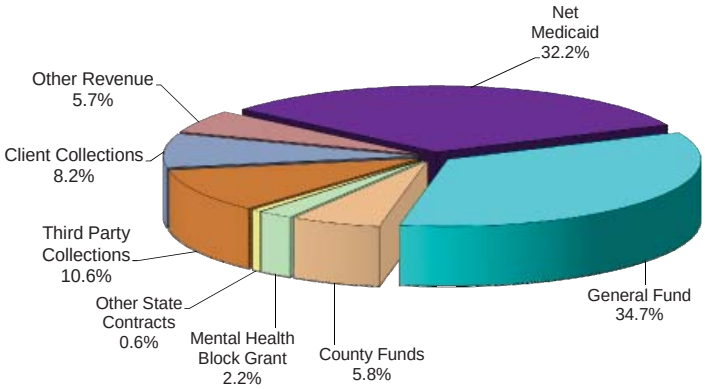
More than one race/ethnicity may have been selected.

Utilization of Mandated Services
Fiscal Year 2014

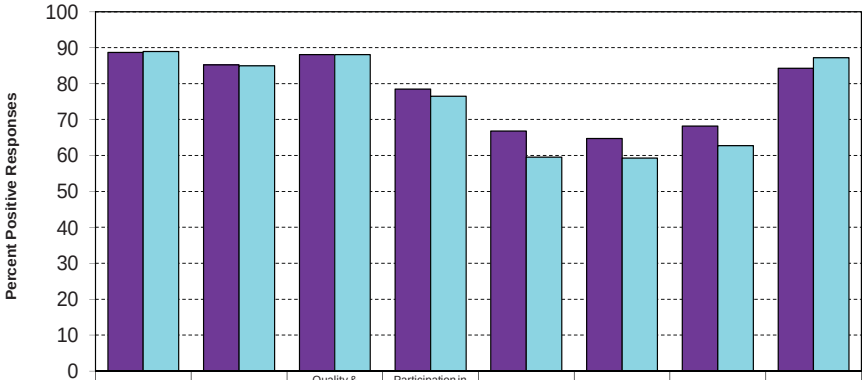


Southwest Behavioral Health Center—Mental Health *(Continued)*

Source of Revenues
Fiscal Year 2014

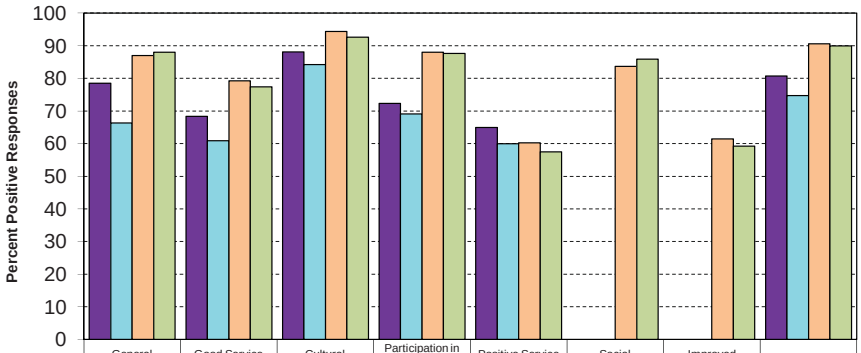


Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)
2014



	General Satisfaction	Good Service Access	Quality & Appropriateness of Services	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide 2014	88.7	85.2	88.1	78.5	66.8	64.7	68.2	84.3
Center 2014	88.9	85.0	88.1	76.5	59.5	59.3	62.7	87.2

Youth Consumer Satisfaction Surveys (YSS and YSS-F)
2014



	General Satisfaction	Good Service Access	Cultural Sensitivity	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide YSS	78.5	68.4	88.1	72.3	64.9			80.7
YSS	66.3	60.9	84.2	69.1	60.0			74.7
Statewide YSS-F	87.0	79.2	94.4	88.0	60.2	83.7	61.4	90.6
YSS-F	88.0	77.4	92.6	87.6	57.5	85.9	59.2	89.9

Summit County

Substance Abuse and Mental Health Provider Agency:

Gary Larcenaire, CEO/President
Dodi Wilson, Interim Program Manager
Valley Behavioral Health, Summit County
1753 Sidewinder Drive
Park City, UT 84060-7322
Office: (435) 649-8347
Fax: (435) 649-2157
www.valleycares.com

Population: 38,486

Summit Substance Abuse—Prevention

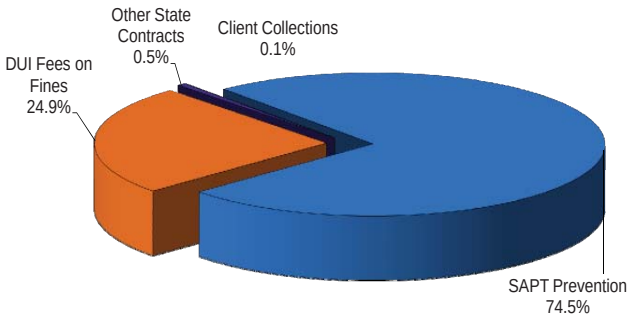
Protective Factors:

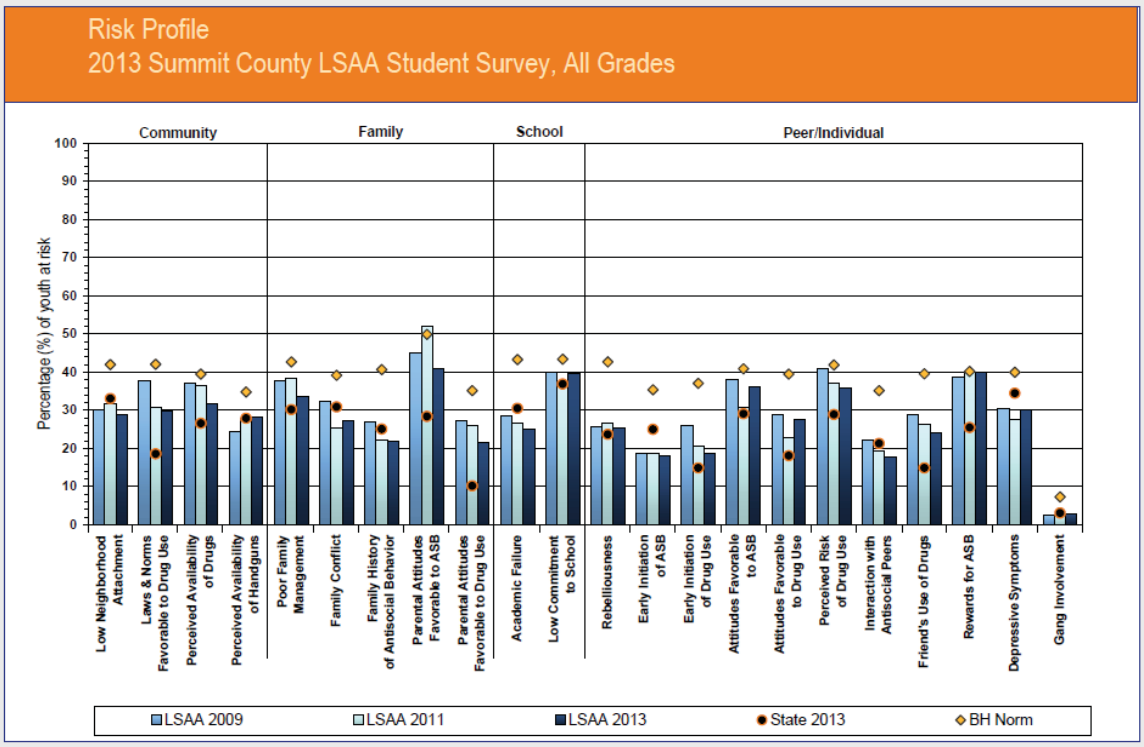
- Rewards for pro-social involvement
- Opportuntities for pro-social involvement

Prioritized Risk Factors:

- Rewards for anti-social behavior
- Parental attitudes favorable to anti-social behavior

Source of Revenues
Fiscal Year 2014





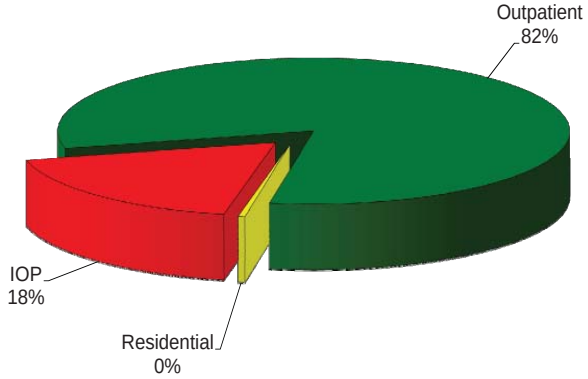
Summit County - Valley Mental Health - Substance Abuse

Total Clients Served.....347
Adult 315
Youth.....32
Penetration Rate (Total population of area)..0.9%

Total Admissions.....234
Initial Admissions 198
Transfers.....36

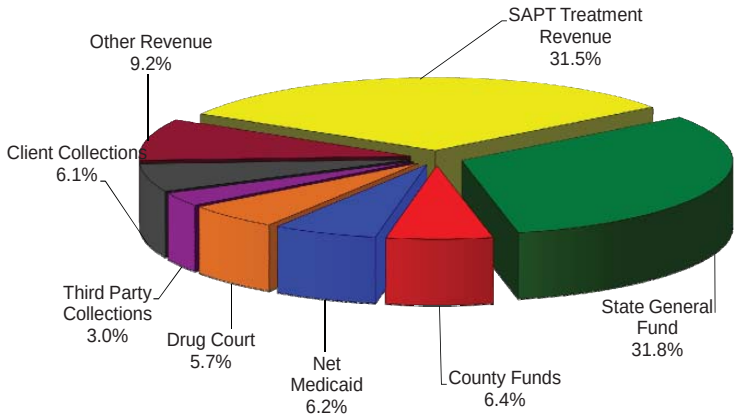
Admissions into Modalities

Fiscal Year 2014



Source of Revenues

Fiscal Year 2014

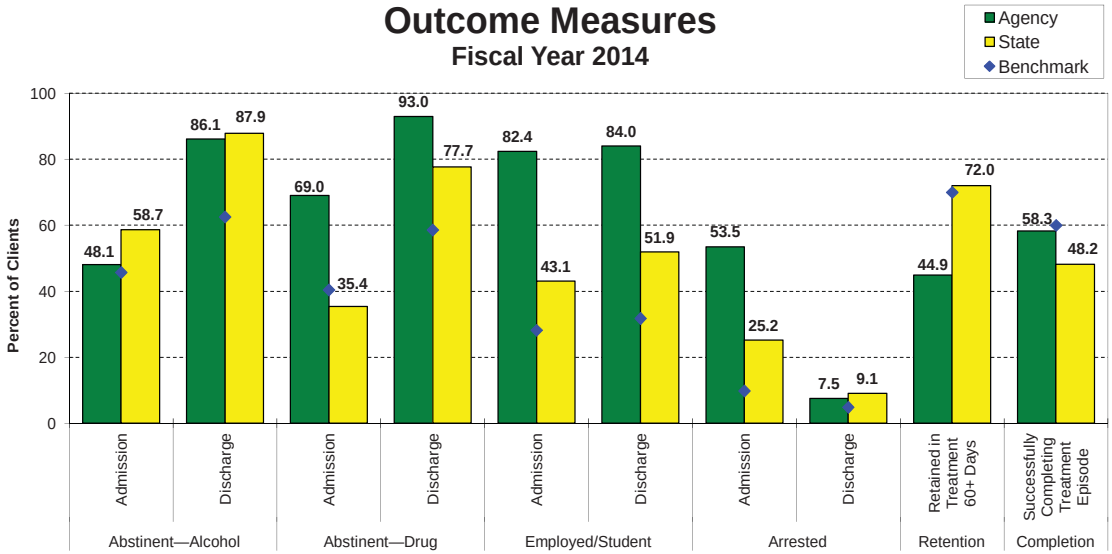


Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	97	46	143
Cocaine/Crack	2	2	4
Marijuana/Hashish	39	18	57
Heroin	6	3	9
Other Opiates/Synthetics	2	6	8
Hallucinogens	0	0	0
Methamphetamine	3	3	6
Other Stimulants	0	2	2
Benzodiazepines	1	1	2
Tranquilizers/Sedatives	1	0	1
Inhalants	0	0	0
Oxycodone	0	2	2
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	0	0	0
Total	151	83	234

Outcome Measures

Fiscal Year 2014



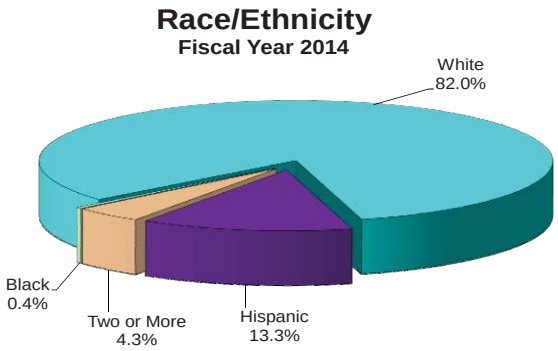
Benchmark is 75% of the National Average.

