

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
ANNUAL REPORT



Treating Illness
Promoting Health
Supporting Recovery

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

2012
Annual Report

Cover art by:

Rich Rayl
DHS Graphic Design

Lana Stohl, Director
Division of Substance Abuse
and Mental Health
Department of Human Services
195 North 1950 West
Salt Lake City, UT 84116

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State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES

PALMER DePAULIS
Executive Director

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

LANA STOHL
Director



August 2012



As another year comes to a close, I am encouraged by the progress being made in fostering healthier individuals and developing stronger families in every corner of the state. The hard work of individuals at every level in the behavioral health care system is bearing fruit as we continue to provide high-quality services. By working together in collaborative partnerships, we can and are making a positive difference in the lives of the individuals and families we serve.

The Division has prepared the 2012 Annual Report to showcase the outcomes achieved by this agency, in partnership with the local mental health and substance abuse authorities in each county.

The theme for our division continues to be “Promoting Health, Treating Illness, Supporting Recovery.” That message of hope accurately describes our mission and where we focus all our efforts. Our goal for this report is that it be a resource to help you understand how and what services are being provided throughout the great State of Utah.

We are living and working in an exciting and challenging time of great change for the public and private behavioral health system. The Supreme Court’s decision to uphold the Affordable Care Act set in motion what will undoubtedly be the largest change in the delivery of care for mental health and substance use disorders in more than five decades. Regardless of how Utah decides to implement the new law, the way we perform our business will change. The Division is actively participating in discussions at federal, state, and local levels to ensure that Utah’s voice is heard as policy is being developed.

In the upcoming years, we see a greater emphasis on the following points:

- Prevention of mental illness and substance abuse disorders
- Early intervention of both mental illness and substance abuse
- Integration of physical and behavioral health at all levels
- Better access to quality behavioral health care
- Greater levels of choice for consumers of behavioral health care

I want to personally thank all the dedicated professionals who give so much to continuously improve our state-wide system of care. We appreciate your support and look forward to improving the lives of those we serve.

Sincerely,

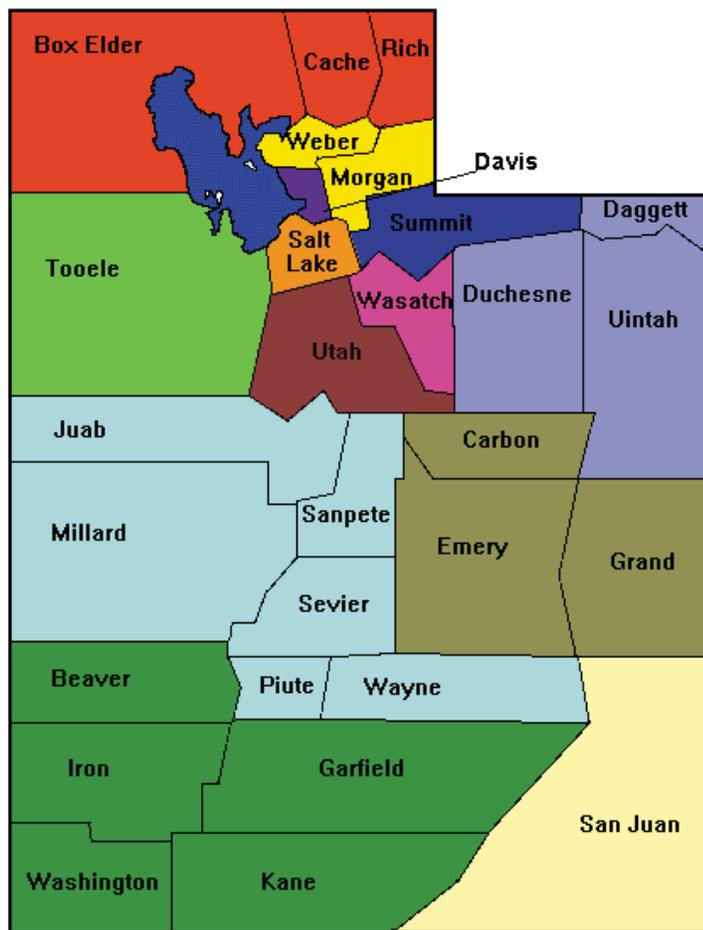
Lana Stohl, MBA, LCSW
Director

About Utah’s Public Substance Abuse and Mental Health System

This Annual Report summarizes the activities, accomplishments, and outcomes of Utah’s public behavioral healthcare system. The theme of this year’s report is “promoting health, treating illness, and supporting recovery.” Substance abuse disorders and mental illnesses are chronic diseases. However, prevention works, treatment is effective, and people recover.

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 a comprehensive continuum of mental health and

substance use disorder services are available throughout the state. In addition, DSAMH is tasked with ensuring that public funds are spent appropriately. As part of the Utah Department of Human Services, DSAMH contracts with local county governments who are statutorily designated as local substance abuse authorities (LSAAs) and local mental health authorities (LMHAs) to provide prevention, treatment, and recovery services. DSAMH provides policy direction, monitoring, and oversight to local authorities and their contracted service providers.

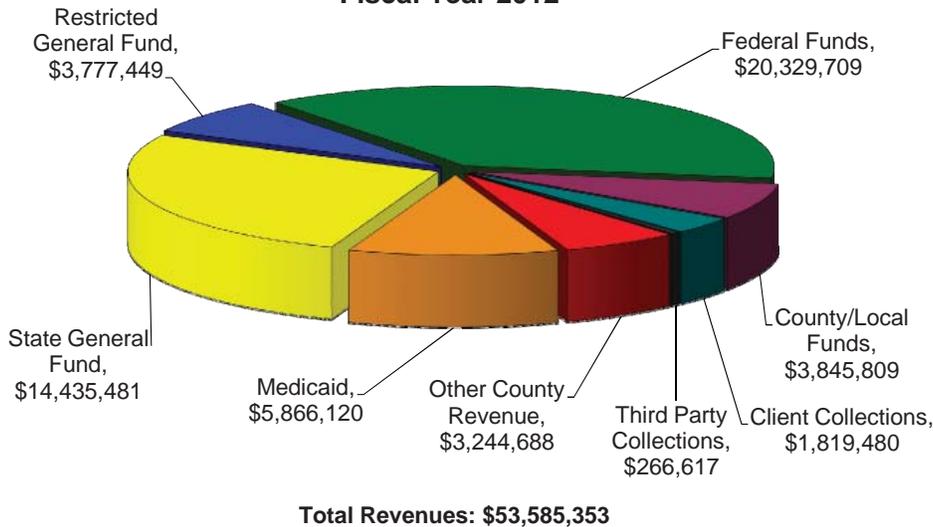


Source of Funding

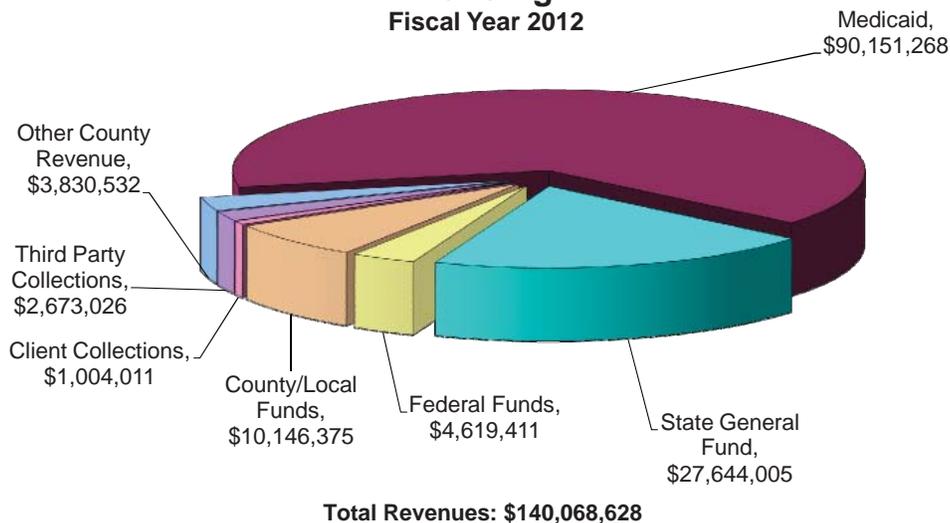
Funding for substance abuse and mental health services comes from a variety of sources. State, county, and federal funds as well as private insurance and payments directly from clients are used to provide services. For mental health services, the primary funding source is Medicaid. For substance abuse services, the primary funding source

is the Federal Substance Abuse Prevention Treatment (SAPT) block grant. Counties are required by State statute, to provide funding equal to at least 20% of the State contribution. The following provides a breakdown of the sources of funding for both mental health and substance abuse services.

Community Substance Abuse Services Funding Fiscal Year 2012



Community Mental Health Services Funding Fiscal Year 2012



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

A Family's Story

On the outside, Darlene's family seemed like any other Utah family: A loving husband and wife, with two great sons. The calm exterior was covering up issues that face many American families today, substance abuse. Those wonderful teenage sons began experimenting with drugs supplied by a family member and became addicted. The addictions led the entire family on a journey of pain and heartache, that lasted for years.

It is paralyzing to learn that your children have substance abuse issues. We were a good family and this was not supposed to happen to us. We didn't realize at that point that their poor decisions were not our fault. We secretly tried to "fix" our kids the only way we knew how; we had to control their lives for them. In doing this, I believe we became part of the problem and not part of the solution.

Our lives had spiraled out of control. We tried forcing treatment on them only to find out that they were not ready. We did everything in our power to keep them from using and when nothing worked, we knew we needed help.

We found a family support class that would change our lives forever! We went to the class thinking that we were going to learn how to stop our kids from using drugs, but soon found out that this class was about us! We needed a recovery program as much as our kids did.

***Never give up
on a person you
cannot go a day
without thinking
about!***

personal goals and find happiness again, something we hadn't seen in a long time. We learned that we could not fix our now adult children. Only they could find the answers to their problems. I now teach the family support group that saved my life.

The goal now became not to fix our children but to fix ourselves and in turn, their behaviors would begin to change as well. We learned to set healthy



Statewide Initiatives

Recovery Plus

Individuals with substance abuse disorders or serious mental illness are much more likely to use tobacco than those who do not suffer from these disorders. In Utah, 70% of individuals admitted to substance abuse treatment and 55% to 80% of individuals with serious mental illness use tobacco. Yet only 11% of the general population in Utah use tobacco. Using tobacco often results in poor health and shorter life expectancy for the people we serve. Studies have found that individuals with mental illness die on average 25 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 abuse disorders.

In response, the Division of Substance Abuse and Mental Health (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 while recovering from a mental health or substance abuse disorder. *Recovery Plus* grew out of DSAMH's "2009 Mental Health Wellness Initiative" which concluded that overall health is essential to mental health.

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. In 2010, 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). In 2012, each local authority developed policies and implementation procedures to become tobacco free by March 2013. Several local authorities implemented tobacco free procedures in 2012.

The project produced a video titled "When the Smoke Clears," that demonstrates the success of consumers currently receiving mental health and/or substance abuse services who quit tobacco use. It details the benefits of their choice as well as a variety of different techniques used to quit smoking. The video is available at www.dsamh.utah.gov.

The *Recovery Plus* initiative will continue to monitor progress in the publicly funded programs. 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: www.recoveryplus.utah.gov

Prevention by Design Project

The Prevention by Design Project is a cutting edge collaboration between the DSAMH's prevention and mental health teams. The teams worked in conjunction with NAMI Utah and the State Epidemiological Outcomes Workgroup (SEOW) to formulate the project structure. The project is a strategic plan for enhancing and coordinating local community networks in systematic and evidence based approaches to the prevention of mental illness and promotion of mental health. This process is based on the Strategic Prevention

Framework and will be implemented using the Communities That Care prevention planning system.

The purpose of the Utah Prevention by Design community action plan is to summarize the assessment process, describe resources available, and engage in outcome focused planning and preliminary implementation steps. It includes tools for resource and gaps analysis on the local level and a menu of possible strategies, policies, and programs for communities to utilize to achieve these outcomes depending on the local needs and strengths. This plan can be used as a guide for communities.

NAMI Utah developed the Prevention by Design plan after a comprehensive need assessment process was completed in partnership with SEOW. SEOW looked at archival mental health data as well as risk and protective factors related to behavioral health and suicide. A review of current resources in place to address suicide prevention, mental illness prevention, and mental health promotion was also completed. Based on the needs assessment, prioritization process, and resource assessment, the goal of the Utah Prevention by Design will be to address suicide deaths through mental illness prevention and mental health promotion across the lifespan.

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 plans to place qualified persons living in institutions in less restrictive settings.

DSAMH works with local mental health authorities (LMHAs) to provide supportive services for people leaving institutional settings, such as

the Utah State Hospital (USH). These services help people reside safely in their own home or in a community-based setting of their choice. DSAMH, the USH, and the LMHAs jointly developed the Readiness Evaluation and Discharge Implementation (REDI) Program in order to quickly identify and move those eligible for discharge. The REDI program has proven successful in working to help identify and facilitate additional discharges. In fiscal year 2012, the REDI program was used to help facilitate discharge of 141 adults with serious mental illness.

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 the LMHAs are actively working on plans for people who are ready for discharge to the community.

Pre-Admission Screening Resident Review (PASRR)

The PASRR Program is mandated by federal law and is part of the Federal Omnibus Budget Reconciliation Act. PASRR was enacted to ensure that people with mental illness in Medicaid-certified nursing facilities are being adequately diagnosed and treated; to ensure that people with mental illness or an intellectual disability-related condition (ID-RC) (and no substantial physical health problems), are not being warehoused in nursing facilities; and to ensure that the federal government is not paying for the long-term care of people with mental illness or ID-RC.

DSAMH operates the PASRR Program and contracts with providers to ensure that people referred to Medicaid-certified nursing facilities, who have a serious mental illness, meet medical criteria and that their mental health treatment needs are met. PASRR also evaluates if diversion

from a nursing facility is possible to ensure the person is in the most appropriate placement with the goal to be able to live a meaningful life in the community.

According to the U.S. Census Bureau, Utah's population of people age 65 and older increased from 190,222 in 2000 to 249,462 in 2010 which is a 31% increase. The general population in Utah has increased 23% from 2000 to 2010. Utah has the 6th fastest growth rate in the nation for people 65 years and older. In fiscal year 2011, DSAMH processed 2,465 evaluations. In fiscal year 2012, DSAMH processed 2,935 evaluations, which is a 19% increase. The dramatic growth of the senior population will continue to have a significant impact on the PASRR Program as the number of PASRR evaluations will continue to increase to meet rising demands.

Utah's Peer Support Services

In 2010, DSAMH contracted with Appellation Consulting Group, one of the nation's leading experts in Peer Specialist Training and Certification, to provide Peer Support training and certification to 32 people.

Certified Peer Support Specialists (CPSSs) complete a comprehensive 40-hour peer specialist training, 16 hours of Whole Health and Resiliency training and pass a written examination. In addition, CPSSs must successfully complete 20 hours of continuing education each year in order to maintain certification. CPSSs also receive ongoing weekly individual and/or group supervision by a licensed mental health therapist.

As of October 2012, there were a total of 128 CPSSs certified by Utah, with additional trainings scheduled in the near future. There are 26 CPSSs in paid positions due to joint efforts between DSAMH, the Department of Health, and the LMHAs.

DSAMH, in partnership with Empowerment Services, presented the first annual Utah Peer Con-

ference on Friday, September 14, 2012. The conference was attended by over 150 peers who have received mental health services. Empowerment Services, a nonprofit organization run by and for people in need of mental health treatment, was founded in 2011 by Amanda Thompson, a consumer of mental health services with over 20 years experience working in human services and mental health.

Presentations and forums for the first annual Utah Peer Conference were focused on the principles of recovery and a model of person-centered care, an approach that values attention to the whole person, where dignity and respect are the priority. Funding for the first annual Utah Peer Conference was provided in partnership with the Federal Substance Abuse Mental Health Services Administration (SAMHSA) through the Mental Health Block Grant. SAMHSA advocates for peer services to support the individual's personal process of recovery. Research cited by SAMHSA indicates self-direction, choice and empowerment are essential aspects of services and are linked with greater satisfaction with services as well as positive recovery outcomes.

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 for recovery. 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.

