

Division of Substance Abuse and Mental Health

2004 Annual Report on Public Substance Abuse and Mental Health in Utah

**“Substance Abuse is a Preventable Behavior;
Addiction is a Treatable Disease.”**



“ . . . Americans must understand and send this message: mental disability is not a scandal—it is an illness. And like physical illness, it is treatable, especially when the treatment comes early.”

– President George W. Bush

State of Utah
Department of Human Services

www.dsamh.utah.gov

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Division of Substance Abuse and Mental Health

2004 Annual Report

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Table of Contents

Chapter 1: Introduction

Letter from the Director	7
The State Board of Substance Abuse and Mental Health	8
Executive Summary	11

Chapter 2: DSAMH at a Glance

About DSAMH	12
Local Authorities	12
Website	12
Revenue and Expenditures	14
Where We Have Been	15
Where We Are Going	16
What We Do	17
Quality Assurance	17
Criminal Justice	18
DORA: Drug Offender Reform Act	18
Drug Courts	19
Drug Board	19
Collaborative Interventions for Addicted Offenders (CIAO)	20
Evaluation and Research	20

Chapter 3: Substance Abuse

Substance Abuse Prevention	22
What Prevention Services are Available?	22
Federal Synar Amendment: Protecting The Nation's Youth from Nicotine Addiction	25
Examples of Substance Abuse Prevention Initiatives	25
Substance Abuse Treatment	27
What Treatment Services are Available?	27
Substance Abuse Treatment Population Demographics	28
Data for Adults and Youth	30

Chapter 4: Mental Health

Treatment	32
Who is Eligible for Treatment Services?	32
Infant and Young Children's Mental Health	33
Mental Health Treatment Population Demographics	33
Examples of Mental Health Initiatives	34
Utah State Hospital	38

Chapter 5: Resources

Division of Substance Abuse and Mental Health Staff	43
Local Authority Areas and Provider Agencies	44
Local Authority Areas by County (Map)	45
List of Acronyms	48
Examples of Local Substance Abuse and Mental Health Programs	49



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Department of Human Services

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Division of Substance Abuse and Mental Health

RANDALL W. BACHMAN
Director

To Our Friends, Colleagues and the Citizens of Utah:

Another year has passed and we take this opportunity to look back and reflect on our accomplishments in 2004. We also reflect on the challenges ahead in addressing the numerous issues facing our State in substance abuse and mental health. We hope this annual report will educate and enlighten those who are concerned about the citizens and communities we serve.

As we face another transition in government, with the myriad of challenges and opportunities that transition presents, it is often difficult to keep focus on our mission. Our guiding principle should be to ask ourselves this question: "How does this activity, decision, or process affect those on the front line—both the clients and families we serve and the people who serve them?" I believe at the Division we strive to keep this focus, to remember who we are and why we are here.

2004 was another time of significant change. The greatest issue in the mental health system has been the change in Medicaid policy that has dramatically affected the financing of our community mental health centers. This change has resulted in the projection that nearly 10 percent of the clients currently being served could lose their service. We are not the only state impacted by this change in federal policy. We continue to work with our agency partners to address this crisis, and we will be working with the legislature to help mitigate the impact of this unfortunate development.

2005 also holds the promise of major reform in substance abuse treatment with the promise of the Drug Offender Reform Act. There is a growing consensus that we can be smarter about how we deal with offenders by addressing their substance abuse and addiction. If passed, this act would be the first step in a three-year process with the goal of providing treatment to all who need it in the criminal justice system. The consensus is that while there will still be the need for prisons and sanctions, addressing the substance abuse issues of offenders will significantly slow the growth of our prison population and will lead to smarter sentencing.

Finally, in 2004 we can look back with pride on our efforts to work with youth in preventing substance abuse and promoting mental health. The Utah Prevention Advisory Council has provided key leadership for our prevention efforts as we strive to promote prevention. There has been a significant reduction of alcohol, tobacco, and other drug use among school age youth in Utah over the past two decades, and our prevention efforts are paying dividends.

Thank you to all the dedicated staff, advocates, and volunteers who make a difference in the lives of the people and communities we serve.

Sincerely,

A handwritten signature in cursive script that reads "Randall W. Bachman".

Randall W. Bachman, M.Ed.
Director

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Utah!
Where ideas connect

THE STATE BOARD OF SUBSTANCE ABUSE AND MENTAL HEALTH



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January 10, 2005

To the Citizens of Utah:

On behalf of the Utah Board of Substance Abuse and Mental Health, it is my pleasure to present you with the 2004 Annual Report on Public Substance Abuse and Mental Health in Utah.

We extend our most sincere thanks to the thousands of dedicated professionals, volunteers and clients who have enabled Utah to continue to move forward with many exciting and innovative activities in the field of substance abuse and mental health. This has been a most challenging year, particularly with the increasing need for services and limited funding. However, we have never lost sight of our primary mission to provide quality and accessible prevention and treatment services. This report highlights many of the efforts currently underway. We encourage you to read the report, to become familiar with what is happening in your own community, and to take an active role in helping us to make your community stronger and healthier.

A great deal of work has gone into the preparation of this report, and we hope you will find it valuable. If you have any comments or suggestions for future editions of the report, or for ways to improve our programs and services, please contact the Division. We welcome your comments and look forward to working with you to make future reports as informative and useful as possible. Thank you for your continued support of our efforts.

Respectfully,

UTAH BOARD OF SUBSTANCE ABUSE AND MENTAL HEALTH

James C. Ashworth, M.D.
Chair



120 North 200 West, Room 209 * Salt Lake City, Utah 84103 * telephone (801) 538-3939 * facsimile (801) 538-9892 * www.utah.gov

Executive Summary

The Division of Substance Abuse and Mental Health (DSAMH) is proud to present the 2004 Annual Report on Public Substance Abuse and Mental Health in Utah. This report highlights our efforts and outcomes in both substance abuse and mental health. The report provides information about the structure of services in Utah, how to access the services, and who provides the services. It also identifies some of the prevention and treatment programs that are being implemented in the State.

DSAMH shares the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) vision of "*A Life in the Community for Everyone: Building Resilience and Facilitating Recovery.*" DSAMH continues its collaboration with other State agencies, local provider networks, and concerned citizens to ensure needed services are available for Utah citizens with substance abuse or mental health problems.

Working with other State agencies, DSAMH continued to improve its programs for individuals involved in the criminal justice system. Drug courts, drug boards, Collaborative Interventions for Addicted Offenders (CIAO), and the reforms proposed by the Drug Offenders Reform Act (DORA) have all received emphasis as more data becomes available that supports the success of providing opportunities for substance abuse treatment for offenders.

Substance abuse prevention continues to generate significant positive outcomes in Utah. The rate of alcohol, tobacco, and other drug use for junior high and high school age students today in Utah is half what it was in 1984. Over the last four years, tobacco retailers in Utah have decreased their sales to minors, with violation rates declining from 18.8% to 8.0%. Only nine states have a rate less than 10%.

DSAMH continues to promote evidence-based practices. For example, the Utah Frontiers project has demonstrated impressive results in working with rural Utah families with children who are seriously emotionally disturbed. A new grant, Utah's Transformation of Child and Adolescent Network (UT CAN) is an opportunity for DSAMH and its providers to transform the delivery of youth substance and mental health early intervention and treatment services. In adult services, it continues to promote the effectiveness of Assertive Community Outreach Teams (ACOT), and other evidence-based practices as well.

Finally, the mental health system is faced with a serious funding challenge with recent federal changes in federal Medicaid policy. These changes, along with State budget cuts over the past three years mean cutbacks in programs and services for the indigent uninsured. We hope that we can address those challenges, and if possible, restore the level of service provided prior to the change in policy. We look forward to working with everyone concerned about the well-being of Utah's citizens and families who suffer from addictions or mental illness to improve their lives so that they truly can have a "*Life in the Community for Everyone.*"

DSAMH at a Glance

About DSAMH

DSAMH is the Single State Authority for public substance abuse and mental health programs in Utah, and is charged with ensuring that prevention and treatment services are available throughout the State. As part of the Utah Department of Human Services (DHS), DSAMH receives policy direction from the State Board of Substance Abuse and Mental Health, which is appointed by the Governor and approved by the Utah State Senate. DSAMH contracts with the local county governments statutorily designated as local substance abuse authorities (LSAAs) and local mental health authorities (LMHAs) to provide prevention and treatment services. The Board of Substance Abuse and Mental Health and DSAMH provide oversight and policy direction to these local authorities.

DSAMH monitors and evaluates mental health services and substance abuse services through an annual site review process, the review of local area plans, and the review of program outcome data. DSAMH also provides technical assistance and training to the local authorities, evaluates the effectiveness of prevention and treatment programs, and disseminates information to stakeholders.

The DSAMH supervises administration of the Utah State Hospital.

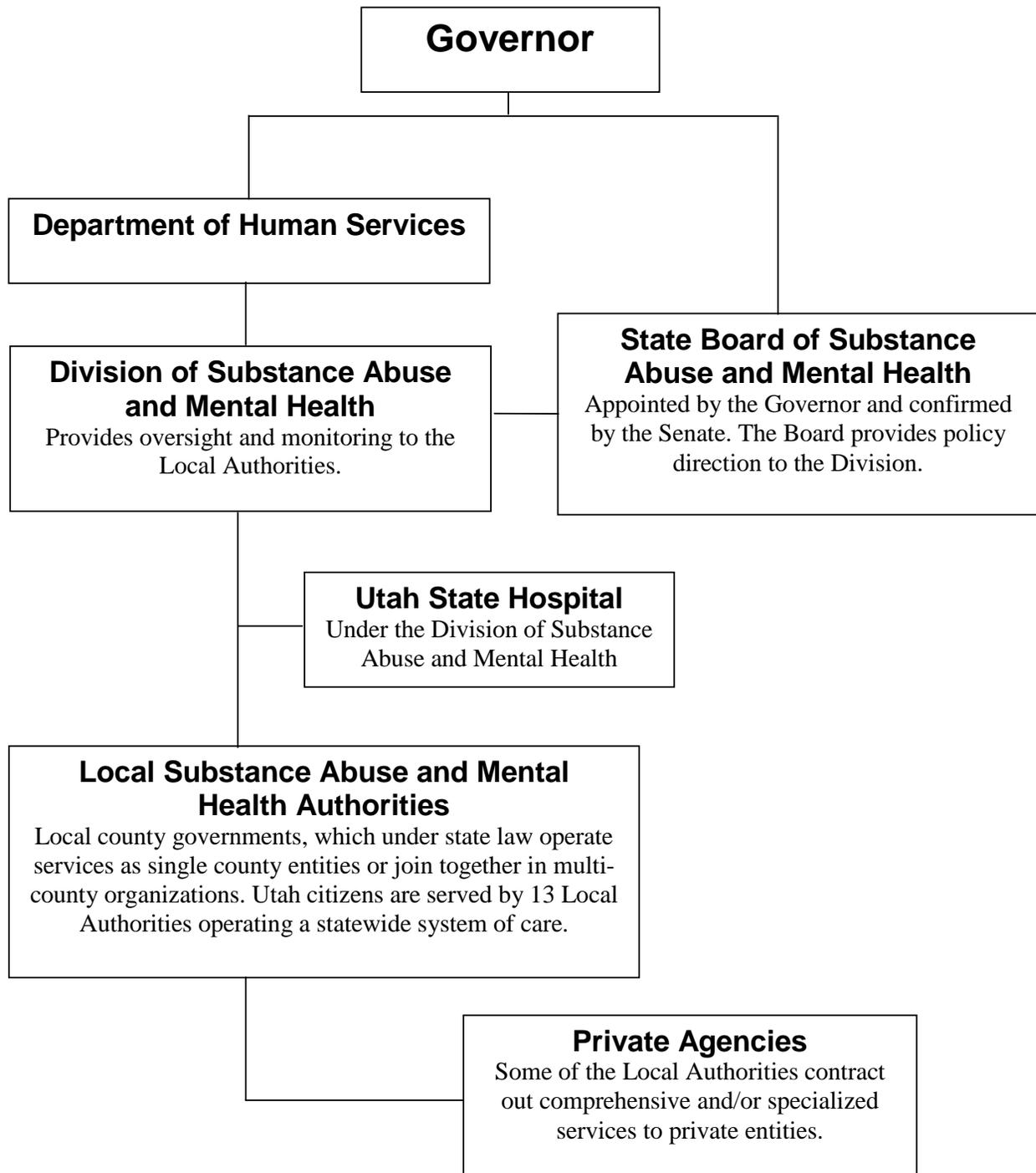
Local Authorities

Under Utah law, local substance abuse and mental health authorities are responsible for providing services to their residents. A local authority is generally the governing body of a county. There are 29 counties in Utah, and 13 local authorities. Some counties have joined together to provide services for their residents. By legislative intent, no substance abuse or community mental health center is operated by the State. Some local authorities contract with community substance abuse centers and mental health centers, which provide comprehensive substance abuse and mental health services. Local authorities not only receive state and federal funds to provide comprehensive services, they are also required by law to provide a 20% match of state funds received.

Website

The new website (www.dsamh.utah.gov) is filled with information about substance abuse and mental health prevention and treatment. The Frequently Asked Questions section is updated as new questions and information are available. For example, a link to find treatment (www.findtreatment.samhsa.gov) provides the user with a list of all treatment facilities in an area. This is a national list that can be used to find treatment not only in Utah but also around the country.

The Public Substance Abuse and Mental Health System in Utah

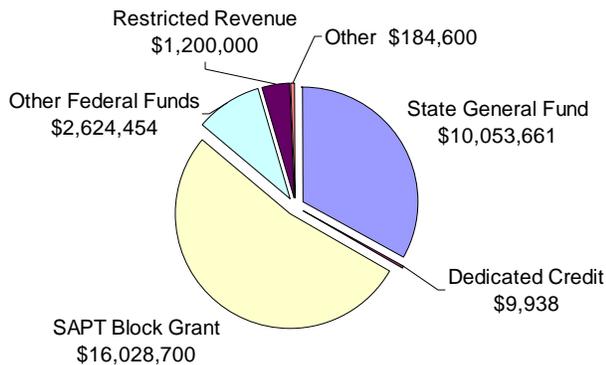


Revenue and Expenditures

Public substance abuse prevention and treatment services in Utah are funded by three main sources: state general funds, federal funds, and local county funds. Although not depicted here, counties are required by state law to use county revenues to match 20% of the state general funds that they receive for the purpose of delivering substance abuse services in their local areas. Approximately 96% of federal, state, and local funding is directed to services; less than 4% is for administration.