Summit County—Valley Mental Health—Mental Health

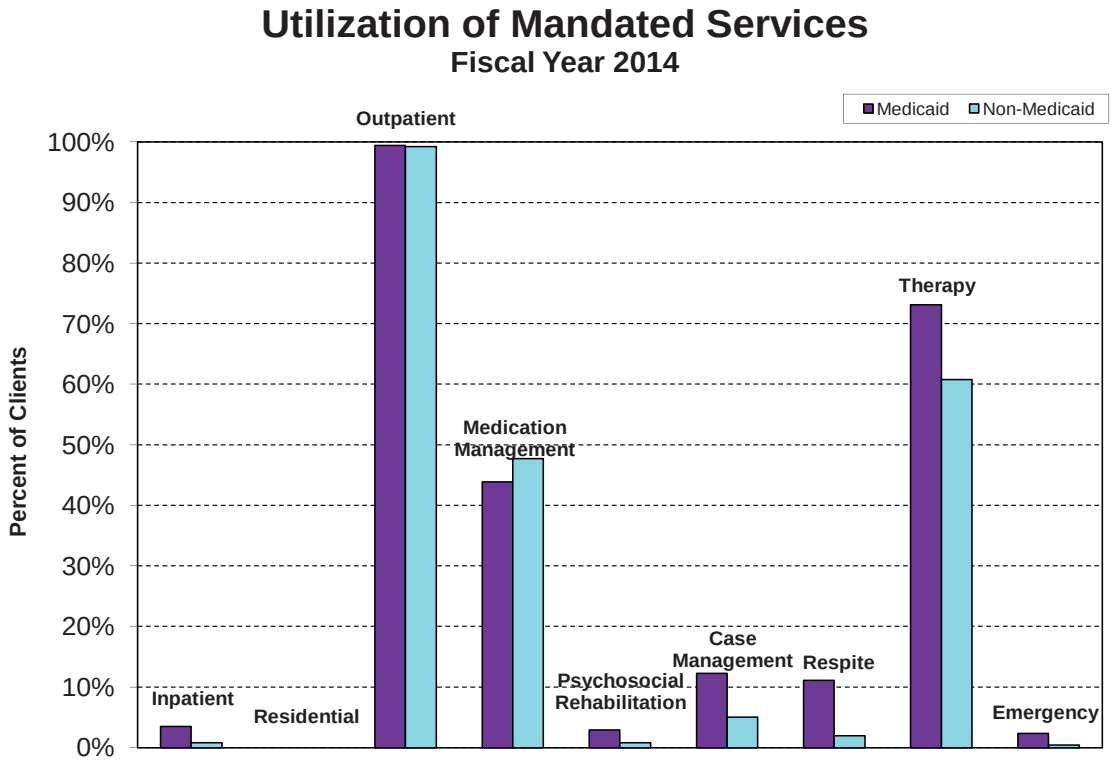
Total Clients Served.....401
Adult 256
Youth.....145
Penetration Rate (Total population of area)..... 1.0%
Civil Commitment 1
Unfunded Clients Served.....49

Diagnosis

	Youth	Adult
Adjustment Disorder	29	17
Anxiety	48	158
Attention Deficit	47	37
Cognitive Disorder	1	8
Conduct Disorder	2	0
Depression	14	87
Impulse Control Disorders	11	2
Mood Disorder	27	91
Neglect or Abuse	9	4
Oppositional Defiant Disorder	15	2
Personality Disorder	1	32
Pervasive Developmental Disorders	14	6
Schizophrenia and Other Psychotic	0	13
Substance Abuse	7	99
Other	12	9
V Codes	40	72
Total	277	637

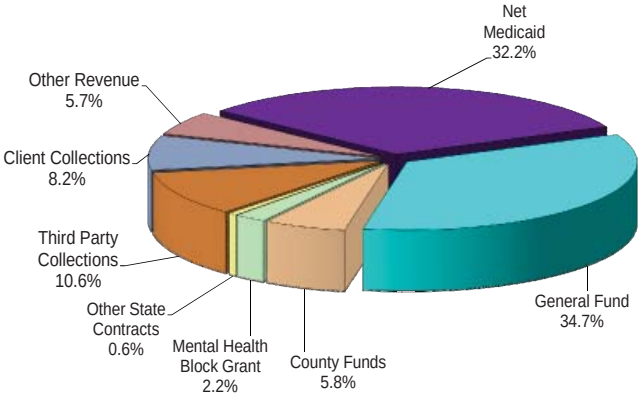


More than one race/ethnicity may have been selected.

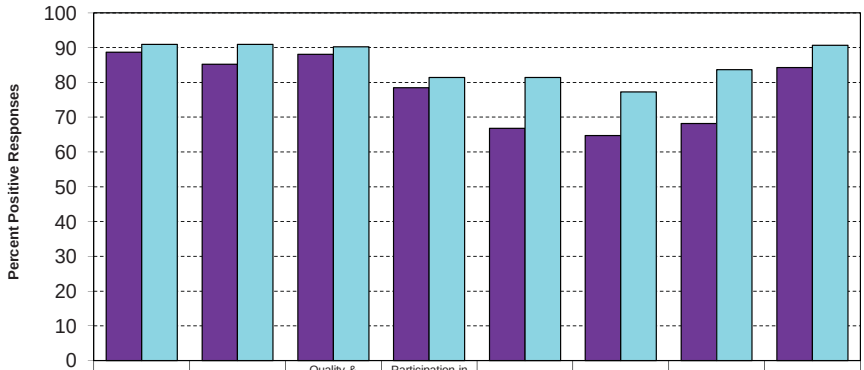


Summit County—Valley Mental Health—Mental Health *(Continued)*

Source of Revenues
Fiscal Year 2014

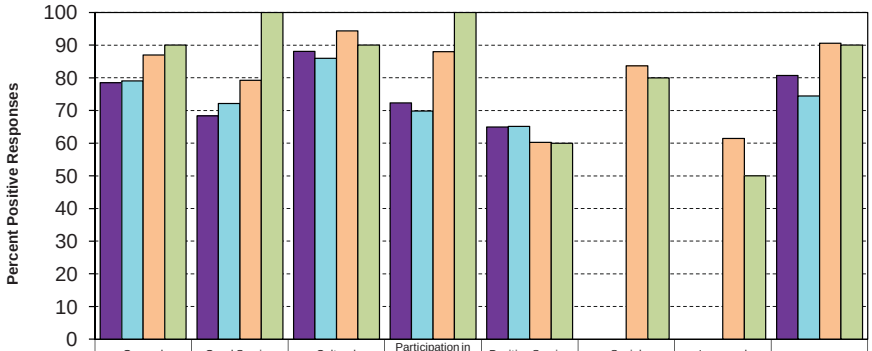


Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)
2014



	General Satisfaction	Good Service Access	Quality & Appropriateness of Services	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide 2014	88.7	85.2	88.1	78.5	66.8	64.7	68.2	84.3
Center 2014	90.9	90.9	90.2	81.4	81.4	77.3	83.7	90.7

Youth Consumer Satisfaction Surveys (YSS and YSS-F)
2014



	General Satisfaction	Good Service Access	Cultural Sensitivity	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide YSS	78.5	68.4	88.1	72.3	64.9			80.7
YSS	79.1	72.1	86.0	69.8	65.1			74.4
Statewide YSS-F	87.0	79.2	94.4	88.0	60.2	83.7	61.4	90.6
YSS-F	90.0	100.0	90.0	100.0	60.0	80.0	50.0	90.0

Tooele County

Substance Abuse and Mental Health Provider Agency:

Gary Larcenaire, CEO/President
John Byrne, Interim Program Manager
Valley Behavioral Health, Tooele County
100 South 1000 West
Tooele, UT 84074
Office: (435) 843-3520
www.valleycares.com

Population: 60,762

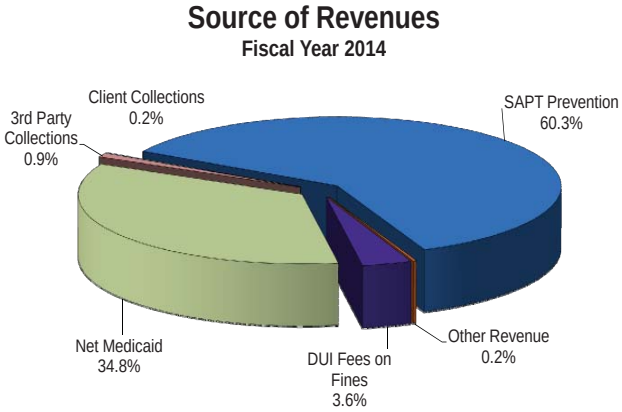
Tooele Substance Abuse—Prevention

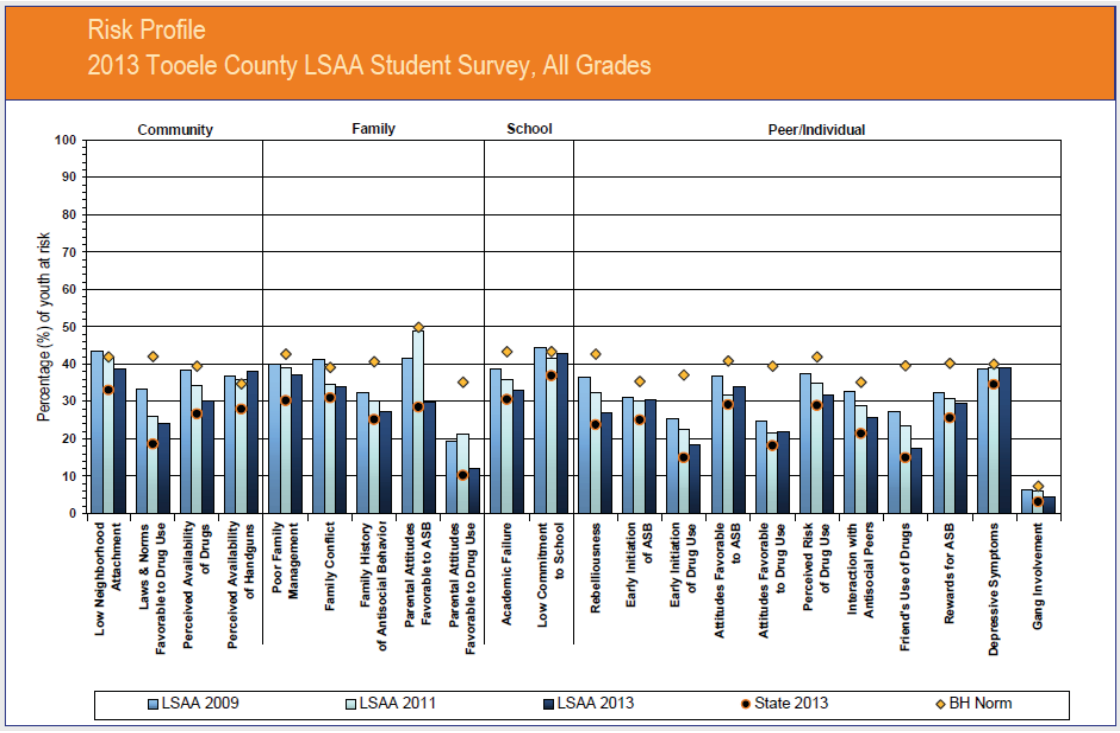
Protective Factors:

- Community opportunities for pro-social involvement
- Rewards for pro-social behavior

Prioritized Risk Factors:

- Low comittment to school
- Attitudes favorable to anti-social behavior
- Attitudes favorable to drugs
- Depressive symptoms



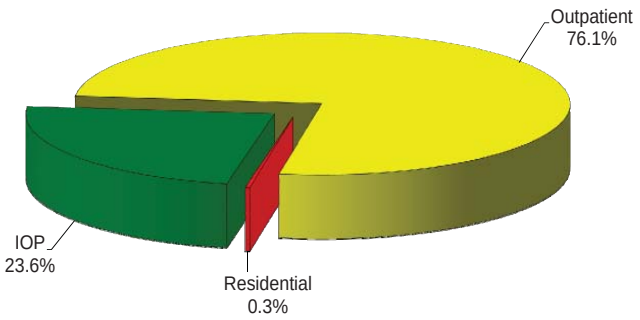


Tooele County—Valley Mental Health—Substance Abuse

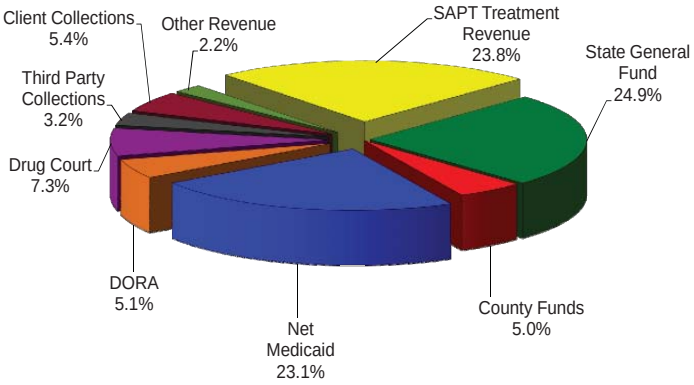
Total Clients Served.....592
Adult 518
Youth.....74
Penetration Rate (Total population of area)..1.0%