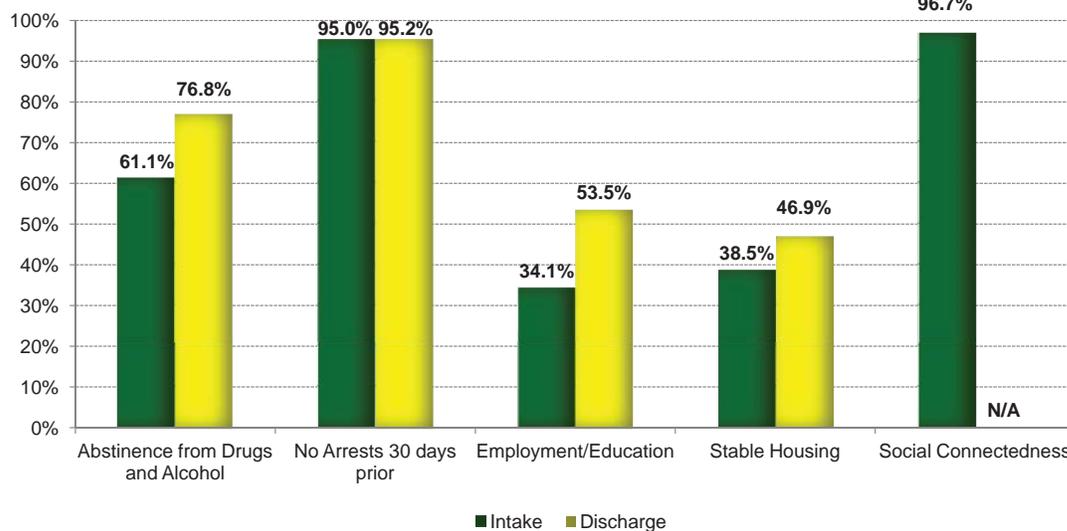
ATR provides vouchers to individuals who direct the development of their own recovery plan. Individuals choose the services and providers that they believe will be beneficial. Vouchers may be used for treatment or recovery support. The advent of ATR has significantly increased the types of services available to substance using individu-

als. 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 con-

tact and support clients throughout ATR and are available to resolve concerns or modify service plans as needed.

Since its inception ATR has served 3,138 individuals in Salt Lake, Utah, and Weber counties. ATR is cost effective. The average cost per client for ATR services is \$748. This compares favorably with the cost of serving an individual in the traditional system.

ATR Outcomes Fiscal Year 2012



On-Premise and Off-Premise Alcohol Sales Training Certification

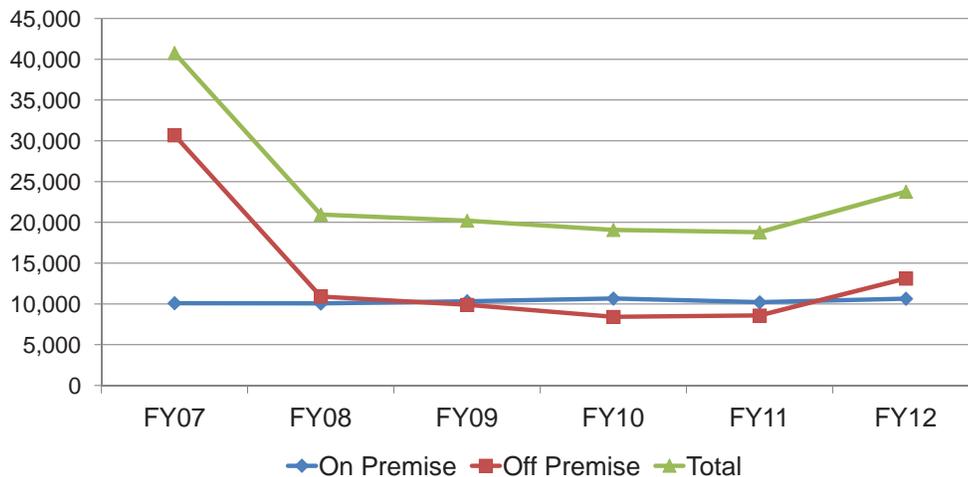
DSAMH certifies providers who train people who sell beer and other alcoholic beverages in Utah. The graph below shows the numbers of people trained to sell beer in grocery and convenience stores (off-premise) and serve alcohol in bars, taverns, and restaurants (on-premise). The high numbers for off-premise training shown for fiscal year 2007 represent the first year training became required by the EASY law for those who sell beer for off-premise consumption. The jump in off-premise trainees in fiscal year 2012 represents the 5 year anniversary of the EASY law; all off-premise trainees must recertify at least every 5 years.

Driving Under the Influence (DUI) Education

DSAMH sets standards for DUI education and certifies DUI instructors. There are currently more than 200 certified DUI instructors in Utah. These instructors use the *PRIME For Life* standardized DUI education program consisting of 16 hours of learning, self evaluation, and relevant group activities to help DUI offenders learn to make low-risk choices about alcohol and drug use. During fiscal year 2012, over 9,000 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 2010-2011 reported positive reactions; 81% reported that the class helped them to decide to drink less, feel confident about doing so, and develop the needed skills to change behaviors.

Alcohol Sales Training Certifications
Fiscal Years 2007 - 2012



PASSAGES

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

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

During fiscal year 2012, additional funds were allocated to hire supported employment specialists and supported education specialists to assist program participants succeed in these two important areas. One critical component of the program is the flexible funds to help program participants address barriers in transitioning. The number one flexible funds request is for housing, followed by education and driving related expenses. The program participants have diverse characteristics—poverty, teen parents, homelessness, developmental disabilities, sexual orientation, and childhood trauma—all of which complicate their transitional process. 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 an 18-year-old young woman who came from a family with alcohol dependency. She had very little support in her life. With assistance from a transitional facilitator, she is now gainfully employed, on her way to return to school, and is very competent in handling her finances.

The program is implemented in San Juan and Tooele Counties, and as of August 9, 2012, 198 young people have received services. This exceeded our goal by 32%. Of the 198 young people, there are 47% male, 53% female, 55% Caucasian, 27% Native Americans, 11% Multi-

Racial, and 14% Hispanic, 23% under 18-years-old, 77% at or over 18-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 community. 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 addressing mental health issues 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 the local mental health authority and through statewide efforts with DSAMH.

During the last year, 17 Crisis Intervention Team Academies were conducted where 390 individuals from 66 different agencies became certified. This raised the state totals to 1,516 sworn CIT Officers among 104 law enforcement agencies. The total for CIT training among non-sworn members of the law enforcement team rose to 210. Continuing education opportunities and trainings, including annual trainings in Salt Lake City and St.

George during December 2011, allowed 718 CIT Officers to maintain certifications.

Currently, 10 of Utah's 13 regions participate in the CIT Utah Program and conduct CIT Academies. 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.

CIT Utah continues its efforts to expand throughout all regions of Utah. In November of 2011, CIT Utah administration traveled to the San Juan region to meet with community leaders. Tentative plans were discussed to develop a regional CIT program.

CIT is recognized as a valuable and efficient statewide model. In 2012, the Utah State Legislature provided on-going funding for the program. The Salt Lake City Police Department, as the administering agency for the CIT Utah program, continues to be 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. In an attempt to strengthen national support of CIT programs, CIT Utah continues to be represented by a member of its administration as a founding member of CIT International. CIT Utah was selected to become a member of an advisory council to assist in the development of national standards through a Bureau of Justice Assistance project. CIT Utah raises awareness, increases understanding, and averts tragedies.

Drug Courts

Drug Courts provide participants intensive court-supervised drug treatment as an alternative to jail or prison. Intensive services are provided to 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.

Four primary models of drug court exist in Utah: adult felony drug courts, adult misdemeanor drug courts, juvenile drug courts, and family drug courts. In 1996, there were two drug courts in Utah. In 2012, DSAMH provided funding for 29 courts, but will extend that funding to 45 courts in fiscal year 2013. DSAMH provides funding for 22 felony drug courts, 14 family drug courts, and 6 juvenile 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 Drug Courts to target eligibility towards individuals who are at high risk for continued criminal behavior and in high need of treatment services.

The chart on the next page shows Drug Court outcomes for fiscal year 2012.

Drug Offender Reform Act (DORA)

The Drug Offender Reform Act (DORA), began in 2005 as a pilot project, and as of July 1, 2012, is implemented in eight local substance abuse authority areas of Utah: Bear River, which includes Box Elder, Cache, and Rich Counties; Carbon County; Davis County; Salt Lake County; Southwest, which includes Iron and Washington Counties; and Utah County. In 2012, 668 individuals were served in the DORA program statewide.

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

Drug Court Outcomes		
Measure Title	Purpose of Measure/Measure Definition	FY2012
Successful Completion	Percent of participants who complete program successfully	56.0%
Criminal Justice Involvement	Percent of clients reporting zero arrests while participating in Drug Court	87.9%
	Percent decrease in clients arrested from 30 days prior to treatment to 30 days prior to discontinuation/discharge	67.0%
Employment	Percent increase in full/part-time employment from admission to discharge	43.0%
Substance Use–Alcohol	Percent increase in abstinence from alcohol from admission to discharge	41.0%
Substance Use–Drug	Percent increase in abstinence from drugs from admission to discharge	158.0%
Decreased Homelessness	Percent decrease in homeless clients from admission to discharge	2.0%

successful in treatment are less likely to be rearrested and enter or return to prison.

The following chart illustrates DORA’s effectiveness:

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

Drug Offender Reform Act Outcomes					
Measure Title	Purpose of Measure / Measure Definition	FY2009	FY2010	FY2011	FY2012
Alcohol	Percent increase in abstinence from alcohol from admission to discharge	17.7%	26.1%	24.7%	23.0%
Drugs	Percent increase in abstinence from drugs from admission to discharge	45.9%	64.0%	84.8%	91.4%
Employment	Percent increase in full/part-time employment from admission to discharge	33.1%	55.1%	62.7%	64.3%
Decreased Homelessness	Percent decrease in homeless clients from admission to discharge.	50.0%	54.3%	61.8%	67.6%
Clients Served	Unduplicated number of clients served	1,288	759	737	668

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 Facilitation services to fidelity. Family Resource Facilitators (FRFs) play a key role in developing a formalized, family-driven and child-centered public mental health system in the State of Utah. They are trained and certified as peer support specialists who develop working partnerships with the local mental health authority staff to represent the family voice at service delivery, administration, and policy levels. These services help ensure the needs of children and youth with complex mental health conditions are met.

Allies with Families

DSAMH partners 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 National 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 partners 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 living with a 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 partners 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)

DSAMH partners with USARA, a non-profit recovery community organization made up of individuals in recovery from alcohol and drug use and addiction, their families, friends and allies in our community. USARA's services are primarily developed and run by peers in recovery and others whose lives have been touched by substance abuse disorders.

In fiscal year 2012, USARA's Recovery Celebration drew over 4,000 people to events held in Salt Lake City, Provo, Ogden, Tooele, Park City, and St. George. These events involved a community effort of organizations and volunteers working together to host activities that celebrate recovery. Recovery Day's primary goal is to bring a message of awareness and hope to the communities of Utah that individuals and families suffering from substance abuse and addiction can and do recover!

In February 2012, USARA's "Rally for Recovery" at the state capitol brought the largest crowd

ever, and included speakers such as: Mary Kay Waddoups, House Speaker Representative Rebecca Lockhart, Senator Howard Stephenson, Senator Gene Davis, Representative Eric Hutchings, and Representative Mike Noel.

An important program for USARA is their Family Support Group. This group provides an educational support program that facilitates weekly meetings for family members and friends who have loved ones needing help and support. In fiscal year 2012, over 50 individual family

members have received support through this effort.

This year, USARA opened a recovery community center in Salt Lake County, where individuals, families, and others can access assistance for recovery support services and resources. Peers are involved with developing various recovery activities, education training, groups and individual support services as well as providing peer run support meetings and peer mentoring.

Christi's Story

I am a single mother of six beautiful girls. They are the pride of my life! After my girls and I suffered years of physical, mental, and emotional abuse, I began using meth to dull the pain of the guilt I felt. For the next 5 years I ran from my past, living life through a haze of substance use.

One December evening, the police raided my house and I went to jail. I missed Christmas for the only time in my children's lives. I was devastated. On New Years Eve, I lost custody of my girls. I was angry and confused, feeling like I had been the victim for all these years. Why was I being punished now? Despite losing custody and knowing what was at stake, I still struggled to stay sober but found myself at a crossroads. I made the decision that my family was more important than drugs so I enrolled in drug court. The judge ordered me into treatment. I spent the next seven months putting myself back together, finding my voice, and discovered that I had a purpose in life.

That purpose was to speak out to those who struggled with addiction, to spread the word that recovery is possible. When I received custody of my children back, it was the greatest day of my life and a day that I cherish because I made it, I did it!

My advice for everyone in recovery is, "Keep Moving Forward." Life is worth it, you are worth it!

Months later, I graduated from drug court and had the opportunity to speak at the ceremony. I went on and formed my own support group called B.I.O.N.I.C. (Believe It Or Not I Can) we have the opportunity to speak at Boys and Girls clubs, drug and alcohol classes. I have spoken to the legislature and at the 2012 Recovery Rally. I am grateful for all those who have helped me achieve my second chance.



Who We Serve

Who We Serve

Utahns in Need of Substance Abuse Treatment

The results of the Synthetic Estimates of Needs for Utah¹ and the 2011 Student Health and Risk Prevention Survey indicate the following:

- 88,251 adults in Utah were classified as needing treatment for alcohol and/or drug dependence or abuse in 2012.
- 12,189 youth in the 6th through 12th grades are in need of treatment for drug and/or alcohol dependence or abuse.
- The public substance abuse treatment system is currently serving 17,026 individuals, or 17% of the current need.

- A combined total of approximately 83,414 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 2012, is also included to illustrate the unmet need. The same data is depicted on the graphs on the following page.

**Substance Abuse
Treatment Needs vs. Treatment Capacity**

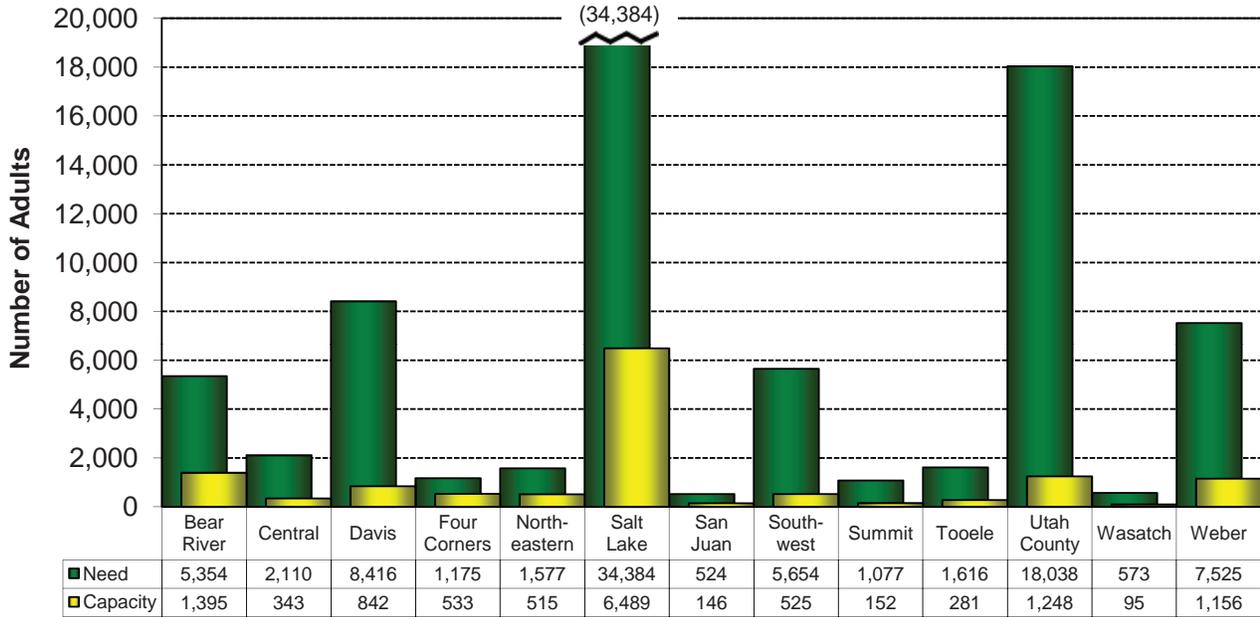
	Adults (18 years+)		Youth (Under age 18)	
	# Need Treatment	Current Capacity	# Need Treatment	Current Capacity
Bear River	5,354	1,395	415	86
Central	2,110	343	307	42
Davis County	8,416	842	1,349	89
Four Corners	1,175	533	225	51
Northeastern	1,577	515	164	44
Salt Lake County	34,384	6,489	5,965	704
San Juan County	524	146	10	42
Southwest	5,654	525	649	45
Summit County	1,077	152	158	11
Tooele County	1,616	281	316	45
Utah County	18,038	1,248	1,302	76
Wasatch	573	95	78	20
Weber	7,525	1,156	1,429	242
State Totals	88,251*	15,537**	12,189*	1,489**

* 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.