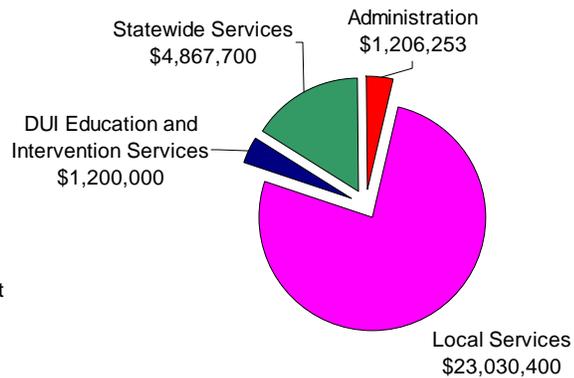
FY2004 Substance Abuse Revenue

Total Revenue \$30,304,353



FY2004 Substance Abuse Expenditures

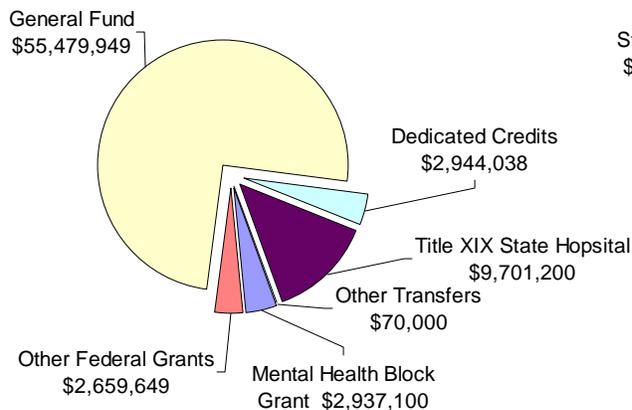
Total Expenditures: \$30,304,353



Public mental health services are funded primarily through state general funds. Various grants are also received to fund services. Approximately 57% of funds are distributed to the State Hospital and 31% to the community mental health centers. The remaining funds are used for administration and residential and community services.

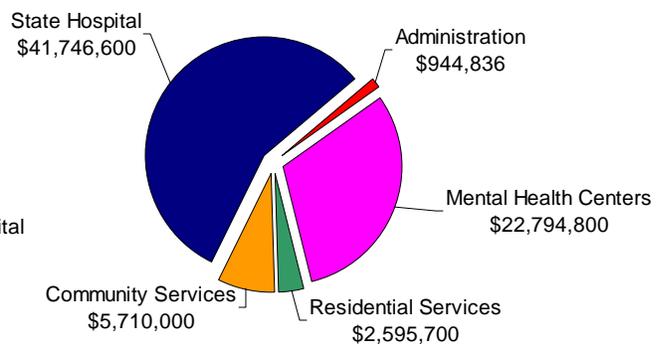
FY2004 Mental Health Revenue

Total Revenue: \$73,791,936



FY2004 Mental Health Expenditures

Total Expenditures: \$73,791,936



*Note: This revenue only reflects funding administered by DSAMH. It does not reflect funding distributed to the CHMC's under contract with State Medicaid, or other contracts the centers might have with other divisions or agencies.

Where We Have Been

Since the downturn of the economy in 2001, states have been challenged with budget shortfalls and difficult choices. Utah is no exception. Nevertheless, DSAMH has moved forward to promote quality services as best it can.

DSAMH has:

- Directed initial budget cuts away from direct client services to the extent possible.
- Worked collaboratively with the justice system to expand drug courts, drug boards, and other programs for offenders, such as the CIAO program. These programs continue to demonstrate remarkable success over incarceration, and have led to the impetus behind DORA currently before the legislature.
- Reaffirmed its key role in providing oversight and quality assurance. Monitoring procedures have been refined, and we have worked collaboratively with the local authority programs to make the process more user-friendly while still exercising oversight responsibilities.
- Emphasized the importance of the local area planning process as a way to get local input and local officials' endorsement of the services offered and the priorities for substance abuse and mental health prevention and treatment.
- Promoted science-based best practices in prevention and treatment. In prevention, this direction is supported through a federal State Incentive Cooperative Agreement (SICA) grant and the Utah Prevention Advisory Council (UPAC). In treatment, DSAMH continues to develop and implement Preferred Practice Guidelines for both mental health and substance abuse. It has also aligned the federal mental health block grant to reinforce best practices in both adult and children's services.
- Increased collaboration and communication with the local authority programs through training provided by the DHS, and through regular attendance at Utah Behavioral Healthcare Network and related meetings. It has increased its collaboration with the Department of Health, particularly around Medicaid issues.
- Continued to improve the quality of service at the Utah State Hospital. The Hospital continues to maintain its accreditation with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) (www.jcaho.org). It has developed a culture of continual quality improvement, and has demonstrated positive outcomes on a number of measures. For example, the Hospital has significantly reduced seclusion and restraint. It has also significantly reduced medication errors through the implementation of electronic charting. Its "E-chart" program is a model for the nation. Other states have looked to Utah as a model for implementing electronic records. Finally, two recent independent hospital reviews resulted in high marks for quality services.

Where We Are Going

Funding Issues: A combination of state budget cuts and Medicaid changes have created dramatic funding challenges for the entire system. Recent changes in the way the Center for Medicaid and Medicare services (CMS) interprets rules for the prepaid mental health plan waiver (capitation) have led to a major adjustment in mental health funding and services. A shortage of funding and growing demands for substance abuse services have led to waiting lists and the negative consequences of not providing adequate and timely treatment—for example, continued criminal activity to support a habit.

System Transformation: The federal SAMHSA is promoting transformation of the mental health and substance abuse systems. This is driven in part by the recognition that effective prevention and treatment programs work, and that recovery can happen. However, Medicaid is pulling back on supporting a broader array of services that do not fall under the traditional “medical model” in the state plan. The challenge is how to move ahead when one of the largest source of funds is tightening its budgets. On a related note, in January 2005, all individuals eligible for Medicaid will be required to participate in the new Medicare formulary for medications. Many questions remain unanswered about the implications of this transition, which could have a major impact on the severely mentally ill.

State Plan: As we move forward there is momentum to pattern Utah’s plan for substance abuse and mental health services after the President’s New Freedom Commission on Mental Health (www.mentalhealthcommission.gov). It is acknowledged that the same or similar goals could apply to substance abuse as well. The six goals of the report are:

- Americans understand that mental health is essential to overall health
- Mental health care is consumer and family driven
- Disparities in mental health services are eliminated
- Early mental health screening, assessment, and referral to services are common practices
- Excellent mental health care is delivered and research is accelerated
- Technology is used to access mental health care and information

Technology: While significant strides have been made in using technology, as illustrated by the development of the “E-chart” at Utah State Hospital, and the electronic Prevention Administration Tracking System (PATS), we need to continue to develop and support technology. Technology is not limited to management information systems. It includes interactive consumer education and training as piloted by Valley Mental Health’s “EQ-I” (Emotional Quotient-Intelligence) project and innovations that deliver mental health services through telemedicine.

Collaboration: Most clients do not have just one life challenge. Whether it is someone with a co-occurring mental health and substance abuse issue, a client with compounding medication problems, or a youth involved in multiple systems, it is essential that we look for efficient and effective ways to collaborate across systems to meet needs. For children, Families, Agencies, and Communities Together (FACT) councils provided this function. While FACT funding was cut, communities continue to meet on their own for multi-agency collaboration. Similar models for adults should be explored.

Cost-Avoidance: In substance abuse, compelling research and evaluation has established a link between effective prevention and treatment and cost avoidance in health expenditures, criminal justice, child welfare, and other areas. Similar research needs to be done to establish the effectiveness of early mental health intervention and treatment.

Prevention: We need to continue to get out the message that effective substance abuse prevention programs work. We need to expand our efforts at mental health proactive intervention (“pro-vention”), as well as early intervention in children’s mental health.

Mobilization of Paraprofessionals and Volunteers: There are not enough professionals to meet the need for services. Consequently, we need to support efforts to recruit, train, and supervise volunteers to appropriately work with clients and families in the substance abuse and mental health systems. We should also support effective self-help groups and related programs.

Workforce Development: Even with additional paraprofessionals and volunteers, there is a growing shortage of qualified professionals to staff our programs. We should support expanded education and training programs in substance abuse and mental health, and effective recruiting and retention efforts.

What We Do

DSAMH has many responsibilities to the public, the state government, and the federal government (Utah Code §62A-15-103). This report is organized into several areas:

- Quality Assurance
- Criminal Justice
- Evaluation and Research
- Substance Abuse Prevention
- Substance Abuse Treatment
- Mental Health Treatment

Within these areas, Division staff work to create a collaborative environment so all citizens have the information they need and that available resources are used appropriately.

Quality Assurance

DSAMH conducts annual contract and program reviews of each local authority and its providers. The annual site visits include program reviews for adult mental health, child and youth mental health, substance abuse treatment programs, justice programs, substance abuse prevention, and governance and oversight components.

In 2004, governance and oversight activities were revised. The revisions included the site visit schedule, report format and the reporting process. The Quality Assurance (QA) unit assumes the responsibility of scheduling all site visits and notifying the local authorities and service providers one month in advance of the visit. The report format has been shortened to a three-page summary that

includes program strengths, problem areas, and corrective action. Program managers complete additional reports for the Department's contract managers. Reports are given to the QA program manager within two weeks after the site visit is completed. Reports are distributed to the local authorities within 30 days of the site visit week.

The site visit process has been well received by the local authorities and provider agencies. A review of the process will be completed after June 30, 2005.

Criminal Justice

Alcohol and other drugs are major contributors to Utah's crime rate. In a report from a 2001 National Survey on Drug Abuse the U.S. Department of Health and Human Services reports that illicit drug users are:

- 16 times more likely than non-users to be arrested and booked for larceny or theft
- More than 14 times more likely to be arrested and booked for driving under the influence, drunkenness, or liquor law violations
- More than 9 times more likely to be arrested and booked on an assault charge

In light of this connection, DSAMH has developed a number of programs designed to preserve jail and prison cells for serious and violent offenders, enhance public safety by reducing drug related crime, and improve public health by reducing drug abuse through proven and effective treatment strategies.

DORA: Drug Offender Reform Act

Approximately 85% of Utah's prison population has a substance abuse problem related to their criminal behavior. Unfortunately, we fail to identify these offenders before they get to prison, so we miss opportunities to provide treatment and break the criminal cycle. Due to limited resources, only 25% of inmates who need treatment receive it.

The Drug Offender Reform Act changes how Utah handles offenders with a drug-related problem. DORA provides for smarter sentencing of drug offenders. Offenders with a drug problem will be identified so judges have more information at sentencing. Judges are not required to mandate treatment, but more resources and options are available if they choose that option. Offenders could receive treatment in prison or in the community.

DORA represents an important collaboration between the Division of Substance Abuse and Mental Health, the Department of Corrections, the Utah Commission on Criminal and Juvenile Justice, and treatment providers across Utah. The anticipated passage of DORA will mean 4,749 new treatment slots for inmates, parolees, and probationers, thus reducing Utah's future needs for prison and jail beds and creating more taxpaying and law-abiding citizens. Additional information on DORA can be found at www.justice.ut.us.

Drug Courts

Funds from Utah's Tobacco Settlement Account are used to fund:

- 9 Adult Felony Drug Courts
- 4 Family/Dependency Drug Courts
- 3 Juvenile Drug Courts
- 1 Dual-Model Drug Court (a combination of two or more of the above court types)

These funds are used to provide case management, treatment, and drug testing. Data indicates:

- Since 2001, the number of participants involved in a felony drug court has increased by 47% (567 to 837).
- Close to 3,000 Utahns have participated, or are currently participating in a felony drug court.
- 67% of participants graduate.
- 1,406 Utahns have graduated since 1996.
- Participants are involved an average of 464 days (graduates = 499, unsuccessful participants = 403).
- The vast majority (72%) of participants are treated at the outpatient level of care.
- Employment rates rise 14% between admission and discharge.
- 89% of all participants report decreased drug use.

In the past 10 years a number of independent evaluations have found that Drug Courts decrease recidivism. Perhaps the best study completed was by the Utah Commission on Criminal and Juvenile Justice in 2001. This study evaluated 143 individuals that graduated from the Salt Lake County Drug Court and had 19 months post-release data for follow-up. The study also tracked a comparison group, or control group, that included 150 individuals who were similar in terms of age, sex, race, and arrest history. This study found:

- Within 18 months of graduation, 39.2% of Drug Court participants had a new arrest for any type or level of offense, while 78.0% of the control group had a new arrest. Of those not successfully completing the program, 55.4% had a new arrest.
- Within 18 months of graduation, only 15.4% of Drug Court participants had a new arrest for a drug related offense, while 64.0% of the control group had a new arrest for a drug related offense, and 39.3% of those not completing Drug Court had a new arrest for a drug related offense.

Drug Board

The Drug Board was created in 2000 to ensure that parolees from the Utah State Prison receive intensive supervision, substance abuse treatment services, and frequent parolee hearings. The DHS/DSAMH allocates funds to two Drug Boards. In this model, a Hearing Officer from the Board of Pardons and Parole monitors participant compliance and holds weekly hearings. The Drug Board accepts parolees from the State prison system who are in need of substance abuse treatment.