Total Admissions.....347
Initial Admissions 325
Transfers.....22

Admissions into Modalities
Fiscal Year 2014



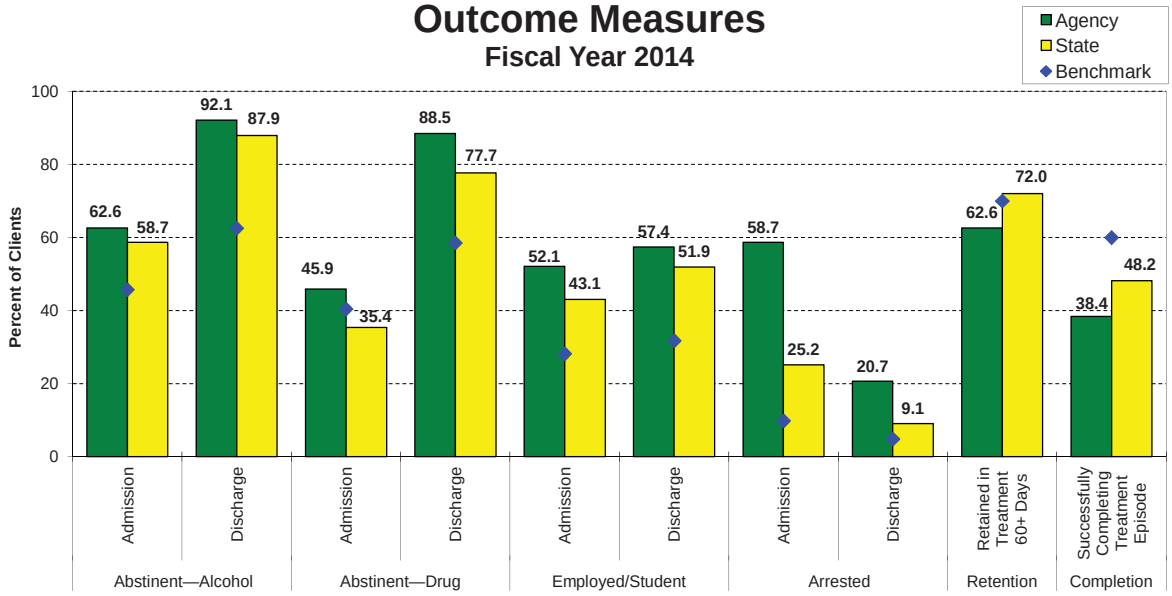
Source of Revenues
Fiscal Year 2014



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	76	38	114
Cocaine/Crack	1	1	2
Marijuana/Hashish	46	26	72
Heroin	20	23	43
Other Opiates/Synthetics	10	7	17
Hallucinogens	4	0	4
Methamphetamine	40	43	83
Other Stimulants	0	2	2
Benzodiazepines	0	0	0
Tranquilizers/Sedatives	1	0	1
Inhalants	1	0	1
Oxycodone	3	4	7
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	1	0	1
Total	**203**	**144**	**347**

Outcome Measures
Fiscal Year 2014



Benchmark is 75% of the National Average.

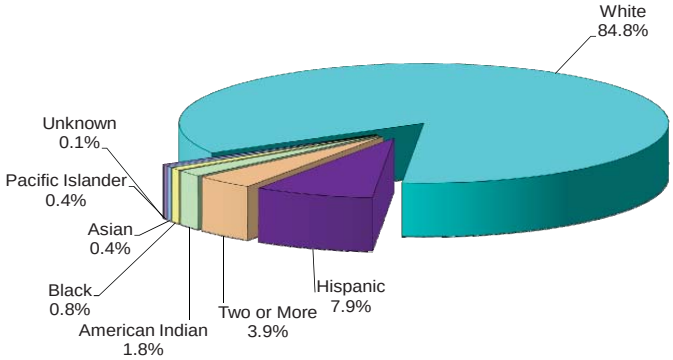
Tooele County—Valley Mental Health—Mental Health

Total Clients Served.....1,734
Adult 1,082
Youth.....652
Penetration Rate (Total population of area)..... 2.9%
Civil Commitment 54
Unfunded Clients Served.....198

Diagnosis

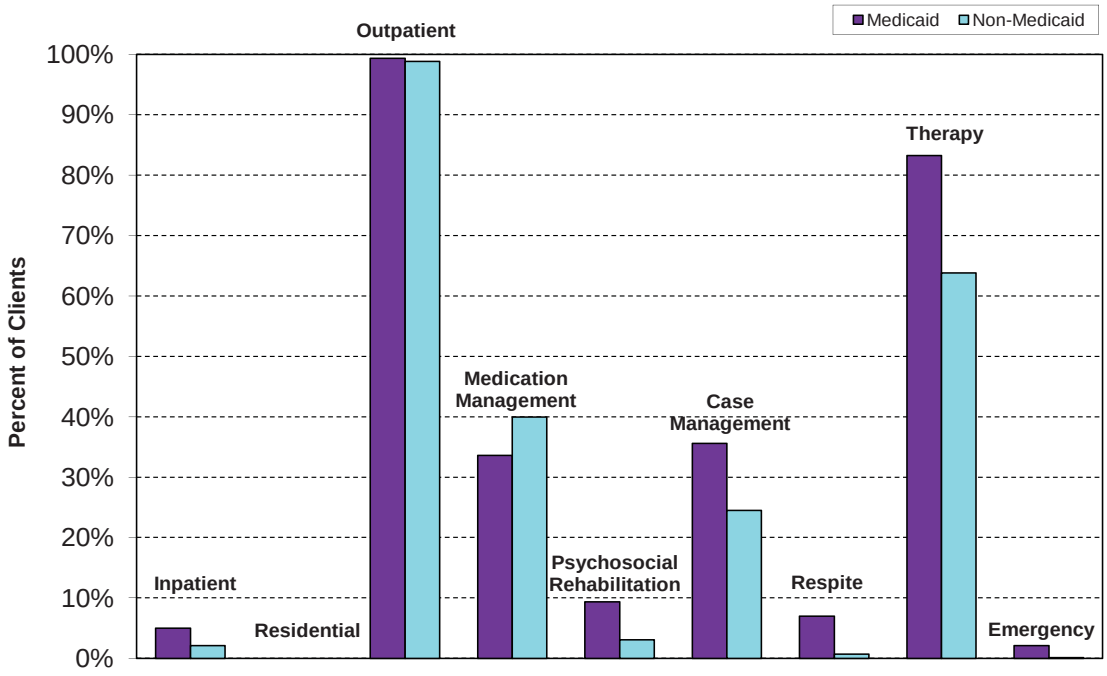
	Youth	Adult
Adjustment Disorder	79	48
Anxiety	301	690
Attention Deficit	196	75
Cognitive Disorder	7	34
Conduct Disorder	20	3
Depression	122	439
Impulse Control Disorders	36	13
Mood Disorder	144	376
Neglect or Abuse	139	26
Oppositional Defiant Disorder	76	1
Personality Disorder	8	167
Pervasive Developmental Disorders	45	16
Schizophrenia and Other Psychotic	0	75
Substance Abuse	60	425
Other	54	47
V Codes	249	267
Total	1,536	2,702

Race/Ethnicity
Fiscal Year 2014

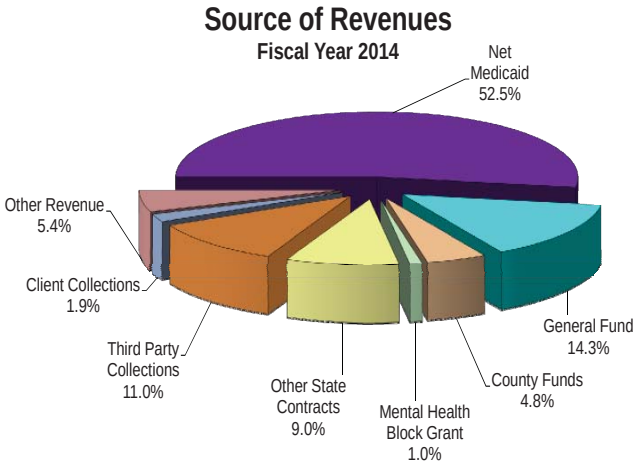


More than one race/ethnicity may have been selected.

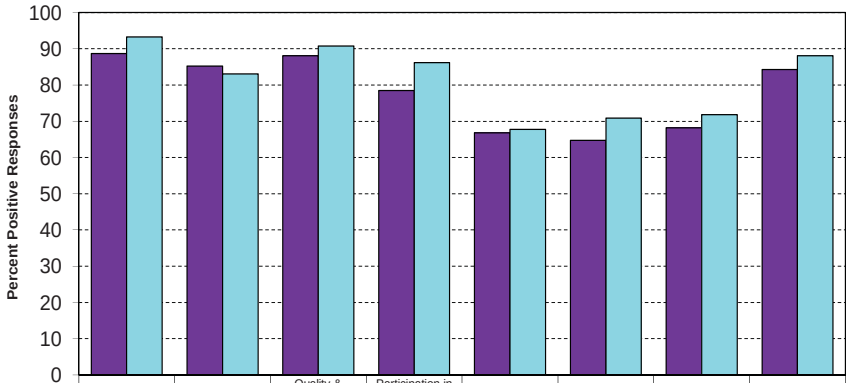
Utilization of Mandated Services
Fiscal Year 2014



Tooele County—Valley Mental Health—Mental Health *(Continued)*

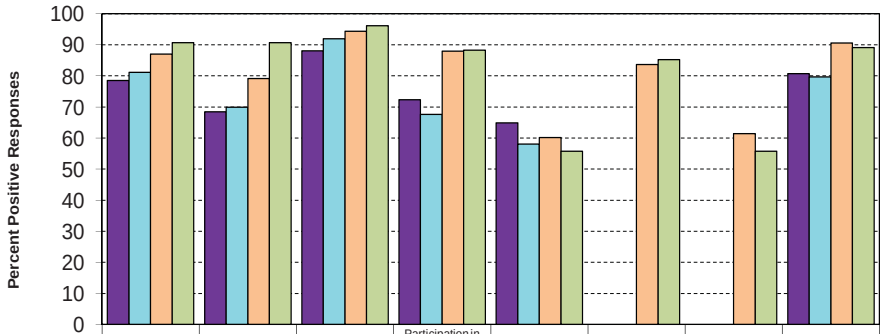


Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)
2014



	General Satisfaction	Good Service Access	Quality & Appropriateness of Services	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide 2014	88.7	85.2	88.1	78.5	66.8	64.7	68.2	84.3
Center 2014	93.3	83.1	90.8	86.2	67.8	70.9	71.8	88.1

Youth Consumer Satisfaction Surveys (YSS and YSS-F)
2014



	General Satisfaction	Good Service Access	Cultural Sensitivity	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide YSS	78.5	68.4	88.1	72.3	64.9			80.7
YSS	81.1	69.9	91.9	67.6	58.1			79.7
Statewide YSS-F	87.0	79.2	94.4	88.0	60.2	83.7	61.4	90.6
YSS-F	90.7	90.7	96.1	88.3	55.8	85.2	55.8	89.1

Utah County

Substance Abuse Provider Agency:
Richard Nance, Director
Utah County Department of Drug and Alcohol Prevention and Treatment
151 South University Ave. Ste 3200
Provo, UT 84601
Office: (801) 851-7127 www.utahcountyonline.org

Mental Health Provider Agency:
Juergen Korbanka, Executive Director
Wasatch Mental Health
750 North Freedom Blvd., Ste 300
Provo, UT 84601
Office: (801) 852-4703 www.wasatch.org

Population: 551,891

Utah County—Prevention

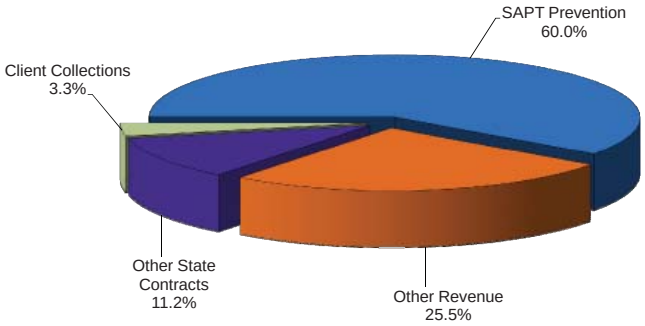
Protective Factors:

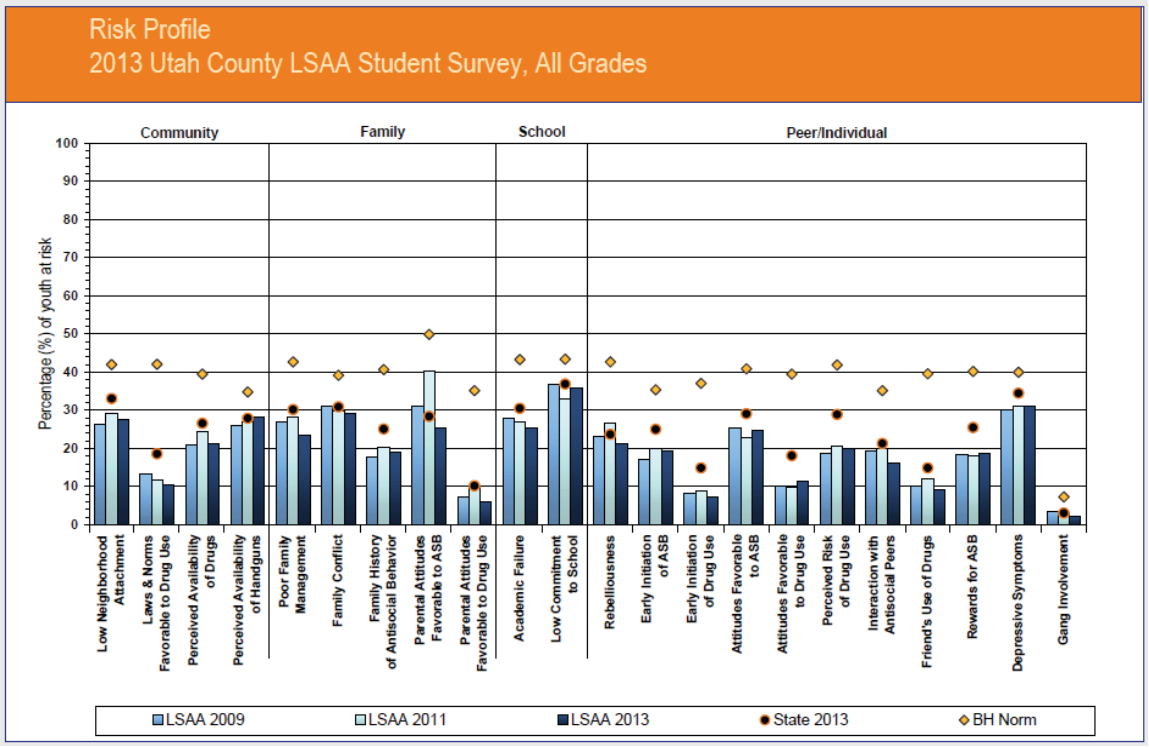
- Pro-social involvement with peers
- Family attachments
- Opportuntities for pro-social interaction at school

Prioritized Risk Factors:

- Low comittment to school
- Low neighborhood attachment
- Depressive symptoms

Source of Revenues
Fiscal Year 2014



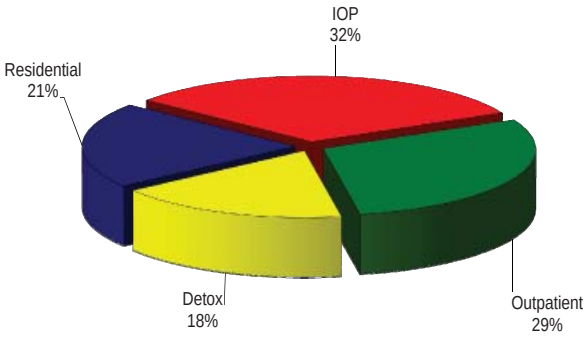


Utah County—Substance Abuse

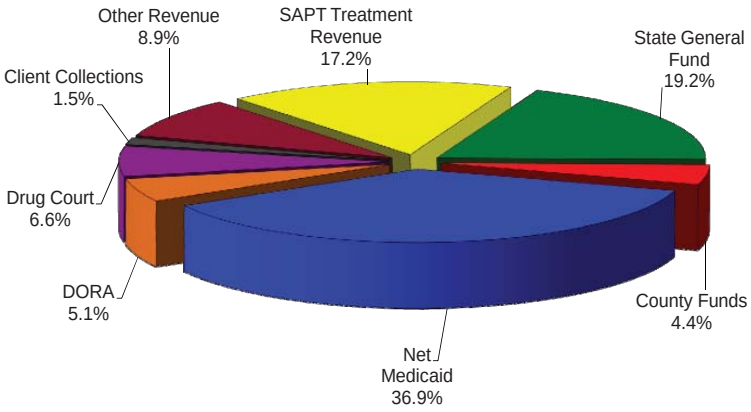
Total Clients Served.....957
Adult 942
Youth.....15
Penetration Rate (Total population of area)..0.2%

Total Admissions.....1,287
Initial Admissions 663
Transfers.....624

Admissions into Modalities
Fiscal Year 2014



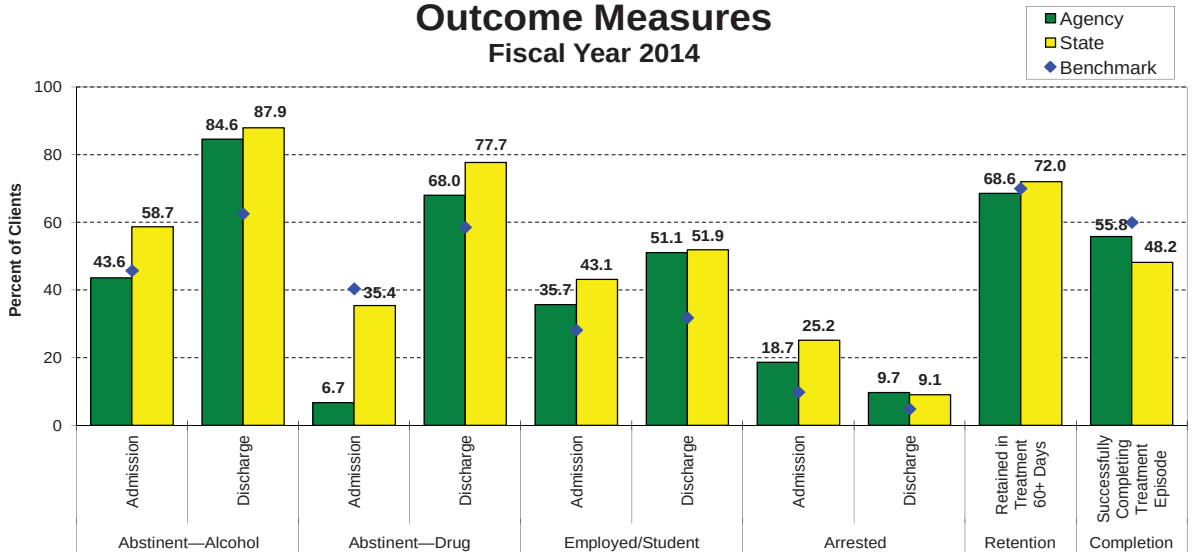
Source of Revenues
Fiscal Year 2014



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	275	240	515
Cocaine/Crack	35	27	62
Marijuana/Hashish	93	82	175
Heroin	140	138	278
Other Opiates/Synthetics	23	27	50
Hallucinogens	0	0	0
Methamphetamine	55	81	136
Other Stimulants	3	5	8
Benzodiazepines	3	6	9
Tranquilizers/Sedatives	0	0	0
Inhalants	2	0	2
Oxycodone	26	23	49
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	0	3	3
Total	655	632	1,287

Outcome Measures
Fiscal Year 2014



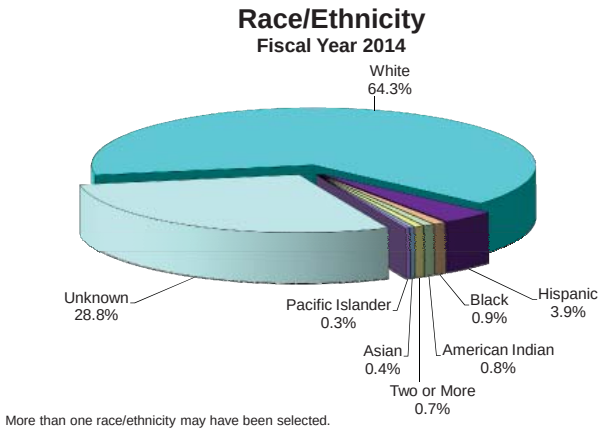
Benchmark is 75% of the National Average.

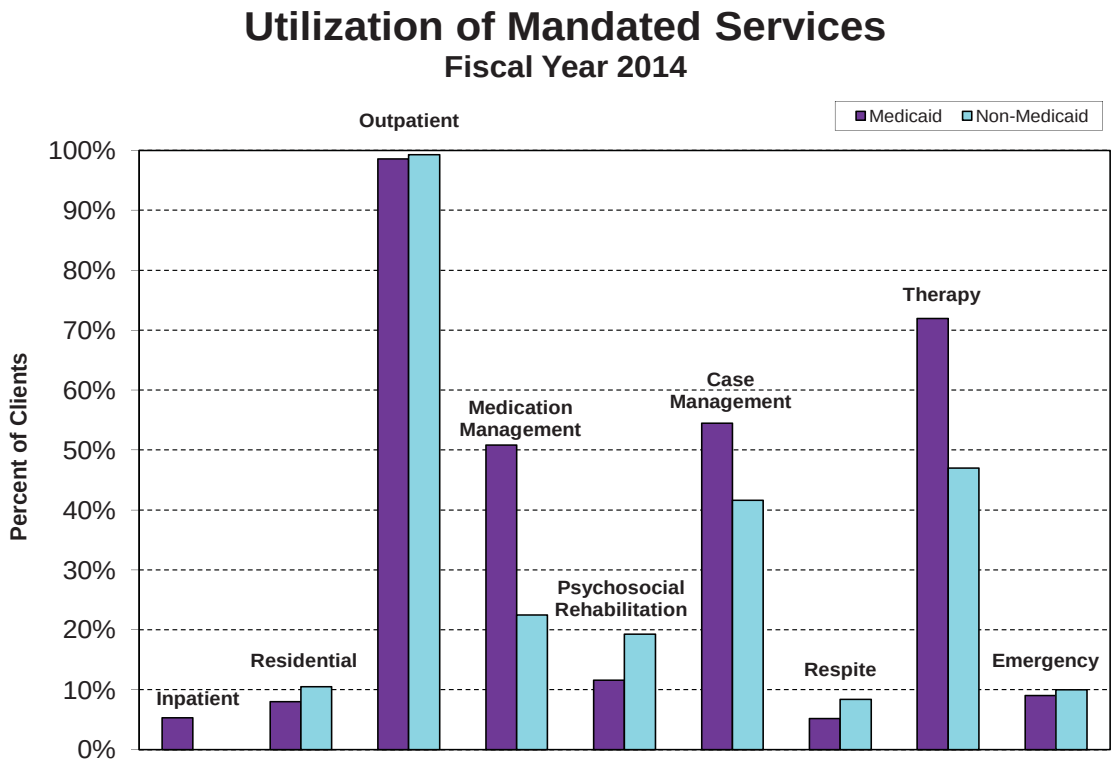
Utah County—Wasatch Mental Health

Total Clients Served.....9,642
Adult 6,262
Youth.....3,380
Penetration Rate (Total population of area)..... 1.7%
Civil Commitment 244
Unfunded Clients Served 750

Diagnosis

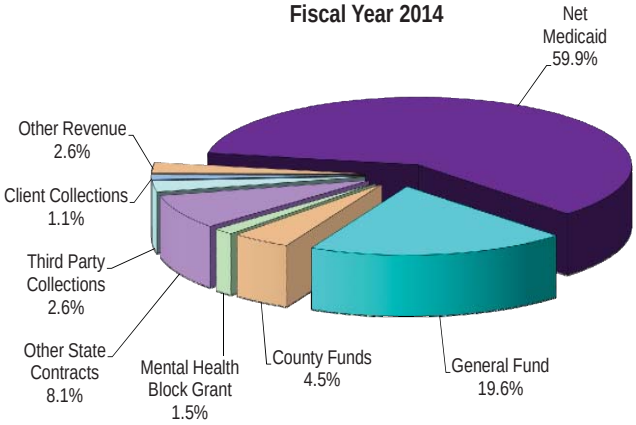
	Youth	Adult
Adjustment Disorder	665	195
Anxiety	1,267	3,280
Attention Deficit	907	639
Cognitive Disorder	65	524
Conduct Disorder	33	5
Depression	360	1,531
Impulse Control Disorders	238	153
Mood Disorder	780	1,589
Neglect or Abuse	502	363
Oppositional Defiant Disorder	299	20
Personality Disorder	12	700
Pervasive Developmental Disorders	445	205
Schizophrenia and Other Psychotic	8	647
Substance Abuse	12	85
Other	307	397
V Codes	1,028	674
Total	6,928	11,007