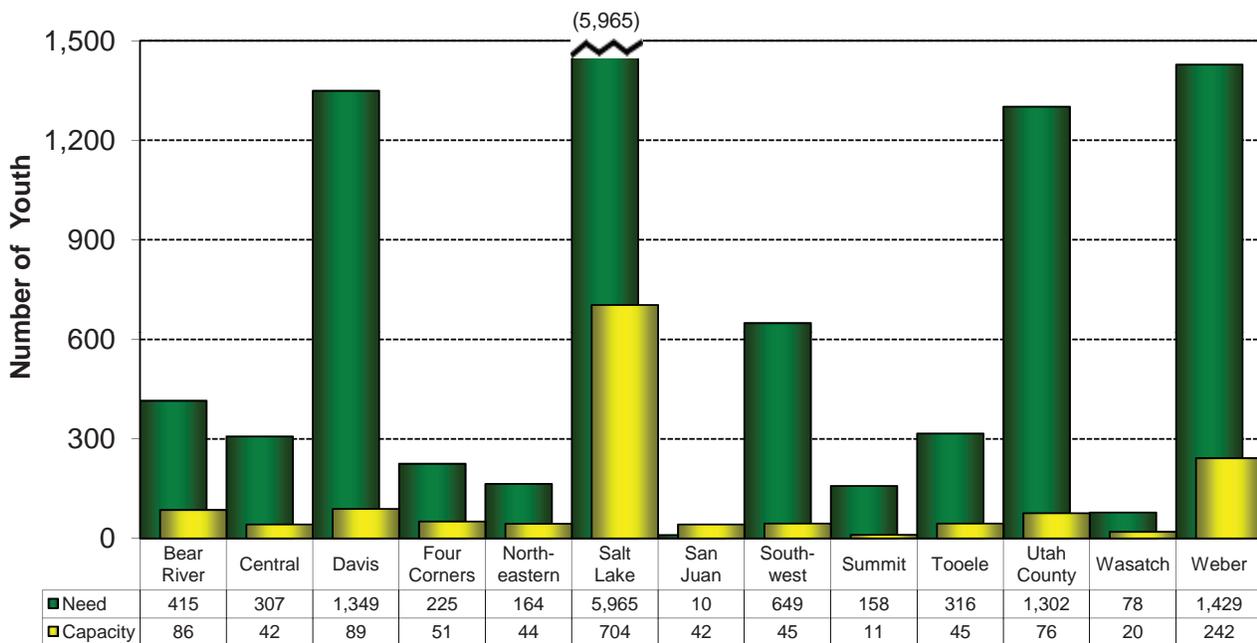
** An additional 2,051 clients that were served by statewide contracts are reflected in the state total.

¹ 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

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 Utah¹ indicate the following:

- 5.4% of adults in Utah were classified as needing treatment for mental health issues in 2012.
- 4.7% of Utah youth under age 18 were in need of treatment for mental health issues in 2012.
- The public mental health treatment system served 44,611 individuals or less than 31% of the current need.
- A combined total of approximately 102,131 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. 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 2012 is also included to illustrate the unmet need. The same data is depicted on the following graphs.

Mental Health Treatment Needs vs. Clients Served

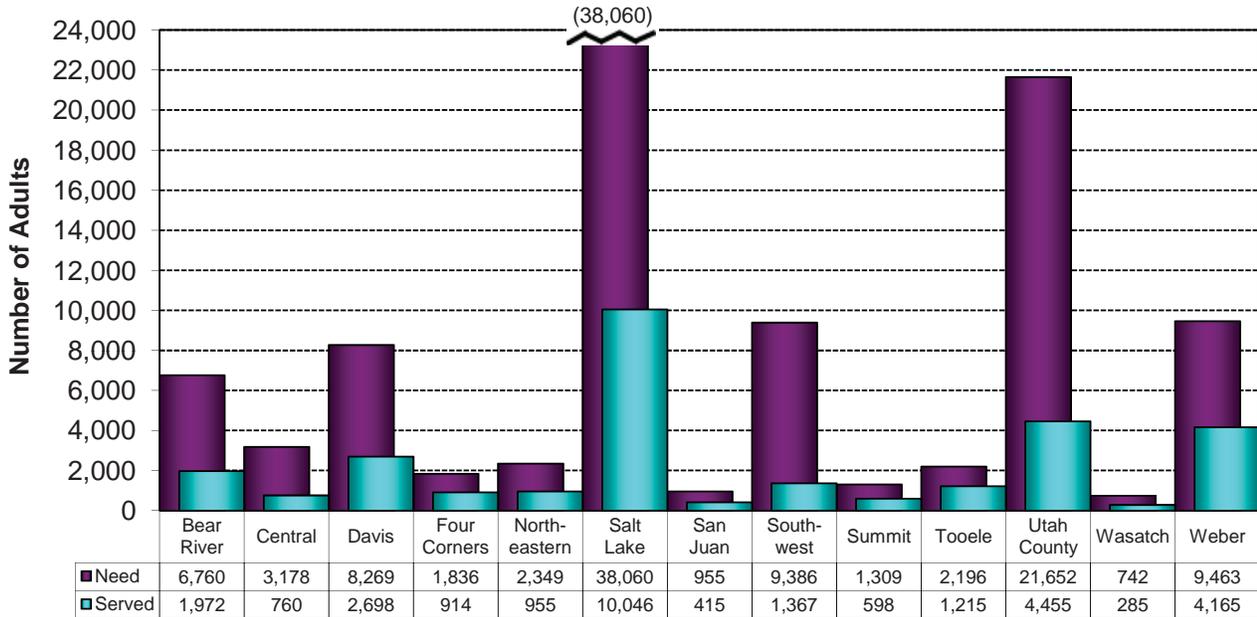
	Adults (18 years+)			Children/Youth (Under age 18)		
	% Need Treatment	# Need Treatment	# Served in FY2012	% Need Treatment	# Need Treatment	# Served in FY2012
Bear River	5.9%	6,760	1,972	5.1%	2,731	1,120
Central	6.1%	3,178	760	5.8%	1,398	486
Davis	4.0%	8,269	2,698	3.8%	3,984	1,446
Four Corners	6.1%	1,836	914	4.9%	557	437
Northeastern	6.6%	2,349	955	5.1%	892	551
Salt Lake	5.1%	38,060	10,046	4.4%	13,422	4,702
San Juan	9.6%	955	415	6.8%	336	153
South-west	6.4%	9,386	1,367	5.8%	3,602	1,558
Summit	4.8%	1,309	598	4.4%	456	217
Tooele	5.8%	2,196	1,215	4.6%	968	525
Utah County	6.3%	21,652	4,455	5.1%	9,346	2,856
Wasatch	4.6%	742	285	3.9%	321	135
Weber	5.5%	9,463	4,165	4.7%	3,461	1,479
State Totals*	5.4%	*105,369	*29,205	4.7%	*41,373	*15,406

*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.

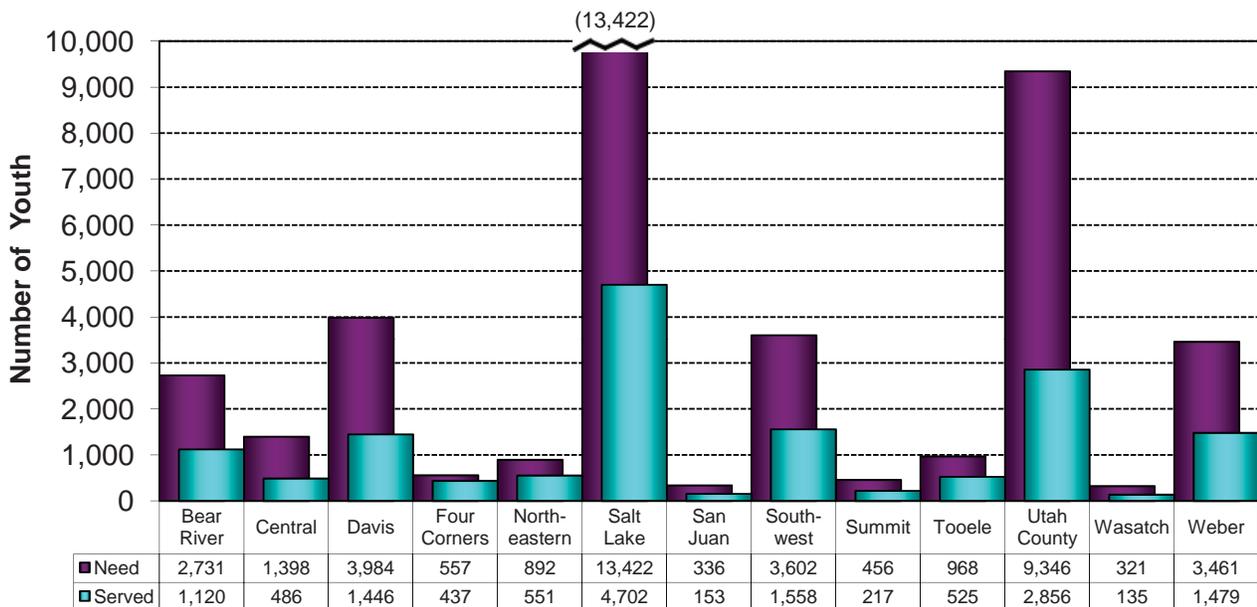
¹ Holzer, C.E., & Nguyen, H. T. (2008). Synthetic Estimates of Mental Health Needs for Utah (based on the Collaborative Psychiatric Epidemiological Surveys and the U.S. Census 2009 Population Estimate), from www.charles.holzer.com

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

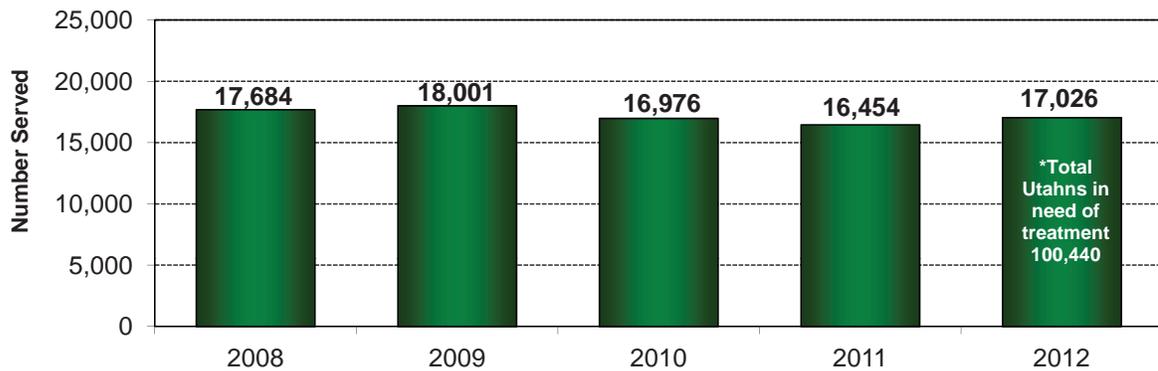


Total Number Served

The charts below show the total number of individuals served in all publicly funded substance abuse treatment facilities, and the total number

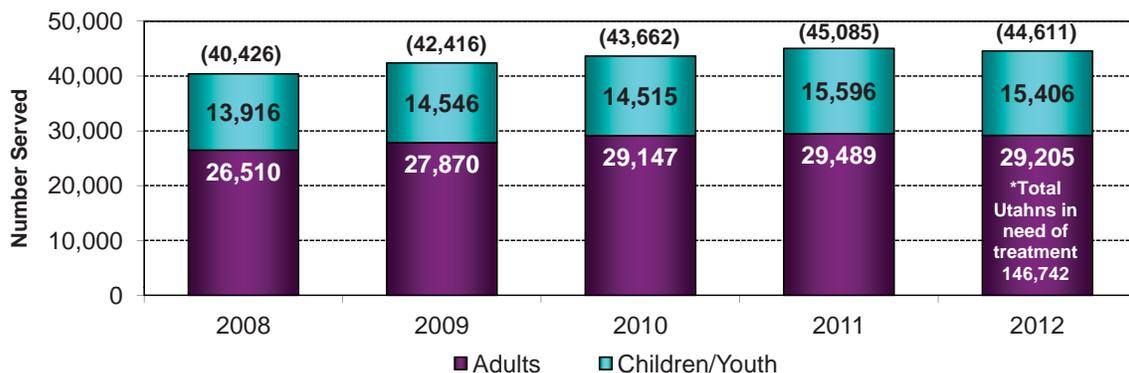
served for adults and children/youth by the local mental health authorities for fiscal year 2008 through fiscal year 2012.

Total Number of Individuals Served in Substance Abuse Treatment Fiscal Years 2008 - 2012



*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 - 2012



*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>.

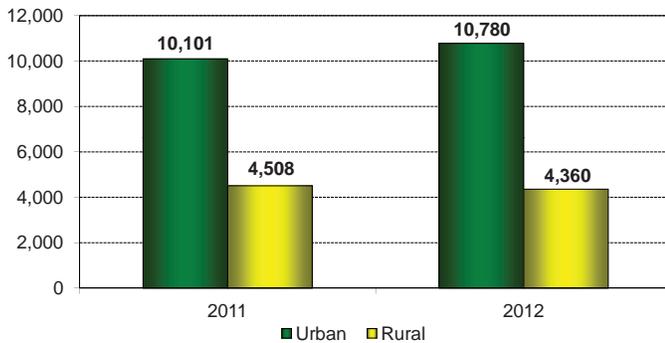
Note: These estimates are based on the Collaborative Psychiatric Epidemiological Surveys (CPES) conducted in 2001 to 2003 and the U.S. Census updated to 2009, using the MHM3 broad definition at 300% of poverty. The MHM3 definition requires a current or chronic disorder and a disability duration of at 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 Areas¹

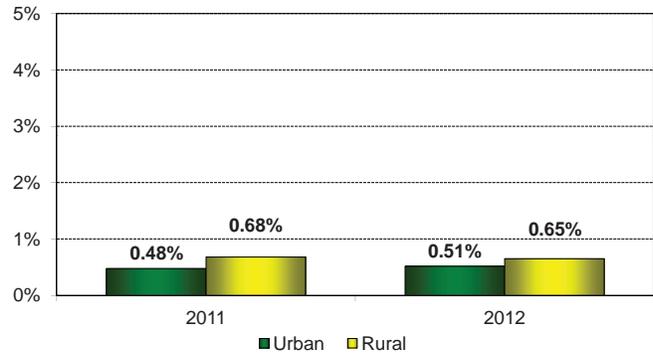
The following graphs show the total number of individuals served in urban and rural communi-

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

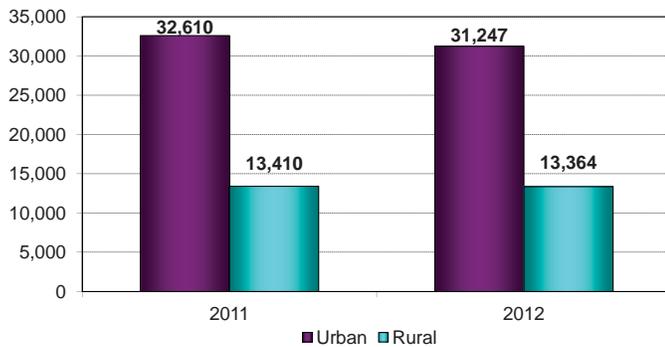
Number of Individuals Served in Substance Abuse Services in Urban and Rural Communities Fiscal Years 2011 - 2012



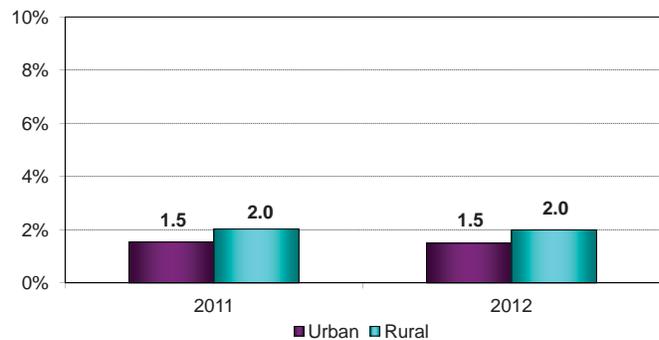
Percent of Total Population Served in Substance Abuse Services in Urban and Rural Communities Fiscal Years 2011 - 2012



Number of Individuals Served in Mental Health Services in Urban and Rural Communities Fiscal Years 2011 - 2012



Percent of Total Population Served in Mental Health Services in Urban and Rural Communities Fiscal Years 2011 - 2012



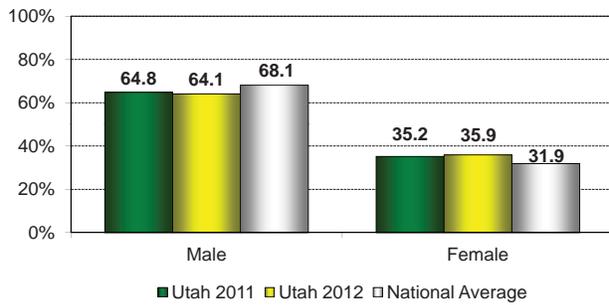
¹ Salt Lake, Davis, Weber (Morgan is included in Weber County district), and Utah Counties are reported as Urban. All other counties in Utah are reported as Rural.