Parolees in jeopardy of returning to prison are also eligible for this program. Program successes include:

- 38 graduates have completed the program successfully
- 67% of participants obtain full-time employment
- 85% of participants report abstinence from alcohol
- 95% of drug tests are negative for illicit drugs

Collaborative Interventions for Addicted Offenders (CIAO)

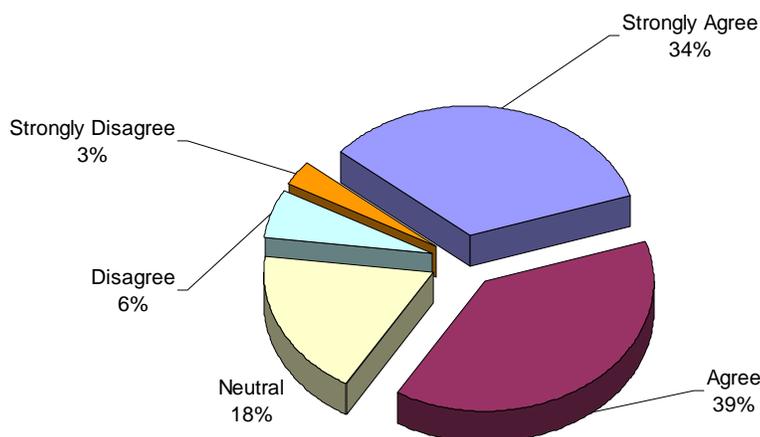
Created in 2001, Collaborative Interventions for Addicted Offenders or “CIAO” (pronounced “chow”) strives to create a seamless transition from the prison to community treatment services. The program also creates a coordinated supervision and treatment plan. CIAO is the result of a partnership between the DSAMH and the Utah Department of Corrections. Data collected by DSAMH illustrate the positive impact CIAO is having on our community. Highlights include:

- Since the program’s inception, about 58% of CIAO clients have completed successfully
- Almost 1,500 offenders have received services through CIAO in the past four years
- Employment rates increased 13% from intake to discharge
- There is a significant reduction in arrests and drug use among participants

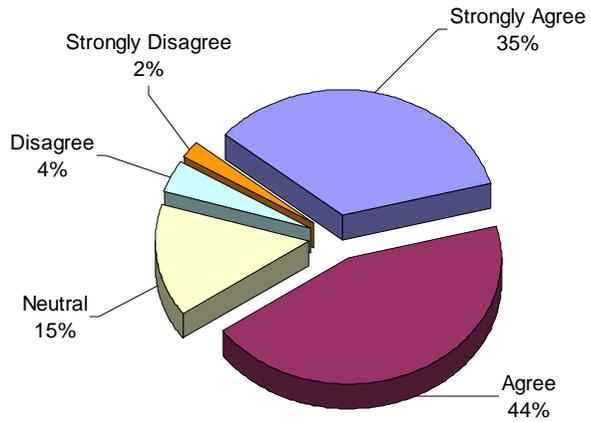
Evaluation and Research

The Division’s Evaluation and Research unit is responsible for collecting and evaluating outcome data associated with substance abuse and mental health prevention and treatment services in Utah. This year, the unit, in collaboration with the local substance abuse service and mental health providers and the Department of Health, surveyed adult consumers in the public substance abuse and mental health system. The Mental Health Statistical Improvement Program (MHSIP) survey was conducted during July/August 2004 with 3,568 surveys collected. Overall, customers were satisfied with the services received, their service provider, the type of services, and the location of services. The following charts provide information concerning how respondents felt after receiving services.

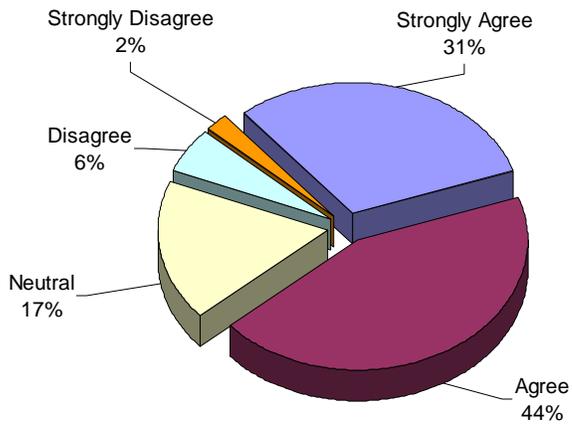
I am getting along better with my family



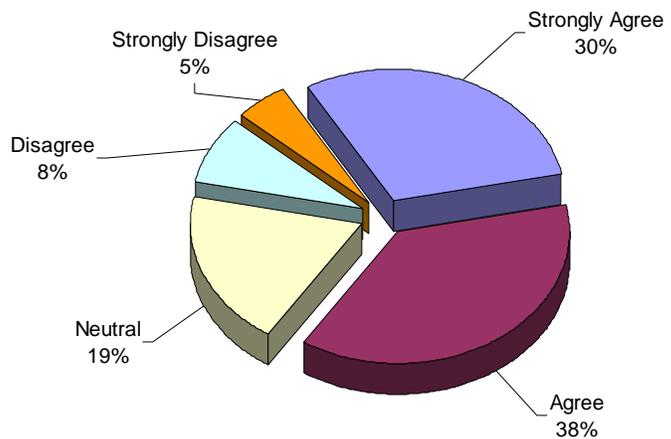
I deal more effectively with daily problems



I am better able to deal with crisis



My symptoms are not bothering me as much



Substance Abuse



Substance Abuse Prevention

Substance abuse is a preventable behavior and addiction is a treatable disease. Like other diseases, the “risk factors” for substance abuse can be identified and mitigated in order to interrupt the development or progression of the addictive process. Similarly, “protective factors” buffer the impact of risk factors. The Risk and Protective Factor Model developed by Drs. David Hawkins and Richard Catalano at the University of Washington provides the foundation for all of Utah’s prevention services. Risk factors exist in four domains: community, school, family, and individual/peer. Protective factors fall into three basic categories: individual characteristics, bonding, and healthy beliefs and clear standards.

In determining what prevention services will be implemented in a particular community, a profile of the area’s risk and protective factors is created utilizing data from various sources, including periodic surveys and archival indicators. Once the risk and protective factors for the area are identified, local planning bodies prioritize them and select prevention programs that are targeted at reducing risk and enhancing protection. Programs are selected from among those identified as science-based with a foundation of sound research that demonstrates they are effective in preventing and/or reducing substance use/abuse. **Prevention works!**

What Prevention Services are Available?

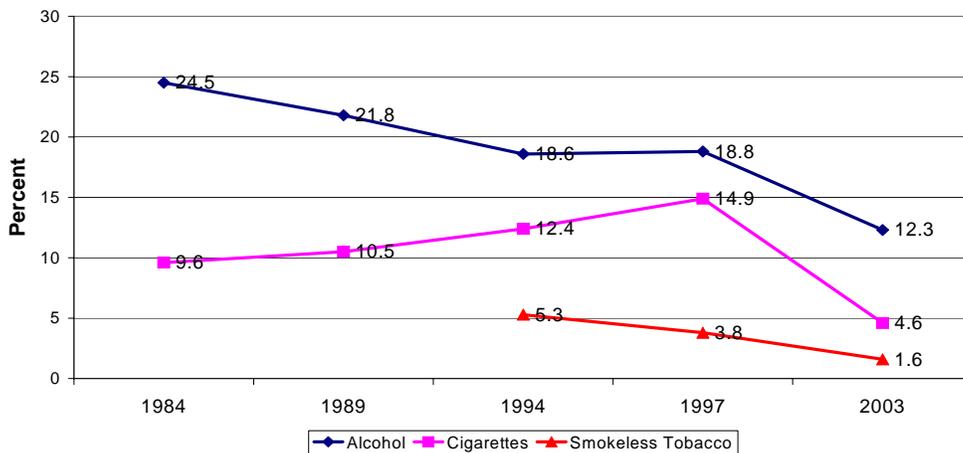
Substance abuse prevention services are provided throughout Utah by designated agencies in the State’s 13 local substance abuse authority areas. In each local authority agency, a Prevention Coordinator oversees the planning, implementation, and evaluation of all substance abuse prevention services. A full continuum of prevention services is available to address populations in need:

- **Universal Prevention Services:** Universal services are designed to reach the general population or an entire population in a specific area. Examples of universal services include school-based curricula which provide alcohol, tobacco, and other drug information and life skills development for all students and public awareness campaigns.
- **Selective Prevention Services:** Selective services are targeted at a subgroup of the general population that is identified as being “at risk” or underserved. Examples of selective services include skills training for youth in transition grades; and support groups for children of substance abusing parents.
- **Indicated Prevention Services:** Indicated services are designed for individuals identified as experiencing the early signs of substance use/abuse behavior, but who do not have a diagnosis requiring treatment. Services are designed to arrest the behavior before it becomes patterned or causes serious life problems. Examples of indicated services include early intervention programs for students who violate school alcohol, tobacco, and other drug policies; and other first offender programs.

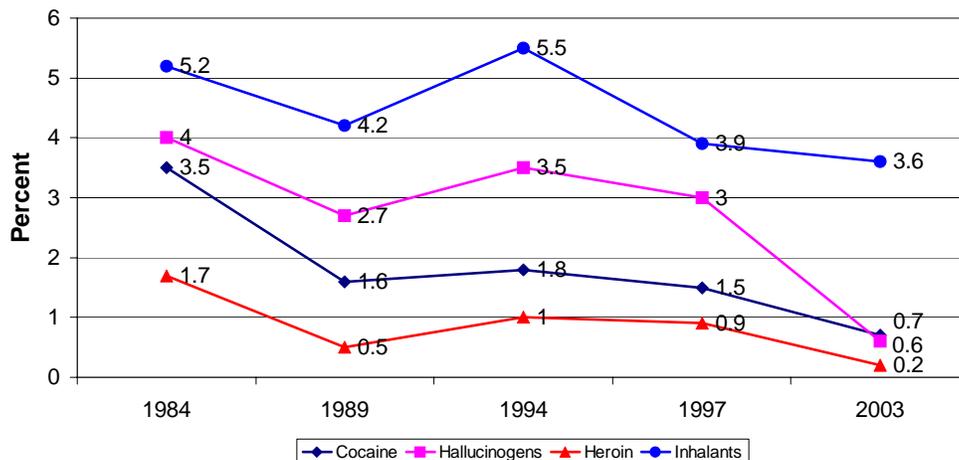
Youth substance abuse in Utah is down! A comparison of substance use rates among Utah's 7th to 12th graders, from 1984 to 2003, shows significant decreases in use.

The three charts that identify Percentages of Utah Students Grades 7-12 Who Used Various Substances During Past 30 Days show a steady decline in drug use for all categories. The chart for Average Percentage of Utah Students Grades 7-12 Who Used Various Substances During Past 30 days indicates how dramatic that change is. The percentages for all Alcohol, Tobacco, and Other Drugs (ATOD) for each year were averaged and the chart indicates that the average percentage of use dropped from 1984 to 2003 by 58%.

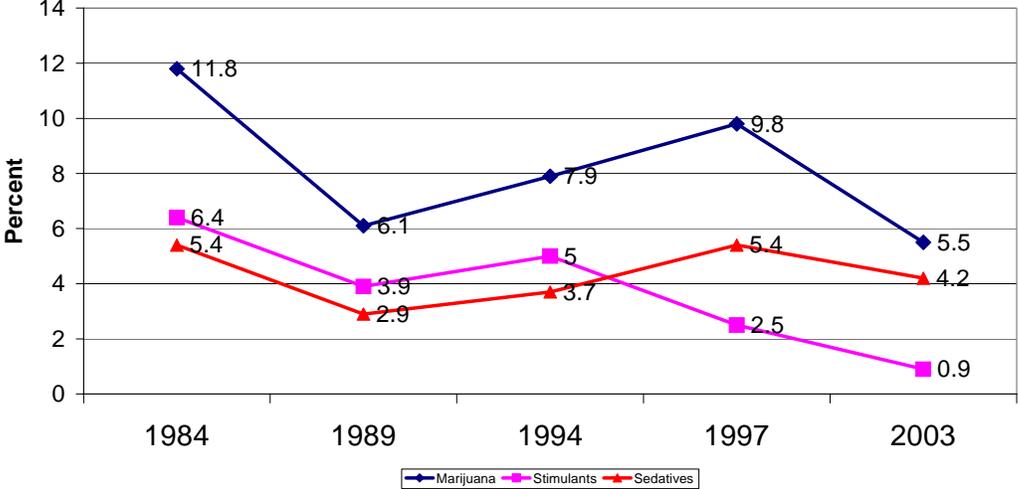
Percent of Utah Students Grades 7-12 Who Used Various Substances During Past 30 Days: 1984-2003



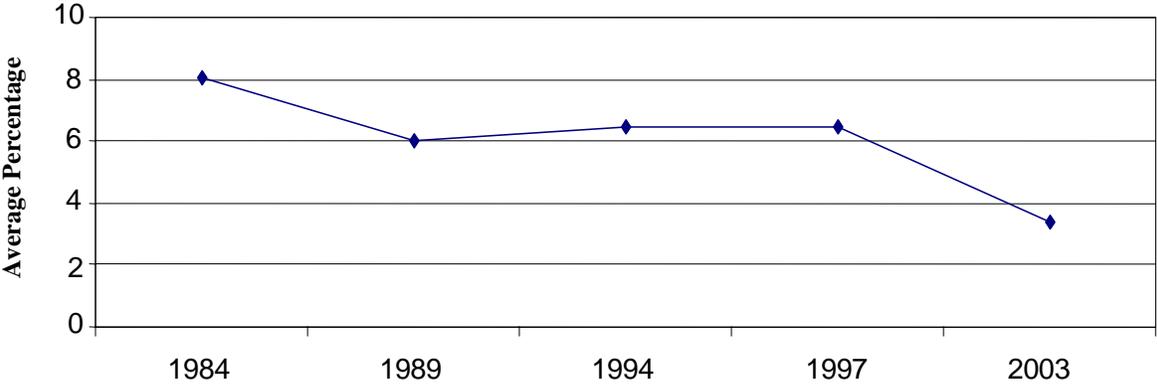
Percent of Utah Students Grades 7-12 Who Used Various Substances During Past 30 Days: 1984-2003



Percent of Utah Students Grades 7-12 Who Used Various Substances During Past 30 Days: 1984-2003

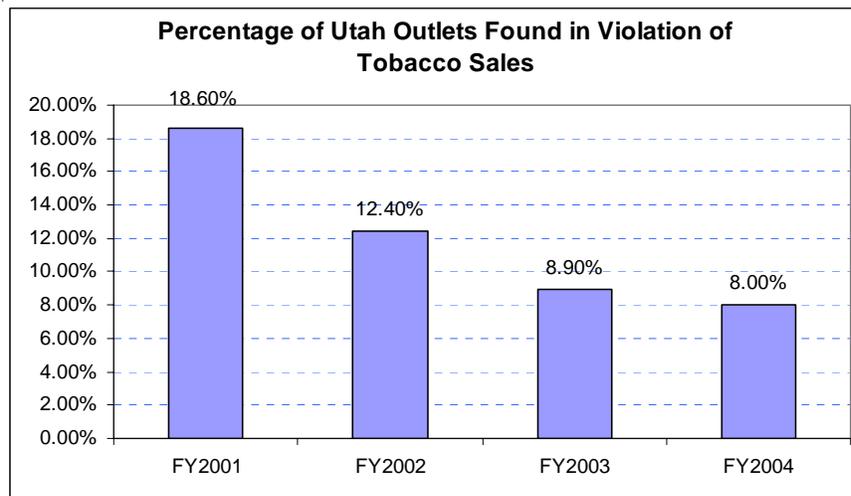


Average Percentage of Utah Students Grades 7 - 12 Who Used Various Substances 1984-2003



Federal Synar Amendment: Protecting The Nation's Youth from Nicotine Addiction

The Synar Amendment 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 sales-to-minors rate of not greater than 20%. Across the Nation, states have made great strides in reducing retailer violations of the law as required by the Synar Amendment. Utah has continued to decrease the number of tobacco sales to minors and has a violation rate of under 10%. This effort is a collaboration between the Department of Health and DSAMH.