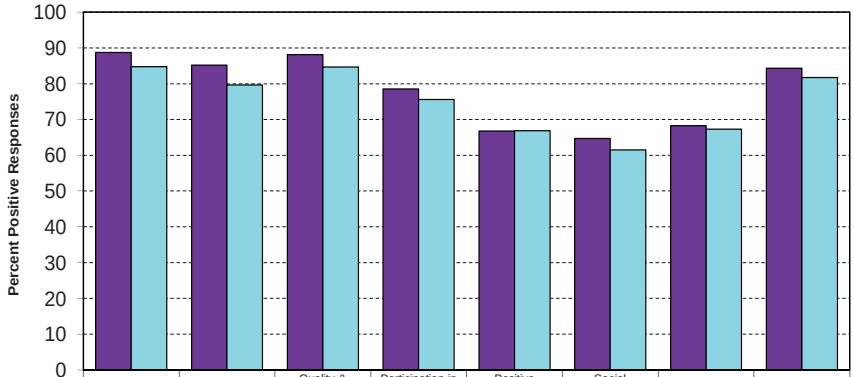


Utah County—Wasatch Mental Health *(Continued)*

Source of Revenues
Fiscal Year 2014



Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)
2014



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Statewide 2014	88.7	85.2	88.1	78.5	66.8	64.7	68.2	84.3
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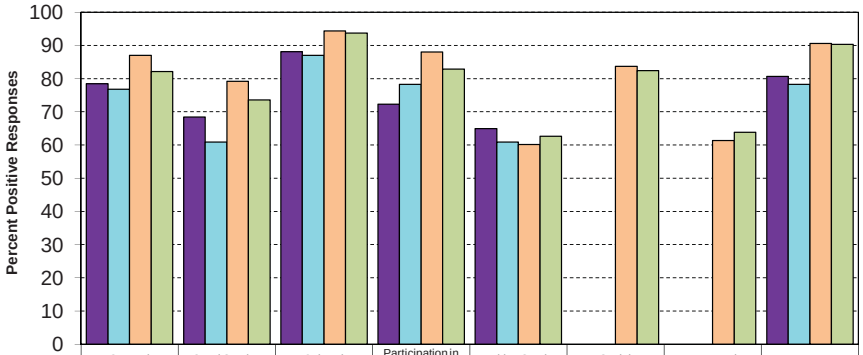
Youth Consumer Satisfaction Surveys (YSS and YSS-F)
2014



	General Satisfaction	Good Service Access	Cultural Sensitivity	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide YSS	78.5	68.4	88.1	72.3	64.9			80.7
YSS	76.8	60.9	87.0	78.3	60.9			78.3
Statewide YSS-F	87.0	79.2	94.4	88.0	60.2	83.7	61.4	90.6
YSS-F	82.1	73.6	93.7	82.9	62.6	82.4	63.8	90.3

Wasatch County

Substance Abuse and Mental Health Provider Agency:
Richard Hatch, Director
Wasatch County Family Clinic
55 South 500 East
Heber, UT 84032
Office: (435) 654-3003
www.wasatch.org

Population: 26,437

Wasatch County Substance Abuse—Prevention

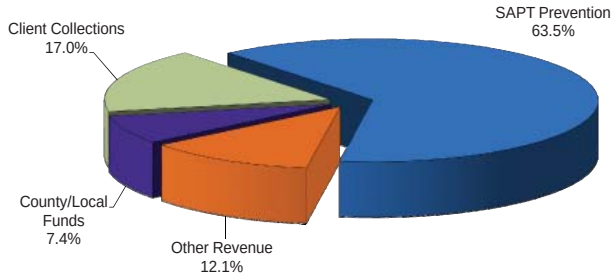
Protective Factors:

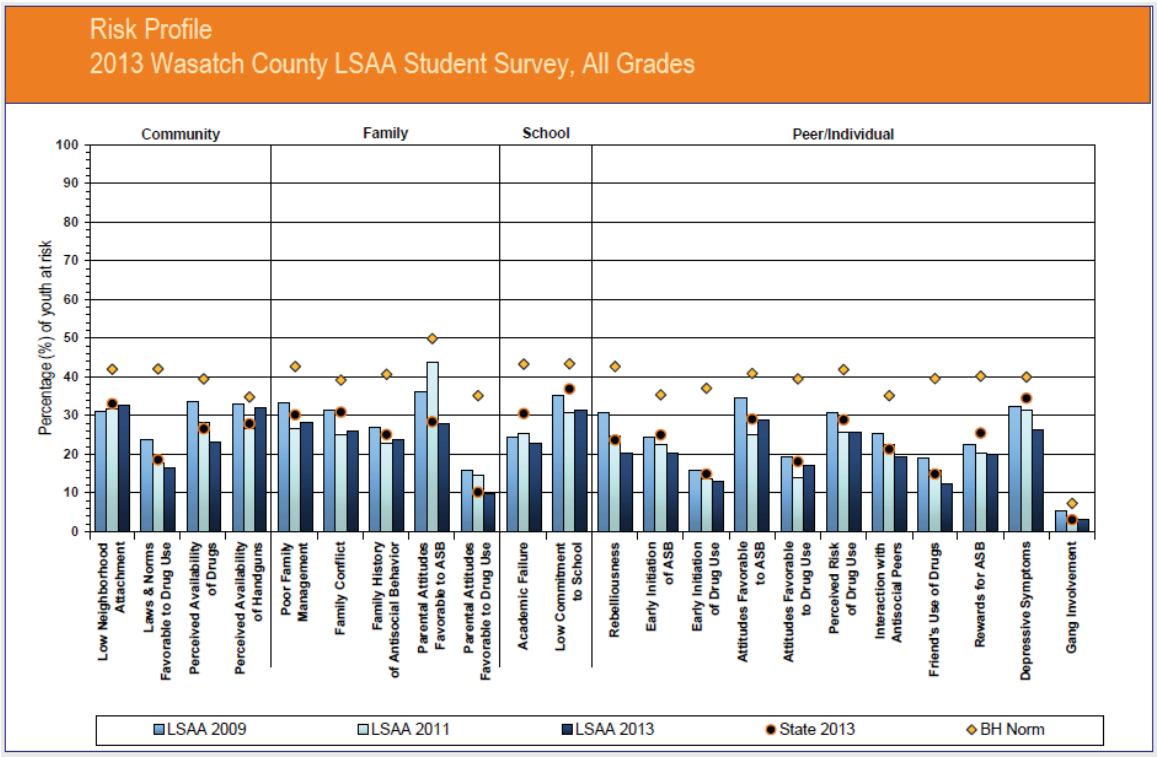
- Pro-social involvement with peers
- Opportuntities for pro-social involvement

Prioritized Risk Factors:

- High level of alcohol/marijuana use
- Buffer kids from exposure to drugs and anti-csocial behaviors

Source of Revenues
Fiscal Year 2014



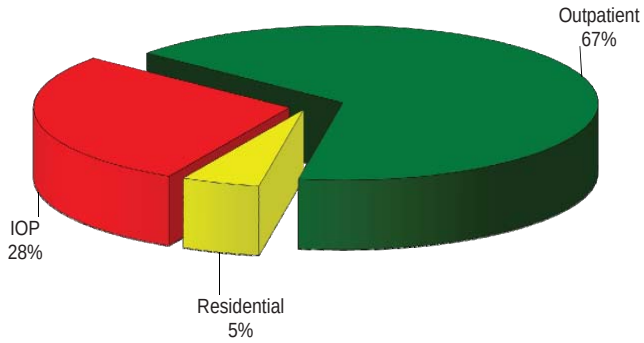


Wasatch County—Substance Abuse

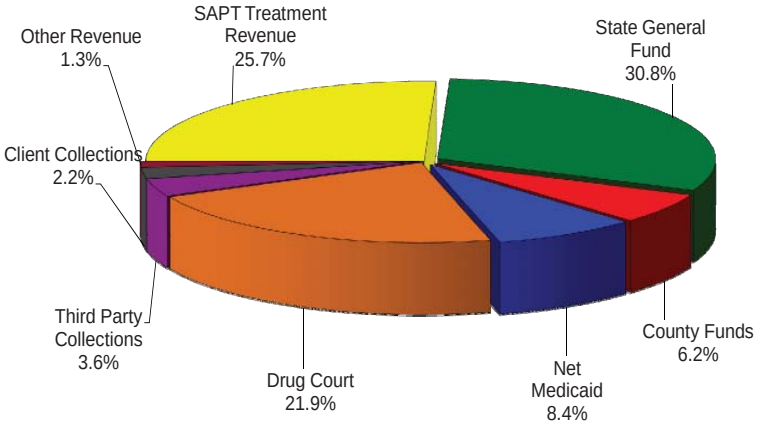
Total Clients Served.....159
Adult 138
Youth.....21
Penetration Rate (Total population of area)..0.6%

Total Admissions.....120
Initial Admissions 85
Transfers.....35

Admissions into Modalities
Fiscal Year 2014



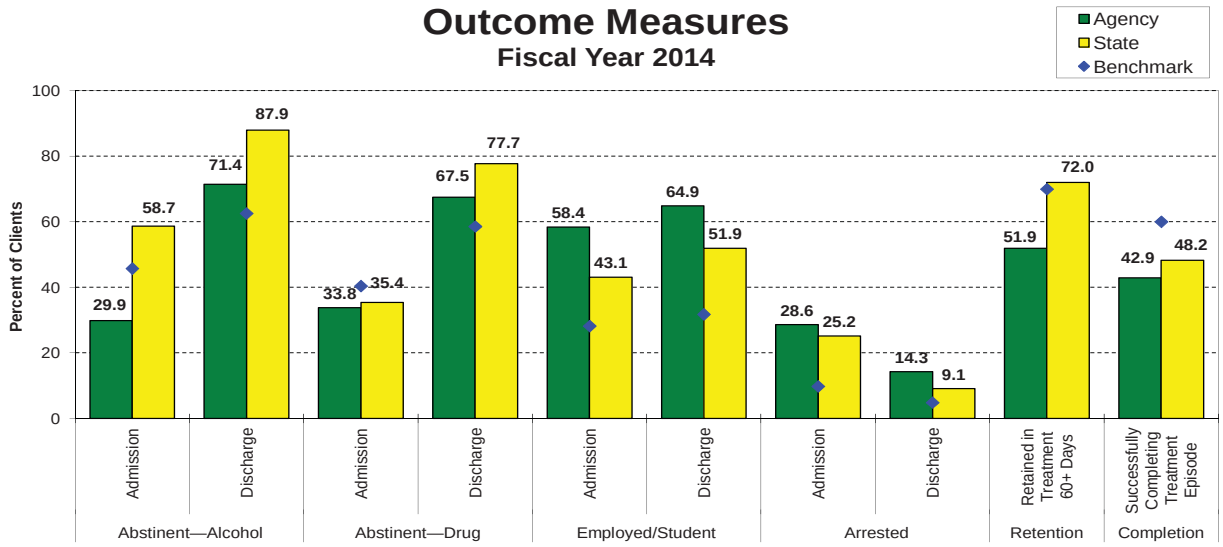
Source of Revenues
Fiscal Year 2014



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	44	24	68
Cocaine/Crack	7	2	9
Marijuana/Hashish	11	12	23
Heroin	0	2	2
Other Opiates/Synthetics	0	1	1
Hallucinogens	0	0	0
Methamphetamine	3	9	12
Other Stimulants	0	1	1
Benzodiazepines	1	0	1
Tranquilizers/Sedatives	0	0	0
Inhalants	0	0	0
Oxycodone	0	2	2
Club Drugs	0	0	0
Over-the-Counter	0	1	1
Other	0	0	0
Unknown	0	0	0
Total	**66**	**54**	**120**

Outcome Measures
Fiscal Year 2014

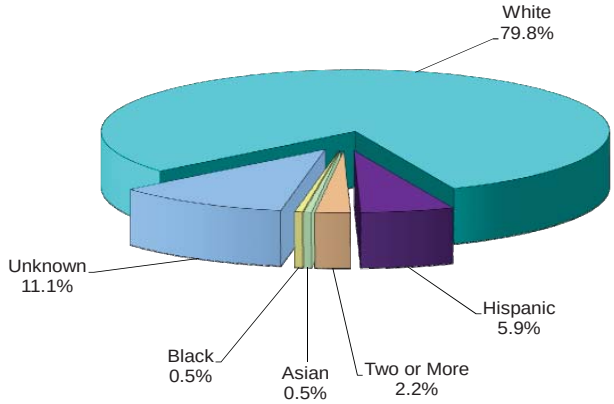


Benchmark is 75% of the National Average.

