

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH  
**ANNUAL REPORT**



Promoting Health  
Treating Illness  
Supporting Recovery

# DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

## 2011 Annual Report

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State of Utah

GARY R. HERBERT  
GovernorGREG BELL  
Lieutenant Governor

## DEPARTMENT OF HUMAN SERVICES

PALMER DePAULIS  
Executive Director

## DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

LANA STOHL  
Director

October 2011



We are proud to release the Division of Substance Abuse and Mental Health Annual Report for 2011. We hope this report will be helpful to you and that it broadens your understanding of the public substance abuse and mental health system in Utah.

We have chosen “Promoting Health, Treating Illness, Supporting Recovery” as the theme for this year’s report. We know that prevention works, treatment is effective, and that people can and do recover from mental illness and substance abuse. This vision and message of hope is what we want to convey. Together we can make a difference in the lives of those who suffer from the symptoms of mental illness and substance abuse disorders; and, as a result, build stronger and healthier individuals, families, and communities in Utah.

Now is an exciting time to be in our field. Clinical advancements, emerging technology, and efforts to reform healthcare all have the potential to transform our work. Despite all of the potential changes, we believe that adherence to the following principles adopted in 2005 will best serve the citizens of Utah:

- Strengthen partnerships with consumers and families through a unified state, local, and federal effort;
- Provide quality programs that are outcome focused and centered on recovery;
- Monitor and evaluate programs provided by local authorities to ensure the highest level of standards and efficiencies are incorporated;
- Enhance education that will promote understanding and treatment of substance abuse and mental health disorders; and
- Demonstrate statewide leadership which meets the needs of consumers and families.

Our goal is to make recovery a reality. By promoting health, treating illness, and supporting recovery, we will improve the lives of those we serve, their families, and our communities. We appreciate your support and hope this report broadens your understanding of our services.

Sincerely,

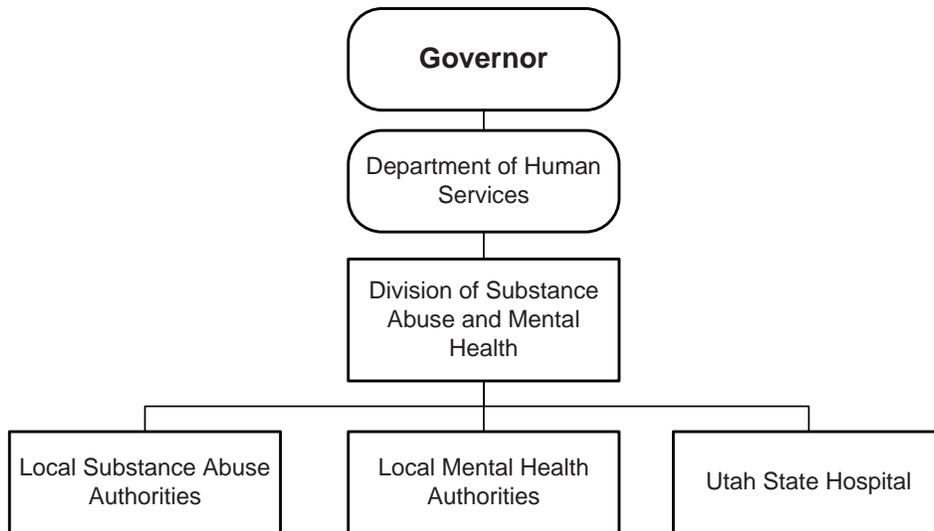
Lana Stohl, MBA, LCSW  
Director

## About Utah's Public Substance Abuse and Mental Health System

The Division of Substance Abuse and Mental Health (DSAMH) is authorized under Utah State Code Annotated §62A-15-103 as the single state authority in Utah. It is charged with ensuring that prevention and treatment services are available throughout the state. As part of the Utah Department of Human Services, DSAMH contracts with the local county governments statutorily designated as local substance abuse authorities and local mental health authorities to provide prevention and treatment services. DSAMH provides oversight and policy direction to these local authorities.

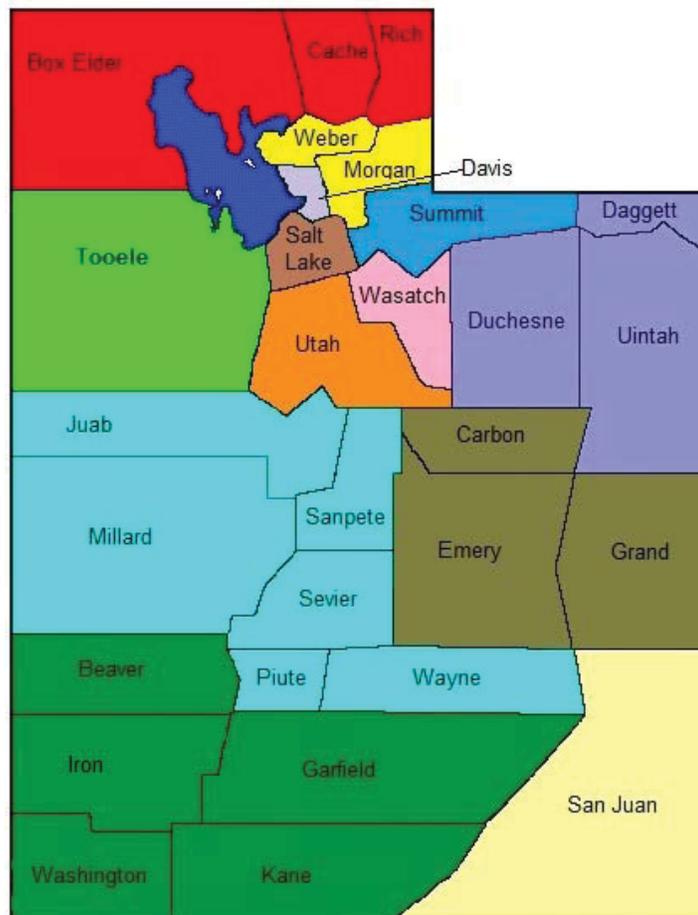
DSAMH has the following responsibilities:

- Collect and disseminate information pertaining to substance abuse and mental health
- Develop, administer, and supervise comprehensive state substance abuse and mental health programs
- Provide direction over the Utah State Hospital including approval of its budget, administrative policy, and coordination of services with local service plans
- Promote and establish cooperative relationships with courts, hospitals, clinics, medical and social agencies, public health authorities, law enforcement agencies, education and research organizations, and other related groups
- Receive and distribute State and Federal funds for prevention, substance abuse, and mental health services
- Monitor and evaluate programs provided by local prevention, substance abuse, and mental health authorities, and examine expenditures of any local, State, and Federal funds
- Contract with local prevention, substance abuse and mental health authorities to provide or arrange for a comprehensive continuum of services in accordance with the local plan
- Contract with private and public entities for special statewide or non-clinical services
- Review and approve local prevention, substance abuse, and mental health authority plans to assure a statewide comprehensive continuum of services
- Promote or conduct research on prevention, substance abuse and mental health issues and submit any recommendations for changes in policy and legislation to the Legislature and the Governor
- Withhold funds from local prevention, substance abuse and mental health authorities and public and private providers for contract noncompliance
- Coordinate with other state, county, non-profit, and private entities to prevent duplication of services
- Monitor and assure compliance with State and Federal laws



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. Some counties have joined together to provide services for their residents. There are 29 counties in Utah, and 13 local authorities. 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.



## **Source of Funding**

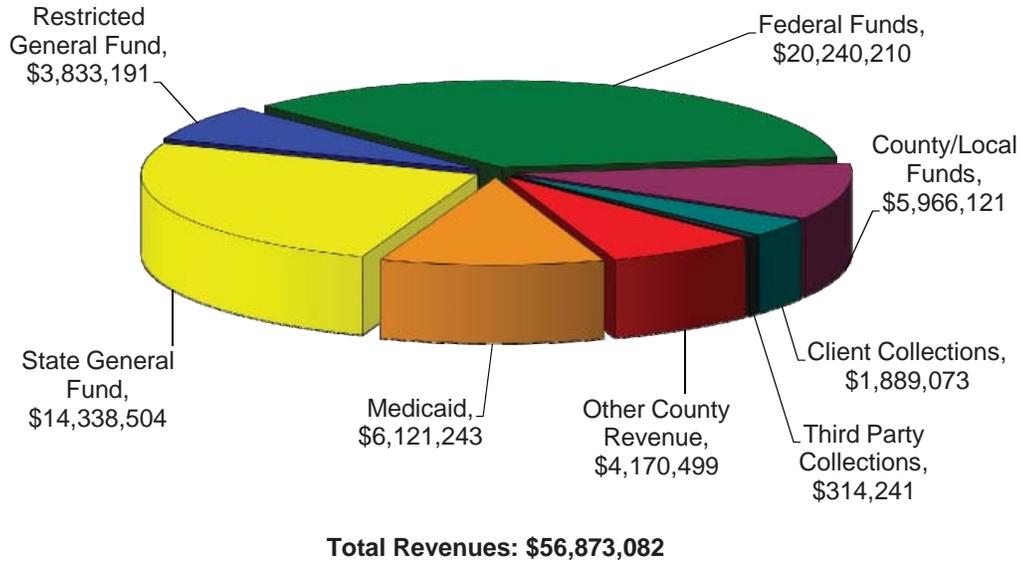
Prevention and treatment services in the state of Utah are funded by State general fund revenues, substance abuse and mental health block grant funds from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), Medicaid, Medicare, and various other local and Federal grant and contract monies. The majority of expenditures for DSAMH are directly related

to contracts with the local authorities. DSAMH also has contracts for special statewide projects such as consulting, research, and education.

The local authorities are required by State statute to provide funding equal to at least 20% of the State funds allocated to them.

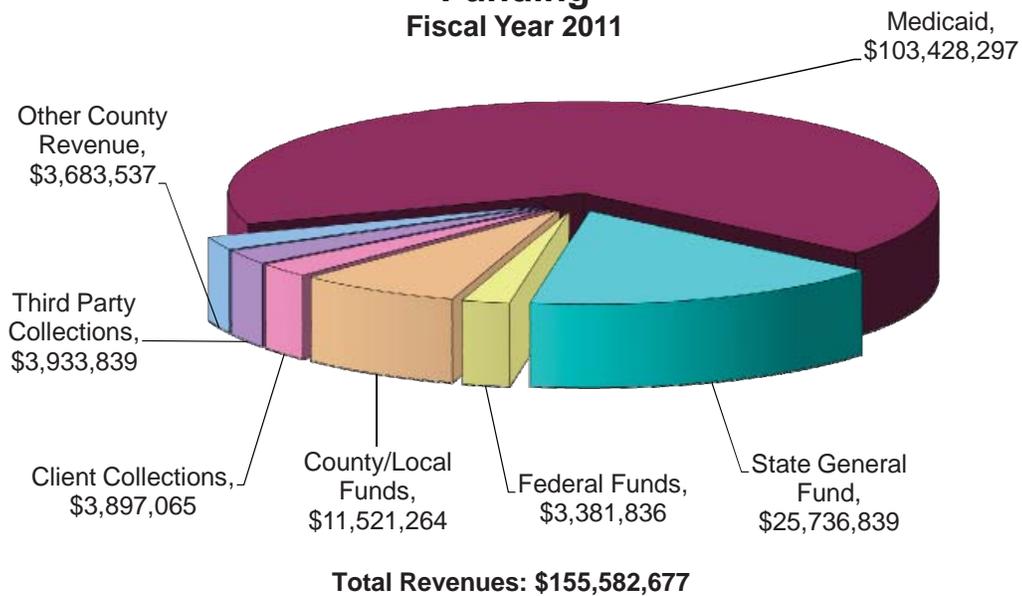
The following page provides a breakdown of the sources of funding.

### Community Substance Abuse Services Funding Fiscal Year 2011



The Substance Abuse figures above include Drug Court and DORA amounts, which have not been included in previous reports.

### Community Mental Health Services Funding Fiscal Year 2011



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



# Donna and Randy's Story

Randy and Donna have been married for 22 years. They actually knew each other in high school, but didn't get together until they'd spent some time going through their own problems in life. Now they've been able to help and support each other with their mental health problems and their marriage has been a blessing for both of them.

Randy has cerebral palsy along with mental illness and has had a hard time keeping a job. His parents told him he was too dumb to handle college and he got so depressed he attempted suicide. Donna suffers from PTSD, stress, depression and anxiety and after an early divorce she just shut herself in and just watched television or slept all day. The clubhouse has been a great help to both of them. They've received so much encouragement from staff and others at the clubhouse that it's made a big difference in their lives.

They've been able to set goals and gain confidence in their abilities. Donna has even recently earned her master's degree, setting a good goal for others from the clubhouse, as she's the first to get an advanced degree while a member.

*While attending clubhouse conferences we've been able to make friends from all over the state. The clubhouse has helped us realize there are other people who struggle as much as we do.*



# Statewide Initiatives

## Recovery Plus

Individuals with substance use disorders or serious mental illness are much more likely to use tobacco than those who do not suffer from these disorders. In Utah, 71% of individuals admitted to substance abuse treatment and 55% to 80% of individuals with serious mental illness use tobacco. Yet only 9% of the general population uses tobacco. Using tobacco often results in poor health and shorter life expectancy for the people we serve. Many studies have found that individuals with mental illness die on average twenty-five years earlier than the general population. The Center for Disease Control reports that about 200,000 of the 435,000 annual deaths from smoking in the U.S. occur among patients with mental illnesses and/or substance use disorders.

In response, DSAMH developed the *Recovery Plus* project. This initiative is designed to improve the health and quality of life for individuals we serve by increasing the number of individuals who live tobacco free after or while recovering from a mental health or substance use disorder. *Recovery Plus* grew out of DSAMH's "2009 Mental Health Wellness Initiative" which concluded that overall health is essential to mental health. Based on this guiding principle, the National Association of State Mental Health Program Directors Medical Directors Council suggested that mental health/substance abuse providers should:

- Monitor weight
- Screen for diabetes
- Address tobacco use
- Train staff to recognize health issues

- Adopt policies to ensure integration of mental health and physical health care

Supported by a federal stimulus grant from the Centers for Disease Control and Prevention, DSAMH partnered with the Utah Department of Health to launch *Recovery Plus*. The partners at the state and local level have made great strides in building on the foundation established by the Wellness Initiative. Each local substance abuse and mental health authority conducted an assessment of staff and clients to determine attitudes and possible barriers to going tobacco free. In 2011, DSAMH provided training by experts from the University of Colorado, Denver; to ensure that all local authority clinical directors were ready to move forward with tobacco-free policies and treatment protocols (counseling, cessation classes, and medication assisted therapies as appropriate).

The goal of *Recovery Plus* is for all publicly funded treatment centers to be tobacco-free by 2013. This initiative places Utah ahead of the curve in terms of health care reform around prevention of and recovery from tobacco use. For additional information about *Recovery Plus*, visit: [recoveryplus.utah.gov](http://recoveryplus.utah.gov).

## Olmstead (REDI System)

In July 1999, the Supreme Court issued the *Olmstead v. L.C.* decision. This landmark ruling found that unnecessary segregation and institutionalization of people with disabilities constitutes discrimination under the Americans with Disabilities Act. In order to implement the *Olmstead* decision, the U.S. Department of Health

and Human Services advised states to create comprehensive, effective working plans to place qualified persons living in institutions in less restrictive settings.

In response to this ruling, DSAMH in cooperation with the Local Mental Health Authorities (LMHAs) created a statewide plan to ensure patients with mental illnesses are served in the least restrictive setting possible. The plan prioritizes the promotion of home and community-based services and supports for patients preparing for discharge from the Utah State Hospital (USH). In addition, DSAMH developed a tracking system to document home and community-based services needed by patients preparing for discharge. The REDI (Readiness Evaluation and Discharge Implementation) system identifies preferences and obstacles to transition from institutional treatment settings. REDI also increases local level participation to identify barriers and other system issues which enable people with mental illness and co-occurring substance abuse disorders to live in the community. REDI is used by the USH and all local authorities.

By identifying barriers and community needs, REDI prevents unnecessary or prolonged institutional placements and gives the LMHAs improved accessibility to patient information. The information is completely secure and no patient information can be accessed by any unauthorized person. DSAMH is also using this program as a monitoring tool to ensure that USH and the LMHA providers are actively working on a plan for people who are ready for discharge to the community.

The REDI program has proven successful in working to help identify and facilitate additional discharges. In fiscal year 2010, the REDI program was used to help facilitate discharge of 160 adults with serious mental illness in comparison to fiscal year 2011 which the REDI program was used to help facilitate discharge of 177 adults with mental illness. Length of stay at USH has

also decreased during the two years this program has been in operation (see USH data in this report).

## **Pre-Admission Screening Resident Review (PASRR)**

Nursing homes are not the best place to serve individuals with mental illness. Often with appropriate services, individuals are able to maintain a meaningful life in the community. In addition to the personal benefits, diversion from a nursing home also results in considerable savings to taxpayers as Medicaid is a primary funding source for nursing home services.

DSAMH operates a federally mandated program called the Pre-Admission Screening Resident Review (PASRR) to ensure that nursing homes are not inappropriately used to house individuals with mental illness. Licensed mental health professionals trained and certified by DSAMH evaluate individuals to ensure:

1. People with mental illnesses in Medicaid certified nursing facilities are being adequately diagnosed and treated.
2. People with mental illness, mental retardation, or a developmental disability only (and no substantial physical problems) are not being warehoused in nursing facilities.
3. The federal government is not paying for long-term care of the mentally ill, mentally retarded, or developmentally disabled in nursing facilities with no substantial physical problems.

PASRR is a time sensitive program that requires all evaluation results to be completed in an average of seven to nine business days. According to the 2010 Census data, the population of people in Utah, age 65 and older grew from 190,222 in 2000 to 249,462 in 2010, a 31% increase in just 10 years. The dramatic growth of the senior

population will have a significant impact on the PASRR Program as the number of PASRR evaluations will continue to increase to meet rising demands.

Currently, Utah has 45 trained and certified PASRR evaluators. In fiscal year 2010, DSAMH processed 2,154 PASRR evaluations and in fiscal year 2011, DSAMH processed 2,465 evaluations, a 14% increase in one year.

In early 2011, the PASRR team received the Governor's Award for Excellence in the category of Innovation and Efficiency for the development of a web-based system that transformed PASRR from a paper to an electronic system. The new web-based system decreased patient/family wait times for PASRR determinations regarding nursing home placement from 10 days to 48 hours while simultaneously improving the quality of those evaluations. The online application was able to increase efficiency and decrease workload resulting in a significant cost savings to Utah.

## Utah's Peer Support Services

Due to joint efforts between DSAMH and the Department of Health, the State Medicaid Plan was amended this past year to enable the provision of peer support services for people receiving Medicaid mental health services. Peer support services are provided for the primary purpose of assisting in the rehabilitation and recovery of adults with severe and persistent mental illness or children with serious emotional disturbances. Peer support services are provided by self-identified individuals who are a minimum of age 18 and in recovery from a mental illness, from co-occurring substance use disorders if co-morbidly diagnosed, or are parents of a child with a serious emotional disturbance. Peer Support Specialists lend their unique insight into mental illness and what makes recovery possible. Peer providers are in a unique position to build alliances, instill hope and demonstrate that recovery is possible.

Peer support services are delivered in accordance with a written treatment and recovery plan. Through coaching, mentoring, role modeling, and as appropriate, using their own recovery stories as a recovery tool, Peer Support Specialists assist clients with their recovery goals. Peer Support Specialists assist clients in developing skills in areas that include:

1. creation of recovery goals;
2. daily and community living, including independently obtaining food, clothing, housing, medical care, employment, etc.;
3. socialization;
4. adaptation and problem-solving;
5. development and maintenance of healthy relationships and communication;
6. combat negative self-talk and face fears;
7. regulation of emotions, including anger management;
8. secure and maintain employment and overcome job-related anxiety;
9. provide symptom monitoring and crisis prevention; and
10. assist clients with recognition of health issues impacting them, and with symptom management.

Certified Peer Support Specialists complete a comprehensive 40-hour peer specialist training and pass a written examination. In addition, Certified Peer Support Specialists must successfully complete 20 hours of continuing education each year in order to maintain certification. Certified Peer Support Specialists also receive ongoing weekly individual and/or group supervision by a licensed mental health therapist.

## Access to Recovery

Access to Recovery (ATR) represents a new way of serving individuals with substance use disorders. The program is based on the idea that

there are many ways in which people recover. Treatment may be the catalyst. However, some may only require peer support, medications, transportation, or housing assistance to end drug and alcohol use and develop a meaningful life in the community.

ATR provides vouchers to individuals who direct the development of their own recovery plan. Individuals choose the services and providers that they believe will be beneficial. Vouchers may be used for treatment or recovery support. The advent of ATR has significantly increased the types of services available to substance using individuals. A few of the new services available to ATR participants include bus passes, emergency housing, supportive sober housing, GED testing, help in securing state ID cards, child care, gas vouchers, online recovery support services, medication assisted recovery, and educational supports. ATR Case Managers assist individuals with developing a recovery plan and choosing services and providers. Case managers maintain close contact and support clients throughout ATR and are available to resolve concerns or modify service plans as needed.

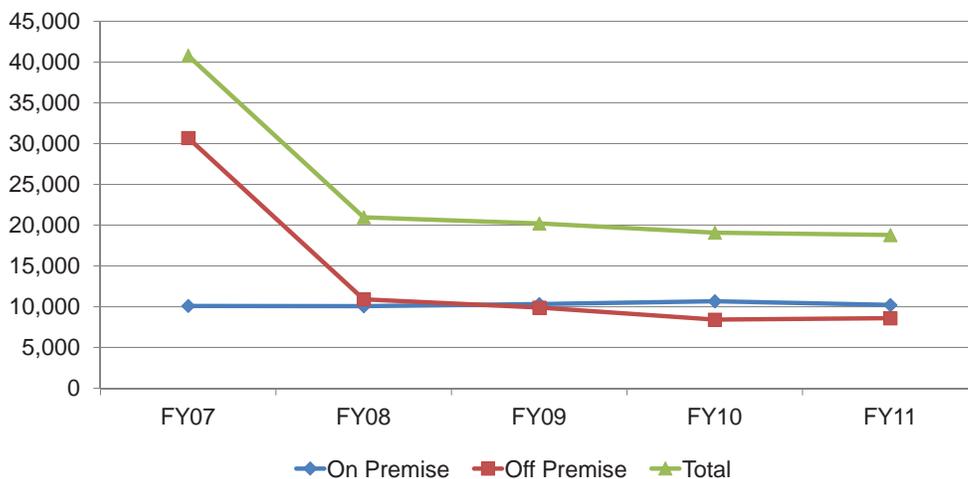
ATR has dramatically increased the number of providers available to clients. Participating counties have opened their provider networks to agencies that have previously been unable to secure public substance abuse funding. As of September 2011, 40 new providers have agreed to serve clients through ATR. The result is greater access to services and a broader service array.

ATR is being implemented in Salt Lake, Utah and Weber/Morgan counties. DSAMH was awarded the Access to Recovery grant in September of 2010. The award included \$10.6 million to serve 10,000 clients between October 2010 and September 2014. During its first 9 months of operation, ATR served over 400 individuals.

### On-Premise and Off-Premise Alcohol Sales Training Certification

DSAMH is responsible for certifying providers and programs that provide training for people who sell beer alcoholic beverages in Utah. The graph below shows the numbers of people trained to sell beer in grocery and convenience

**Alcohol Sales Training Certifications**  
Fiscal Years 2007 - 2011



stores (off-premise) and serve alcohol in bars, taverns, and restaurants (on-premise). The high numbers shown for fiscal year 2007 represent the first year training became required for those who sell beer for off-premise consumption. We expect that fiscal year 2012 will again show high numbers because employees who sell for off-premise retailers must re-certify at least every 5 years. In addition, fiscal year 2012 may show an increase in people trained for on-premise sales due to an increase in liquor licenses.

## Driving Under the Influence (DUI) Education

DSAMH oversees the training of instructors who teach DUI Education classes. There are currently 283 certified DUI Instructors in Utah. These Instructors use the *PRIME For Life* standardized DUI education program consisting of 16 hours of learning, self evaluation, and relevant group activities to help DUI offenders learn to make low-risk choices about alcohol and drug use. During fiscal year 2010, 8,796 people attended DUI Education classes.

*PRIME for Life* DUI education outcomes are measured every other year. A large percentage of participants in Utah who attended the *PRIME For Life* program in 2008-2009 reported positive reactions. Over 80% reported that the class helped them to decide to drink less, feel confident about doing so, and develop the needed skills.

## PASSAGES

*(Progressive Adulthood: Skills, Support, Advocacy, Growth, and Empowerment = Success)*

PASSAGES helps young people with mental health conditions successfully transition into adulthood. The program serves young people between the ages of 16 and 25. Transitional facilitators coach and mentor participants and help them gain competency in five major transitional domains: employment, education, housing, community life, and personal well-being.

These young people have diverse characteristics—teen parents, homelessness, developmental disabilities, sexual orientation, and childhood trauma—all of which make their transitional process more challenging. The six-month reassessment indicates that there are significant improvements in overall health, everyday life functioning, school attendance, employment, and social connectedness.

One good example is a 22-year-old Native American young woman who had a traumatic childhood. Before she was enrolled in PASSAGES, she was facing homelessness and did not know what the future held for her. Through PASSAGES, she is now doing well at Utah State University, majoring in Criminal Justice. She gained insight about her mental health concerns and has become an advocate for herself and other young people with similar experiences.

The program, implemented in San Juan and Tooele Counties, started enrolling participants in February 2010, and as of July 1, 2011, is serving 117 young people: 57 in San Juan County and 60 in Tooele County. Of the 113 young people, there are 48% male, 52% female, 54.7% Caucasian, 21.6% Native Americans, and 15.4% Hispanic. The median age is 19 years old.

## Crisis Intervention Team—Utah

CRISIS INTERVENTION TEAM (CIT) Training is designed to assist Law Enforcement Officers to effectively respond to individuals experiencing a mental health crisis.



The CIT officers learn to identify characteristics of various mental health disorders, and provide the safest intervention possible for the consumer, the community, and the officers. CIT officers gain an understanding of available options to assist in finding the best solution for the consumer and the commu-

nity. Officers from uniformed patrol divisions volunteer to participate in the training.

The first Utah CIT academy was held in 2001. Each year, more agencies become part of the team and the team's cadre of officers continues to grow. CIT Utah has increased awareness about the importance of mental health throughout the state. Mental health consumers and their families now ask for CIT Officers when contacting law enforcement for assistance. CIT Utah Regional Coordinators are involved in developing other local programs to assist with the reduction of mental health consumer's involvement in the criminal justice system through local efforts with their Local Mental Health Authority and through statewide efforts with the Division of Substance Abuse and Mental Health.

During the last year, 19 Crisis Intervention Team Academies were conducted where 416 individuals from 72 different agencies became certified. This raised the state totals to 1,439 sworn CIT Officers among 97 law enforcement agencies. The total for CIT training among non-sworn members of the law enforcement team rose to 194. Annual continuing education trainings were held in Salt Lake City and St. George during December 2010. This allowed 135 CIT Officers to maintain certifications.

In June 2011, the Price Police Department teamed up with Four Corner's Community Behavioral Health and the Salt Lake City Police Department to conduct the first Price CIT Academy. This has brought the total of regions conducting CIT Academies to 8 of Utah's 13 regions. CIT Utah still continues to provide CIT Academies for Correction Officers through its partnership between the Salt Lake County Sheriff's Office, the Utah Department of Corrections, and the Salt Lake City Police Department.

For the past two years, CIT Utah has worked in partnership with the National Alliance on Mental Illness (NAMI) to develop a CIT for Youth Program. The program conducted its first training in

Salt Lake City and awarded 30 certifications of completion. This program is still in the developmental stage and will begin to expand regionally over the next three years.

CIT is recognized as a valuable and efficient statewide model. In 2011, a Joint Resolution of the Utah State Legislature was signed by Governor Gary Herbert identifying the CIT Utah Program as the gold standard of training and encouraging the development of relationships between law enforcement agencies and mental health service providers throughout the state. The Salt Lake City Police Department, as the administering agency for the CIT Utah program, has been selected as one of six national learning sites for specialized police response. The Council of State Governments will provide support for law enforcement agencies throughout the nation to receive counsel and training from CIT Utah. CIT Utah raises awareness, increases understanding, and averts tragedies.

## **Drug Courts**

Drug Courts, through the coordinated effort of the judiciary, prosecution, legal defense, probation, law enforcement, social services, and the treatment community, offer nonviolent, drug abusing offenders intensive court-supervised drug treatment as an alternative to jail or prison. These intensive services are provided in coordination among the participating agencies to those individuals identified at high risk for recidivism and in high need of substance abuse treatment services. Successful completion of Drug Court results in dropped charges, vacated or reduced sentences, or rescinded probation.

In 1996, there were two Drug Courts in Utah, 15 years later, there are more than 40. DSAMH provides funding for 29 Drug Courts. Four primary models of Drug Court exist in Utah: Adult Felony Drug Courts, Adult Misdemeanor Drug Courts, Juvenile Drug Courts, and Family Drug Courts.

DSAMH and the Administrative Office of the Courts (AOC) have worked together to develop a Drug Court certification and contract monitoring process. DSAMH and AOC conduct annual site visits to ensure quality and monitor contract compliance. Contracts require Adult Felony Drug Courts to follow the 10 Key Components identified by the National Association of Drug Court Professionals, Family Dependency Drug Courts to follow the Characteristics of Family/Dependency Drug Courts identified by the Center for Substance Abuse Treatment and the Bureau of Justice Assistance, and Juvenile Drug Courts to follow the Strategies used by a Juvenile (Youth) Drug Court as identified by the Bureau of Justice Statistics. Contracts also require Drug Courts to target eligibility towards individuals who are at high risk for continued criminal behavior and in high need of treatment services.

In 2011, DSAMH and AOC made available the Risk and Needs Triage (RANT™) screening in-

strument to ensure that Utah's Drug Courts are serving individuals best suited for drug court participation. Decades of research indicates that individuals that are high risk to re-offend and are in high need of substance abuse treatment, benefit the most. Serving first-time offenders unlikely to re-offend, or individuals without a high need for treatment is counterproductive. The RANT™ provides an important decision support tool for judges and other criminal justice professionals to ensure that drug-involved offenders are matched to services suited to both their clinical needs and criminogenic risks. Initial data from the RANT™ suggests that Utah Drug Courts are serving the targeted population. As of September 30, 2011, 82% of all individuals administered the RANT™ were classified as "high risk/high need."

The following chart shows Drug Court outcomes for fiscal year 2011.

Drug Court Outcomes		
Measure Title	Purpose of Measure / Measure Definition	FY2011
Successful Completion	Percent of participants who complete program successfully	54.7%
Criminal Justice Involvement	Percent of clients reporting zero arrests while participating in Drug Court	85.9%
Criminal Justice Involvement	Percent decrease in clients arrested from 30 days prior to treatment to 30 days prior to discontinuation / discharge	27.2%
Substance Use—Alcohol	Percent increase in abstinence from alcohol from admission to discharge	18.1%
Substance Use—Drug	Percent increase in abstinence from drugs from admission to discharge	47.1%
Employment	Percent increase in full/part-time employment/education from admission to discharge	16.5%
Decreased Homelessness	Percent decrease in homeless clients from admission to discharge.	1.1%
Clients Served	Unduplicated number of clients served	1,314

## Drug Offender Reform Act (DORA)

The Drug Offender Reform Act (DORA) is an innovative and collaborative approach to sentencing, treatment, supervision, and re-entry of drug offenders in Utah. The purpose of DORA is to provide for the screening, assessment, and, if warranted, treatment of drug offenders. It additionally provides for an increased level of community supervision provided by Adult Probation and Parole. DORA was developed on the following premise: Smarter Sentencing + Smarter Treatment = Better Outcomes and Safer Neighborhoods.

DORA treatment and supervision is currently being implemented in four local substance abuse authority areas of the state: Weber, Davis, Salt Lake, and Utah Counties. In addition, DORA treatment funding was appropriated to two additional local authority areas: Bear River (Cache County) and Southwest Utah (Iron and Washington Counties). In 2011, 737 individuals were served in the DORA program.

The University of Utah Criminal Justice Center has been contracted to evaluate the DORA program since the program began in 2005. The most recent findings suggest:

- DORA participants, when compared to offenders in the control group, received significantly more assessments and treatment, were significantly more likely to complete treatment, and received more intensive supervision.
- Offenders who completed a treatment admission had significantly better post-supervision outcomes (e.g., fewer BCI arrests, new convictions, and new prison commitments).
- The foundations of DORA are sound: fewer days from conviction to probation start was associated with a greater likelihood of successful completion of probation; completing a treatment admission during supervision was associated with a 7 to 11 times greater likelihood of successful completion of probation; and having probation officer contacts in the community was associated with an over three times greater likelihood of successful completion of probation.

In addition, data from DSAMH suggests that the program is effective. The following chart illustrates effectiveness:

Drug Offender Reform Act Outcomes					
Measure Title	Purpose of Measure / Measure Definition	FY2008	FY2009	FY2010	FY2011
Alcohol	Percent increase in abstinence from alcohol from admission to discharge	9.3%	17.7%	26.1%	24.7%
Drugs	Percent increase in abstinence from drugs from admission to discharge	32.3%	45.9%	64.0%	84.8%
Employment	Percent increase in full/part-time employment from admission to discharge	21.9%	33.1%	55.1%	62.7%
Decreased Homelessness	Percent decrease in homeless clients from admission to discharge.	11.4%	50.0%	54.3%	61.8%
Clients Served	Unduplicated number of clients served	814	1,288	759	737

## Consumer and Family Partnerships

### *Utah Family Coalition and Family Resource Facilitators*

DSAMH, in partnership with the Utah Family Coalition (Allies with Families, NAMI-Utah, and New Frontiers for Families), provides Family Resource Facilitation and wraparound services to fidelity. These services help ensure the needs of children and youth with complex mental health conditions are met.

### *Allies with Families*

DSAMH contracts with Allies with Families to provide Family Resource and Wraparound Facilitation and to assist with transition to adulthood services. Allies with Families, the Utah Chapter of the Federation of Families for Children's Mental Health, offers practical support and resources for parents/caregivers and their children and youth with emotional, behavioral, and mental health needs. Allies' mission is "Empowering families with voice, access and ownership, through education, training and advocacy."

### *NAMI-Utah*

DSAMH contracts with the National Alliance on Mental Illness (NAMI-Utah) to provide the public with information and training on mental health, Family Resource and Wraparound Facilitation, and to assist with transition to adulthood services. NAMI's mission is to ensure the dignity and improve the lives of those who live with mental illness and their families through support, education and advocacy. These services are provided to family groups, consumer groups, clergy groups, public schools (primary to graduate), and private and public behavioral health agencies. To all those who serve and those who are suffering from mental illness and to their families and caregivers, NAMI spreads the message that treatment works, recovery is possible, there is hope, and you are not alone.

### *New Frontiers for Families*

DSAMH contracts with New Frontiers for Families to provide Family Resource and Wraparound Facilitation and to assist with transition to adulthood services. New Frontiers for Families subscribes to a system of core values and principles and utilizes the wraparound process to bring providers, educators, businesses, community leaders, and neighbors together in order to empower families to succeed at home, at school and in their communities by listening and working together to create services and supports that meet their needs.

### *Utah Support Advocates for Recovery Awareness (USARA)*

USARA is a community-based membership organization of individuals in recovery from alcohol and other drug addiction, their families, friends, and committed community supporters. USARA's mission is to support individuals and their families in all stages of recovery from alcohol and other drug problems. The organization works to celebrate recovery, identify and advocate for needed services related to substance misuse, infuse hope, and increase public awareness that long-term recovery is a reality.

USARA spearheaded Recovery Day events to celebrate individuals and families in recovery. This year there were five celebrations held: Salt Lake City, Provo, Ogden, Tooele, and St. George. Recovery Day is a free event that celebrates the success of people in recovery and provides information to the community about treatment and recovery support. Other initiatives of USARA include providing Family Support Services, Peer-to-Peer Recovery Support Services, Speakers Bureau and a "Rally for Recovery" at the state capitol.



# Jeff's Story

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

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

*Within a year I was working full-time and am now doing painting and other maintenance work for the transitional housing program. I finally have a purpose in life and feel good about what I'm doing to help others who are starting on this road to recovery. My work is my life.*



# Who We Serve

## Utahns in Need of Substance Abuse Treatment

The results of the Synthetic Estimates of Needs for Utah<sup>1</sup> and the 2011 Student Health and Risk Prevention Survey indicated:

- 88,251 adults in Utah were classified as needing treatment for alcohol and/or drug dependence or abuse in 2011.
- 12,189 Utah youth in the 6<sup>th</sup> through 12<sup>th</sup> grades are in need of treatment for drug and/or alcohol dependence or abuse.
- The public substance abuse treatment system, at capacity, is currently serving approximately 16,454 individuals, or less than 17% of the current need.

- A combined total of approximately 83,986 adults and youth are in need of, but not receiving, substance abuse treatment services.

The following table demonstrates the actual number of adults and youth who need treatment, by local authority. The current capacity of each local authority, or the number who were actually served in fiscal year 2011, is also included to illustrate the unmet need. The same data is depicted on the following graphs.

### Substance Abuse Treatment Needs vs. Treatment Capacity

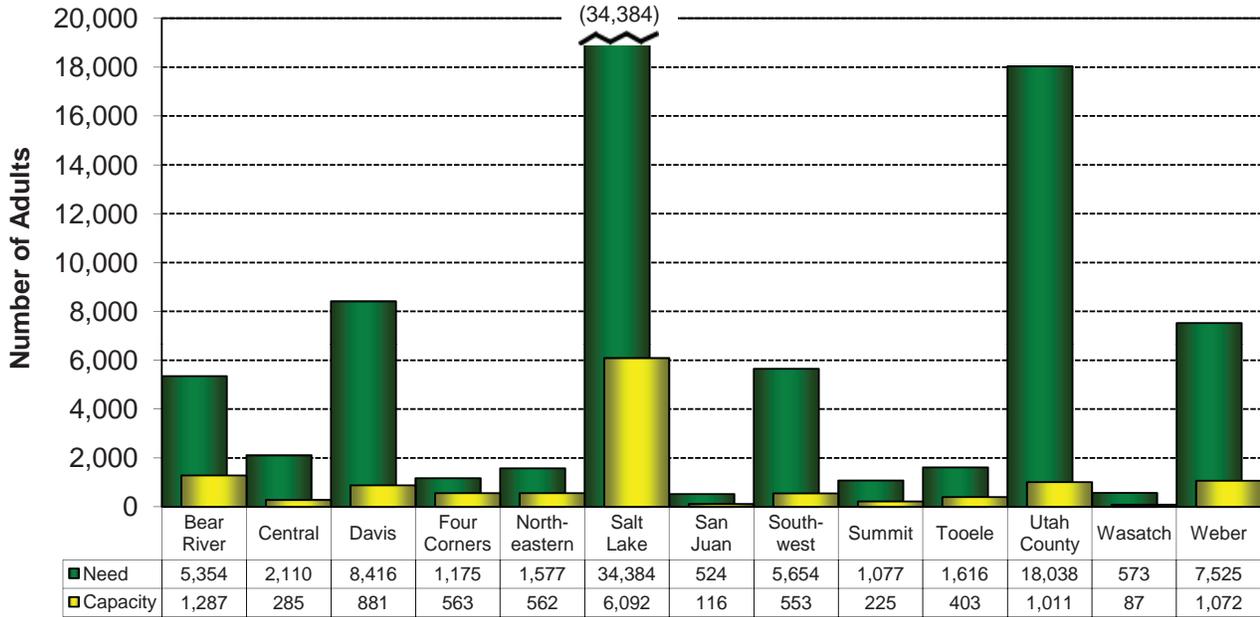
	Adults (18 years+)		Youth (Under age 18)	
	# Need Treatment	Current Capacity	# Need Treatment	Current Capacity
Bear River	5,354	1,287	415	90
Central	2,110	285	307	53
Davis County	8,416	881	1,349	120
Four Corners	1,175	563	225	71
Northeastern	1,577	562	164	42
Salt Lake County	34,384	6,092	5,965	667
San Juan County	524	116	10	30
Southwest	5,654	553	649	63
Summit County	1,077	225	158	15
Tooele County	1,616	403	316	58
Utah County	18,038	1,011	1,302	92
Wasatch	573	87	78	11
Weber	7,525	1,072	1,429	215
<b>State Totals</b>	<b>88,251*</b>	<b>14,934**</b>	<b>12,189*</b>	<b>1,520**</b>

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

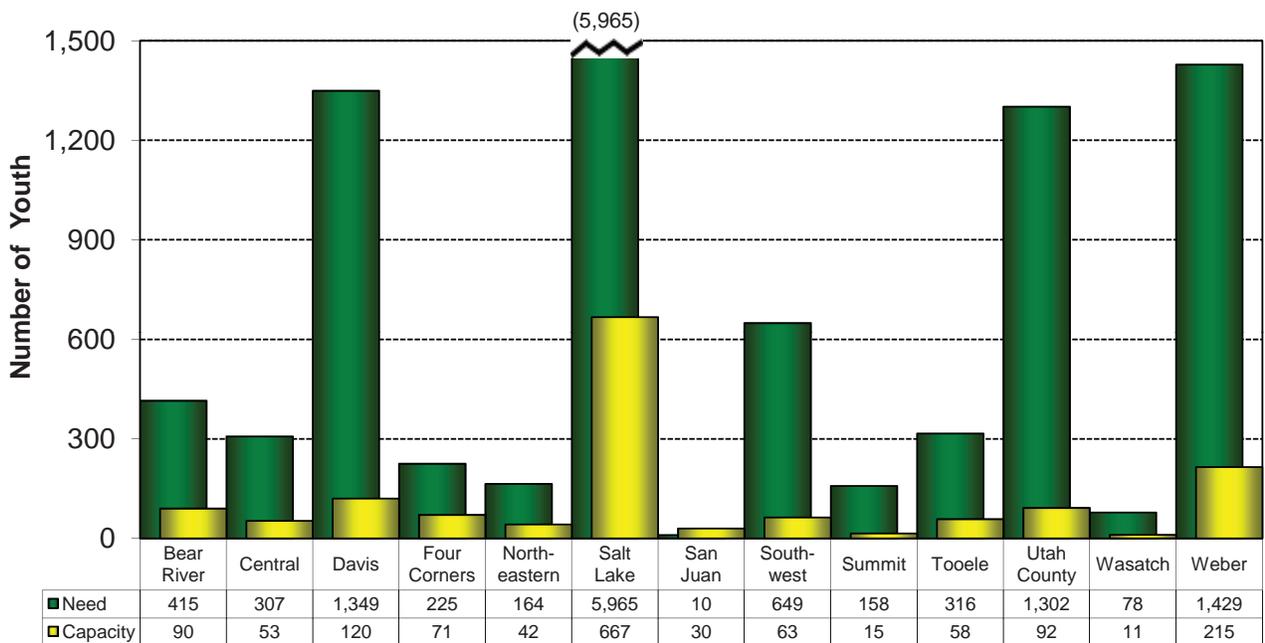
\*\* An additional 2,240 clients that were served by statewide contracts are reflected in the state total.

<sup>1</sup> Holzer, C.E., & Nguyen, H. T. (2008). Synthetic Estimates of Mental Health Needs for Utah (based on the Collaborative Psychiatric Epidemiological Surveys and the U.S. Census 2009 Population Estimate), from [www.charles.holzer.com](http://www.charles.holzer.com)

## Number of Adults Who Need Substance Abuse Treatment Compared to the Current Public Treatment Capacity



## Number of Youth (Age 12-17) Who Need Substance Abuse Treatment Compared to the Current Public Treatment Capacity



## Utahns in Need of Mental Health Services

The results of the Synthetic Estimates of Needs for Utah<sup>1</sup> indicate the following:

- 5.5% of adults in Utah were classified as needing treatment for mental health issues in 2011.
- 4.8% of Utah youth under age 18 were in need of treatment for mental health issues in 2011.
- The public mental health treatment system served approximately 45,085 individuals or less than 31% of the current need.
- A combined total of approximately 101,657 adults and children are in need of, but not receiving, mental health treatment services.

The percentage of adults and youth needing mental health treatment by local authority varies considerably, which reflects the challenges that each local authority must deal with. Accessibility based on location, funding, and other factors are still issues throughout different areas of the state. Stigma around mental health continues to be another factor why people do not seek services even though a need exists. The following table demonstrates the estimated percent of adults and youth who need treatment by local authority. The current number in need of treatment in each local authority, and the number who were actually served in fiscal year 2011, is also included to illustrate the unmet need. The same data is depicted on the following graphs.

### Mental Health Treatment Needs vs. Clients Served

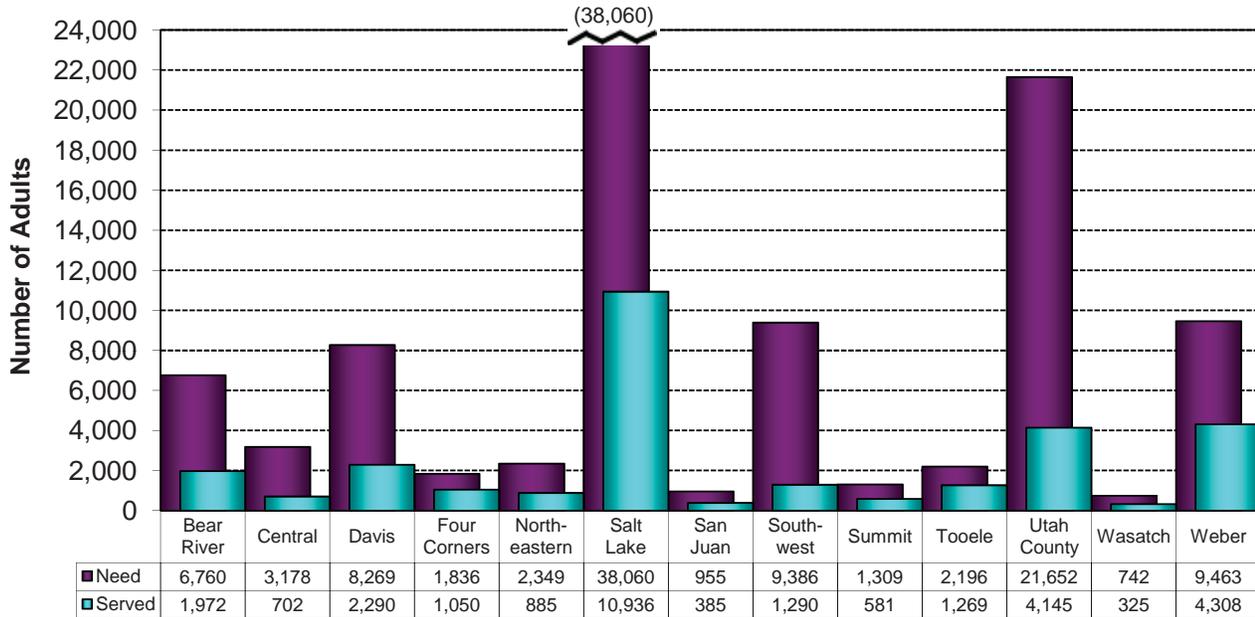
	Adults (18 years+)			Children/Youth (Under age 18)		
	% Need Treatment	# Need Treatment	# Served in FY2011	% Need Treatment	# Need Treatment	# Served in FY2011
Bear River	5.9%	6,760	1,972	5.2%	2,731	1,152
Central	6.5%	3,178	702	6.0%	1,398	417
Davis	4.1%	8,269	2,290	3.9%	3,984	1,290
Four Corners	6.3%	1,836	1,050	5.1%	557	494
Northeastern	7.0%	2,349	885	5.3%	892	448
Salt Lake	5.2%	38,060	10,936	4.5%	13,422	5,206
San Juan	9.5%	955	385	6.7%	336	163
Southwest	6.6%	9,386	1,290	6.1%	3,602	1,452
Summit	4.8%	1,309	581	4.6%	456	230
Tooele	5.8%	2,196	1,269	4.7%	968	472
Utah County	6.1%	21,652	4,145	4.9%	9,346	2,885
Wasatch	5.1%	742	325	4.5%	321	123
Weber	5.6%	9,463	4,308	4.9%	3,461	1,550
<b>State Totals*</b>	<b>5.5%</b>	<b>105,369</b>	<b>29,489</b>	<b>4.8%</b>	<b>41,373</b>	<b>15,596</b>

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

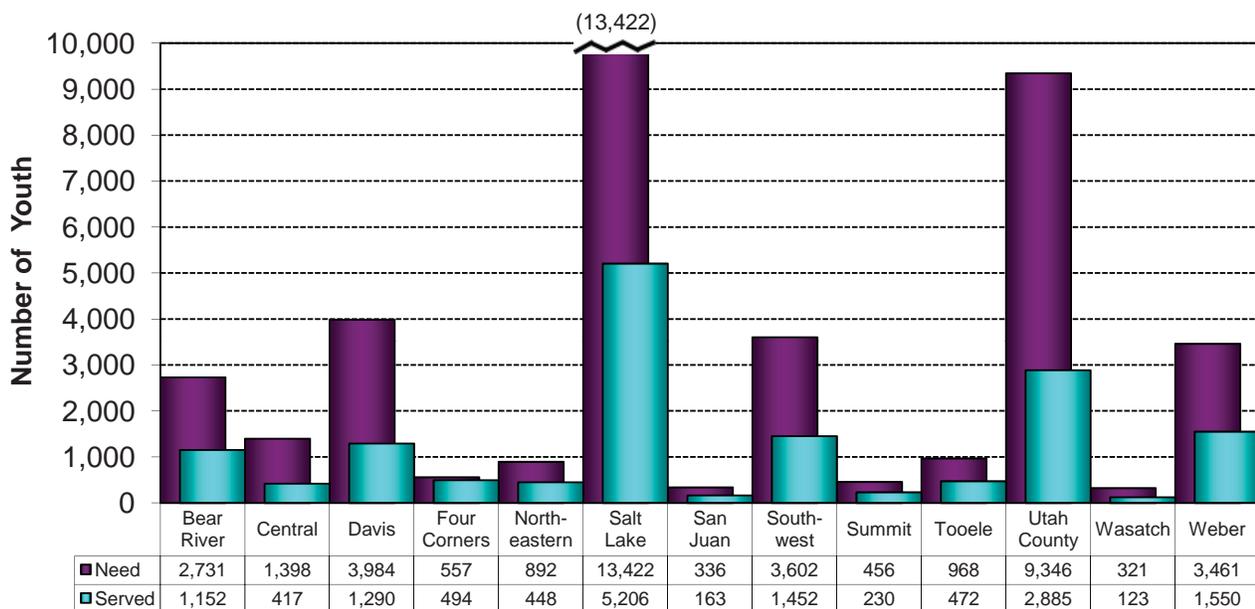
<sup>1</sup> Holzer, C.E., & Nguyen, H. T. (2008). Synthetic Estimates of Mental Health Needs for Utah (based on the Collaborative Psychiatric Epidemiological Surveys and the U.S. Census 2009 Population Estimate), from [www.charles.holzer.com](http://www.charles.holzer.com)

**Note:** These estimates are based on the Collaborative Psychiatric Epidemiological Surveys (CPES) conducted in 2001 to 2003 and the U.S. Census updated to 2009, using the MHM3 broad definition at 300% of poverty. The MHM3 definition requires a current or chronic disorder and a disability duration of at least 30 days, and is comparable to Seriously Mentally Disturbed (SMD). For children and adolescents, the estimates use poverty levels to assign rates of Serious Emotional Disturbance (SED).

## Number of Adults Who Need Mental Health Treatment Compared to the Current Number of Clients Served



## Number of Children/Youth Who Need Mental Health Treatment Compared to the Current Number of Clients Served

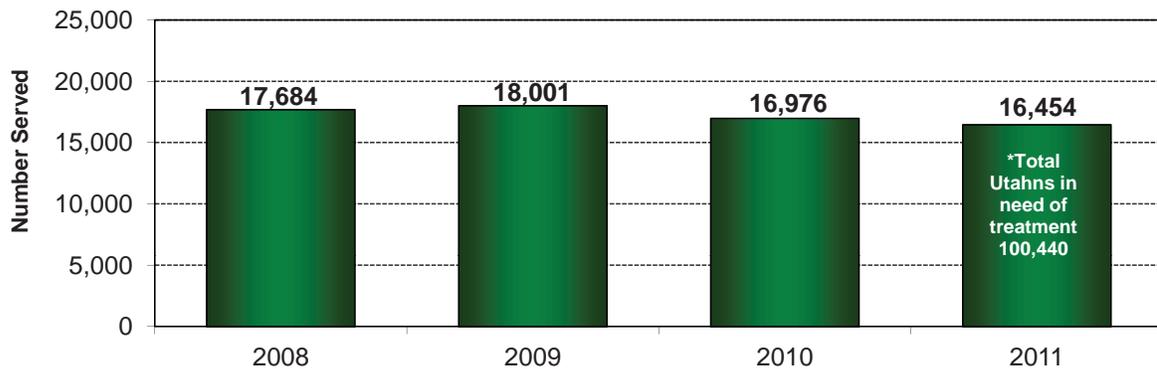


## Total Number Served

The following figures show the total number of individuals served in all publicly funded substance abuse treatment facilities and the total

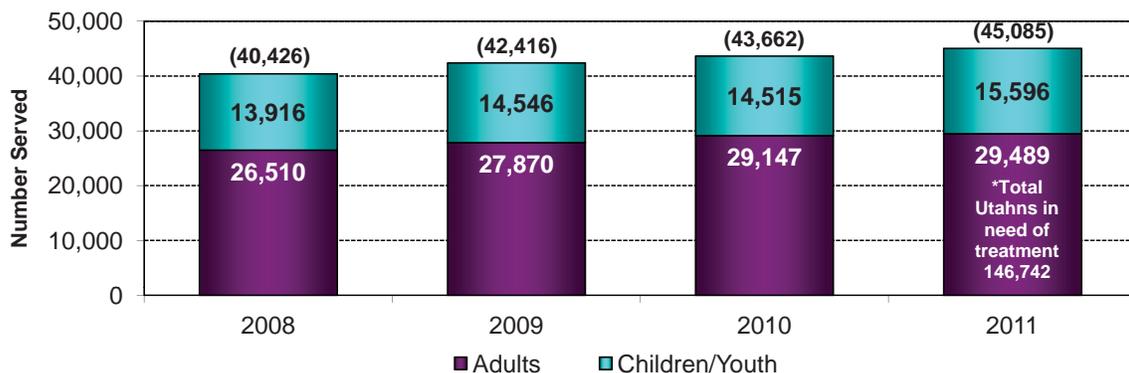
number served for adults and children/youth within the local mental health authorities for fiscal year 2008 through fiscal year 2011.

### Total Number of Individuals Served in Substance Abuse Treatment Fiscal Years 2008 - 2011



\*Taken from the Holzer, C.E., & Nguyen, H. T. (2008). Synthetic Estimates of Mental Health Needs for Utah (based on the Collaborative Psychiatric epidemiological Surveys and the U.S. Census 2009 Population Estimate), from <http://charles.holzer.com> and the 2011 SHARP Survey.

### Total Number of Adults and Children/Youth Served in Mental Health Services Fiscal Years 2008 - 2011



\*Holzer, C.E., & Nguyen, H. T. (2008). Synthetic Estimates of Mental Health Needs for Utah (based on the Collaborative Psychiatric epidemiological Surveys and the U.S. Census 2009 Population Estimate), from <http://charles.holzer.com>.

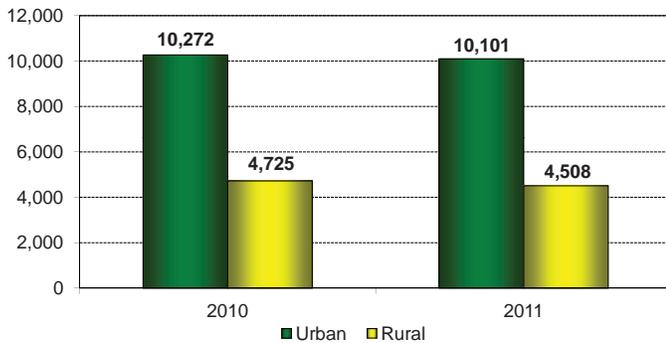
Note: These estimates are based on the Collaborative Psychiatric Epidemiological Surveys (CPES) conducted in 2001 to 2003 and the U.S. Census updated to 2009, using the MHM3 broad definition at 300% of poverty. The MHM3 definition requires a current or chronic disorder and a disability duration of at least 30 days, and is comparable to Seriously Mentally Disturbed (SMD). For children and adolescents, the estimates use poverty levels to assign rates of Serious Emotional Disturbance (SED).

## Urban and Rural Areas<sup>1</sup>

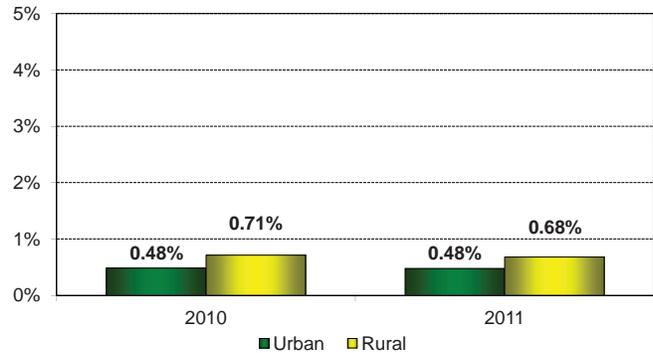
The following graphs show the total number of individuals served in urban and rural communi-

ties and the percentage of the total population served for substance abuse and mental health.

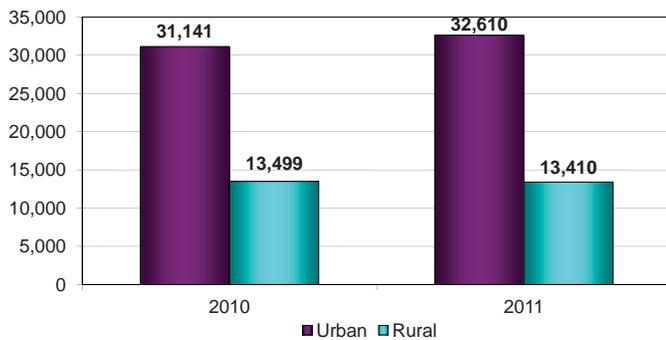
**Number of Individuals Served in Substance Abuse Services in Urban and Rural Communities Fiscal Years 2010 - 2011**



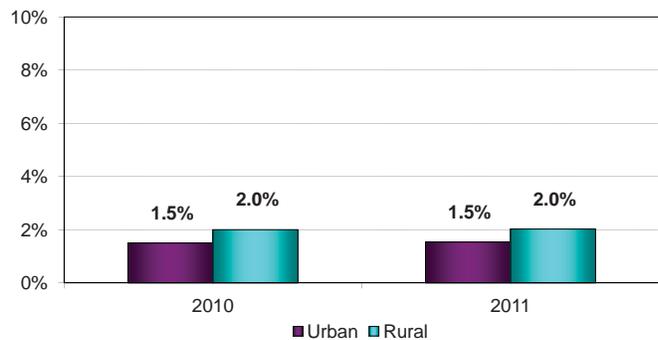
**Percent of Total Population Served in Substance Abuse Services in Urban and Rural Communities Fiscal Years 2010 - 2011**



**Number of Individuals Served in Mental Health Services in Urban and Rural Communities Fiscal Years 2010 - 2011**



**Percent of Total Population Served in Mental Health Services in Urban and Rural Communities Fiscal Years 2010 - 2011**



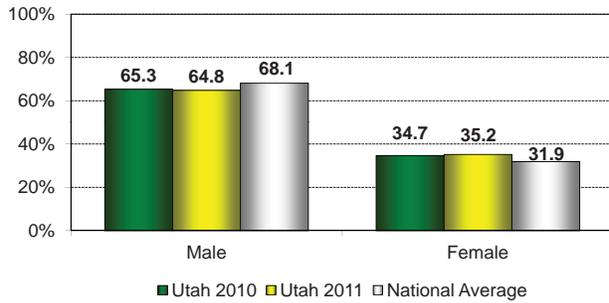
<sup>1</sup> Salt Lake, Davis, Weber (Morgan is included in Weber County district), and Utah Counties are reported as Urban. All other counties in Utah are reported as Rural.