Examples of Substance Abuse Prevention Initiatives

SICA

In 2000, the Center for Substance Abuse Prevention (CSAP) awarded Utah a State Incentive Cooperative Agreement (SICA), a three-year grant of \$8.7 million, targeted at providing prevention services for 12-17 year olds. The purpose of SICA is to transform Utah's substance abuse prevention system by phasing out ineffective practices and moving toward implementation of science-based practices, policies, and programs that have been proven to work. Since the inception of the project, Utah's local substance abuse authority areas have undertaken comprehensive data collection, risk and protective factor identification, and program planning. Based upon the key issues identified in each community, programs are selected that will target specific risk and protective factors. SICA has resulted in a considerable increase in the number of science-based prevention efforts underway throughout Utah; there are currently 41 best practice prevention programs being fully implemented and sustained throughout the State. The grant is currently in its last year, and will end in September of 2005.



SIG-E

In September 2003, CSAP awarded Utah a State Incentive Enhancement Grant (SIG-E) of \$750,000 per year for three years. The SIG-E permits Utah to build upon the evidence-based prevention model implemented with the SICA grant by addressing another population, in particular 18-25 year old college students. In conjunction with the SIG-E Project, the presidents of all of Utah's institutions of higher education signed a "Presidents' Statement of Commitment" in support of the grant and campus-based substance abuse prevention and early intervention efforts. Utah is one of only three states to receive a SIG-E to address the 18-25 year old population.

SHARP Survey

In collaboration with the Utah State Office of Education and the Utah Department of Health, DSAMH successfully implemented the "Student Health and Risk Prevention (SHARP) Survey" in school districts throughout Utah in 2003. The three agencies are currently preparing for the implementation of the survey in February/March of 2005. This interagency partnership has enabled the first school-based survey dealing with substance abuse issues since 1997. The survey combines three instruments: the Office of Education's Youth Risk Behavior Survey (YRBS), the Department of Health's Youth Tobacco Survey (YTS), and the DSAMH's Prevention Needs Assessment Survey (PNA). In 2005, at least 38 of Utah's 40 school districts are set to participate, and oversampling of students in most school districts will enable the collection of much more useful data. It is anticipated that 95,000 6th, 8th, 10th, and 12th grade students throughout Utah will participate in the 2005 SHARP Survey, compared to 14,368 in the 2003 survey. Data obtained through the surveys are utilized to identify key risk and protective factors for substance abuse, in the selection of science-based prevention programs that will reduce risk and increase protection, and to measure progress in reducing substance use/abuse among Utah students in grades 6 through 12.

Higher Education Survey

In 2003, Utah conducted a statewide survey of Utah's public institutions of higher education. The Utah Higher Education Health Behavior Survey measured the use/abuse of alcohol, tobacco, and other drugs, as well as other health-related behaviors and mental health issues among Utah's college population. Data are utilized by the campuses to identify the key risk and protective factors for substance abuse among students, and to aid in the selection of prevention and early intervention programs to be implemented on campuses with the SIG-E grant. Another survey is planned for February of 2005.

Utah Prevention Advisory Council (UPAC)

In conjunction with the SICA and SIG-E grants, DSAMH developed a state-level advisory council to oversee substance abuse prevention efforts in Utah. The Council consists of representatives from most major agencies conducting prevention in Utah, with membership constantly growing as new partners are identified. The Council has created an "Interagency Cooperative Agreement for Substance Abuse Prevention in Utah," to be signed by the Governor and the heads of all key agencies, toward ensuring future coordination and collaboration of prevention efforts.

Utah K-12 Prevention Dimensions Program

Prevention Dimensions is Utah's pre-kindergarten through 12th grade alcohol, tobacco, and other drug prevention education program. It consists of a scoped and sequenced curriculum for each grade level and an intensive teacher inservice training component. The DSAMH is a key partner in the development and implementation of Prevention Dimensions (along with the Utah State Office of Education and the Utah Department of Health) and local substance abuse authority agencies provide the teacher inservice training. Prevention Dimensions has been designated a "promising" program (rigor level 3) by the Center for Substance Abuse Prevention. The DSAMH currently funds a rigorous evaluation of the curriculum that will lead to the program's designation as an "effective" (rigor level 4), science-based program in the near future.



Substance Abuse Treatment

Addiction to alcohol and/or other drugs is a primary, chronic, neurobiological disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The treatment of substance-related disorders has been shown to be as successful as treatment of other chronic illnesses/diseases such as diabetes, hypertension, and asthma. Like other chronic illnesses, relapses can occur and individuals may need prolonged treatment and/or multiple treatment episodes to achieve long-term recovery and restoration to full, healthy functioning. Success may be measured by reduction in drug use and criminal justice involvement, as well as improvement in employment status and family and community life. Effective treatment addresses multiple factors in preparation for long-term self-care.

Screening and Referral: Screening to detect possible substance abuse problems occurs in a variety of settings. Screenings may be completed using simple questionnaires or other evaluations. Referrals for treatment come from many different sources: the client him or herself, friends and family, employers, or the justice system. There is no wrong door to treatment.

Assessment: A biopsychosocial evaluation is administered by the treatment center to determine the medical necessity for treatment, develop a diagnosis, generate a treatment plan, assist in placement in the appropriate level of care, and establish a baseline to track progress.

What Treatment Services are Available?

All local substance abuse authorities are required to provide, or arrange to provide, the following continuum of services:

- **Detoxification:** The first step for individuals with a severe, physical addiction. The three to seven day process halts substance use and stabilizes the individual medically.
- **Outpatient Treatment:** Designed for individuals who have substance abuse problems but do not suffer from medical or mental health issues, are ready to change, and have a stable living environment. Individuals attend once-a-week individual and/or group therapy for several weeks.

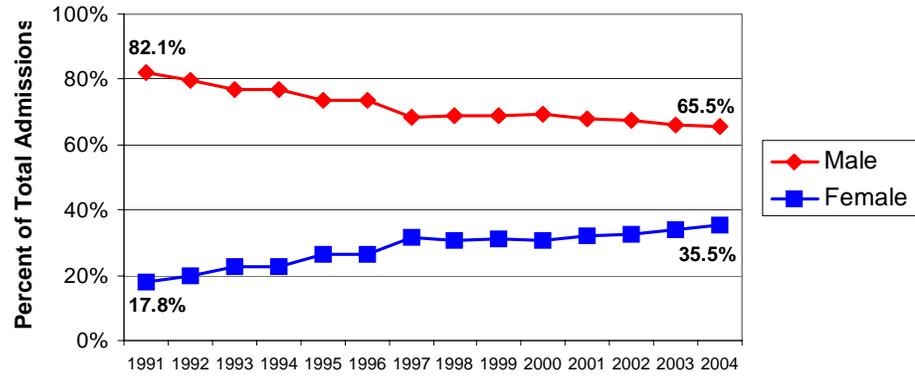
- **Intensive Outpatient Treatment:** Designed for individuals who have substance abuse problems and other complicating factors such as medical or mental health problems, but would do better in their own living environment. Individuals participate in about nine hours of therapy weekly and receive individual/group therapy, case management services, medication management, family therapy, recreational therapy, and psychiatric support as needed.
- **Day Treatment:** Provides more intensive services more frequently (about 20 hours per week), but still on an outpatient basis. Services are offered in a four-hour time block each day and allow individuals to attend school or work and live at home. Individuals receive services similar to those provided in Intensive Outpatient treatment.
- **Residential/Inpatient Treatment:** After detoxification, individuals enter 24-hour, live-in facilities that are staffed full-time with addiction treatment and mental health personnel. Individuals receive ongoing medical and psychiatric support with therapy and case management services. Patients move to outpatient treatment as soon as possible.
- **Opioid Maintenance Therapy (OMT):** This term encompasses a variety of treatment modalities, including the therapeutic use of specialized opioid compounds such as methadone, and buprenorphine. The result is a continuously maintained state of drug tolerance in which the therapeutic agent does not produce euphoria, intoxication, or withdrawal symptoms. This type of therapy is usually offered at the outpatient level, but may be delivered at any level of care.

Substance Abuse Treatment Population Demographics

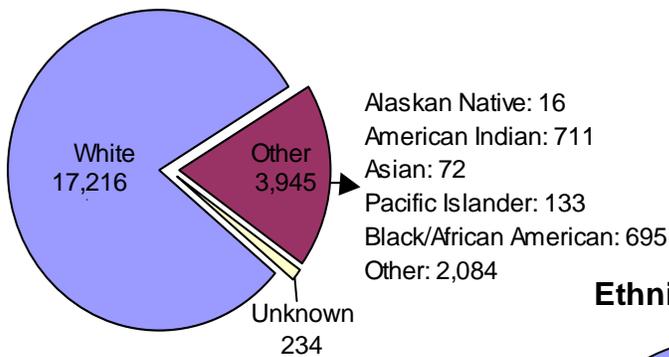
These data provide a general overview of the demographics of the substance abuse treatment population. They include information on gender, race, ethnicity, and age. The “Other” racial category includes most individuals who report themselves in one of the Hispanic categories as seen in the “Ethnicity” table. Additional information is available under Research at www.dsamh.utah.gov.

- 16,841 adults and 3,045 youth received treatment services for a total of 19,886 individuals.
- In Fiscal Year 2004, 65.5% of the treatment admissions were male, a significant decrease compared to 82.5% in Fiscal Year 1991.
- In Fiscal Year 2004, 35.5% of the treatment admissions were female, a significant increase compared to 17.8% in Fiscal Year 1991.
- Trends in race and ethnicity of treatment admissions have been steady over the last decade.
- The percentage of treatment admissions under age 18 increased from 6.7% in Fiscal Year 1991 to 13.5% in Fiscal Year 2004.
- The percentage of treatment admissions for the 18 to 24 age group increased from 14.5% in Fiscal Year 1991 to 21.9% in Fiscal Year 2004.
- The number of treatment admissions for the 25 to 64 age group have generally been decreasing since Fiscal Year 1991.

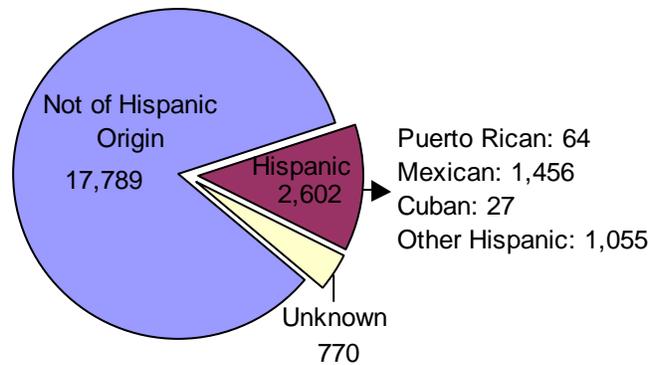
Trends in Admission by Gender



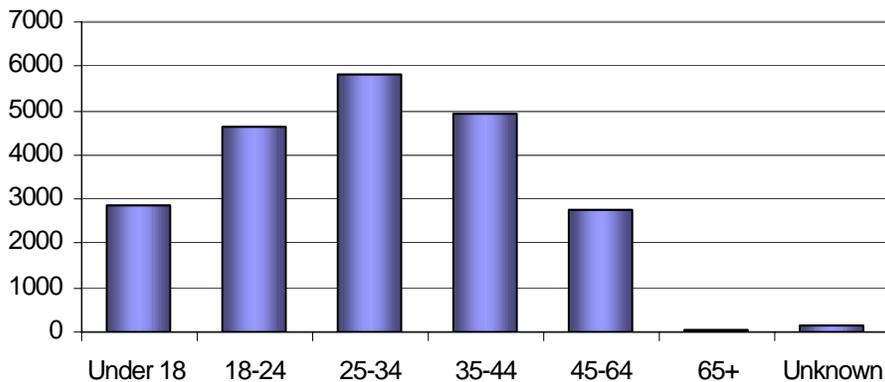
Race - FY2004



Ethnicity - FY2004



Treatment Admission by Age Group in FY2004



Data for Adults and Youth

The Federal Government requires each state to collect demographic and treatment data on all patients admitted into any publicly-funded substance abuse treatment facility. The Treatment Episode Data Set (TEDS) is the source that the DSAMH uses for treatment admission numbers and characteristics of patients entering treatment.