Wasatch County—Mental Health

Total Clients Served.....566
Adult 396
Youth.....170
Penetration Rate (Total population of area)..... 2.1%
Civil Commitment 0
Unfunded Clients Served 135

Race/Ethnicity
Fiscal Year 2014

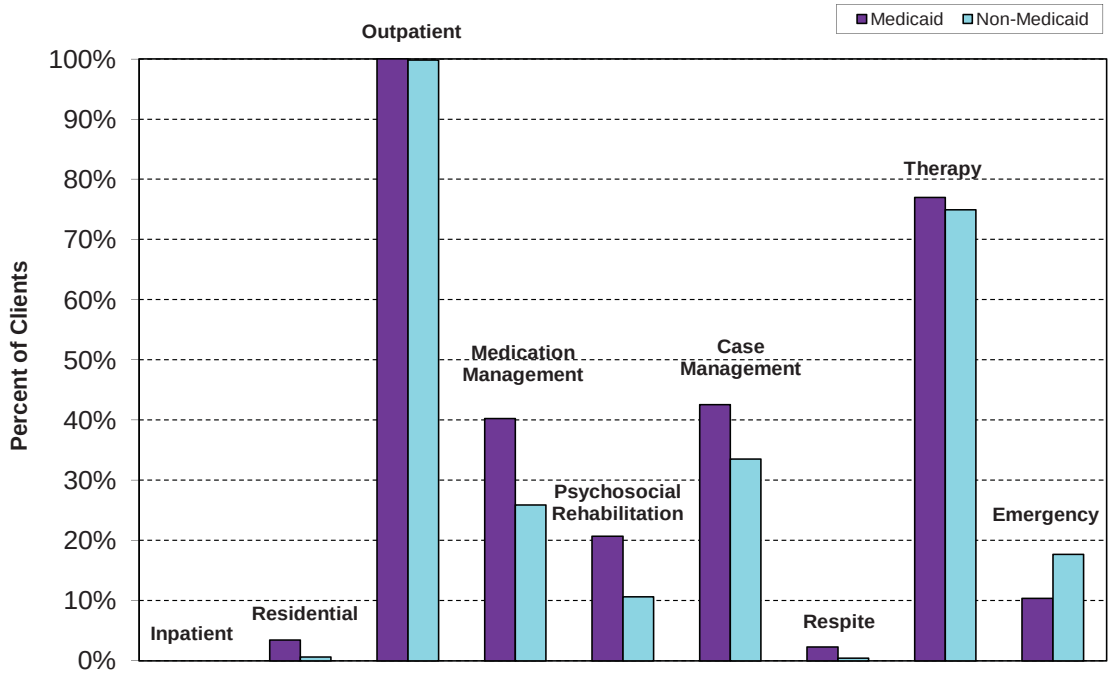


More than one race/ethnicity may have been selected.

Diagnosis

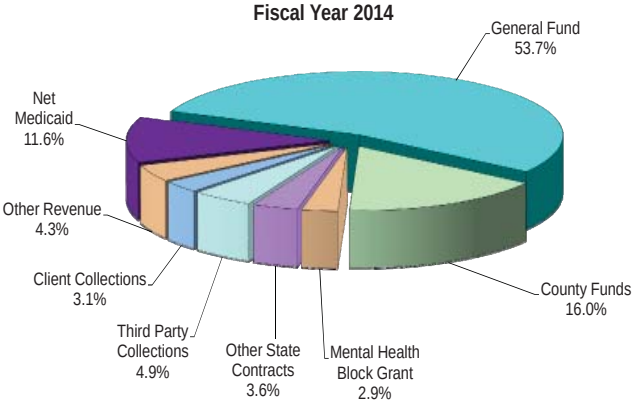
	Youth	Adult
Adjustment Disorder	29	28
Anxiety	37	154
Attention Deficit	23	13
Cognitive Disorder	1	5
Conduct Disorder	0	1
Depression	20	123
Impulse Control Disorders	16	4
Mood Disorder	30	95
Neglect or Abuse	7	5
Oppositional Defiant Disorder	3	0
Personality Disorder	0	23
Pervasive Developmental Disorders	8	3
Schizophrenia and Other Psychotic	1	27
Substance Abuse	23	146
Other	6	7
V Codes	65	51
Total	269	685

Utilization of Mandated Services
Fiscal Year 2014

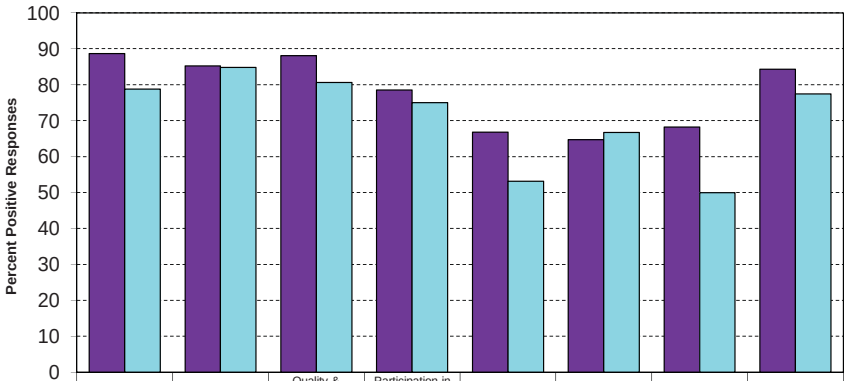


Wasatch County—Mental Health *(Continued)*

Source of Revenues
Fiscal Year 2014

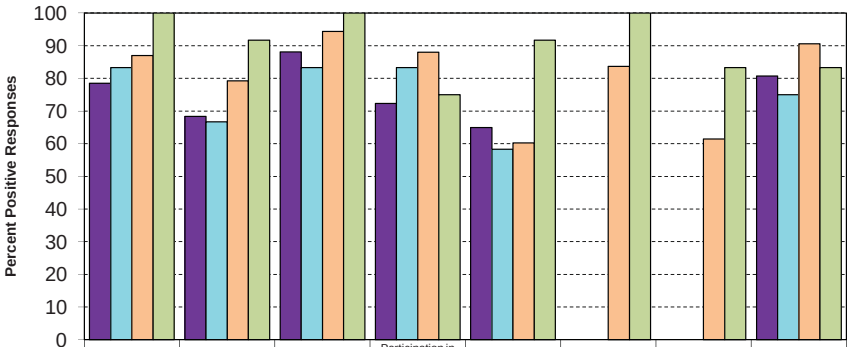


Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)
2014



	General Satisfaction	Good Service Access	Quality & Appropriateness of Services	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide 2014	88.7	85.2	88.1	78.5	66.8	64.7	68.2	84.3
Center 2014	78.8	84.8	80.6	75.0	53.1	66.7	50.0	77.4

Youth Consumer Satisfaction Surveys (YSS and YSS-F)
2014



	General Satisfaction	Good Service Access	Cultural Sensitivity	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide YSS	78.5	68.4	88.1	72.3	64.9			80.7
YSS	83.3	66.7	83.3	83.3	58.3			75.0
Statewide YSS-F	87.0	79.2	94.4	88.0	60.2	83.7	61.4	90.6
YSS-F	100.0	91.7	100.0	75.0	91.7	100.0	83.3	83.3

Weber Human Services

Weber and Morgan Counties

Substance Abuse and Mental Health Provider Agency:
Kevin Eastman, Executive Director
Weber Human Services
237 26th Street
Ogden, UT 84401
Office: (801) 625-3771
www.weberhs.org

Population: 248,692

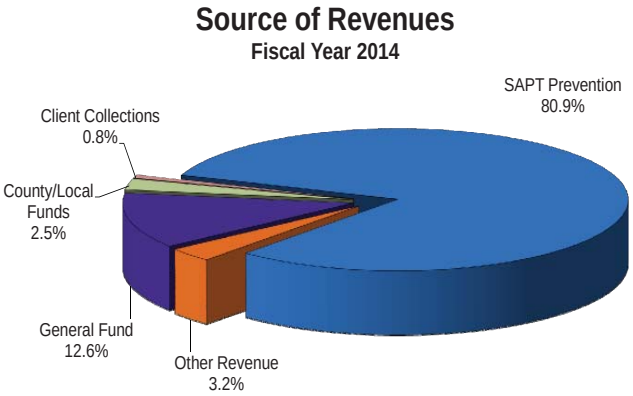
Weber Substance Abuse—Prevention

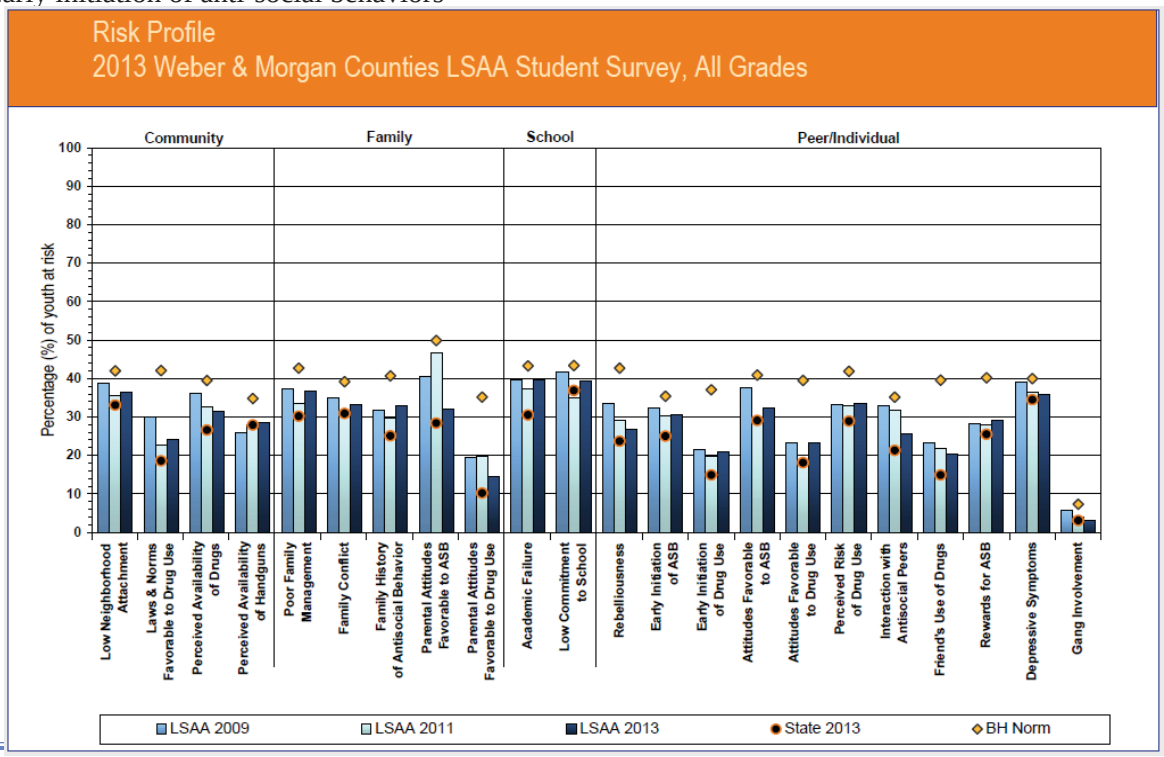
Protective Factors:

- Rewards for pro-social involvement
- Opportunities for pro-social interaction at school and with peers
- Belief in a moral order

Prioritized Risk Factors:

- Parental attitudes favorable to anti-social behaviors
- Low comittment to school, academic failure
- Depressive symptoms
- Early initiation of anti-social behaviors



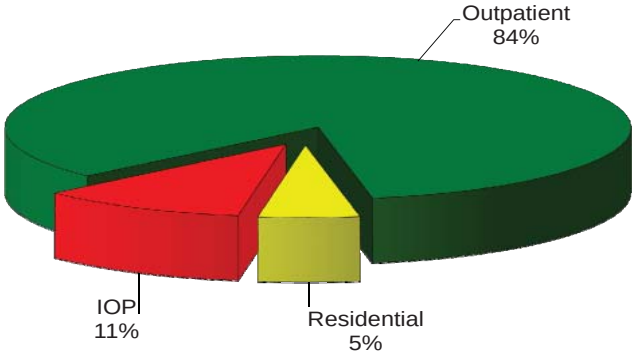


Weber Human Services—Substance Abuse

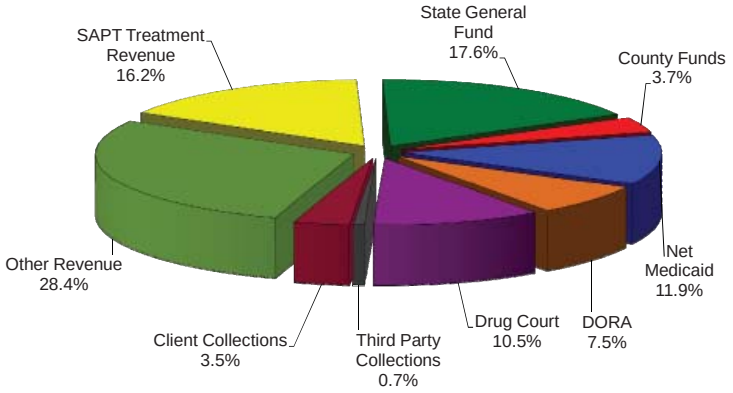
Total Clients Served.....1,538
Adult 1,262
Youth.....276
Penetration Rate (Total population of area)..0.6%