## Gender and Age

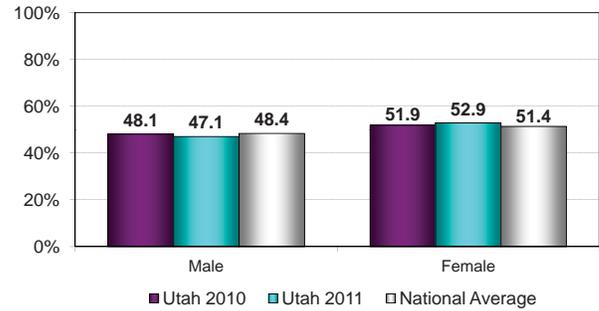
The following figures identify the distribution of services by gender and age for substance abuse and mental health services. There are significant

differences between the substance abuse and mental health populations in both gender and age.

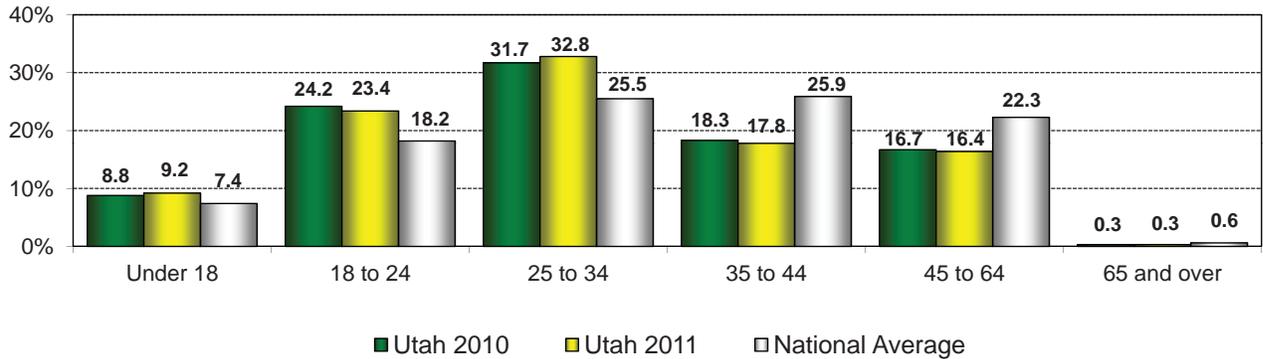
**Gender of People Served in Substance Abuse Services**  
Fiscal Years 2010 - 2011



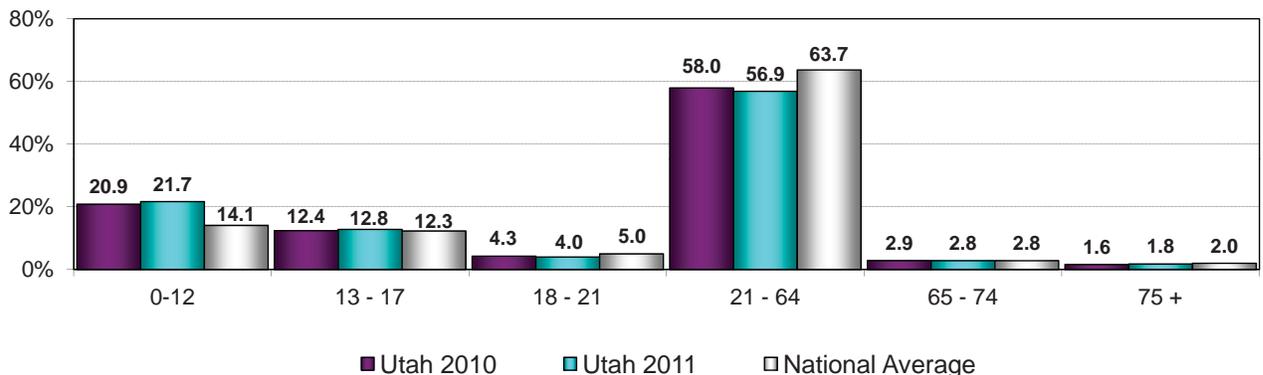
**Gender of People Served in Mental Health Services**  
Fiscal Years 2010 - 2011



**Age at Admission of People Served in Substance Abuse Services**  
Fiscal Years 2010 - 2011



**Age of People Served in Mental Health Services**  
Fiscal Years 2010 - 2011

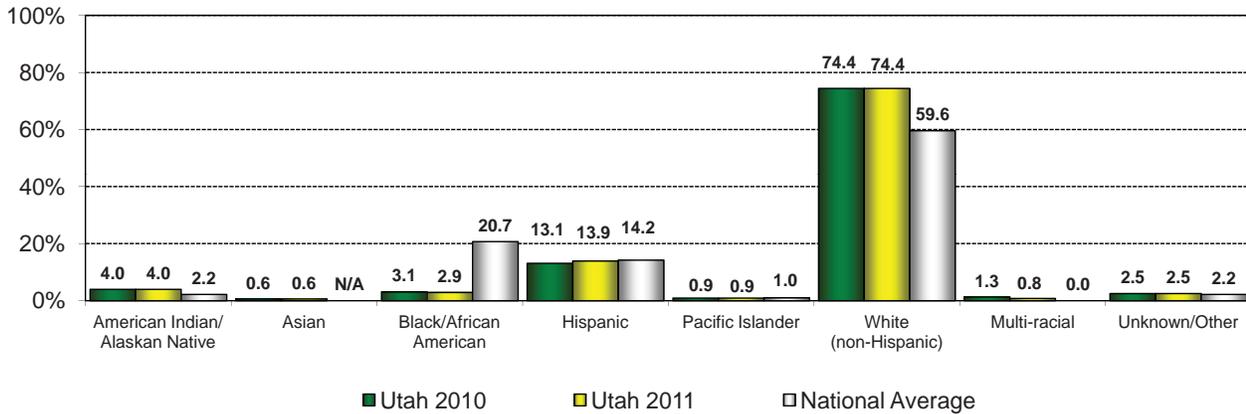


## Race and Ethnicity

The graphs below report the distribution of the treatment population by race categories. There are no significant differences in race and ethnicity

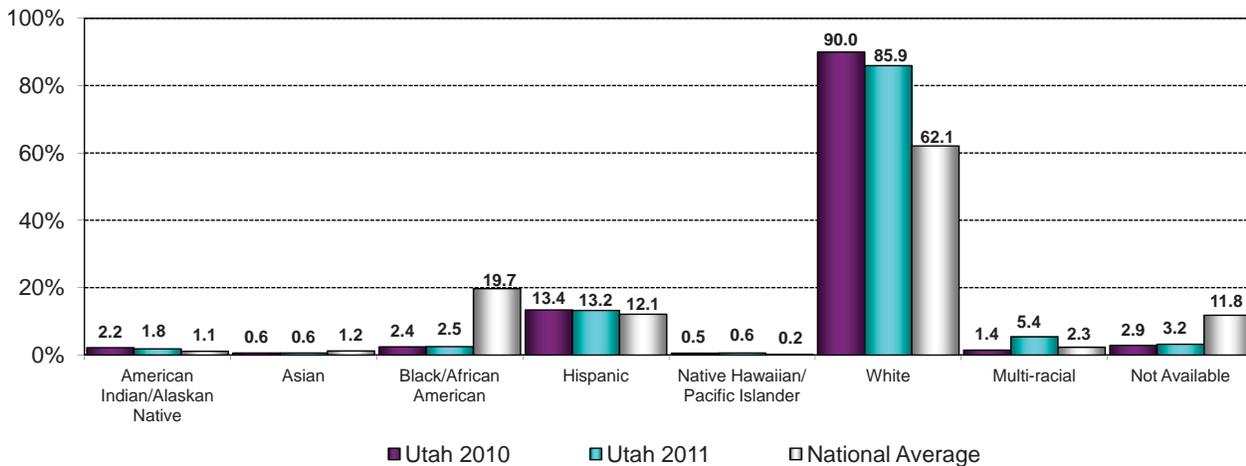
for clients receiving substance abuse or mental health services.

**Race/Ethnicity of People Served in Substance Abuse Services**  
Fiscal Years 2010 - 2011



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

**Race/Ethnicity of People Served in Mental Health Service**  
Fiscal Years 2010 - 2011

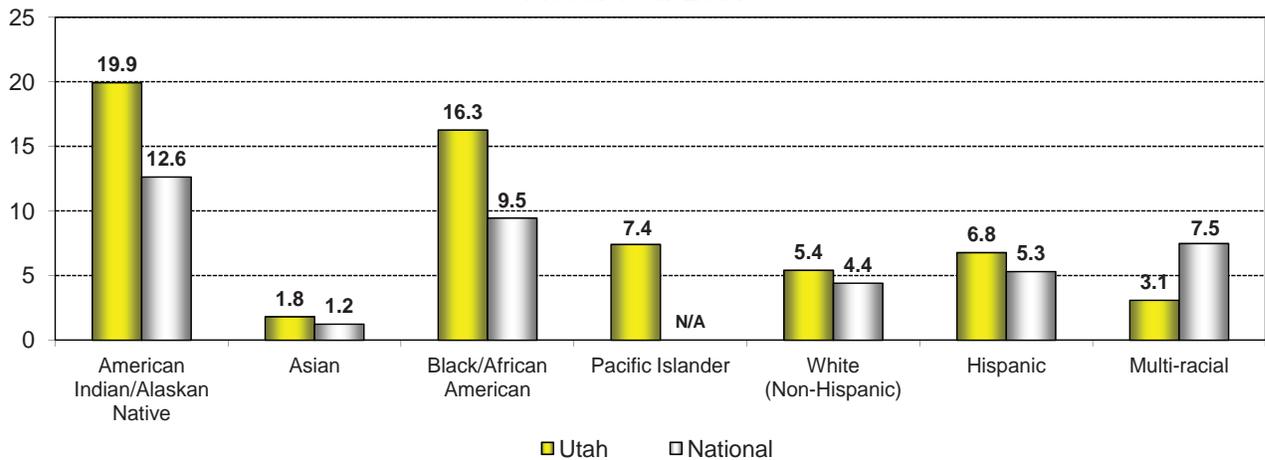


Note: More than one race/ethnicity may have been selected.

The graphs below show the penetration of substance abuse and mental health services by race/ethnicity. These graphs compare the rates that people are seeking services and account for the widely differing numbers of people in those

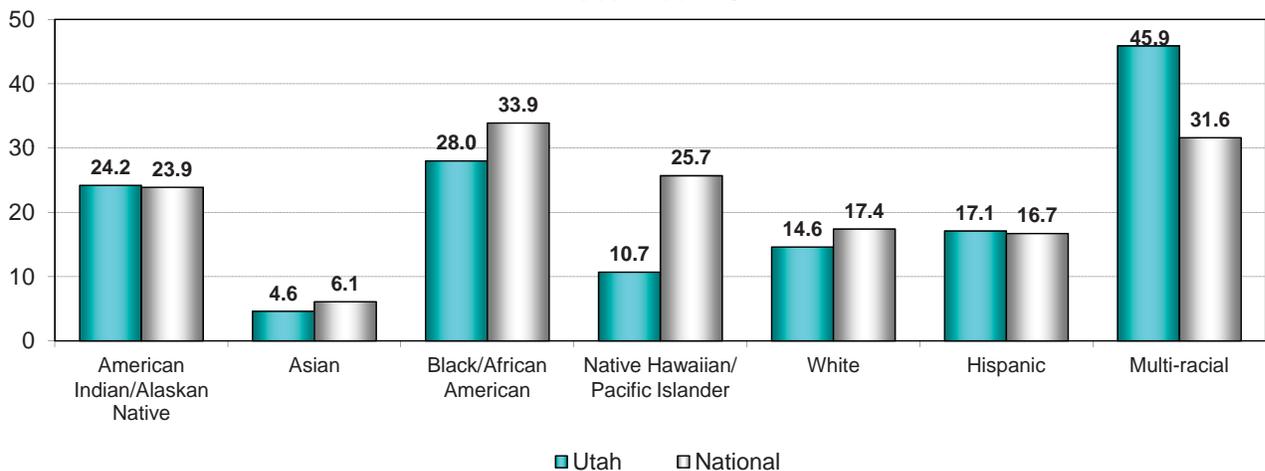
racial/ethnic groups. For example, for every 1,000 whites in Utah, 5.4 are receiving substance abuse treatment; however, for every 1,000 American Indians in Utah, 19.9 are receiving substance abuse services.

### Penetration of People in Substance Abuse Treatment per 1,000 Population by Race/Ethnicity Fiscal Year 2011



Note: Pacific Islander and Asian reported together in National Averages

### Penetration of People in Mental Health Treatment per 1,000 Population by Race/Ethnicity Fiscal Year 2011

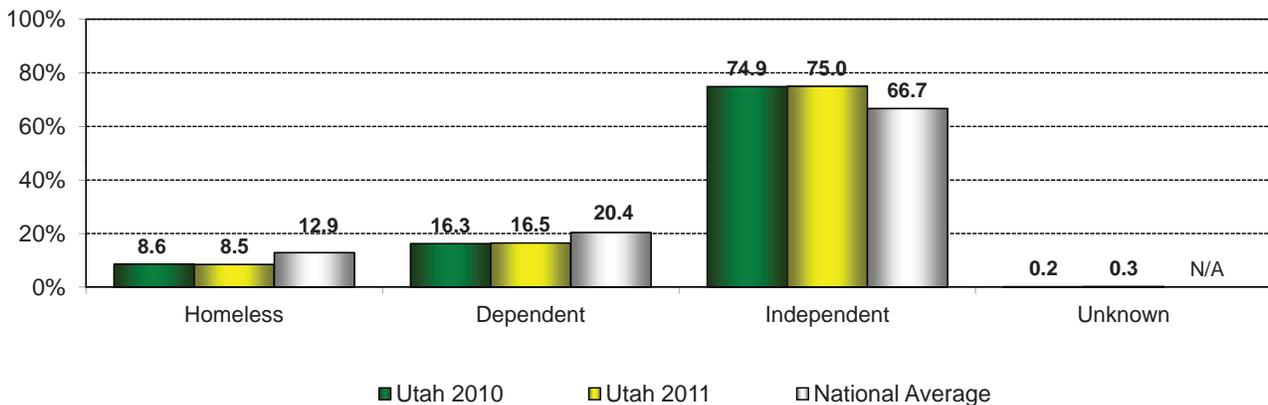


## Living Arrangement at Admission

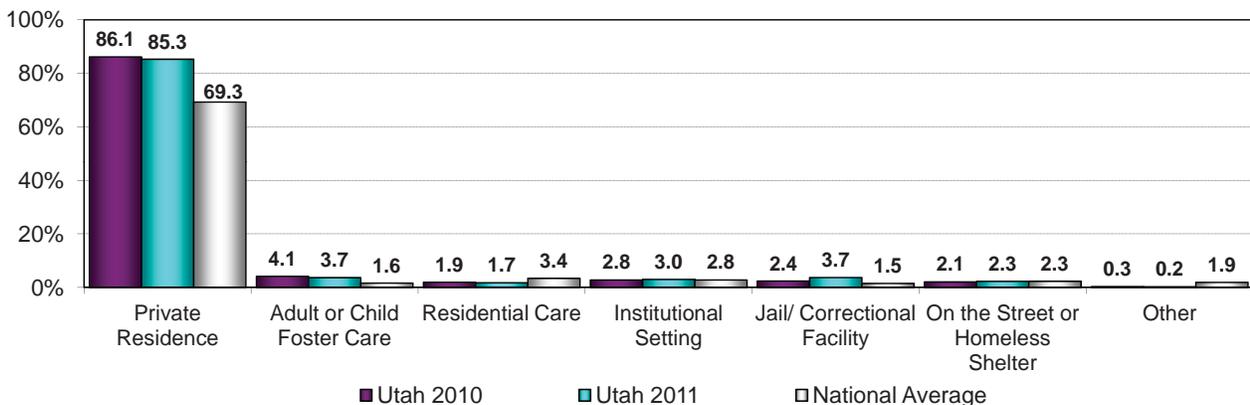
The following graphs depict clients' living arrangement at admission for substance abuse and mental health clients served in fiscal year 2010 and fiscal year 2011. By far, the majority of clients receiving substance abuse and mental health services are in independent living

situations at the time they enter treatment. Due to reporting requirements, more detailed data on living arrangement categories is available for mental health clients than substance abuse clients.

**Living Arrangement at Admission of Adults Served in Substance Abuse Services**  
Fiscal Years 2010 - 2011



**Living Arrangement at Admission of Adults Served in Mental Health Services**  
Fiscal Years 2010 - 2011

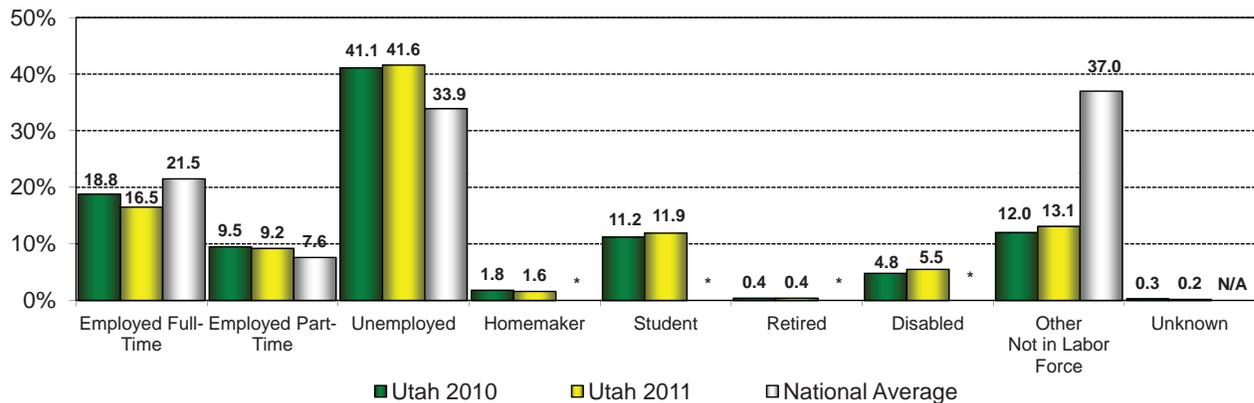


## Employment Status at Admission

The following graphs show the employment status at admission for substance abuse and mental health clients served in fiscal year 2010 and fiscal

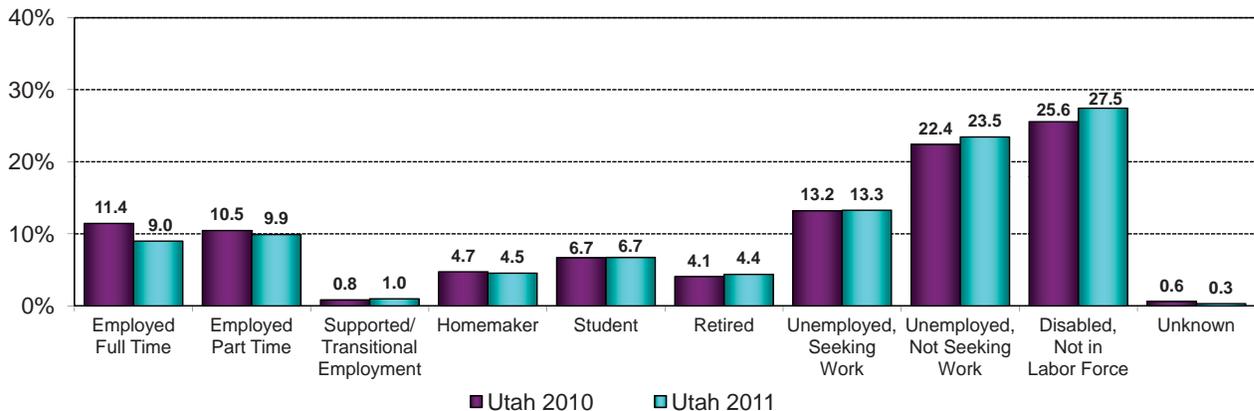
year 2011. The categories for mental health clients are different than those for substance abuse clients due to different reporting requirements.

### Employment Status at Admission for Individuals in Substance Abuse Services Fiscal Years 2010 - 2011



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

### Employment Status at Admission for Adults in Mental Health Services Fiscal Years 2010 - 2011



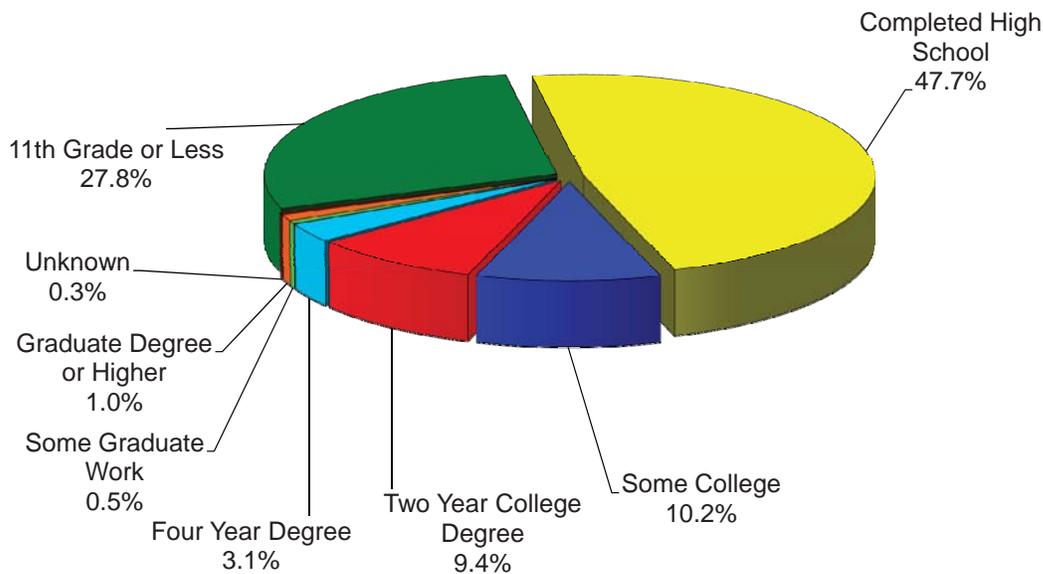
## Highest Education Level Completed at Admission

In fiscal year 2011, almost 72% of adults in substance abuse treatment statewide completed at least high school, which included those clients who had attended some college or technical training.

Additionally, over 24% of the clients had received some type of college training prior to admission.

Still, almost 28% had not graduated from high school. This adds to the challenge of treatment, as many of these individuals need education and job skills training in order to maintain a healthier lifestyle.

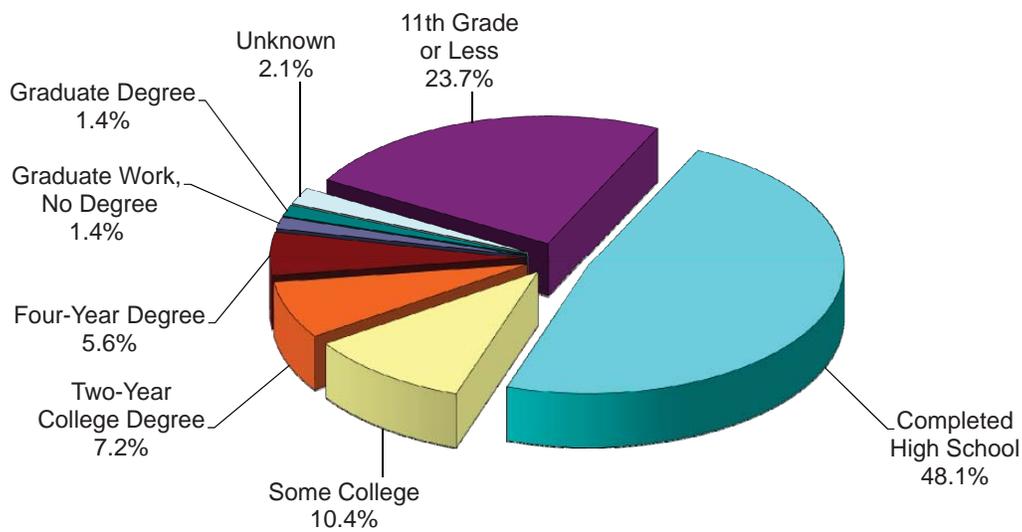
**Highest Education Level at Admission for Adults in Substance Abuse Services  
Fiscal Year 2011**



In fiscal year 2011, over 74% of adults in mental health treatment statewide completed at least high school, which included those clients who had attended some college or technical training.

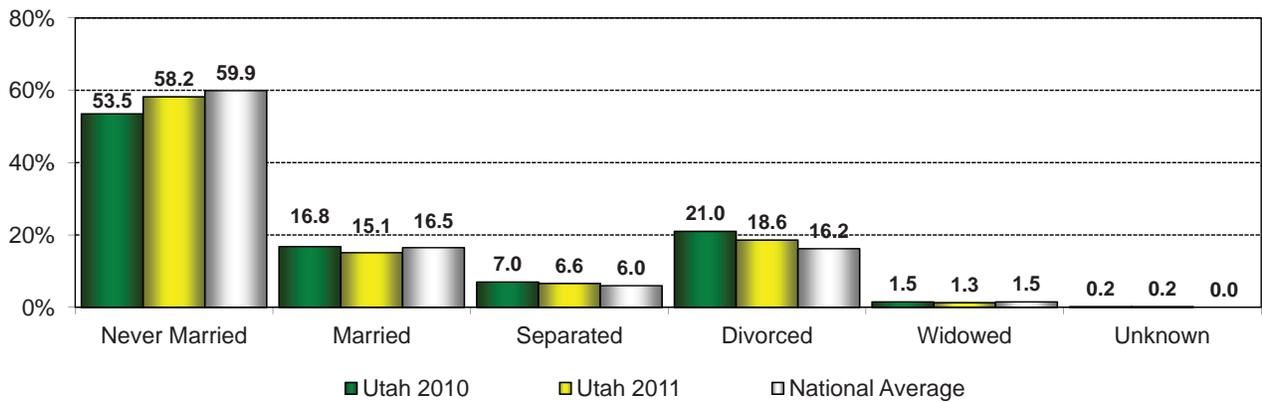
Additionally, almost 26% of the clients had received some type of college training prior to admission. Still, almost 24% had not graduated from high school.

### Highest Education Level of Adults Served in Mental Health Services Fiscal Year 2011

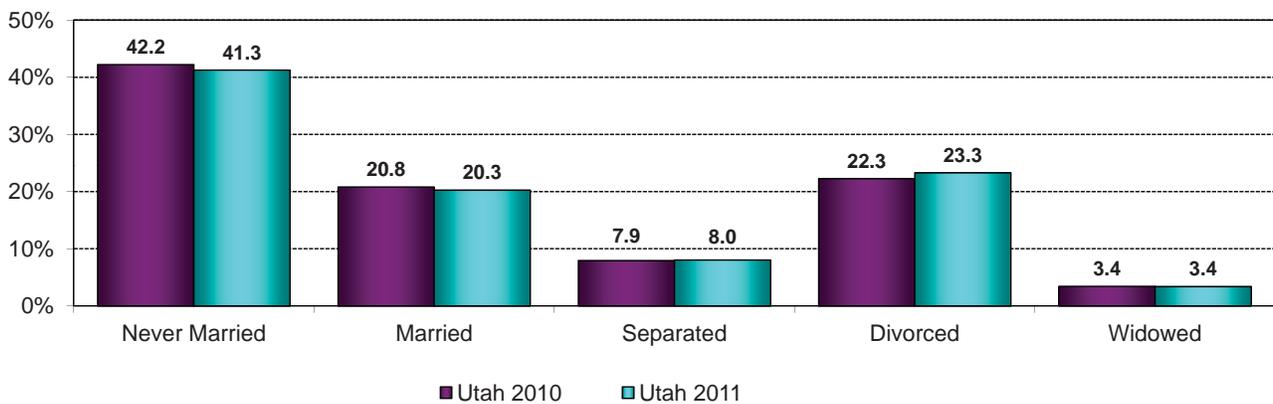


## Marital Status at Admission

**Marital Status of Adults Served in Substance Abuse Services**  
Fiscal Years 2010 - 2011



**Marital Status of Adults Served in Mental Health Services**  
Fiscal Years 2010 - 2011



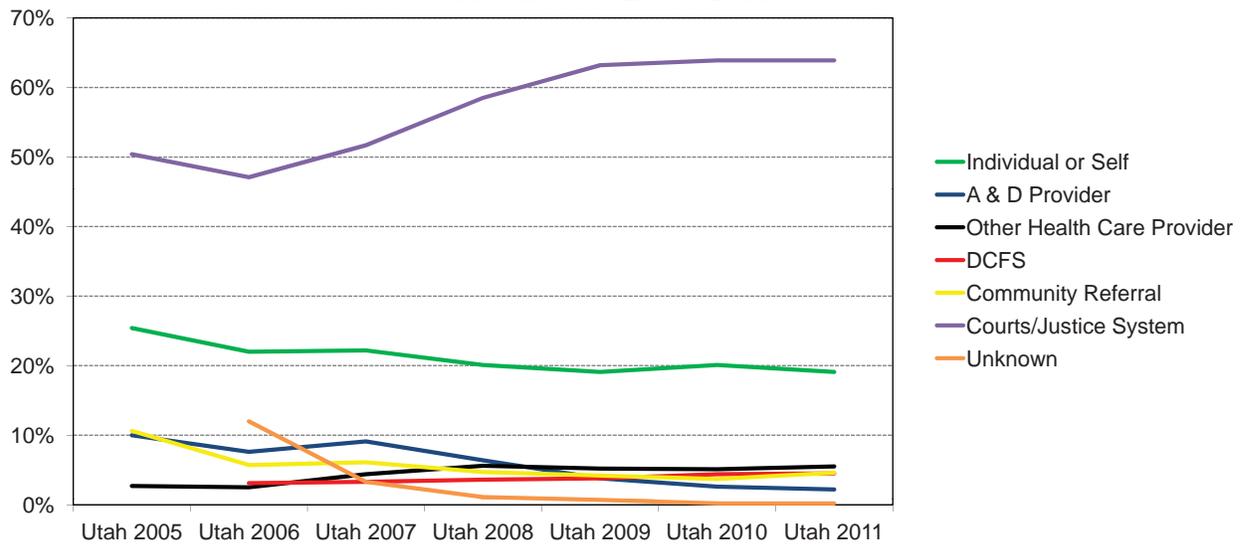
## Referral Source

The individual or organization that has referred a client to treatment is recorded at the time of admission. This source of referral into treatment can be a critical piece of information necessary for helping a client stay in treatment once there,

because the referral source can often continue to have a positive influence on the client's recovery. The graphs below detail referral sources for fiscal years 2005 through 2011 for substance abuse and mental health.

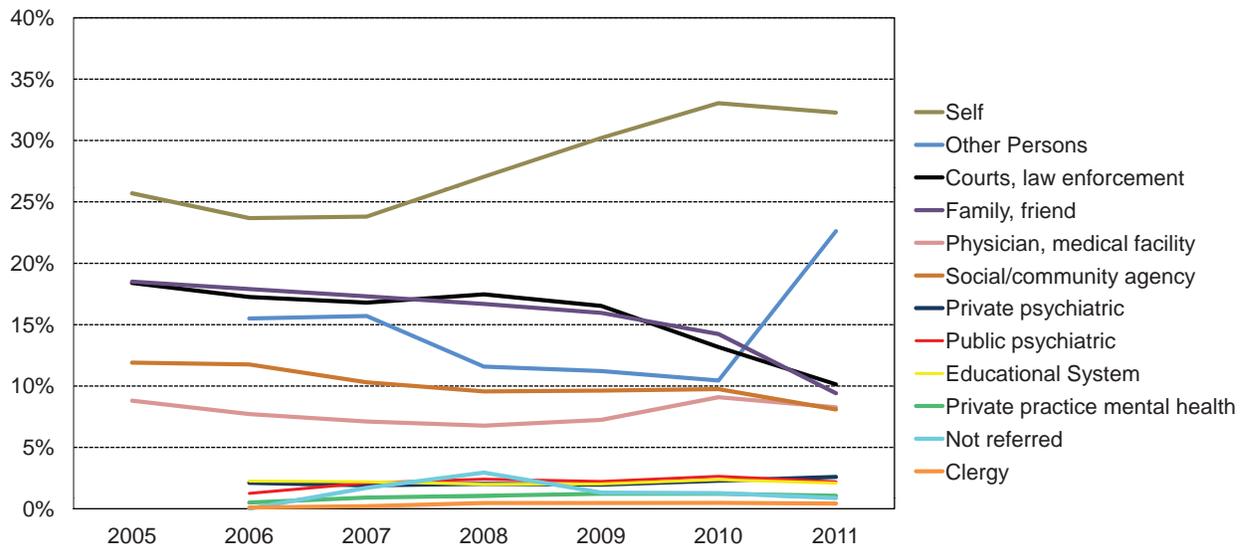
### Referral Source of Individuals in Substance Abuse Services

Fiscal Years 2005 - 2011



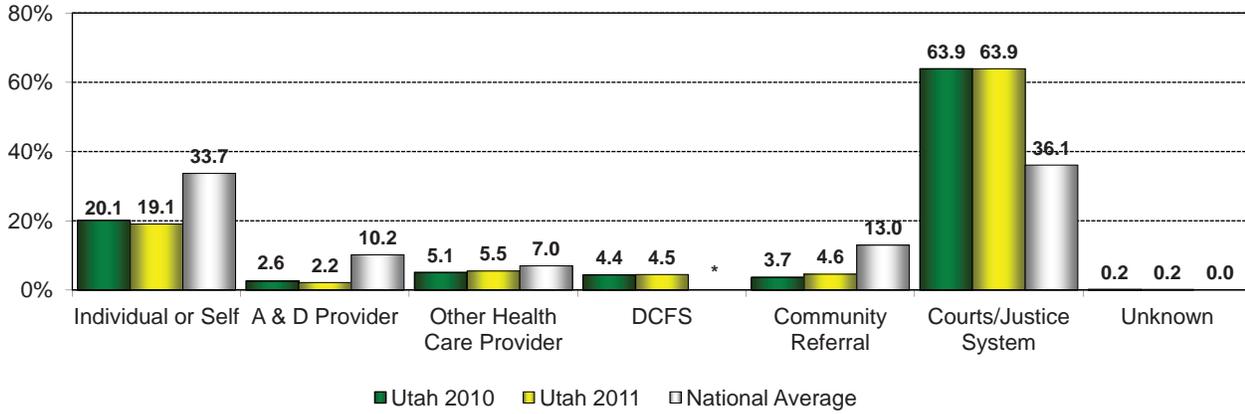
### Referral Source of People Served in Mental Health Services

Fiscal Years 2005 - 2011



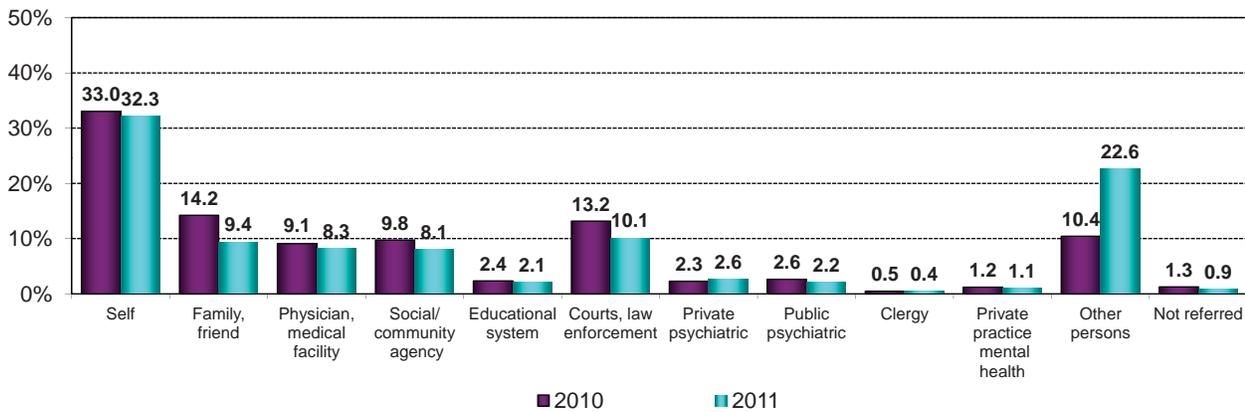
The graphs below detail referral sources for fiscal years 2010 and 2011 for substance abuse and mental health services.

### Referral Source of Individuals Served in Substance Abuse Services Fiscal Years 2010 - 2011



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

### Referral Source of People Served in Mental Health Services Fiscal Years 2010 - 2011



# Zane's Story

I don't have a typical life for a 14-year-old. I've been diagnosed with bipolar disorder and epilepsy and I got into drugs at age 10. But I've been clean now for 19 months and I plan to stay clean. I know that drugs just mess up your life and that it's too easy once you start to escalate to harder drugs. Everybody has triggers that can mess them up, but the good thing about recovery is getting your health back and learning how to deal with those triggers.

I'm doing well in school now and getting a 4.0 grade point average. I also have a job working at the suicide hotline where I enjoy helping other people who are in difficult situations.

*Everybody has triggers that can mess them up, but the good thing about recovery is getting your health back and learning how to deal with those triggers.*

I'm taking a computer technology class and I'm good at computer skills. I'd like to go to college and possibly become a coroner.



# Substance Abuse Prevention

**Prevention works.** You've heard the phrase "an ounce of prevention is worth a pound of cure," but in actual dollars and cents, the figures are even more thought-provoking. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), every \$1 invested in substance abuse prevention in the state of Utah can result in a \$36 savings in health care costs, law enforcement, other state-funded social and welfare services, and increased productivity.<sup>1</sup> Prevention serves a critical role in supporting healthy communities, families, and individuals.

Utah's prevention system follows a strategic, science-based planning process called the Strategic Prevention Framework (SPF). The SPF is utilized throughout Utah to ensure a culturally competent, effective, cost-efficient system is deployed. Communities throughout Utah utilize the five steps of the SPF, which are: 1) Assessing community needs; 2) Building capacity for services; 3) Making a plan based on needs, strengths, and resources; 4) Implementation of evidence-based strategies; and 5) Evaluation of prevention services to ensure effective prevention work. By using the Strategic Prevention Framework, Utahns are assured that services in their area match their local needs, and factors that lead to costly problems are addressed.

Paramount to a successful and sustainable prevention effort is a mobilized and organized community prevention coalition. DSAMH provides



incentives to LSAAAs who utilize the Communities That Care system which has been scientifically proven to effectively run local coalitions and address local substance abuse issues.

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

By using the SPF, the DSAMH has determined that the statewide priorities for substance abuse

<sup>1</sup> The Substance Abuse Prevention Dollars and Cents: A Cost Benefits Analysis, <http://www.samhsa.gov>.

prevention are first, to prevent underage drinking and second, to prevent the abuse and misuse of prescription drugs. DSAMH has provided leadership, technical assistance, and additional funding to LSAAAs to address these priorities.

## Preventing Underage Drinking



The first priority—to prevent underage drinking—was established because underage drinking continues to be a leading public health problem in Utah. According to the 2011 Student Health and Risk Prevention Survey (SHARP), alcohol is the most commonly abused substance among youth. In fact, while we have seen decreases over the last 20 years, there are still 37% of twelfth graders who reported drinking alcohol sometime in their lifetime. The same survey shows that 17% of twelfth graders reported using alcohol (more than a sip) in the past 30 days. To relate this problem, once again, to dollars and cents, underage drinking cost the citizens of Utah \$324 million in 2007.<sup>2</sup>

Utah is now in its fifth year of the highly successful “Parents Empowered” campaign, aimed at reducing underage drinking. According to a survey by R&R Partners who administer the campaign, almost 59% of Utah parents are unaware that their children, some as young as sixth graders, are drinking. They need to know that parental disapproval is the number one reason kids don’t drink, and that neighborhoods can mobilize and make a difference. For more information, visit [www.parentsempowered.org](http://www.parentsempowered.org).

<sup>2</sup> Miller, TR, Levy, DT, Spicer, RS, & Taylor, DM. (2006) Societal costs of underage drinking *Journal of Studies on Alcohol*, 67(4) 519-528.

## Preventing the Abuse and Misuse of Prescription Drugs



**USE ONLY AS DIRECTED**

In Utah, the illegal use of prescription drugs has reached epidemic proportions. Since 2000, the number of deaths due to overdose of pain medication has increased over 400%.<sup>3</sup> In fact, more deaths were associated with overdose than with car crashes.<sup>4</sup> Equally concerning, the abuse of prescription painkillers among teens now ranks second—only behind marijuana—as the nation’s most prevalent illegal drug problem. One in 10 twelfth graders reported having used a prescription pain medication. For more information, visit [www.useonlyasdirected.org](http://www.useonlyasdirected.org).

## Prevention Dimensions

Prevention Dimensions (PD) is a statewide curriculum resource delivered by trained classroom teachers to students in Utah, K-12. DSAMH collaborates with the Utah State Office of Education for implementation and evaluation of PD, to ensure it meets the State Board of Education’s core curriculum requirements. The Prevention



Dimension objectives are based on increasing protective factors and decreasing risk factors while adhering to a no-use message for alcohol, tobacco, marijuana, inhalants, and other drugs.

PD builds life skills, delivers knowledge about alcohol, tobacco and other drugs, and provides opportunities for students to participate in pre-

<sup>3</sup> November 2008 Utah Health Status Update.

<sup>4</sup> U of U School of Medicine: [http://health.utah.gov/opha/publications/hso/07Aug\\_uninskids.pdf](http://health.utah.gov/opha/publications/hso/07Aug_uninskids.pdf).

vention activities. In addition, PD also provides means for parents to get involved in preventing problems with their children by including them in homework assignments and providing prevention tools to be used in the home. In the past 8 years, 13,000 teachers have been trained to deliver PD. Of those teachers that use PD, they teach an average of 2.5 lessons per month. It is estimated that in the 2010-2011 school year, 300,000 students received Prevention Dimensions resource material.

## Risk and Protective Factor Model

The Risk and Protective Factor Model was adopted by the State of Utah’s Prevention Network to guide their prevention efforts. It is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk for that problem developing, and then implement evidence-based practices, programs and policies to reduce the risk for the focus populations. The chart below identifies the Risk Factors for substance abuse and other problem behaviors.

In the prevention field, the goal is to increase protective factors and decrease their risk factors. Each local authority has prioritized risk and protective factors that are based on their individual community’s needs. By measuring their risk and

protective factors, they can plan their programs and strategies to address their specific needs. Two of the most widely implemented and most successful evidence-based programs implemented within Utah’s Prevention Network are highlighted below.

## Communities That Care

Communities That Care (CTC) is a coalition-based prevention operating system that uses a public health approach to prevent problem behaviors such as violence, delinquency, school dropout, depression, anxiety, and substance abuse. Using strategic consultation, training, and research-based tools, CTC is designed to help community stakeholders and decision makers understand and apply information about risk and protective factors, and programs that are proven



Risk Factors	Community				Family				School		Peer/Individual							
	Community Laws & Norms Favorable Toward Drug Use, Firearms & Crime	Availability of Drugs & Firearms	Transitions & Mobility	Low Neighborhood Attachment	Community Disorganization	Extreme Economic & Social Development	Family History of the Problem Behavior	Family Conflict	Family Management Problems	Favorable Parent Attitudes & Involvement in the Problem Behavior	Academic Failure	Lack of Commitment to School	Early Initiation of Drug Use & Other Problem Behavior	Early & Persistent Antisocial Behavior	Alienation & Rebelliousness of Friends who Use Drugs & Engage in Problem Behaviors	Favorable Attitudes Toward Drug Use & Other Problem Behaviors	Gang Involvement	Constitutional Factors
Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delinquency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Teen Pregnancy						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
School Drop-Out			✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Violence	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

to make a difference in promoting healthy youth development, in order to most effectively address the specific health issues facing their community.

CTC is grounded in rigorous research from social work, public health, psychology, education, medicine, criminology and organizational development. It engages all community members who have a stake in healthy futures for young people and sets priorities for action based on community challenges and strengths. Clear, measurable outcomes are tracked over time to show progress and ensure accountability.

The Social Development Strategy is CTCs primary strategy. It focuses on strengthening protective factors that can buffer young people from problem behaviors and promote positive youth development.

In an effort to encourage communities to utilize CTC, DSAMH provides incentives to small communities that commit to using CTC. Currently, there are 17 communities in Utah using the CTC. This number is expected to double in the next 5 years.

**KEY FINDINGS of CTC Study:**

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

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

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

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

## Ginger's Story

I grew up in the San Francisco Bay Area where I was a cheerleader in high school and lived a seemingly normal life; however, I was diagnosed with anorexia at age 15 and spent some time in the hospital. After graduating I got a scholarship to study in France which turned out to be the best year of my life. I did two years at a junior college and then things started going downhill. In 1996, I spent seven months in the State Hospital, followed by drug and alcohol abuse and several suicide attempts.

My turning point came when I decided to quit using, and instead, spend my time and effort helping homeless youth. So I co-founded an organization called Operation Shine America to give homeless youth a voice. I am also in the process of starting the first consumer-run business in Utah, called Voices of Utah. Recently I was trained as a certified peer specialist and I am now leading the Certified Peer Specialist Task Force for the state. My goal is to bring hope to others who are struggling. I've gained a lot of confidence as I've overcome my fears and started advocating for people who are in the same place I once was.

*I could go on with more details, but after 25 years of being in the mental health system, I'm tired of talking about my illness; it's time to start focusing on my strengths.*



# Substance Abuse Treatment

Substance abuse is preventable, but if left untreated can become a chronic disease. In Utah, a continuum of services has been designed to address the full spectrum of substance use problems, from harmful use to chronic conditions. Treatment

services are based on the American Society of Addiction Medicine (ASAM) Patient Placement Criteria. Clients are matched to the appropriate level, type, and intensity. The following table illustrates the continuum of services provided:

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

Function	Prevention/Intervention			Treatment			Recovery Support Services
Program Level	<i>Universal</i>	<i>Selected</i>	<i>Indicated</i>	<i>Outpatient</i>	<i>Intensive Outpatient</i>	<i>Residential</i>	<i>All levels depending on need for services</i>
Appropriate for	<ul style="list-style-type: none"> <li>General Population</li> </ul>	<ul style="list-style-type: none"> <li>High Risk</li> </ul>	<ul style="list-style-type: none"> <li>Using but does not meet DSM IV Diagnostic Criteria</li> </ul>	<ul style="list-style-type: none"> <li>DSM IV Diagnosis of Abuse or Dependence</li> </ul>	<ul style="list-style-type: none"> <li>Serious Abuse or Dependence</li> <li>DSM IV Diagnosis of Abuse or Dependence</li> </ul>	<ul style="list-style-type: none"> <li>Severe Abuse or Dependence</li> <li>DSM IV Diagnosis of Abuse or Dependence</li> </ul>	<ul style="list-style-type: none"> <li>Individuals needing support services outside of treatment in order to maintain their recovery and build a meaningful life in the community</li> </ul>

## Source of Data

The federal government requires that each state collect demographic and treatment data on all clients admitted into any publicly funded substance abuse treatment facility. This data is called the Treatment Episode Data Set (TEDS).

TEDS is the source that DSAMH uses for treatment admission numbers and characteristics of clients entering treatment. Unless otherwise stated, the data in the following charts comes from this source.

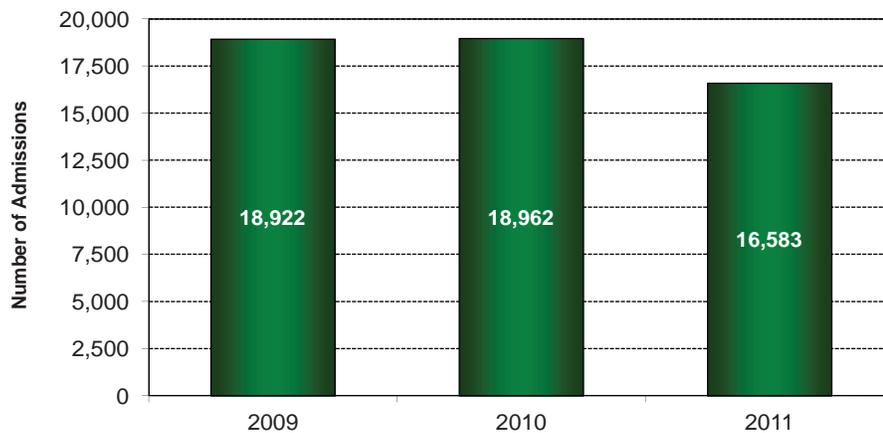
## Number of Treatment Admissions

In 2011, total treatment admissions decreased significantly, from 18,962 in 2010 to 16,583 in 2011.

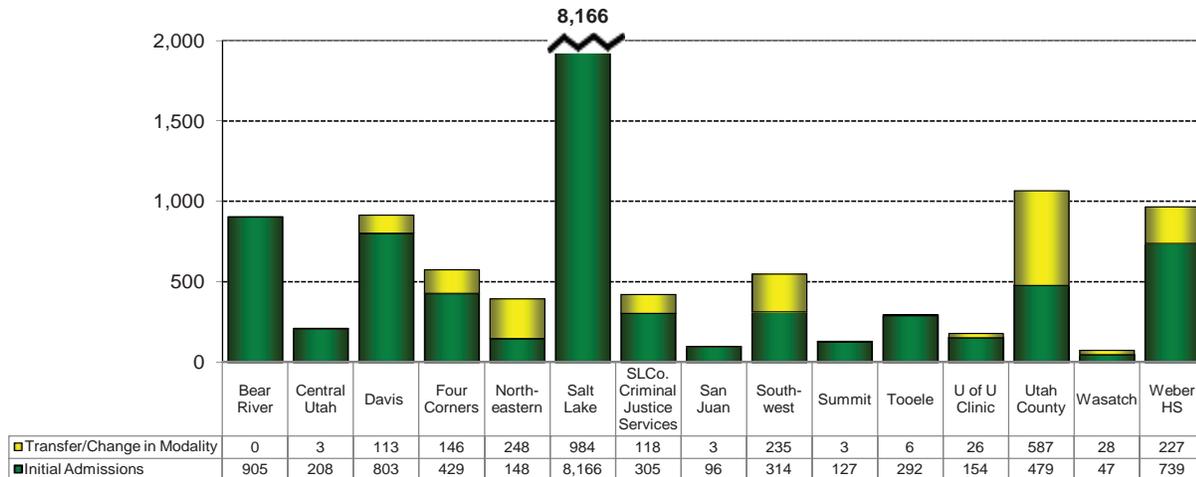
The second chart shows the number of admissions by each local authority, the University of

Utah Clinic and Salt Lake County Criminal Justice Services in fiscal year 2011. Treatment admissions in Salt Lake County continue to represent the majority of total treatment admissions in the state.

### Substance Abuse Initial and Transfer Admissions into Modalities Fiscal Years 2010 to 2011



### Substance Abuse Treatment Admissions and Transfers in Utah Fiscal Year 2011

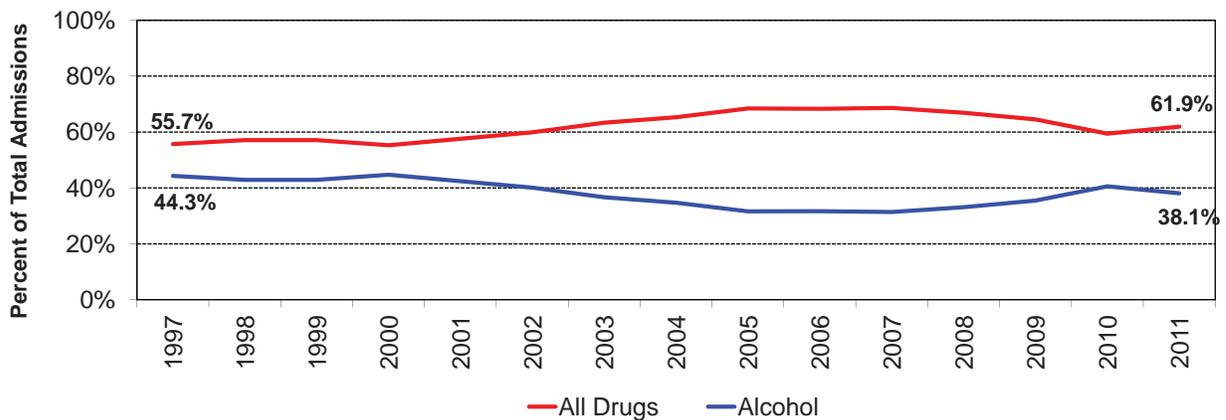


## Primary Substance of Abuse

At admission, clients report their primary, secondary (if any), and tertiary (if any) drug use. Alcohol remains the primary substance of abuse, with over

38% of clients reporting alcohol as their primary substance of abuse at admission.

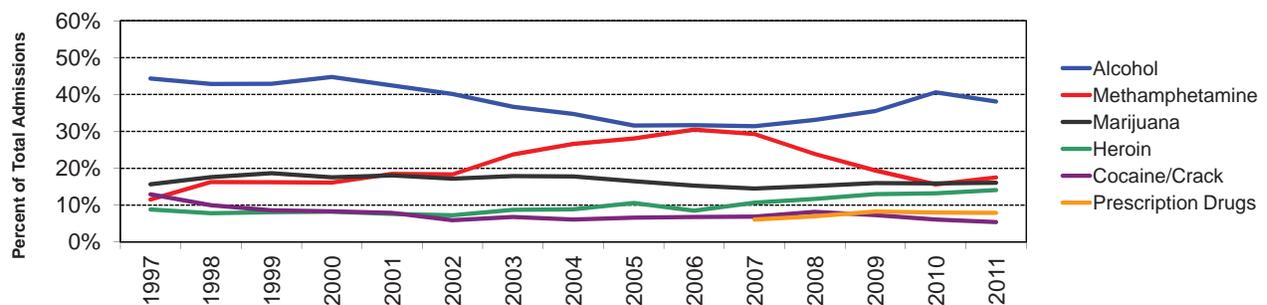
**Patient Admissions for Alcohol vs. Drug Dependence**  
Fiscal Years 1997 to 2011



Opiates are the second most abused drug at admission, accounting for just fewer than 21% of all admissions. Opiates include a combination of illicit substances such as heroin, as well as prescription drugs such as methadone, oxycodone,

and hydrocodone. Following alcohol and opiates, comes methamphetamine and marijuana. Cocaine/crack admissions continued to drop to 5.4%, the lowest on record.

**Top Drugs of Choice by Year**  
Fiscal Year 1997 to Fiscal Year 2011



## Primary Substance by Gender

Both men and women report their primary drug at admission is alcohol (men 41.1% and women 31.91%). Opiates (heroin and prescription opiates such as methadone and oxycodone) were the

second most commonly used drug at admission for both men and women (19.4% and 23.8% respectively).

**Primary Substance by Gender**  
Fiscal Year 2011

	Male	Male %	Female	Female %	Total	Total %
Alcohol	4,607	41.1%	1,709	31.9%	6,316	38.1%
Cocaine/Crack	601	5.4%	289	5.4%	890	5.4%
Marijuana/Hashish	2,060	18.4%	602	11.2%	2,662	16.1%
Heroin	1,599	14.3%	738	13.8%	2,337	14.1%
Other Opiates/Synthetics	244	2.2%	256	4.8%	500	3.0%
Hallucinogens	31	0.3%	5	0.1%	36	0.2%
Methamphetamine	1,582	14.1%	1,316	24.5%	2,898	17.5%
Other Stimulants	26	0.2%	30	0.6%	56	0.3%
Benzodiazepines	46	0.4%	71	1.3%	117	0.7%
Tranquilizers/Sedatives	11	0.1%	22	0.4%	33	0.2%
Inhalants	13	0.1%	3	0.1%	16	0.1%
Oxycodone/Hydrocodone	331	2.9%	280	5.2%	611	3.7%
Club Drugs	15	0.1%	10	0.2%	25	0.2%
Over-the-Counter	8	0.1%	10	0.2%	18	0.1%
Other	47	0.4%	20	0.4%	67	0.4%
Unknown	0	0.0%	1	0.0%	1	0.0%
<b>Total:</b>	<b>11,221</b>	<b>100.0%</b>	<b>5,362</b>	<b>100.0%</b>	<b>16,583</b>	<b>100.0%</b>

## Primary Substance by Age

Age plays a significant role in drug preference. For adolescents (Under the age of 18) marijuana is the primary drug of abuse at admission. For middle-aged (45-64) and older Utahns, alcohol is the primary drug of choice at admission. Other trends can be identified by evaluating primary substance of choice by age grouping. For example, opiates (heroin, other opiates/ synthetics, oxycodone/hydrocodone) became the primary drug of

choice for treatment clients between the age of 18 and 24 for the first time in 2011. Some drug s like marijuana, club drugs and inhalants are more commonly abused by youth. Other drugs such as methamphetamine are preferred by adults. It is important to recognize that alcohol is the primary drug of choice for all age groups over 18 by an overwhelming margin.