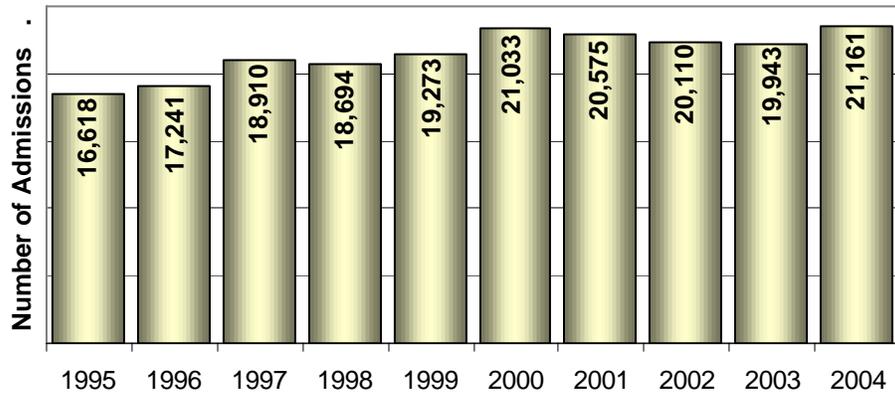
- DSAMH collects this data from the local substance abuse authorities on a quarterly basis. TEDS has been collected each year since 1991. This allows the Division to report trend data based on treatment admissions over the past 10 years (see chart).
- The percentage of patients entering treatment for alcohol dependence decreases from 83% in 1991 to 35% in 2004, while the percentage entering treatment for illicit drug abuse/dependence increased from 17% in 1991 to 65% in 2004.
- Over 59% of the patients use one of four different drugs: methamphetamine, marijuana, cocaine/crack, and heroin (see chart).
- Methamphetamine was reported as the primary drug of use by less than 1% of the treatment population in 1991, compared to over 26% in 2004.

Outcomes

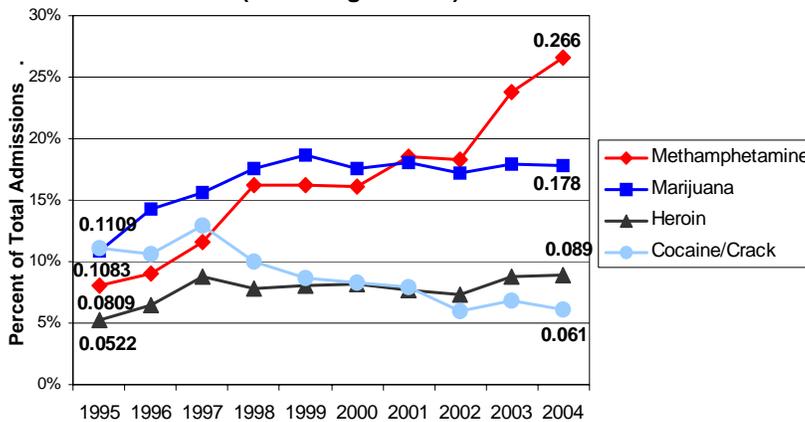
- In FY 2004, 61.6% of patients successfully completed their treatment. The rate of success has improved consistently since discharge data was first reported in FY 2000.
- Of those reporting drug use at admission, 58% were drug free at discharge. An additional 11% reported decreased use.
- Patients involved in the criminal justice system reported an average of 2.6 arrests during the six months prior to being admitted into treatment services. The same group reported an average of 0.6 arrests during admission and discharge.
- 45% reported being employed at discharge, compared to 36% who were employed at admission.
- The percentage of the treatment population who reported being homeless decreased from 4.6% at admission to 3.7% during treatment.

Substance Abuse Treatment Admissions in Utah

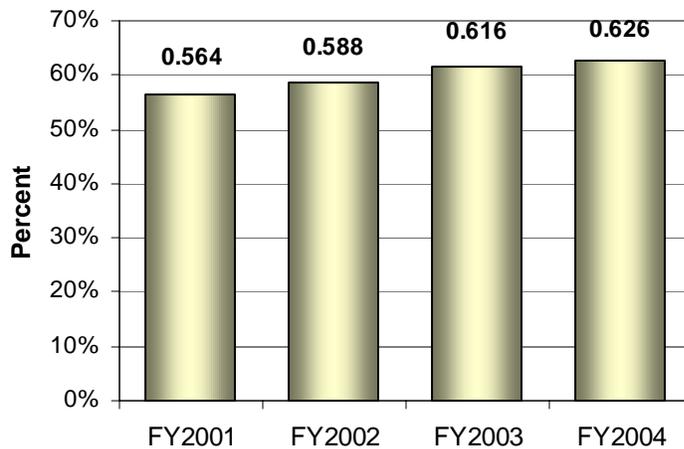
Fiscal Years 1993 to 2004



Top Four Illicit Drugs of Choice by Year (Excluding Alcohol)



Percentage of Patients Successfully Completing Treatment Modality



Mental Health

Treatment

DSAMH ensures that mental health treatment services are available throughout the State. The Division contracts with local authorities to provide these services and monitors these centers through site visits, a year-end review process, and a peer review process. Services are provided through Community Mental Health Centers (CMHCs).

Who is Eligible for Treatment Services?

Utah residents who have a diagnosable mental illness are eligible for treatment. Priority for services is given to adults diagnosed as Seriously and Persistently Mentally Ill (SPMI) and children diagnosed as Seriously Emotionally Disturbed (SED).

Mental health professionals define mental illness as a medical illness of the brain that causes disturbances in thoughts, mood, and perception. This narrow definition generally does not include individuals with a behavior problem, character disorder, or disruptive personality.

Additional treatment option information is available at www.findtreatment.samhsa.gov.

Each local mental health authority must plan for and provide the following array of services in accordance with its annual area plan:

- Inpatient Care and Services
- Residential Care and Services
- Outpatient Care and Services
- Twenty-four Hour Crisis Care and Services
- Medication Management
- Psychosocial Rehabilitation, Including Vocational Training and Skills Development
- Case Management
- Community Support
- Consultation and Education Services
- Services to Persons Incarcerated in a County Jail or Other County Correctional Facility

Community Mental Health Centers generally do not provide:

- Sex Offender Treatment
- Treatment for Traumatic Brain Injury
- Mental Retardation Services (unless the individual has an identified mental illness)

Infant and Young Children's Mental Health

The field of infant mental health has made profound impacts on the evolving understanding of how best to work with young children and their families. In support of these concepts, the Division designated a staff member to specialize in areas concerning Infant and Young Children's Mental Health along with other duties. Support and involvement with the following areas of Children's Mental Health is ongoing:

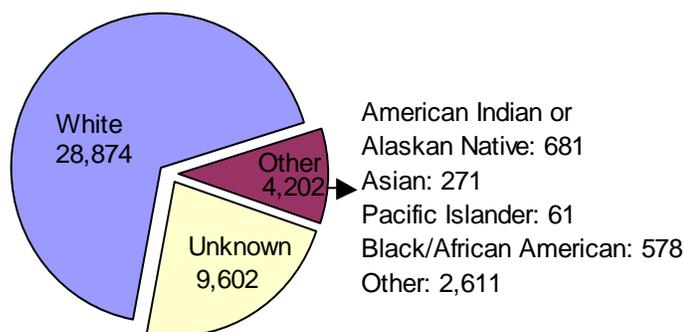
- Coordinating with the Division of Child and Family Services to develop a best practice model for serving children with mental health needs
- Collaborating with the Department of Health to support early screening for mental health issues by pediatricians
- Supporting and assisting the Utah Infant Mental Health Association in efforts to educate, train and coordinate Infant Mental Health issues.
- Aid in developing a statewide resource for children and families with Fetal Alcohol Spectrum Disorder in conjunction with the Utah Fetal Alcohol Coalition

Mental Health Treatment Population Demographics

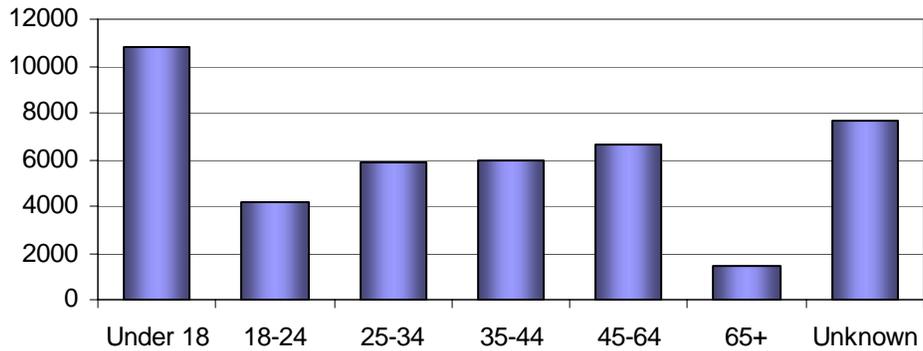
A diversity of people receive treatment in the public mental health system. These data provide a general overview of the demographics of the mental health treatment population. They include information on gender, race, ethnicity, and age.

- 29,472 adults and 13,232 youth received services for a total of 42,704 individuals served.
- 11.8% of mental health patients claim Hispanic ethnic origins. The breakdown by race is illustrated below.
- Of those clients under 18 years of age, 57.5% are male and 42.5% are female. The ratio reverses for adults, with 57% of clients being female and 43% male.
- The percentage of persons who received mental health treatment who are under age 18 is 30.9%, compared to only 13.6% who received substance abuse treatment.

Race - FY2004



Treatment Admission by Age Group in FY2004



Examples of Mental Health Initiatives

Crisis Intervention Teams

In May 2001, DSAMH, in collaboration with the Salt Lake City Police Department, and Valley Mental Health, initiated a Crisis Intervention Team (CIT) Program. This is a team of police officers who have had specialized training in the recognition of, and intervention with, persons in the community who have serious mental illness. To date, over 368 police officers and police dispatch personnel in 32 jurisdictions have had officers complete the training.

Designated Examiner Certification

A Designated Examiner is a licensed physician or other licensed mental health professional that examines an individual to determine if that person poses a risk of physical harm to themselves or others due to a mental illness. They then make a recommendation to the court as to whether or not that person poses a risk. The court will then make a determination whether or not to order a civil commitment order based on that recommendation. Currently, 258 mental health professionals have completed the training and are certified as Designated Examiners.

Disaster Mental Health

Current events continue to make emergency planning an urgent concern. The DSAMH has been tasked to provide and/or coordinate crisis counseling resources for victims of a disaster event which has been declared a “State of Emergency” by the Governor, or which has received Presidential Declaration status as an “Emergency” or “Major Disaster.”

In August of 2004, DSAMH held its first statewide training conference on “Crisis Counseling For Disaster and Bioterrorism Events.” This successful initial training marked the start of training a significant group of professionals to assist in crisis counseling in the event of a disaster in our State. Two hundred individuals were trained as State Certified Crisis Counselors in the event of a disaster or bioterrorism incident.

UT CAN

In 2004, Utah was awarded a SAMHSA grant that is a partnership between the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT). The purpose of the grant, titled “Utah’s Transformation of Child and Adolescent Network” (UT CAN), is to transform the mental health and substance abuse infrastructure so quality, coordinated, and accessible early intervention and treatment services are available for children and youth in Utah. The grant is \$750,000 per year for five years.

Project RECONNECT



A Partnerships for Youth Transition (PYT) grant awarded Utah by the CMHS in FY 2002, Project RECONNECT—Responsibility, Education, Competency, Opportunity, Networking, Neighborhood, Employment, and Collaboration for Transition—continues to work toward system integration and collaboration to assist youth ages 14-25 with emotional and behavioral disorders to successfully transition into adulthood. Project RECONNECT is being implemented in four community mental health centers—Valley Mental Health, Davis Behavioral Health, Weber Human Services, and Wasatch Mental Health. From October 2003 to September 2004, 119 young people were enrolled in Project RECONNECT. In March 2004, Utah hosted the 3rd National PYT Cross-Site Forum in Park City.

Youth in Transition Works In Utah

Project RECONNECT¹ indicates that transition services for young people leads to reduction in criminal activity and homelessness. Those participating in the Project are able to live independently, obtain gainful employment, and contribute to their families and communities.

In 2004:²

- Homelessness e.g., staying at a shelter, living in a car or on the streets decreased by 50%
- Employment increased by 53%, Full-time employment increase by 33%
- Enrollment in post-secondary vocational/technical school or 2 year college/community college increased by 50%
- Criminal activity was reduced by 69%
- Suicide ideation and/or attempt decreased by 61%
- Mental health conditions interfering with going to school, working or social activities decreased by 45%
- Young people becoming independent adults (18 and over, *no guardian*) increased by 17%
- Psychiatric hospitalizations decreased by 80%

(Footnotes)

¹ Project RECONNECT is part of a federally funded project to assist young people to successfully transition to adulthood and who have emotional or behavioral concerns in childhood and young adults with mental illness may participate in the project.

² Social Solution’s/Efforts-to-Outcome. Comparison of the same 45 young people that completed the *Initial Transition Assessment of Young People* and the 2nd *Quarterly Transition Assessment* from January 1, 2004-December 31, 2004.