Total Admissions.....1,211
Initial Admissions 913
Transfers.....298

Admission into Modalities
Fiscal Year 2014



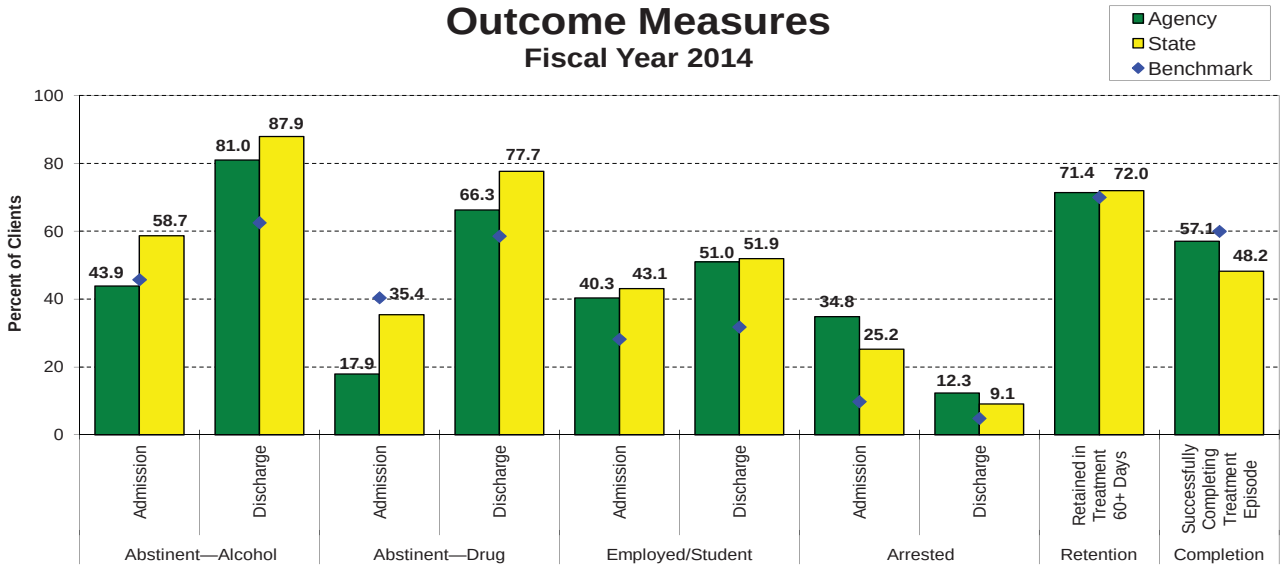
Source of Revenues
Fiscal Year 2014



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	283	223	506
Cocaine/Crack	11	8	19
Marijuana/Hashish	221	76	297
Heroin	39	37	76
Other Opiates/Synthetics	5	1	6
Hallucinogens	2	0	2
Methamphetamine	96	144	240
Other Stimulants	4	1	5
Benzodiazepines	5	4	9
Tranquilizers/Sedatives	0	2	2
Inhalants	3	0	3
Oxycodone	14	22	36
Club Drugs	0	0	0
Over-the-Counter	0	2	2
Other	4	2	6
Unknown	1	1	2
Total	**688**	**523**	**1,211**

Outcome Measures
Fiscal Year 2014



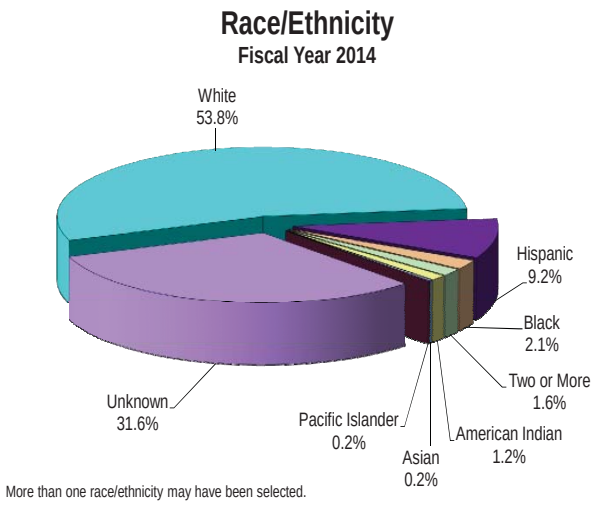
Benchmark is 75% of the National Average.

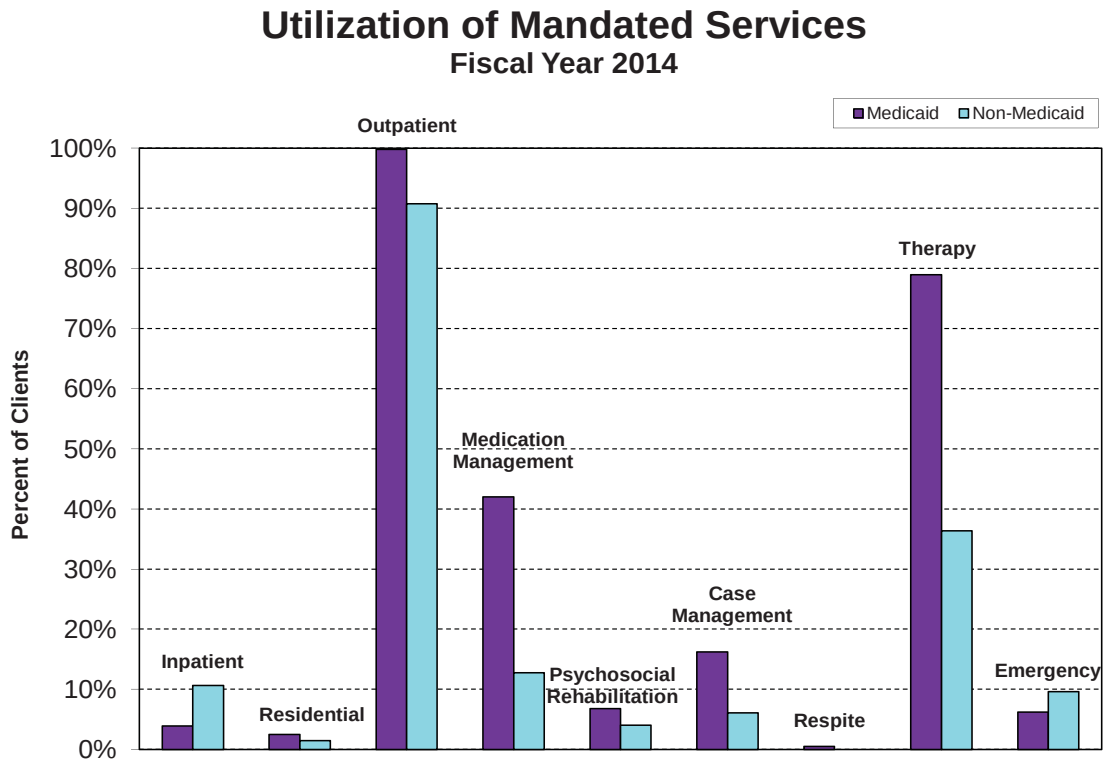
Weber Human Services—Mental Health

Total Clients Served.....5,892
Adult 4,253
Youth.....1,639
Penetration Rate (Total population of area)..... 2.4%
Civil Commitment 234
Unfunded Clients Served 1,401

Diagnosis

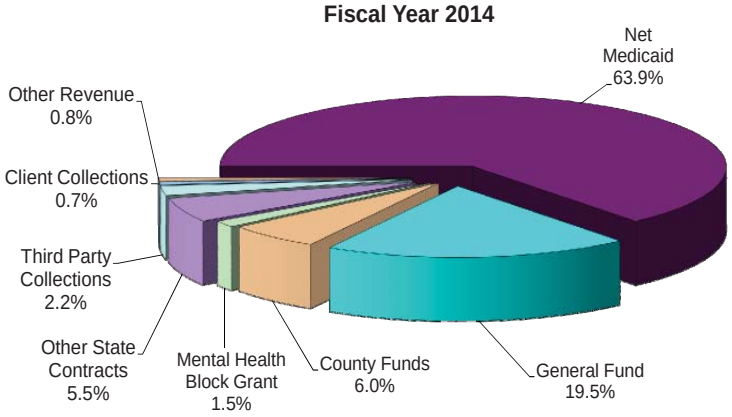
	Youth	Adult
Adjustment Disorder	156	78
Anxiety	535	1,122
Attention Deficit	530	93
Cognitive Disorder	42	153
Conduct Disorder	26	2
Depression	77	344
Impulse Control Disorders	304	46
Mood Disorder	448	1,110
Neglect or Abuse	220	41
Oppositional Defiant Disorder	229	6
Personality Disorder	1	504
Pervasive Developmental Disorders	169	42
Schizophrenia and Other Psychotic	10	396
Substance Abuse	91	607
Other	140	58
V Codes	447	317
Total	3,425	4,919



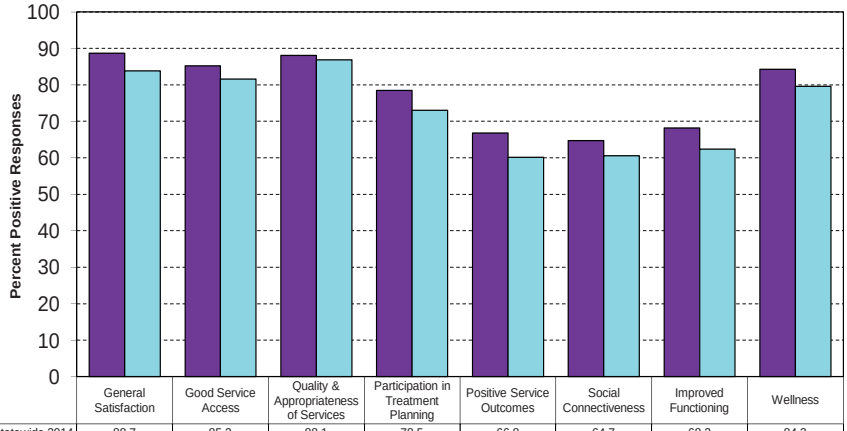


Weber Human Services—Mental Health *(Continued)*

Source of Revenues
Fiscal Year 2014



Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)
2014



	General Satisfaction	Good Service Access	Quality & Appropriateness of Services	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide 2014	88.7	85.2	88.1	78.5	66.8	64.7	68.2	84.3
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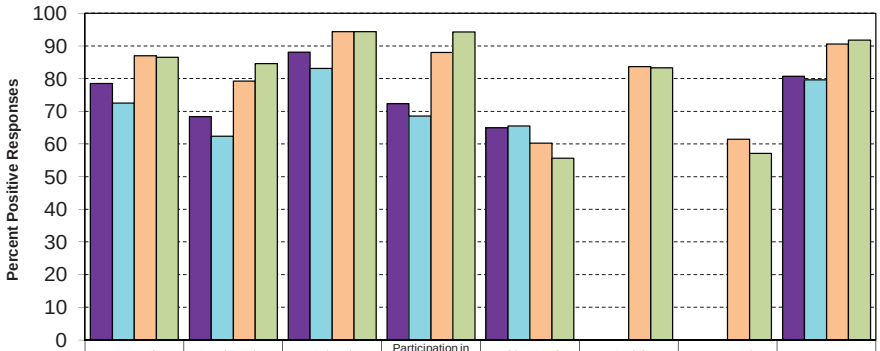
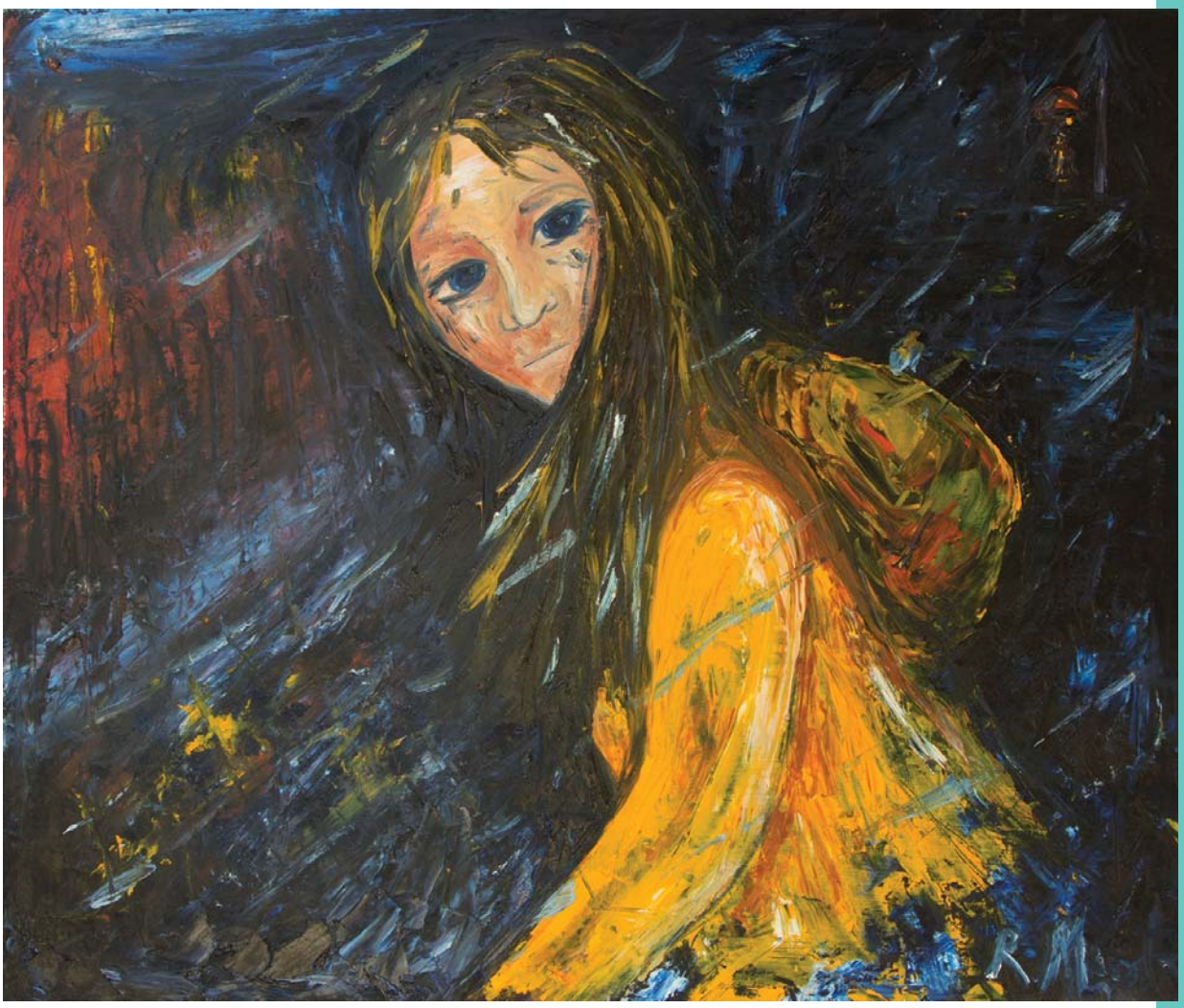
2014