Gender and Age

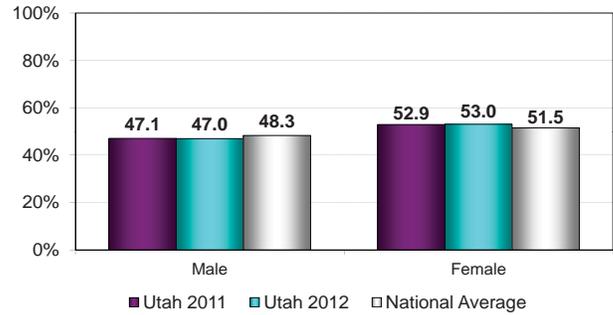
The charts below identify the distribution of services by gender and age for substance abuse and mental health services. There are significant dif-

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

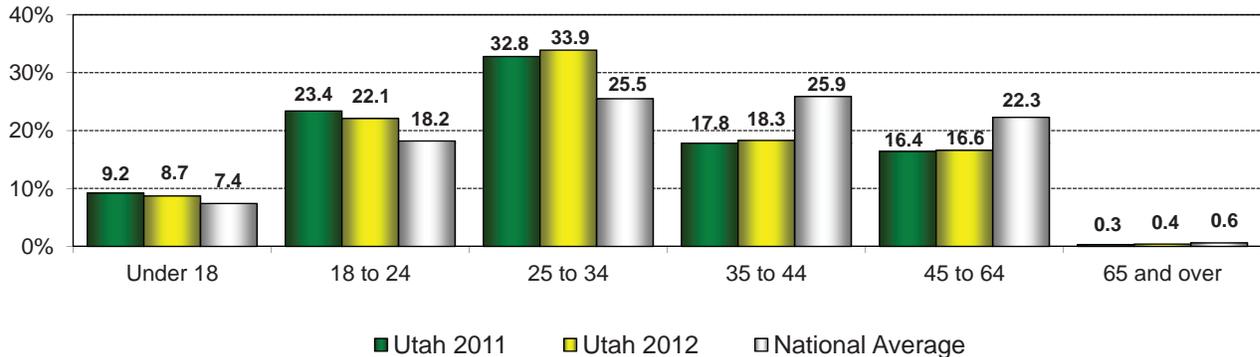
Gender of People Served in Substance Abuse Services
Fiscal Years 2011 - 2012



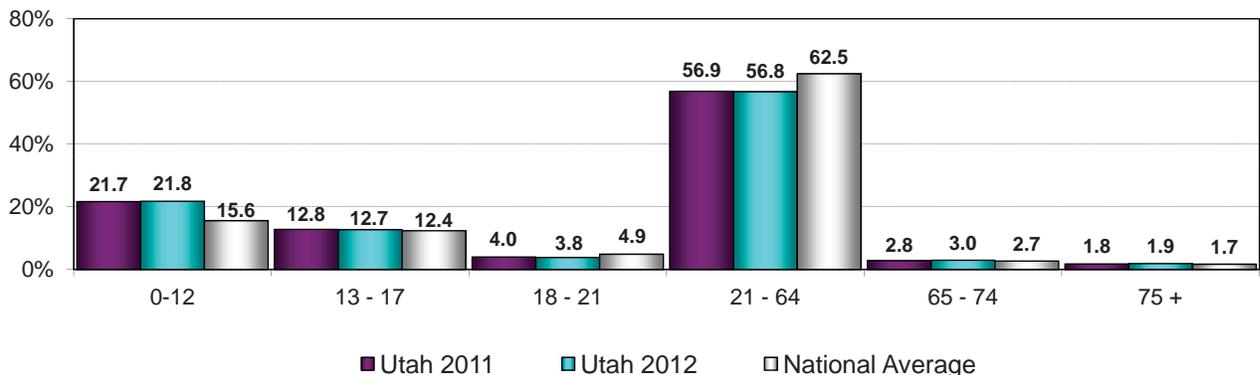
Gender of People Served in Mental Health Services
Fiscal Years 2011 - 2012



Age at Admission of People Served in Substance Abuse Services
Fiscal Years 2011 - 2012



Age of People Served in Mental Health Services
Fiscal Years 2011 - 2012

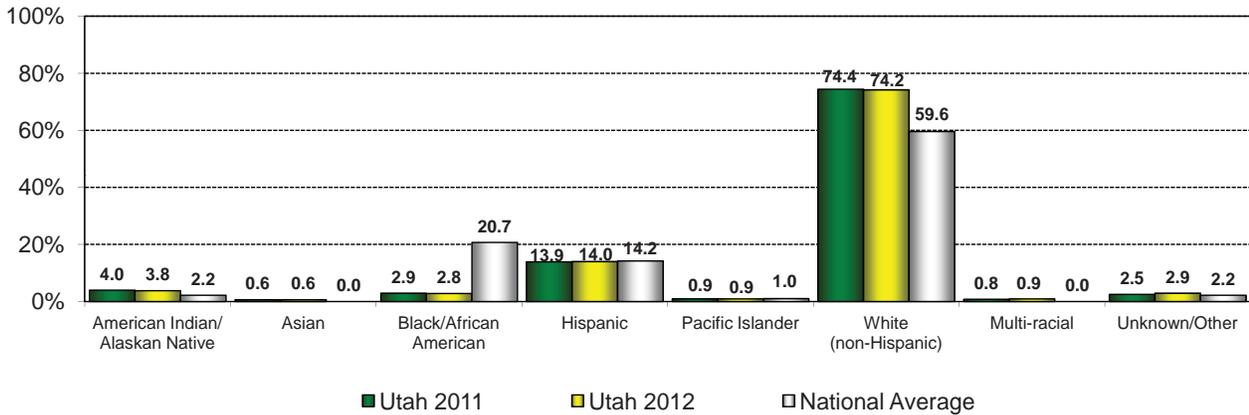


Race and Ethnicity

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

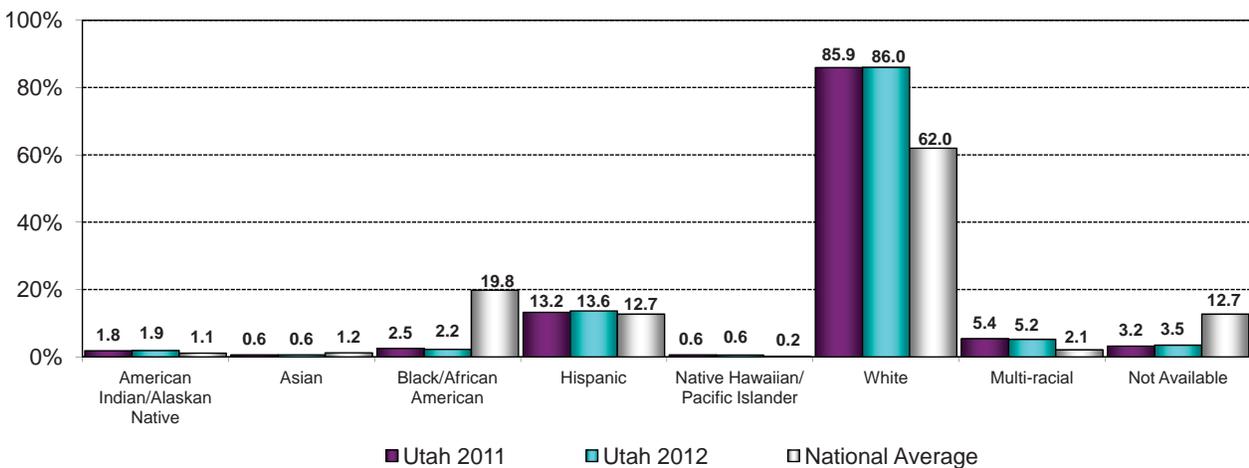
for clients receiving substance abuse or mental health services.

Race/Ethnicity of People Served in Substance Abuse Services
Fiscal Years 2011- 2012



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

Race/Ethnicity of People Served in Mental Health Service
Fiscal Years 2011 - 2012

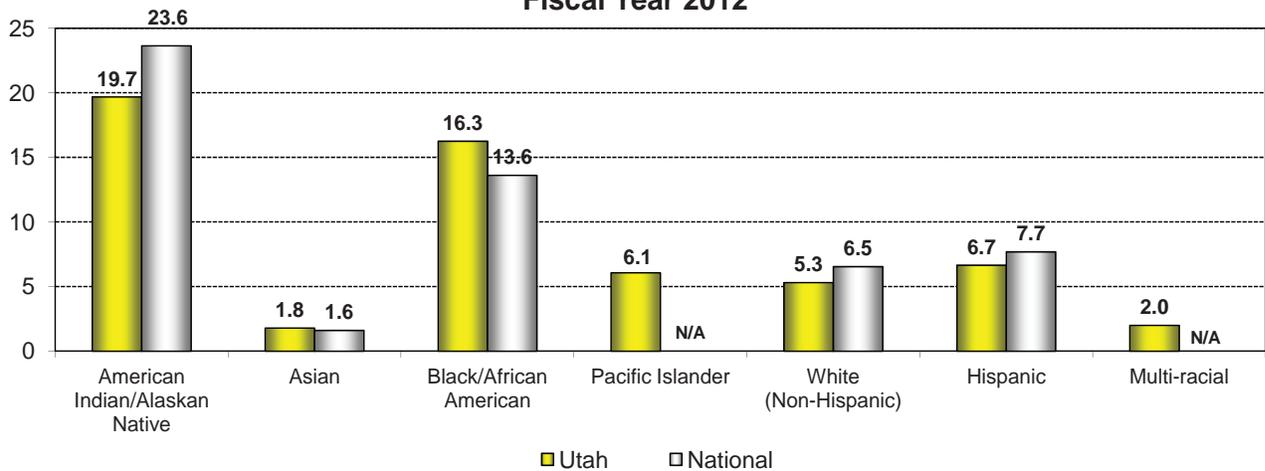


Note: More than one race/ethnicity may have been selected.

The charts 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

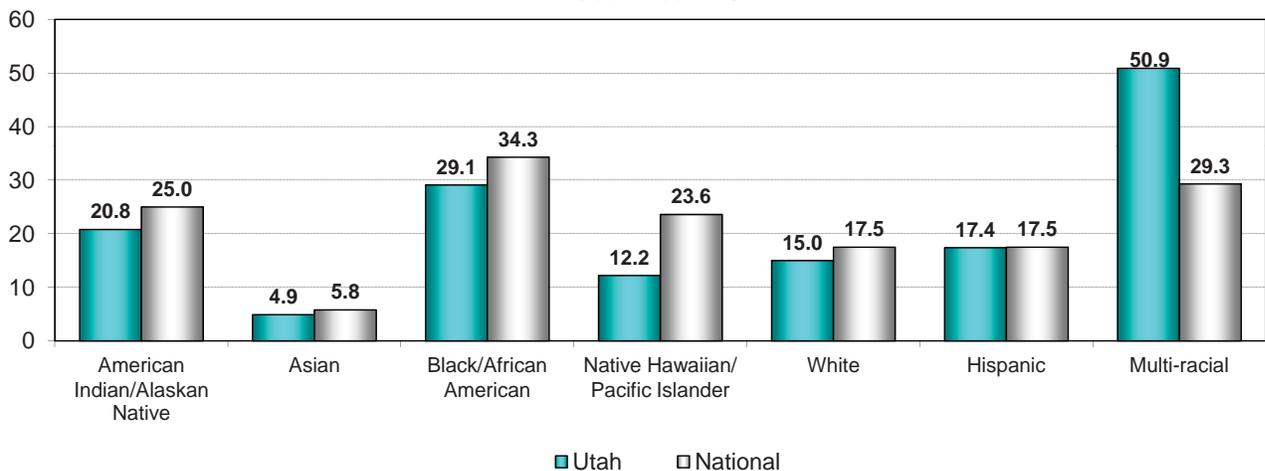
racial/ethnic groups. For example, for every 1,000 whites in Utah, 5.3 are receiving substance abuse treatment; however, for every 1,000 American Indians in Utah, 19.7 are receiving substance abuse services.

Penetration of People in Substance Abuse Treatment per 1,000 Population by Race/Ethnicity Fiscal Year 2012



Note: Pacific Islander and Asian reported together in National data. There was not data for Multi-racial clients in the National data.

Penetration of People in Mental Health Treatment per 1,000 Population by Race/Ethnicity Fiscal Year 2012

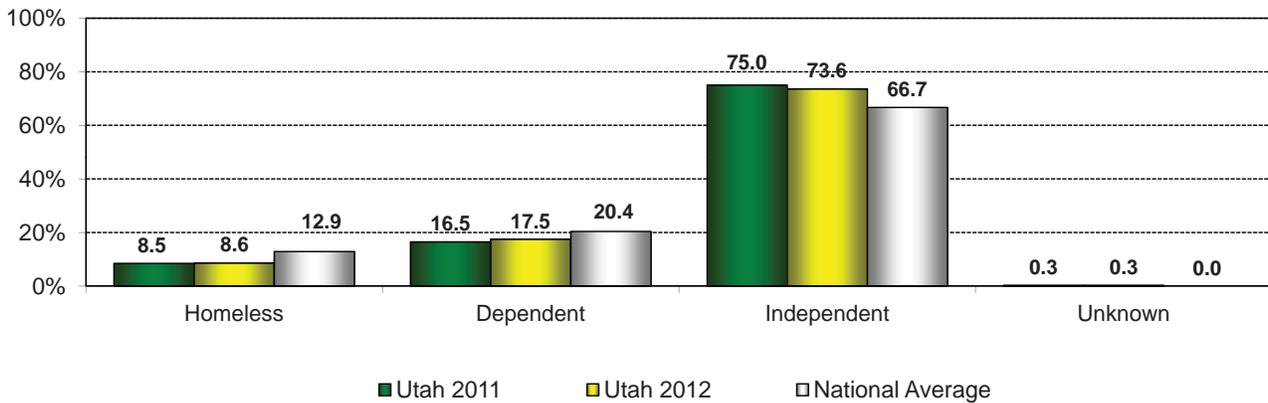


Living Arrangement

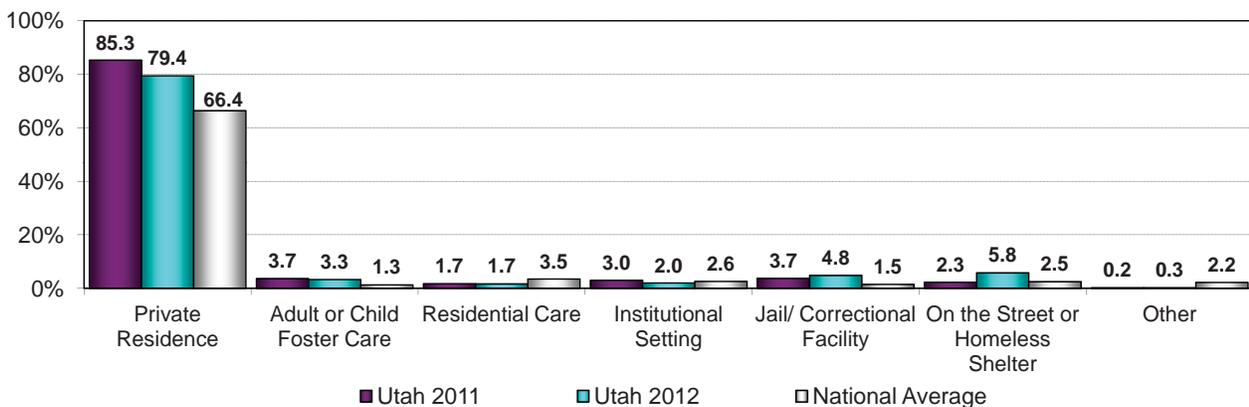
The following charts depict clients' living arrangement at admission for substance abuse and for mental health clients served in fiscal year 2011 and fiscal year 2012. By far, the majority of clients receiving substance abuse and mental

health services are in independent living during treatment. Due to reporting requirements, more detailed data on living arrangement categories is available for mental health clients than substance abuse clients.