**Primary Substance of Abuse by Age Grouping**  
Fiscal Year 2011

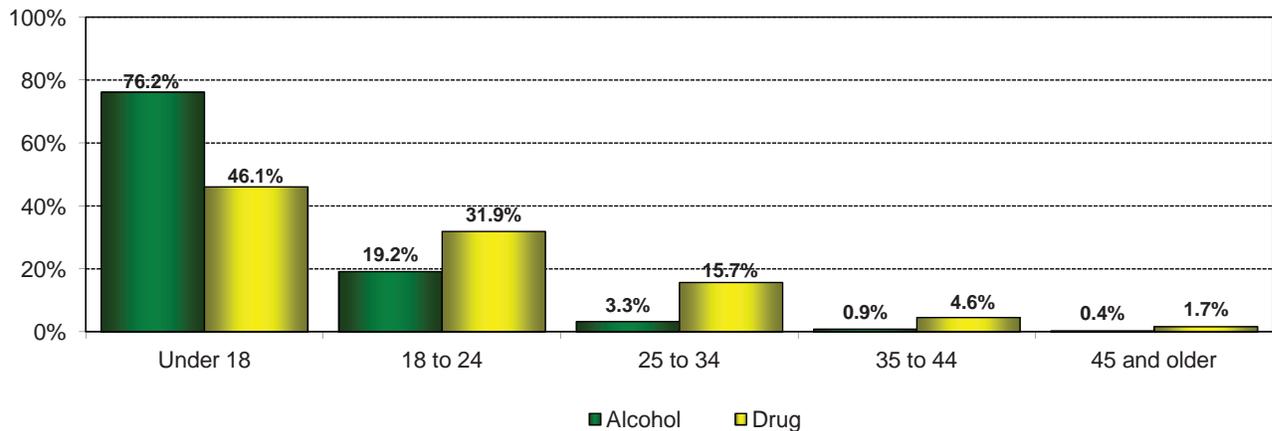
	Under 18	18 to 24	25 to 34	35 to 44	45 to 64	65 and over	Total
Alcohol	306	937	1,570	1,293	2,159	51	6,316
Cocaine/Crack	5	147	237	229	272	0	890
Marijuana/Hashish	985	904	458	169	144	2	2,662
Heroin	16	774	1,002	286	248	11	2,337
Other Opiates/Synthetics	20	90	215	101	73	1	500
Hallucinogens	3	9	11	3	10	0	36
Methamphetamine	20	393	1,276	734	473	2	2,898
Other Stimulants	5	9	27	6	9	0	56
Benzodiazepines	0	12	57	20	28	0	117
Tranquilizers/Sedatives	1	4	10	7	11	0	33
Inhalants	4	5	3	3	1	0	16
Oxycodone/Hydrocodone	6	127	317	90	69	2	611
Club Drugs	11	12	2	0	0	0	25
Over-the-Counter	8	3	4	2	1	0	18
Other	15	21	21	6	3	1	67
Unknown	1	0	0	0	0	0	1
<b>Total:</b>	<b>1,406</b>	<b>3,447</b>	<b>5,210</b>	<b>2,949</b>	<b>3,501</b>	<b>70</b>	<b>16,583</b>

## Age of First Use of Alcohol or Other Drug

In 2011, 76% of individuals who report alcohol as their primary drug began using prior to the age of 18. Individuals seeking treatment primarily for drug use tend to begin their drug use at a later age,

with 32% reporting first using substances between ages 18 and 25. These numbers have remained relatively constant for several years.

**Age of First Use of Primary Substance of Abuse**  
Fiscal Year 2011

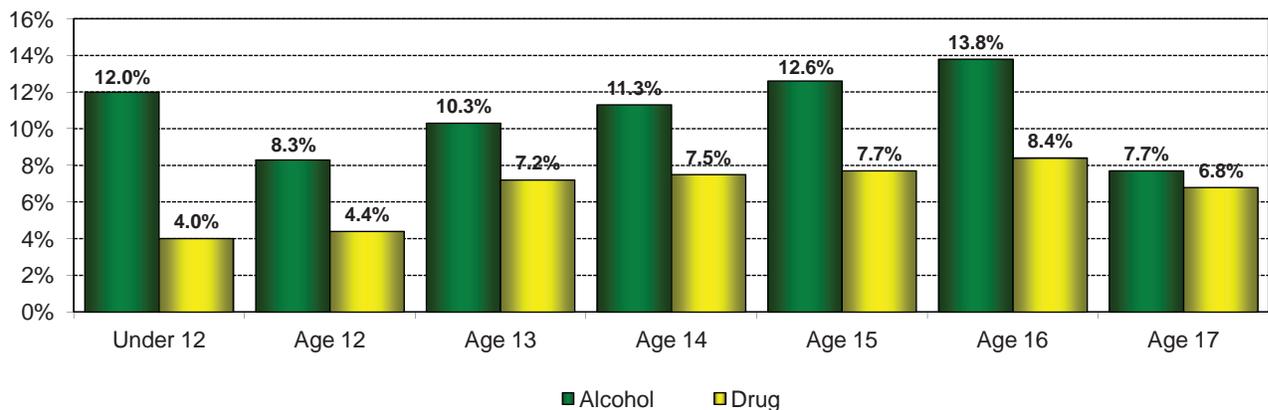


## Age of First Use of Primary Substance—Under 18

The following chart breaks down age of first use for individuals who reported using their primary substance prior to age 18. For alcohol and other drugs, age of first use peaks at age 16.

Over 75% of individuals who report alcohol as their primary substance of abuse started prior to age 18. More than 45% of individuals admitted for drug use started under the age of 18.

**Age of First Use of Primary Substance—Under 18**  
Fiscal Year 2011



## Multiple Drug Use

Using more than one substance (drug or alcohol) places the client at greater risk for negative drug interactions, overdoses, psychiatric problems, and complications during the treatment process.

The report of multiple drug use by clients at admission averages 38.1% across the state, ranging from 9.1% in San Juan County to 73.1% in Utah County.

### Multiple Drug Use Fiscal Year 2011

	# Reporting Multiple Drug Use at Admission	% of Total Admissions for Each Area
Bear River	243	26.9%
Central Utah	43	20.4%
Davis County	107	11.7%
Four Corners	160	27.8%
Northeastern	69	17.4%
Salt Lake County	3,187	34.8%
SLCo. Criminal Justice Services	273	64.5%
San Juan County	9	9.1%
Southwest Center	110	20.0%
Summit County	23	17.7%
Tooele County	88	29.5%
U of U Clinic	117	65.0%
Utah County	779	73.1%
Utah State Prison	498	77.3%
Wasatch County	53	70.7%
Weber	562	58.2%
<b>Total:</b>	<b>6,321</b>	<b>38.1%</b>

## Injection Drug Use

Injecting drug users are a priority population for receiving treatment because they are at greater risk of contracting and transmitting HIV/AIDS, tuberculosis, and hepatitis B and C. This table indicates the number of clients who report intravenous needle use as the primary route of administration for any reported drug use in the past year. The percentage of admissions for IV drug

use has remained remarkably stable over the past five years. In 2011, 3,321 clients or 20.0% of the total number requesting services through the public treatment system, reported IV drug use as their primary route of administration. As with multiple drug use, the preponderance of IV drug use is found in the more urban counties.

### Admissions Reporting IV Injection Drug Use at Admission

Fiscal Year 2011

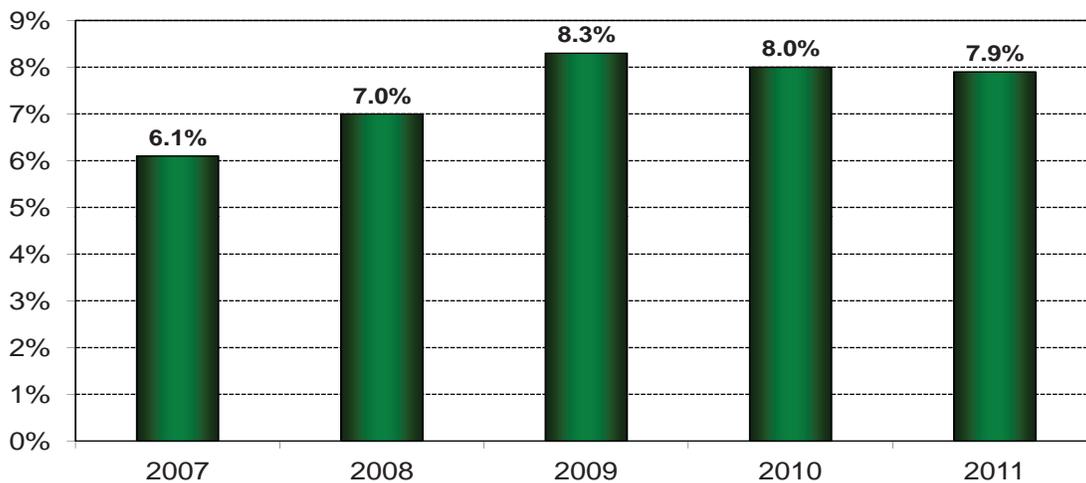
	# Reporting IV Injection Drug Use at Admission	% of Total Admissions for Each Area
Bear River	63	7.0%
Central Utah	20	9.5%
Davis County	192	21.0%
Four Corners	70	12.2%
Northeastern	30	7.6%
Salt Lake County	1,908	20.9%
SLCo. Criminal Justice Services	171	40.4%
San Juan County	1	1.0%
Southwest Center	95	17.3%
Summit County	5	3.8%
Tooele County	31	10.4%
U of U Clinic	44	24.4%
Utah County	300	28.1%
Utah State Prison	265	41.1%
Wasatch County	5	6.7%
Weber	121	12.5%
<b>Total:</b>	<b>3,321</b>	<b>20.0%</b>

## Prescription Drug Abuse

The nonmedical use or abuse of prescription drugs is a serious and growing public health problem. The abuse of certain prescription drugs—opioids, central nervous system (CNS) depressants, and stimulants—can alter the brain’s activity and lead to addiction. The Utah Department of Health

reports that in 2010, more individuals died from prescription drug overdose (236) than died in car accidents (235). The chart below shows the percent of clients who report prescription drugs as their primary drug at admission:

**Admission for Primary Drug—  
Prescription Drugs  
Fiscal Years 2007 to 2011**



Opioids (other opiates/synthetics and Oxycodone/Hydrocodone) are the most commonly abused prescription drugs in Utah. Taken as directed, opioids can be used to manage pain effectively. However, if taken inappropriately, their use

may lead to addiction. Women tend to be admitted to treatment more frequently than men for prescription drugs. The chart below shows prescription drug admissions by gender:

**Prescription Drug Abuse by Gender  
Fiscal Year 2011**

	Male	Male %	Female	Female %	Total	Total %
Other Opiates/Synthetics	244	2.2%	256	4.8%	500	3.0%
Other Stimulants	26	0.2%	30	0.6%	56	0.3%
Benzodiazepines	46	0.4%	71	1.3%	117	0.7%
Tranquilizers/Sedatives	11	0.1%	22	0.4%	33	0.2%
Oxycodone/Hydrocodone	331	2.9%	280	5.2%	611	3.7%
<b>Total:</b>	<b>658</b>	<b>5.8%</b>	<b>659</b>	<b>12.3%</b>	<b>1,317</b>	<b>7.9%</b>

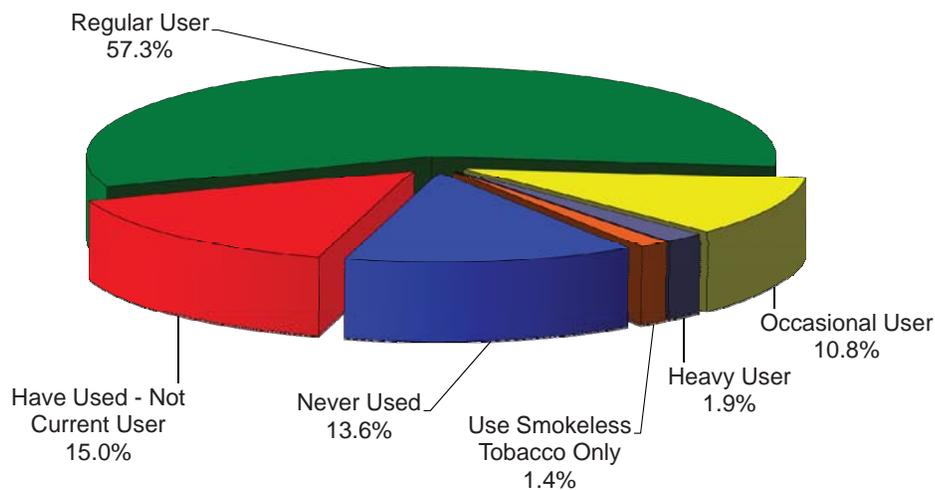
## Tobacco Use

Individuals with substance use disorders are much more likely to use tobacco. In Utah, 71% of individuals admitted to substance abuse treatment use tobacco compared to only 9% of the general population. This often results in poor health and shorter life expectancy.

In response, DSAMH developed the *Recovery Plus* project. This initiative is designed to improve the health and quality of life for individuals we serve by increasing the number of individuals we serve who live tobacco free after or while recovering from a mental health

or substance use disorder. The goal of Recovery Plus is for all publicly funded treatment centers to be tobacco-free by 2013. In 2011, DSAMH provided training by experts from the University of Colorado, Denver; to ensure that all local authority clinical directors were ready to move forward with tobacco-free policies and treatment protocols (counseling, cessation classes, and medication assisted therapies as appropriate). For additional information about Recovery Plus, see page 9 in this report or visit: [recoveryplus.utah.gov](http://recoveryplus.utah.gov).

**Tobacco Use at Admission**  
Fiscal Year 2011



In fiscal year 2011, over 71% of clients use some type of Tobacco at admission.

## Pregnant Women in Treatment

Information regarding pregnancy and current prenatal care, if applicable, is collected on all female clients entering the public treatment system. In fiscal year 2011, 5.5% of the women entering treatment (294 women) were pregnant at the time of their admission. This continues a slightly downward trend from 5.7% in 2009. Suc-

cessful treatment planning minimizes the chance of complications from prenatal drug and alcohol use, including premature birth and physical and mental impairments. State and Federal statutes require treatment providers to admit pregnant women into care within 48 hours of their first contact with the treatment provider.

**Pregnancy at Admission**  
Fiscal Year 2011

	Female Admissions	Number Pregnant at Admission	Percent Pregnant at Admission
Bear River	301	8	2.7%
Central Utah	96	4	4.2%
Davis County	320	9	2.8%
Four Corners	204	6	2.9%
Northeastern	159	10	6.3%
Salt Lake County	2,573	168	6.5%
SLCo. Criminal Justice Services	145	5	3.4%
San Juan County	31	2	6.5%
Southwest	225	10	4.4%
Summit County	37	1	2.7%
Tooele County	105	2	1.9%
U of U Clinic	68	3	4.4%
Utah County	473	37	7.8%
Utah State Prison	120	0	0.0%
Wasatch County	31	0	0.0%
Weber	474	29	6.1%
<b>Total:</b>	<b>5,362</b>	<b>294</b>	<b>5.5%</b>

## Clients with Dependent Children

Children with a parent who abuses alcohol and/or other drugs are at a higher risk of developing substance abuse problems themselves. The table below indicates the percentage of adult clients with dependent children and the average number of children in those households. The percentage of adult clients with dependent children in Utah is 44.8%. The average number of dependent children per household is 2.23.

The table also depicts the percentage of women entering treatment who have dependent children and the average number of children for those households. Over 56% of women who are admitted to treatment report having dependent children. Four local authorities report that over 65% of their female clients have dependent children.

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

### Clients with Dependent Children Fiscal Year 2011

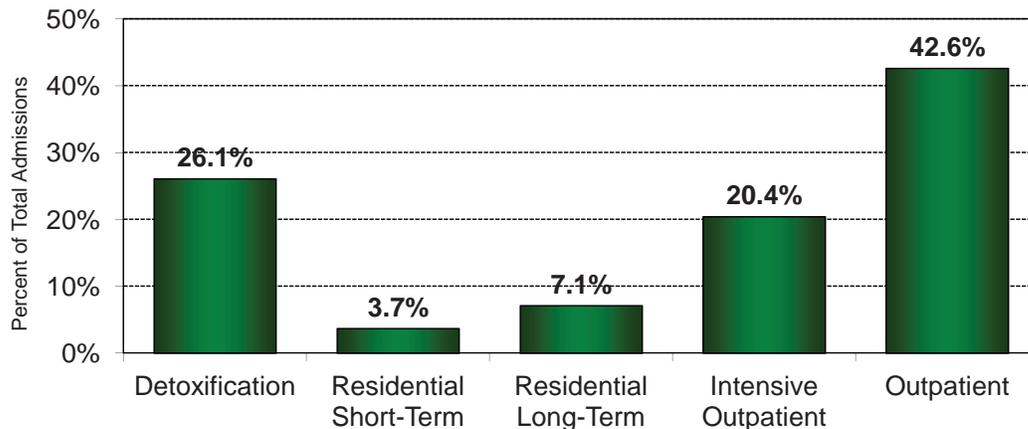
	Percent of all Clients with Children	Average Number of Children (of Clients with Children)	Percent of Women with Children	Average Number of Children (of Women with Children)
Bear River	31.9%	2.00	45.0%	1.82
Central Utah	49.6%	2.28	61.7%	2.28
Davis County	51.8%	2.20	65.5%	2.34
Four Corners	51.7%	2.29	66.8%	2.47
Northeastern	51.8%	2.33	61.8%	2.45
Salt Lake County	41.5%	2.11	55.4%	2.17
SLCo. Criminal Justice Services	35.2%	1.87	47.3%	1.95
San Juan County	47.3%	2.74	60.0%	3.29
Southwest Center	54.2%	2.41	68.7%	2.57
Summit County	20.8%	1.84	29.6%	1.38
Tooele County	31.2%	2.22	35.3%	1.81
U of U Clinic	38.3%	2.13	39.7%	1.94
Utah County	64.7%	2.39	68.5%	2.20
Utah State Prison	41.6%	2.07	53.0%	2.16
Wasatch County	52.0%	2.51	41.2%	1.93
Weber	59.8%	2.62	61.4%	2.36
<b>Total:</b>	<b>44.8%</b>	<b>2.23</b>	<b>56.6%</b>	<b>2.23</b>

## Service Type

In contrast to the earlier days of substance abuse treatment when almost all substance abuse treatment was residential, today 63% of admissions to treatment are to outpatient and intensive outpatient treatment. Only 10.8% of admissions are for residential care. An expanded use of the ASAM Placement Criteria has helped place individuals

in the level and intensity of care that they need. Then, as individuals successfully complete higher levels of care, such as detoxification, residential, and intensive outpatient, they are transitioned to outpatient treatment for monitoring and maintenance.

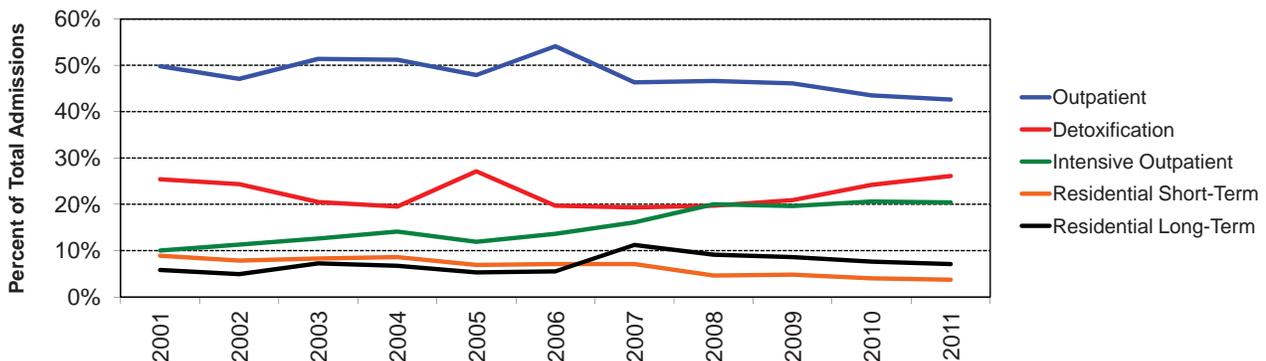
**Service Type at Admission**  
Fiscal Year 2011



**Trends in Service Types.** Over the past five years there has been a slow but steady increase in intensive outpatient services from 11.9% in 2005 to 20.4% in 2011. Also during that period,

residential admissions have declined slightly. In 2006, admissions to detoxification services declined sharply, but have slowly risen to its current rate of 26.1%.

**Trends in Service Types**  
Fiscal Years 2001 to 2011



# Julie's Story

Before my diagnosis, I had graduated from college, earned a graduate certificate in legal studies, served a volunteer mission for my church, studied in the Middle East, visited all but five of the states, and travelled four continents. But after almost a lifetime of clinical depression, I was diagnosed in 1995 with bipolar disorder with psychotic tendencies, post traumatic stress disorder and generalized anxiety disorder. I could fill a book with my illness story; however, I have chosen to focus on the fact that people with serious persistent mental illness get better; we recover; and we acquire a skill set that is instrumental in the recovery of others.

My recovery has taken hard work and determination. It is 24/7 job, requiring focus, education, knowledge, research, advocacy and just plain bone-crunching determination. With the tools I gained in recovery, I discovered that I could take many of my dreams off the shelf and start making preparations and plans. Working as a Peer Counselor and now as a Certified Peer Specialist and Case Manager, I find my work has meaning and power. I do hard things well. I also make mistakes but I learn from them and move on. As I model recovery for others I continue to ensure my own recovery. I touch lives and what I do does make a difference.

I am a friend, daughter, sister, spouse, mother to many, but gave birth to none. I am an artist, writer, teacher, advocate, colleague, listener, speaker, learner, humorist, adventurer, blogger, and yes, I have bipolar disorder. It has been a blessing in my life, for through the tides of adversity the sharp edges of the stone have been softened.

*I could fill a book with my illness story; however, I have chosen to focus on the fact that people with serious persistent mental illness get better. We recover and we acquire a skill set that is instrumental in the recovery of others.*



# Mental Health Treatment

## Overview

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

## Continuum of Services

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

- Inpatient care
- Residential care
- Outpatient care
- 24-hour crisis care
- Psychotropic medication management
- Psychosocial rehabilitation, including vocational training and skills development
- Case management

- Community supports, including in-home services, housing, family support services, and respite services
- Consultation and education services, including case consultation, collaboration with other county service agencies, public education, and public information
- Services to people incarcerated in a county jail or other county correctional facility

In addition, many of the local mental health centers also provide the following:

- **Supported employment** provides skills, support and coaching for individuals with disabilities such as mental illness to successfully re-enter the workforce.
- **Community Based Wraparound services** coordinate mental health needs, school, medical and other social services to support community living.
- **Family resource facilitation** is a model to strengthen and support families by developing partnerships with the community mental health centers and representing the family voice at service delivery, administration and policy levels.
- **Clubhouses** are a model of psycho-social rehabilitation where attendees are considered members and empowered to function in a work-ordered day.
- **Consumer drop-in centers** are places where consumers can receive support from other consumers to promote connectedness, social interaction, support and encouragement.

- **Forensic evaluations** are provided upon a judge's orders to determine an individual's competency to stand trial when he/she has been charged with a crime.
- **Nursing home and hospital alternatives** include community-based care, i.e., intense case management, outreach services, coordination with other entities such as home health, etc.

## **Source of Data**

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

## **Diagnostic Data**

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) is the standard classification of mental disorders used by mental health professionals in the United States.

Each mental disorder in the DSM-IV has a set of diagnostic criteria indicating what symptoms must be present, including parameters for duration of symptoms, as well as those symptoms that must not be present in order for an individual to qualify for a clinical diagnosis. A consumer may have more than one diagnosis; and each diagnostic category listed may have several subsets. For example an anxiety disorder may include a subset for generalized anxiety disorder, post traumatic stress disorder, or panic disorder.

Substance use disorders and mental disorders that occur in the same individual at the same time are termed co-occurring disorders. These are also known as co-morbid disorders. Today it is clear that the co-occurrence of mental illness and substance use disorders is common. According to the Substance Abuse and Mental Health Services Administration, 50% of individuals with severe mental illness are affected by substance use disorders (2010). This data is driving the need for an integrated approach to mental health promotion, mental illness and substance use disorder prevention and treatment.

The following tables describe the most common diagnoses treated in the public mental health system in Utah.

Diagnosis of Mental Health Clients 18 years and older, by Local Mental Health Authority														
Diagnosis	Bear River Mental Health	Central Utah Counseling Center	Davis Behavioral Health	Four Corners Community Behavioral Health	Northeastern Counseling Center	Salt Lake County	San Juan Counseling	Southwest Behavioral Health Center	Summit County	Tooele County	Utah Co.—Wasatch Mental Health	Wasatch Co.—Heber Valley Counseling	Weber Human Services	Statewide Adults
Mood Disorder	33.2%	29.0%	36.2%	29.8%	34.2%	29.5%	44.3%	35.9%	32.9%	32.7%	26.9%	26.1%	30.3%	30.4%
Anxiety	24.6%	19.9%	29.0%	20.0%	28.4%	21.2%	21.4%	17.2%	30.8%	27.0%	26.6%	32.3%	21.3%	23.5%
Substance Abuse	7.4%	9.2%	8.8%	24.6%	5.7%	16.7%	5.9%	4.8%	14.0%	19.0%	10.3%	23.6%	16.9%	13.9%
Personality Disorder	11.9%	11.8%	4.2%	9.7%	6.4%	13.2%	5.0%	16.5%	2.3%	8.6%	7.6%	4.5%	10.3%	10.4%
Schizophrenia and Other Psychotic	5.2%	8.0%	8.3%	5.1%	5.6%	8.3%	4.0%	9.5%	1.9%	2.6%	6.6%	4.2%	7.6%	7.1%
Attention Deficit	5.7%	2.3%	4.8%	2.3%	3.9%	3.1%	3.6%	1.3%	8.2%	3.4%	5.3%	3.0%	2.3%	3.7%
Cognitive Disorder	3.2%	2.3%	1.4%	2.2%	3.2%	2.8%	6.5%	2.7%	1.3%	0.8%	5.2%	0.7%	4.4%	3.2%
Adjustment Disorder	2.7%	2.0%	2.7%	2.1%	3.7%	1.3%	3.6%	7.6%	4.4%	2.0%	1.3%	1.6%	1.8%	2.0%
Neglect or Abuse	0.4%	11.3%	1.0%	0.5%	2.0%	0.3%	1.7%	1.8%	1.6%	1.5%	3.2%	0.5%	2.3%	1.5%
Impulse Control Disorders	1.0%	1.8%	0.8%	1.0%	2.6%	0.8%	0.6%	0.9%	0.7%	0.3%	1.5%	0.9%	0.8%	1.0%
Pervasive Developmental Disorders	0.1%	0.4%	0.9%	0.5%	0.9%	0.7%	0.8%	0.9%	0.2%	0.3%	1.3%	0.0%	0.4%	0.8%
Oppositional Defiant Disorder	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.0%	0.1%	0.0%	0.0%	0.2%	0.1%	0.2%	0.2%
Conduct Disorder	0.2%	0.0%	0.0%	0.1%	0.2%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.2%	0.1%
Other	3.3%	2.1%	2.3%	2.0%	3.0%	1.8%	2.5%	1.0%	1.8%	1.6%	3.9%	2.4%	1.5%	2.3%
V Codes	4.1%	2.9%	1.4%	3.7%	6.7%	8.8%	6.3%	4.0%	13.7%	14.7%	5.5%	13.4%	8.0%	7.1%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

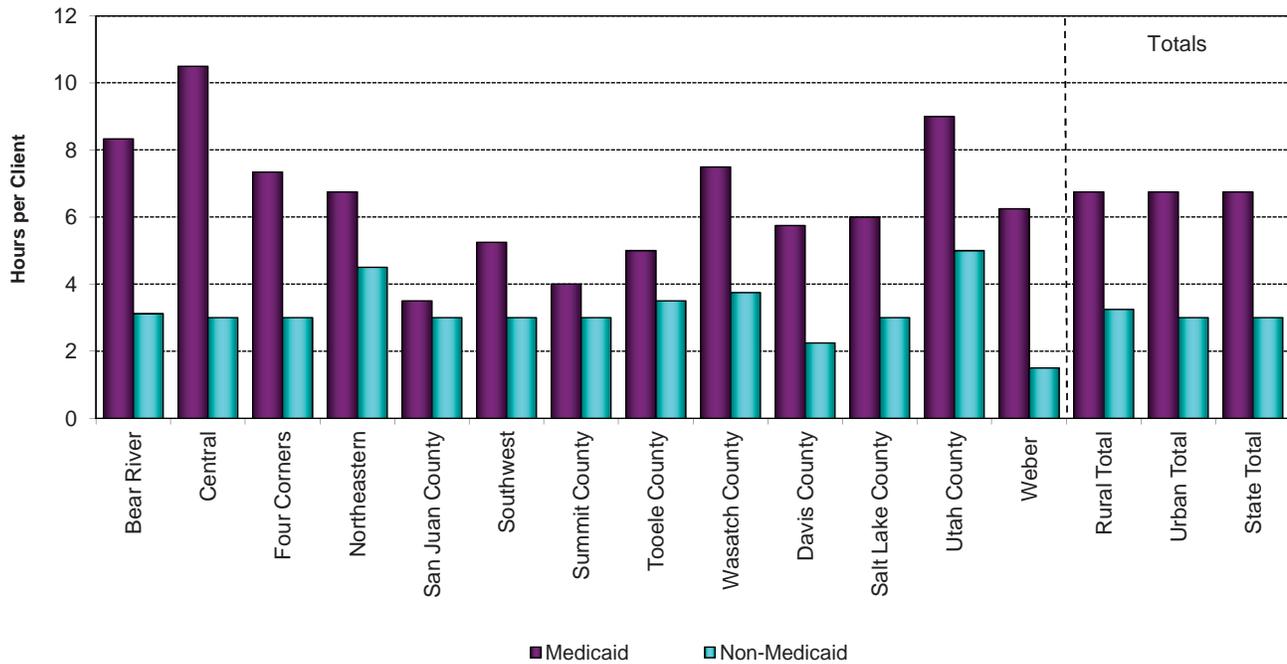
Diagnosis of Mental Health Clients 17 years and younger, by Local Mental Health Authority														
Diagnosis	Bear River Mental Health	Central Utah Counseling Center	Davis Behavioral Health	Four Corners Community Behavioral Health	Northeastern Counseling Center	Salt Lake County	San Juan Counseling	Southwest Behavioral Health Center	Summit County	Tooele County	Utah Co.—Wasatch Mental Health	Wasatch Co.—Heber Valley Counseling	Weber Human Services	Statewide Children/Youth
Anxiety	18.3%	11.4%	17.9%	11.4%	15.6%	20.1%	19.1%	16.2%	18.3%	17.5%	16.5%	21.1%	14.0%	17.5%
Mood Disorder	19.3%	12.0%	17.3%	16.0%	17.8%	16.0%	19.6%	14.2%	23.9%	18.5%	15.8%	18.7%	14.1%	16.1%
Attention Deficit	16.5%	18.9%	19.1%	17.5%	16.8%	16.4%	25.8%	9.0%	16.5%	14.8%	15.4%	17.0%	15.3%	16.1%
Neglect or Abuse	6.3%	11.9%	10.8%	9.3%	13.2%	9.1%	2.1%	11.5%	2.1%	11.8%	11.9%	11.1%	14.6%	10.5%
Oppositional Defiant Disorder	4.3%	11.0%	7.9%	7.4%	5.0%	11.1%	2.1%	5.4%	8.2%	10.2%	8.0%	8.8%	8.6%	8.7%
Adjustment Disorder	16.3%	15.5%	5.4%	12.5%	9.7%	6.4%	17.5%	21.3%	14.1%	7.9%	8.4%	8.8%	4.6%	8.6%
Pervasive Developmental Disorders	2.6%	5.0%	4.6%	2.2%	2.6%	5.5%	4.1%	3.4%	2.8%	1.9%	6.9%	1.8%	5.5%	5.1%
Impulse Control Disorders	4.5%	3.1%	7.7%	3.0%	6.3%	4.0%	1.0%	10.2%	4.6%	3.6%	4.1%	1.8%	5.9%	4.9%
Substance Abuse	1.2%	1.5%	1.2%	10.8%	2.4%	3.3%	0.5%	2.2%	6.4%	5.4%	2.3%	7.0%	8.0%	3.5%
Conduct Disorder	0.7%	2.9%	0.9%	1.3%	1.0%	1.8%	1.0%	1.8%	0.8%	1.7%	1.5%	0.6%	1.5%	1.5%
Cognitive Disorder	1.8%	1.2%	0.5%	1.0%	1.6%	1.5%	0.5%	1.5%	0.5%	0.6%	1.5%	0.0%	1.9%	1.4%
Personality Disorder	0.2%	0.1%	0.2%	0.0%	0.3%	0.3%	0.0%	0.5%	0.0%	0.5%	0.3%	0.6%	0.1%	0.2%
Schizophrenia and Other Psychotic	7.7%	5.2%	6.6%	7.8%	6.5%	4.6%	6.7%	2.5%	1.8%	5.3%	7.2%	2.9%	5.6%	5.7%
Other	8.9%	6.6%	5.1%	18.9%	6.5%	8.8%	5.2%	10.7%	15.7%	15.3%	19.7%	14.6%	11.0%	11.5%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

## Mandated Services Data by Local Authority

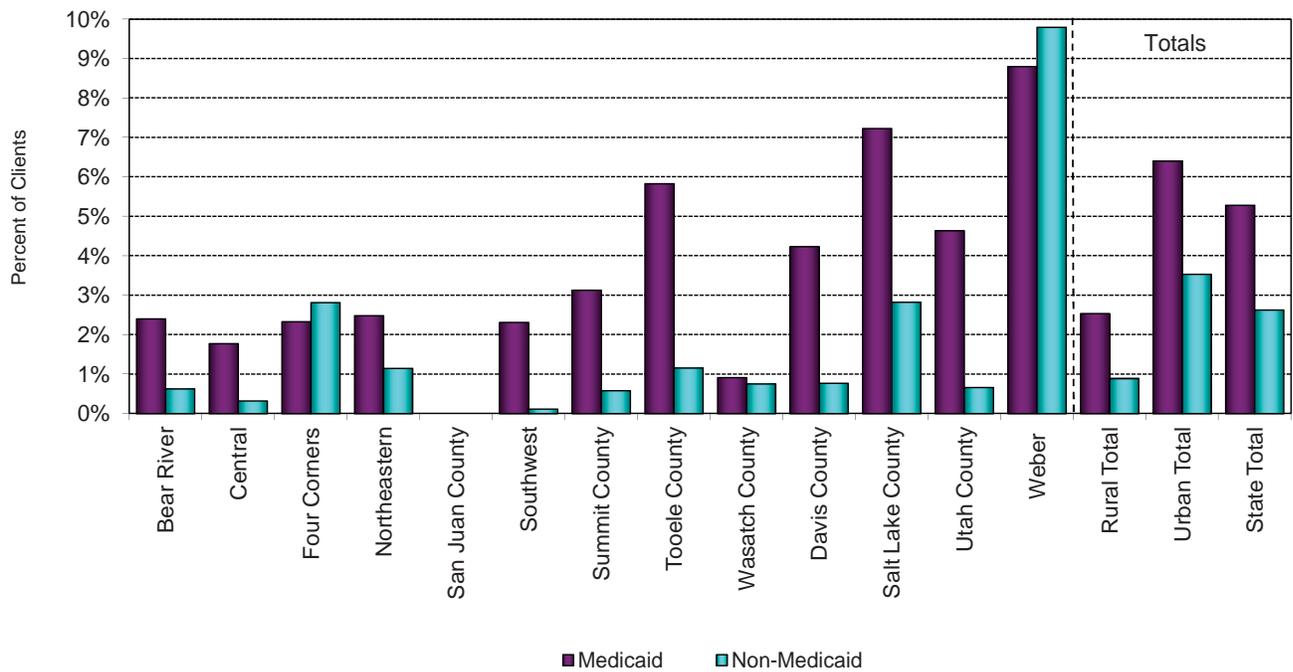
DSAMH monitors the following statutorily mandated services for quality of care. Services provided to families and consumers in the mental health system are captured in these service areas. The following tables illustrate the service priori-

ties (based on utilization and median length of service) for each of the 13 local mental health authorities. The N= for the utilization charts can be found on page 146.

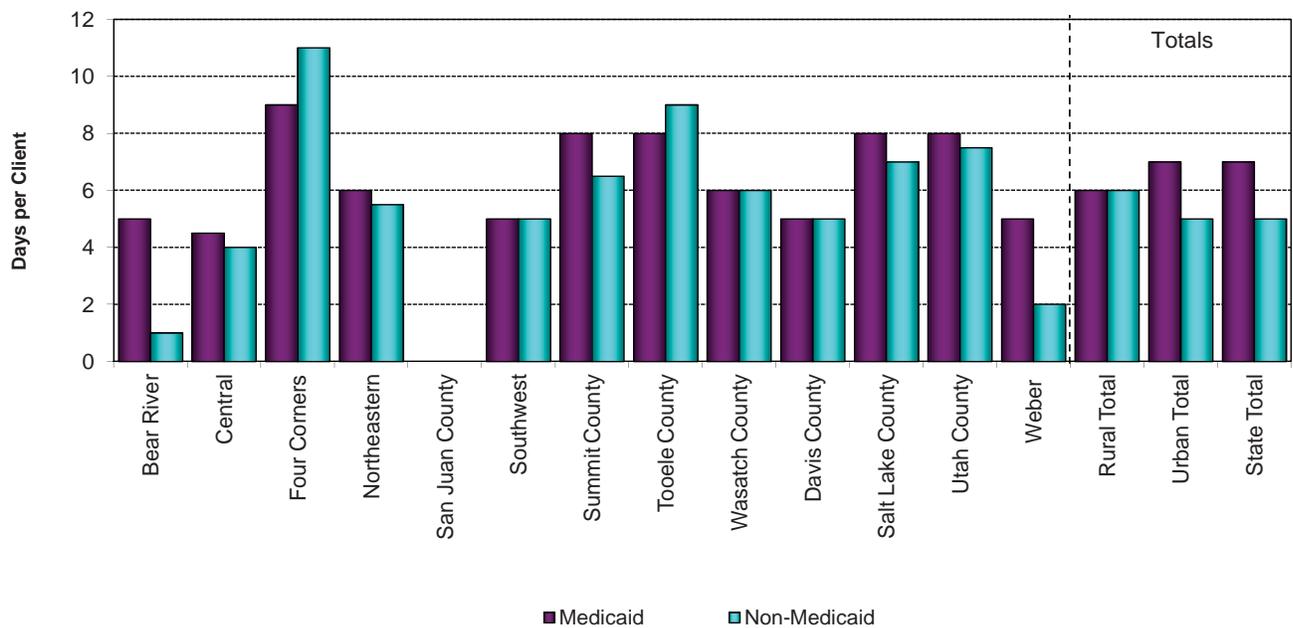
**Outpatient  
Median Length of Service  
Mental Health Clients  
Fiscal Year 2011**



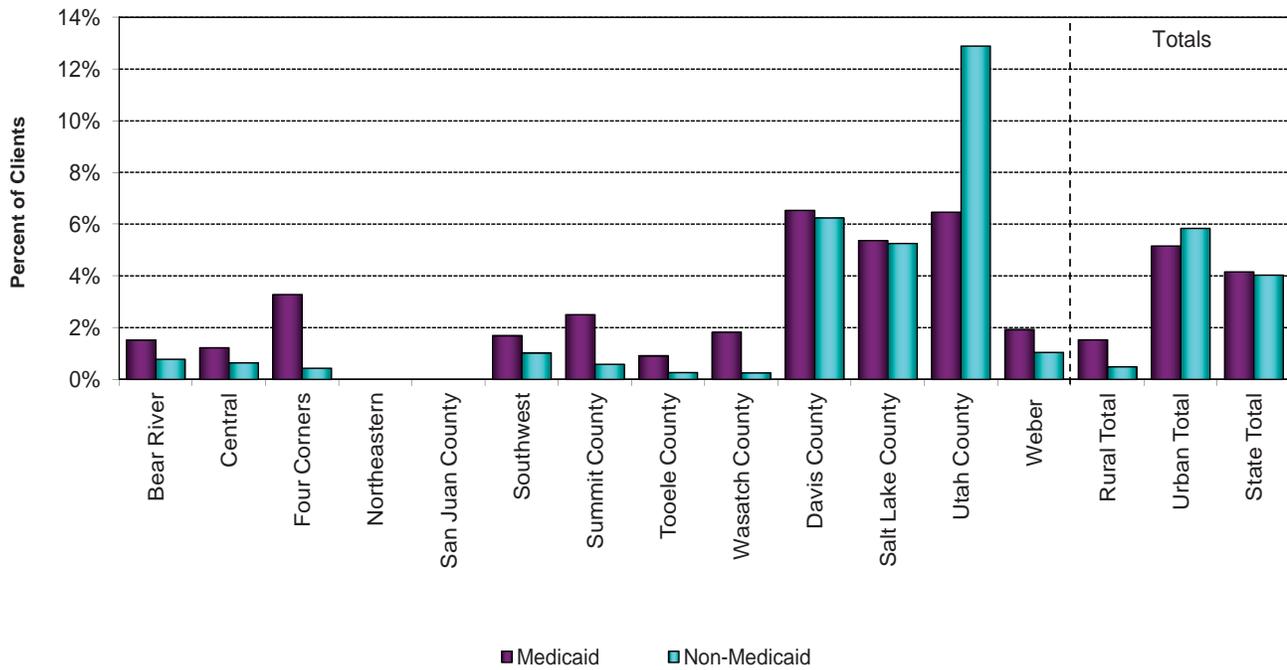
### Inpatient Utilization Mental Health Clients Fiscal Year 2011



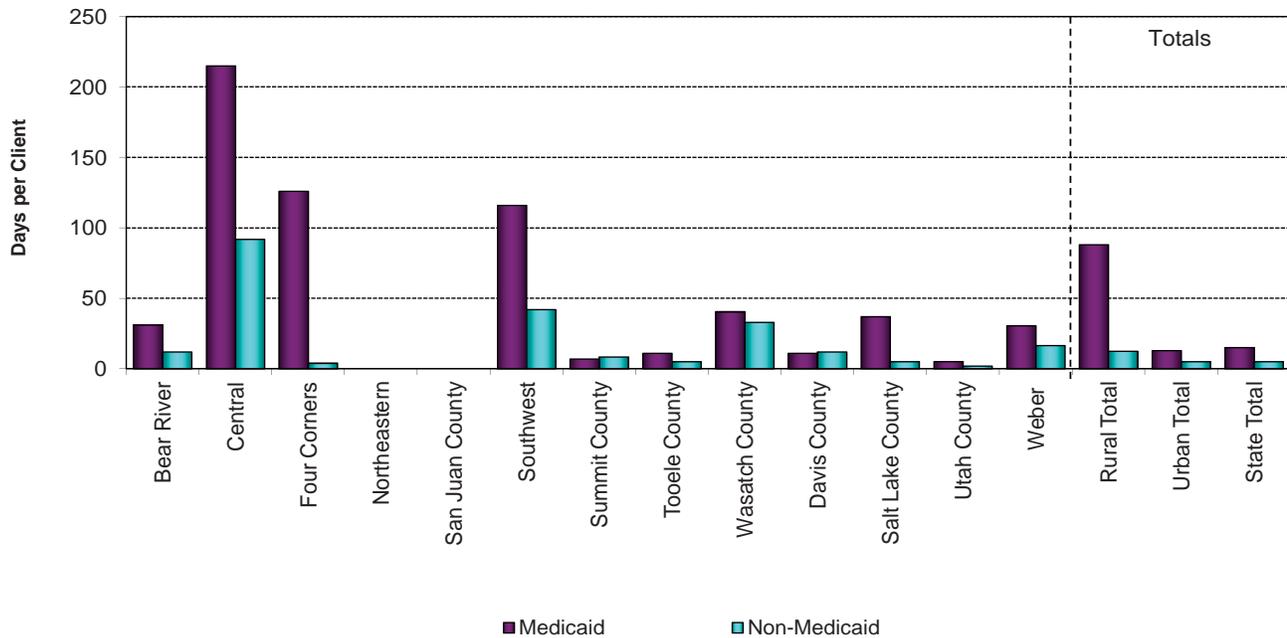
### Inpatient Median Length of Service Mental Health Clients Fiscal Year 2011



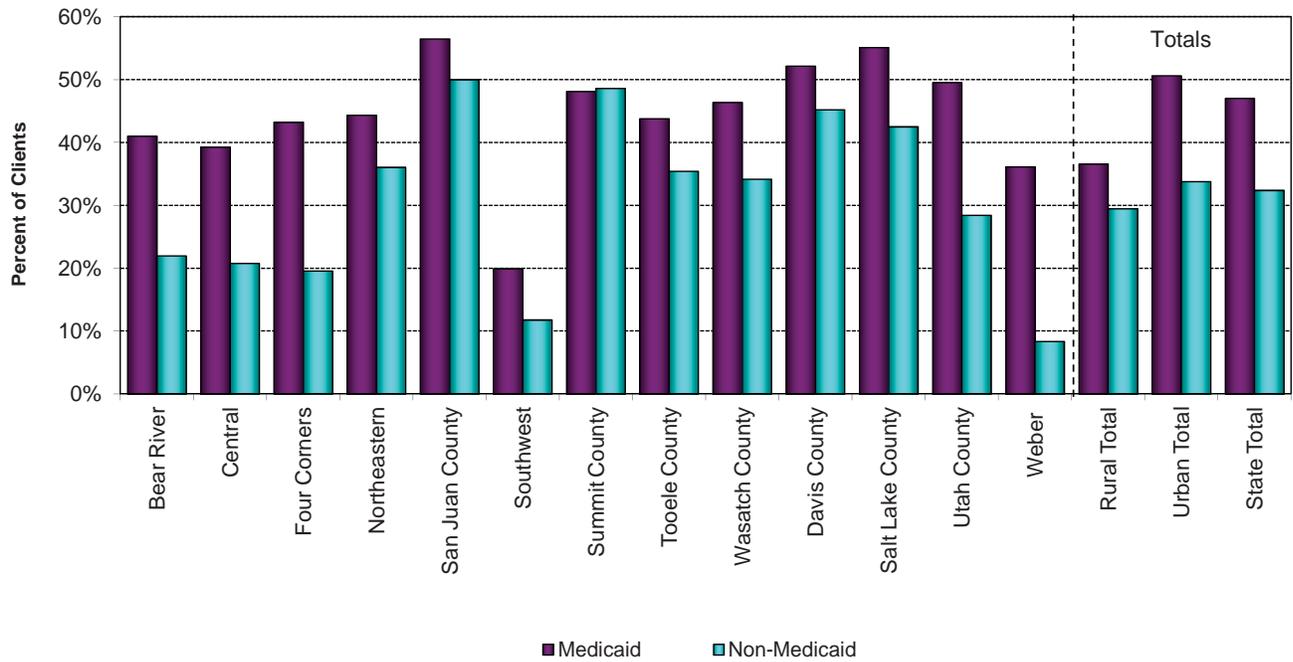
### Residential Utilization Mental Health Clients Fiscal Year 2011



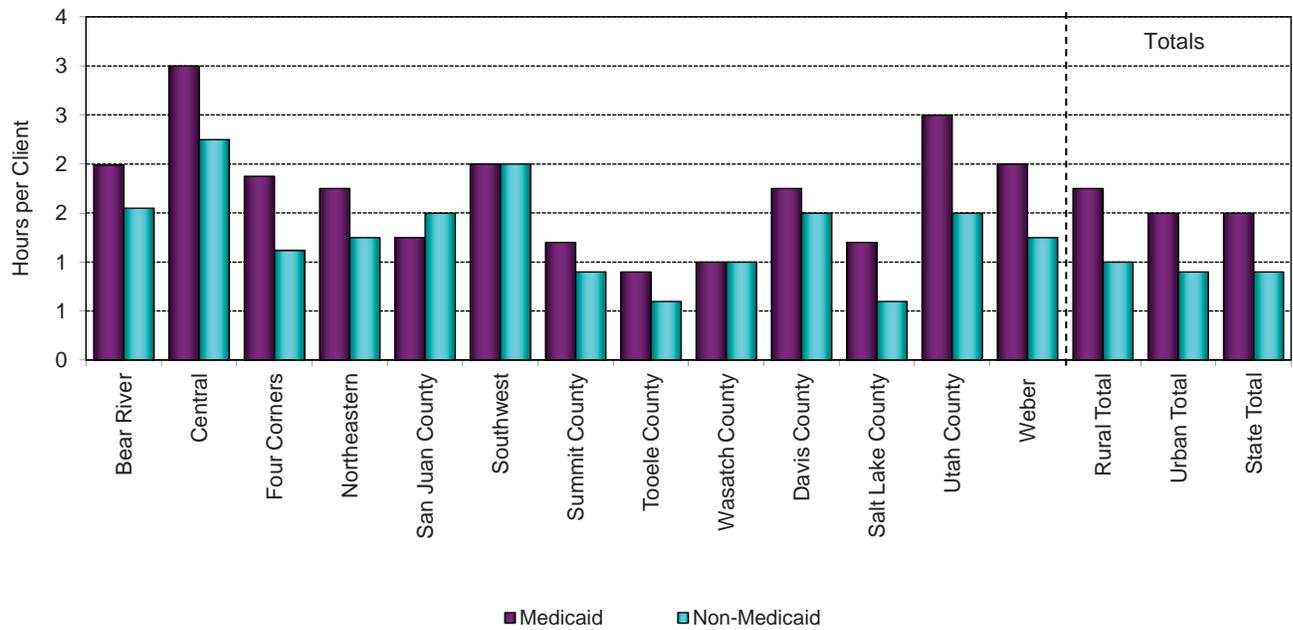
### Residential Median Length of Service Mental Health Clients Fiscal Year 2011



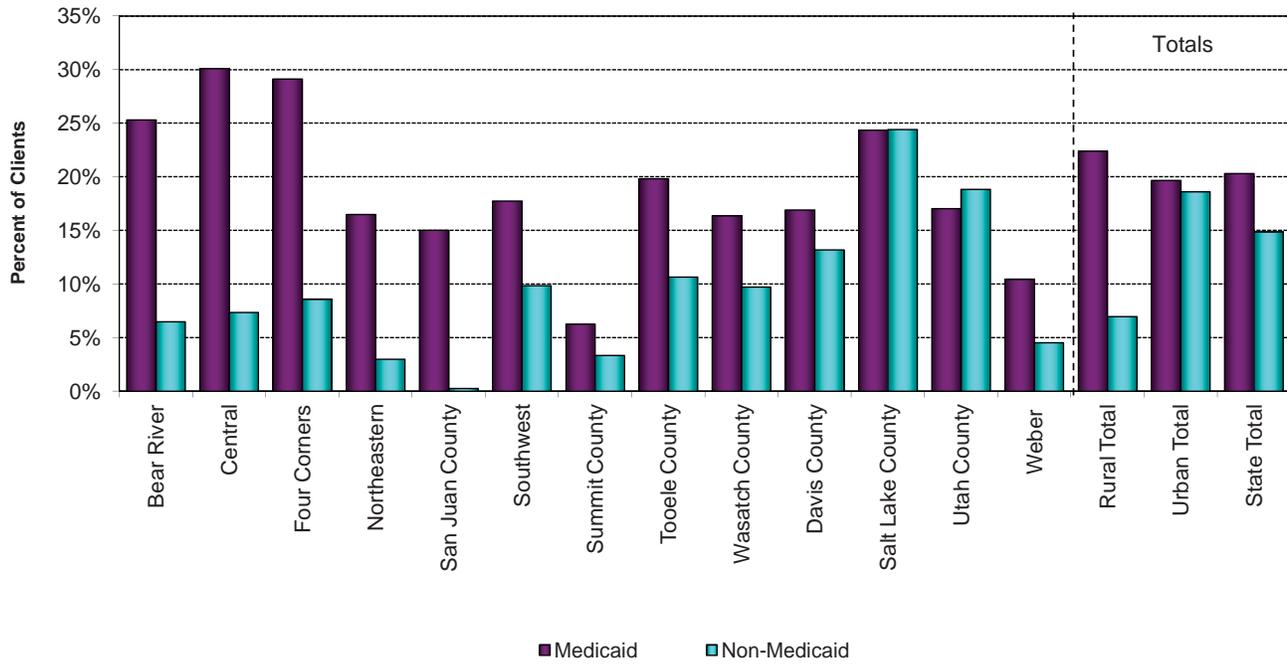
### Medication Management Utilization Mental Health Clients Fiscal Year 2011



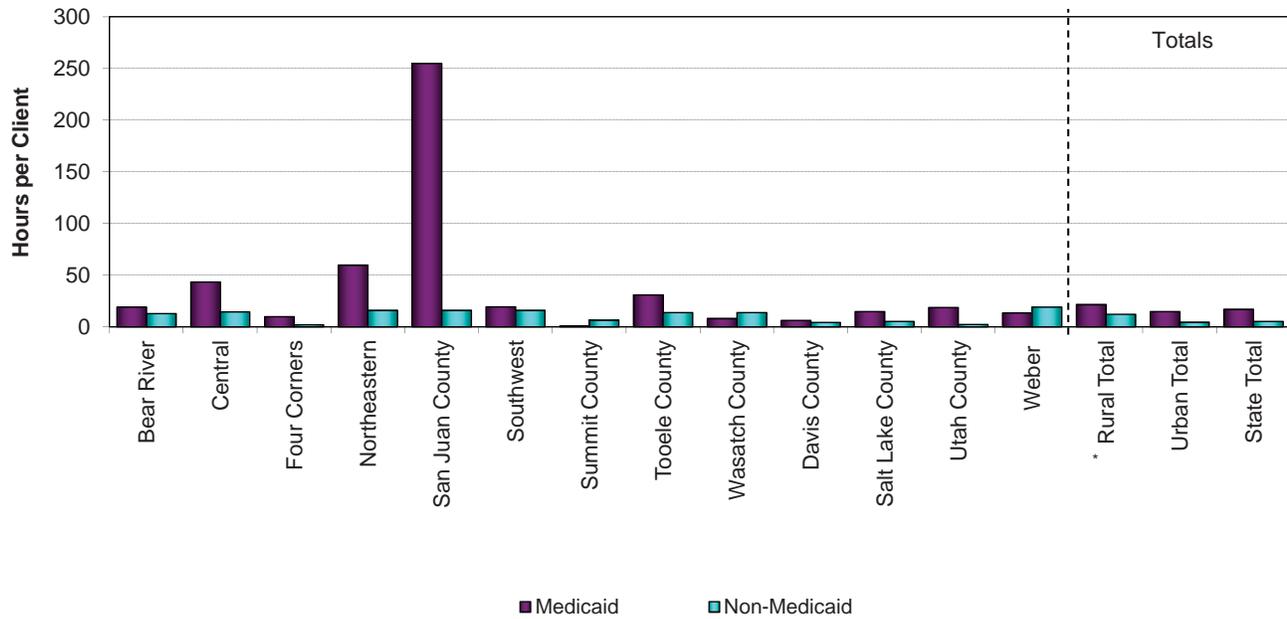
### Medication Management Median Length of Service Mental Health Clients Fiscal Year 2011



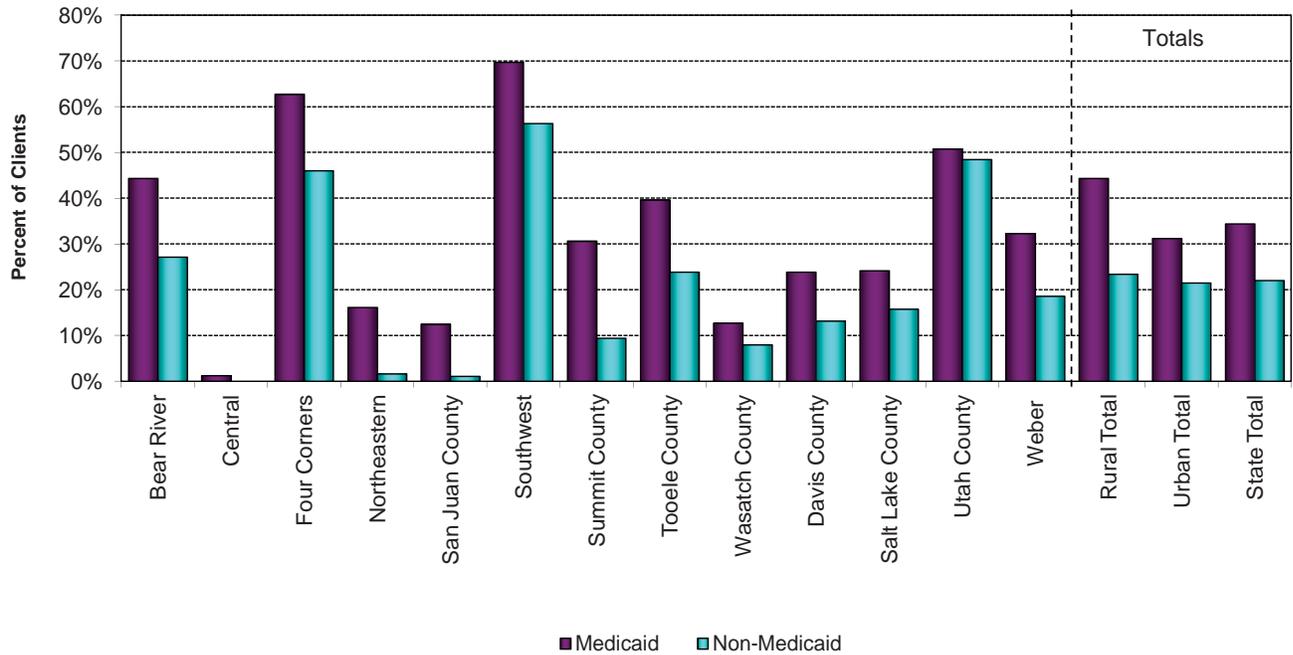
### Psychosocial Rehabilitation Utilization Mental Health Clients Fiscal Year 2011



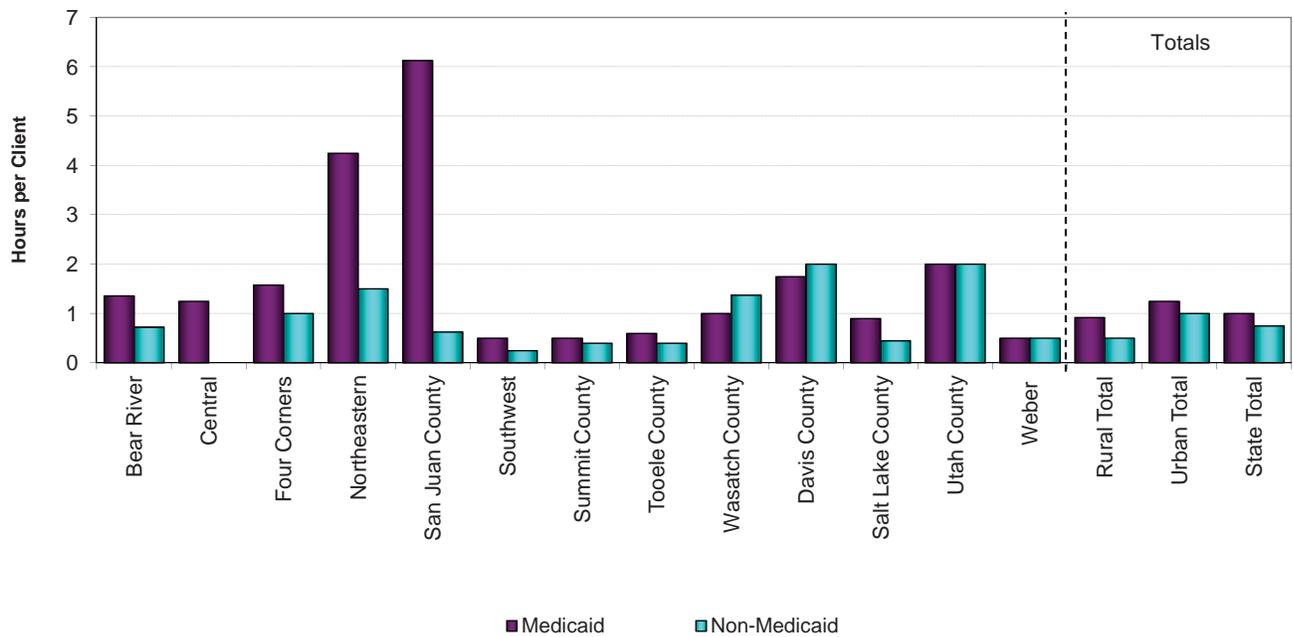
### Psychosocial Rehabilitation Median Length of Service Mental Health Clients Fiscal Year 2011