	General Satisfaction	Good Service Access	Cultural Sensitivity	Participation in Treatment Planning	Positive Service Outcomes	Social Connectiveness	Improved Functioning	Wellness
Statewide YSS	78.5	68.4	88.1	72.3	64.9			80.7
YSS	72.5	62.4	83.1	68.5	65.5			79.6
Statewide YSS-F	87.0	79.2	94.4	88.0	60.2	83.7	61.4	90.6
YSS-F	86.5	84.6	94.4	94.3	55.6	83.3	57.1	91.8

“It Gets Better”

Rebecca Manchester, SLC, UT



Resources

Utah Youth Recovery & Resiliency Art Show

RESOURCES

List of Abbreviations

ACA—Affordable Care Act

ATR—Access to Recovery

ASAM—American Society of Addiction Medicine

ASI—Addiction Severity Index

BPRS—Brief Psychiatric Rating Scale

CABHI-UT— Cooperative Agreement to Benefit Homeless Individuals

CCEBP—Community-Centered Evidence-based Prevention

CMHC—Community Mental Health Center

CTC—Communities that Care

DORA—Drug Offender Reform Act

DSAMH—Division of Substance Abuse and Mental Health

DUI—Driving Under the Influence

EHB—Essential Health Benefits

FPL—Federal Poverty Level

IOP—Intensive Outpatient Program

IV—Intravenous

LMHA—Local Mental Health Authorities

LOS—Length of Stay

LSAA—Local Substance Abuse Authorities

MHSIP—Mental Health Statistical Improvement Program

NAMI—National Alliance on Mental Illness

NASMHPD—National Association of State Mental Health Program Directors

OTP—Outpatient Treatment Program

PASRR—Pre-Admission Screening and Residential Review

PD—Prevention Dimensions

SAMHSA—Substance Abuse and Mental Health Services Administration (Federal)

SAPT—Substance Abuse Prevention and Treatment Block Grant

SED—Serious Emotional Disturbance

SHARP—Student Health and Risk Prevention

SMI—Serious Mental Illness

SPF—Strategic Prevention Framework

SPMI—Serious and Persistent Mental Illness

TEDS—Treatment Episode Data Set

UBHC—Utah Behavioral health Committee

USH—Utah State Hospital

Mental Health Reference Table

The following table provides the number or N= that was used to calculate the percentages of all tables where mental health mandated programs are divided by Medicaid or non-Medicaid clients. These numbers are duplicated across local mental health authorities but unduplicated on totals. The "Both Medicaid and non-Medicaid" column includes clients who received at least one Medicaid service and at least one non-Medicaid service sometime during the fiscal year.

Medicaid/Non-Medicaid Client Counts
Fiscal Year 2014

Local Mental Health Authority	Medicaid	Non-Medicaid	Both Medicaid and Non-Medicaid
Bear River	1,683	639	470
Central	984	178	15
Four Corners	484	528	376
Northeastern	621	1,253	99
San Juan County	148	388	14
Southwest	2,000	602	174
Summit County	141	230	30
Tooele County	888	677	169
Wasatch County	55	478	32
Davis County	2,934	1,156	81
Salt Lake County	12,106	2,386	1,025
Utah County	5,316	2,279	657
Weber	2,915	1,099	441
Rural Total	6,971	4,964	1,376
Urban Total	23,034	6,864	2,175
State Total	**29,732**	**11,735**	**3,523**

Contact Information

Single State Substance Use Authority

Mental Health Commissioner
Doug Thomas, Director
Utah Division of Substance Abuse and Mental Health
195 North 1950 West
Salt Lake City, UT 84116
Office: (801) 538-3939
Fax: (801) 538-9892
www.dsamh.utah.gov

Utah State Hospital Superintendent
Dallas Earnshaw,
Utah State Hospital
1300 East Center Street
Provo, Utah 84606
Office: (801) 344-4400
Fax: (801) 344-4291
www.ush.utah.gov

Local Authorities and Providers

Bear River
Counties: Box Elder, Cache, and Rich

Substance Abuse Provider Agency:
Brock Alder, LCSW, Director
Bear River Health Department, Substance Abuse Program
655 East 1300 North
Logan, UT 84341
Office: (435) 792-6500
www.brhd.org

Mental Health Provider Agency:
C. Reed Ernstrom, President/CEO
Bear River Mental Health
90 East 200 North
Logan, UT 84321
Office: (435) 752-0750
www.brmh.com

Central Utah
Counties: Juab, Millard, Piute, Sanpete, Sevier, and Wayne

Substance Abuse and Mental Health Provider Agency:
Brian Whipple, Executive Director
Central Utah Counseling Center
152 North 400 West
Ephraim, UT 84627
Office: (435) 283-8400www.cucc.us

Davis County
County: Davis

Substance Abuse and Mental Health Provider Agency:
Brandon Hatch, CEO/Director
Davis Behavioral Health
934 S. Main
Layton, UT 84041
Office: (801) 773-7060
www.dbhutah.org

Four Corners
Counties: Carbon, Emery, and Grand

Substance Abuse and Mental Health Provider Agency:
Karen Dolan, CEO Four Corners Community Behavioral Health
105 West 100 North
P.O. Box 867
Price, UT 84501
Office: (435) 637-7200
www.fourcorners.ws

Northeastern

Counties: Daggett, Duchesne, and Uintah

Substance Abuse and Mental Health Provider Agency:
Kyle Snow, Director
Northeastern Counseling Center
1140 West 500 South
P.O. Box 1908
Vernal, UT 84078
Office: (435) 789-6300
Fax: (435) 789-6325
www.nccutah.org

Salt Lake County

County: Salt Lake

Substance Abuse and Mental Health Administrative Agency:
Patrick Fleming, Substance Abuse Director
Tim Whalen, Mental Health Director
Salt Lake County
Division of Behavioral Health Services
2001 South State Street #S2300
Salt Lake City, UT 84190-2250
Office: (801) 468-4707
behavioralhealthservices.slco.org

San Juan County

County: San Juan

Substance Abuse and Mental Health Provider Agency:
Tammy Squires, Director
San Juan Counseling Center
356 South Main St.
Blanding, UT 84511
Office: (435) 678-2992

Southwest

Counties: Beaver, Garfield, Iron, Kane, and Washington

Substance Abuse and Mental Health Provider Agency:
Mike Deal, Director
Southwest Behavioral Health Center
474 West 200 North, Suite 300
St. George, UT 84770
Office: (435) 634-5600
www.sbhc.us

Summit County

County: Summit

Substance Abuse and Mental Health Provider Agency:
Gary Larcenaire, CEO/President
Dodi Wilson, Interim Program Manager
Valley Behavioral Health, Summit County
1753 Sidewinder Drive
Park City, UT 84060-7322
Office: (435) 649-8347
Fax: (435) 649-2157
www.valleycares.com

Tooele County

County: Tooele

Substance Abuse and Mental Health Provider Agency:
Gary Larcenaire, CEO/President
John Byrne, Interim Program Manager
Valley Behavioral Health, Tooele County
100 South 1000 West
Tooele, UT 84074
Office: (435) 843-3520
www.valleycares.com

Utah County

County: Utah

Substance Abuse Provider Agency:
Richard Nance, Director
Utah County Department of Drug and Alcohol Prevention and Treatment
151 South University Ave. Ste 3200
Provo, UT 84606
Office: (801) 851-7127
www.utahcountyonline.org

Mental Health Provider Agency:
Juergen Korbanka, Executive Director
Wasatch Mental Health
750 North Freedom Blvd, Suite 300
Provo, UT 84601
Office: (801) 852-4703
www.wasatch.org

Wasatch County

County: Wasatch

Substance Abuse and Mental Health Provider Agency:
Richard Hatch, Director
Wasatch County Family Clinic
55 South 500 East
Heber, UT 84032
Office: (435) 654-3003
www.wasatch.org

Weber

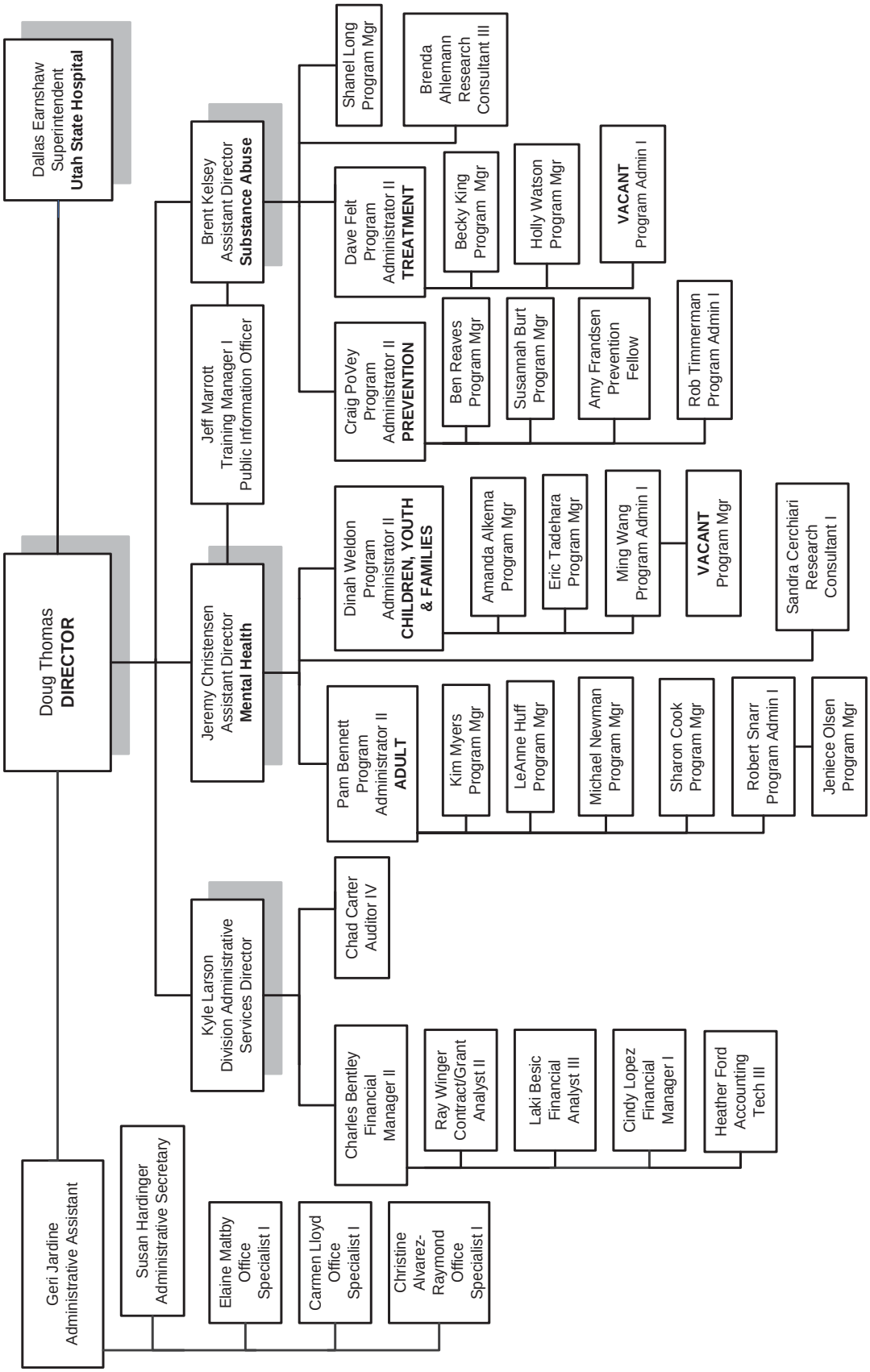
Counties: Weber and Morgan

Substance Abuse and Mental Health Provider Agency:
Kevin Eastman, Executive Director
Weber Human Services
237 26th Street
Ogden, UT 84401
Office: (801) 625-3700
www.weberhs.org

Local Authorities/Local Providers

Utah Association of Counties
Utah Behavioral health Committee
5397 S. Vine St.
Murray UT 84087
Office: (801) 265-1331
www.uacnet.org

Utah Division of Substance Abuse and Mental Health



January 2015

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Published January 2015