Living Arrangement at Admission of Adults Served in Substance Abuse Services
Fiscal Years 2011 - 2012



Living Arrangement of Adults Served in Mental Health Services
Fiscal Years 2011 - 2012

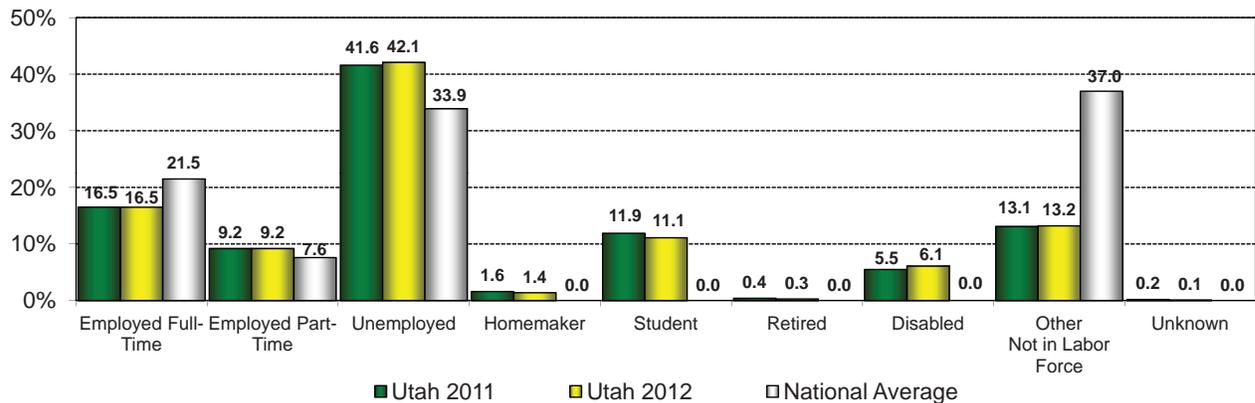


Employment Status

The following charts show the employment status at admission for substance abuse and for mental health clients served in fiscal year 2011 and fiscal

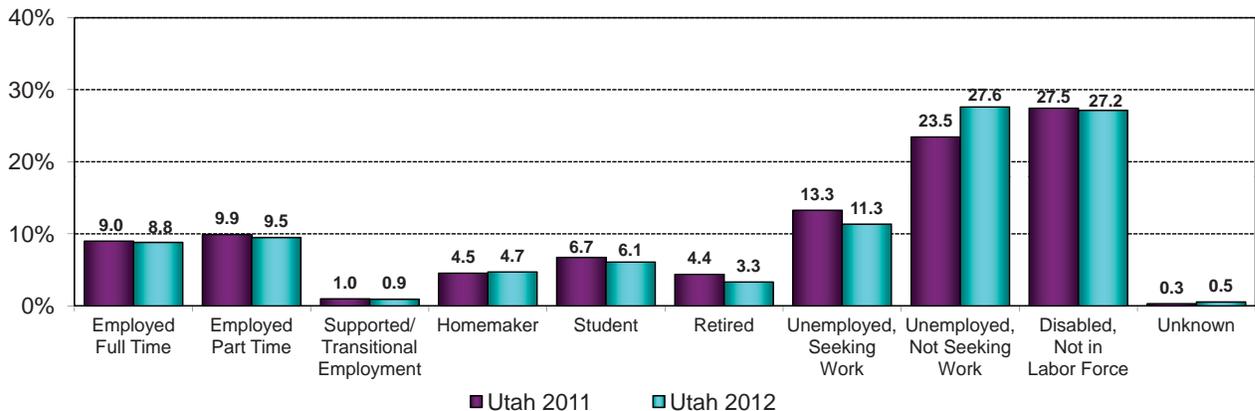
year 2012. The categories for mental health clients are different than those for substance abuse clients due to different reporting requirements.

Employment Status at Admission for Individuals in Substance Abuse Services Fiscal Years 2011 - 2012



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

Employment Status for Adults in Mental Health Services Fiscal Years 2011 - 2012

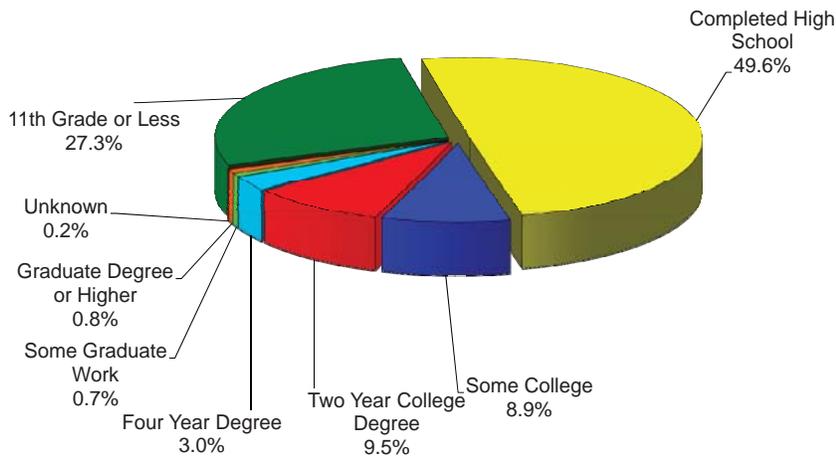


Highest Education Level Completed

In fiscal year 2012, over 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, almost 23% of the clients had received some type of college training prior to admission. Still, 27% had not graduated from high school.

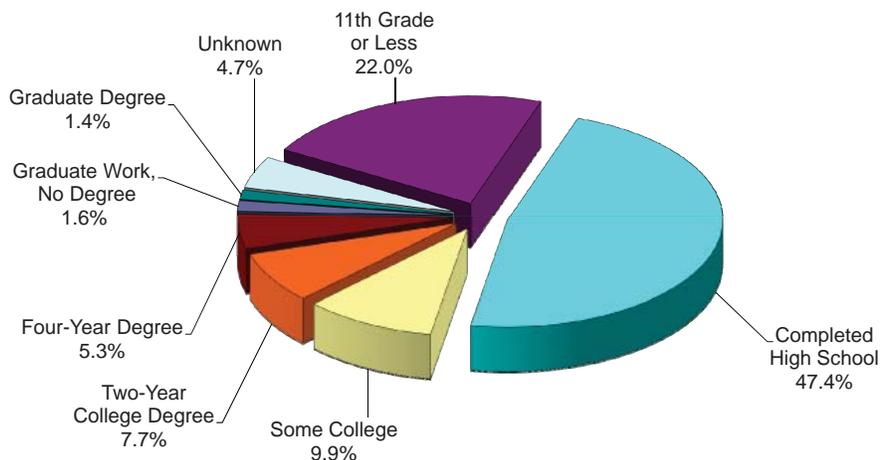
**Highest Education Level at Admission for Adults in Substance Abuse Services
Fiscal Year 2012**



In fiscal year 2012, over 73% of adults in mental health treatment statewide completed at least high school, which included those clients who had attended some college or technical training. Ad-

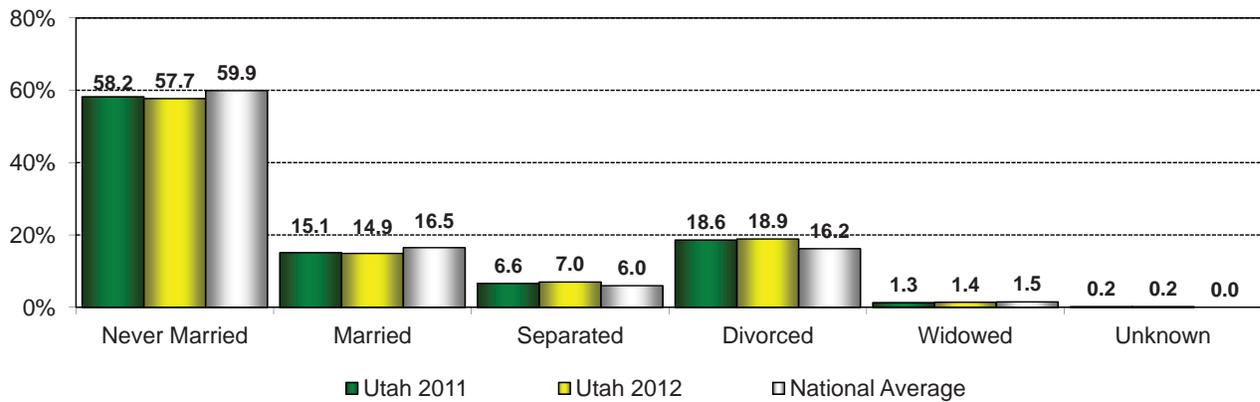
ditionally, almost 26% of the clients had received some type of college. Still, 22% had not graduated from high school.

**Highest Education Level of Adults Served in Mental Health Services
Fiscal Year 2012**

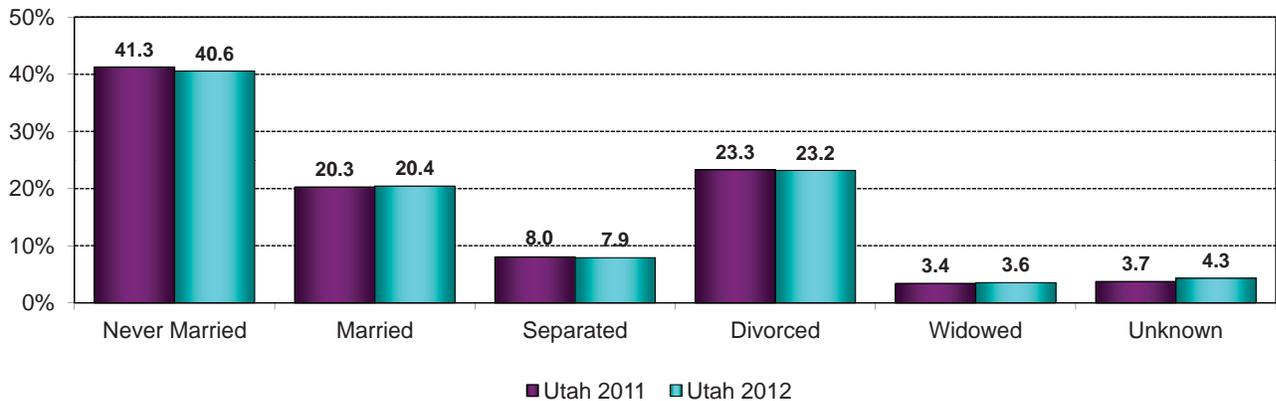


Marital Status

Marital Status of Adults Served in Substance Abuse Services
Fiscal Years 2011 - 2012



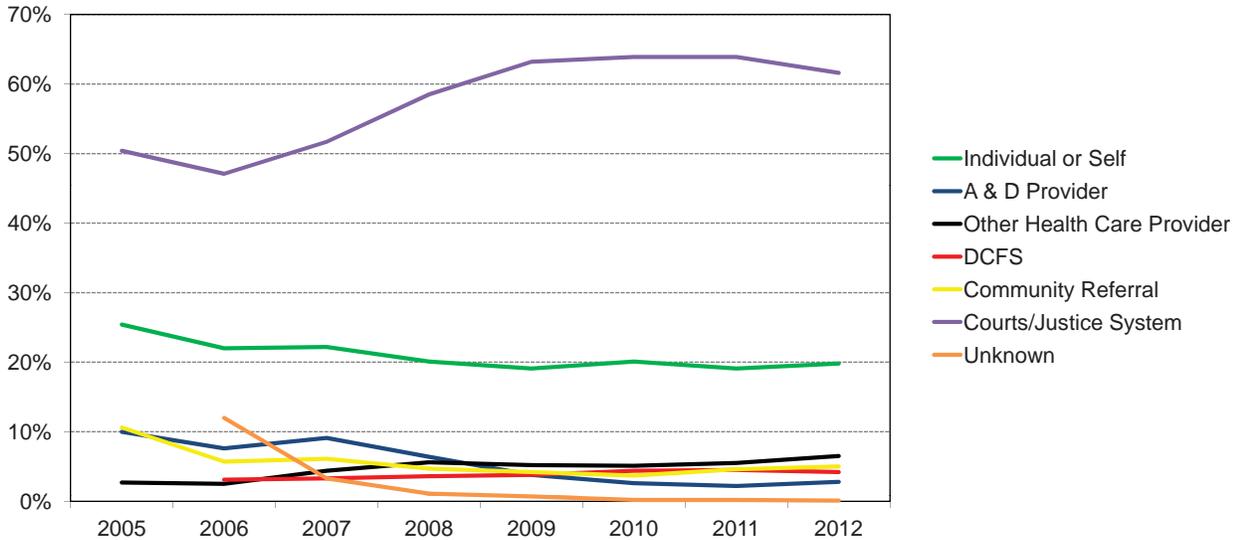
Marital Status of Adults Served in Mental Health Services
Fiscal Years 2011 - 2012



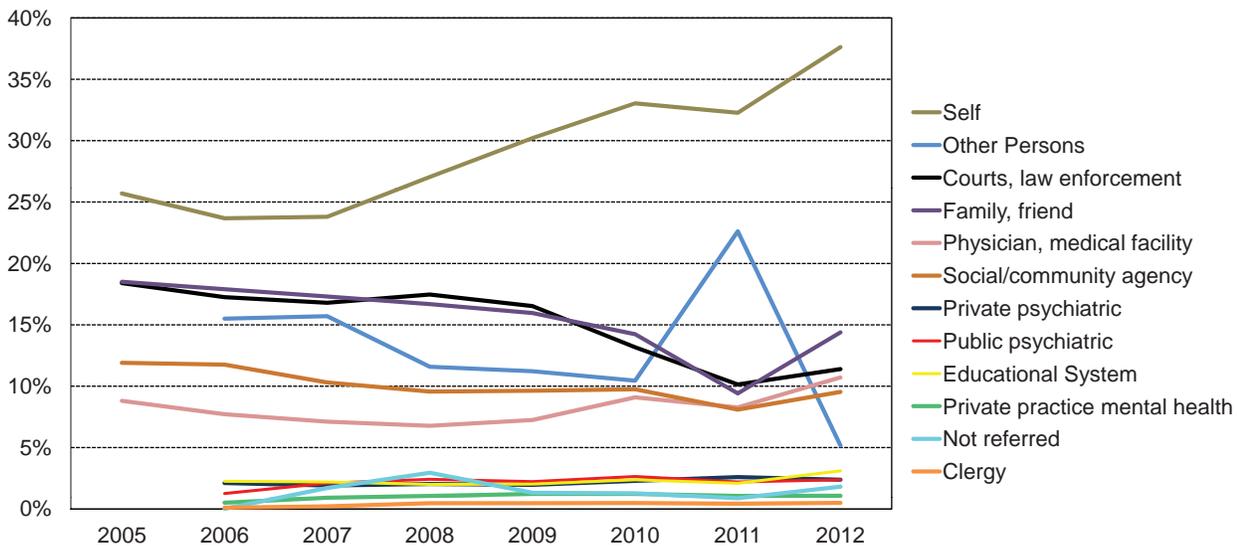
Referral Source

The charts below detail referral sources for fiscal years 2005 through 2012 for substance abuse and mental health.

Referral Source of Individuals in Substance Abuse Services
Fiscal Years 2005 - 2012

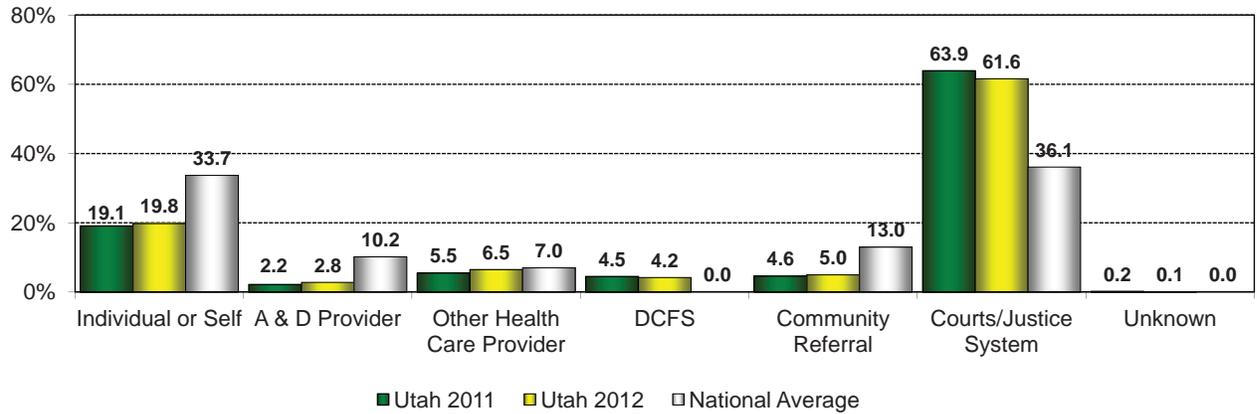


Referral Source of People Served in Mental Health Services
Fiscal Years 2005 - 2012



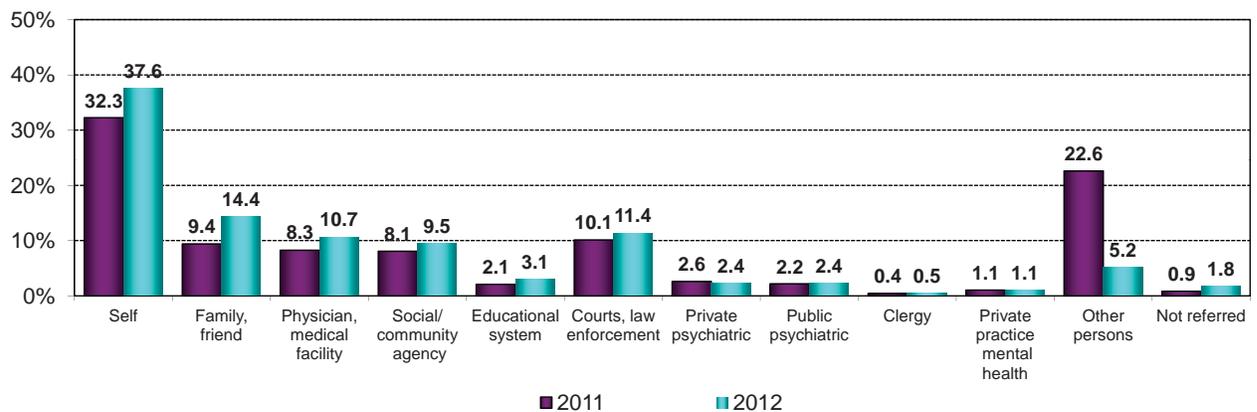
The graphs below detail referral sources for fiscal years 2011 and 2012 for substance abuse and mental health services.