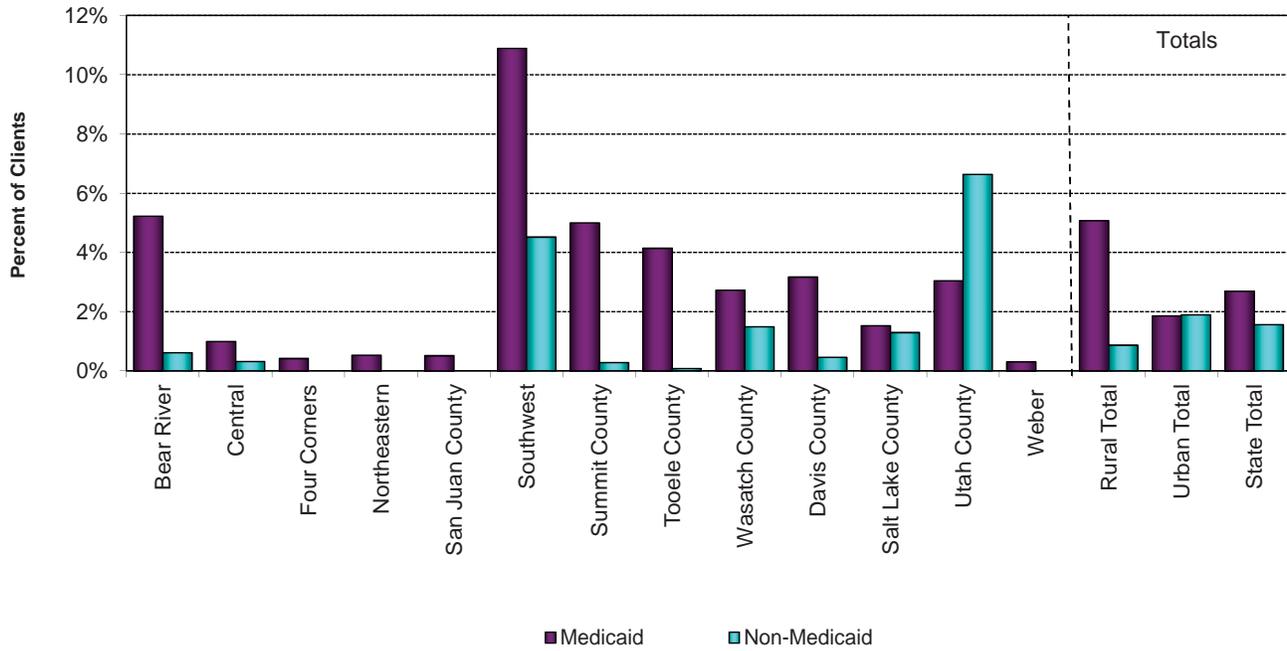
### Case Management Utilization Mental Health Clients Fiscal Year 2011



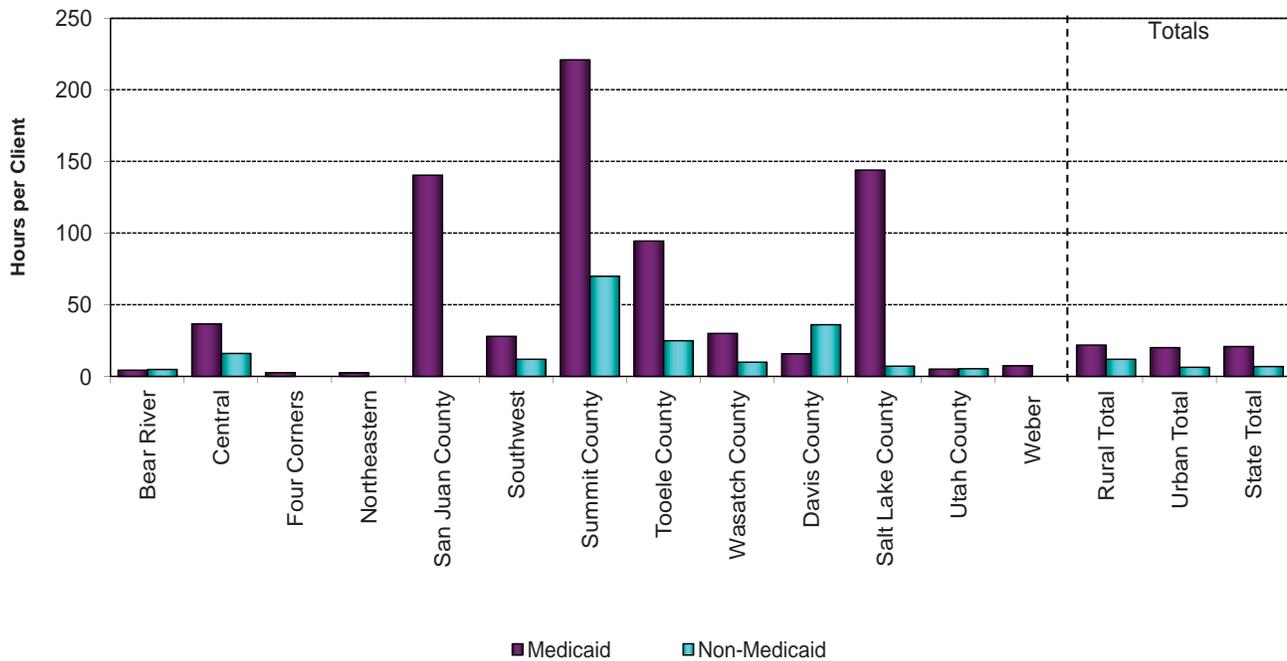
### Case Management Median Length of Service Mental Health Clients Fiscal Year 2011



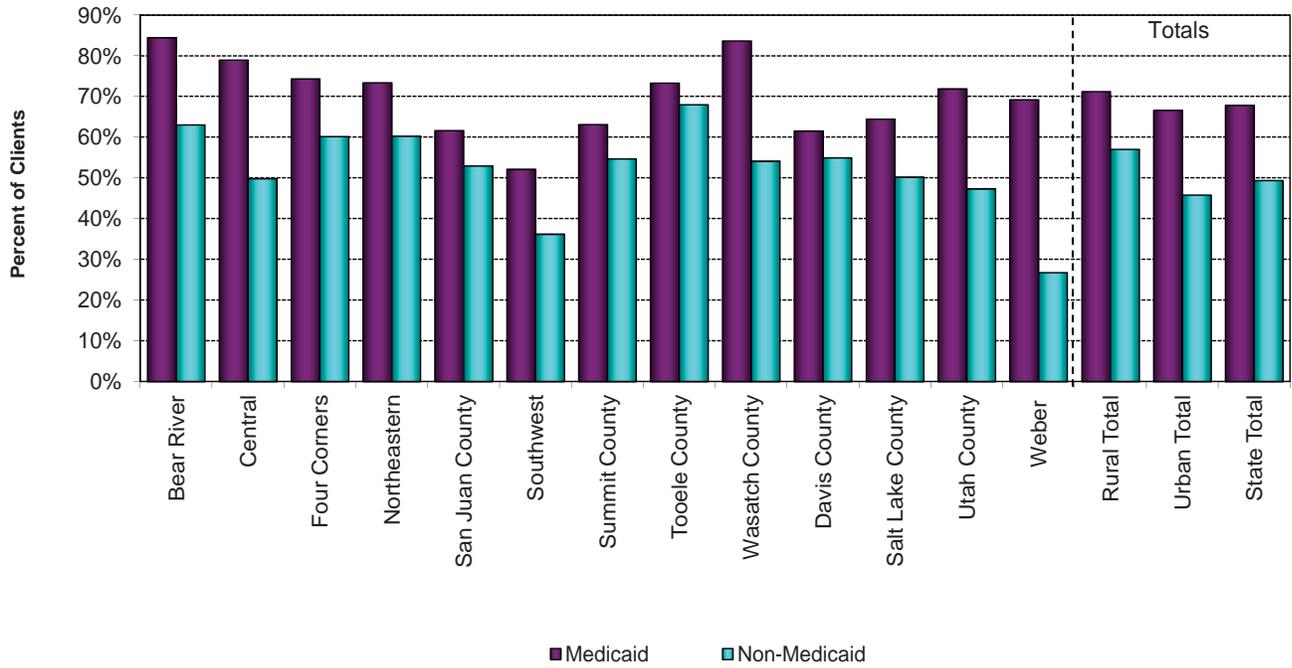
### Respite Utilization Mental Health Clients Fiscal Year 2011



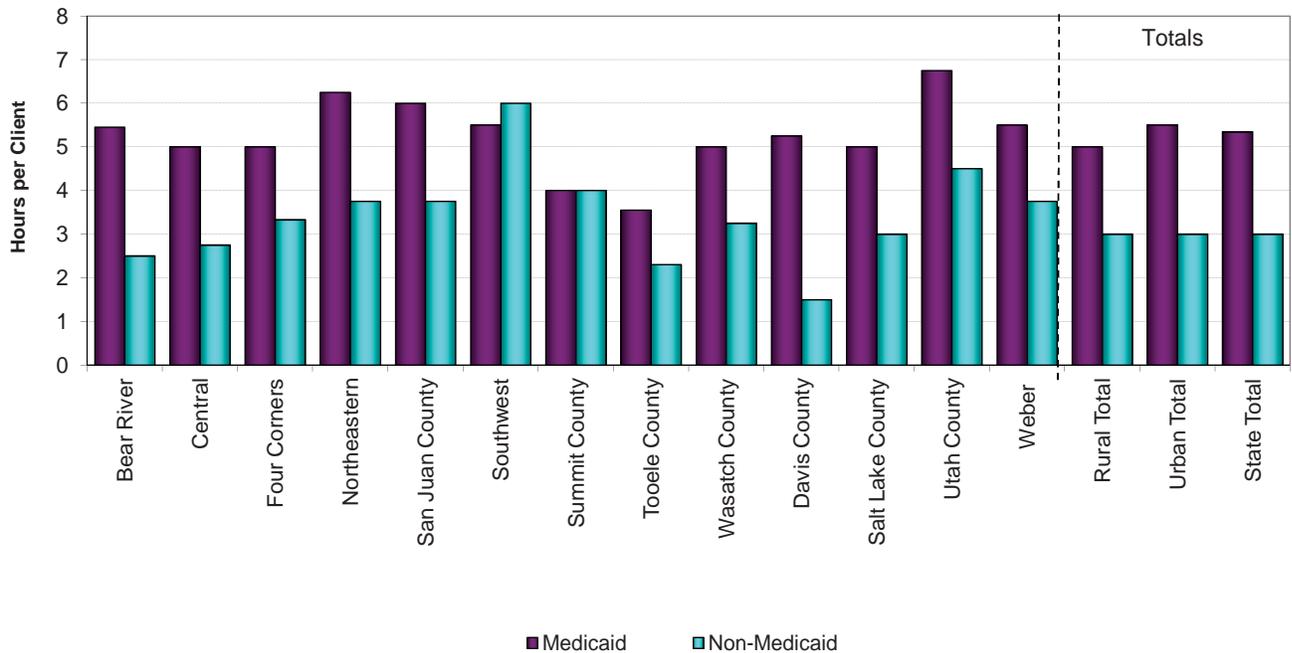
### Respite Median Length of Service Mental Health Clients Fiscal Year 2011



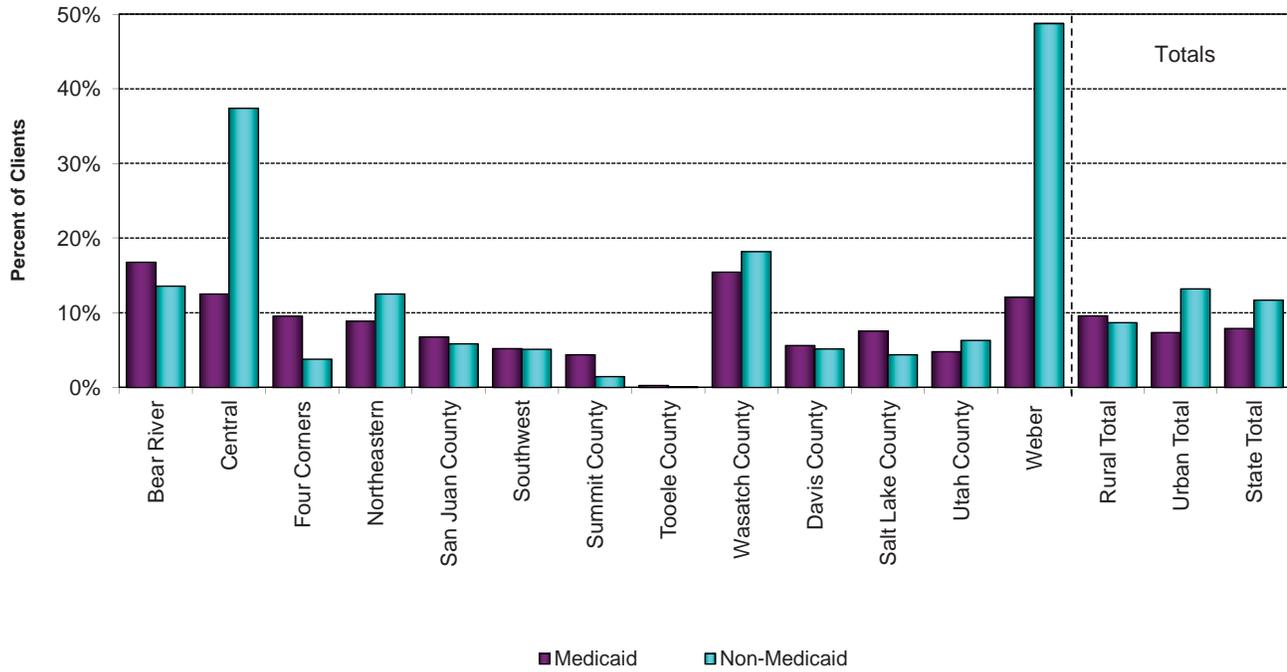
### Therapy Utilization Mental Health Clients Fiscal Year 2011



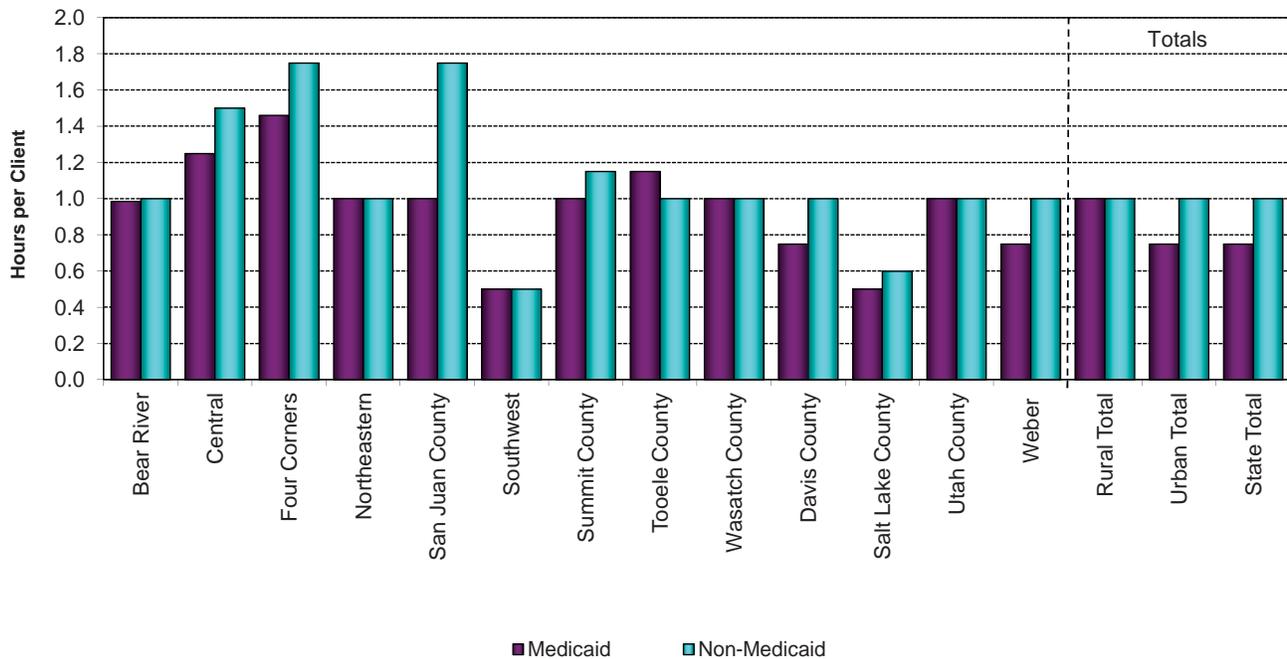
### Therapy Median Length of Service Mental Health Clients Fiscal Year 2011



### Emergency Utilization Mental Health Clients Fiscal Year 2011



### Emergency Median Length of Service Mental Health Clients Fiscal Year 2011



## Utah State Hospital

The Utah State Hospital (USH) is a 24-hour inpatient psychiatric facility located on East Center Street in Provo, Utah. The hospital serves adults who experience severe and persistent mental illness (SPMI) and children with severe emotional disturbance (SED). USH has the capacity to provide active psychiatric treatment services to 359 patients (including a five-bed acute unit). Starting July 1, 2011, the capacity was reduced to 329 patients due to a decrease in state funding. USH serves all age groups and covers all geographic areas of the state. USH works with the local mental health authorities (LMHA) as part of its continuum of care. All adult and pediatric beds are allocated to the LMHAs based on population.

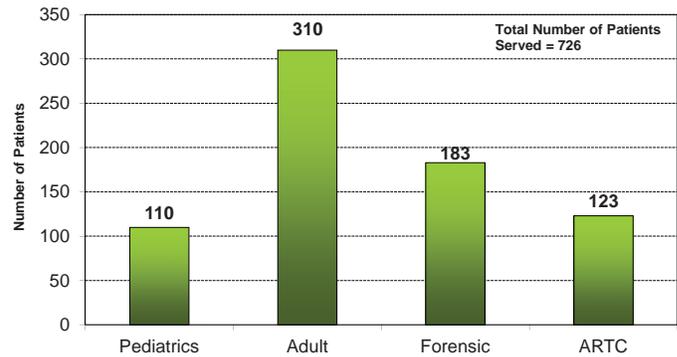
### Major Client Groups at the Utah State Hospital

- Adult patients 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 found incompetent to proceed and need competency restoration or diminished capacity evaluations
- Persons who require guilty and mentally ill or diminished capacity evaluations
- Persons with mental health disorders who are in the custody of the Utah Department of Corrections
- Acute treatment service for adult patients from rural centers (ARTC)

### Programs

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

**Number of Patients Served**  
Fiscal Year 2011



### Length of Stay

The median length of stay at the USH is 152 days. The median discharged length of stay for adult patients with civil commitment is 221 days.

**Median Length of Stay in Days**  
Fiscal Year 2011



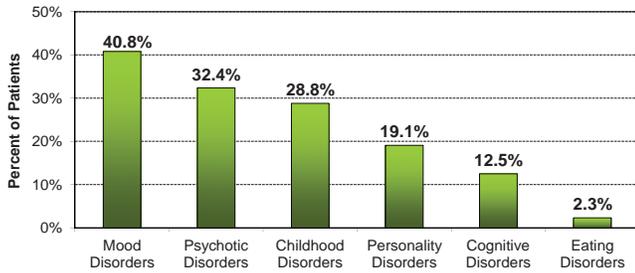
### Types of Disorders Treated

- Psychotic Disorders: schizophrenia, schizo-affective disorder, other psychotic disorders, and delusional disorders
- Mood Disorders: major depression, anxiety disorders, bipolar disorder, and dysthymia
- Childhood Disorders: developmental disorders, autism, attention deficit disorder, conduct disorder, separation anxiety, and attachment disorder
- Cognitive Disorders: primary degenerative dementia, mental disorders due to general medical conditions, and mental retardation

- Eating Disorders
- Personality Disorders: borderline, antisocial, paranoid, and narcissistic disorders

Additionally, 31% of the patients treated at USH also had a substance abuse diagnosis.

**Percent of Patients with Major Psychiatric Diagnosis\***  
Fiscal Year 2011



\*Patients can have more than one diagnosis

### Services Provided

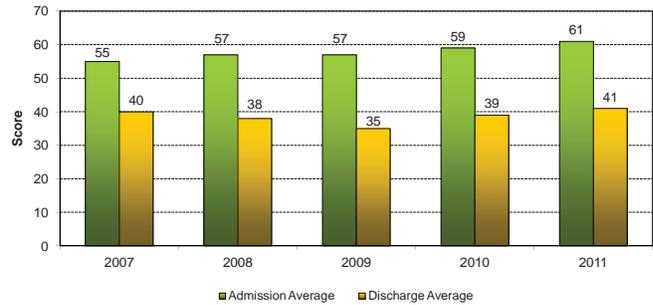
USH provides the following services: psychiatric services, psychological services, 24-hour nursing care, social work services, occupational therapy, vocational rehabilitation, physical therapy, recreation therapy, substance abuse/mental health program (Sunrise), dietetic services, medical/ancillary services,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

### Assessment

In order to assess patient progress, USH uses the Brief Psychiatric Rating Scale (BPRS). The BPRS is a clinical measurement of patient symptoms. The scores from the BPRS indicate the level of improvement from admission to dis-

charge. The patients at USH continued to show a decrease in BPRS scores from admission to discharge in fiscal year 2011. Lower scores indicate a reduction of symptoms.

**Average Symptom Levels of Patients Discharged Compared to their Admission Symptom Levels as Measured by their Brief Psychiatric Scale**

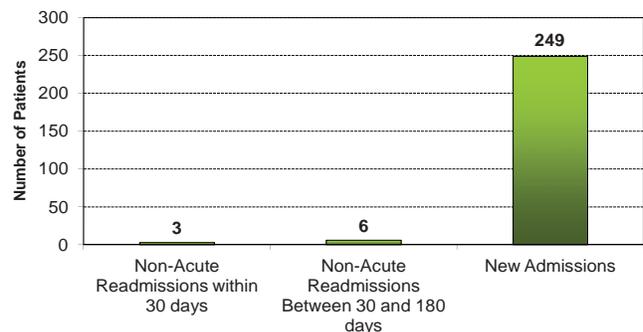


### Readmission

USH admitted a total of 296 patients (not included 119 ARTC admissions) in fiscal year 2011. Of these admissions, there were 3 non-acute readmissions within 30 days and 6 non-acute readmissions within 180 days.

The readmissions within 30 days are 1% of the total discharges in fiscal year 2011.

**Readmissions at the Utah State Hospital**  
Fiscal Year 2011



# Lucile's Story

My growing up years were literally “picture perfect.” My happy and loving family lived on a small farm; and my life was filled with friends, sports, and fun activities. I graduated from the University of Utah and taught school for two years in California, then went on a mission for my church in Scotland. But new cultural, spiritual and daily living changes brought the onset of my mental illness. I was diagnosed with depression, but despite many struggles, I still enjoyed the next 25 years.

In 1991 I came to Valley Mental Health (VMH) and my recovery really began. With the help of a wonderful doctor, a caring case manager and a brilliant therapist, I received a more correct diagnosis of my problems (including bipolar with psychotic tendencies, seasonal affective disorder, generalized anxiety disorder and attention deficit hyperactivity disorder) and I began the process of resolving my issues.

As I gained confidence and self-esteem, I got involved with VMH's Speakers' Association, whose purpose was to reduce stigma through a better understanding of mental illness by sharing our stories in schools and different community groups. My life gained purpose and I developed a resiliency that would carry me through a mastectomy for breast cancer, the loss of my mother, and getting fired from my first job in 25 years. I'm thankful and grateful for the recovery that I've experienced.

*My prayers were answered in April 1999 when I was hired by VMH as a Consumer Specialist. Sharing experiences and helping other consumers made my life worth living. I've had the job 12 years!*



Outcomes

# Outcomes

By Statute, DSAMH is responsible to monitor and evaluate programs provided by local substance abuse authorities and local mental health authorities. DSAMH has developed performance metrics to ensure that local authorities, or their contracted providers are accountable for public funds. Efficiency outcomes are derived from very detailed provider level scorecards. Division scorecards measure results of treatment, quality, cost, and impact within the community. Results are measured and compared to national standards

and statewide standards for rural and urban communities.

DSAMH uses innovative research tools, technology, and data to monitor, fund, and improve services within the public behavioral healthcare system. This section provides a summary of only a portion of the measures we use to ensure that the highest level of clinical standards and efficiencies are incorporated.

## Substance Abuse Treatment Outcomes

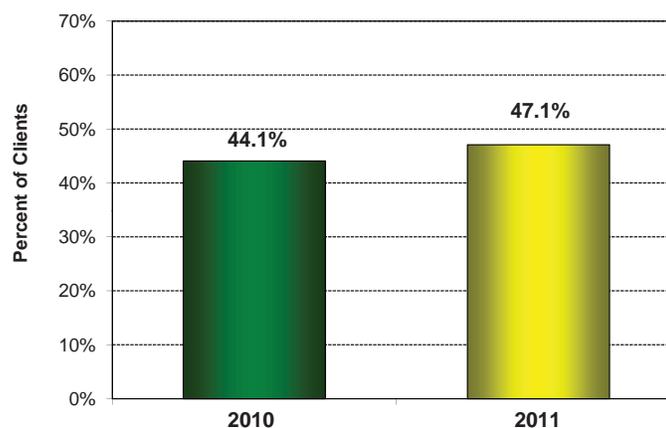
In fiscal year 2011, DSAMH collected final discharge data on 9,955 episodes ending from any modality other than detox. Final discharges are when clients are discharged from treatment and not readmitted into any treatment within 30 days after discharge. This section includes data of clients who were discharged successfully (completed the objectives of their treatment plan), and of clients who were discharged unsuccessfully (e.g., left treatment against professional advice or were involuntarily discharged by the provider due to non-compliance). Clients discharged as a result of a transfer to another level of care

are considered “successful.” The data does not include clients admitted only for detoxification services or those receiving treatment from non-LSAA statewide providers. For all outcomes but treatment completion, numbers are based on complete treatment episode, rather than a single treatment modality.

### Discharge

The following graph depicts the percentage of clients discharged in fiscal year 2011 who successfully completed the entire treatment episode.

**Percent of Clients Successfully Completing Treatment Episode**  
Fiscal Years 2010 - 2011

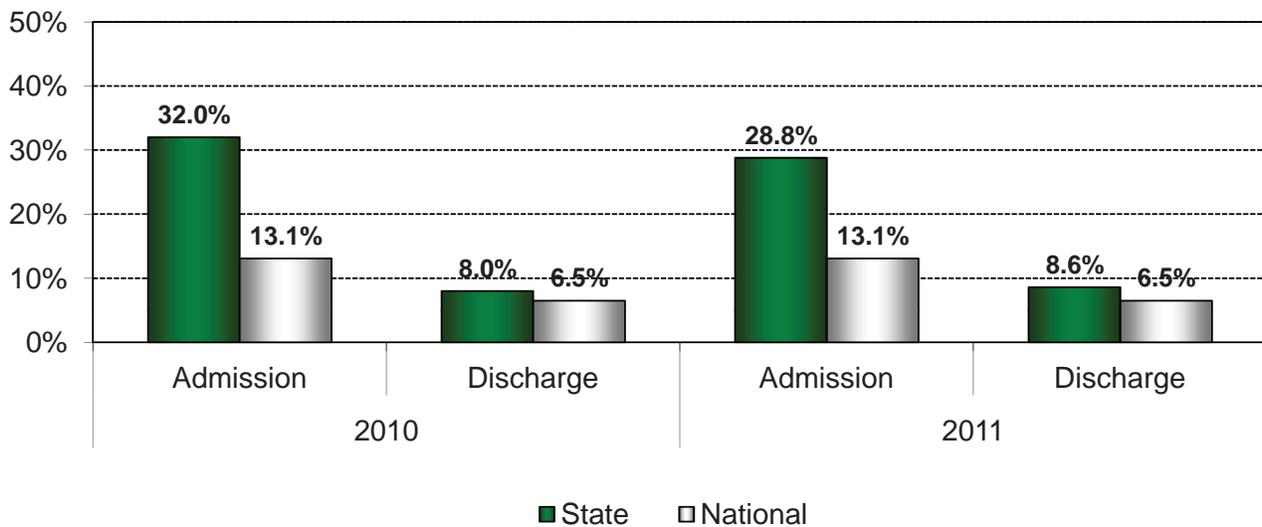


## Criminal Activity

Approximately 76% of clients who enter the public treatment system are involved with the Criminal Justice System. Reduction of criminal activity is an important goal for treatment and a good predictor of a client's long-term success. Treatment in Utah continues to result

in significant decreases in criminal activity and criminal justice involvement. In 2010 and 2011, Utah had higher arrest rates at admission than the national average, but the arrest rates at discharge are comparable to the national norm.

**Percent of Clients Arrested Prior to Admission vs. Arrested During Treatment  
Fiscal Years 2010 - 2011**



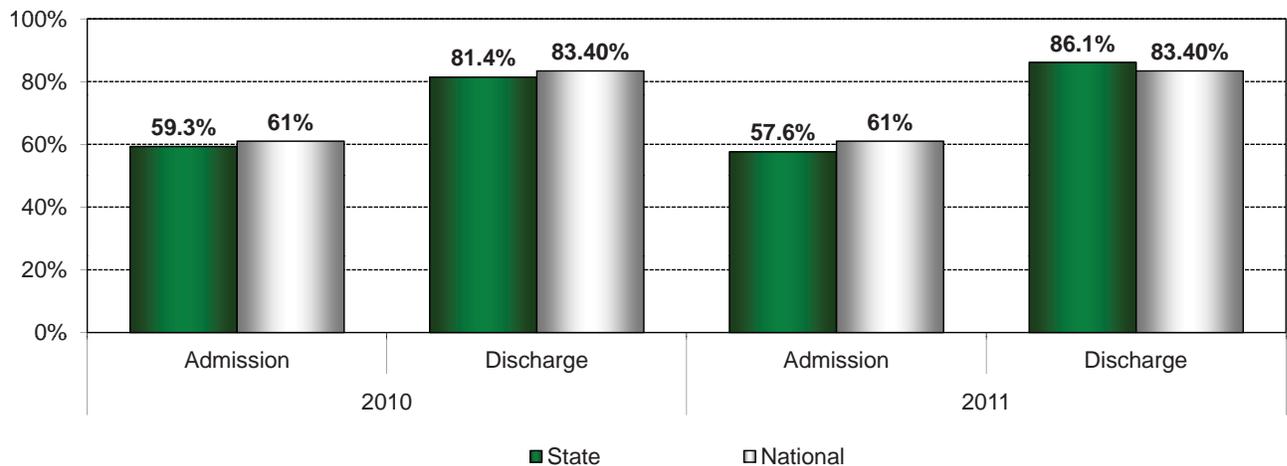
## Changes in Abstinence from Drug and Alcohol Use During Treatment

The following charts provide information about the changes in abstinence in alcohol and drug use patterns at admission and discharge. This data includes abstinence levels for clients in all treatment levels except detoxification. Substance use patterns are evaluated 30 days prior to the client entering a controlled environment, such as treat-

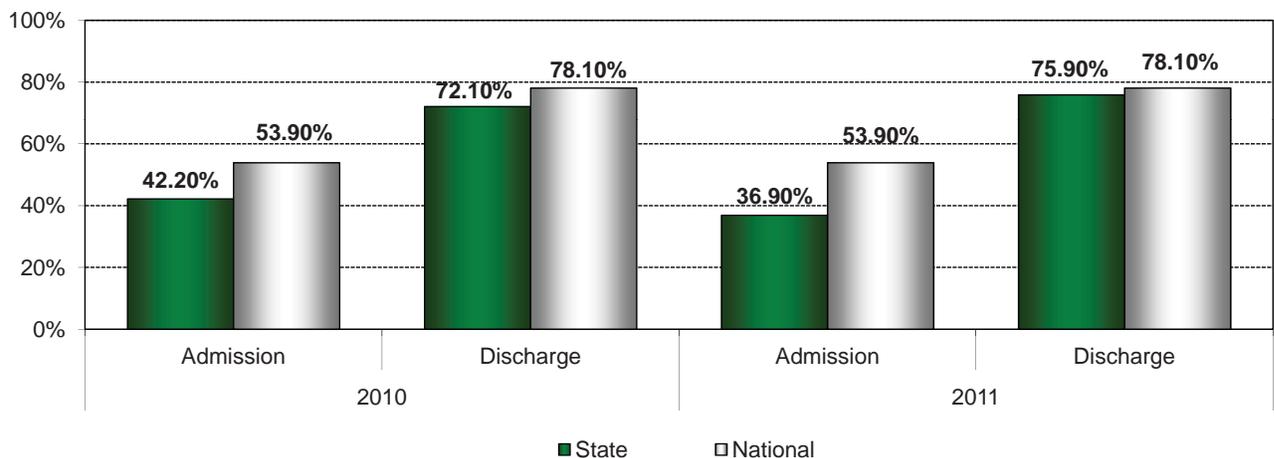
ment or jail, and again in the 30 days prior to their discharge.

As expected, the rate of abstinence increases during treatment. Utah's rates of abstinence from alcohol and drug use at admission and at discharge in 2011 are comparable to the national rates.

**Percent of Clients Reporting Abstinence from Alcohol Use Prior to Admission vs. Abstinence at Discharge**  
Fiscal Years 2010 - 2011



**Percent of Clients Reporting Abstinence from Drug Use Prior to Admission vs. Abstinence at Discharge**  
Fiscal Years 2010 - 2011



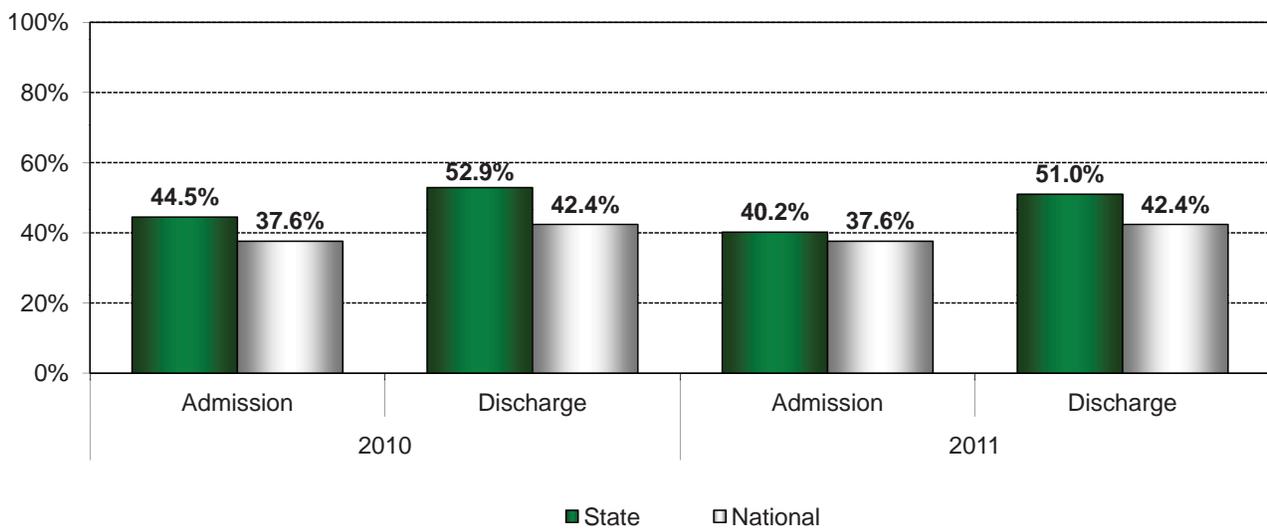
## Employment and Stable Housing

### Employment

Clients who are in school or are employed have much higher treatment success rates than clients who are unemployed. Consequently, treatment providers work with clients to improve their em-

ployability. As the chart shows, Utah continues to have higher rates of employment both at admission and at discharge in comparison to the rest of the nation.

**Percent of Clients Who Are Employed**  
Fiscal Years 2010 - 2011

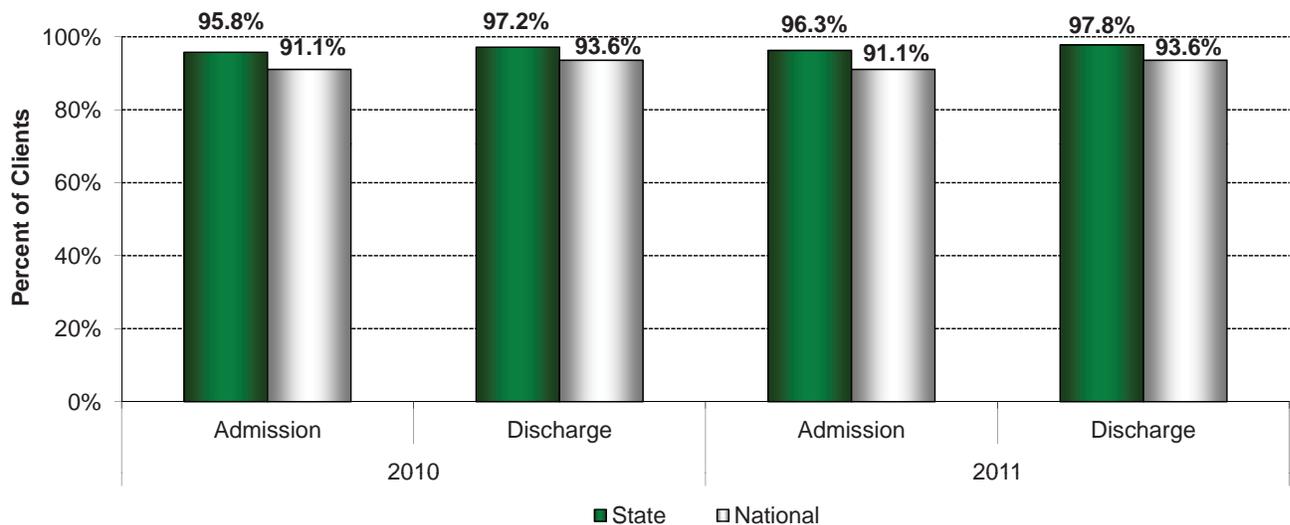


## Clients in Stable Housing

As shown in this chart, 96.3% of clients entering Utah’s public substance abuse treatment in 2011 were in stable housing at the time of their admission to treatment. At discharge, 97.8% in 2011 were in stable housing. Utah’s rate continues to be slightly above the national average. Stable housing is an important measure of successful treatment, as outcome studies have revealed that a stable living environment is a critical element

in achieving long-term success in the reduction of substance abuse. At the same time, research has demonstrated that treatment is an important factor in helping the substance-abusing population maintain more stable living environments. More and more treatment facilities are finding ways to deal with both issues simultaneously by providing increased transitional housing and post-treatment services.

**Percent of Clients in Stable Housing  
Admission vs. Discharge  
Fiscal Years 2010 - 2011**



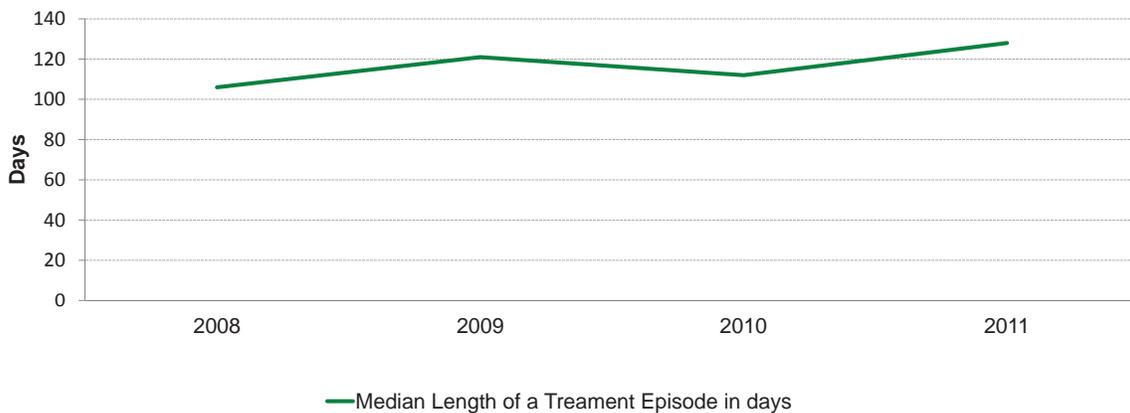
## Retention in Treatment

Retention in treatment is the factor most consistently associated with positive client outcomes. The appropriate length of a treatment varies based on the needs of the individual. However, many studies have found that short-term stays (less than 90 days) in treatment result in limited clinical benefit and high rates of relapse. Individuals have to be engaged and retained in treatment

for a sufficient period of time to learn skills and make necessary behavioral changes.

The following chart shows the median length of days in a treatment episode from 2008 to 2011. In Utah, the median length of days has increased by 20.75% from 2008 to 2011.

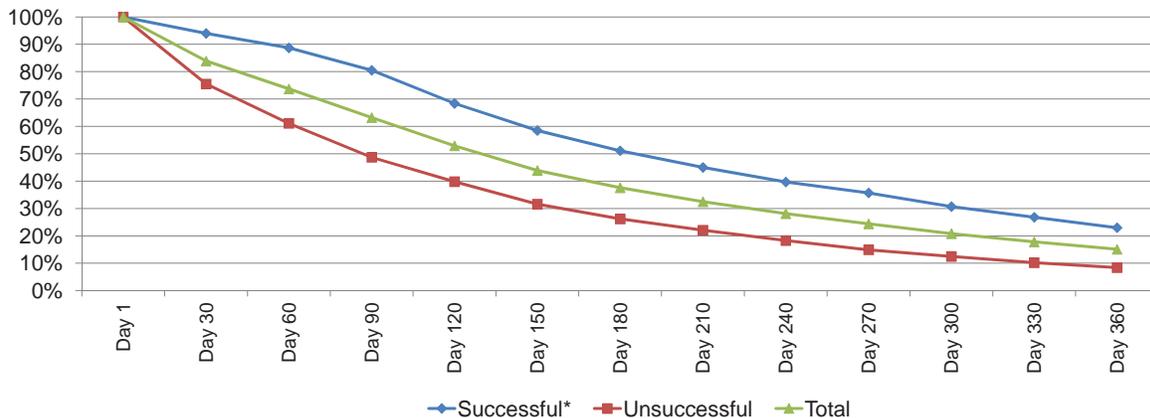
**Median Length of a Treatment Episode in Days**  
Fiscal Years 2008 - 2011



The chart below shows the percent of clients retained in treatment by month. More than 60% of

all clients in Utah are in treatment for more than 90 days.

**Percent Retained in Substance Abuse Service Treatment**  
Fiscal Year 2011



\* Successful completion of Treatment in most cases mean that the client has completed at least 75% of their treatment objectives.

## Mental Health Treatment Outcomes

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

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

The behavioral health sciences have only recently been able to quantifiably measure the effectiveness of treatment. The Utah Public Mental Health system uses the Outcome Questionnaire (OQ) and Youth Outcome Questionnaire (YOQ), both scientifically valid instruments, to measure

changes in people. These instruments have been compared to measuring the vital signs of a person's mental health status. In fiscal year 2011, approximately 85% of people who received mental health services and participated in the OQ/YOQ program either stabilized/improved or recovered from the distress that brought them into services. Of these, more than 23% were considered in recovery and functioning in a normal range.

There were 57% of the clients participating in the outcome survey for fiscal year 2011 which we consider a good response.

### Statewide OQ Client Outcomes Report for Fiscal Year 2011

Local Mental Health Authority	Percent of Clients Participating	Percent Recovered	Percent Improved/Stable
Bear River	61%	18.8%	64.1%
Central Utah	68%	22.8%	61.6%
Davis County	46%	18.1%	62.6%
Four Corners	69%	25.9%	57.3%
Northeastern	55%	25.3%	59.9%
Salt Lake County	45%	22.9%	61.0%
San Juan County	23%	15.8%	68.4%
Southwest	54%	24.7%	61.8%
Summit County	42%	26.4%	60.8%
Tooele County	50%	24.2%	58.8%
Utah County	76%	26.8%	59.3%
Wasatch County	59%	25.8%	62.4%
Weber	73%	24.4%	62.1%
<b>Statewide totals</b>	<b>57%</b>	<b>23.7%</b>	<b>60.9%</b>

## Youth OQ Client Outcomes Report for Fiscal Year 2011

Local Mental Health Authority	Percent of Clients Participating	Percent Recovered	Percent Improved/Stable
Bear River	60%	23.2%	61.4%
Central Utah	71%	26.0%	58.3%
Davis County	65%	20.0%	61.1%
Four Corners	70%	29.7%	56.1%
Northeastern	62%	28.8%	62.7%
Salt Lake County	62%	27.7%	58.4%
San Juan County	16%	30.8%	61.5%
Southwest	54%	25.4%	60.4%
Summit County	48%	31.5%	58.3%
Tooele County	51%	25.2%	58.5%
Utah County	77%	26.2%	58.5%
Wasatch County	53%	34.7%	53.1%
Weber	83%	27.8%	58.5%
<b>Statewide totals</b>	<b>66%</b>	<b>27.7%</b>	<b>57.8%</b>

## Adult OQ Client Outcomes Report for Fiscal Year 2011

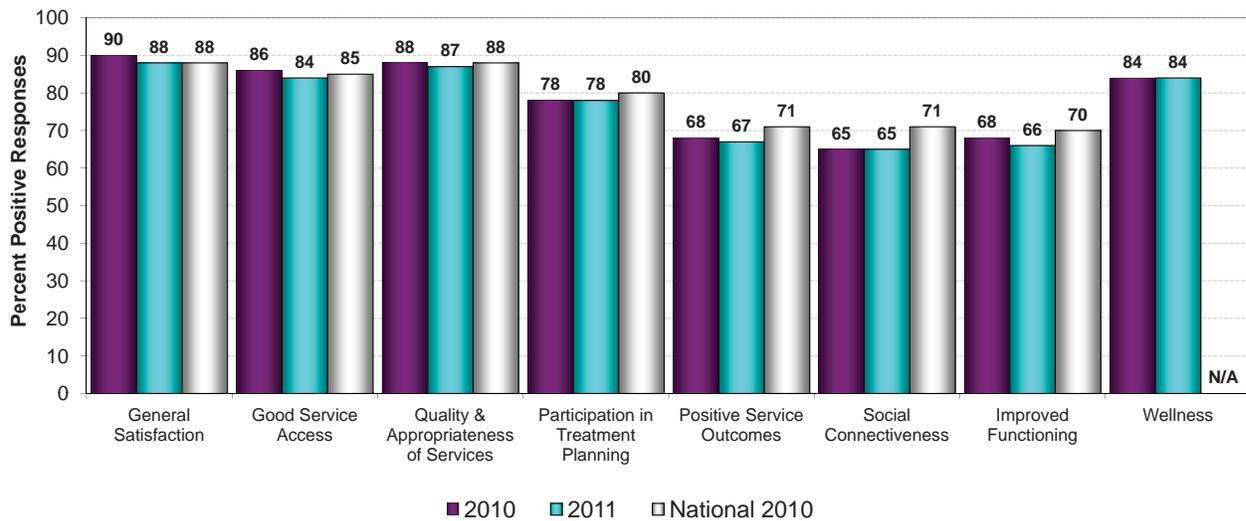
Local Mental Health Authority	Percent of Clients Participating	Percent Recovered	Percent Improved/Stable
Bear River	62%	15.9%	66.0%
Central Utah	68%	20.9%	63.5%
Davis County	36%	16.3%	64.2%
Four Corners	70%	23.9%	58.0%
Northeastern	52%	24.7%	62.4%
Salt Lake County	39%	23.7%	60.9%
San Juan County	26%	11.4%	70.5%
Southwest	55%	23.8%	63.7%
Summit County	40%	23.6%	62.1%
Tooele County	50%	23.8%	59.0%
Utah County	76%	20.1%	63.0%
Wasatch County	62%	20.8%	63.9%
Weber	70%	22.6%	64.0%
<b>Statewide totals</b>	<b>53%</b>	<b>20.8%</b>	<b>63.2%</b>

## Consumer Satisfaction

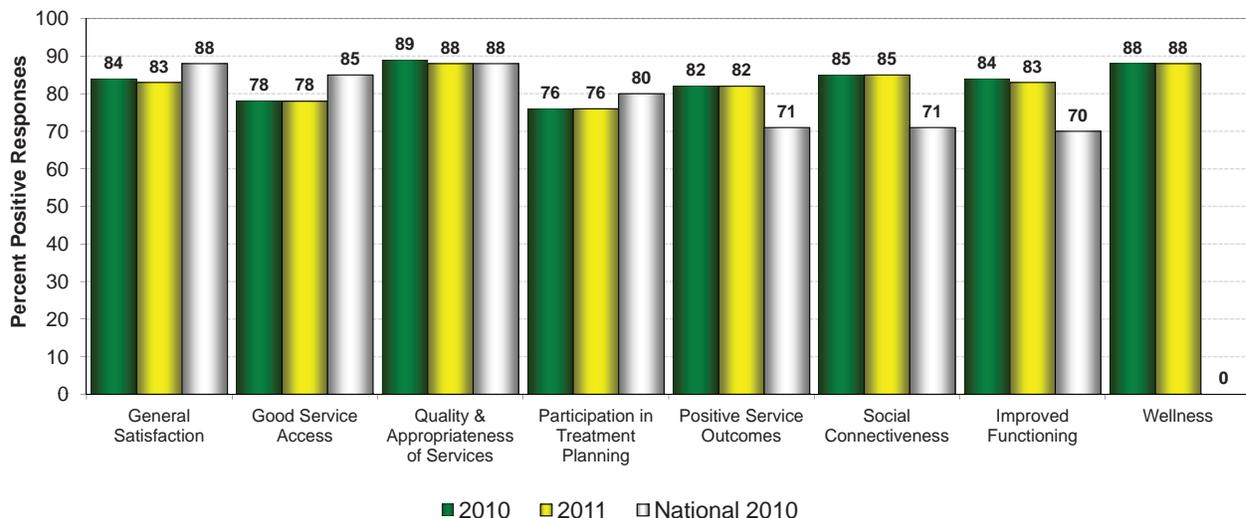
In 2004, DSAMH and Federal funding grants began to require that all providers conduct an annual survey on consumer satisfaction and treatment outcomes. DSAMH requires that the survey is administered to consumers of both substance

abuse and mental health services, and that providers comply with administration requirements and minimum sample rates. Below are the results of this survey for 2011.

### Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP) Completed by Adults in Mental Health Treatment

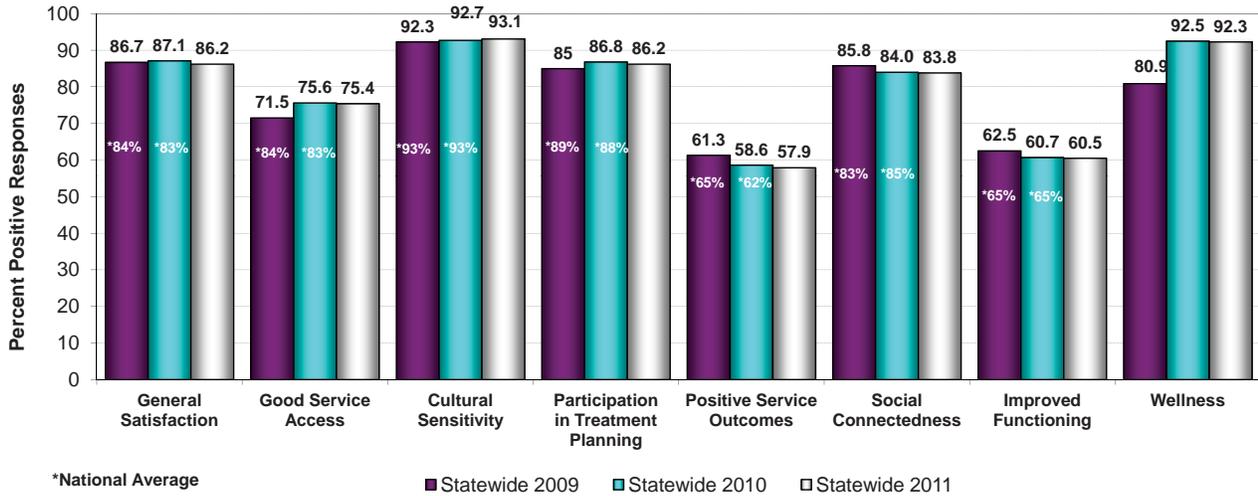


### Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP) Completed by Adults in Substance Abuse



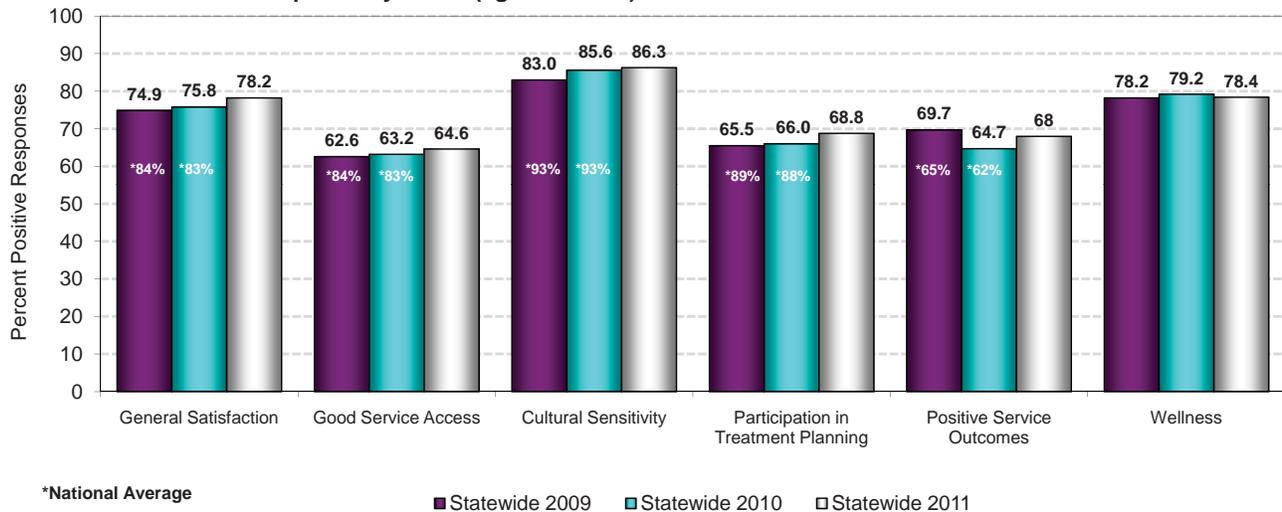
### Youth Consumer Satisfaction Survey Youth Services Survey (YSS-F)

Completed by Parent or Guardian of Youth in Substance Abuse and Mental Health Treatment



### Youth Consumer Satisfaction Survey Youth Services Survey (YSS)

Completed by Youth (ages 12 to 17) in Substance Abuse and Mental Health Treatment



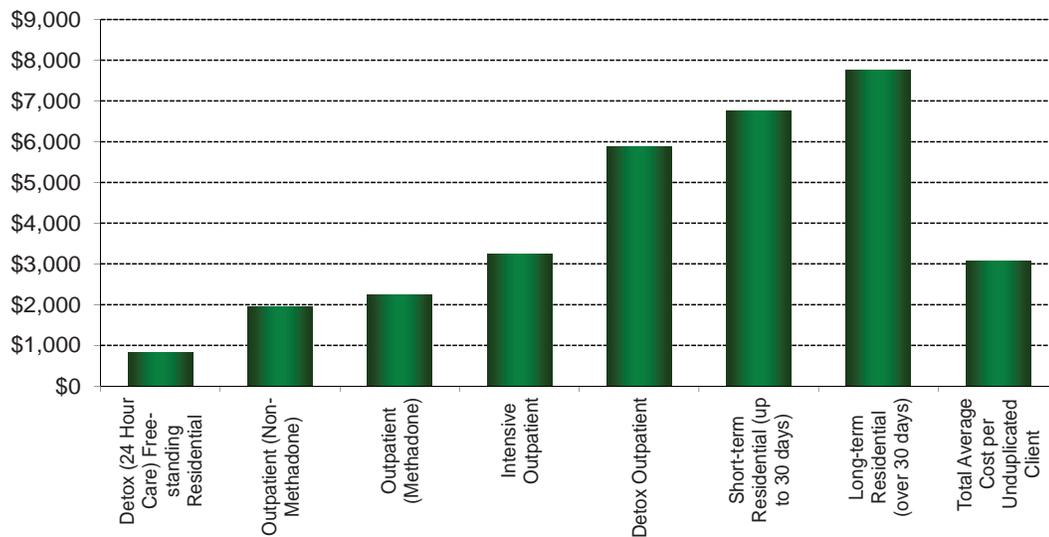
## Cost Analysis

### Client Cost by Service Category

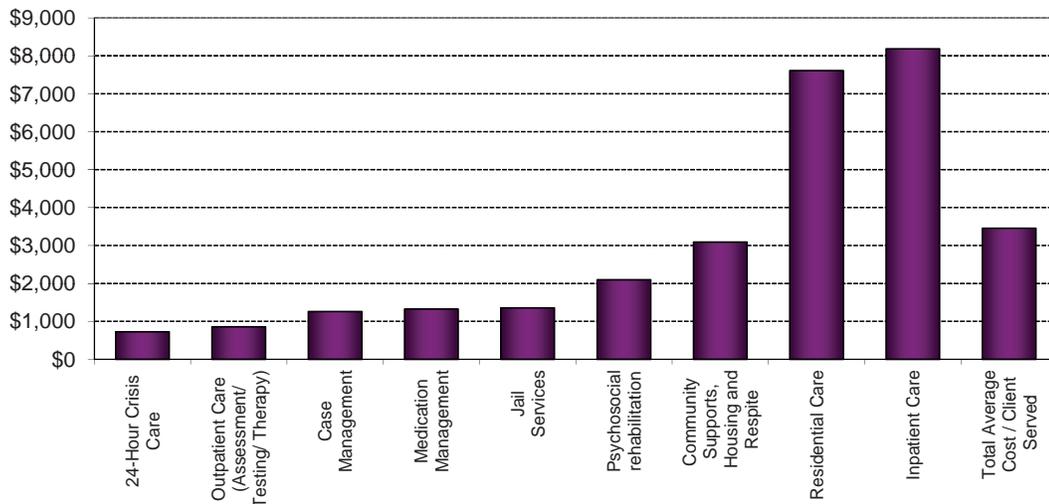
DSAMH requires the local authorities to submit year-end fiscal reports that describe local authority spending in specific categories. This fiscal information is then used to calculate a client cost by service category for both substance abuse and

mental health. In 2011, the statewide average cost for mental health services was \$3,456. For substance abuse services, the average client cost was \$3,073.