Frontiers Project

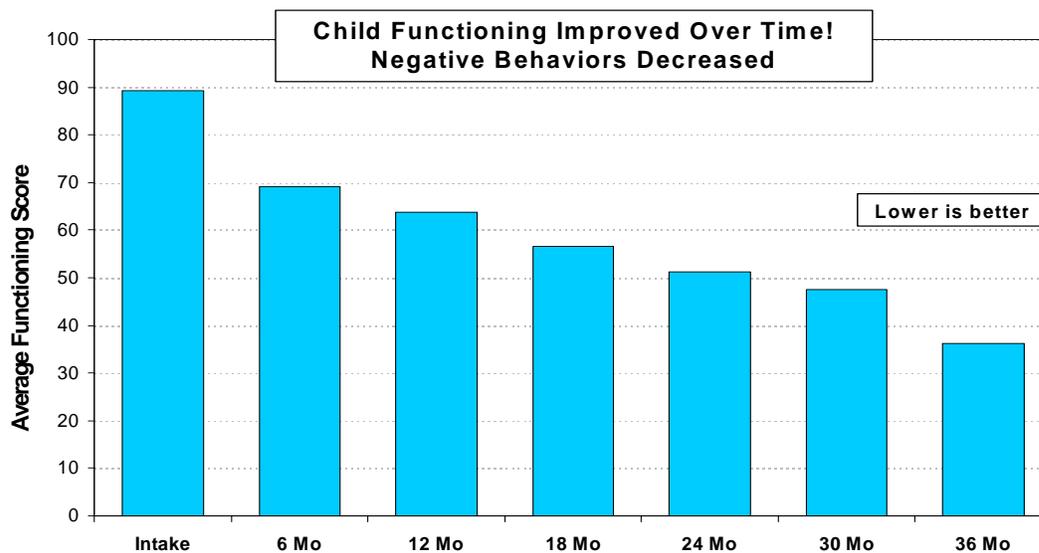


This is a federally funded project that is providing wraparound services to children and their families in Utah’s rural and frontier communities. It serves SED children in six rural counties (Carbon, Emery, Grand, Beaver, Garfield, and Kane). The goal of Utah’s System of Care is to improve the quality of life of children and families by keeping children safely in their homes, attending school successfully, and participating actively in their communities. The latest reports of the project are very encouraging. There is evidence of improved outcomes for both the youth and their families. The data indicate that there

was a reduction in detentions and suspensions in school, child behaviors improved over time, caregiver perceptions of stress decreased, and caregiver perceptions of family recourses improved. The research is being conducted by the Early Intervention Research Institute at Utah State University.

Youth Function Better

These results clearly demonstrated that youth negative behaviors, such as aggression, decreased. Positive behaviors, such as participating in family activities, increased. Emotional health problems, such as depression, were reduced. Youth behavioral, emotional, and social functioning in the homes, schools, and communities all improved. For example, expulsions, detentions, and suspensions from school decreased.



Caregiver and Home Situations Improve

Parents also reported improvements in their own emotional, social, and material resources. For example, caregivers felt that their stress was reduced, they had more time to spend with friends and family, and financial and household needs were more secure.

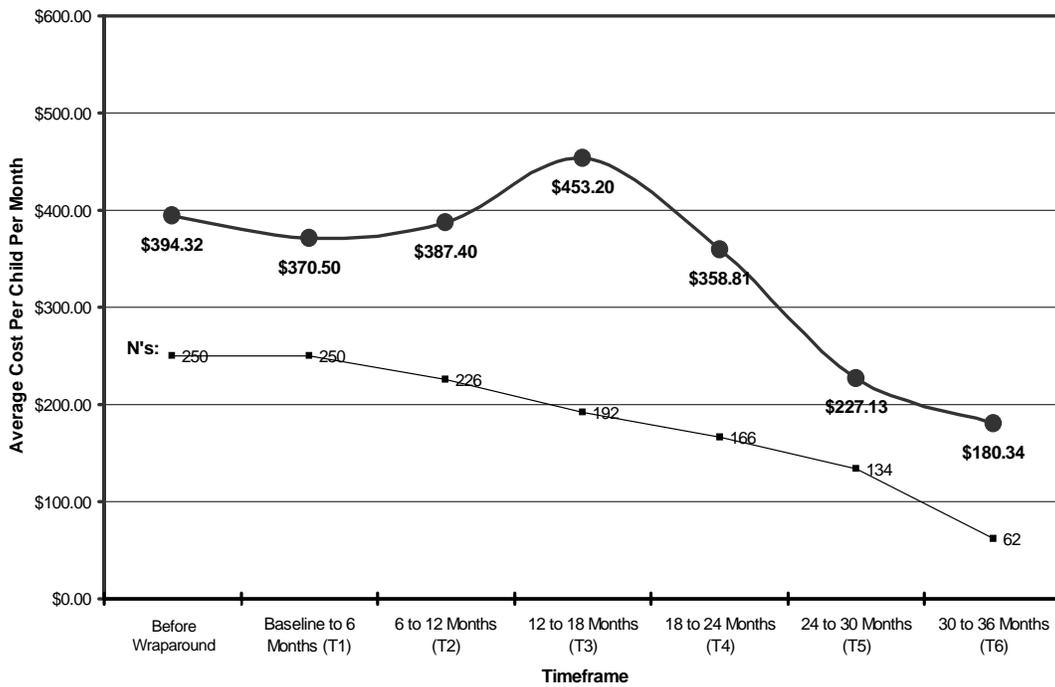
Average Service Costs Drop Over Time

Average costs for services per child dropped significantly over time. This decrease was in spite of a tendency for costs to increase in the first 12 to 18 months that families were involved in the system of care. By the third year, costs per child decrease dramatically. This provides evidence that, while family facilitation/advocacy created additional costs, overall costs still declined substantially.

Service Costs Decreased Over Time

Average Cost per Child per Month by Timeframe

(Costs include all DCFS, MIS, Family Facilitator/Advocate, Team Meeting costs)



DCFS = State Division of Child & Family Services database; MIS = Southwest & Four Corners Behavioral Centers databases; Family Facilitator/Advocate time logs, Team Meeting rosters. N's = Number receiving services in each timeframe.

- Average cost per child dropped significantly.
- Although family facilitation/advocacy added an additional cost, overall costs declined.
- Given the nature of SED, some children need continued intervention. However, adequate investment provides long-term savings.

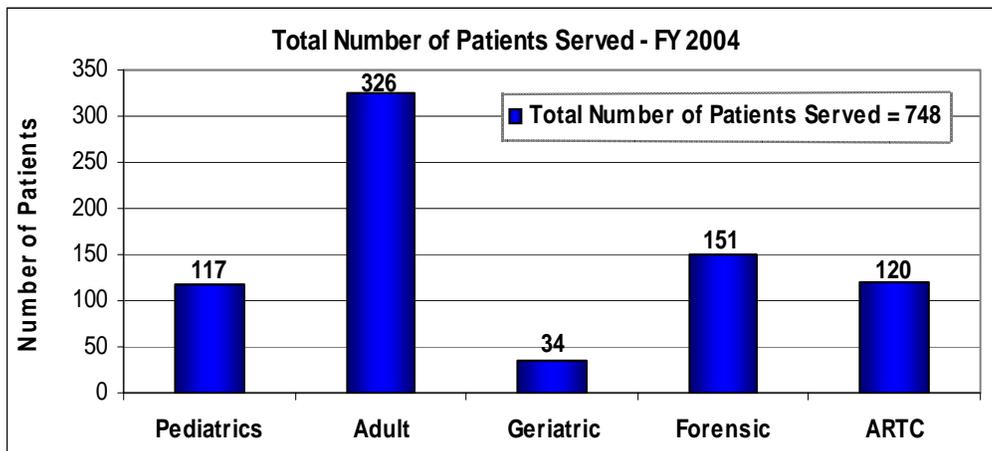
Notes below table present highlights of table, and /or associated information not shown in table.

Utah State Hospital

The Utah State Hospital (USH) is a 24-hour inpatient psychiatric facility in Provo, Utah. The Hospital serves individuals who experience severe and persistent mental illness (SPMI) or who are seriously emotionally disturbed (SED). The Hospital provides active psychiatric treatment services for 354 patients. The USH serves all age groups and covers all geographic areas of the State. The USH works with 11 local mental health centers as part of their continuum of care. All adult and pediatric beds are allocated to the mental health centers based on population. The Utah State Hospital is JCAHO accredited and Health Care Finance Administration (HCFA) certified. There are 21 buildings with approximately 444,000 square feet of space. The Hospital campus covers over 300 acres of property. (www.hsush.state.ut.us)

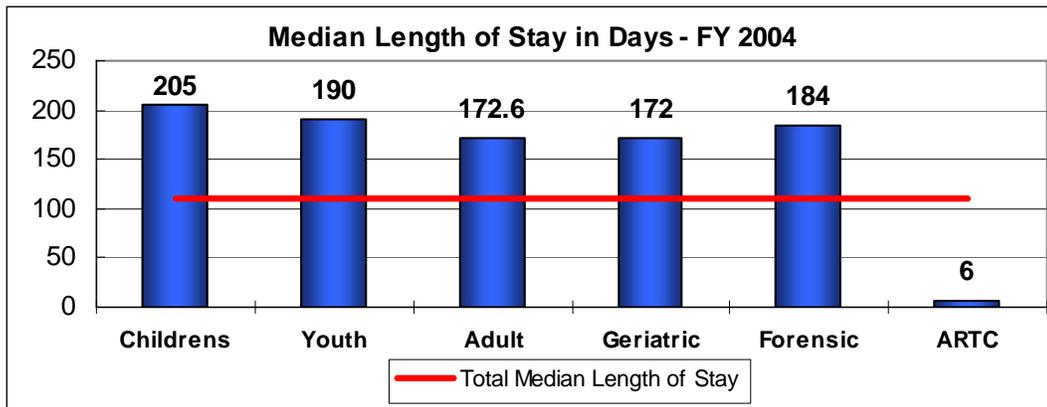
Major Client Groups at the Utah State Hospital

- Adult patients over 18 who have severe mental disorders (civil commitment)
- Children and youth (ages 6-18) who require intensive inpatient treatment
- Persons adjudicated and found guilty and mentally ill
- Persons adjudicated and found not guilty by reason of insanity
- Persons found incompetent to proceed
- Persons who require competency, guilty and mentally ill, or diminished capacity evaluation
- Persons with mental health disorders who are in the custody of the Utah Department of Corrections



Programs

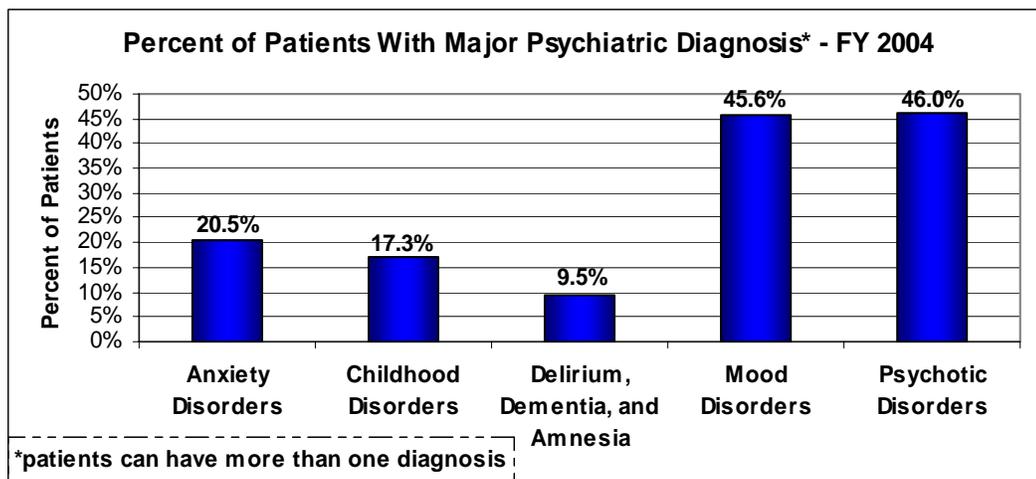
- Childrens Unit (Ages 6-12) 22 beds
- Adolescent Unit (Ages 13-17) 50 beds
- Adult Services (Ages 18 and above) 152 beds
- Adult Recovery Treatment Center (Ages 18+) 5 beds
- Geriatrics (Ages 60 and above) 30 beds
- Forensic Unit (Ages 18 and above) 100 beds



Types of Disorders Treated

The USH treats patients with major psychiatric diagnoses. The following chart shows the percentages of patients treated at the Utah State Hospital for each of the following disorders:

- Psychotic Disorders: includes schizophrenia and delusional disorder
- Mood Disorders: includes major depression, bipolar disorder, and dysthymia
- Childhood Disorders: includes autism, attention deficit disorder, conduct disorder, separation anxiety, and attachment disorder
- Organic Disorders: includes dementia, Alzheimer’s Disease, and organic brain syndrome
- Personality Disorders: includes borderline, antisocial, paranoid, and narcissistic sometimes treated as a secondary diagnosis.



Services Provided

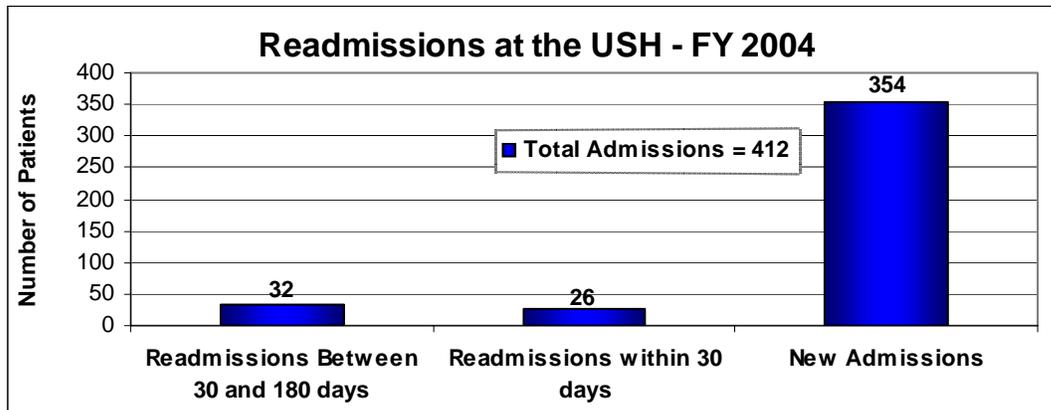
The State Hospital provides the following services:

- Psychiatric Services
- 24-hour Nursing Care
- Psychological Services
- Social Work Services
- Occupational Therapy
- Vocational Rehabilitation
- Physical Therapy
- Recreation Therapy
- Substance Abuse/Mental Health Program (Sunrise)
- Dietetic Services
- Medical/Ancillary Services
- Adult Education
- Oak Springs School (Provo School District)

The Utah State Hospital is also actively involved in research programs to improve patient care, as approved through the Department of Human Services Institutional Review Board.