Referral Source of Individuals Served in Substance Abuse Services Fiscal Years 2011 - 2012



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

Referral Source of People Served in Mental Health Services Fiscal Years 2011 - 2012



Patty's Story

My journey into substance use started at the age of 14 when I was invited to a party. After that night, my life turned to self-destructive behaviors. I dropped out of school and started using substances regularly.

Several years later, my older brother was killed. He was my best friend. I began using meth on and off for the next ten years. When I ended up pregnant, I quit using long enough to give birth to my beautiful daughter. Six weeks later, I started using again.

I got pregnant again and quit using during the pregnancy. After my son's birth I worried what the future held for us. I started using six weeks after his birth. Five months later, he passed away. Every time I got high I could feel myself dying inside. My spirit was being suffocated.

One day my mom visited to make sure I was alright. In between the tears, I told her, no, I am not ok. She said, "You are searching for something. You are searching for yourself and a love that you have misplaced for way too long. That love is inside of you." My world changed when I realized that she was right. I realized that I was strong and had everything I needed to heal myself, right inside of me.

All the love that you will ever need comes from within. By finding that love, you can begin to heal and love yourself. Life is a viewpoint. How we choose to look at it is under our own control.

After treatment, I found the spiritual path that changed my life, my viewpoint and turned my pain into happiness. Most days, I live a life full of love, joy and peace. I am grateful for the pain of yesteryears, so I can appreciate the beauty I experience every day. I am working full time, raising my daughter and attending school. Life is good!



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.¹ Prevention serves a critical role in supporting healthy communities, families, and individuals.

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

Vital to a successful and sustainable prevention effort is a mobilized and organized community prevention coalition. The Division of Substance Abuse and Mental Health (DSAMH) provides

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



incentives to local substance abuse authorities (LSAAs) 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

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 2007.²

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.

² 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

In Utah, the illegal use of prescription drugs has reached epi-



USE ONLY AS DIRECTED

demic proportions. An average of 23 Utahns die as a result of prescription opioids each month. Since 2000, the number of deaths due to overdose of pain medication has increased over 400%.³ In fact, more deaths were associated with overdose than with car crashes.⁴ 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 misused a prescription pain medication. For more information, visit 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 Of-

fice 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 knowl-

³ November 2008 Utah Health Status Update.

⁴ U of U School of Medicine: http://health.utah.gov/opha/publications/hso/07Aug_uninskids.pdf.

edge about alcohol, tobacco and other drugs, and provides opportunities for students to participate in prevention 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.

Highlights for 2011-2012 include the following:

- 1,177 individuals participated in *Prevention Dimensions* teacher trainings and received resource materials.
- A total of 27 teacher trainings were conducted during the year.
- A survey of public and charter school officials cited *Prevention Dimensions* most frequently as an effective resource to promote a positive school climate and prevent and deter school violence.
- Based on online reporting, it is estimated that over 340,000 students in the K through 6th grades received *Prevention Dimensions* materials.

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. The two prioritized risk factors for Utah are 1) Poor Family Management and 2) Parental Attitudes Favorable to Anti-Social Behavior.

Communities That Care

Communities That Care (CTC) is a coalition-based prevention operating system that uses a public health approach to prevent problem



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	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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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 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.

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

The Utah Evidence Based Prevention Project

In cooperation with the Division of Child and Family Services (DCFS), DSAMH deployed a project to reduce risk factors for adolescent problem behavior including substance abuse, some mental disorders, high family stress, unhealthy living environments, violence, and family discord. Risk factors that were prioritized for this project include family management problems and family conflict.

Objectives of this DCFS/DSAMH collaborative effort include:

1. Increase the number of prevention programs that have been proven to be effective (evidence based).
2. Increase the number of people attending evidence based prevention programs.
3. Increase the level of fidelity in the administration of such programs.
4. Increase cooperation between substance abuse, mental health, and child and family services to better meet the prevention needs throughout the state.

Beginning late in fiscal year 2012, efforts this year focused on increasing the number of parenting class facilitators with credentials to facilitate the proven programs.

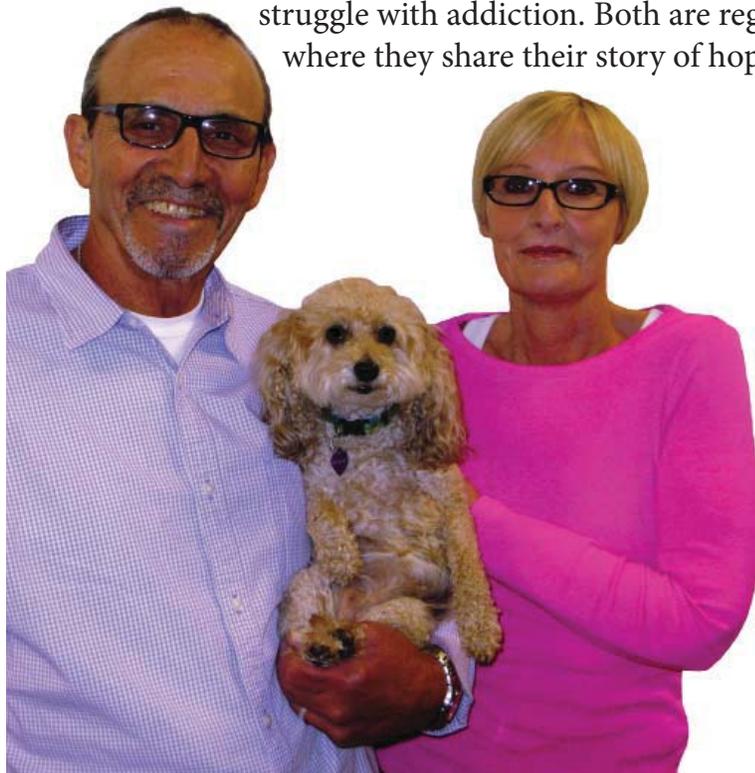
Our Story

Robert started smoking pot while he was in Vietnam in the 60s. After returning home, he continued to smoke pot and drop pills as a way to fit in. Gradually, he moved to harder drugs including heroin. He began dealing to support his habit and eventually did time in various jails and prisons. After moving to Utah, he started dealing again and was arrested and sent to prison.

Cathy started popping pills with family members at the early age of 12. Her addiction moved to heroin as a way to deal with the trauma she experienced. When her mother passed away, from a drug overdose, Cathy tried to quit several times, but always came back to drugs as a way of coping. She was arrested at age 18 for sale of drugs and faced a choice, either treatment or prison. She chose treatment and spent two years in recovery. But the lure of drugs was too strong and she relapsed.

Robert and Cathy met at a methadone clinic and started living together. They started dealing again as a way to support their habit. Some years later, they were both arrested and went to prison. They got clean in prison and once released, decided to change their lives. They got married as a way to support each other's recovery. They realized that recovery might not work without additional assistance, so both applied for and were accepted into a methadone treatment program. The medication helped ease the cravings and allowed them to begin rebuilding their lives.

Robert and Cathy have been clean for over fifteen years. They are employed, exercise frequently, purchased a home and began to support others who struggle with addiction. Both are regular speakers at events where they share their story of hope and change.



*Their motto is:
Don't give up!
There is hope.
Recovery comes
in baby steps.
Just take it one
day at a time.*

Substance Abuse Treatment

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>	
Appropriate for	<ul style="list-style-type: none"> General Population 	<ul style="list-style-type: none"> High Risk 	<ul style="list-style-type: none"> Using but does not meet DSM IV Diagnostic Criteria 	<ul style="list-style-type: none"> DSM IV Diagnosis of Abuse or Dependence 	<ul style="list-style-type: none"> Serious Abuse or Dependence DSM IV Diagnosis of Abuse or Dependence 	<ul style="list-style-type: none"> Severe Abuse or Dependence DSM IV Diagnosis of Abuse or Dependence 	<ul style="list-style-type: none"> Individuals needing support services outside of treatment in order to maintain their recovery and build a meaningful life in the community

Source of Data

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

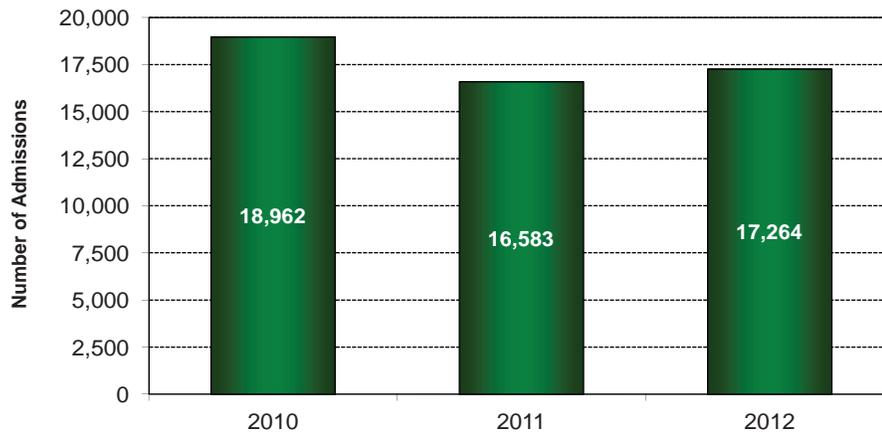
Abuse and Mental Health (DSAMH) uses for treatment admission numbers and characteristics of clients entering treatment. Unless otherwise stated, the data in the following charts comes from this source.

Number of Treatment Admissions

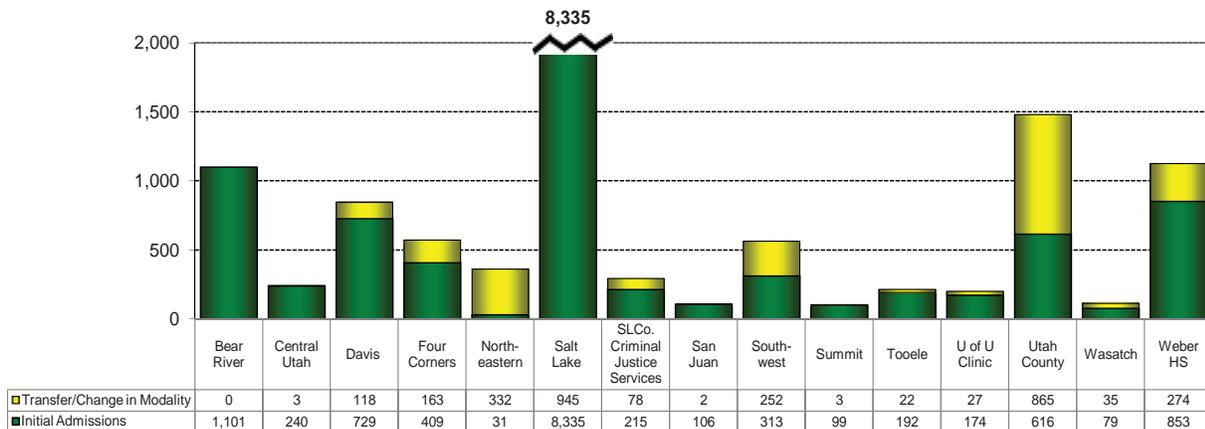
In 2012, total treatment admissions increased significantly, from 16,583 in 2011, to 17,264 in 2012, reversing the decrease experienced in 2011.

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 2012.

Substance Abuse Initial and Transfer Admissions into Modalities Fiscal Years 2010 to 2012



Substance Abuse Treatment Admissions and Transfers in Utah Fiscal Year 2012

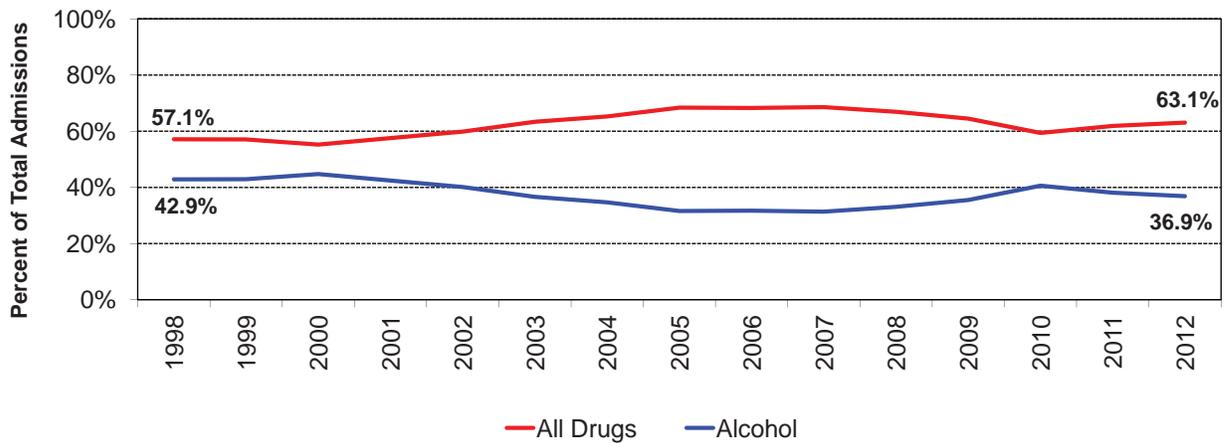


Primary Substance of Abuse

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

36.9% of clients reporting alcohol as their primary substance of abuse at admission.

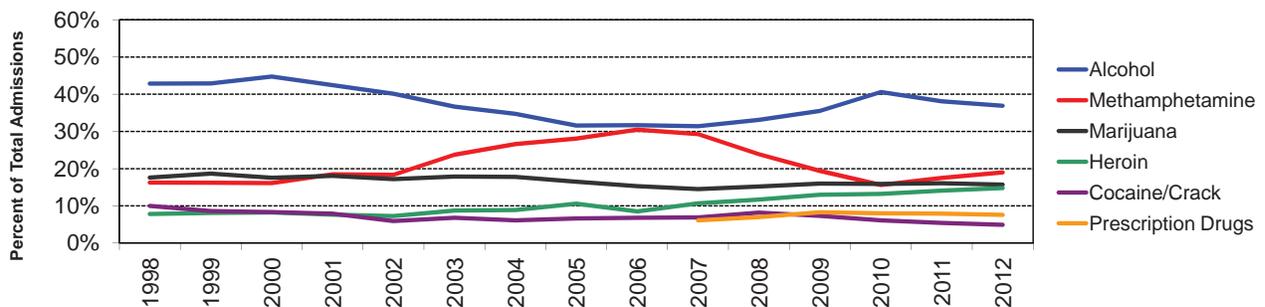
Patient Admissions for Alcohol vs. Drug Dependence
Fiscal Years 1998 to 2012



Methamphetamine is the second most abused drug at admission, accounting for just over 21% of all admissions. However, if you combine the illicit opioids (heroin) and the prescription opioids (Methadone, Oxycodone, hydrocodone) this cat-

egory would surpass methamphetamine. Following alcohol and methamphetamine, is marijuana and heroin. Cocaine/crack dropped again in 2012 to 4.9%, the lowest on record.

Top Drugs of Choice by Year
Fiscal Year 1998 to Fiscal Year 2012



Primary Substance by Gender

Both men and women report their primary drug at admission is alcohol (men 40.3% and women 30%). Opiates (heroin and prescription opiates such as Methadone and Oxycodone) were the second most commonly used drug at admission

for men, while methamphetamine was slightly higher than opiates for women (26.5% and 24.1% respectively). This is a reversal from 2011 when opiates were the second drug of choice for both men and women.

Primary Substance by Gender Fiscal Year 2012

	Male	Male %	Female	Female %	Total	Total %
Alcohol	4,646	40.3%	1,725	30.0%	6,371	36.9%
Cocaine/Crack	558	4.8%	287	5.0%	845	4.9%
Marijuana/Hashish	2,023	17.6%	682	11.9%	2,705	15.7%
Heroin	1,709	14.8%	848	14.8%	2,557	14.8%
Other Opiates/Synthetics	265	2.3%	283	4.9%	548	3.2%
Hallucinogens	22	0.2%	3	0.1%	25	0.1%
Methamphetamine	1,766	15.3%	1,521	26.5%	3,287	19.0%
Other Stimulants	28	0.2%	38	0.7%	66	0.4%
Benzodiazepines	50	0.4%	49	0.9%	99	0.6%
Tranquilizers/Sedatives	15	0.1%	23	0.4%	38	0.2%
Inhalants	18	0.2%	3	0.1%	21	0.1%
Oxycodone/Hydrocodone	295	2.6%	253	4.4%	548	3.2%
Club Drugs	15	0.1%	7	0.1%	22	0.1%
Over-the-Counter	13	0.1%	4	0.1%	17	0.1%
Other	92	0.8%	21	0.4%	113	0.7%
Unknown	0	0.0%	2	0.1%	2	0.1%
Total:	11,515	100.0%	5,749	100.0%	17,264	100.0%

Primary Substance by Age

Age plays a significant role in drug preference. For adolescents (under the age of 18) marijuana is the primary drug of abuse at admission. For the first time in many years, alcohol is the primary drug of choice for all other age groups. This reverses a trend where the 18-24 and 25-34 age group's primary drugs of choice was methamphetamine or opiates. Opiates (heroin, other opiates/ synthetics, Oxycodone/hydrocodone) are now the second most used drug after alcohol for those age

groups, and the third choice for those between 35 and 64 years of age. This reflects the growing use of prescription opiates by all age groups. The data shows that some drugs like club drugs, hallucinogens, benzodiazepines, and inhalants often receive a great deal of publicity, but represent a much smaller percentage of those who receive treatment. It is important to recognize that alcohol is the primary drug of choice for all age groups over 18.