### Substance Abuse Client Cost by Service Category Fiscal Year 2011



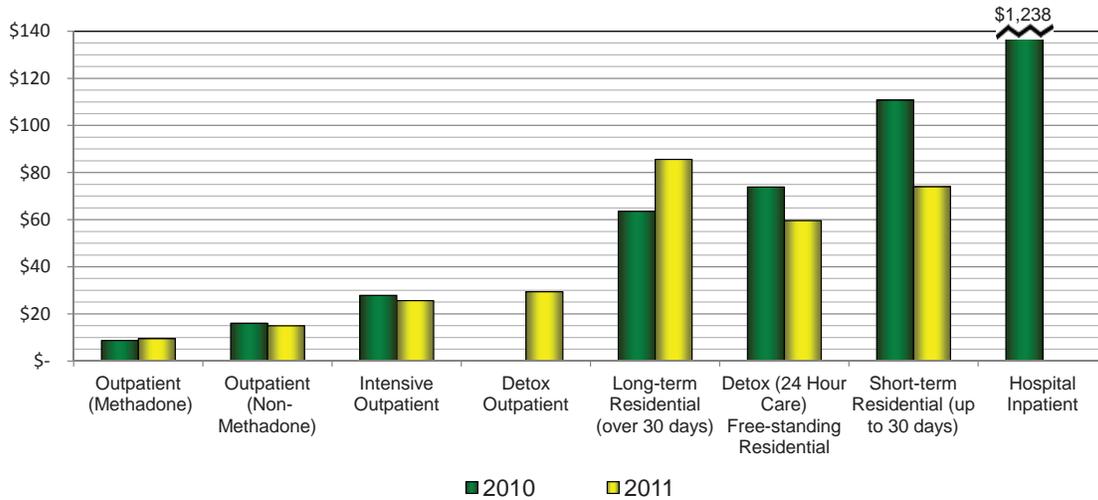
### Mental Health Client Cost by Service Category Fiscal Year 2011



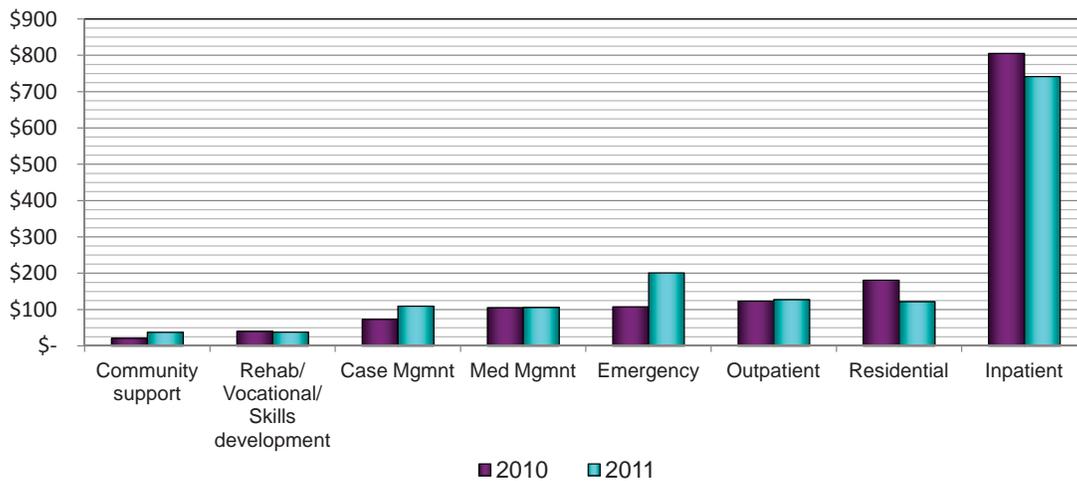
### Additional Cost Analysis

Using the service data reported in fiscal years 2010 and 2011, DSAMH calculated an average cost per day by substance abuse service type and an average cost per mental health service event.

### Substance Abuse Average Cost per Day by Service Type Fiscal Years 2010 - 2011



### Mental Health Average Cost per Service Event Fiscal Years 2010 - 2011

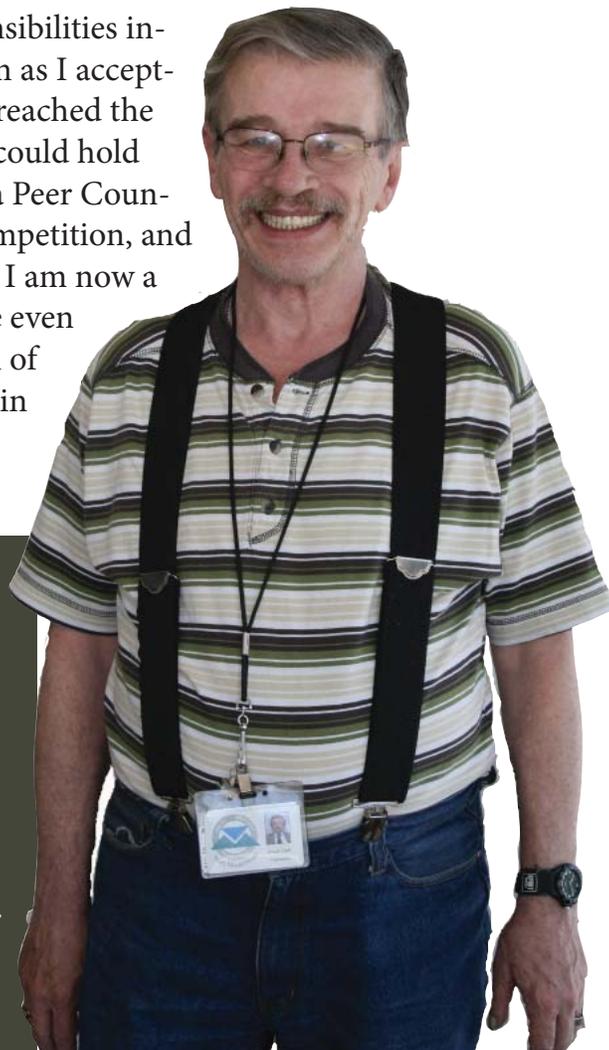


# Ralph's Story

In late October 2004, I walked through the doors of Pathways to Recovery for the first time. I was confused, frustrated, and distant, with a wild-eyed look and a beard down to the middle of my chest. I sat in the corner, unable to socialize with all those “strange” people I was encountering. As I began actually listening to what was being discussed in the groups I attended, and began adopting the coping strategies I was learning about, I slowly began to recover.

Through the Peer Volunteer program I started taking on simple duties like greeting new clients and eating lunch with those who wanted to isolate. My responsibilities increased along with my self-esteem as I accepted more challenges. When I had reached the point where I actually believed I could hold down a job again, I was hired as a Peer Counselor, against some pretty stiff competition, and my self-esteem continued to rise. I am now a Certified Peer Specialist and have even gone back to school with the goal of completing my bachelor's degree in psychology in May 2012.

*I am nearly 61 years old now, but in spite of my age, I am experiencing a growing sense of optimism and hope about my future. I realize I will likely never be capable of holding down a “regular” full-time job again, but I now believe I can make a contribution to society and leave my mark on the world .*



# Local Authorities Service Outcomes

## Substance Abuse and Mental Health Statistics by Local Authority

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. Some counties have joined together to provide services for their residents. There are 29 counties in Utah, and 13 local authorities.

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

by the local authorities and provides information regarding how well local authorities are doing in providing services.

The following pages provide data and graphs describing how each local authority provided services to its residents during state fiscal year 2011 (July 1, 2010 to June 30, 2011).

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

# Bear River

Cache, Rich & Box Elder Counties



Population: 164,895

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

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

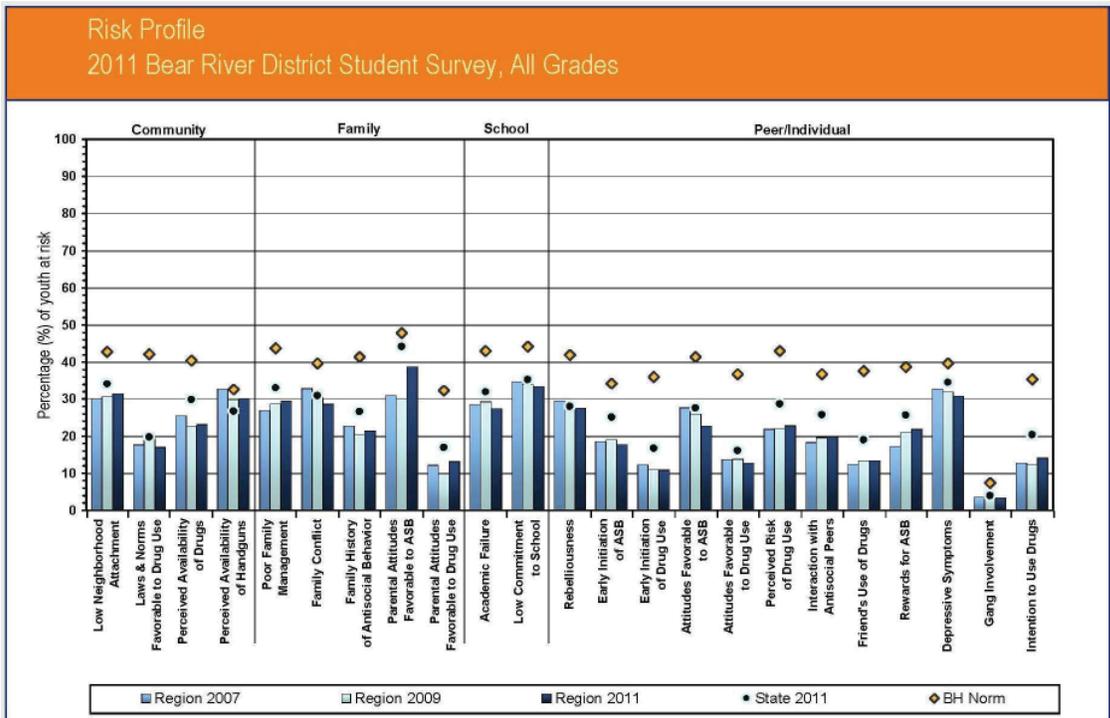
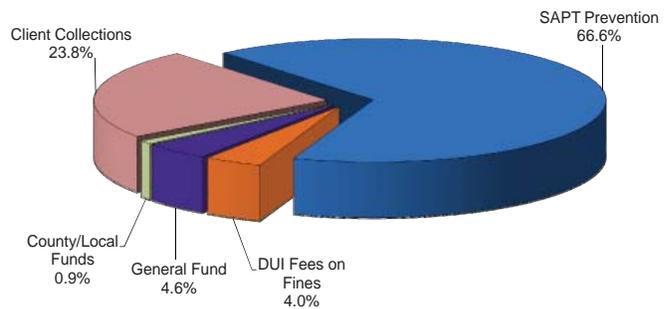
## Bear River Substance Abuse—Prevention

**Prioritized Risk Factors:** family conflict, parental attitudes favorable to anti-social behavioral, peer attitudes favorable to anti-social behavioral

**Coalitions:**

- Northern Utah Substance Abuse Prevention Team
- Youth Empowerment Team
- Safe Communities Coalition
- Hispanic Health Coalition

**Source of Revenues**  
Fiscal Year 2011

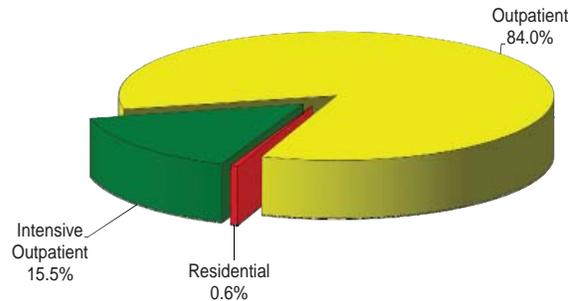


## Bear River Health Department—Substance Abuse

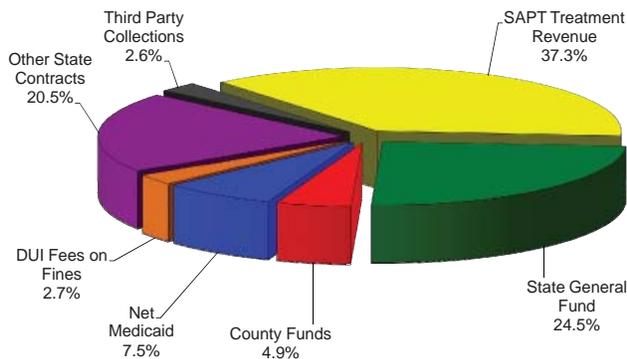
Total Clients Served.....1,377  
 Adult .....1,287  
 Youth.....90  
 Penetration Rate (Total population of area)..0.8%

Total Admissions.....905  
 Initial Admissions .....905  
 Transfers.....0

**Admission into Modalities**  
Fiscal Year 2011



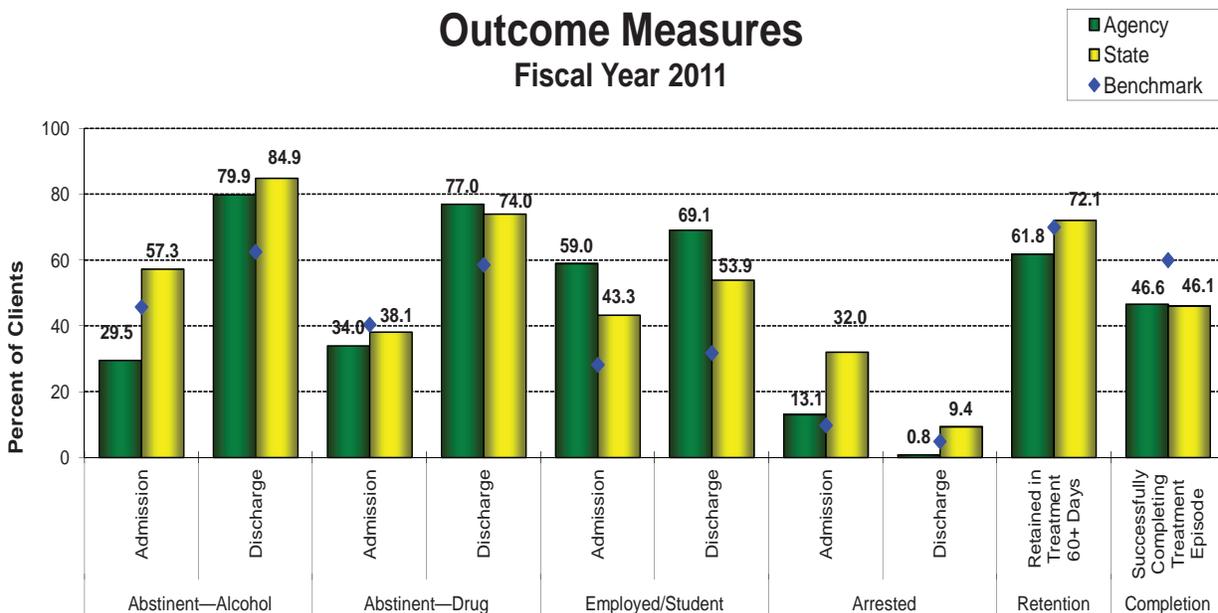
**Source of Revenues**  
Fiscal Year 2011



**Primary Substance of Abuse at Admission**

	Male	Female	Total
Alcohol	286	132	418
Cocaine/Crack	5	3	8
Marijuana/Hashish	183	53	236
Heroin	24	11	35
Other Opiates/Synthetics	24	15	39
Hallucinogens	4	1	5
Methamphetamine	51	42	93
Other Stimulants	3	5	8
Benzodiazepines	1	5	6
Tranquilizers/Sedatives	2	7	9
Inhalants	1	0	1
Oxycodone	16	21	37
Club Drugs	1	1	2
Over-the-Counter	0	2	2
Other	3	3	6
<b>Total</b>	<b>604</b>	<b>301</b>	<b>905</b>

**Outcome Measures**  
Fiscal Year 2011



Benchmark is 75% of the National Average.

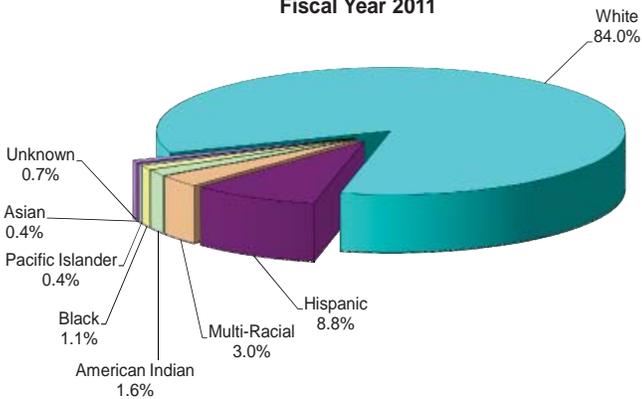
## Bear River Mental Health—Mental Health

Total Clients Served.....3,124  
 Adult .....1,972  
 Youth.....1,152  
 Penetration Rate (Total population of area)..... 1.9%  
 Civil Commitment .....38  
 Unfunded Clients Served .....181

### Diagnosis

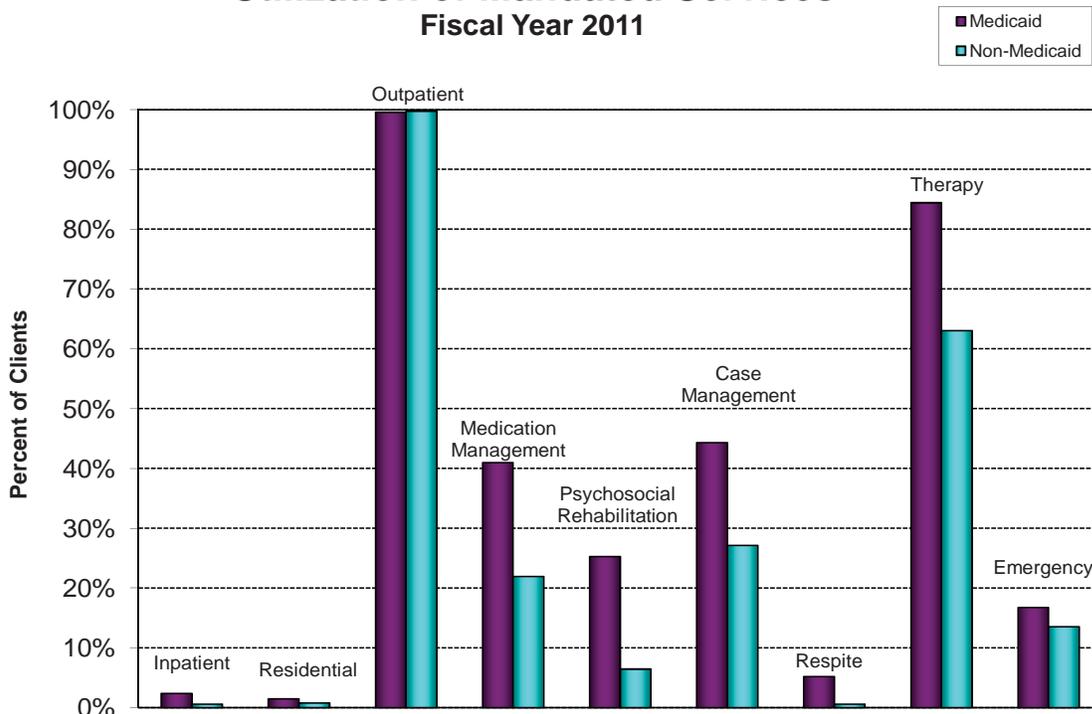
	Youth	Adult
Adjustment Disorder	320	131
Anxiety	360	1,175
Attention Deficit	325	274
Cognitive Disorder	36	154
Conduct Disorder	14	11
Impulse Control Disorders	88	50
Mood Disorder	379	1,583
Neglect or Abuse	124	17
Oppositional Defiant Disorder	85	6
Other	151	157
Personality Disorder	3	566
Pervasive Developmental Disorders	52	49
Schizophrenia and Other Psychotic	5	250
Substance Abuse	24	351
V Codes	175	198
<b>Total</b>	<b>1,966</b>	<b>4,774</b>

### Race/Ethnicity Fiscal Year 2011

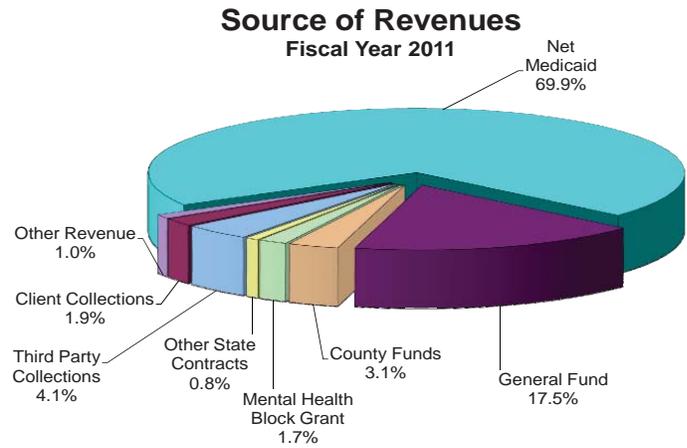


More than one race/ethnicity may have been selected.

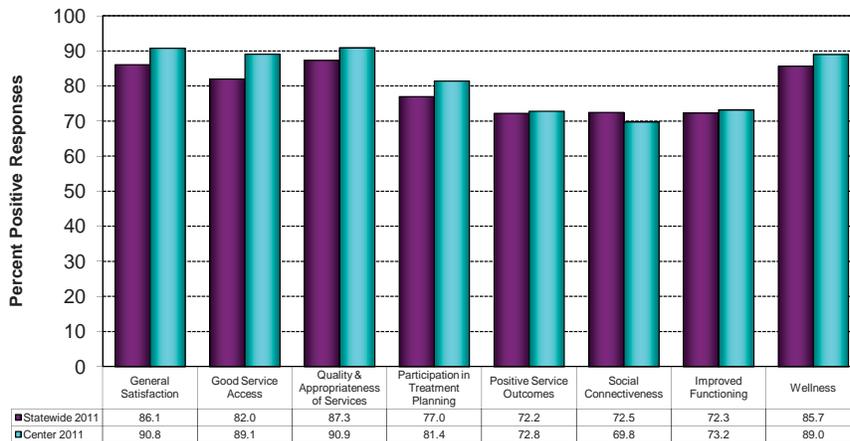
### Utilization of Mandated Services Fiscal Year 2011



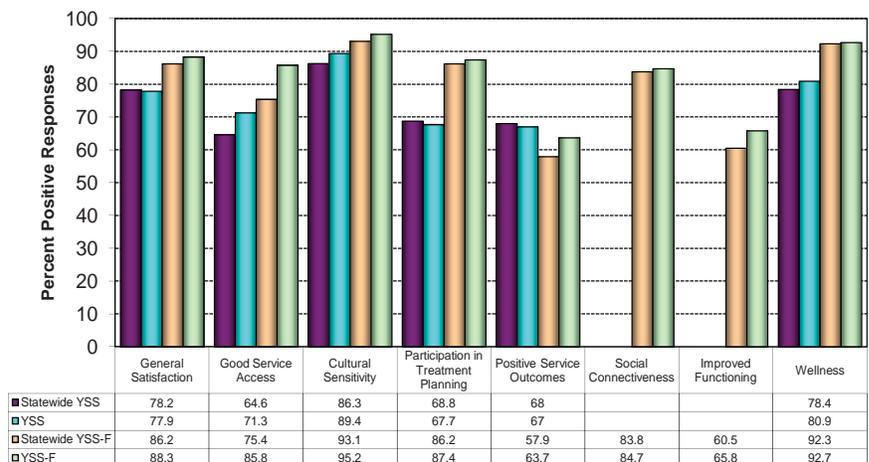
**Bear River Mental Health—Mental Health (Continued)**



**Adult Consumer Satisfaction Survey Mental Health  
Statistics Improvement Program (MHSIP)  
2011**



**Youth Consumer Satisfaction Surveys  
(YSS and YSS-F)  
2011**



# Central Utah Counseling Center

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



Population: 75,707

## Substance Abuse and Mental Health Provider Agency:

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

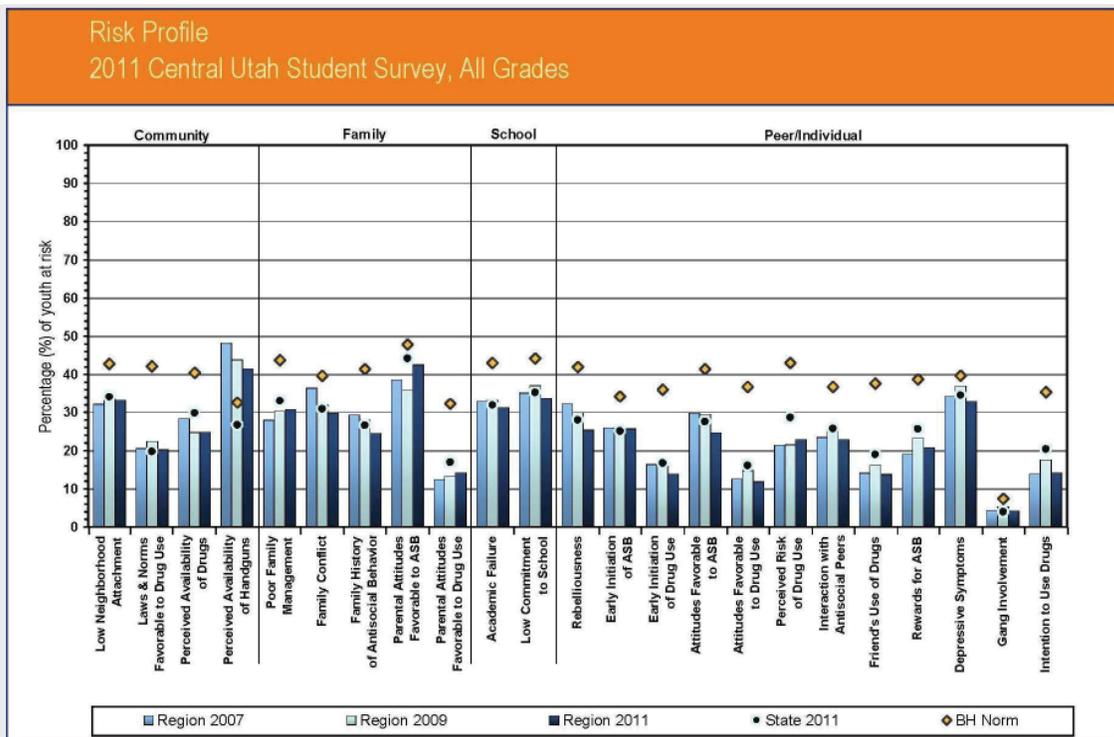
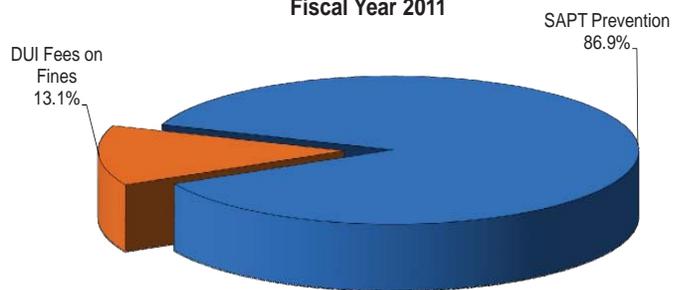
### Central Utah Substance Abuse—Prevention

**Prioritized Risk Factors:** parental attitudes favorable to antisocial behavior, interaction with antisocial peers, low commitment to school academic failure

**Coalitions:**

- Sevier Valley Substance Abuse Coalition
- Sanpete County LIC
- Delta Community First

### Source of Revenues Fiscal Year 2011

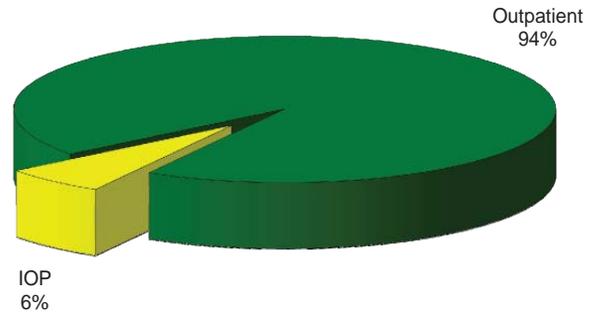


## Central Utah Counseling Center—Substance Abuse

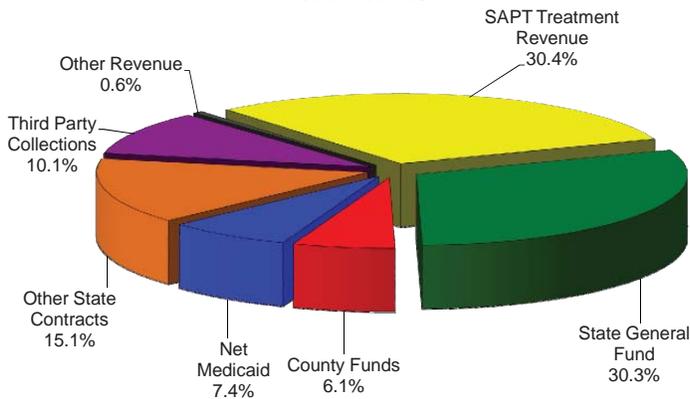
Total Clients Served.....338  
 Adult .....285  
 Youth.....53  
 Penetration Rate (Total population of area)..0.4%

Total Admissions.....211  
 Initial Admissions .....208  
 Transfers.....3

**Admission into Modalities**  
Fiscal Year 2011



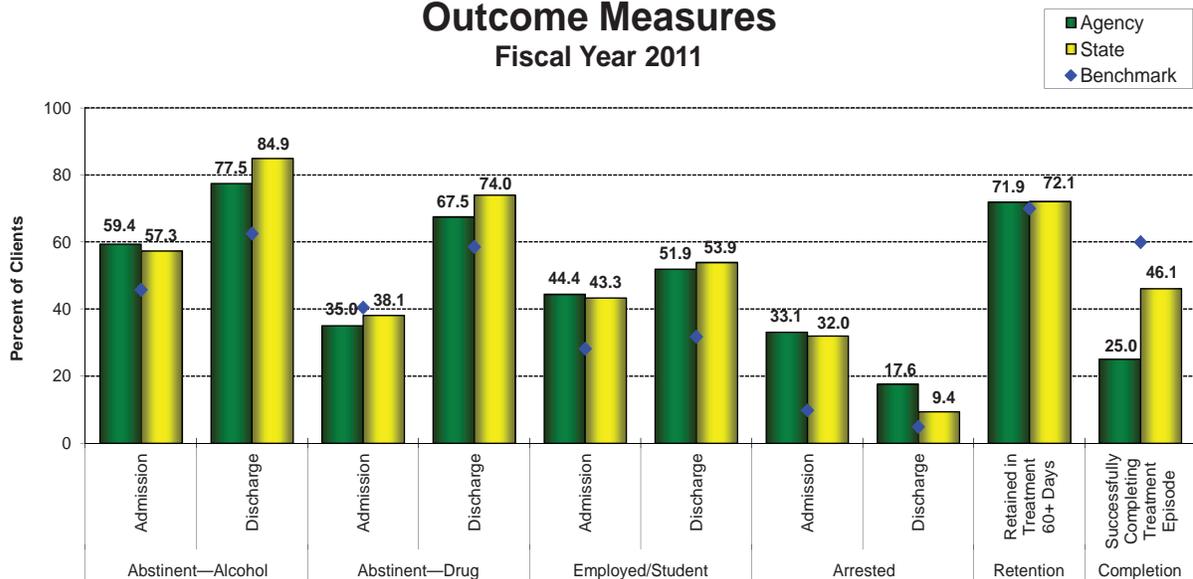
**Source of Revenues**  
Fiscal Year 2011



**Primary Substance of Abuse at Admission**

	Male	Female	Total
Alcohol	38	36	74
Cocaine/Crack	1	0	1
Marijuana/Hashish	31	16	47
Heroin	9	4	13
Other Opiates/Synthetics	6	10	16
Hallucinogens	0	0	0
Methamphetamine	22	18	40
Other Stimulants	0	0	0
Benzodiazepines	1	0	1
Tranquilizers/Sedatives	0	1	1
Inhalants	0	0	0
Oxycodone	6	10	16
Club Drugs	0	1	1
Over-the-Counter	0	0	0
Other	1	0	1
<b>Total</b>	<b>115</b>	<b>96</b>	<b>211</b>

**Outcome Measures**  
Fiscal Year 2011



Benchmark is 75% of the National Average.

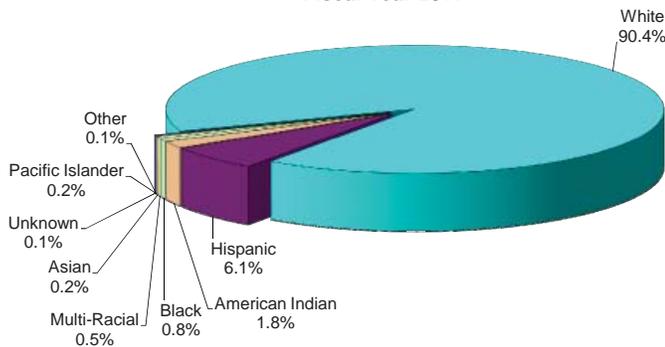
## Central Utah Counseling Center—Mental Health

Total Clients Served ..... 1,119  
 Adult ..... 702  
 Youth ..... 417  
 Penetration Rate (Total population of area) ..... 1.5%  
 Civil Commitment ..... 21  
 Unfunded Clients Served ..... 171

### Diagnosis

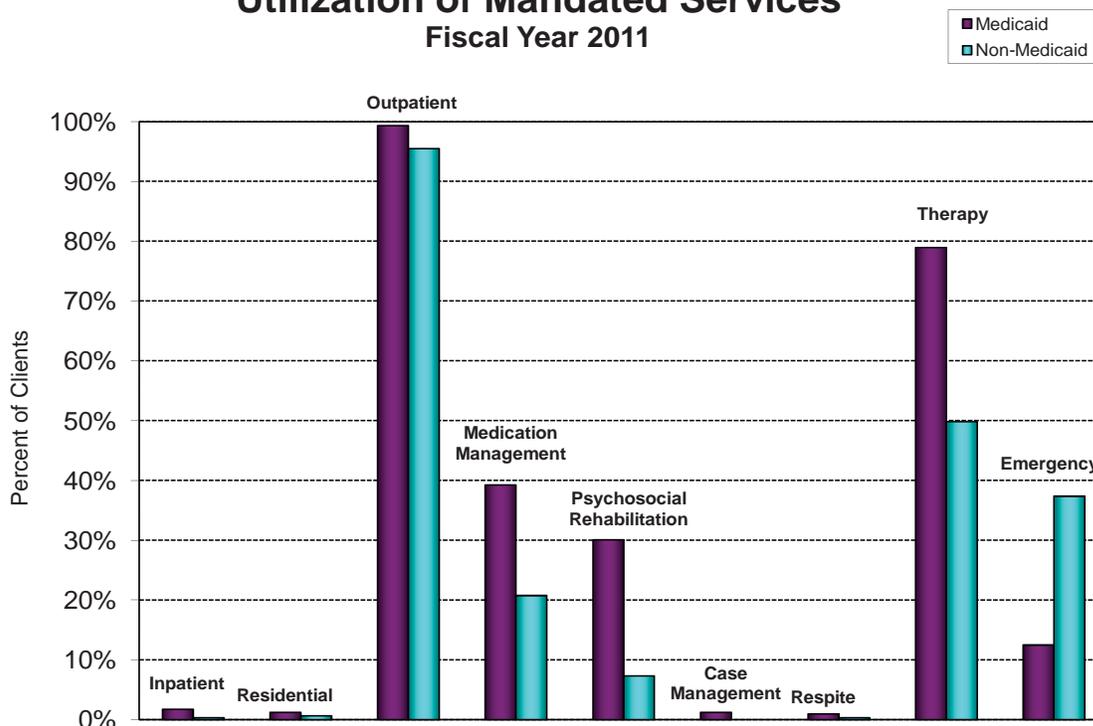
	Youth	Adult
Adjustment Disorder	121	33
Anxiety	89	334
Attention Deficit	148	38
Cognitive Disorder	9	38
Conduct Disorder	23	-
Impulse Control Disorders	24	30
Mood Disorder	94	487
Neglect or Abuse	93	190
Oppositional Defiant Disorder	86	3
Other	41	36
Personality Disorder	1	199
Pervasive Developmental Disorders	39	6
Schizophrenia and Other Psychotic	2	134
Substance Abuse	12	154
V Codes	52	49
<b>Total</b>	<b>782</b>	<b>1,682</b>

### Race/Ethnicity Fiscal Year 2011



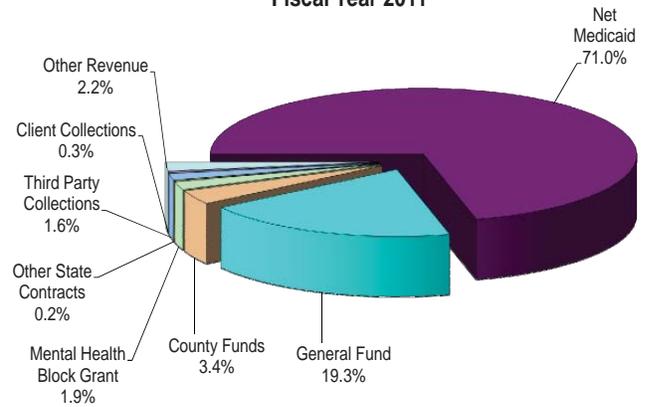
More than one race/ethnicity may have been selected.

### Utilization of Mandated Services Fiscal Year 2011

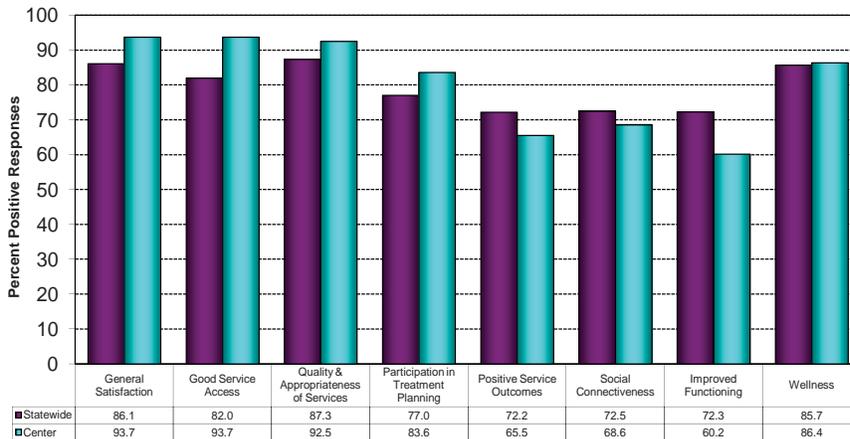


Central Utah Counseling Center—Mental Health (Continued)

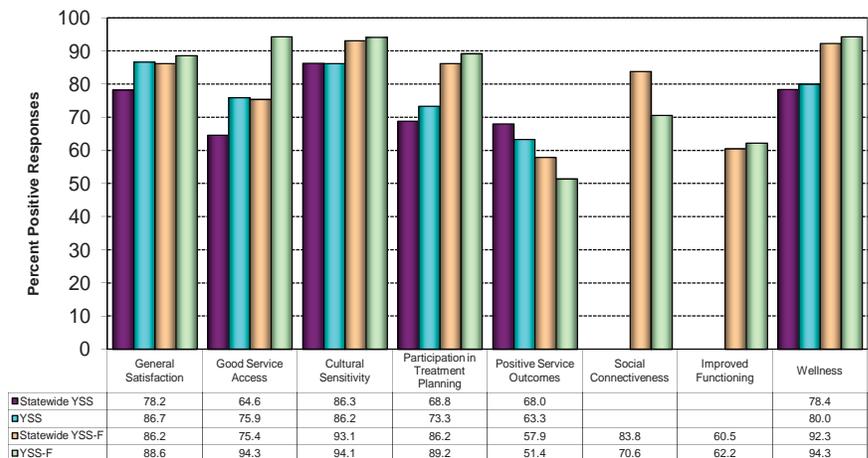
Source of Revenues  
Fiscal Year 2011



Adult Consumer Satisfaction Survey Mental Health  
Statistics Improvement Program (MHSIP)  
2011



Youth Consumer Satisfaction Surveys  
(YSS and YSS-F)  
2011



# Davis Behavioral Health

Davis County



DAVIS BEHAVIORAL HEALTH INC

Population: 306,479

## Substance Abuse and Mental Health Provider Agency:

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

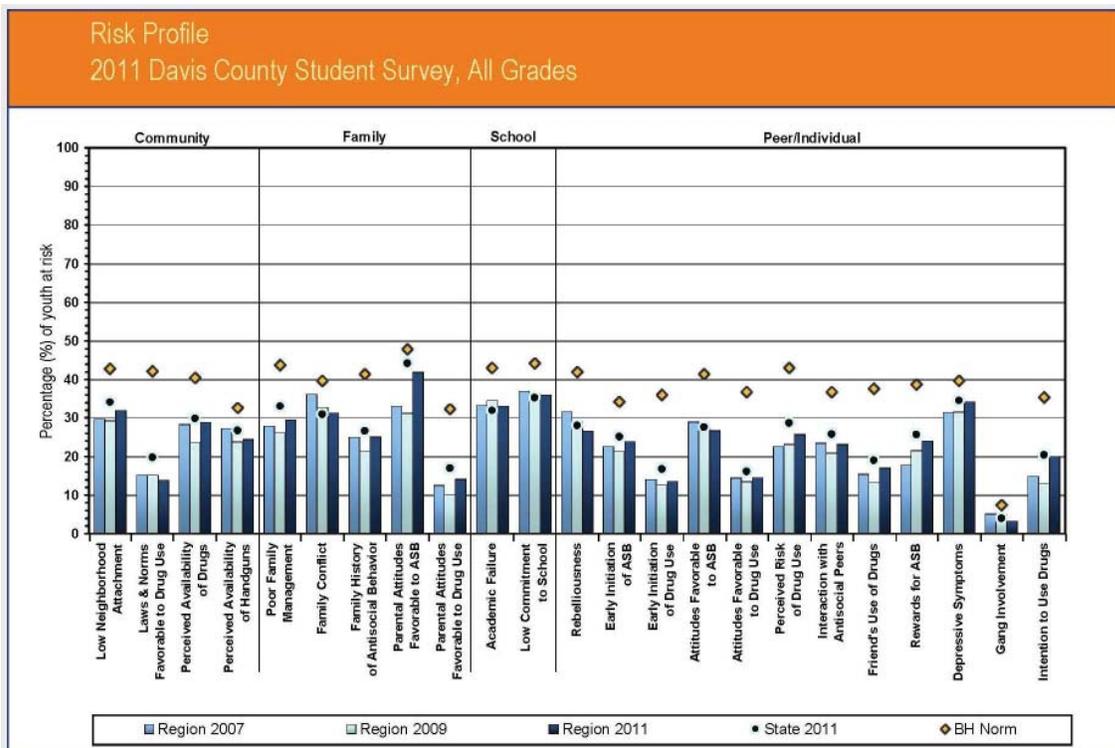
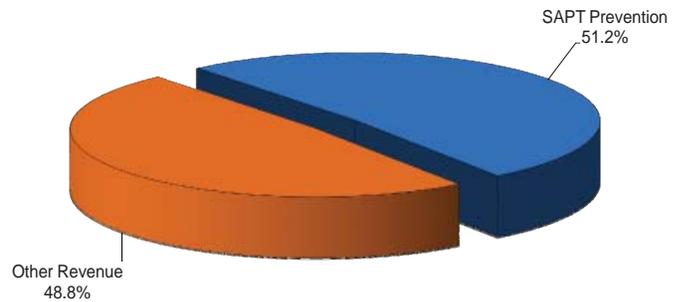
### Davis Substance Abuse—Prevention

**Prioritized Risk Factors:** perceived risk of drug use, attitudes favorable to drug use, family conflict

**Coalitions:**

- Layton Communities that Care
- Bountiful Communities that Care

**Source of Revenues**  
Fiscal Year 2011

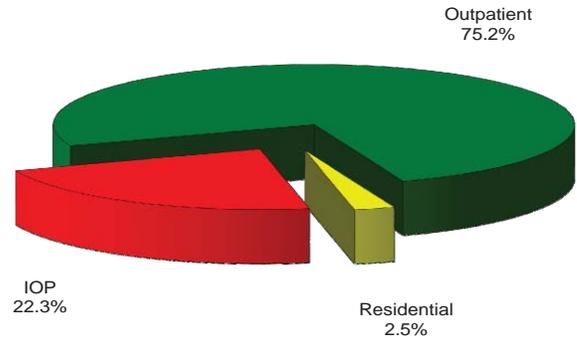


## Davis Behavioral Health—Substance Abuse

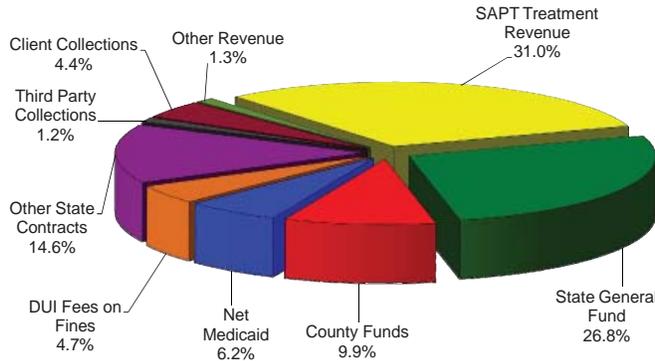
Total Clients Served.....1,001  
 Adult .....881  
 Youth.....120  
 Penetration Rate (Total population of area)..0.3%

Total Admissions.....916  
 Initial Admissions .....803  
 Transfers.....113

**Admissions into Modalities  
 Fiscal Year 2011**



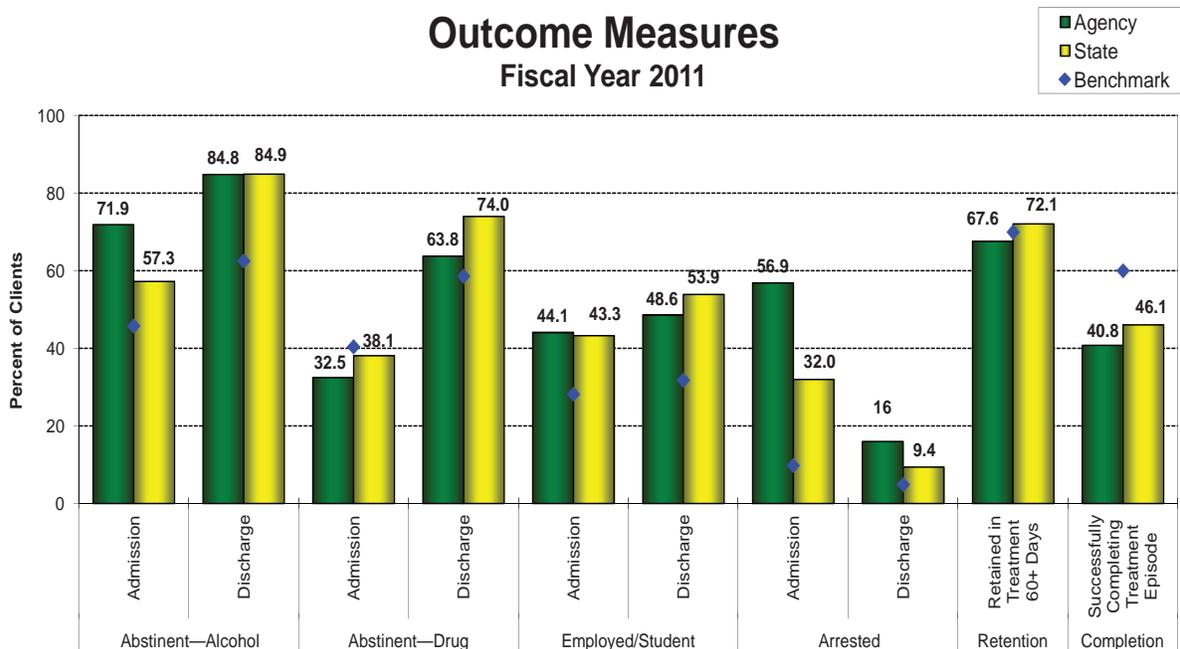
**Source of Revenues  
 Fiscal Year 2011**



**Primary Substance of Abuse at Admission**

	Male	Female	Total
Alcohol	145	66	211
Cocaine/Crack	17	9	26
Marijuana/Hashish	160	50	210
Heroin	98	58	156
Other Opiates/Synthetics	7	13	20
Hallucinogens	7	1	8
Methamphetamine	120	88	208
Other Stimulants	0	2	2
Benzodiazepines	1	4	5
Tranquilizers/Sedatives	0	1	1
Inhalants	0	0	0
Oxycodone	37	28	65
Club Drugs	0	0	0
Over-the-Counter	2	0	2
Other	2	0	2
<b>Total</b>	<b>596</b>	<b>320</b>	<b>916</b>

**Outcome Measures  
 Fiscal Year 2011**



Benchmark is 75% of the National Average.

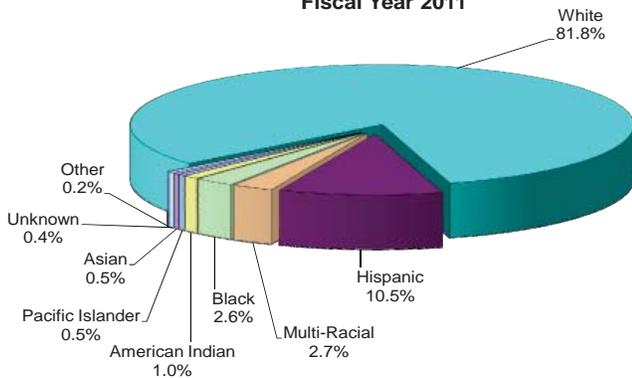
## Davis Behavioral Health—Mental Health

Total Clients Served.....3,580  
 Adult .....2,290  
 Youth.....1,290  
 Penetration Rate (Total population of area)..... 1.2%  
 Civil Commitment .....120  
 Unfunded Clients Served .....530

### Diagnosis

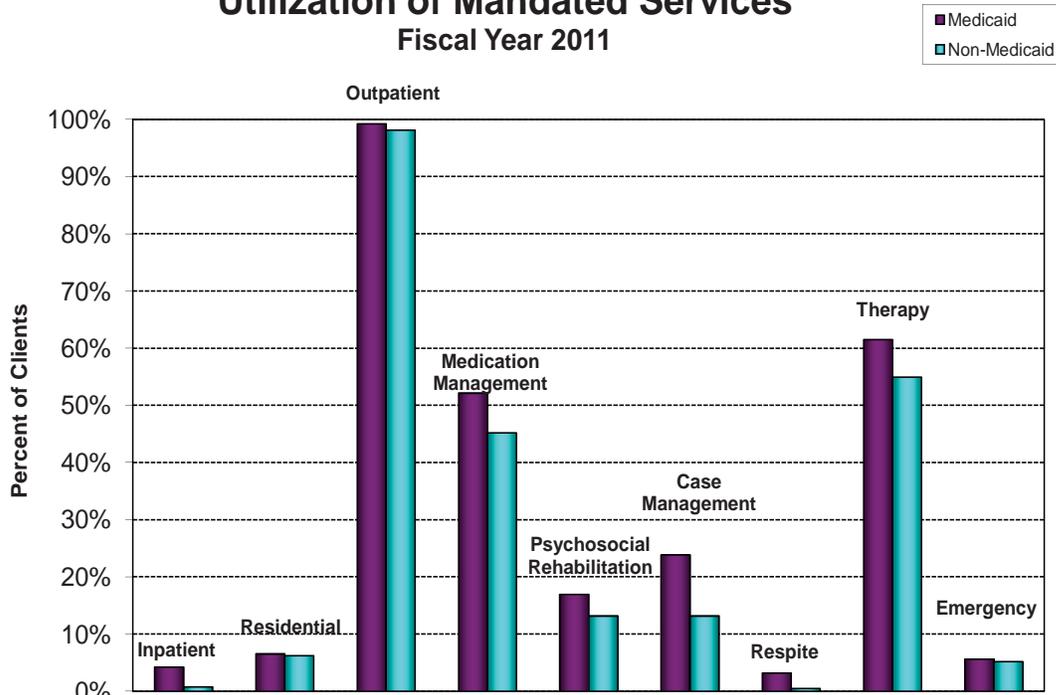
	Youth	Adult
Adjustment Disorder	170	123
Anxiety	565	1,328
Attention Deficit	601	206
Cognitive Disorder	17	63
Conduct Disorder	20	2
Impulse Control Disorders	242	35
Mood Disorder	547	1,657
Neglect or Abuse	340	44
Oppositional Defiant Disorder	249	6
Other	209	104
Personality Disorder	5	191
Pervasive Developmental Disorders	145	41
Schizophrenia and Other Psychotic	5	381
Substance Abuse	39	395
V Codes	161	62
<b>Total</b>	<b>3,154</b>	<b>4,576</b>

### Race/Ethnicity Fiscal Year 2011



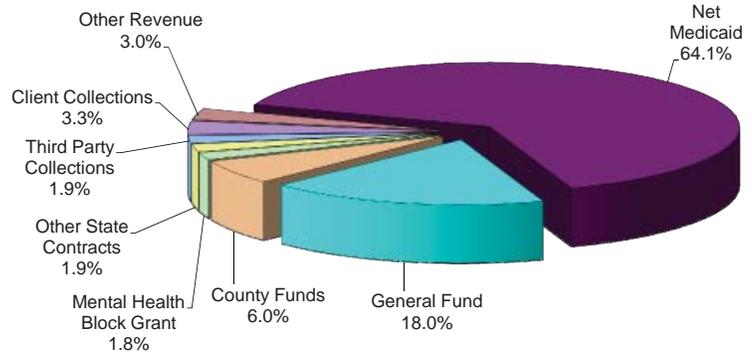
More than one race/ethnicity may have been selected.