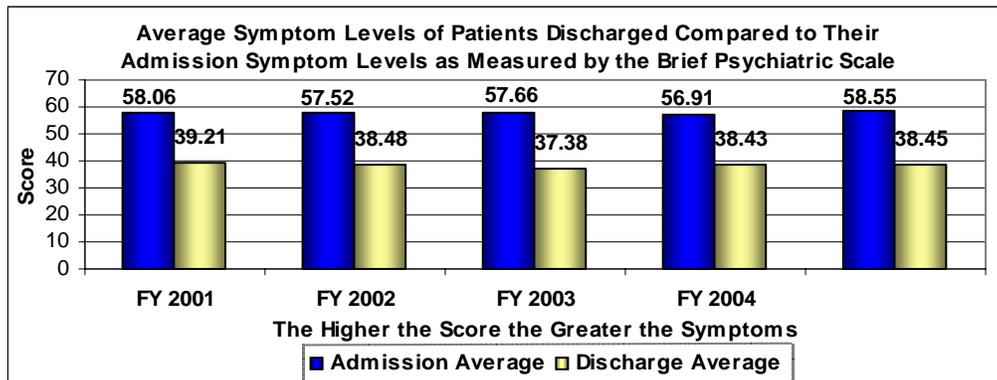
Readmissions

Out of 412 admissions in 2003, only 26 were readmitted to the Hospital within 30 days. Fifty-eight had been admitted to the State Hospital previously and 354 were new clients.



Electronic Chart

Last year the Hospital was in the process of piloting the electronic ICTP (treatment plan) on two of the Hospital's 12 units. All units but the children and youth are now using the electronic ICTP; those units are still in the process of being completed. The E-Chart is in the final stages of development. A billing component has been selected and will be integrated into E-Chart this year. The Hospital is a national leader in the development of the E-Chart.



Continuing Issues

- Pressure to increase forensic beds at the State Hospital to serve the mentally ill with criminal charges. Utah needs to address the issue of the criminalization of the mentally ill. Currently there is a waiting list to be admitted to the Forensic Unit.
- The nursing shortage is worsening in Utah. There are recruitment issues with professional staff, especially with RNs and psychiatrists.
- Reintegration of patients/residents back into the community. The Olmstead Supreme Court decision requires states to develop plans for the reintegration of disabled persons in to the community. The Olmstead decision is being applied to institutions in Utah.
- Funding cuts to mental health agencies are at a crisis level. Many citizens are unfunded and are not receiving needed treatment.
- Lack of psychiatric inpatient beds in Utah are a growing problem. The State is in need of a long-term care program for the mentally ill.

Forensic Evaluations

This year a peer review process was put in place to review the quality of evaluations and to look for training opportunities to improve evaluations. The process will also be used in the future as the basis for contract renewal. It is hoped that the peer reviews and subsequent trainings will result in better and more timely evaluations to the court, which will result in a better outcomes for clients.

Resources

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Salt Lake City, UT 84103

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www.dsamh.utah.gov

Single State Authority:

Utah Division of Substance Abuse and
Mental Health

Randall W. Bachman, M.Ed., Director

Administrative Support

Fryer, Jan, Administrative Secretary

Hunter, Donna, Secretary/Receptionist

Prevention and Children's Clinical Services

Emerson, Mary Lou, Assistant Director

Heid, Noreen, Program Manager, SICA Project

Lewis, Jane, Program Support Specialist,

Project RECONNECT

PoVey, Craig, Program Manager, Substance

Abuse Prevention, SICA Project

Coordinator

Smart, Kathleen, Program Manager, Children's

Mental Health

Taylor, Monica, Executive Secretary

VanRoosendaal, B.J., Public Information Officer

Wang, Ming, Program Manager, Children's

Mental Health, Project RECONNECT

Director

Winder, Tricia, Program Support Specialist,

SIG-E

Treatment and Adult Clinical Services

Chen, Steven, Assistant Director

Chilton, Janina, Program Manager Planning and

Legislative Affairs

Delheimer, Victoria, Program Manager, Mental

Health and Substance Abuse Treatment

Hardinger, Susan, Executive Secretary

Kelsey, Brent, Program Manager, Justice

Snarr, Robert, Program Manager, Adult

Services

Evaluation and Research

Race-Bigelow, Janis, Research Director

Ahlemann, Brenda, Research Consultant,

Substance Abuse

Lehman, August, Research Consultant, Mental

Health

Peck, Shawn, Research Analyst, Substance

Abuse

Rutledge, Robert, Information Analyst

Watson, Holly, Research Consultant, Mental

Health

Wissa, Sandra, Secretary

Quality Assurance

Luna, Janette, Program Administrator

Nieto, Albert, Program Manager

Reed, Merry, Contract/Grant Analyst

Whitney, Claudia, Secretary

Administration and Financial Services

Luoma, Tracy, Administrative Services Director

Beckstrand, Karin, Secretary

Cox, Doug, Support Services Coordinator

Jensen, Dixie, Accounting Technician

Kristjansson, Lori, Accountant

Utah State Hospital:

Mark I. Payne, M.S.W.

Superintendent

Utah State Hospital

1300 East Center Street

Provo, Utah 84606

Office: (801) 344-4400

Fax: (801) 344-4225

www.hsush.state.ut.us

Local Authority Areas and Provider Agencies

BEAR RIVER

Counties: Box Elder, Cache, and Rich

Substance Abuse Provider Agency:

Brock Alder, Director
Bear River Health Department
Substance Abuse Program
655 East 1300 North
Logan, UT 84341
Office: (435) 752-3730

Mental Health Provider Agency:

Mick Pattinson, Director
90 East 200 North
Logan, UT 84321
Office: (435) 752-0750

CENTRAL UTAH

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

Substance Abuse and Mental Health Provider Agency:

Doug Ford, Director
Central Utah Counseling Center
255 West Main St.
Mt. Pleasant, UT 84647
Office: (435) 462-2416

DAVIS COUNTY

Counties: Davis

Substance Abuse and Mental Health Provider Agency:

Maureen Womack, M.S., Director
Davis Behavioral Health
291 South 200 West
P.O. Box 689
Farmington, UT 84025
Office: (801) 451-7799

FOUR CORNERS

Counties: Carbon, Emery, and Grand

Substance Abuse and Mental Health Provider Agency:

Bob Greenberg, M.Ed., LPC, Director
Four Corners Community Behavioral Health
101 West 100 North
P.O. Box 867
Price, UT 84501
Office: (435) 637-7200

NORTHEASTERN

Counties: Daggett, Duchesne, and Uintah

Substance Abuse and Mental Health Provider Agency:

Ron Perry, Director
Northeastern Counseling Center
1140 West 500 South
P.O. Box 1908
Vernal, UT 84078
Office: (435) 789-6300
Fax: (435) 789-6325

SALT LAKE COUNTY

Counties: Salt Lake

Substance Abuse Administrative Agency:

Patrick Fleming, MPA, Director
Salt Lake County
Division of Substance Abuse Services
2001 South State Street #S2300
Salt Lake City, UT 84190-2250
Office: (801) 468-2009

Mental Health Provider Agency:

Debra Falvo, MHSA, RN C, President/
Executive Director
Valley Mental Health
5965 South 900 East
Salt Lake City, UT 84121
Office: (801) 263-7100

SAN JUAN COUNTY

Counties: San Juan

**Substance Abuse and Mental Health
Provider Agency:**

Dan Rogers, MSW, 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:**

Paul Thorpe, MSW, Director
Southwest Center
474 West 200 North, Suite 300
St. George, UT 84770
Office: (435) 634-5600

SUMMIT COUNTY

Counties: Summit

**Substance Abuse and Mental Health
Provider Agency:**

Debra Falvo, MHSA, RN C, President/
Executive Director
Robert Gorelik, Program Manager
Valley Mental Health, Summit County
1753 Sidewinder Drive
Park City, UT 84060-7322
Office: (435) 649-8347
Fax: (435) 649-2157

TOOELE COUNTY

Counties: Tooele

**Substance Abuse and Mental Health
Provider Agency:**

Debra Falvo, MHSA, RN C, President/
Executive Director
Terry Green, Program Manager
Valley Mental Health, Tooele County
100 South 1000 West
Tooele, UT 84074
Office: (435) 843-3520

UTAH COUNTY

Counties: Utah

Substance Abuse Provider Agency:

Richard Nance, LCSW, Director
Utah County Division of Substance Abuse
100 East Center Street, #3300
Provo, UT 84606
Office: (801) 370-8427

Mental Health Provider Agency:

LaMar Eyre
Wasatch Mental Health
750 North 200 West, Suite 300
Provo, UT 84601
Office: (801) 373-4760

WASATCH COUNTY

Counties: Wasatch

**Substance Abuse and Mental Health
Provider Agency:**

Dennis Hansen, Director
Heber Valley Counseling
55 South 500 East
Heber, UT 84032
Office: (435)654-3003

WEBER

Counties: Weber and Morgan

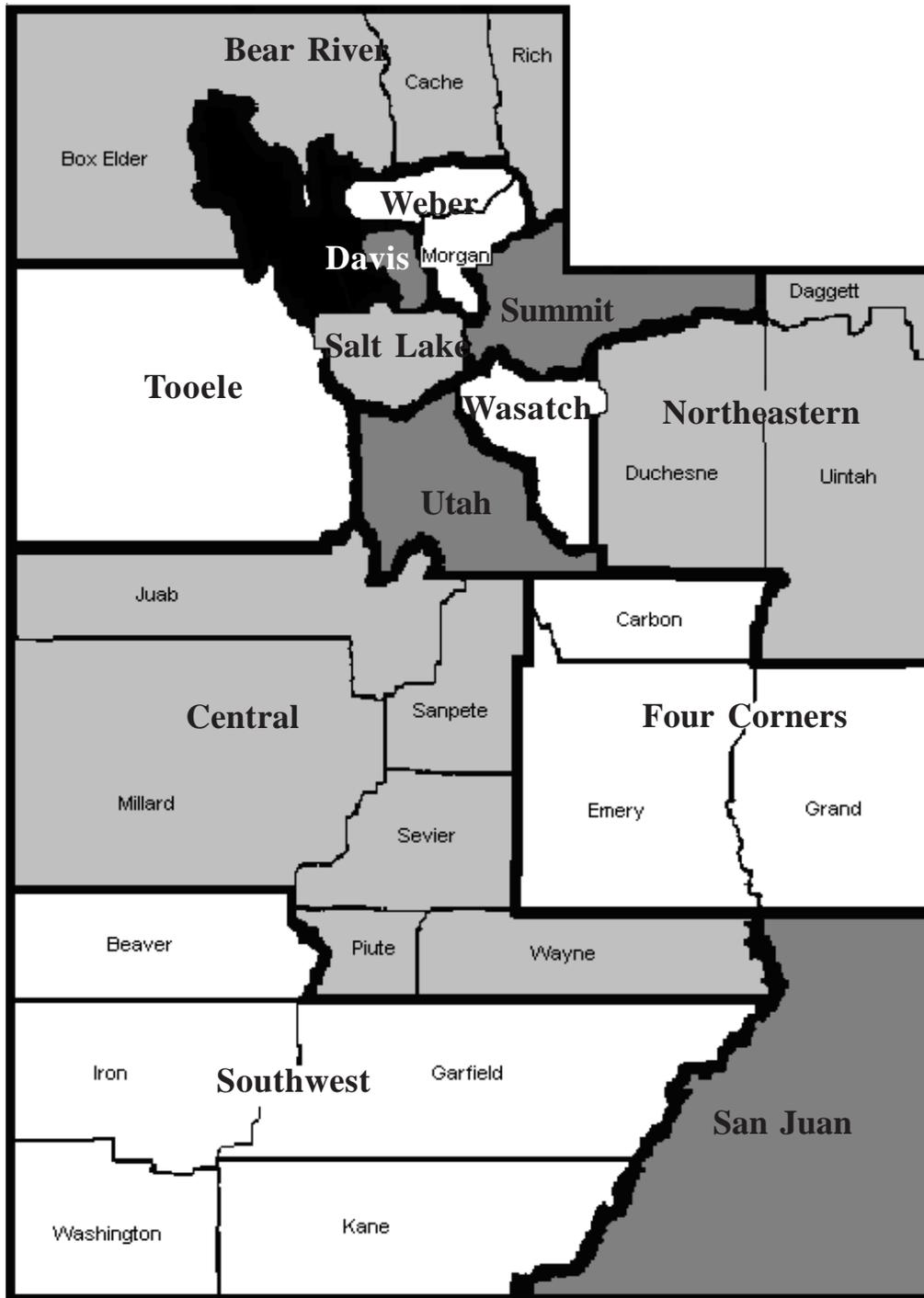
**Substance Abuse and Mental Health
Provider Agency:**

Harold Morrill, MSW, Executive Director
Weber Human Services
237 26th Street
Ogden, UT 84401
Office: (801) 625-3700

Statewide Provider Network

Jack Tanner, Executive Director, CEO
Utah Behavioral Healthcare Network, Inc.
2735 East Parley's Way, Suite 205
Salt Lake City, UT 84109
Office: (801) 487-3943

Local Authority Areas by County



List of Acroymns

ACOT	Assertive Community Outreach Teams
ATOD	Alcohol, Tobacco, and Other Drugs
CIAO	Collaborative Interventions for Addicted Offenders
CIT	Crisis Intervention Team
CMHC	Community Mental Health Centers
CMS	Center for Medicaid and Medicare Services
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
DHS	Department of Human Services
DORA	Drug Offenders Reform Act
DSAMH	Division of Substance Abuse and Mental Health
EQ-I	Emotional Quotient-Intelligence
FACT	Families, Agencies, and Communities Together
HCFA	Health Care Finance Administration
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LMHA	Local Mental Health Authorities
LSAA	Local Substance Abuse Authorities
MHSIP	Mental Health Statistical Improvement Program
OMT	Opioid Maintenance Therapy
PATS	Prevention Administration Tracking System
PNA	Prevention Needs Assessment Survey
QA	Quality Assurance
RECONNECT	Responsibility, Education, Compentency, Opportunity, Networking, Neighborhood, Employment, and Collaboration for Transition
SAMHSA	Substance Abuse and Mental Health Services Administration (Federal)
SED	Seriously Emotionally Disturbed
SHARP	Student Health and Risk Prevention
SICA	State Incentive Cooperative Agreement
SIG-E	State Incentive Enhancement Grant
SPMI	Seriously and Persistently Mentally Ill
TEDS	Treatment Episode Data Set
UPAC	Utah Prevention Adviorry Council
UPAC	Utah Prevention Advisory Council
USH	Utah State Hospital
UT CAN	Utah's Transformation of Child and Adolescent Network
YRBS	Your Risk Behavior Survey
YTS	Youth Tobacco Survey

Following are some examples of local mental health and substance abuse programs. For a more comprehensive listing of local authority programs and contracted providers, visit the Utah Behavioral Healthcare Network website (www.ubhn.org) or contact your local county unit of government.