Primary Substance of Abuse by Age Grouping Fiscal Year 2012

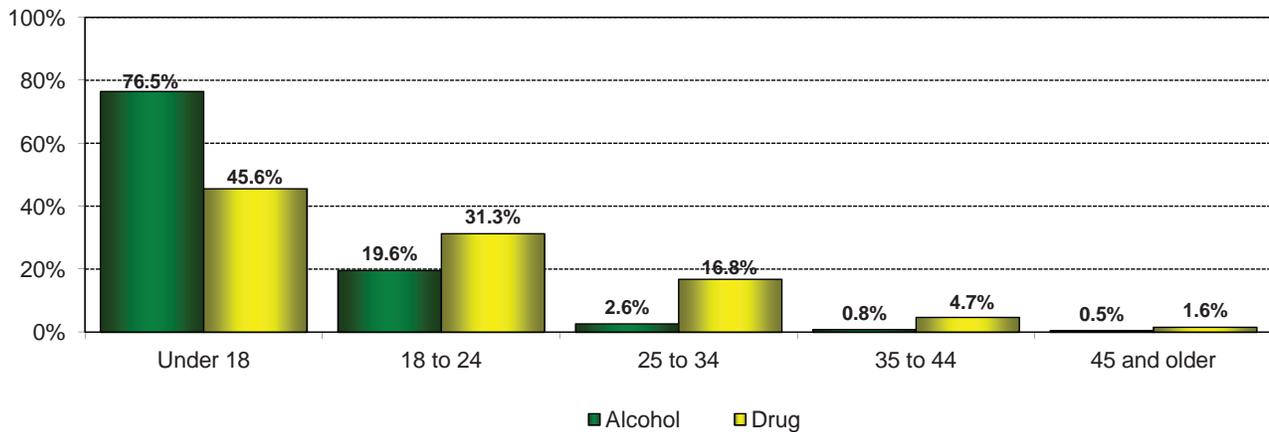
	Under 18	18 to 24	25 to 34	35 to 44	45 to 64	65 and over	Total
Alcohol	304	955	1,746	1,380	1,938	48	6,371
Cocaine/Crack	7	109	247	253	227	2	845
Marijuana/Hashish	981	857	546	184	137	0	2,705
Heroin	23	781	1,159	322	260	12	2,557
Other Opiates/Synthetics	5	81	295	99	64	4	548
Hallucinogens	3	11	6	0	5	0	25
Methamphetamine	23	471	1,409	852	530	2	3,287
Other Stimulants	2	19	32	9	4	0	66
Benzodiazepines	3	15	43	18	20	0	99
Tranquilizers/Sedatives	0	9	7	12	10	0	38
Inhalants	2	3	12	2	2	0	21
Oxycodone/Hydrocodone	5	71	282	117	70	3	548
Club Drugs	5	9	7	1	0	0	22
Over-the-Counter	1	6	4	3	3	0	17
Other	12	33	36	13	18	1	113
Unknown	0	0	1	1	0	0	2
Total:	1,376	3,430	5,832	3,266	3,288	72	17,264

Age of First Use of Alcohol or Other Drug

In 2012, 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 only 46% beginning their use prior to the age of 18, and 32% reporting their first use 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 2012

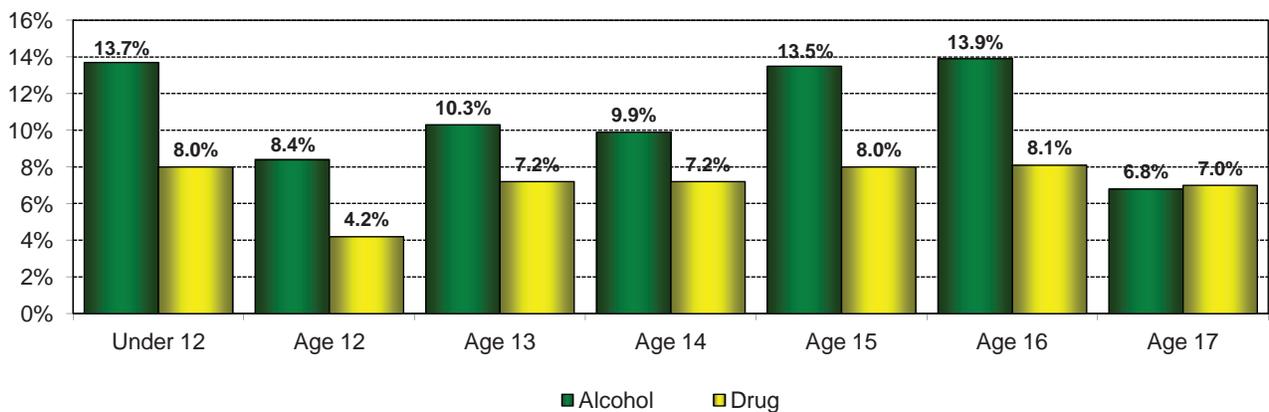


Age of First Use of Primary Substance—Under 18

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 42% of individuals who report alcohol as their primary substance of abuse started at or before age 14, with another 13.5% starting during their 15th year. More

than 45% of individuals admitted for drug abuse started under the age of 18. This data is important as the research clearly shows that those that start using drugs or alcohol prior to the age of 18 have a significantly higher probability of becoming chemically dependent as adults.

Age of First Use of Primary Substance—Under 18
Fiscal Year 2012



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 ad-

mission averages 42.2% across the state, ranging from 5.6% in San Juan County to 78.6% in Utah County. These figures reflect an upwards trend in the rate of multiple drug use.

Multiple Drug Use Fiscal Year 2012

	# Reporting Multiple Drug Use at Admission	% of Total Admissions for Each Area
Bear River	317	28.8%
Central Utah	53	21.8%
Davis County	171	20.2%
Four Corners	204	35.7%
Northeastern	51	14.0%
Salt Lake County	3,556	38.3%
SLCo. Criminal Justice Services	204	69.6%
San Juan County	6	5.6%
Southwest Center	111	19.6%
Summit County	27	26.5%
Tooele County	101	47.2%
U of U Clinic	137	68.2%
Utah County	1,164	78.6%
Utah State Prison	507	77.6%
Wasatch County	60	52.6%
Weber	615	54.6%
Total:	9,980	42.2%

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.

In 2012, 21.7% of the total number requesting services through the public treatment system, reported IV drug use as their primary route of administration, an increase from 2011 when 20.0% of admissions were for IV drug use. This continues a four year trend of increasing IV drug use.

Admissions Reporting IV Injection Drug Use at Admission Fiscal Year 2012

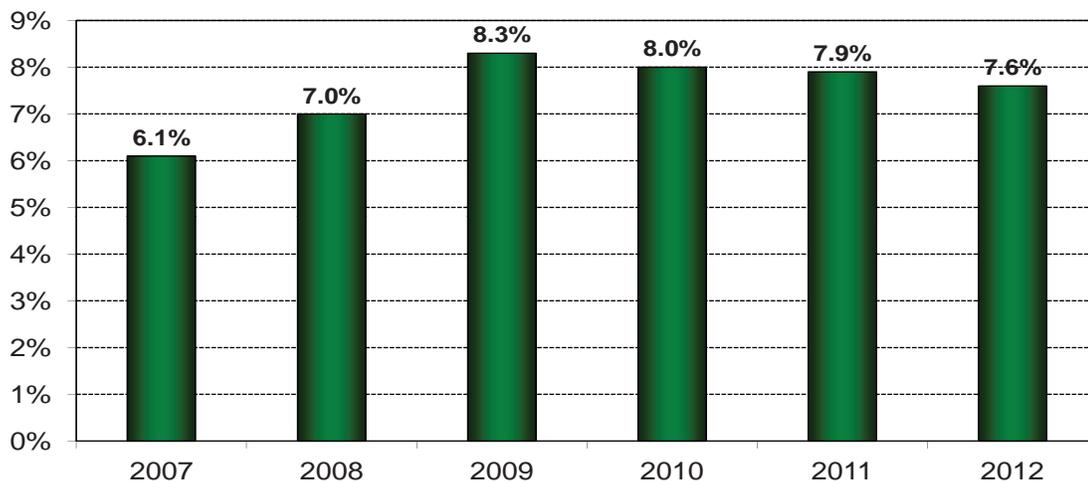
	# Reporting IV Injection Drug Use at Admission	% of Total Admissions for Each Area
Bear River	82	7.4%
Central Utah	23	9.5%
Davis County	177	20.9%
Four Corners	80	14.0%
Northeastern	31	8.5%
Salt Lake County	2,021	21.8%
SLCo. Criminal Justice Services	140	47.8%
San Juan County	1	0.9%
Southwest Center	99	17.5%
Summit County	4	3.9%
Tooele County	21	9.8%
U of U Clinic	69	34.3%
Utah County	532	35.9%
Utah State Prison	300	45.9%
Wasatch County	3	2.6%
Weber	164	14.6%
Total:	3,747	21.7%

Prescription Drug Abuse

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

reports that in 2011, more individuals died from prescription drug overdose (246) than died in car accidents (235). The chart below shows the percent of clients who report prescription drugs as their primary drug at admission:

**Admission for Primary Drug—
Prescription Drugs
Fiscal Years 2007 to 2012**



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:

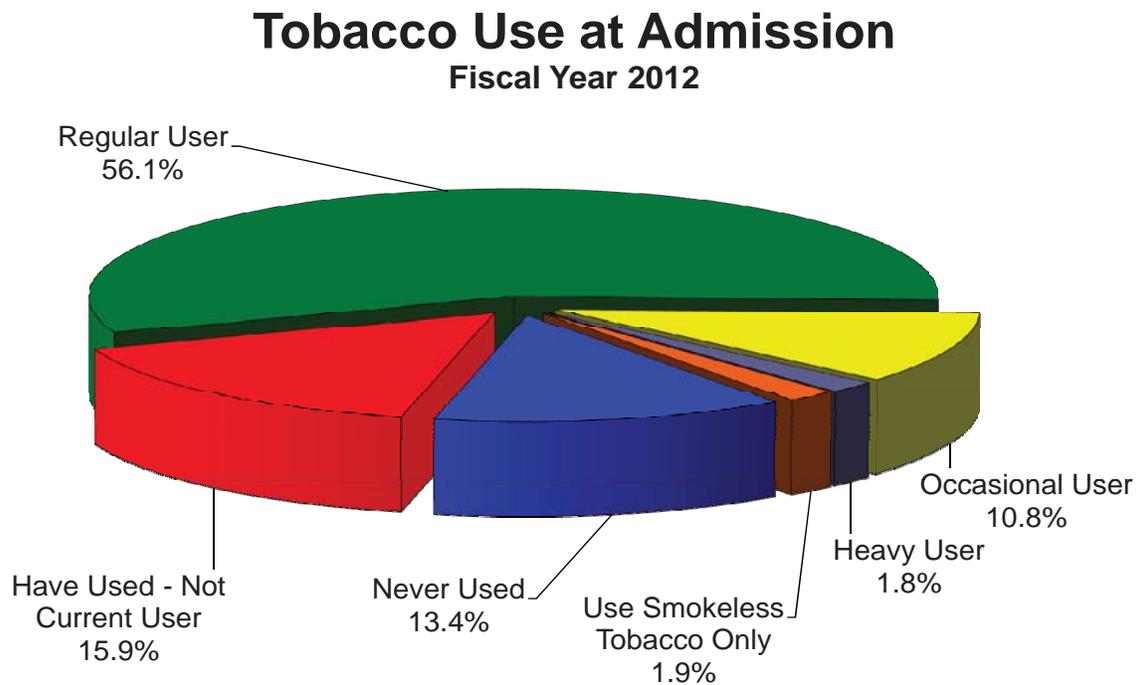
**Prescription Drug Abuse by Gender
Fiscal Year 2012**

	Male	Male %	Female	Female %	Total	Total %
Other Opiates/Synthetics	265	2.3%	283	4.9%	548	3.2%
Other Stimulants	28	0.2%	38	0.7%	66	0.4%
Benzodiazepines	50	0.4%	49	0.9%	99	0.6%
Tranquilizers/Sedatives	15	0.1%	23	0.4%	38	0.2%
Oxycodone/Hydrocodone	295	2.6%	253	4.4%	548	3.2%
Total:	653	5.6%	646	11.3%	1,299	7.6%

Tobacco Use

Individuals with substance use disorders are much more likely to use tobacco. In Utah, 70% of individuals admitted to substance abuse

treatment use tobacco compared to only 11% of the general population. This often results in poor health and shorter life expectancy.



In fiscal year 2012, 70% of clients use some type of Tobacco at admission.

Pregnant Women in Treatment

In fiscal year 2012, 6% of women entering treatment (343) were pregnant at the time of admission. This represents the highest percentage since 2009. State and federal law requires treatment

providers to admit pregnant women into care within 48 hours of their first contact with the treatment provider.

Pregnancy at Admission Fiscal Year 2012

	Female Admissions	Number Pregnant at Admission	Percent Pregnant at Admission
Bear River	365	9	2.5%
Central Utah	108	4	3.7%
Davis County	354	13	3.7%
Four Corners	245	1	0.4%
Northeastern	137	8	5.8%
Salt Lake County	2,614	200	7.7%
SLCo. Criminal Justice Services	94	4	4.3%
San Juan County	36	0	0.0%
Southwest	236	7	3.0%
Summit County	33	0	0.0%
Tooele County	82	4	4.9%
U of U Clinic	59	2	3.4%
Utah County	677	50	7.4%
Utah State Prison	125	0	0.0%
Wasatch County	43	2	4.7%
Weber	541	39	7.2%
Total:	5,749	343	6.0%

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. In fiscal year 2012, the percentage of adult clients with dependent children in Utah was 54.9%, a significant increase compared to the 44.8% in fiscal year 2011. The average number of dependent children per household decreased slightly from 2011 (2.23) to 2012 (2.15).

The table also depicts the percentage of women entering treatment who have dependent children and the average number of children for those households. Over 58% of women who are admit-

ted to treatment report having dependent children. Five local authorities report that over 64% 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 2012

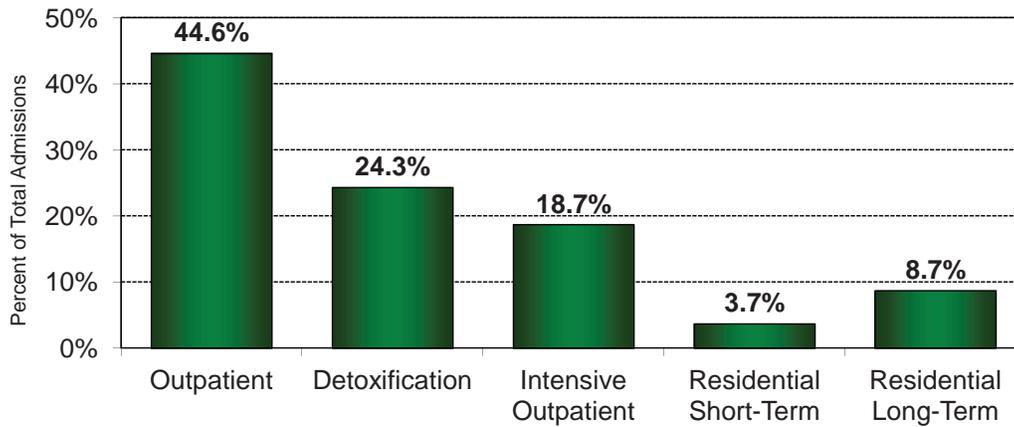
	Percent of all Clients with Children	Average Number of Children (of Clients with Children)	Percent of Women with Children	Average Number of Children (of Women with Children)
Bear River	34.3%	2.03	49.7%	2.05
Central Utah	51.7%	2.33	64.0%	2.34
Davis County	56.3%	2.19	72.1%	2.29
Four Corners	54.1%	2.32	66.4%	2.39
Northeastern	41.9%	1.99	52.5%	2.07
Salt Lake County	41.2%	2.08	55.7%	2.12
SLCo. Criminal Justice Services	39.6%	1.92	51.6%	1.93
San Juan County	47.9%	2.53	54.7%	2.79
Southwest Center	56.8%	2.35	70.0%	2.40
Summit County	25.8%	1.52	46.4%	1.23
Tooele County	37.1%	2.15	47.7%	1.79
U of U Clinic	41.8%	2.17	45.9%	2.02
Utah County	67.8%	2.37	67.1%	2.30
Utah State Prison	41.4%	2.09	57.0%	2.25
Wasatch County	57.4%	2.94	53.5%	2.52
Weber	58.4%	2.81	47.2%	2.47
Total:	54.9%	2.18	58.2%	2.15

Service Type

In contrast to the earlier days of substance abuse treatment when almost all substance abuse treatment was residential, today 63.3% of admissions to treatment are to outpatient and intensive outpatient treatment. Only 12.4% 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.