### Utilization of Mandated Services Fiscal Year 2011

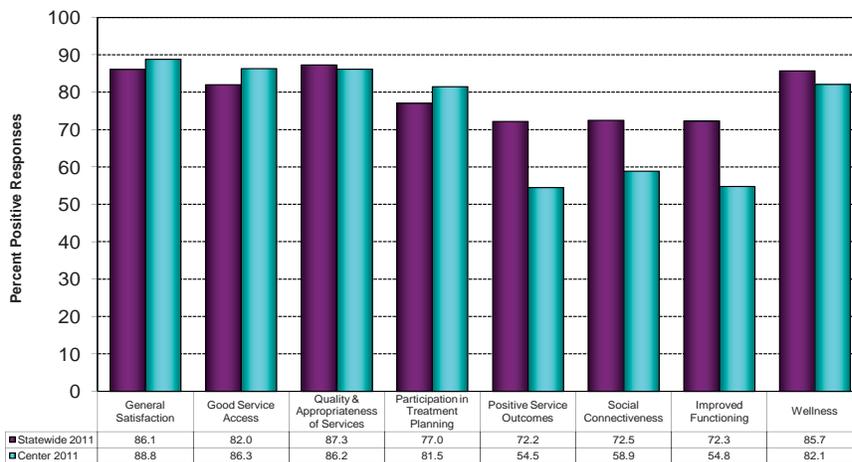


Davis Behavioral Health—Mental Health (Continued)

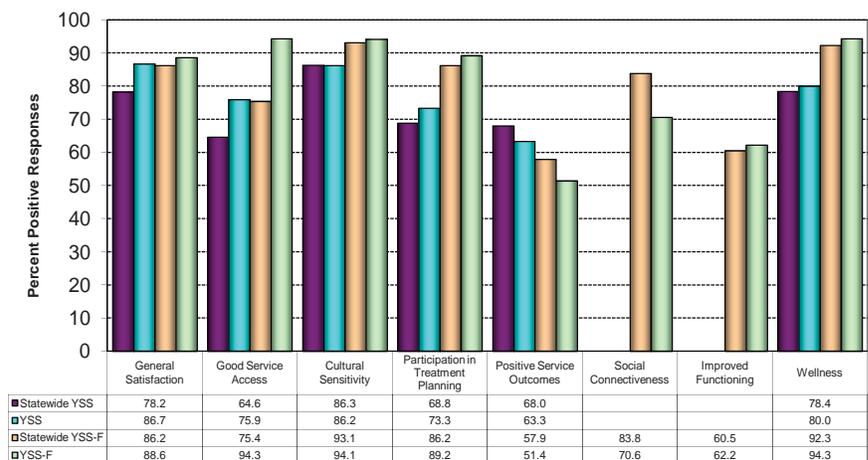
Source of Revenues  
Fiscal Year 2011



Adult Consumer Satisfaction Survey Mental Health  
Statistics Improvement Program (MHSIP)  
2011



Youth Consumer Satisfaction Surveys  
(YSS and YSS-F)  
2011



# Four Corners

Carbon, Emery & Grand Counties



Population: 41,604

## Substance Abuse and Mental Health Provider Agency:

Jan Bodily, Director  
 Four Corners Community Behavioral Health  
 105 West 100 North  
 P.O. Box 867  
 Price, UT 84501  
 Office: (435) 637-7200  
 www.fourcorners.ws

### Four Corners Substance Abuse—Prevention

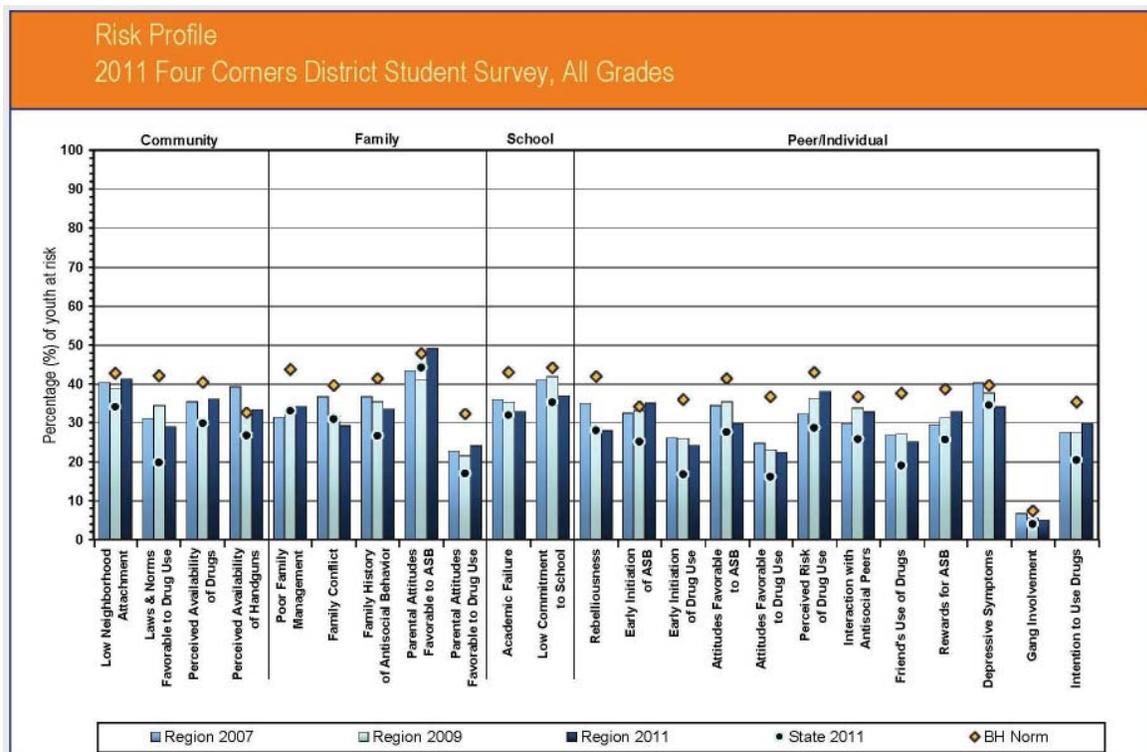
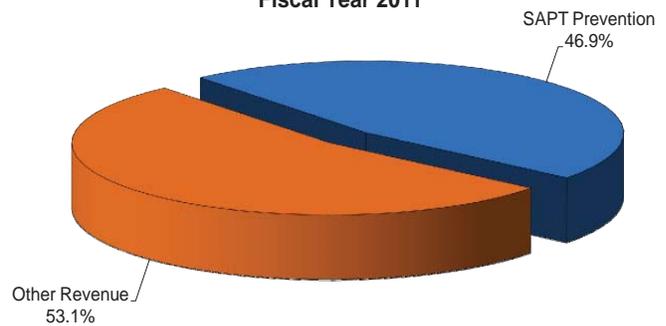
**Prioritized Risk Factors:** early initiation of substance use, intention to use drugs

**Coalitions:**

- Moab Community Action Coalition (MCAC)
- CHEER (Green River)
- Communities that Care of Carbon County

### Source of Revenues

Fiscal Year 2011

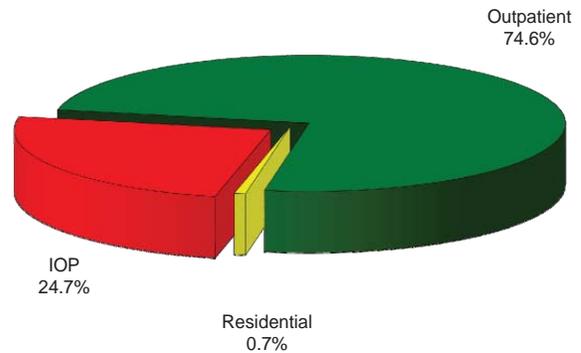


## Four Corners Community Behavioral Health—Substance Abuse

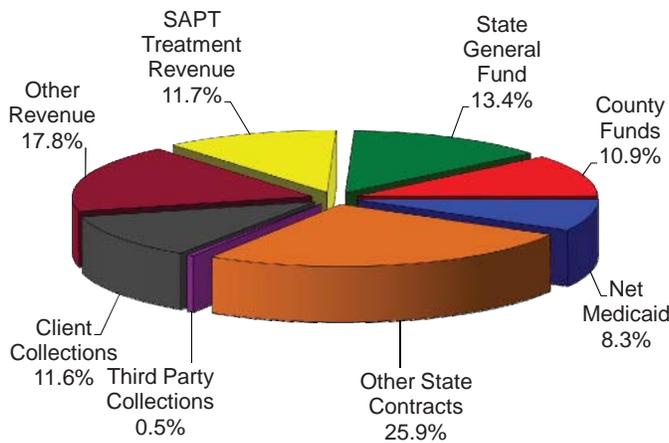
Total Clients Served.....634  
 Adult .....563  
 Youth.....71  
 Penetration Rate (Total population of area).. 1.5%

Total Admissions.....575  
 Initial Admissions .....429  
 Transfers.....146

**Admissions into Modalities**  
Fiscal Year 2011

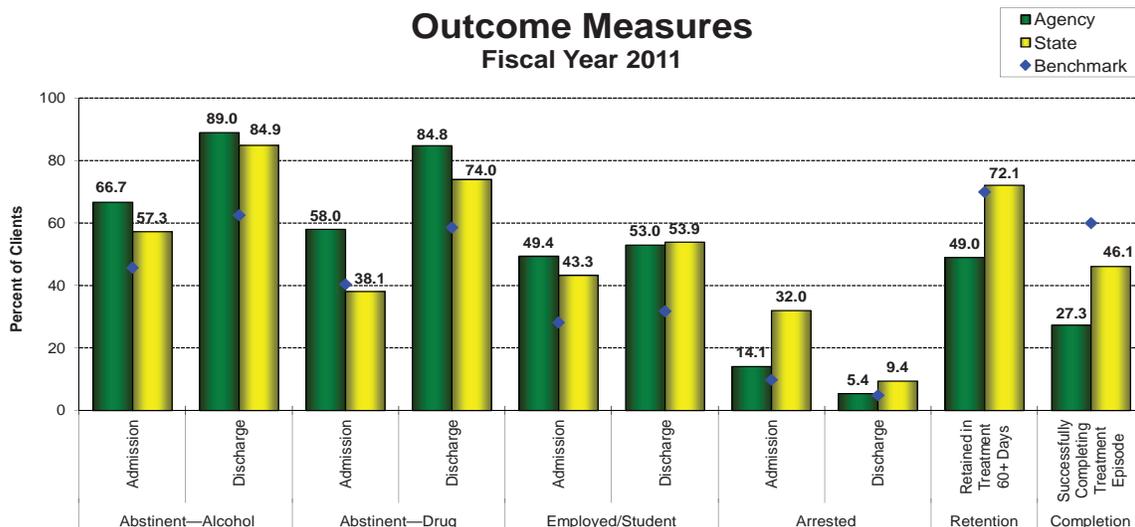


**Source of Revenues**  
Fiscal Year 2011



Primary Substance of Abuse at Admission			
	Male	Female	Total
Alcohol	173	69	242
Cocaine/Crack	3	5	8
Marijuana/Hashish	102	23	125
Heroin	9	7	16
Other Opiates/Synthetics	26	30	56
Hallucinogens	0	0	0
Methamphetamine	48	57	105
Other Stimulants	0	1	1
Benzodiazepines	1	1	2
Tranquilizers/Sedatives	1	1	2
Inhalants	1	0	1
Oxycodone	6	7	13
Club Drugs	0	0	0
Over-the-Counter	0	3	3
Other	1	0	1
<b>Total</b>	<b>371</b>	<b>204</b>	<b>575</b>

**Outcome Measures**  
Fiscal Year 2011



Benchmark is 75% of the National Average.

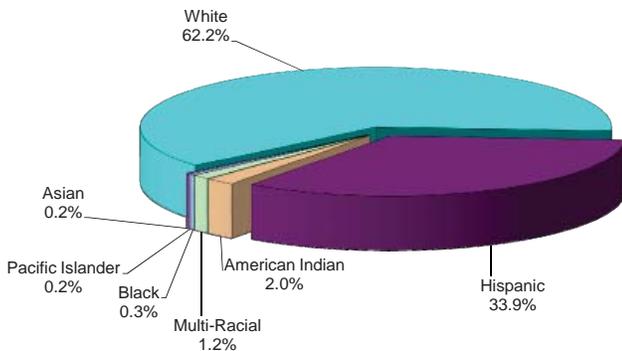
## Four Corners Community Behavioral Health—Mental Health

Total Clients Served .....1,544  
 Adult .....1,050  
 Youth .....494  
 Penetration Rate (Total population of area) ..... 3.7%  
 Civil Commitment .....1  
 Unfunded Clients Served .....85

### Diagnosis

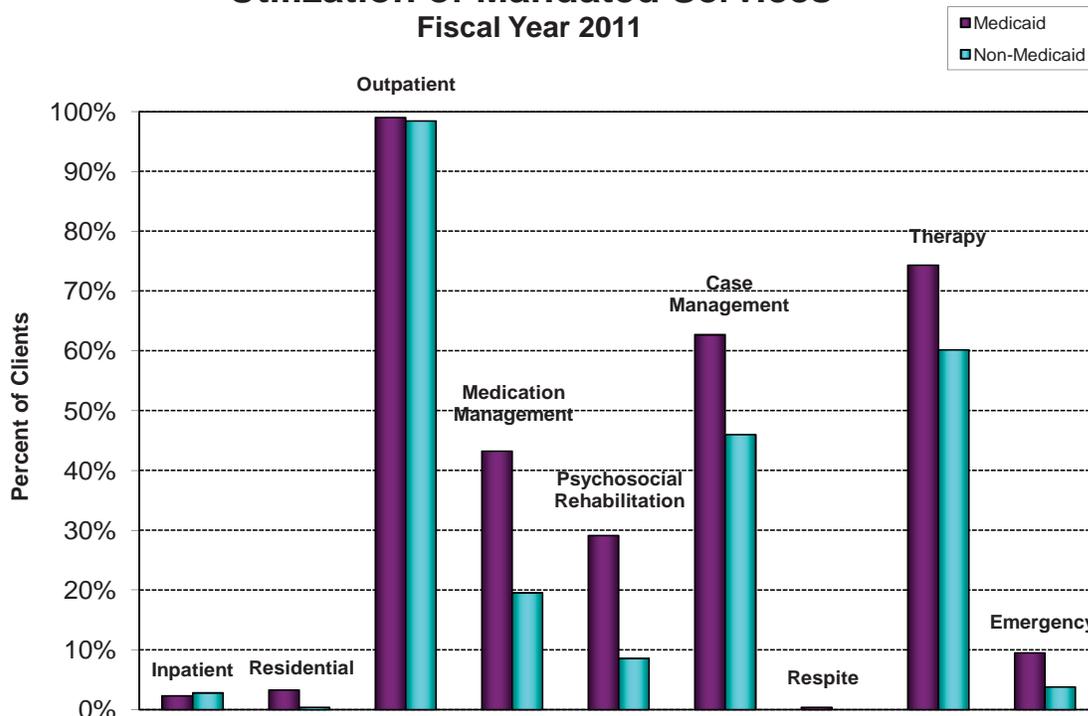
	Youth	Adult
Adjustment Disorder	135	55
Anxiety	124	529
Attention Deficit	190	60
Cognitive Disorder	11	57
Conduct Disorder	11	2
Impulse Control Disorders	32	26
Mood Disorder	173	790
Neglect or Abuse	101	14
Oppositional Defiant Disorder	80	6
Other	85	52
Personality Disorder	-	258
Pervasive Developmental Disorders	24	12
Schizophrenia and Other Psychotic	1	136
Substance Abuse	117	653
V Codes	205	98
<b>Total</b>	<b>1,084</b>	<b>2,650</b>

### Race/Ethnicity Fiscal Year 2011



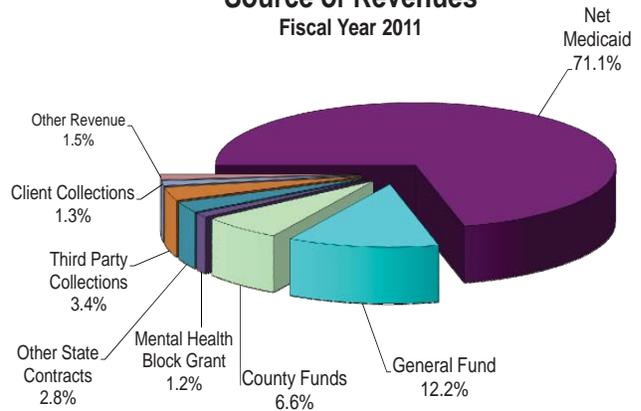
More than one race/ethnicity may have been selected.

### Utilization of Mandated Services Fiscal Year 2011

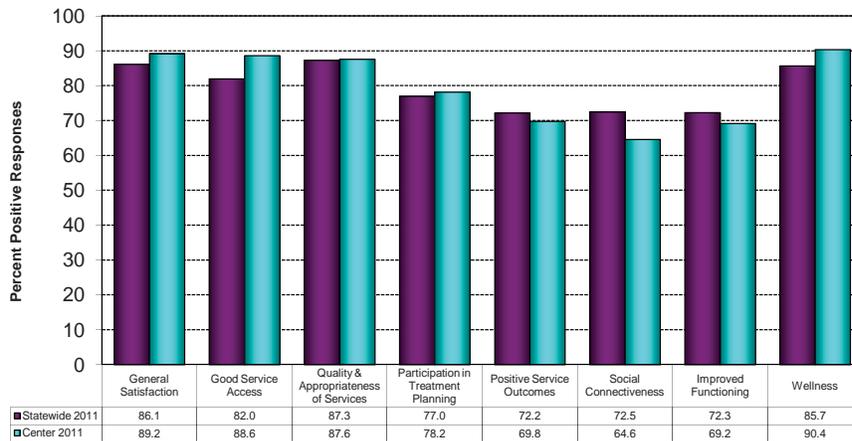


Four Corners Community Behavioral Health—Mental Health (Continued)

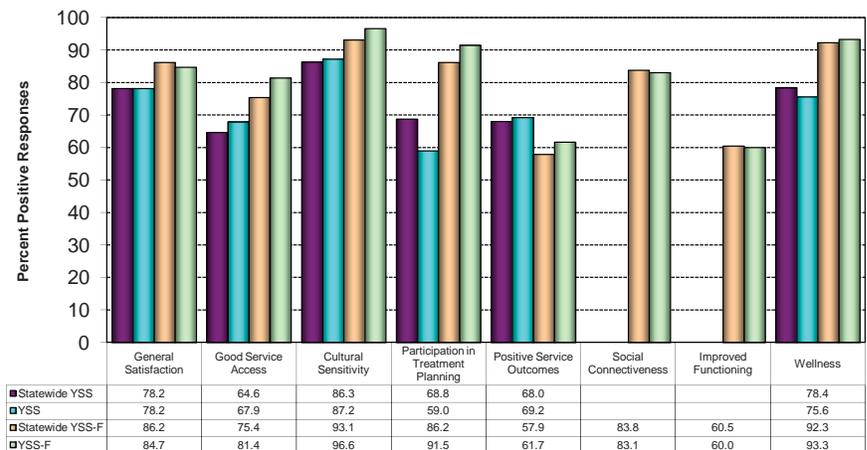
Source of Revenues  
Fiscal Year 2011



Adult Consumer Satisfaction Survey Mental Health  
Statistics Improvement Program (MHSIP)  
2011



Youth Consumer Satisfaction Surveys  
(YSS and YSS-F)  
2011



Northeastern Counseling Center  
Daggett, Duchesne, & Uintah Counties



Population: 52,254

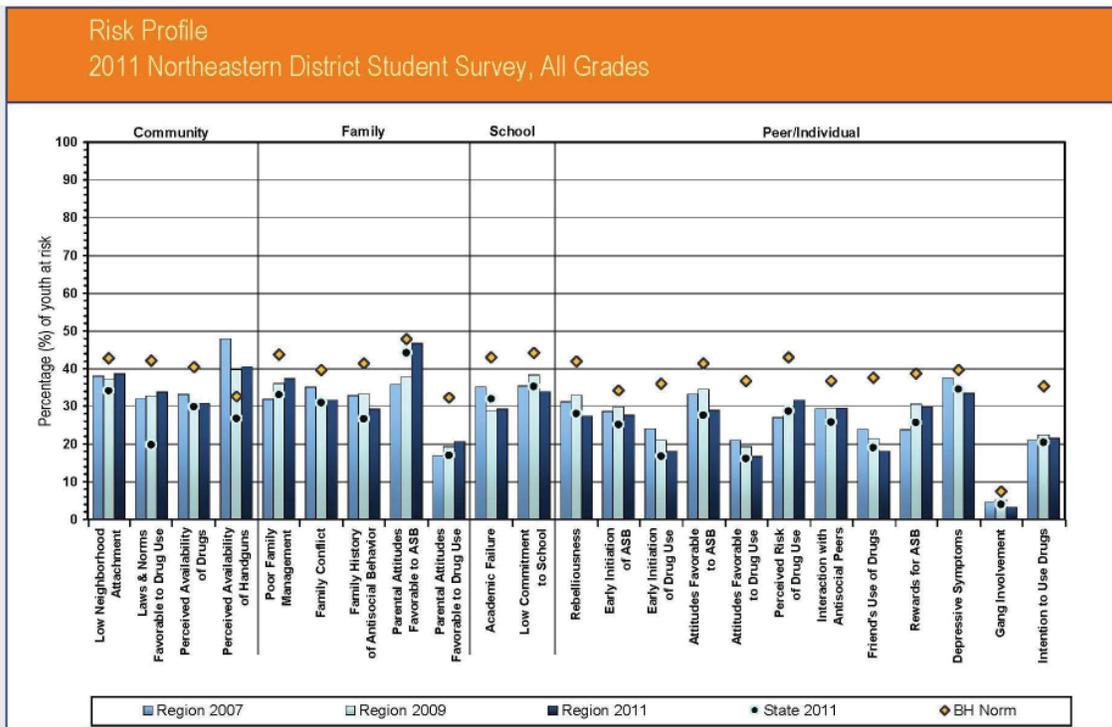
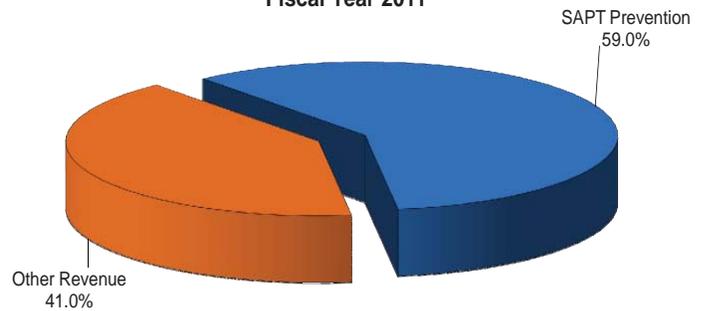
Substance Abuse and Mental Health Provider Agency:

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

Northeastern Substance Abuse—Prevention

**Prioritized Risk Factors:** laws and norms favorable to drug use

Source of Revenues  
Fiscal Year 2011

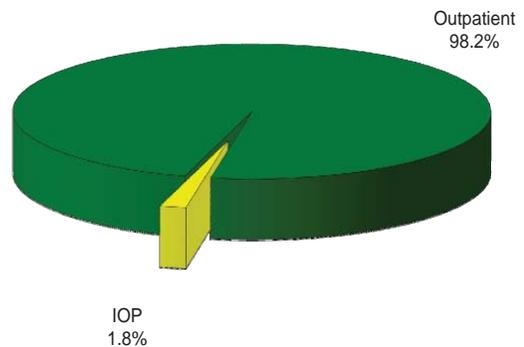


## Northeastern Counseling Center—Substance Abuse

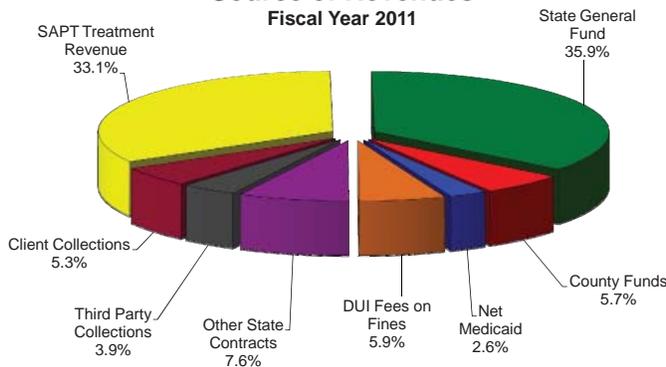
Total Clients Served.....604  
 Adult .....562  
 Youth.....42  
 Penetration Rate (Total population of area).. 1.2%

Total Admissions.....396  
 Initial Admissions .....148  
 Transfers.....248

**Admission into Modalities**  
Fiscal Year 2011



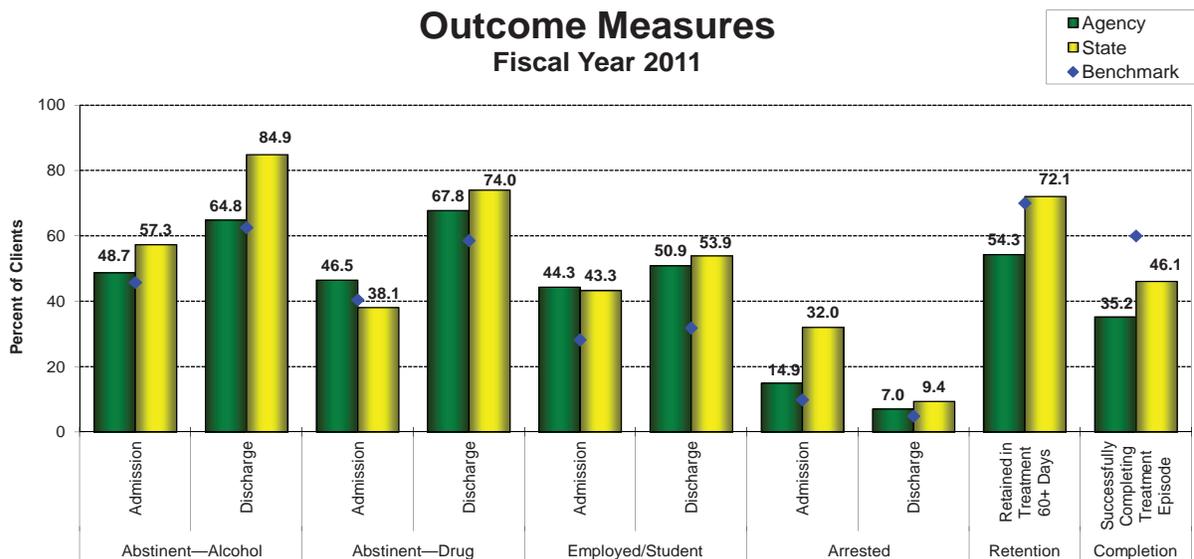
**Source of Revenues**  
Fiscal Year 2011



**Primary Substance of Abuse at Admission**

	Male	Female	Total
Alcohol	120	49	169
Cocaine/Crack	2	1	3
Marijuana/Hashish	39	26	65
Heroin	8	8	16
Other Opiates/Synthetics	10	16	26
Hallucinogens	0	0	0
Methamphetamine	44	47	91
Other Stimulants	1	0	1
Benzodiazepines	0	1	1
Tranquilizers/Sedatives	0	1	1
Inhalants	2	1	3
Oxycodone	10	8	18
Club Drugs	0	0	0
Over-the-Counter	0	1	1
Other	1	0	1
<b>Total</b>	<b>237</b>	<b>159</b>	<b>396</b>

**Outcome Measures**  
Fiscal Year 2011



Benchmark is 75% of the National Average.

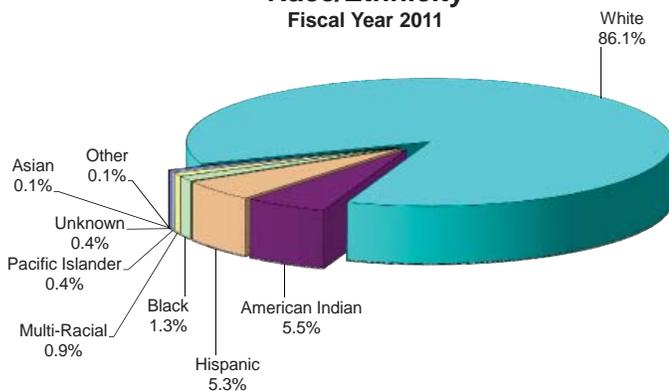
## Northeastern Counseling Center—Mental Health

Total Clients Served.....1,333  
 Adult .....885  
 Youth.....448  
 Penetration Rate (Total population of area)..... 2.6%  
 Civil Commitment .....12  
 Unfunded Clients Served.....462

### Diagnosis

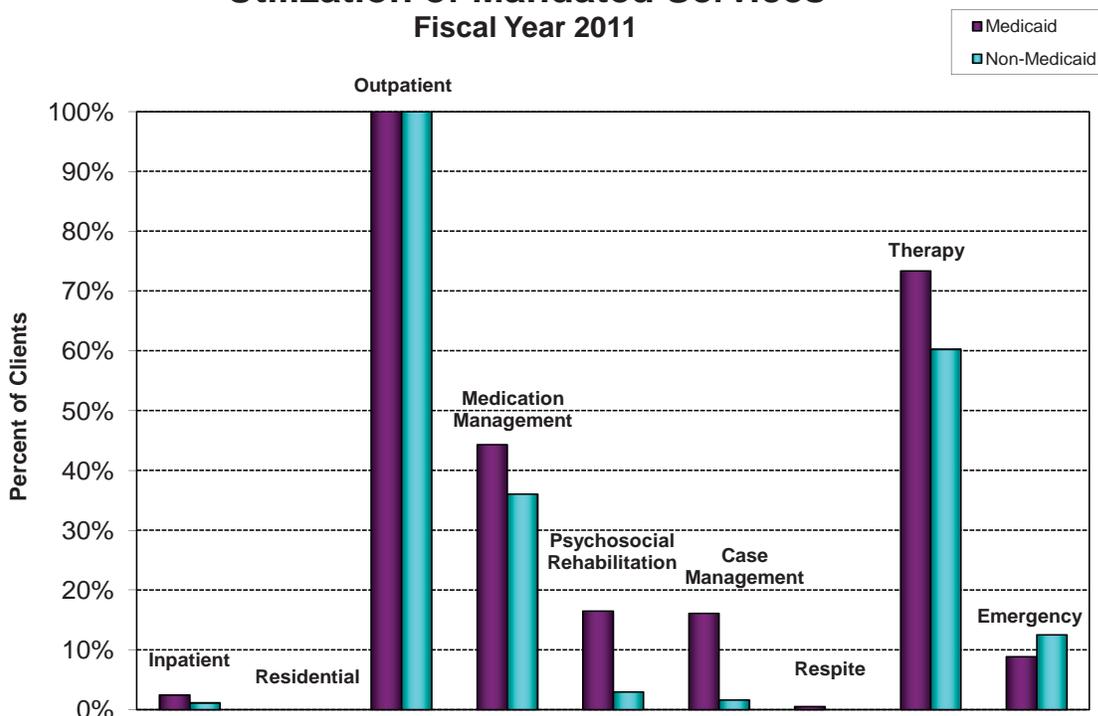
	Youth	Adult
Adjustment Disorder	72	64
Anxiety	116	493
Attention Deficit	125	68
Cognitive Disorder	12	56
Conduct Disorder	10	3
Impulse Control Disorders	47	45
Mood Disorder	132	594
Neglect or Abuse	98	35
Oppositional Defiant Disorder	37	2
Other	48	52
Personality Disorder	2	111
Pervasive Developmental Disorders	19	15
Schizophrenia and Other Psychotic	6	98
Substance Abuse	18	99
V Codes	48	116
<b>Total</b>	<b>742</b>	<b>1,735</b>

### Race/Ethnicity Fiscal Year 2011



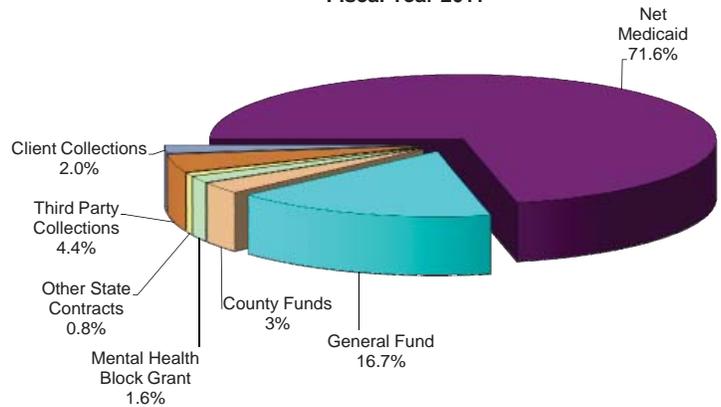
More than one race/ethnicity may have been selected.

### Utilization of Mandated Services Fiscal Year 2011

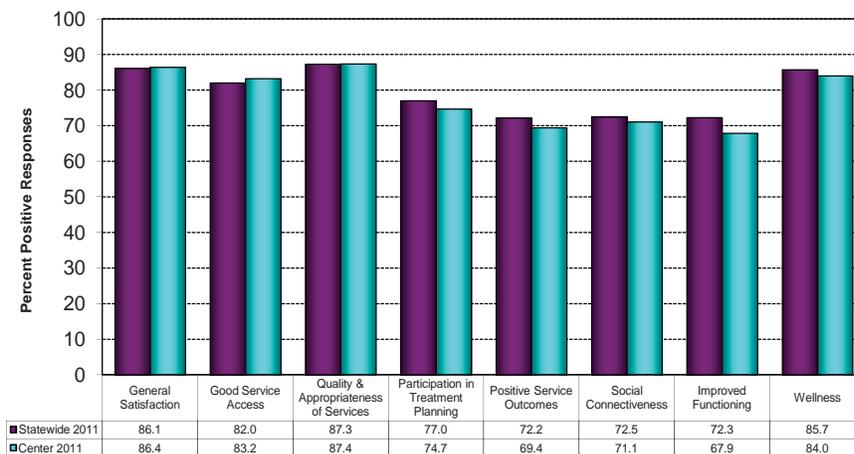


## Northeastern Counseling Center—Mental Health (Continued)

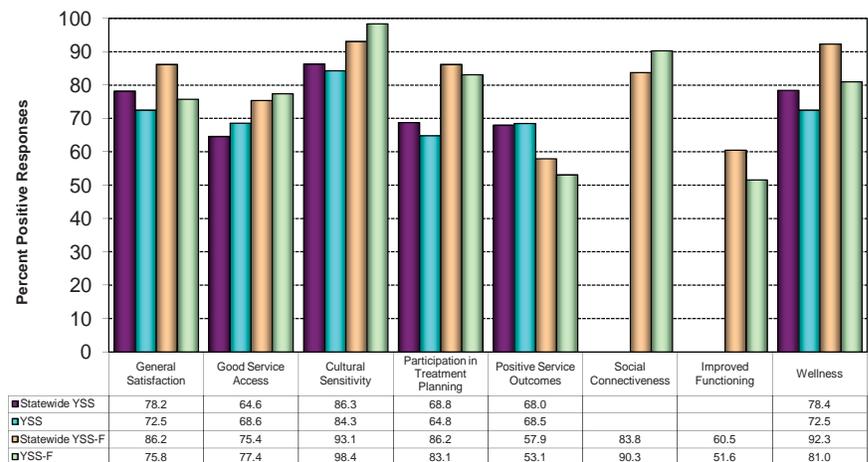
**Source of Revenues**  
Fiscal Year 2011



**Adult Consumer Satisfaction Survey Mental Health**  
**Statistics Improvement Program (MHSIP)**  
2011



**Youth Consumer Satisfaction Surveys**  
**(YSS and YSS-F)**  
2011



# Salt Lake County



Population: 1,029,655

## Substance Abuse and Mental Health Administrative Agency:

Patrick Fleming, Substance Abuse Director  
 Tim Whalen, Mental Health Director

Salt Lake County  
 Division of Behavioral Health Services  
 2001 South State Street #S2300  
 Salt Lake City, UT 84190-2250  
 Office: (801) 468-2009  
<http://www.slco.org/bydepartments/hs/behaviorH>

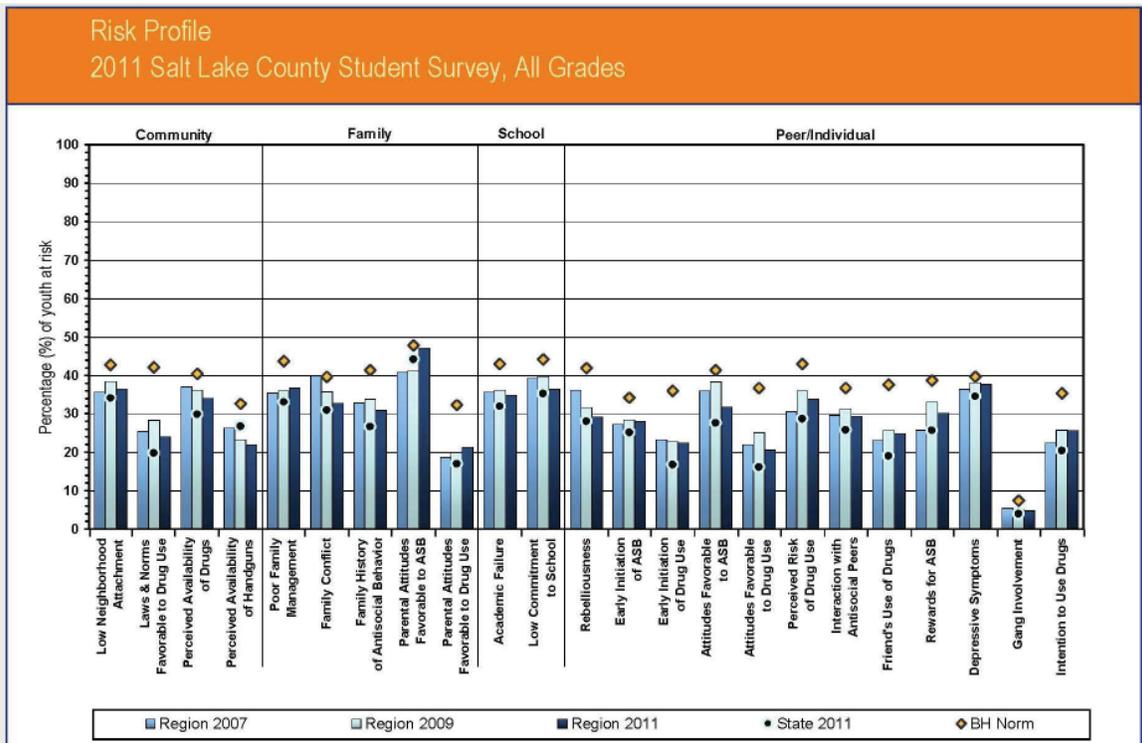
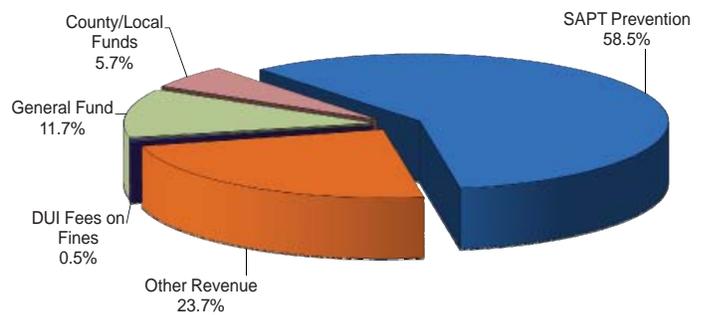
## Salt Lake County Substance Abuse—Prevention

**Prioritized Risk Factors:** family conflict and management, perceived risks of use, early initiation of problem behavior

**Coalitions:**

- Drug Free Draper
- Midvale United
- Neighborhoods United (West SLC)
- Salt Lake City Mayor’s Coalition
- South Salt Lake Drug Free Youth
- Utah Council for Crime Prevention
- West Valley United

**Source of Revenues  
 Fiscal Year 2011**

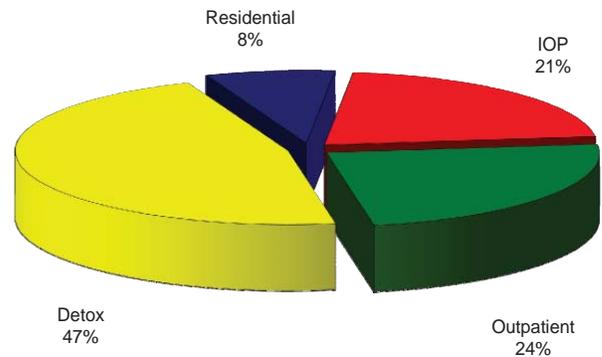


## Salt Lake County Division of Substance Abuse

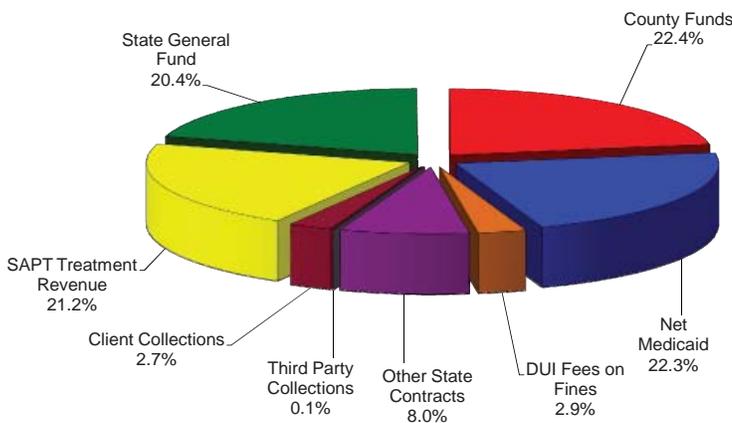
Total Clients Served.....6,759  
 Adult .....6,092  
 Youth.....667  
 Penetration Rate (Total population of area)..0.7%

Total Admissions.....9,150  
 Initial Admissions .....8,166  
 Transfers.....984

### Admissions into Modalities Fiscal Year 2011



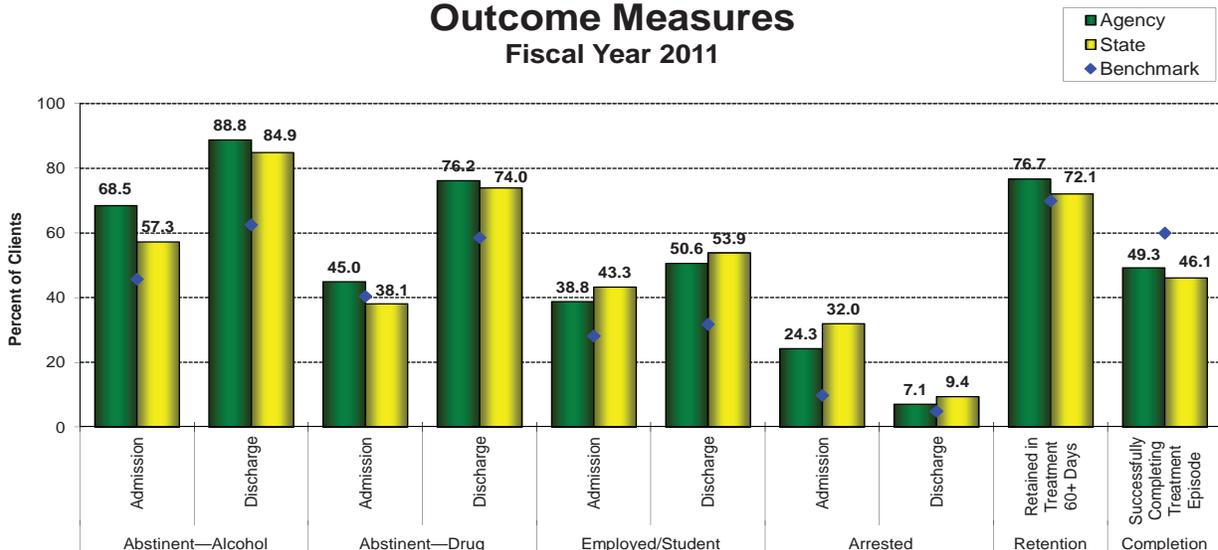
### Source of Revenues Fiscal Year 2011



### Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	2,886	734	3,620
Cocaine/Crack	435	174	609
Marijuana/Hashish	965	251	1,216
Heroin	1,078	461	1,539
Other Opiates/Synthetics	105	111	216
Hallucinogens	16	1	17
Methamphetamine	858	685	1,543
Other Stimulants	16	11	27
Benzodiazepines	32	27	59
Tranquilizers/Sedatives	4	4	8
Inhalants	9	1	10
Oxycodone	129	93	222
Club Drugs	13	7	20
Over-the-Counter	4	0	4
Other	27	13	40
<b>Total</b>	<b>6,577</b>	<b>2,573</b>	<b>9,150</b>

### Outcome Measures Fiscal Year 2011



Benchmark is 75% of the National Average.

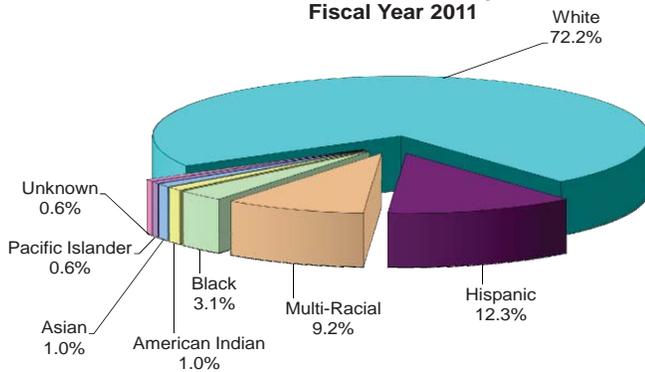
## Salt Lake County—Valley Mental Health

Total Clients Served .....16,142  
 Adult .....10,936  
 Youth .....5,206  
 Penetration Rate (Total population of area)..... 1.6%  
 Civil Commitment .....722  
 Unfunded Clients Served .....2,189

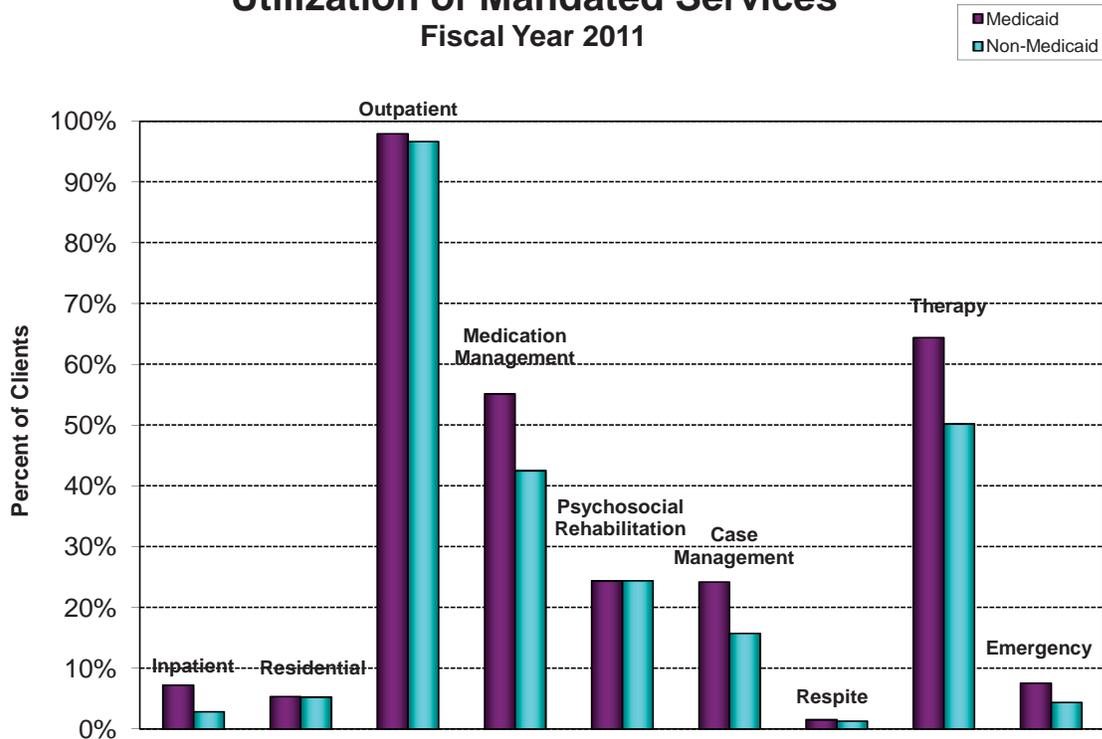
### Diagnosis

	Youth	Adult
Adjustment Disorder	692	338
Anxiety	2,170	5,340
Attention Deficit	1,763	787
Cognitive Disorder	159	710
Conduct Disorder	191	17
Impulse Control Disorders	431	206
Mood Disorder	1,721	7,437
Neglect or Abuse	981	73
Oppositional Defiant Disorder	1,192	39
Other	499	442
Personality Disorder	27	3,328
Pervasive Developmental Disorders	594	183
Schizophrenia and Other Psychotic	8	2,098
Substance Abuse	354	4,213
V Codes	952	2,229
<b>Total</b>	<b>10,782</b>	<b>25,211</b>

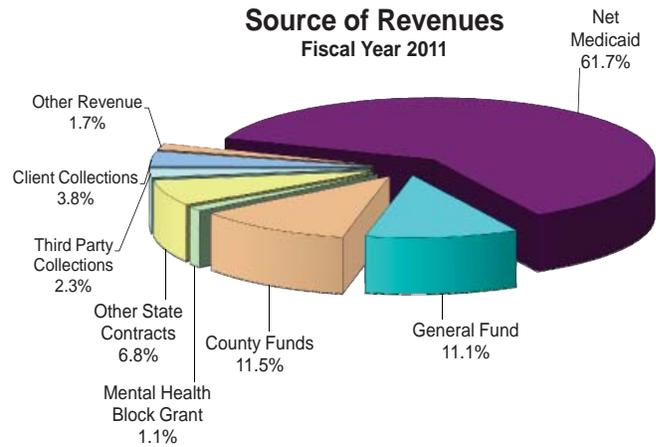
### Race/Ethnicity Fiscal Year 2011



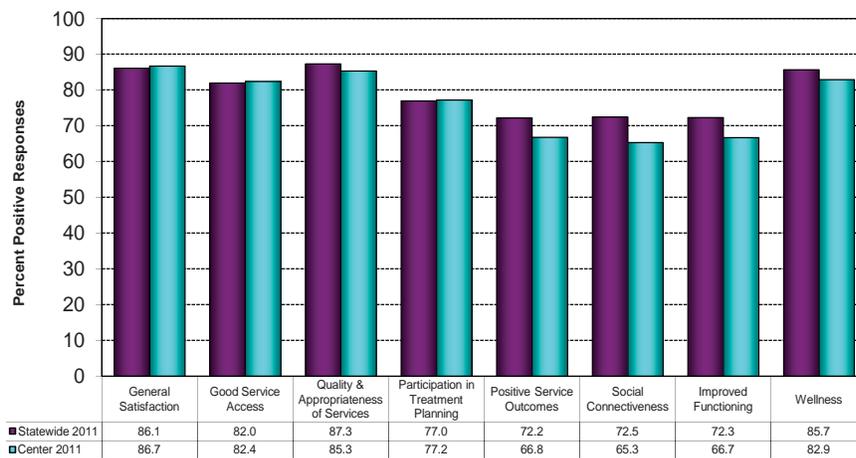
### Utilization of Mandated Services Fiscal Year 2011



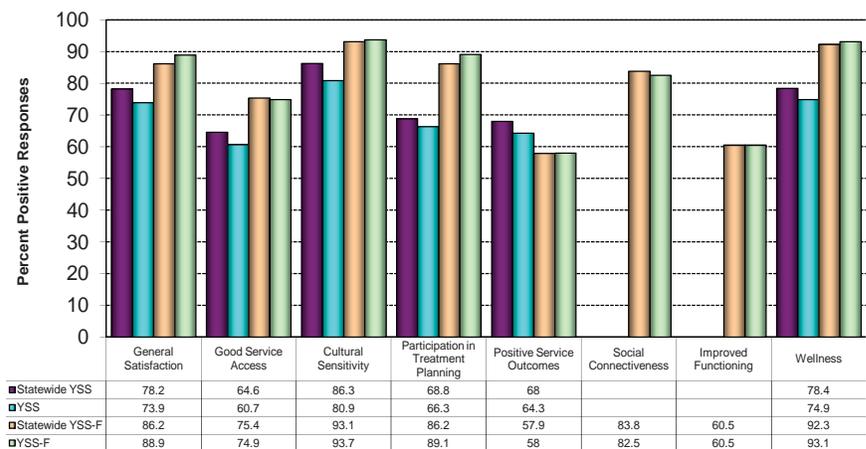
Salt Lake County—Valley Mental Health (Continued)



### Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP) 2011



### Youth Consumer Satisfaction Surveys (YSS and YSS-F) 2011



# San Juan County



Population: 14,746

## Substance Abuse and Mental Health Provider Agency:

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

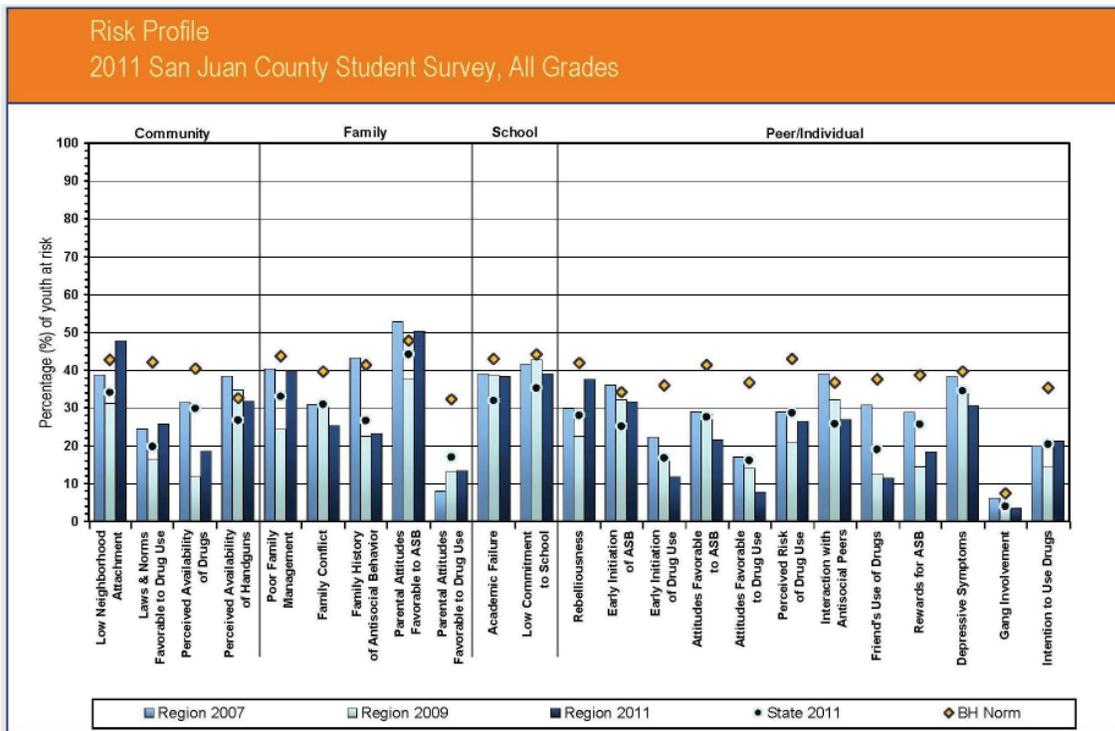
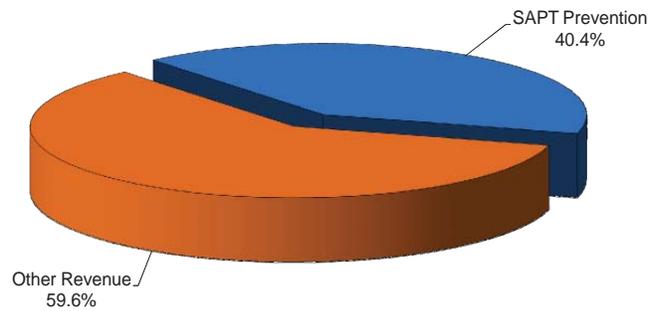
### San Juan Substance Abuse—Prevention

**Prioritized Risk Factors:** parental attitude favorable to drug use; academic failure; low commitment to school

**Coalitions:**

- Blanding Prevention Advisory Committee

**Source of Revenues**  
Fiscal Year 2011

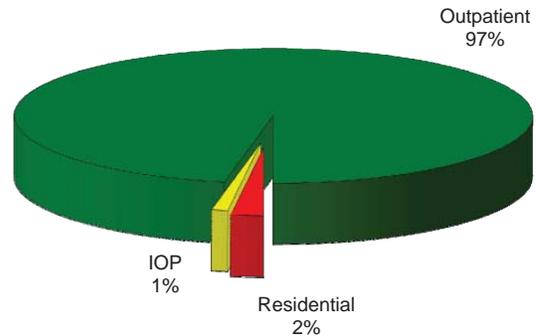


## San Juan Counseling—Substance Abuse

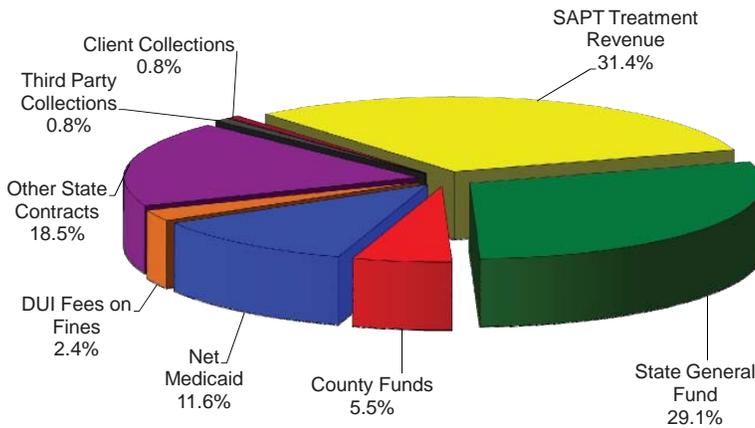
Total Clients Served.....146  
 Adult .....116  
 Youth.....30  
 Penetration Rate (Total population of area).. 1.0%

Total Admissions.....99  
 Initial Admissions .....96  
 Transfers.....3

### Admissions into Modalities Fiscal Year 2011



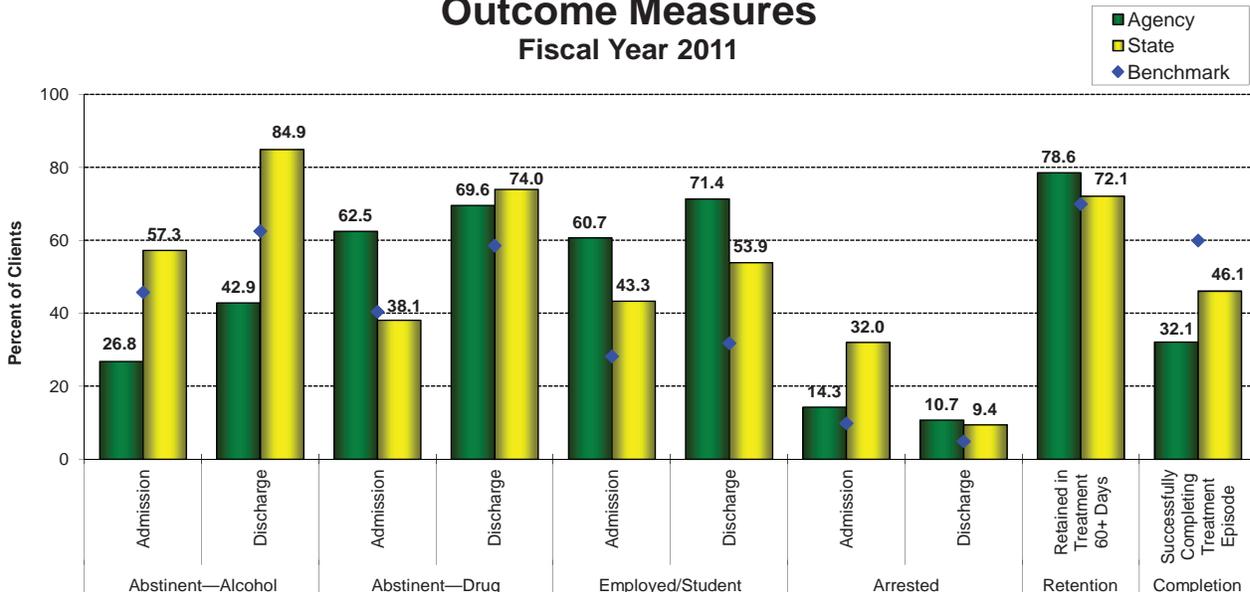
### Source of Revenues Fiscal Year 2011



### Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	37	18	55
Cocaine/Crack	0	0	0
Marijuana/Hashish	16	5	21
Heroin	1	0	1
Other Opiates/Synthetics	2	2	4
Hallucinogens	0	0	0
Methamphetamine	6	0	6
Other Stimulants	0	0	0
Benzodiazepines	0	0	0
Tranquilizers/Sedatives	0	0	0
Inhalants	0	0	0
Oxycodone	6	5	11
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	0	1	1
<b>Total</b>	<b>68</b>	<b>31</b>	<b>99</b>

### Outcome Measures Fiscal Year 2011



Benchmark is 75% of the National Average.