Bear River Mental Health Services, Inc.

Bear River Mental Health Services, Inc. is the provider of services for the local mental health authorities of Box Elder, Cache, and Rich Counties. The full continuum of State-required services are provided for the three-county region for both children and adults. Inpatient, residential, outpatient, 24-hour crisis, psychotropic medication management, psychosocial rehabilitation, case management, consultation and education, and forensic services are provided.

Bear River Mental Health Services focuses on a team approach that is community based. After establishing the initial diagnosis, based on a professional assessment, a treatment plan is developed that takes into account the total mental health needs of the individual and/or family, in the case of children and adolescents. A Mental Health Professional serves as the treatment coordinator and primary therapist for all clients. When necessary, medical services are coordinated with the provision of other services. Additionally, case management and skill development services are also available as needed. Individual, group, and family therapy are modalities that might be prescribed as well as part of the treatment plan. All services are delivered in order to meet the objectives established to treat the symptoms of the diagnosed mental disorder(s). It is the philosophy of Bear River Mental Health Services to maintain the client in the community in the least restrictive setting possible, with the level of service needed to accomplish that end.

The primary funding source for Bear River Mental Health Services is Medicaid, with the majority of State and local county match dollars being used to meet the Medicaid match requirement. As a result of the change in the Medicaid rules this past year, the majority of the clients served are now Medicaid eligibles. However, Bear River Mental Health Services' local authority, Oversight Committee, and Board of Directors prioritized that services would continue to be provided at the level possible to the Seriously and Persistently Mentally Ill adult population and the Severely Emotionally Disturbed child and adolescent population with any remaining state and county dollars. All other service recipients must have other means available to pay for services received. This has resulted in a large number of citizens being referred to other resources in the community or being denied services. This has created a gap in the treatment availability continuum in the three-county area. In particular, those individuals who do not qualify for Medicaid due to family assets or family income level, although they may be minimal, are no longer able to receive the professional mental health care they have historically had available to them.

It is projected that in the next few years only Medicaid eligibles will be able to be served by Bear River Mental Health Services without an increase in state and county funds, as the population continues to grow, creating an even larger gap in service availability.



Central Utah Counseling Center

Central Utah Counseling Center provides both mental health and substance abuse services to individuals and families living in the six-county area located in the center of the state. The counties served by Central Utah Counseling Center include:

Juab County
Sanpete County

Millard County
Sevier County

Piute County
Wayne County

If you would like to request services an appointment can be scheduled in the following communities:

Juab County:

656 North Main
Nephi, Ut 84648
(435) 623-1456
1-888-859-3674

Millard County:

51 North Center
Delta, UT 84624
(435) 896-3073
1-888-343-3073

Piute County:

Piute County Courthouse
550 North Main
Junction, UT 84740
1-800-742-9070

Fillmore Office:

65 West Center
Fillmore, UT 84631
(435) 743-5121
1-888-343-3073

Sanpete County:

390 West 100 North
Ephraim, UT 84627
(435) 283-4065
1-877-283-4065

Sevier County:

255 South Main
Richfield, UT 84701
(435) 896-8236
1-800-742-9070

Wayne County:

55 South Main, Suite 1
Loa, UT 84747
(435) 836-2209
1-800-742-9070

The following services are available and can be provided in either Spanish or English:

Evaluation

Individual and Group Therapy

Family Therapy

Medication Management

Individual Skills Training and Development

Psychosocial Rehabilitation Services, or

Day Treatment

Drug and Alcohol Services

In addition to the above-mentioned services, we also provide substance abuse prevention services primarily in the schools.

Emergency services are provided in the six counties on a 24-hour basis. To receive emergency care during regular workdays, please call the above-mentioned offices. For after hour emergency services, please call 1-877-386-0194.

Valley Mental Health (Summit County)

Prevention:

Valley Mental Health-Summit provided a spectrum of prevention services for Summit County residents in 2004. Prevention programs were offered in many different locations, to various age groups, employing an array of strategies, and addressing the three prevention populations: *Universal*, e.g., Prevention Media Literacy Middle School Program; *Selected*, e.g., Parenting Education Courses; and *Indicated*, e.g. Risk Alternative Program for adolescent first time offenders.

The Parenting Education Classes continues to hold classes that are well attended in Park City, Kamas, and Coalville. The high school Peer Leader program is also successful.

Our social norms approach prevention strategy, The Majority Report, is going full throttle. For more information visit www.majorityreport.com. The goal is to replace the misperception that “everyone is doing it” with the real norm that most youth are alcohol and drug free. Research has shown this strategy to be effective in reducing youth substance use. It was chosen by the Prevention Advisory Committee because it addressed our priority risk factors, *Norms and attitudes favorable to substance use*. Though not everyone understands it, we have received wonderful support from students, parents, community leaders, and state level prevention specialists.

Treatment:

Valley Mental Health-Summit County (VMH) continued to develop and expand its mental health and substance abuse treatment services in 2004. Services target self-referred and court-ordered clients, and those referred by other sources such as school districts, medical care providers, or other government agencies. Our programs are designed specifically to meet the needs of the people of Summit County.

As a rural mental health and substance abuse treatment facility, we strive to meet the unique challenge of providing an array of services to a diverse community, which includes extremes in socioeconomics, a large Spanish-speaking population, and seasonal changes in the county’s population size and overall makeup. Despite these challenges, we work to implement new programs with the need for flexibility uppermost in our minds. This flexibility allows for development of individualized treatment plans tailored to meet the specific needs of each of our clients.

To better serve our customers in outlying areas, VMH has satellite offices in both Coalville and Kamas, in addition to our main clinic in Park City. These locations improve access to treatment by providing services to clients in their own communities. We also provide on-site services to the male and female populations of the Summit County Jail at the Justice Center.

Substance Abuse and Mental Health

The Summit County unit of Valley Mental Health offers services in mental health, substance abuse, and dual diagnosis. A thorough assessment initiates the treatment planning process, and our therapists work with each client to create an individualized treatment plan. Individual, couples, family, and group therapy, and medication management services are offered as part of our continuum of care, and all treatment plans use evidence-based approaches to ensure effective treatment.

Spanish-speaking services are available at the Summit County unit in order to meet the needs of an increasing Hispanic population. These mental health and substance abuse services include assessment and referral, individual, couples, family and group counseling, medication management, psychoeducational classes, and a variety of services for community advocacy and support.

Valley Mental Health has also initiated a cognitive-behavioral program for the female Utah State Prison inmates who are housed at the Summit County Jail. This program is focused on helping these women acquire life skills necessary for successful transition back into the community, such as parenting skills, emotion regulation and management, and other life skills necessary for interpersonal effectiveness and gainful employment. A similar program is offered for male inmates of the Summit County Jail; the *Life Skills Group* aims to help these men develop skills in anger management, relapse prevention, and interpersonal effectiveness, to help them prepare to return to life outside of a jail setting.

Finally, we continue to offer psychoeducational programs for court-ordered and voluntary clients, and are increasing our efforts in client education in both prevention and treatment programs. We offer courses in cognitive restructuring, alcohol and drug education, Prime for Life DUI education (offered in both English and Spanish), a Risk Alternative Program (RAP) for adolescents, and Parenting Education classes. These classes augment our treatment groups for adolescent substance abuse, addictions recovery groups, and a variety of specific treatment groups for women, men, and children or adolescents.

FCCBH



Four Corners Community Behavioral Health, Inc. (Carbon, Emery and Grand Counties)

In 2004 the Carbon and Emery County Authorities conducted public hearings on mental health and substance needs as part of regular commission meetings. There was compelling and passionate testimony about the need for increased substance abuse treatment services, especially drug courts. The Carbon County Commissioners responded by allocating federal Community Oriented Policing (COPS) funding to establish an adult drug court in Carbon County. Four Corners will add additional treatment staff and provide leadership for the collaborative effort with the courts and law enforcement.

The Department of Justice invited Carbon and Grand Counties to participate in the 2005 Adult Drug Court Planning Initiative through the National Drug Court Institute. The three part training involves judges, prosecutors, defense counsel, treatment staff, the FCCBH research and evaluation specialist, representatives from law enforcement, and the drug-court project coordinators. The training program provides an opportunity to strengthen drug court planning and operations.

In response to a youth suicide cluster that spanned all three counties, FCCBH has participated in community multi-agency groups in and represented the CDC guidelines for suicide cluster response and postvention. Four Corners continues to support the preferred practices in dealing with suicide clusters.

Following the retirement of the long serving supervisor in Emery County a young therapist working in the Castle Dale Clinic was promoted to County Supervisor. FCCBH has a strong focus on employee development which includes a comprehensive supervisor training program. In addition the clinical director provides regular oversight, mentoring and coaching.

The FCCBH, Inc. Staff Development Institute provides comprehensive training, development and leadership growth experiences for all employees including clinical, case management, prevention, psychosocial, administration, support, and substance abuse employees. An annual training plan spells out the staff competencies to be developed and senior FCCBH, Inc. staff provide the training in their areas of expertise.

Utah County Division of Substance Abuse (Utah County)

Treatment

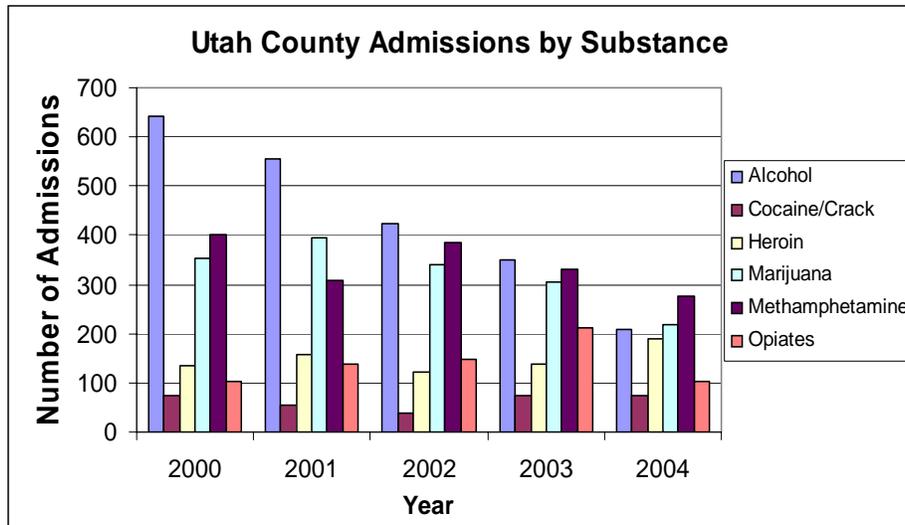
In October, 2002, Utah County Division of Substance Abuse (UCDSA) was awarded a targeted capacity expansion grant from the Center For Substance Abuse Treatment to enhance its treatment for women with dependent children. The purpose of the grant was to provide seed money to expand the Division's Promise of Women and Families program from a small case management program to a full service program offering both outpatient and residential treatment program. The most unique feature of the program is that women bring their children with them to treatment at all levels of care. The women served by the Promise outpatient and House of Hope residential programs receive gender specific treatment as well as skills and therapeutic childcare services for their children. This continuum of care was designed to capitalize on research findings that women engage in and benefit from treatment more from single gender programs where they can keep their children with them.

The grant has accomplished exactly what it was designed to do. In the fall of 2005, UCDSA should be able to close out the grant at the end of its three-year term, and the Promise and House of Hope programs will be self-sustaining with a combination of state and county general funds, Medicaid revenues, and federal block grant money. The House of Hope program has treated 114 women and their children over the life of the grant. The Promise Program has treated 215.

In 2004, the Division moved into new offices located in the new Utah County Health and Justice program in downtown Provo. The new facilities provide a substantial increase in space for all programs and services offered by the County, plus room to grow as the County population grows.

Admission Trends

Combined admissions for heroin and opiates exceeded the number of admissions for both alcohol and marijuana. Most prescription opiate abusers quickly find that drugs like Oxycontin and Lortab are more expensive than heroin and are more difficult to obtain. Heroin admissions increased in 2004 as other opiate admissions decreased—as one wave recedes, another breaks. Particularly troubling is the trend that most of the opiate admissions come from the cities in southern Utah County. This troubling trend will require a close look at the allocation of treatment resources and programming for the next year. One encouraging trend is that methamphetamine treatment admissions decreased for the second year in a row.



Prevention

In January 2004, Utah County's prevention staff embarked on an ambitious effort to reduce by half the incidence of underage drinking as measured by police citations. Planning, coordinating, and implementing a proven program called "Eliminate Alcohol Sales to Youth," otherwise known as EASY, among all 23 cities in Utah County has been quite an undertaking. Modeled on the federal Synar program to reduce tobacco sales to youth, the EASY program was begun in Torrance, California in the 1990s. Since then it has been adopted by other cities across the country. Cedar City adopted the program in 2001 and saw a drop in minor consumption of alcohol arrests of 63%.

Presentations to all city councils were made by UCDSA prevention staff by April of 2004. Presentations were also made to retail alcohol establishments. A conference committee of interested city managers, attorneys, and police chiefs was convened in May to coordinate the various city ordinances regarding alcohol sales, and new or amended local ordinances were adopted in all but three cities in the County who allow retail sales of alcohol. As of the end of the year, UCDSA has trained about 1,500 retail sales clerks in the County. By the end of the first quarter of 2005, the remainder should be trained, and compliance checks in the form of Synar style undercover buys should begin.

Reaction by the majority of local governments and retail grocery and convenience store managers and owners has been favorable. As far as we are aware, this will be the largest implementation of this type of program in the US to date. www.utahcountysubstanceabuse.org