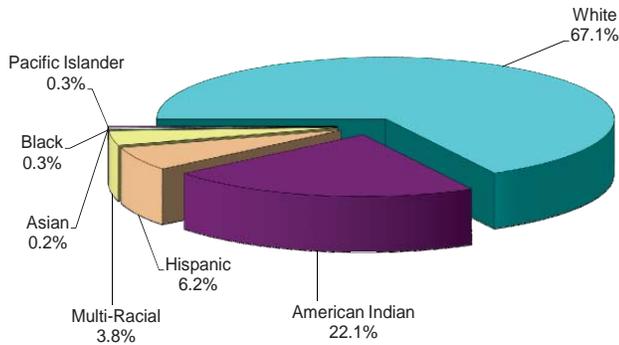
## San Juan Counseling—Mental Health

Total Clients Served .....548  
 Adult .....385  
 Youth .....163  
 Penetration Rate (Total population of area) ..... 3.7%  
 Civil Commitment .....1  
 Unfunded Clients Served .....163

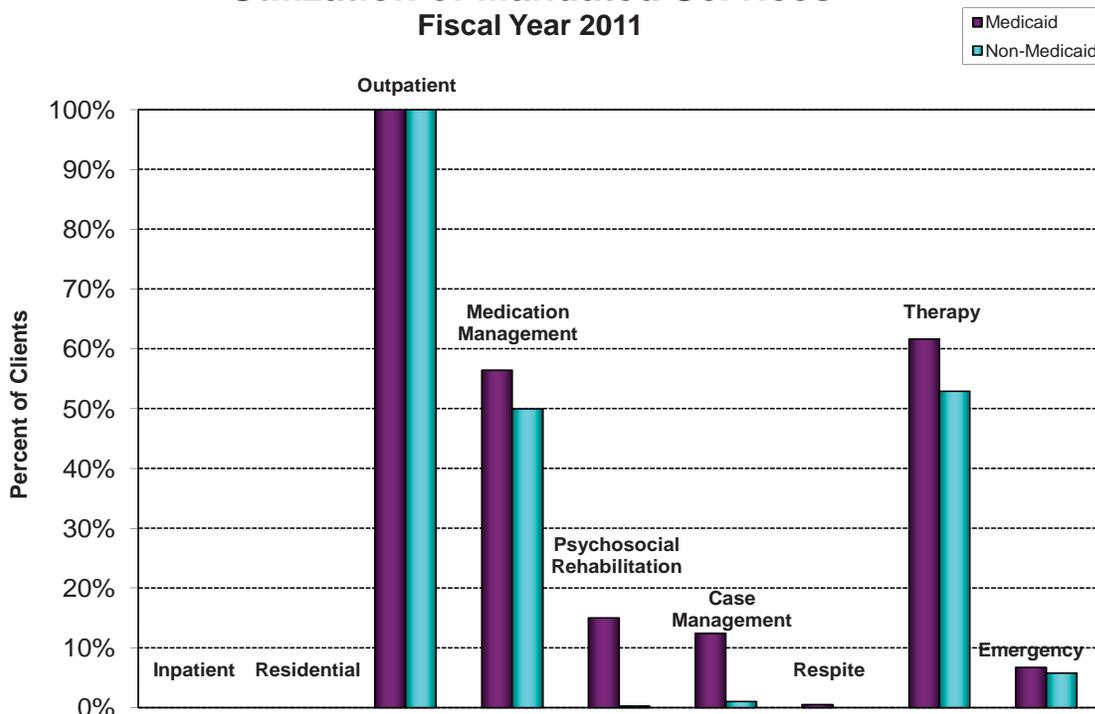
### Diagnosis

	Youth	Adult
Adjustment Disorder	34	17
Anxiety	37	102
Attention Deficit	50	17
Cognitive Disorder	1	31
Conduct Disorder	2	-
Impulse Control Disorders	2	3
Mood Disorder	38	211
Neglect or Abuse	4	8
Oppositional Defiant Disorder	4	-
Other	13	12
Personality Disorder	-	24
Pervasive Developmental Disorders	8	4
Schizophrenia and Other Psychotic	-	19
Substance Abuse	1	28
V Codes	10	30
<b>Total</b>	<b>194</b>	<b>476</b>

### Race/Ethnicity Fiscal Year 2011

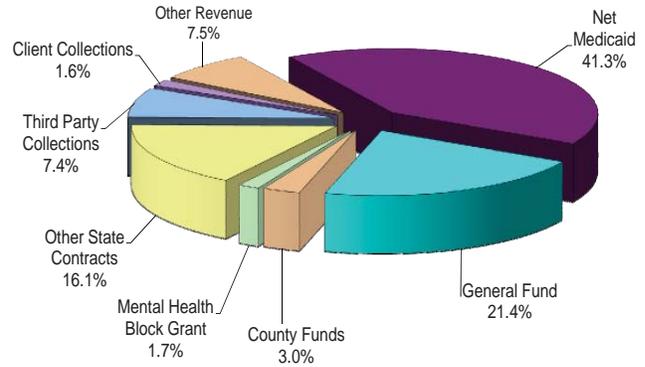


### Utilization of Mandated Services Fiscal Year 2011

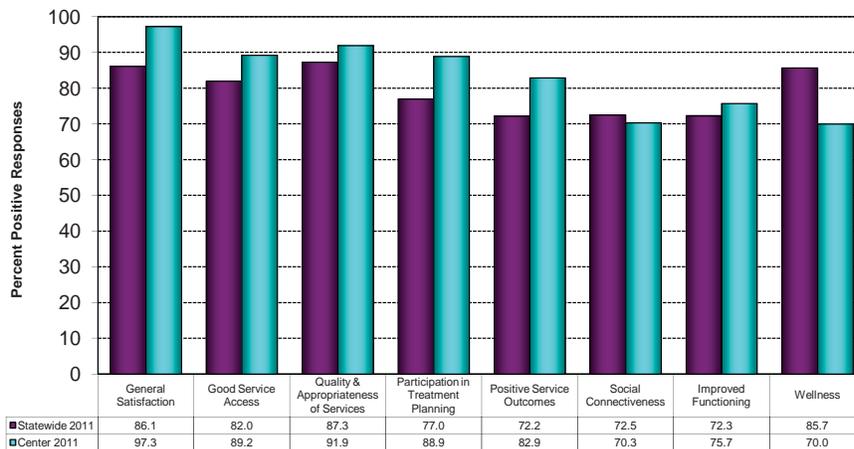


San Juan Counseling—Mental Health (Continued)

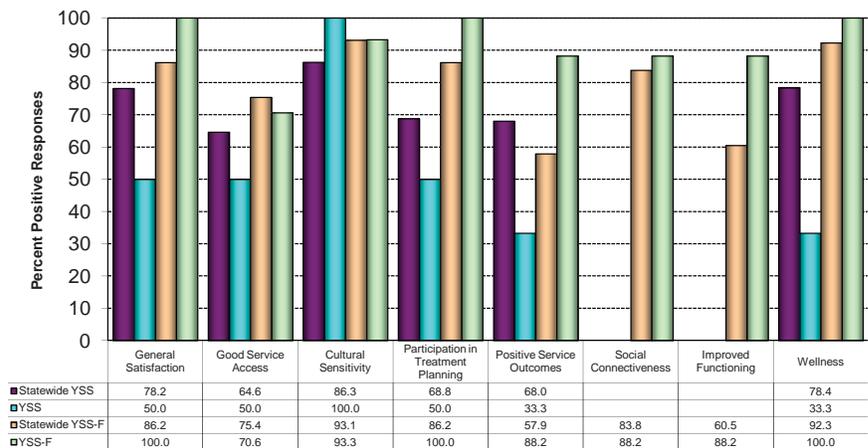
Source of Revenues  
Fiscal Year 2011



Adult Consumer Satisfaction Survey Mental Health  
Statistics Improvement Program (MHSIP)  
2011



Youth Consumer Satisfaction Surveys  
(YSS and YSS-F)  
2011



# Southwest Behavioral Health Center

Beaver, Garfield, Iron, Kane, and Washington Counties



Population: 203,204

## Substance Abuse and Mental Health Provider Agency:

Mike Deal, Director  
 Southwest Behavioral Health Center  
 474 West 200 North, Suite 300  
 St. George, UT 84770  
 Office: (435) 634-5600  
 www.swbehavioralhealth.com

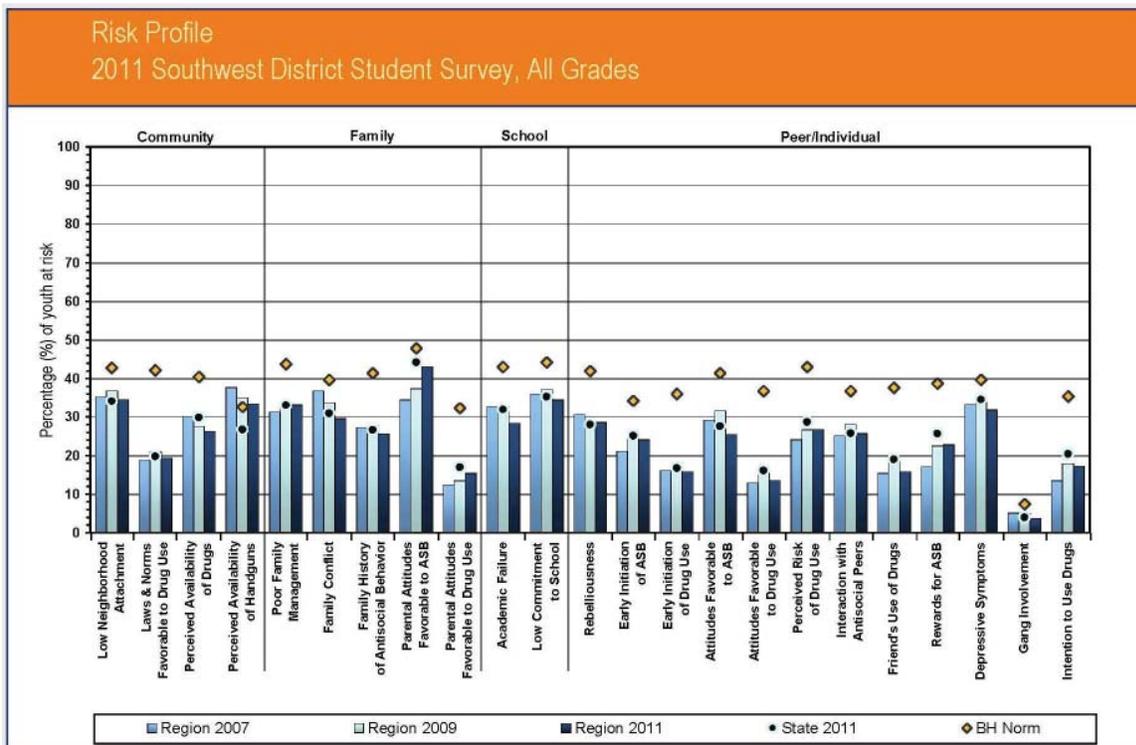
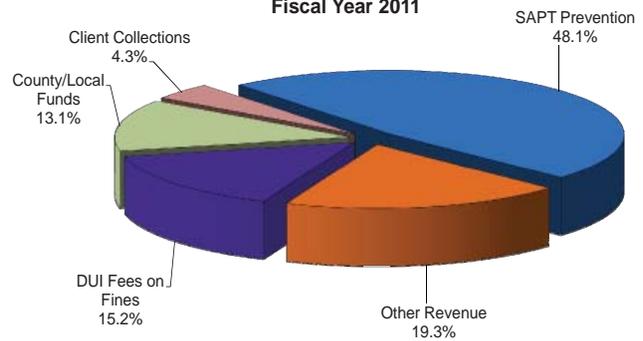
## Southwest Substance Abuse—Prevention

**Prioritized Risk Factors:** low neighborhood attachment, family conflict, attitudes favorable to antisocial behavior

**Coalitions:**

- Washington County Prevention Coalition
- Beaver County Prevention Coalition
- Garfield County Prevention Coalition

**Source of Revenues**  
Fiscal Year 2011

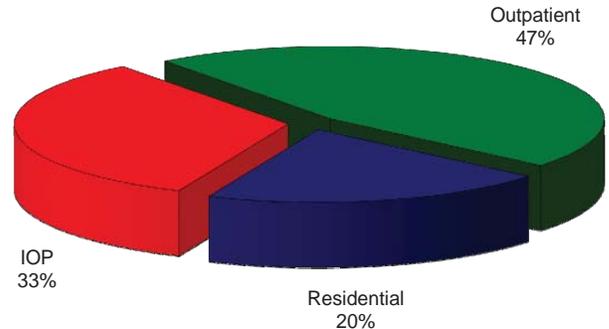


## Southwest Behavioral Health Center—Substance Abuse

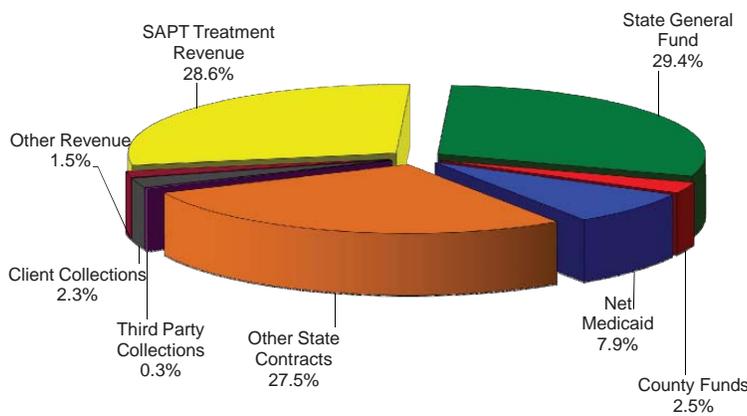
Total Clients Served.....616  
 Adult .....553  
 Youth.....63  
 Penetration Rate (Total population of area)..0.3%

Total Admissions.....549  
 Initial Admissions .....314  
 Transfers.....235

**Admissions into Modalities**  
Fiscal Year 2011



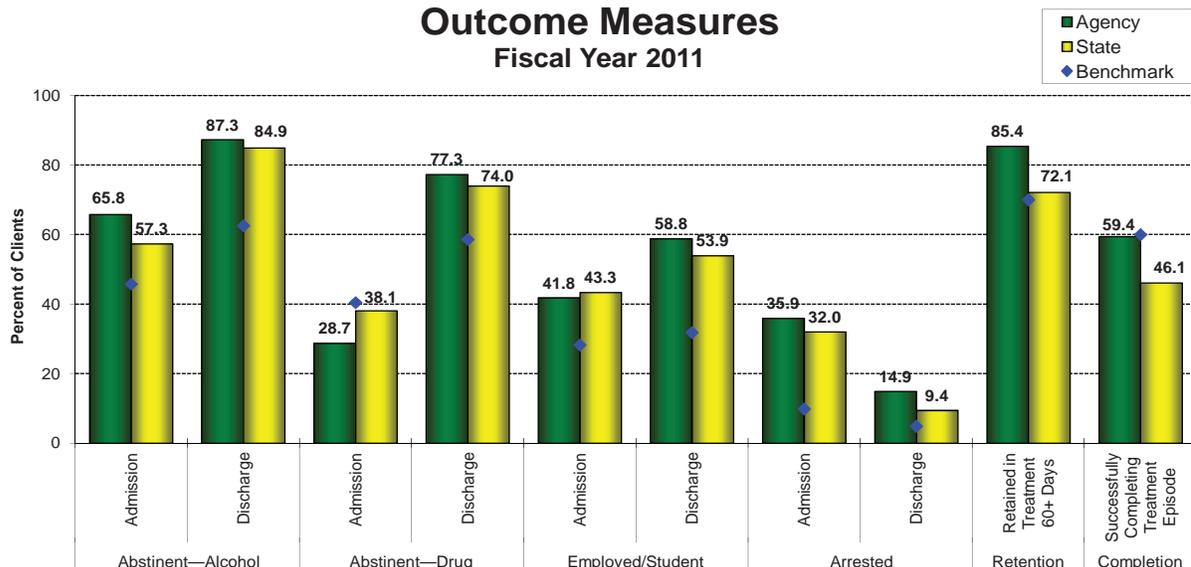
**Source of Revenues**  
Fiscal Year 2011



**Primary Substance of Abuse at Admission**

	Male	Female	Total
Alcohol	85	55	140
Cocaine/Crack	2	0	2
Marijuana/Hashish	73	23	96
Heroin	54	29	83
Other Opiates/Synthetics	5	6	11
Hallucinogens	0	2	2
Methamphetamine	55	72	127
Other Stimulants	2	2	4
Benzodiazepines	0	5	5
Tranquilizers/Sedatives	0	1	1
Inhalants	0	0	0
Oxycodone	47	29	76
Club Drugs	0	0	0
Over-the-Counter	1	1	2
Other	0	0	0
<b>Total</b>	<b>324</b>	<b>225</b>	<b>549</b>

**Outcome Measures**  
Fiscal Year 2011



Benchmark is 75% of the National Average.

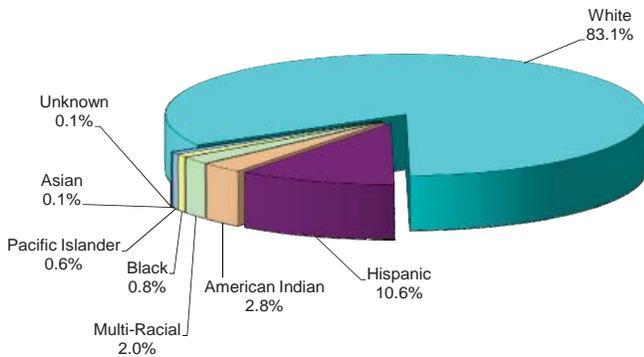
## Southwest Behavioral Health Center—Mental Health

Total Clients Served.....2,742  
 Adult .....1,290  
 Youth.....1,452  
 Penetration Rate (Total population of area)..... 1.3%  
 Civil Commitment .....38  
 Unfunded Clients Served .....695

### Diagnosis

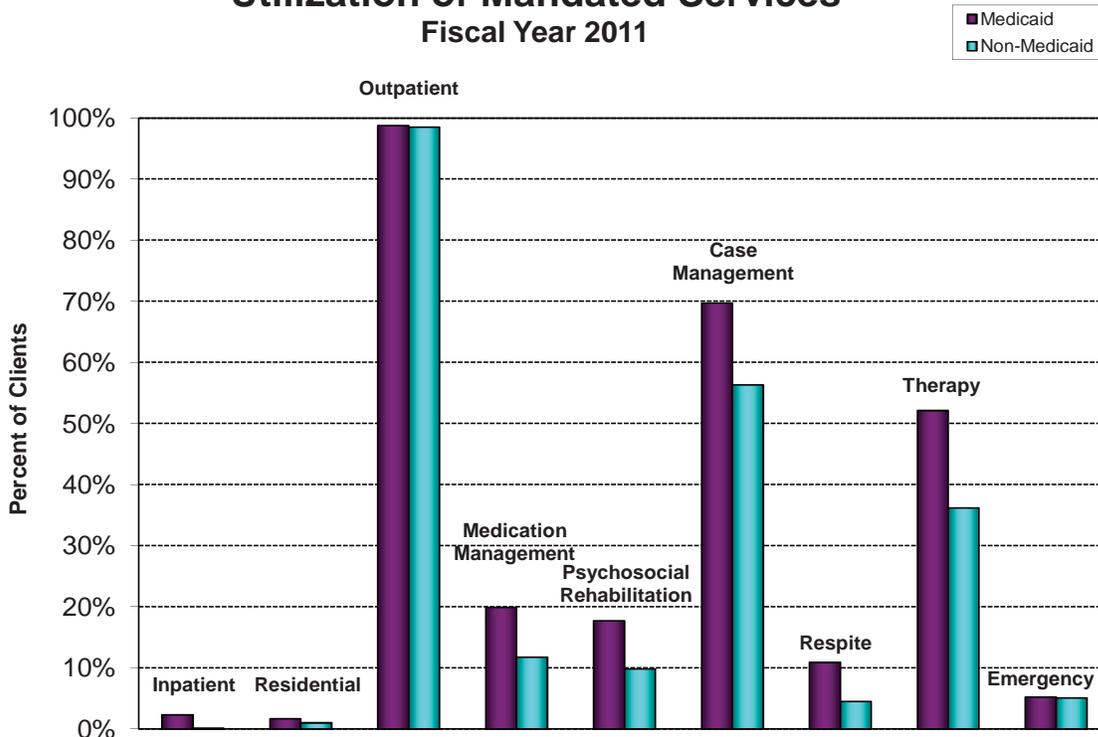
	Youth	Adult
Adjustment Disorder	351	152
Anxiety	267	343
Attention Deficit	149	25
Cognitive Disorder	24	53
Conduct Disorder	30	1
Impulse Control Disorders	169	17
Mood Disorder	235	714
Neglect or Abuse	189	32
Oppositional Defiant Disorder	89	2
Other	42	20
Personality Disorder	9	328
Pervasive Developmental Disorders	56	18
Schizophrenia and Other Psychotic	4	189
Substance Abuse	36	96
V Codes	177	79
<b>Total</b>	<b>1,650</b>	<b>1,990</b>

### Race/Ethnicity Fiscal Year 2011

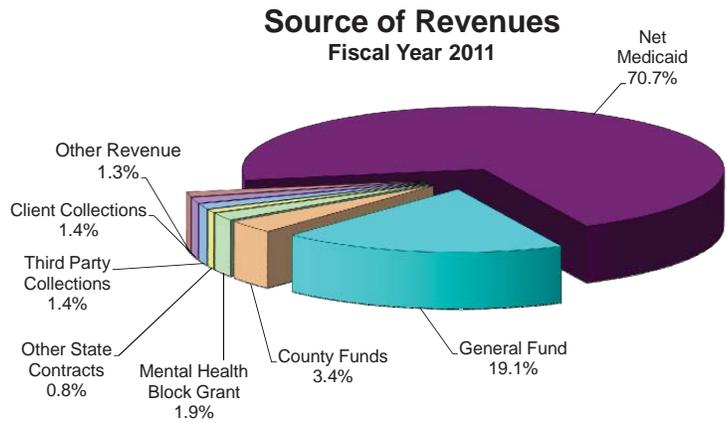


More than one race/ethnicity may have been selected.

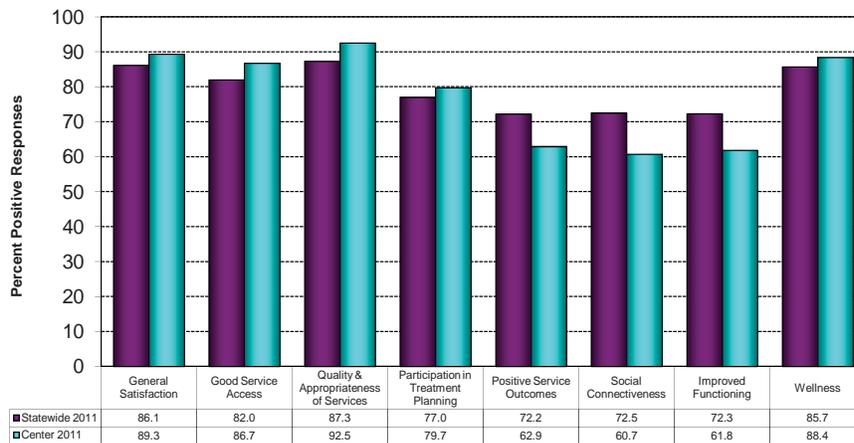
### Utilization of Mandated Services Fiscal Year 2011



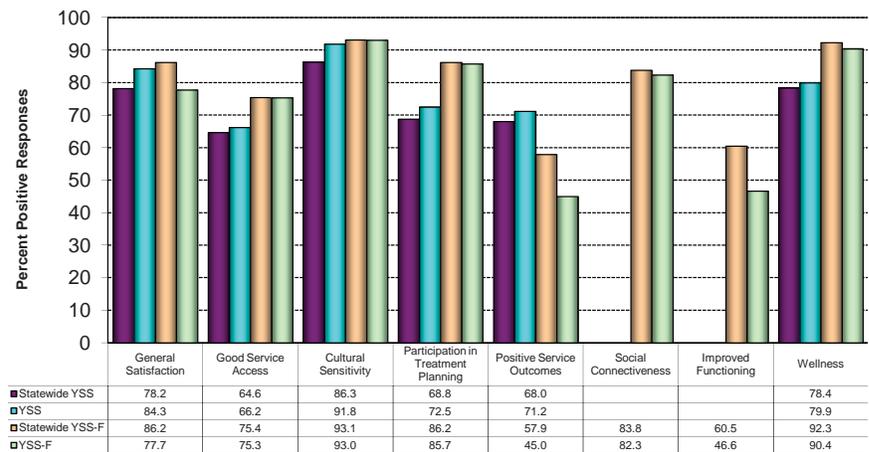
## Southwest Behavioral Health Center—Mental Health (Continued)



### Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP) 2011



### Youth Consumer Satisfaction Surveys (YSS and YSS-F) 2011



# Summit County



## Substance Abuse and Mental Health Provider Agency:

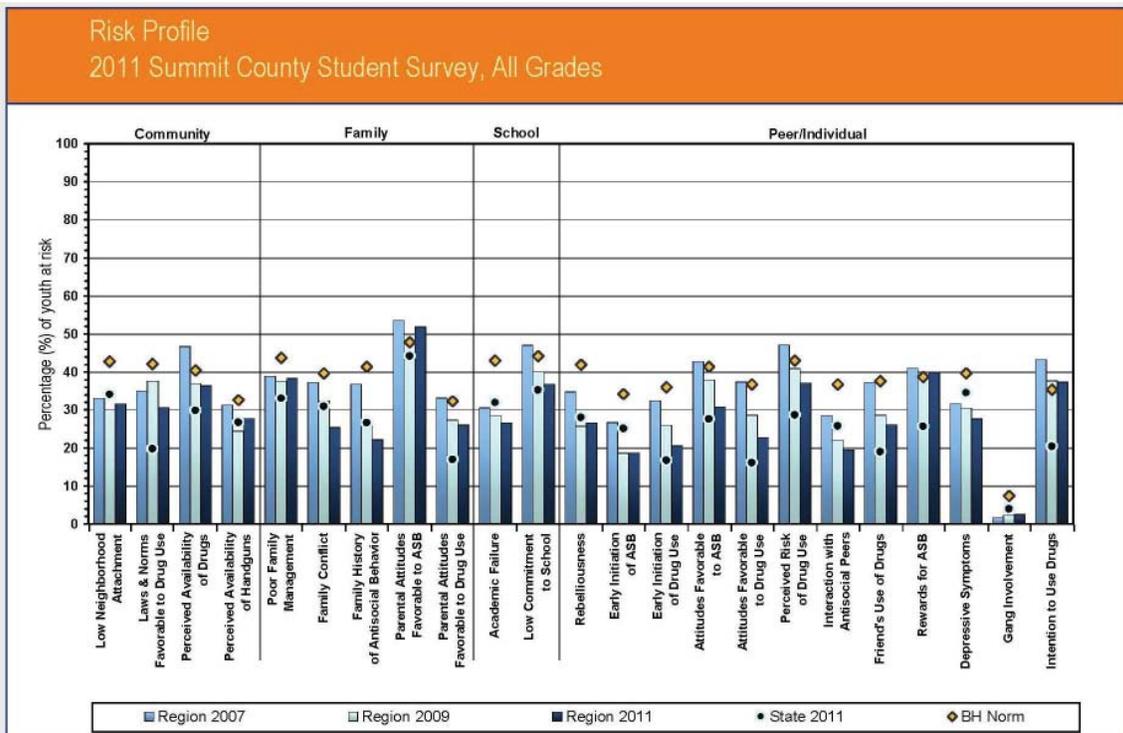
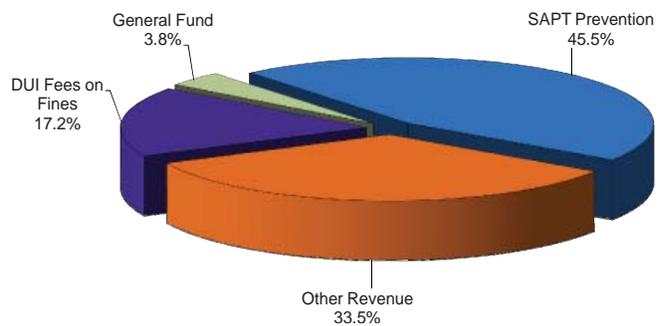
Debra Falvo, President/Executive Director  
 Thomas Roger Peay, County Program Manager  
 Valley Mental Health, Summit County  
 1753 Sidewinder Drive  
 Park City, UT 84060-7322  
 Office: (435) 649-8347  
 Fax: (435) 649-2157  
[www.valleymentalhealth.org/summit\\_county](http://www.valleymentalhealth.org/summit_county)

Population: 36,324

## Summit Substance Abuse—Prevention

**Prioritized Risk Factors:** norms favorable to drug use and parental attitudes favorable antisocial behavior

**Source of Revenues**  
Fiscal Year 2011

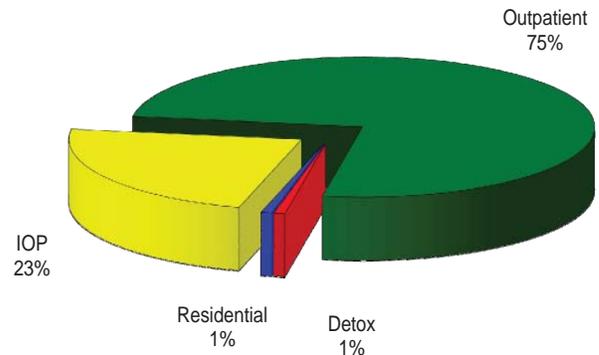


## Summit County - Valley Mental Health - Substance Abuse

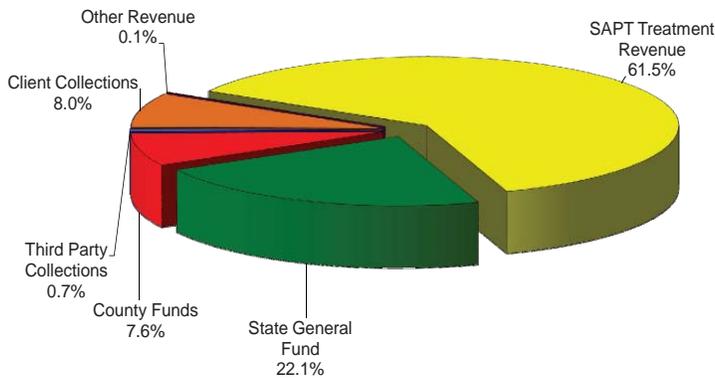
Total Clients Served.....240  
 Adult .....225  
 Youth.....15  
 Penetration Rate (Total population of area)..0.7%

Total Admissions.....130  
 Initial Admissions .....127  
 Transfers.....3

**Admissions into Modalities**  
Fiscal Year 2011



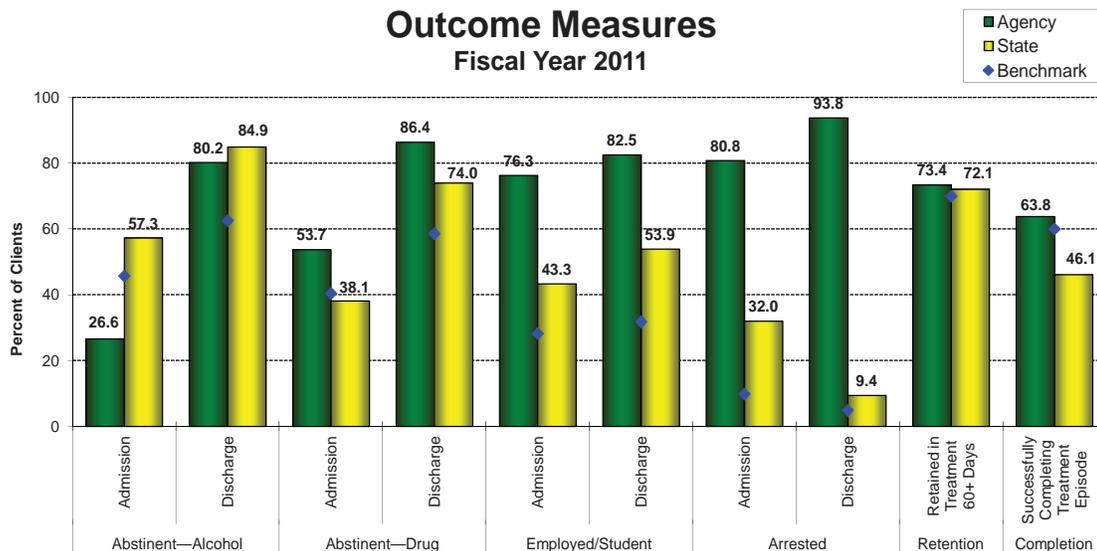
**Source of Revenues**  
Fiscal Year 2011



**Primary Substance of Abuse at Admission**

	Male	Female	Total
Alcohol	62	30	92
Cocaine/Crack	3	1	4
Marijuana/Hashish	22	2	24
Heroin	3	1	4
Other Opiates/Synthetics	0	2	2
Hallucinogens	0	0	0
Methamphetamine	2	0	2
Other Stimulants	0	1	1
Benzodiazepines	0	0	0
Tranquilizers/Sedatives	0	0	0
Inhalants	0	0	0
Oxycodone	1	0	1
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	0	0	0
<b>Total</b>	<b>93</b>	<b>37</b>	<b>130</b>

**Outcome Measures**  
Fiscal Year 2011



Benchmark is 75% of the National Average.

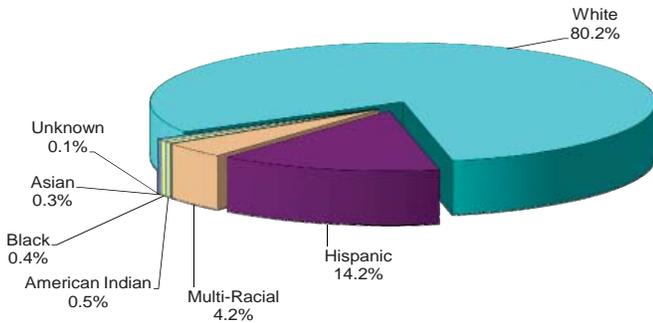
## Summit County—Valley Mental Health—Mental Health

Total Clients Served .....811  
 Adult .....581  
 Youth .....230  
 Penetration Rate (Total population of area)..... 2.2%  
 Civil Commitment .....16  
 Unfunded Clients Served .....89

### Diagnosis

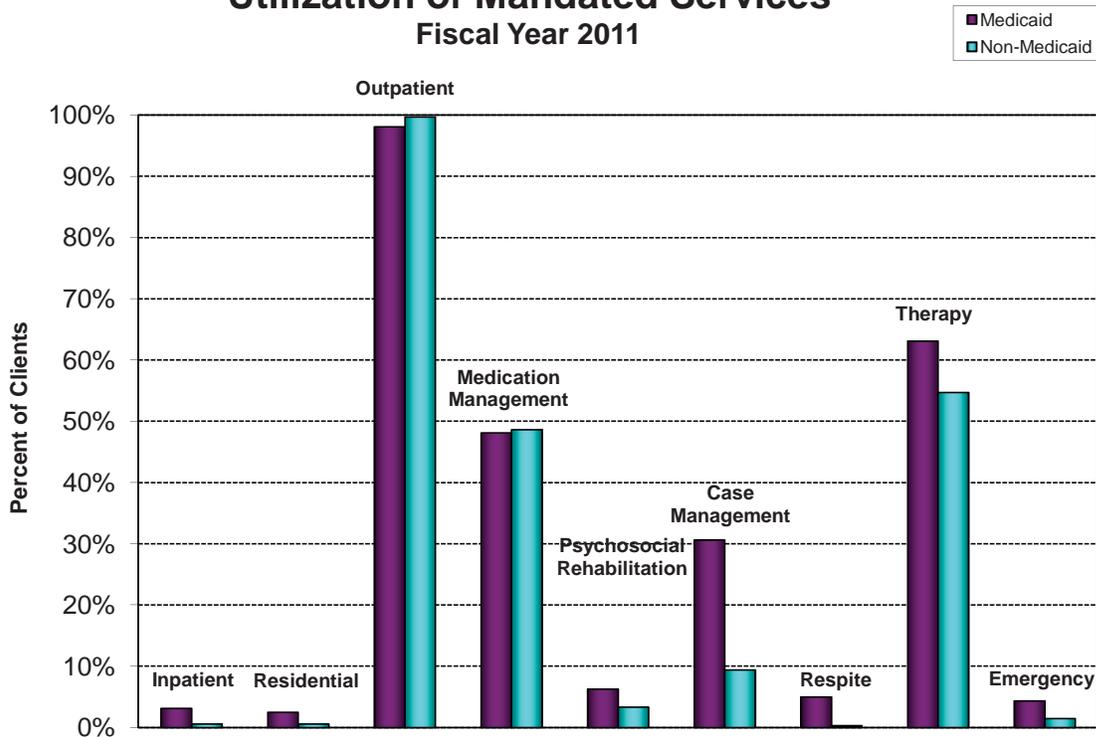
	Youth	Adult
Adjustment Disorder	55	51
Anxiety	71	355
Attention Deficit	64	95
Cognitive Disorder	2	15
Conduct Disorder	3	-
Impulse Control Disorders	18	8
Mood Disorder	93	380
Neglect or Abuse	8	18
Oppositional Defiant Disorder	32	-
Other	7	21
Personality Disorder	-	26
Pervasive Developmental Disorders	11	2
Schizophrenia and Other Psychotic	-	22
Substance Abuse	25	161
V Codes	61	158
<b>Total</b>	<b>389</b>	<b>1,154</b>

**Race/Ethnicity**  
Fiscal Year 2011



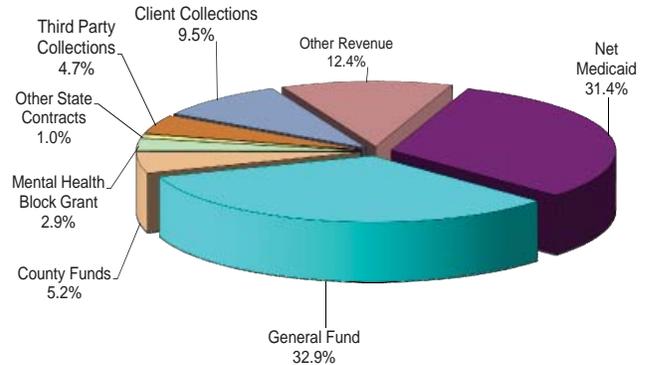
More than one race/ethnicity may have been selected.

### Utilization of Mandated Services Fiscal Year 2011

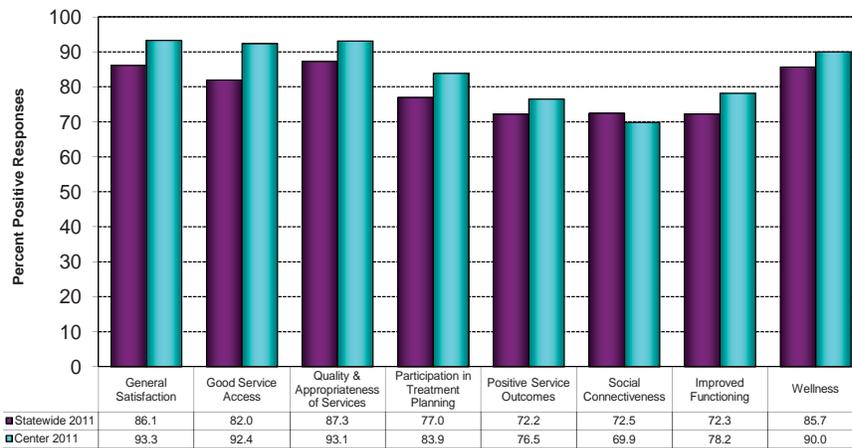


Summit County—Valley Mental Health—Mental Health (Continued)

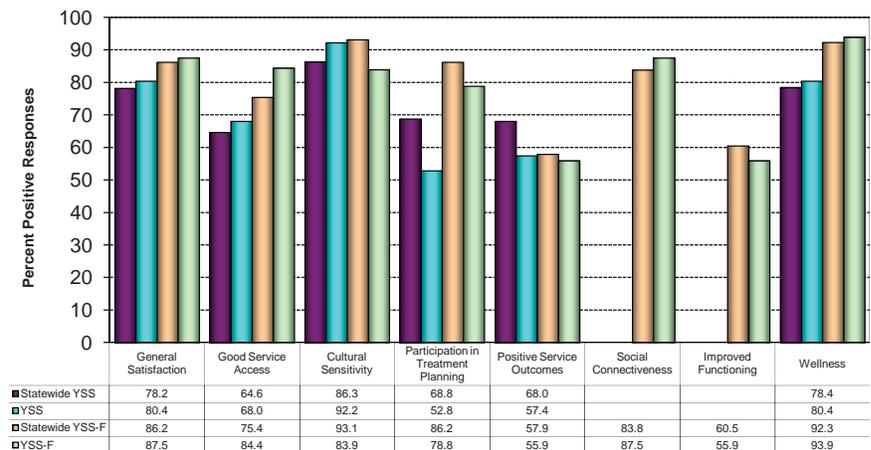
Source of Revenues  
Fiscal Year 2011



Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP) 2011



Youth Consumer Satisfaction Surveys (YSS and YSS-F) 2011



# Tooele County



Population: 58,218

## Substance Abuse and Mental Health Provider Agency:

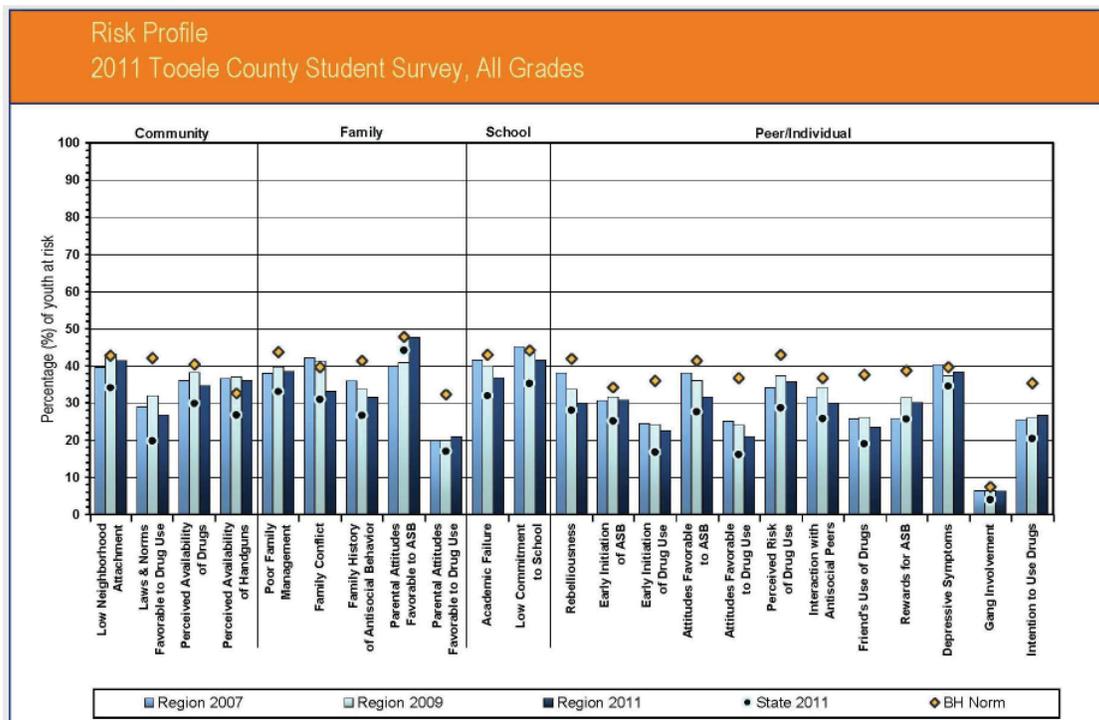
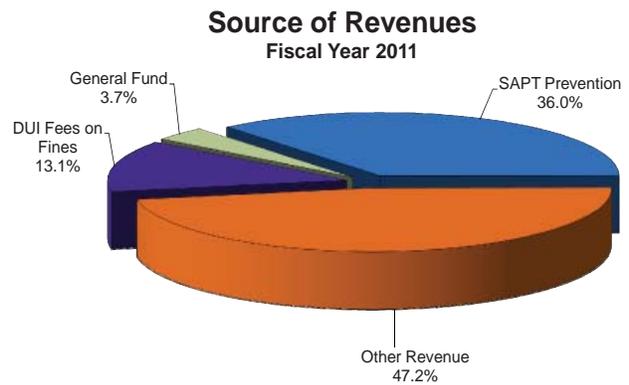
Debra Falvo, President/Executive Director  
 Alex Gonzalez, County Program Manager  
 Valley Mental Health, Tooele County  
 100 South 1000 West  
 Tooele, UT 84074  
 Office: (435) 843-3520  
[www.valleymentalhealth.org/tooele\\_county](http://www.valleymentalhealth.org/tooele_county)

## Tooele Substance Abuse—Prevention

**Prioritized Risk Factors:** low commitment to school, early initiation of antisocial behavior, and attitudes favorable to antisocial behavior

**Coalitions:**

- Tooele Communities That Care
- Tooele Interagency Prevention Professionals (TIPP)
- Tooele County Domestic Violence Coalition

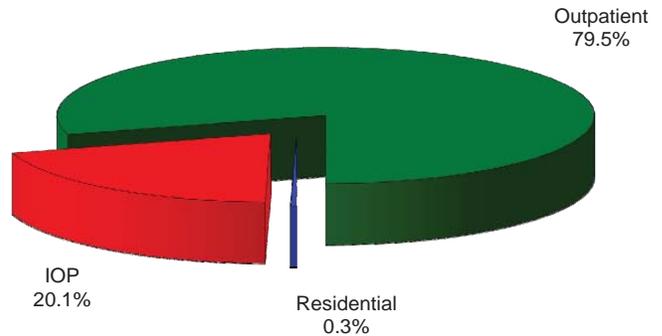


## Tooele County—Valley Mental Health—Substance Abuse

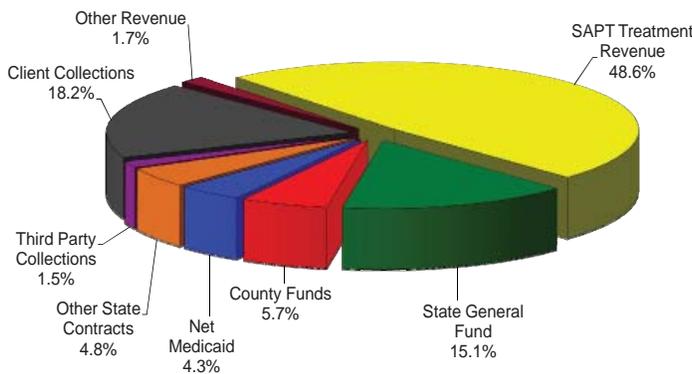
Total Clients Served.....461  
 Adult .....403  
 Youth.....58  
 Penetration Rate (Total population of area)..0.8%

Total Admissions.....298  
 Initial Admissions .....292  
 Transfers.....6

### Admissions into Modalities Fiscal Year 2011



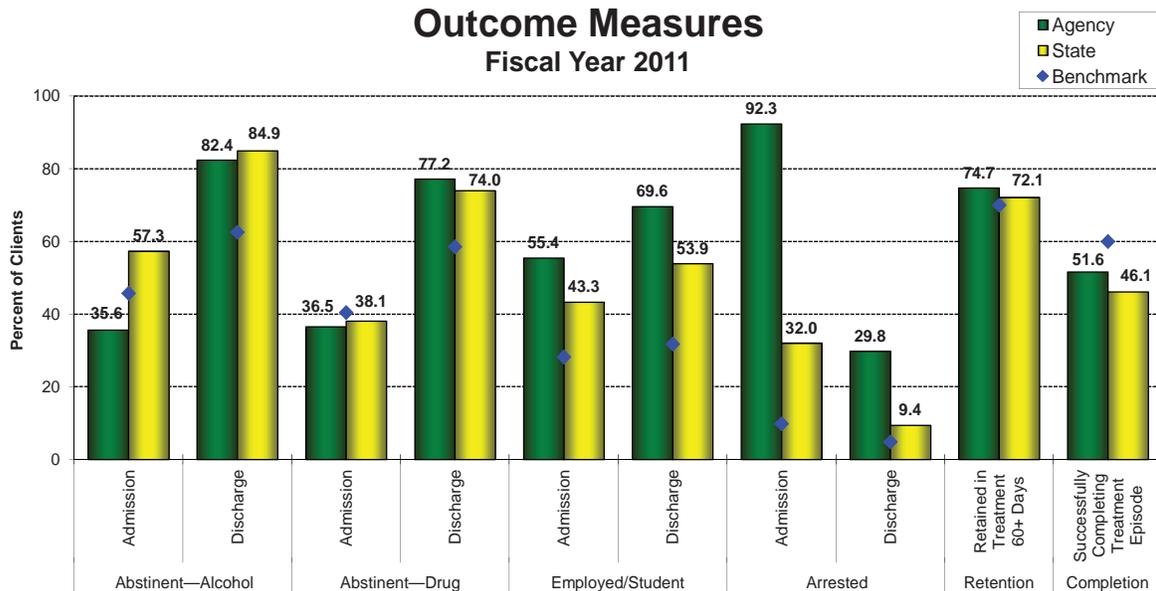
### Source of Revenues Fiscal Year 2011



### Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	84	48	132
Cocaine/Crack	2	4	6
Marijuana/Hashish	49	17	66
Heroin	25	5	30
Other Opiates/Synthetics	4	2	6
Hallucinogens	1	0	1
Methamphetamine	22	23	45
Other Stimulants	0	0	0
Benzodiazepines	0	2	2
Tranquilizers/Sedatives	0	0	0
Inhalizers	0	1	1
Oxycodone	4	3	7
Club Drugs	1	0	1
Over-the-Counter	0	0	0
Other	1	0	1
<b>Total</b>	<b>193</b>	<b>105</b>	<b>298</b>

### Outcome Measures Fiscal Year 2011



Benchmark is 75% of the National Average.

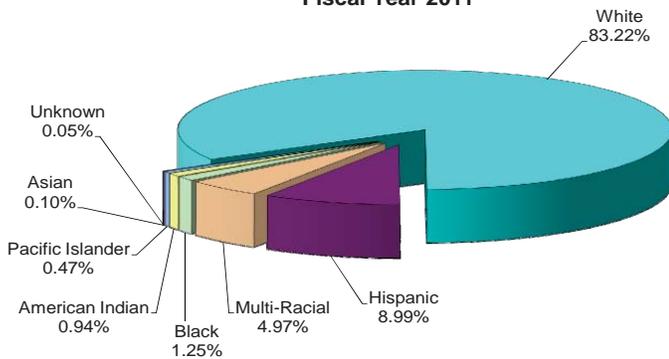
## Tooele County—Valley Mental Health—Mental Health

Total Clients Served.....1,741  
 Adult .....1,269  
 Youth.....472  
 Penetration Rate (Total population of area)..... 3.0%  
 Civil Commitment .....35  
 Unfunded Clients Served..... 154

### Diagnosis

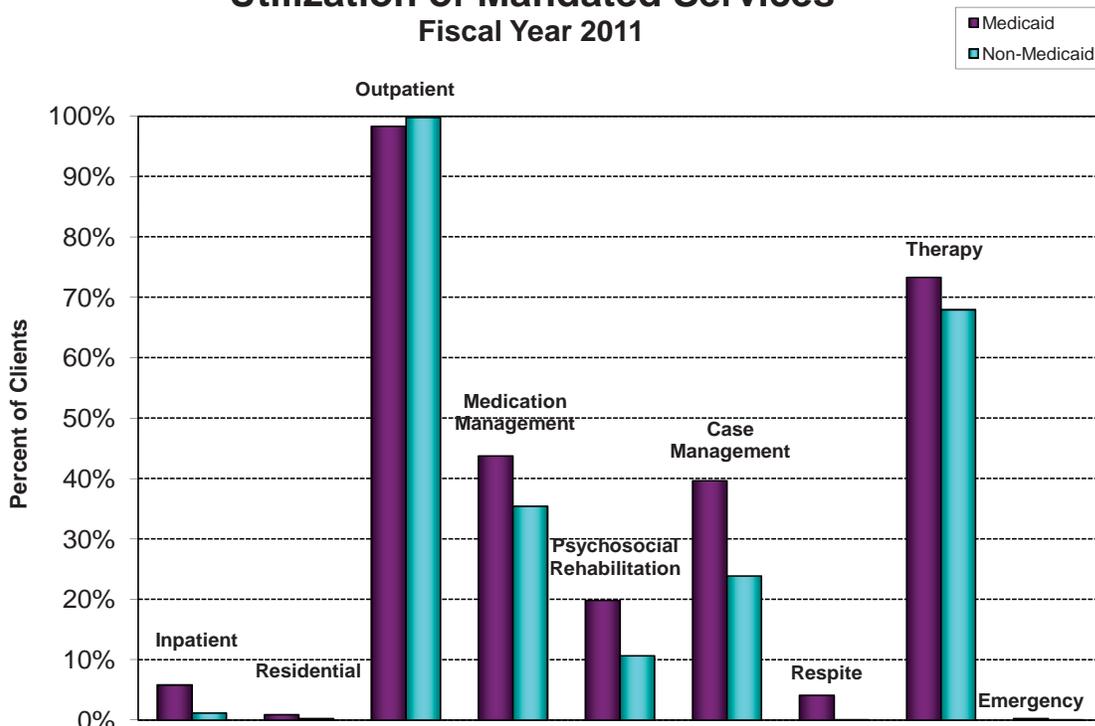
	Youth	Adult
Adjustment Disorder	74	53
Anxiety	164	722
Attention Deficit	139	91
Cognitive Disorder	6	22
Conduct Disorder	16	2
Impulse Control Disorders	34	9
Mood Disorder	173	875
Neglect or Abuse	111	40
Oppositional Defiant Disorder	96	1
Other	50	42
Personality Disorder	5	231
Pervasive Developmental Disorders	18	9
Schizophrenia and Other Psychotic	-	69
Substance Abuse	51	508
V Codes	143	392
<b>Total</b>	<b>937</b>	<b>2,674</b>

### Race/Ethnicity Fiscal Year 2011

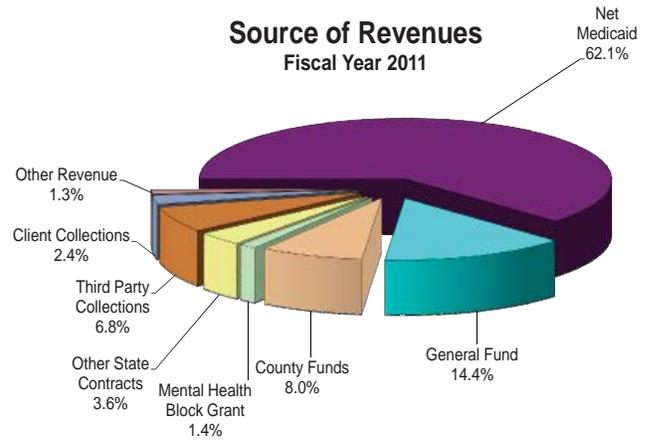


More than one race/ethnicity may have been selected.

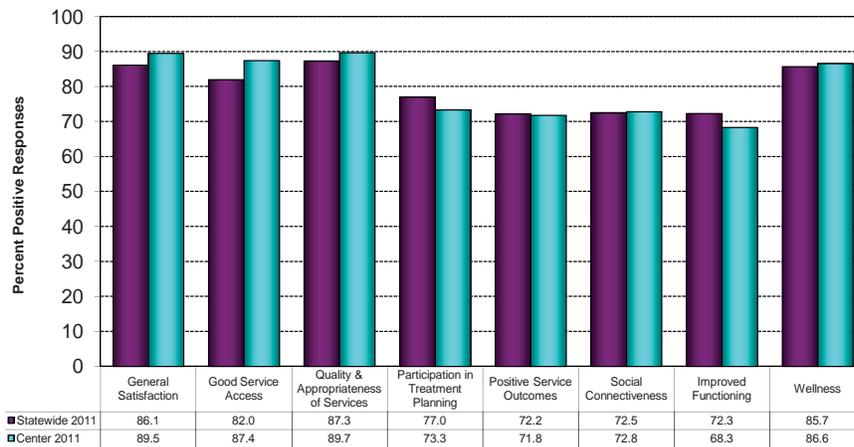
### Utilization of Mandated Services Fiscal Year 2011



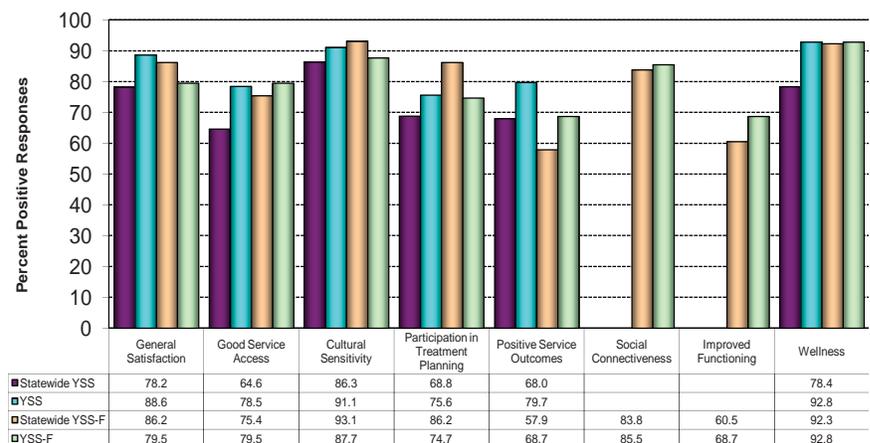
Tooele County—Valley Mental Health—Mental Health (Continued)



### Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP) 2011



### Youth Consumer Satisfaction Surveys (YSS and YSS-F) 2011



# Utah County



Population: 516,564

**Substance Abuse Provider Agency:**

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

**Mental Health Provider Agency:**

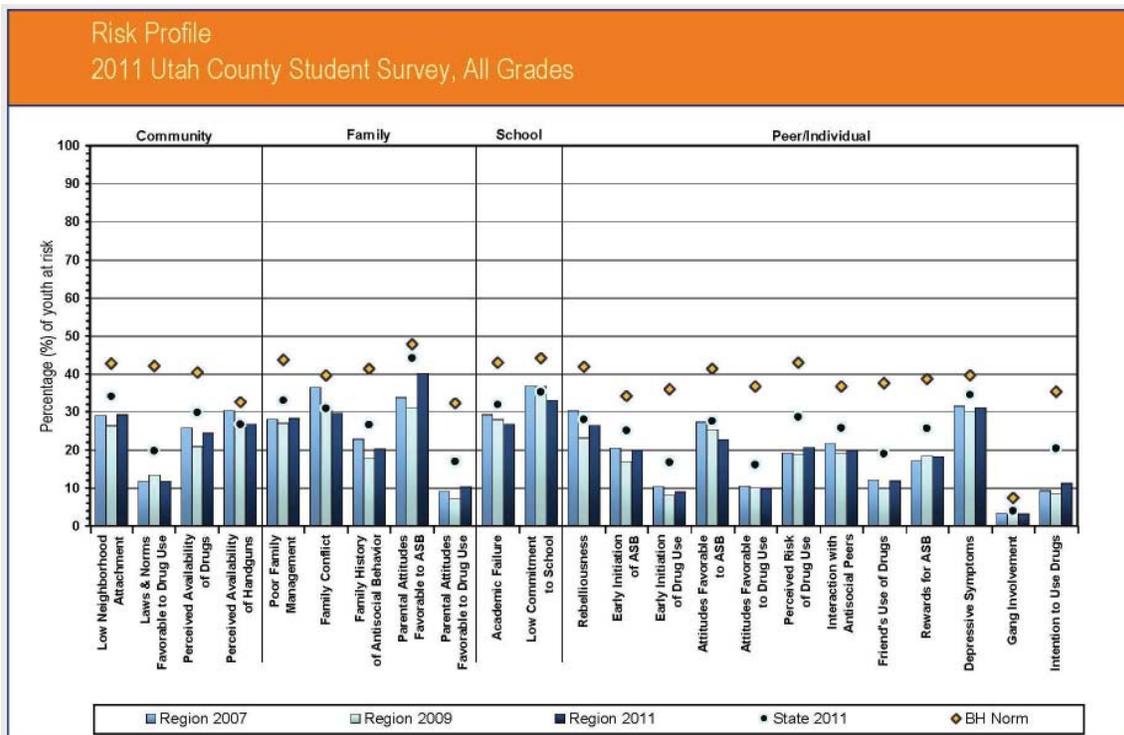
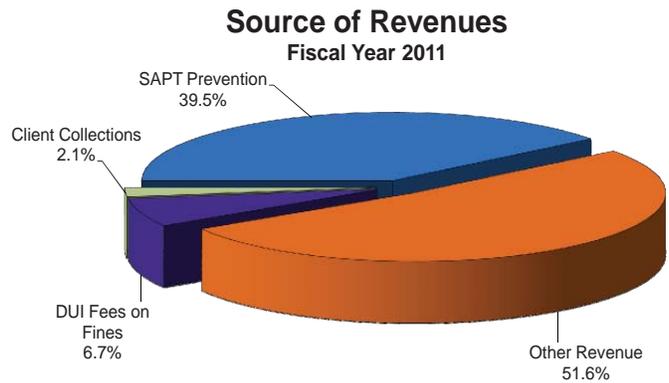
Juergen Korbanka, Executive Director  
 Wasatch Mental Health  
 750 North 200 West, Suite 300  
 Provo, UT 84601  
 Office: (801) 852-4703 www.wasatch.org

## Utah County—Prevention

**Prioritized Risk Factors:** low commitment to school, perceived availability of drugs, parent attitudes favorable to antisocial behavior

**Coalitions:**

- Utah County
- Springville City
- Payson City
- Saratoga Springs and Eagle Mountain

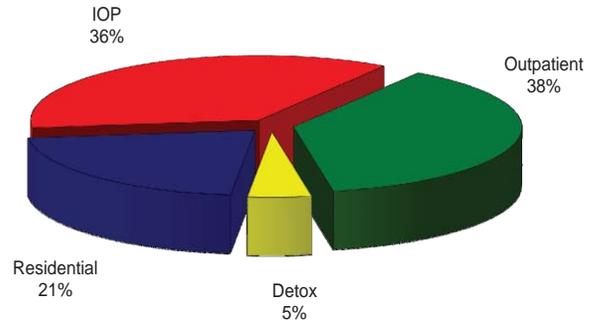


## Utah County—Substance Abuse

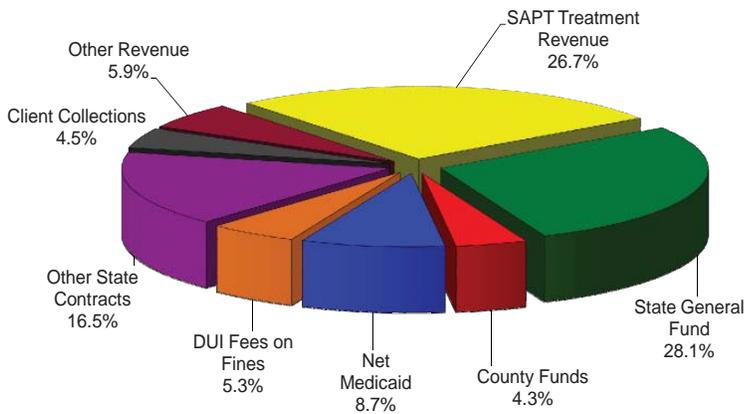
Total Clients Served.....1,103  
 Adult .....1,011  
 Youth.....92  
 Penetration Rate (Total population of area)..0.2%

Total Admissions.....1,066  
 Initial Admissions .....479  
 Transfers.....587

**Admissions into Modalities**  
Fiscal Year 2011



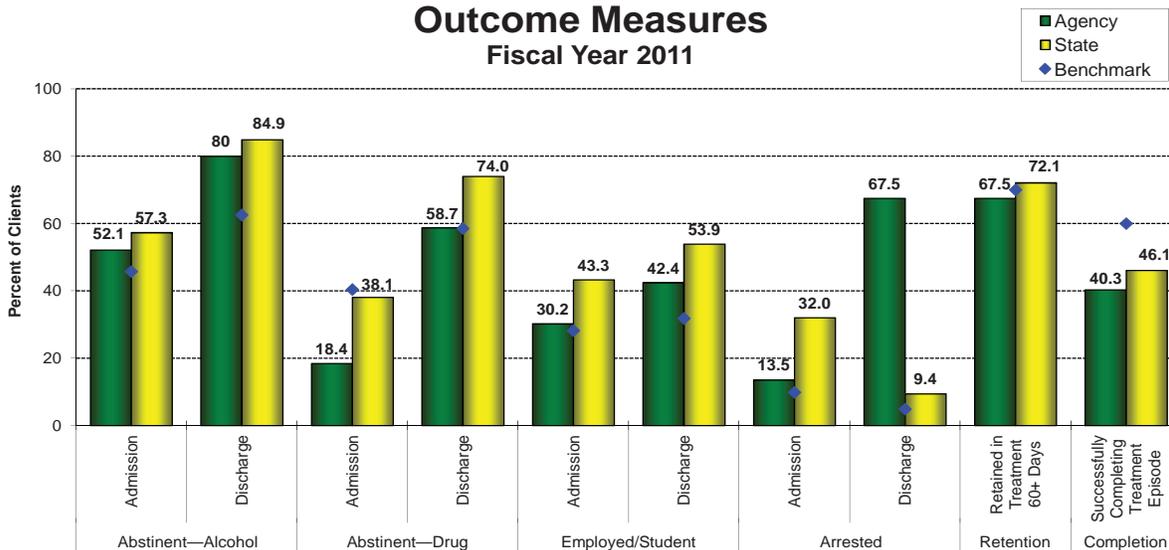
**Source of Revenues**  
Fiscal Year 2011



**Primary Substance of Abuse at Admission**

	Male	Female	Total
Alcohol	243	183	426
Cocaine/Crack	63	43	106
Marijuana/Hashish	116	46	162
Heroin	73	64	137
Other Opiates/Synthetics	15	12	27
Hallucinogens	2	0	2
Methamphetamine	36	50	86
Other Stimulants	0	2	2
Benzodiazepines	3	19	22
Tranquilizers/Sedatives	3	4	7
Inhalants	0	0	0
Oxycodone	35	48	83
Club Drugs	0	0	0
Over-the-Counter	0	1	1
Other	4	1	5
<b>Total</b>	<b>593</b>	<b>473</b>	<b>1,066</b>

**Outcome Measures**  
Fiscal Year 2011



Benchmark is 75% of the National Average.

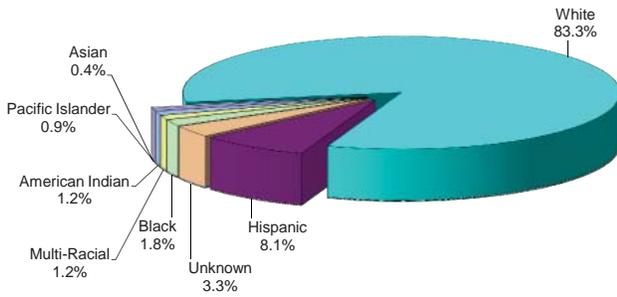
## Utah County—Wasatch Mental Health

Total Clients Served .....7,030  
 Adult .....4,145  
 Youth .....2,885  
 Penetration Rate (Total population of area) ..... 1.4%  
 Civil Commitment .....161  
 Unfunded Clients Served .....868

### Diagnosis

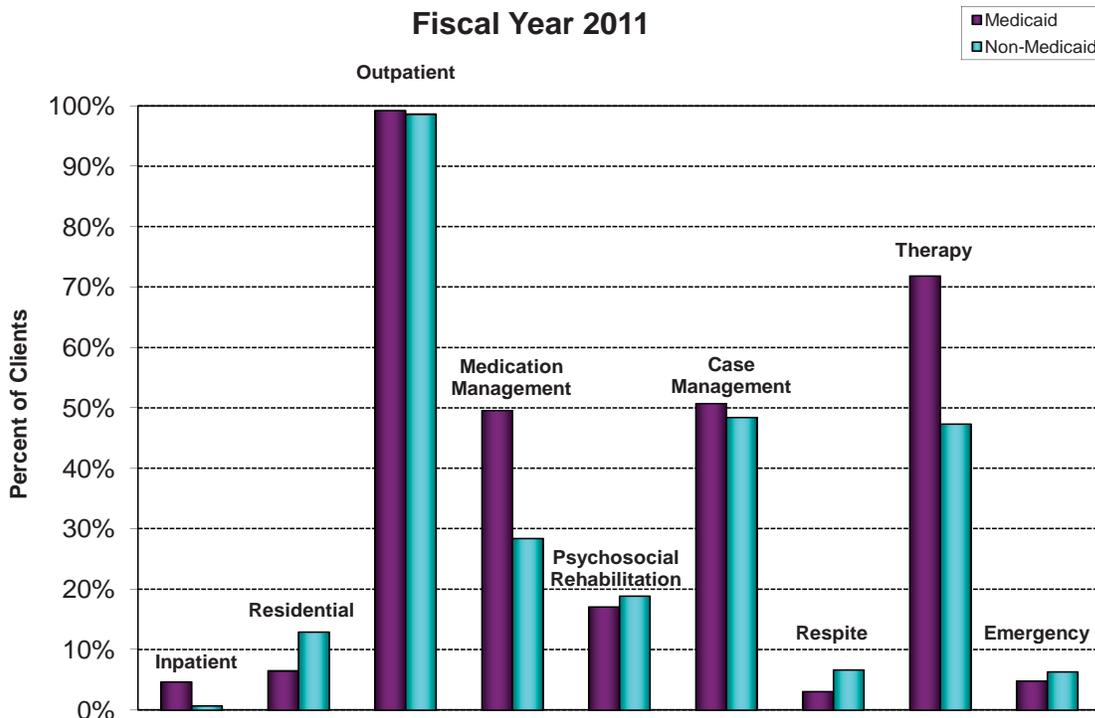
	Youth	Adult
Adjustment Disorder	538	142
Anxiety	1,057	3,009
Attention Deficit	992	600
Cognitive Disorder	99	590
Conduct Disorder	97	16
Impulse Control Disorders	265	172
Mood Disorder	1,013	3,038
Neglect or Abuse	761	365
Oppositional Defiant Disorder	512	22
Other	460	442
Personality Disorder	19	863
Pervasive Developmental Disorders	444	145
Schizophrenia and Other Psychotic	15	743
Substance Abuse	149	1,167
V Codes	1,268	623
<b>Total</b>	<b>6,421</b>	<b>11,314</b>

**Race/Ethnicity**  
Fiscal Year 2011



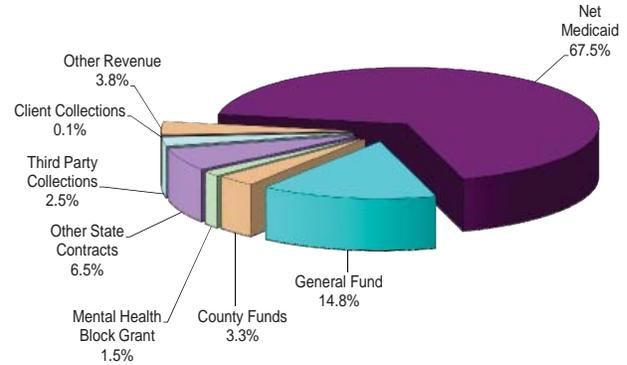
More than one race/ethnicity may have been selected.

### Utilization of Mandated Services Fiscal Year 2011

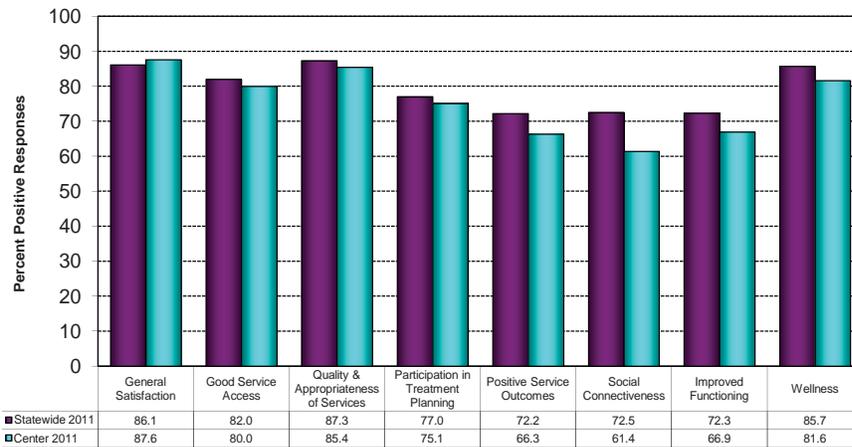


## Utah County—Wasatch Mental Health (Continued)

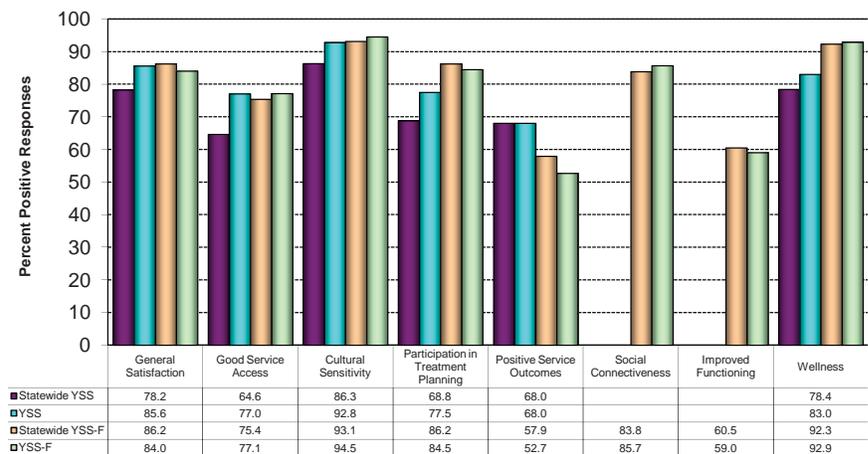
**Source of Revenues**  
Fiscal Year 2011



**Adult Consumer Satisfaction Survey Mental Health**  
**Statistics Improvement Program (MHSIP)**  
2011



**Youth Consumer Satisfaction Surveys**  
**(YSS and YSS-F)**  
2011



# Wasatch County



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

Dennis Hansen, Director  
 Heber Valley Counseling  
 55 South 500 East  
 Heber, UT 84032  
 Office: (435) 654-3003  
 www.co.wasatch.ut.us

Population: 23,530

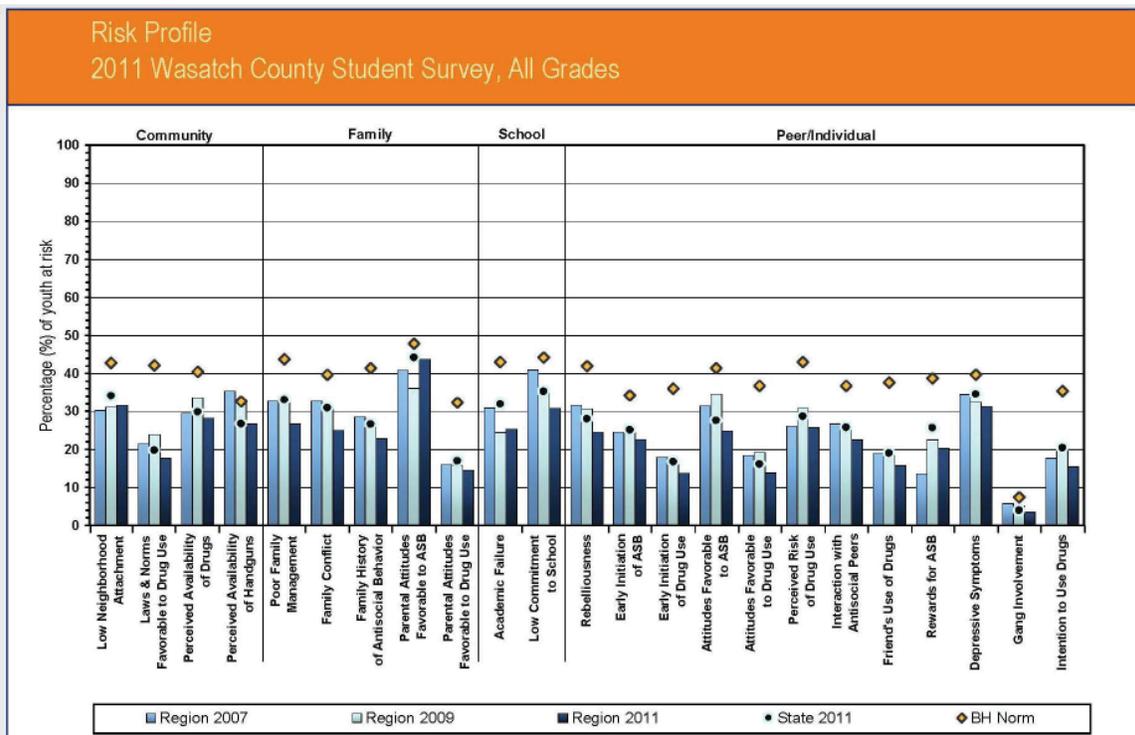
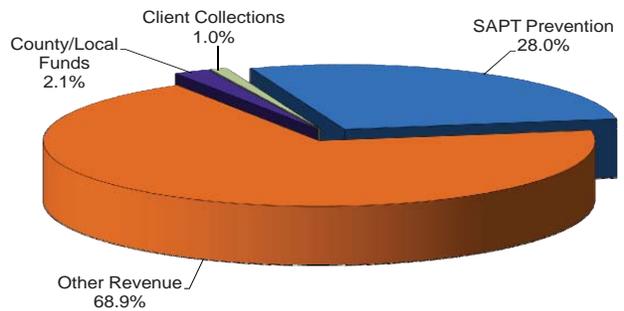
## Wasatch County Substance Abuse—Prevention

**Prioritized Risk Factors:** perceived availability of drugs, intent to use drugs, perceived risk of drug use, poor family management, and parental attitudes favorable to drug use

**Coalitions:**

- Safe Kids Coalition
- Caring Community Coalition

**Source of Revenues**  
Fiscal Year 2011

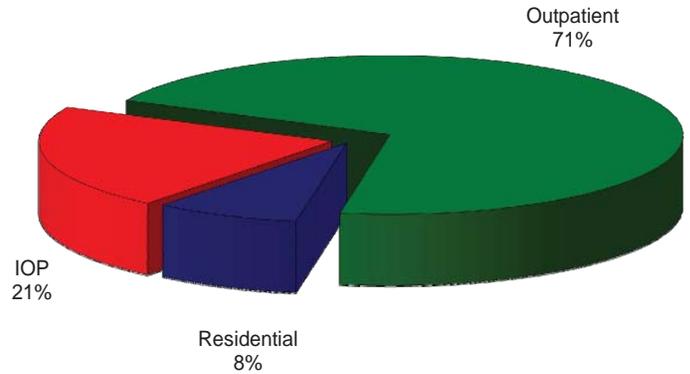


## Wasatch County—Heber Valley Counseling—Substance Abuse

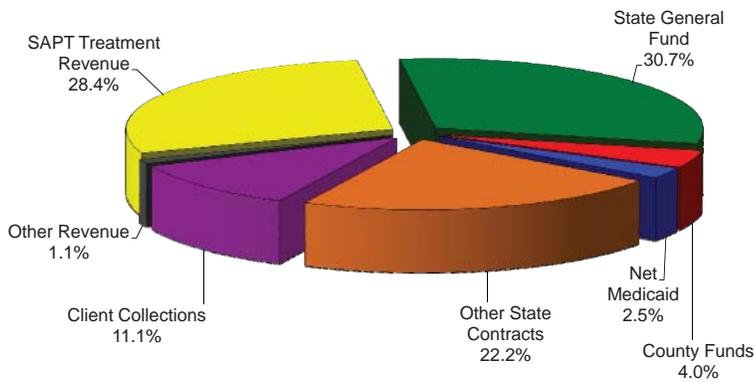
Total Clients Served.....98  
 Adult .....87  
 Youth.....11  
 Penetration Rate (Total population of area)..0.4%

Total Admissions.....75  
 Initial Admissions .....47  
 Transfers.....28

### Admissions into Modalities Fiscal Year 2011



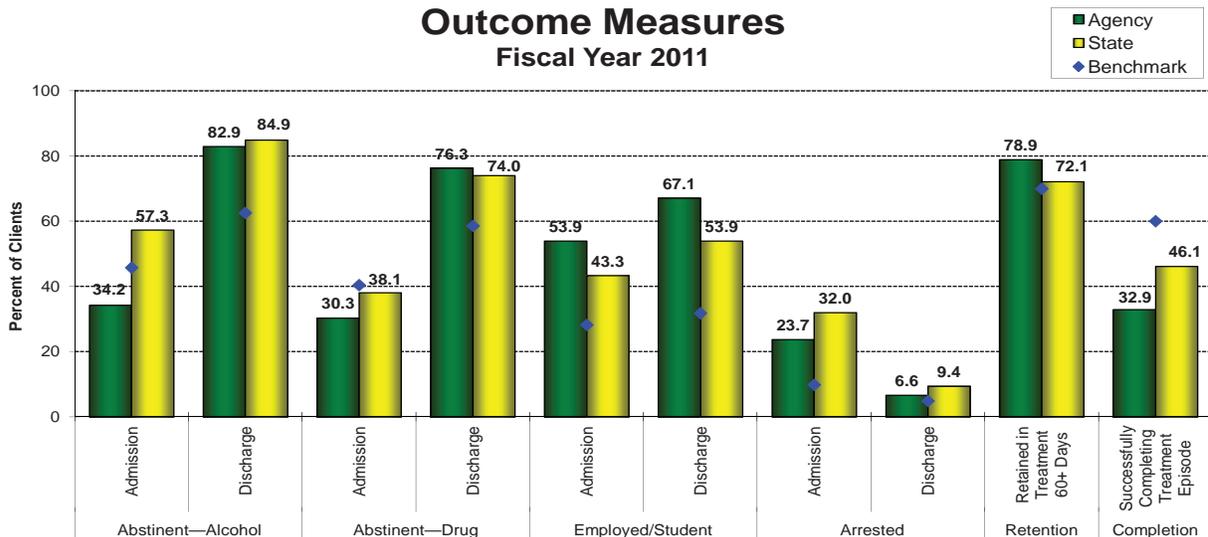
### Source of Revenues Fiscal Year 2011



### Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	27	19	46
Cocaine/Crack	0	3	3
Marijuana/Hashish	8	2	10
Heroin	2	0	2
Other Opiates/Synthetics	0	0	0
Hallucinogens	0	0	0
Methamphetamine	3	3	6
Other Stimulants	0	0	0
Benzodiazepines	2	0	2
Tranquilizers/Sedatives	0	0	0
Inhalants	0	0	0
Oxycodone	2	4	6
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	0	0	0
<b>Total</b>	<b>44</b>	<b>31</b>	<b>75</b>

### Outcome Measures Fiscal Year 2011



Benchmark is 75% of the National Average.

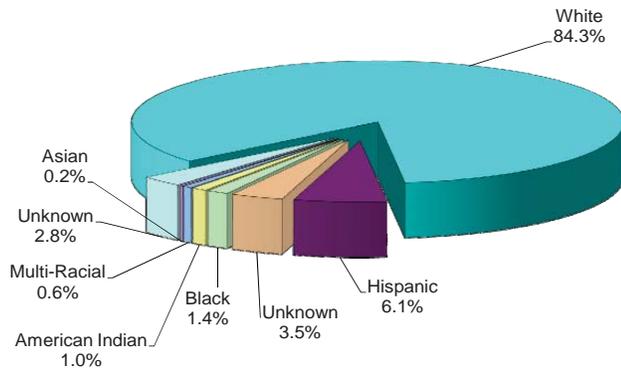
## Wasatch County—Heber Valley Counseling—Mental Health

Total Clients Served .....448  
 Adult .....325  
 Youth .....123  
 Penetration Rate (Total population of area) ..... 1.9%  
 Civil Commitment .....4  
 Unfunded Clients Served .....284

### Diagnosis

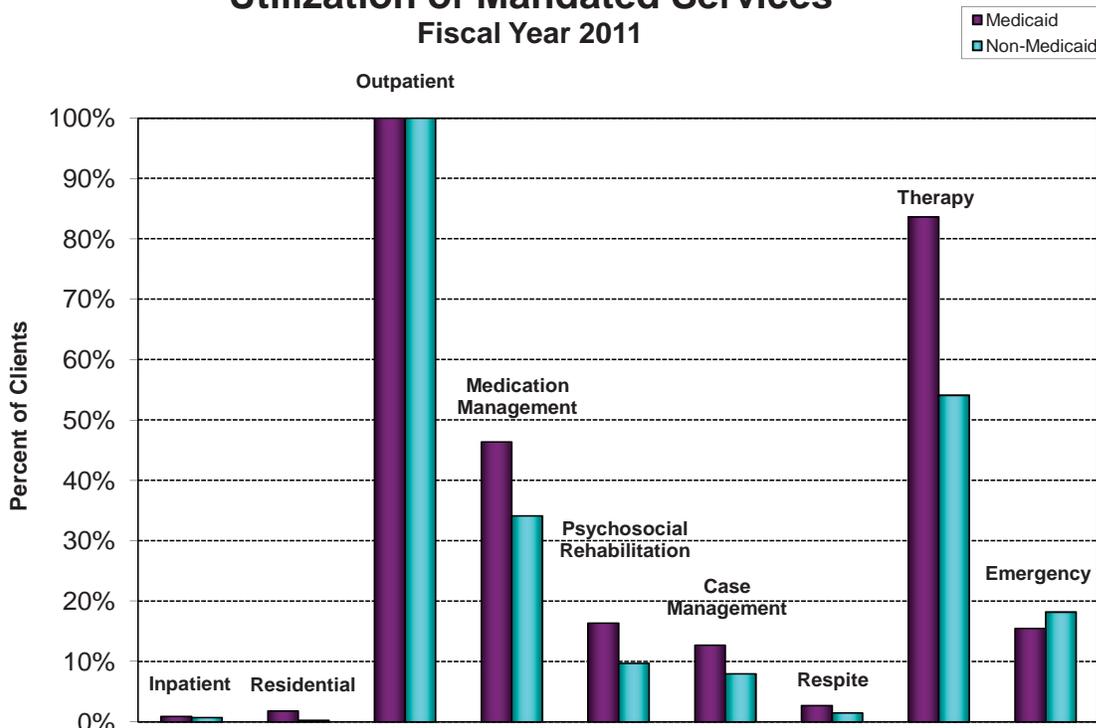
	Youth	Adult
Adjustment Disorder	15	12
Anxiety	36	244
Attention Deficit	29	23
Cognitive Disorder	-	5
Conduct Disorder	1	-
Impulse Control Disorders	3	7
Mood Disorder	32	197
Neglect or Abuse	19	4
Oppositional Defiant Disorder	15	1
Other	5	18
Personality Disorder	1	34
Pervasive Developmental Disorders	3	-
Schizophrenia and Other Psychotic	-	32
Substance Abuse	12	178
V Codes	25	101
<b>Total</b>	<b>171</b>	<b>755</b>

### Race/Ethnicity Fiscal Year 2011



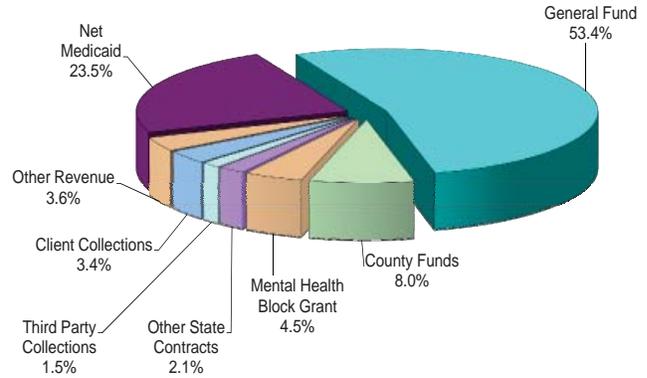
More than one race/ethnicity may have been selected.

### Utilization of Mandated Services Fiscal Year 2011

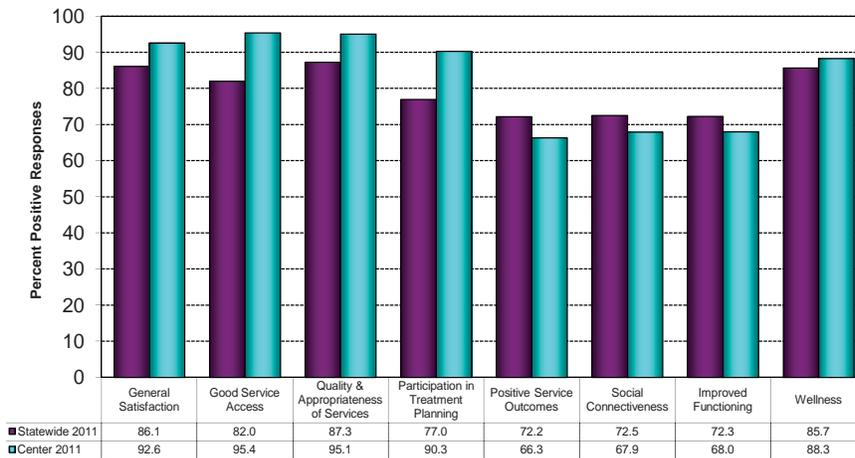


Wasatch County—Heber Valley Counseling—Mental Health (Continued)

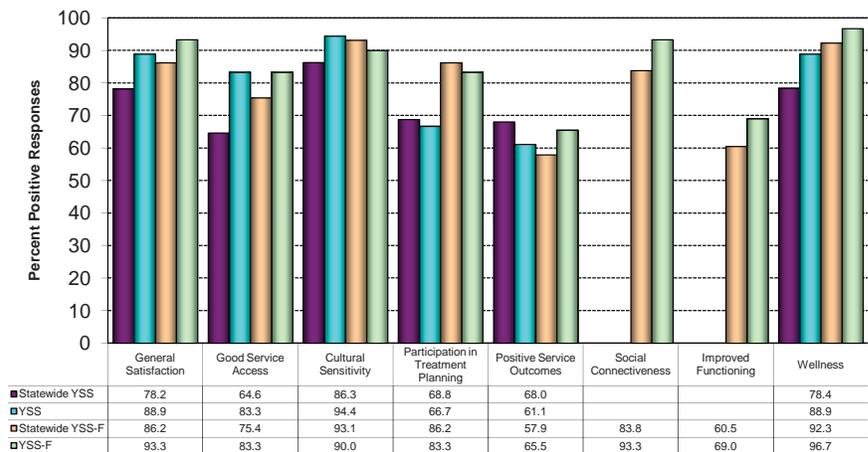
Source of Revenues  
Fiscal Year 2011



Adult Consumer Satisfaction Survey Mental Health  
Statistics Improvement Program (MHSIP)  
2011



Youth Consumer Satisfaction Surveys  
(YSS and YSS-F)  
2011



# Weber Human Services Weber and Morgan Counties



## Substance Abuse and Mental Health Provider Agency:

Kevin Eastman, Executive Director  
Weber Human Services  
237 26th Street  
Ogden, UT 84401  
Office: (801) 625-3771  
www.weberhs.org

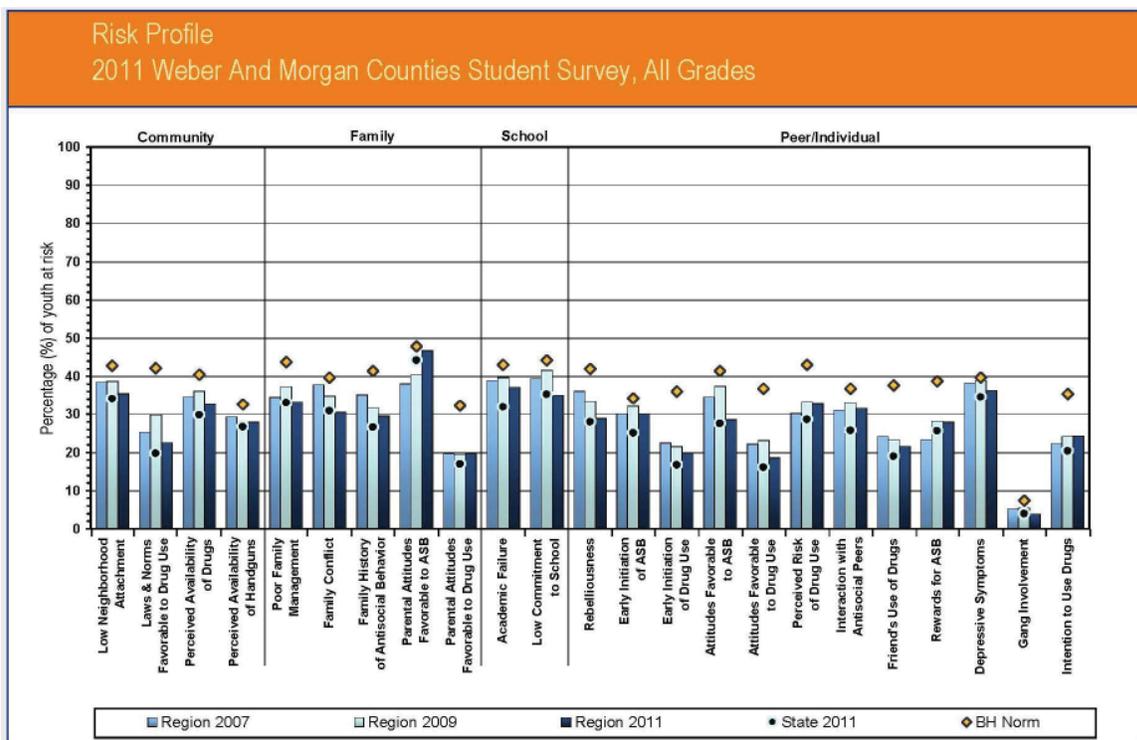
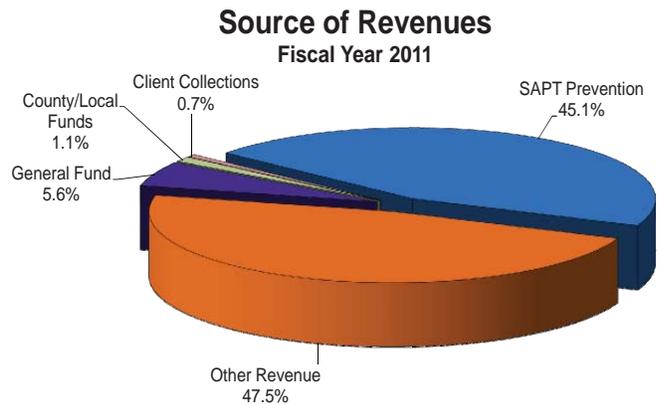
Population: 240,705

### Weber Substance Abuse—Prevention

**Prioritized Risk Factors:** attitudes favorable to anti-social behavior; perceived norms favorable toward drug use, poor family management

**Coalitions:**

- Coalition of Resources
- Morgan Empowered
- Weber Morgan SPF Coalition
- Weber Morgan PAC
- Bonneville Cone CTC
- Ogden Area Youth Alliance
- Weber Coalition for a Healthy Community

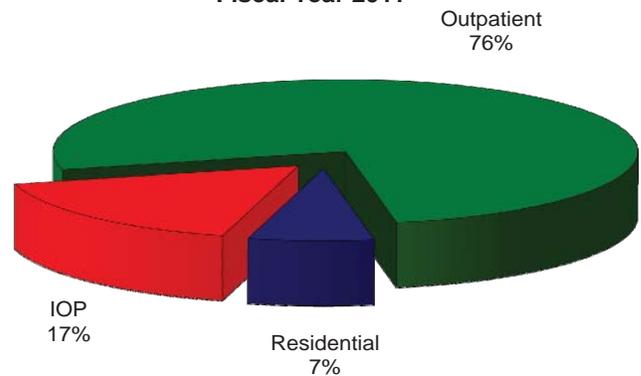


# Weber Human Services—Substance Abuse

Total Clients Served.....1,287  
 Adult .....1,072  
 Youth.....215  
 Penetration Rate (Total population of area)..0.5%

Total Admissions.....966  
 Initial Admissions .....739  
 Transfers.....227

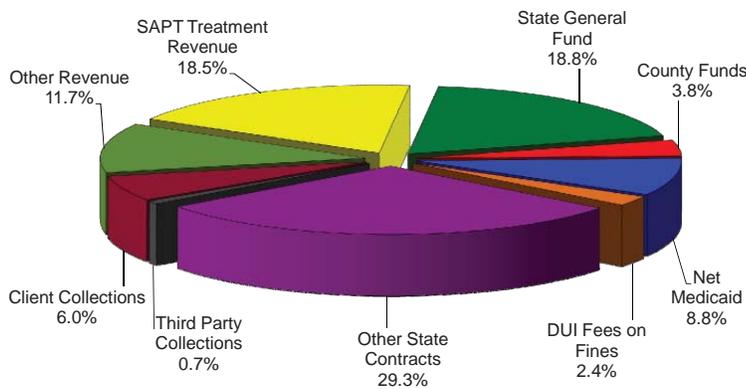
### Admission into Modalities Fiscal Year 2011



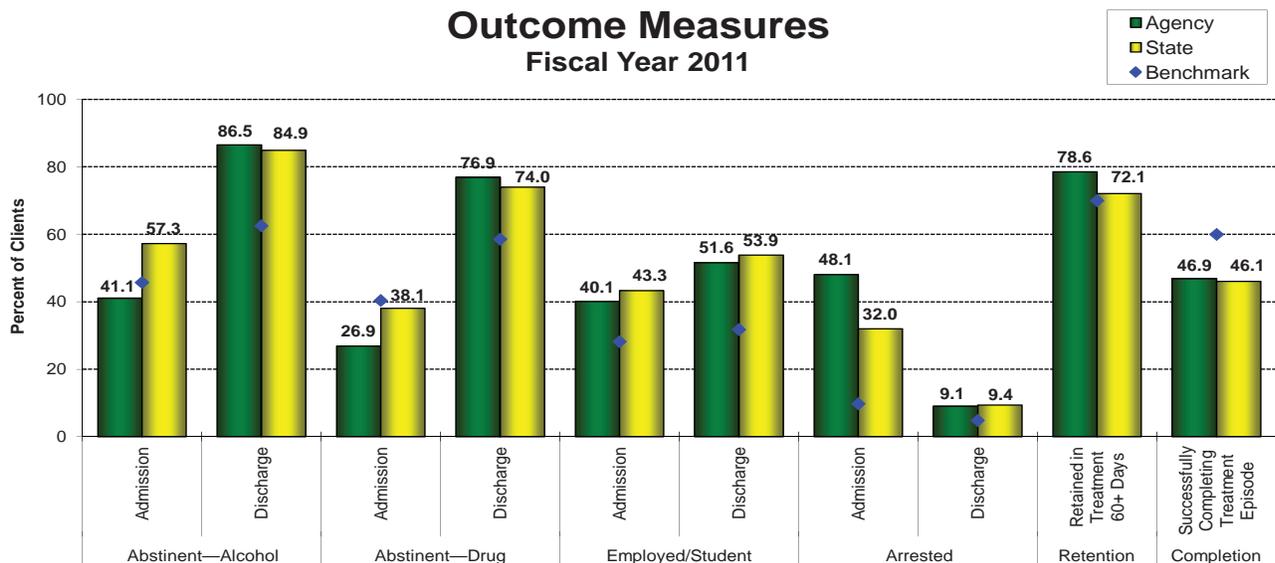
### Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	259	224	483
Cocaine/Crack	13	23	36
Marijuana/Hashish	143	72	215
Heroin	22	10	32
Other Opiates/Synthetics	3	12	15
Hallucinogens	1	0	1
Methamphetamine	34	102	136
Other Stimulants	2	3	5
Benzodiazepines	5	5	10
Tranquilizers/Sedatives	1	1	2
Inhalants	0	0	0
Oxycodone	6	16	22
Club Drugs	0	1	1
Over-the-Counter	0	2	2
Other	3	2	5
Unknown	0	1	1
<b>Total</b>	<b>492</b>	<b>474</b>	<b>966</b>

### Source of Revenues Fiscal Year 2011



### Outcome Measures Fiscal Year 2011



Benchmark is 75% of the National Average.

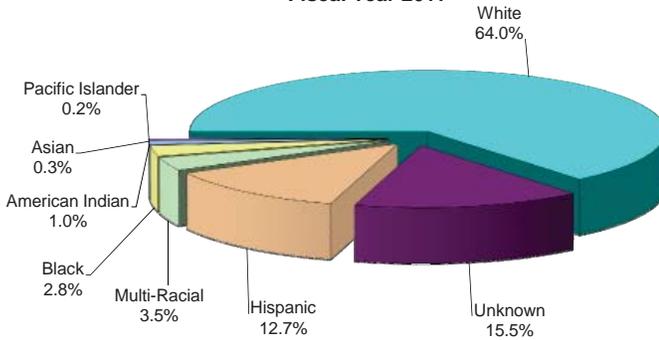
## Weber Human Services—Mental Health

Total Clients Served.....5,858  
 Adult .....4,308  
 Youth.....1,550  
 Penetration Rate (Total population of area)..... 2.4%  
 Civil Commitment .....272  
 Unfunded Clients Served .....1,722

### Diagnosis

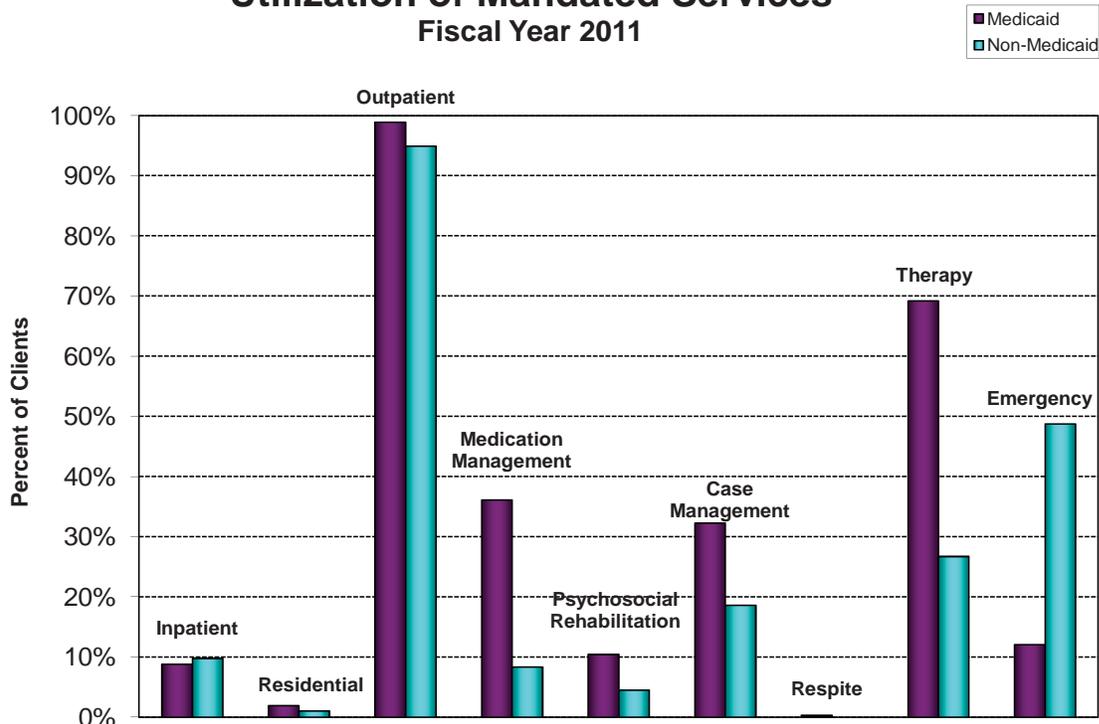
	Youth	Adult
Adjustment Disorder	158	100
Anxiety	484	1,188
Attention Deficit	532	129
Cognitive Disorder	65	246
Conduct Disorder	53	10
Impulse Control Disorders	204	43
Mood Disorder	487	1,699
Neglect or Abuse	506	127
Oppositional Defiant Disorder	297	13
Other	195	82
Personality Disorder	3	580
Pervasive Developmental Disorders	192	25
Schizophrenia and Other Psychotic	13	424
Substance Abuse	277	948
V Codes	380	450
<b>Total</b>	<b>3,466</b>	<b>5,614</b>

### Race/Ethnicity Fiscal Year 2011



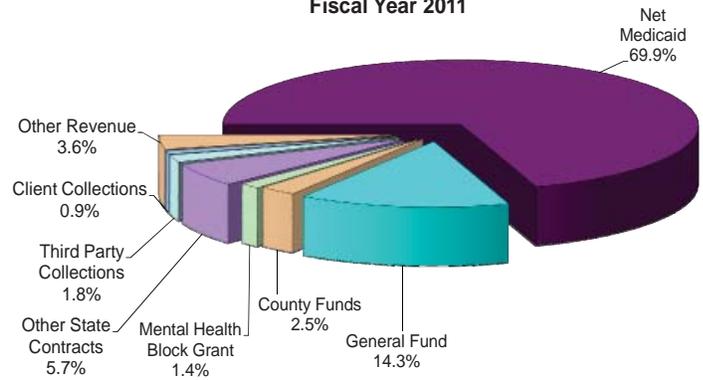
More than one race/ethnicity may have been selected.

### Utilization of Mandated Services Fiscal Year 2011

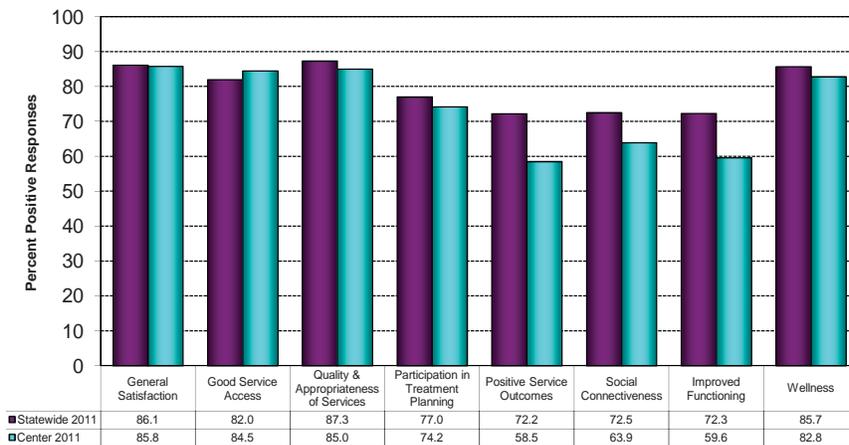


## Weber Human Services—Mental Health (Continued)

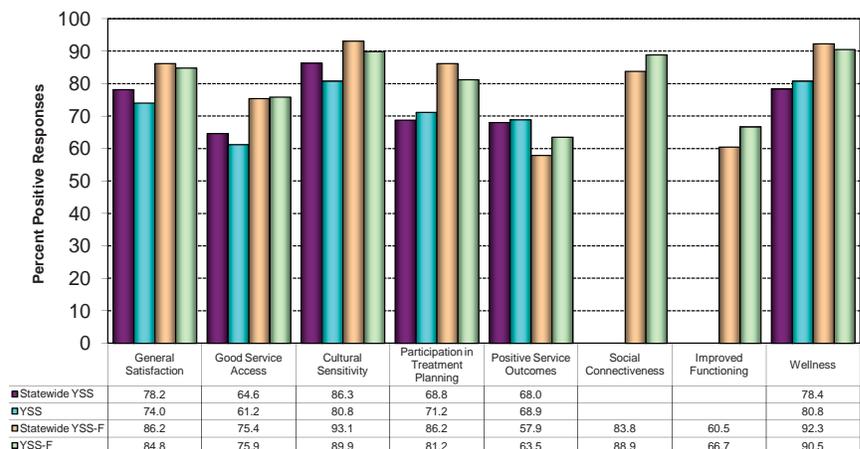
**Source of Revenues**  
Fiscal Year 2011



**Adult Consumer Satisfaction Survey Mental Health**  
**Statistics Improvement Program (MHSIP)**  
2011



**Youth Consumer Satisfaction Surveys**  
**(YSS and YSS-F)**  
2011



# Ben's Story

My mother first noticed something changing in me while I was in high school because I would leave school early and just come home. Or sometimes I wouldn't get up to go. At first she thought I was being a normal teenager but I knew something was different in my life. It felt like I couldn't see clearly or think clearly. After being diagnosed with schizophrenia I was put on medication, but it's taken a long time to finally find a medication that helps. Now I can focus and concentrate much better and I can think for myself again. I have some new goals and plans for my future. I have some good support at home, but I would like to get out and live on my own. Through Davis Behavioral Health, I am learning skills to help me become more independent.

Finding the right medication has helped me become more active. I enjoy tennis, soccer, swimming and football and I like being active. One thing I've been learning to do is bake. I can make bread, éclairs and funnel cakes; and I've been helping out in the kitchen at the Journey House in Layton. I also enjoy working on the computer and am planning to go to college to learn some computer skills.

**I would never say that what I've gone through has been easy. It can be scary getting out there and meeting people, but I would say that participating in the Youth Action Council has been one thing that has helped me. I know that I do better when I get out and get involved with other people.**



# RESOURCES

# RESOURCES

## List of Abbreviations

ATR—Access to Recovery	PASRR—Pre-admission Screening and Residential Review
ASAM—American Society of Addiction Medicine	PASSAGES—Progressive Adulthood: Skills, Support, Advocacy, Growth and Empowerment = Success
ASI—Addiction Severity Index	PD—Prevention Dimensions
BPRS—Brief Psychiatric Rating Scale	SAMHSA—Substance Abuse and Mental Health Services Administration (Federal)
CMHC—Community Mental Health Center	SAPT—Substance Abuse Prevention and Treatment Block Grant
CTC—Communities that Care	SA—Substance Abuse
DORA—Drug Offender Reform Act	SED—Serious Emotional Disturbance
DSAMH—Division of Substance Abuse and Mental Health	SHARP—Student Health and Risk Prevention
DUI—Driving Under the Influence	SMI—Serious Mental Illness
IOP—Intensive Outpatient Program	SPF—Strategic Prevention Framework
IV—Intravenous	SPMI—Serious and Persistent Mental Illness
LMHA—Local Mental Health Authorities	TEDS—Treatment Episode Data Set
LOS—Length of Stay	UBHC—Utah Behavioral Healthcare Committee
LSAA—Local Substance Abuse Authorities	USARA—Utah Support Advocates for Recovery Awareness
MH—Mental Health	USH—Utah State Hospital
MHSIP—Mental Health Statistical Improvement Program	
NAMI—National Alliance on Mental Illness	
OTP—Outpatient Treatment Program	

## Mental Health Reference Table

The following table provides the number or N= that was used to calculate the percentages of all tables where mental health mandated programs are divided by Medicaid or non-Medicaid clients. These numbers are duplicated across local mental health authorities and Medicaid/non-Medic-

aid but unduplicated on totals. The “Both Medicaid and non-Medicaid” column includes clients who received at least one Medicaid service and at least one non-Medicaid service sometime during the fiscal year.

<b>Medicaid/Non-Medicaid Client Counts</b>			
<b>Fiscal Year 2011</b>			
<b>Local Mental Health Authority</b>	<b>Medicaid</b>	<b>Non-Medicaid</b>	<b>Both Medicaid and Non-Medicaid</b>
Bear River	1,841	1,002	281
Central	806	215	98
Davis County	2,282	932	366
Four Corners	832	599	112
Northeastern	462	769	102
Salt Lake County	8,447	4,446	3,249
San Juan County	170	355	23
Southwest	1,858	668	216
Summit County	120	651	40
Tooele County	614	969	158
Utah County	4,619	1,914	497
Wasatch County	47	338	63
Weber	3,153	2,323	382
<b>Rural Total</b>	<b>6,720</b>	<b>5,551</b>	<b>1,088</b>
<b>Urban Total</b>	<b>18,277</b>	<b>9,508</b>	<b>4,439</b>
<b>State Total</b>	<b>24,727</b>	<b>14,912</b>	<b>5,445</b>

# Contact Information

## Single State Authority

Lana Stohl, Director  
 Utah Division of Substance Abuse and Mental  
 Health  
 195 North 1950 West  
 Salt Lake City, UT 84116  
 Office: (801) 538-3939  
 Fax: (801) 538-9892  
[www.dsamh.utah.gov](http://www.dsamh.utah.gov)

## Utah State Hospital

Dallas Earnshaw, Superintendent  
 Utah State Hospital  
 1300 East Center Street  
 Provo, Utah 84606  
 Office: (801) 344-4400  
 Fax: (801) 344-4291  
[www.us.h.utah.gov](http://www.us.h.utah.gov)

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## **Local Authorities and Providers**

### Bear River

Counties: Box Elder, Cache, and Rich

#### ***Substance Abuse Provider Agency:***

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

#### ***Mental Health Provider Agency:***

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

### Central Utah

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

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

Brian Whipple, Executive Director  
 Central Utah Counseling Center  
 152 North 400 West  
 Ephraim, UT 84647  
 Office: (435) 462-2416  
[www.cucc.us](http://www.cucc.us)

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### Davis County

County: Davis

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

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

### Four Corners

Counties: Carbon, Emery, and Grand

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

Jan Bodily, Director  
 Four Corners Community Behavioral Health  
 105 West 100 North  
 P.O. Box 867  
 Price, UT 84501  
 Office: (435) 637-7200  
[www.fourcorners.ws](http://www.fourcorners.ws)

**Northeastern**

Counties: Daggett, Duchesne, and Uintah

***Substance Abuse and Mental Health Provider***

***Agency:***

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

[www.nccutah.org](http://www.nccutah.org)

**Salt Lake County**

County: Salt Lake

***Substance Abuse and Mental Health***

***Administrative Agency:***

Patrick Fleming, Substance Abuse Director  
Tim Whalen, Mental Health Director

Salt Lake County  
Division of Behavioral Health Services  
2001 South State Street #S2300  
Salt Lake City, UT 84190-2250  
Office: (801) 468-2009

[behavioralhealthservices.slco.org](http://behavioralhealthservices.slco.org)

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**San Juan County**

County: San Juan

***Substance Abuse and Mental Health Provider***

***Agency:***

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

**Southwest**

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

***Substance Abuse and Mental Health Provider***

***Agency:***

Mike Deal, Director  
Southwest Behavioral Health Center  
474 West 200 North, Suite 300  
St. George, UT 84770  
Office: (435) 634-5600  
[www.swbehavioralhealth.com](http://www.swbehavioralhealth.com)

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**Summit County**

County: Summit

***Substance Abuse and Mental Health Provider***

***Agency:***

Debra Falvo, President/Executive Director  
Thomas Roger Peay, County Program Manager  
Valley Mental Health, Summit County  
1753 Sidewinder Drive  
Park City, UT 84060-7322  
Office: (435) 649-8347  
Fax: (435) 649-2157  
[www.valleymentalhealth.org/summit\\_county](http://www.valleymentalhealth.org/summit_county)

**Tooele County**

County: Tooele

***Substance Abuse and Mental Health Provider***

***Agency:***

Debra Falvo, President/Executive Director  
Alex Gonzalez, County Program Manager  
Valley Mental Health, Tooele County  
100 South 1000 West  
Tooele, UT 84074  
Office: (435) 843-3520  
[www.valleymentalhealth.org/tooele\\_county](http://www.valleymentalhealth.org/tooele_county)

**Utah County**

County: Utah

***Substance Abuse Provider Agency:***

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

***Mental Health Provider Agency:***

Juergen Korbanka, Executive Director  
Wasatch Mental Health  
750 North 200 West, Suite 300  
Provo, UT 84601  
Office: (801) 852-4703  
[www.wasatch.org](http://www.wasatch.org)

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**Weber**

Counties: Weber and Morgan

***Substance Abuse and Mental Health Provider***

***Agency:***

Kevin Eastman, Executive Director  
Weber Human Services  
237 26th Street  
Ogden, UT 84401  
Office: (801) 625-3771  
[www.weberhs.org](http://www.weberhs.org)

**Wasatch County**

County: Wasatch

***Substance Abuse and Mental Health Provider***

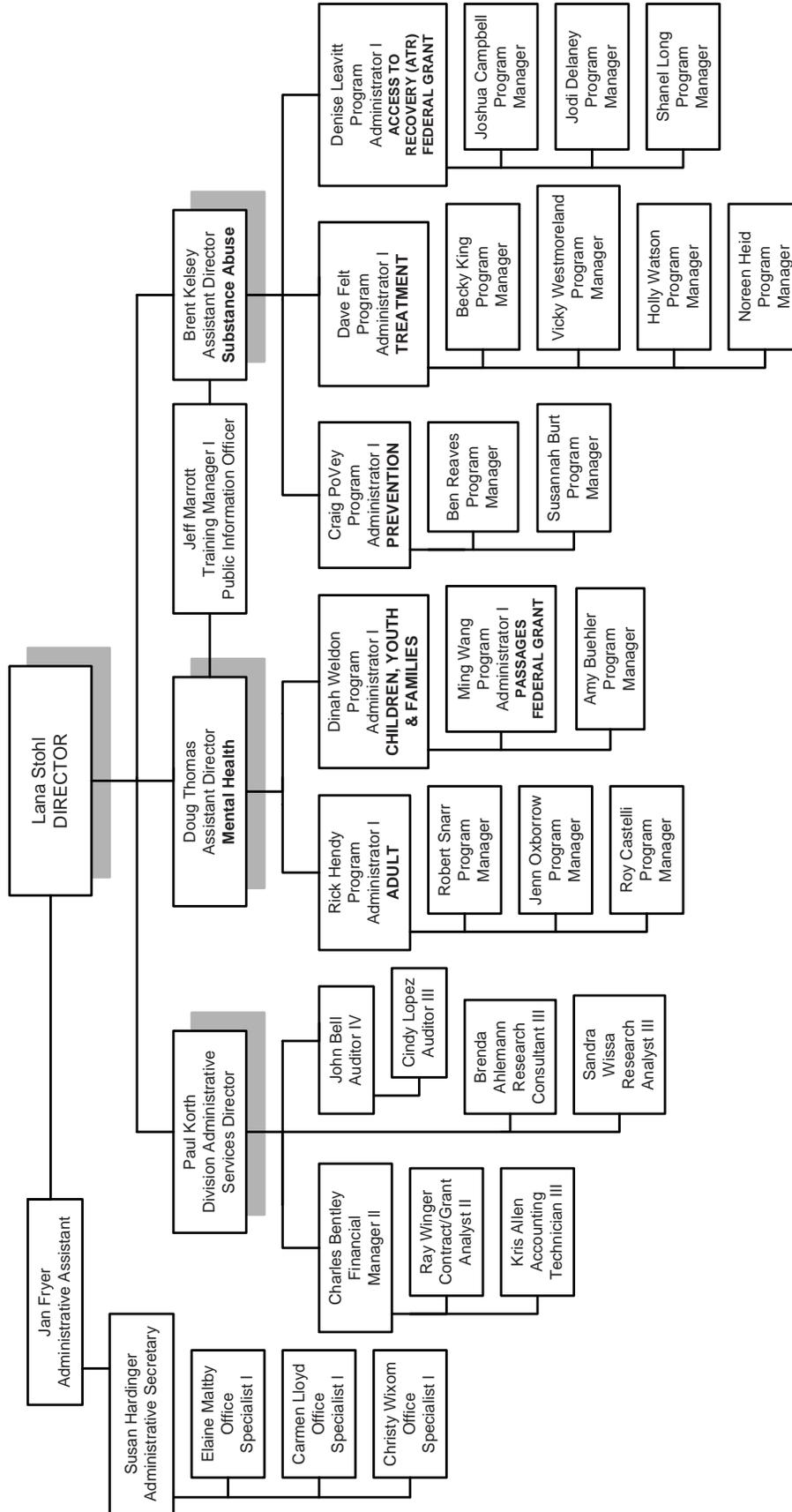
***Agency:***

Dennis Hansen, Director  
Heber Valley Counseling  
55 South 500 East  
Heber, UT 84032  
Office: (435) 654-3003  
[www.co.wasatch.ut.us](http://www.co.wasatch.ut.us)

**Local Authorities/Local Providers**

Utah Association of Counties  
Utah Behavioral Healthcare Committee  
5397 S. Vine St.  
Murray UT 84107  
Office: (801) 265-1331  
[www.uacnet.org](http://www.uacnet.org)

Utah Division of Substance Abuse and Mental Health



SEPTEMBER 2011



Division of Substance Abuse  
and Mental Health  
195 North 1950 West  
Salt Lake City, UT 84116  
(801) 538-3939  
[dsamh.utah.gov](http://dsamh.utah.gov)