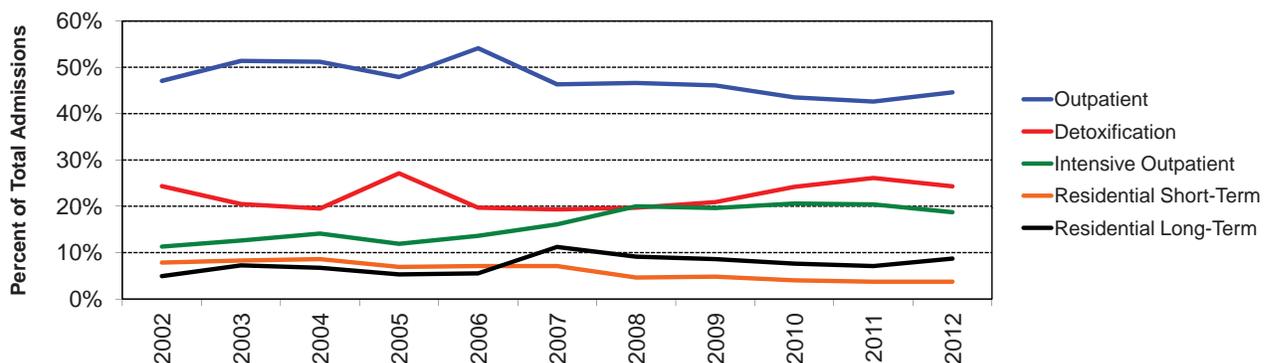
Service Type at Admission
Fiscal Year 2012



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 but then decreased slightly in

2012 to 18.7%. During that same period, residential admissions declined slightly. In 2006, admissions to detoxification services declined sharply, but have slowly risen to its current rate of 24.3%.

Trends in Service Types
Fiscal Years 2002 to 2012



Peace's Story

I was really silent as a child. My father was an alcoholic and my mother was a compulsive gambler who always seemed to be mad at me. Even though I was pretty shy I joined the Peace Corps and also got a college degree and taught elementary school for several years, before my PTSD, severe anxiety and bipolar disorder kicked in. At that point, I lost all hope until the clubhouse broke me out of my shell.

I've been coming to the clubhouse for over a year now and I've learned to laugh again and learned to trust again. I've watched the members doing highly skilled things on the computer and that made me realize I could too. It's built up my confidence. I also love arts and crafts and love teaching others those skills.

I enjoy doing puzzles and I have come to think of myself as the missing piece in a puzzle. That last missing piece is very important to complete the puzzle. Everyone is important and can add something to this world.



Mental Health Treatment

Overview

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

Continuum of Services

DSAMH embraces and promotes the recovery model. The model uses the concept of non-linear access to care, which means people can receive very limited services or the full continuum of services based on the needs described in their 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 LMHAs 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.
- **Clubhouses** are a model of psycho-social rehabilitation where attendees are considered members and empowered to function in a work-ordered day. Clubhouses serve as a launching pad to help individuals with serious mental illness, who have become disabled, return to competitive employment.
- **Peer Support Services** are services provided by individuals in recovery who coach, mentor, role model and as appropriate use their recovery story to assist individuals with their recovery goals.
- **Community Based Wraparound services** coordinate mental health needs, school, medical and other social services to support community living.
- **Family Resource Facilitation (FRF)** is a model to strengthen and support families by developing partnerships with the

LMHA, represent family voice at service delivery, administration and policy levels and work with youth and families who have complex needs. FRFs develop plans with formal and informal supports that help the child/family meet their needs and live full and productive lives in the community.

- **Consumer Drop-In Centers** are places where individuals in crisis can receive support from peers in recovery to promote connectedness, social interaction, and encourage them to take responsibility for their treatment and recovery. Warm lines are available in some areas for telephone support as well.
- **Nursing Home and Hospital Alternatives** include community-based care, i.e., intensive case management, outreach services, coordination with other entities such as home health, etc.

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 facilities. This data is called the Mental Health Event File (MHE). DSAMH collects this data on a monthly basis from the LMHAs. Unless otherwise stated, the data for the mental health charts come from this source.

Diagnostic Data

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

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

The following tables describe the most common diagnoses treated in the public mental health system in Utah by LMHA with statewide totals for both children and adults.

Diagnosis of Mental Health Clients 18 years and older, by Mental Health Center

	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
Diagnosis														
Anxiety	23.8%	18.9%	26.8%	18.8%	27.8%	20.2%	23.6%	17.2%	27.6%	25.1%	28.0%	32.5%	21.1%	22.9%
Mood Disorder	17.8%	10.7%	26.0%	16.2%	16.7%	18.0%	15.6%	24.1%	17.5%	14.1%	13.0%	12.1%	22.9%	17.7%
Depression	14.3%	17.8%	11.7%	14.0%	16.7%	10.6%	26.6%	10.0%	11.1%	15.0%	14.2%	12.9%	7.8%	12.2%
Substance Abuse	7.9%	9.4%	8.9%	21.6%	5.6%	14.4%	4.9%	5.7%	13.9%	15.0%	6.0%	16.6%	12.8%	11.4%
Personality Disorder	11.4%	11.0%	3.3%	9.6%	4.6%	11.0%	3.3%	15.7%	2.2%	6.9%	6.1%	3.5%	8.3%	8.9%
Schizophrenia and Other Psychotic	4.8%	6.5%	7.8%	6.1%	5.3%	8.9%	2.9%	8.3%	1.7%	2.4%	5.8%	3.5%	7.8%	7.1%
Attention Deficit	5.4%	2.3%	4.9%	2.4%	3.5%	3.0%	4.3%	1.8%	7.1%	3.4%	5.5%	2.1%	2.2%	3.7%
Cognitive Disorder	2.8%	2.2%	1.3%	2.4%	2.5%	2.6%	5.3%	2.4%	0.7%	0.8%	4.7%	0.4%	4.0%	2.9%
Adjustment Disorder	2.4%	1.5%	3.7%	1.9%	3.3%	1.1%	3.6%	6.2%	3.4%	1.9%	1.1%	2.9%	1.6%	1.8%
Neglect or Abuse	0.4%	11.9%	0.7%	0.6%	1.8%	0.2%	0.7%	1.0%	1.2%	1.3%	3.4%	1.2%	1.7%	1.4%
Impulse Control Disorders	0.9%	1.5%	0.8%	2.7%	2.7%	0.9%	0.7%	1.3%	0.4%	0.5%	1.5%	1.5%	0.9%	1.1%
Pervasive Developmental Disorders	1.0%	0.6%	1.0%	0.4%	0.6%	0.9%	0.7%	1.1%	0.2%	0.3%	1.4%	0.0%	0.7%	0.9%
Oppositional Defiant Disorder	0.2%	0.3%	0.2%	0.1%	0.3%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%	0.0%	0.3%	0.1%
Conduct Disorder	0.1%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%
Other	3.0%	1.9%	1.8%	1.6%	2.3%	1.7%	2.2%	1.1%	1.4%	1.4%	3.8%	1.4%	1.4%	2.1%
V Codes	3.9%	3.5%	1.1%	3.4%	6.1%	6.3%	5.6%	4.0%	11.5%	11.8%	5.2%	9.4%	6.3%	5.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Diagnosis of Mental Health Clients 17 years and younger, by Mental Health Center

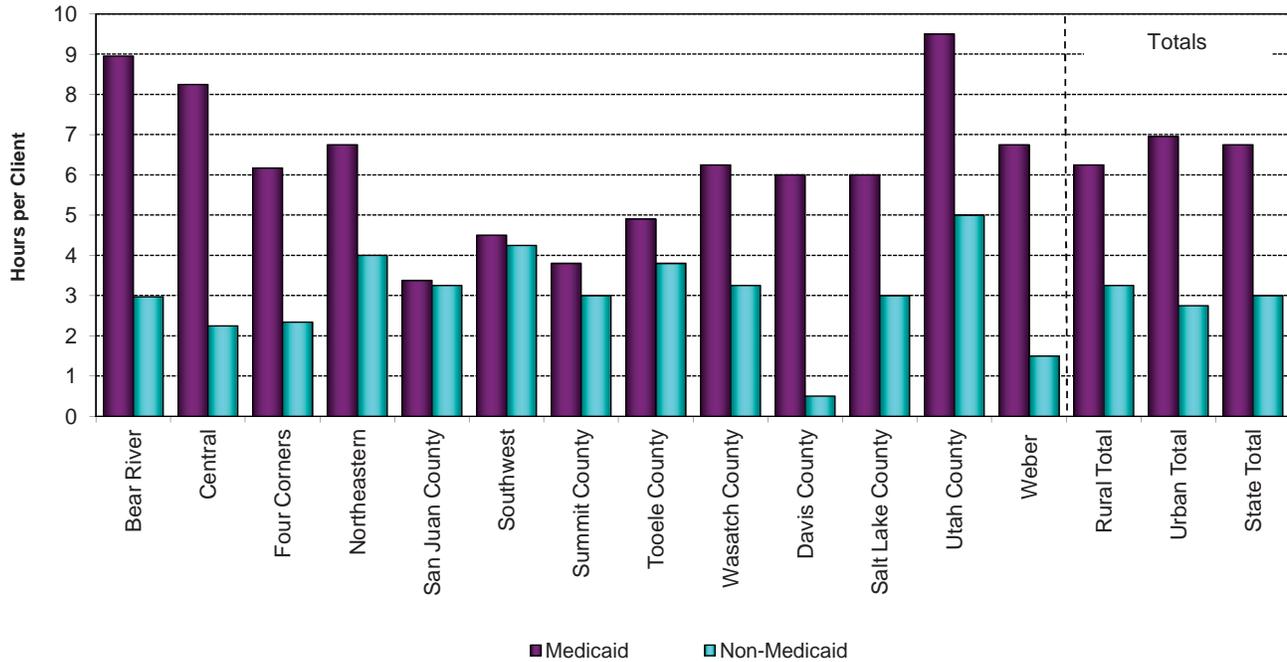
	Bear River Mental Health	Central Utah Counseling Center	Davis Behavioral Health	Four Corners Community Behavioral Health	Northeastern Counseling Center	Salt Lake County	San Juan Counseling	Southwest Behavioral Health Center	Summit County	Tooele County	Utah Co.—Wasatch Mental Health	Wasatch Co.—Heber Valley Counseling	Weber Human Services	Statewide Adults
Diagnosis														
Anxiety	16.6%	10.5%	17.6%	11.2%	14.8%	20.7%	15.6%	17.5%	19.1%	15.7%	15.8%	22.5%	12.6%	17.2%
Attention Deficit	17.5%	17.1%	18.7%	15.0%	14.8%	14.5%	18.2%	8.8%	17.7%	13.5%	14.4%	11.5%	15.1%	14.9%
Mood Disorder	12.3%	5.6%	13.4%	11.4%	13.1%	12.4%	10.9%	10.1%	16.8%	10.2%	9.7%	13.4%	14.1%	11.8%
Neglect or Abuse	5.0%	9.6%	10.8%	5.2%	13.7%	6.7%	5.7%	10.2%	1.2%	11.6%	8.2%	10.7%	11.2%	8.4%
Adjustment Disorder	14.1%	17.4%	6.2%	10.5%	8.8%	5.4%	20.3%	18.2%	9.0%	7.4%	7.1%	11.5%	4.0%	7.7%
Oppositional Defiant Disorder	3.7%	11.1%	7.8%	6.3%	3.8%	10.5%	2.1%	3.7%	5.9%	8.5%	6.7%	5.1%	6.5%	7.7%
Impulse Control Disorders	4.2%	2.1%	6.6%	2.8%	6.1%	4.7%	2.6%	7.5%	3.1%	2.8%	3.1%	2.0%	7.0%	4.7%
Pervasive Developmental Disorders	3.0%	4.3%	3.7%	3.2%	2.6%	4.9%	4.2%	3.3%	1.4%	2.6%	6.5%	2.0%	5.4%	4.6%
Depression	5.4%	7.9%	2.5%	3.5%	5.3%	4.6%	9.4%	3.9%	4.3%	4.6%	3.9%	4.0%	1.1%	3.9%
Substance Abuse	0.7%	1.8%	1.4%	6.6%	1.8%	2.2%	1.0%	1.0%	5.4%	2.8%	1.9%	5.9%	4.9%	2.3%
Conduct Disorder	0.5%	2.3%	0.5%	1.3%	1.5%	1.7%	0.0%	1.5%	1.2%	1.2%	1.2%	1.2%	1.3%	1.2%
Cognitive Disorder	2.0%	0.5%	0.8%	1.4%	1.4%	1.0%	0.0%	1.1%	0.0%	0.4%	1.2%	0.4%	1.5%	1.1%
Personality Disorder	0.2%	0.3%	0.1%	0.2%	0.2%	0.3%	0.0%	0.8%	0.2%	0.5%	0.2%	0.4%	0.0%	0.2%
Schizophrenia and Other Psychotic	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%
Other	7.8%	3.8%	5.7%	7.0%	4.0%	3.6%	3.6%	2.5%	2.1%	4.5%	5.4%	1.2%	4.6%	4.6%
V Codes	6.8%	5.6%	4.7%	14.4%	7.5%	6.9%	6.3%	10.0%	12.5%	13.8%	16.3%	9.1%	10.5%	9.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Mandated Services Data by Local Authority

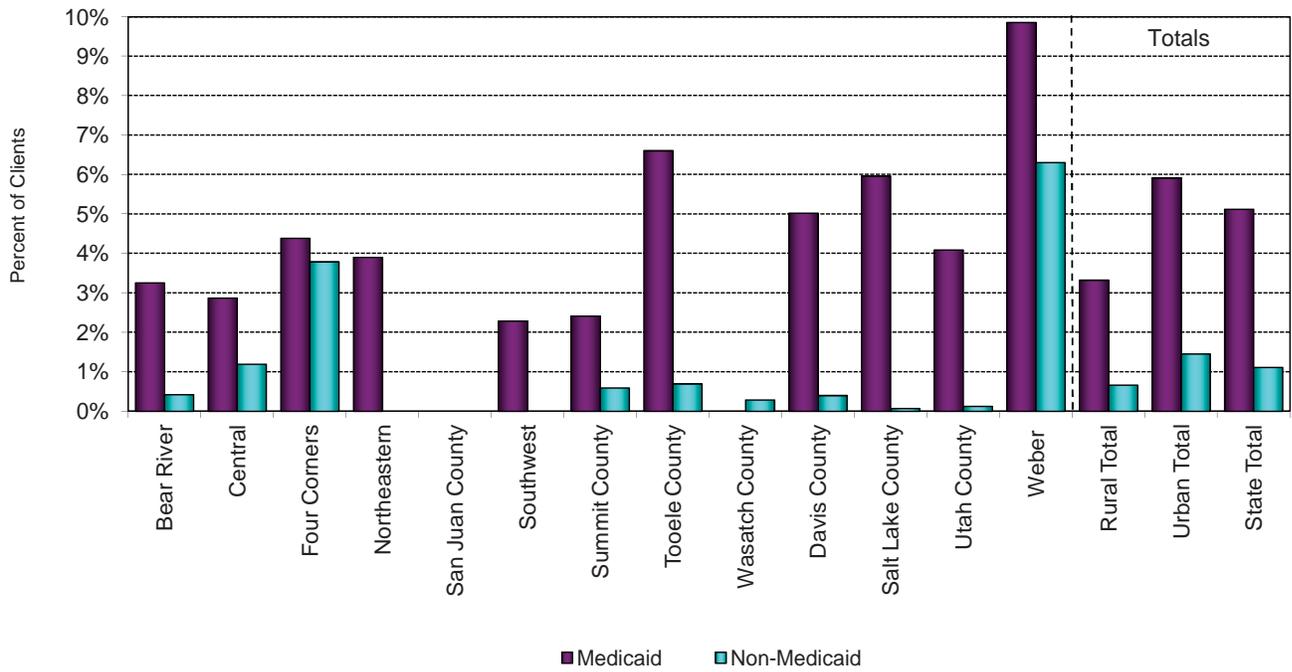
DSAMH monitors the following statutorily mandated services for quality of care. Services provided to individuals and families in the public system are captured in these service areas. The following tables illustrate the service priorities

(based on utilization and median length of service) for each of the 13 local mental health authorities with rural, urban and statewide totals. The N= for the utilization charts can be found on page 143.

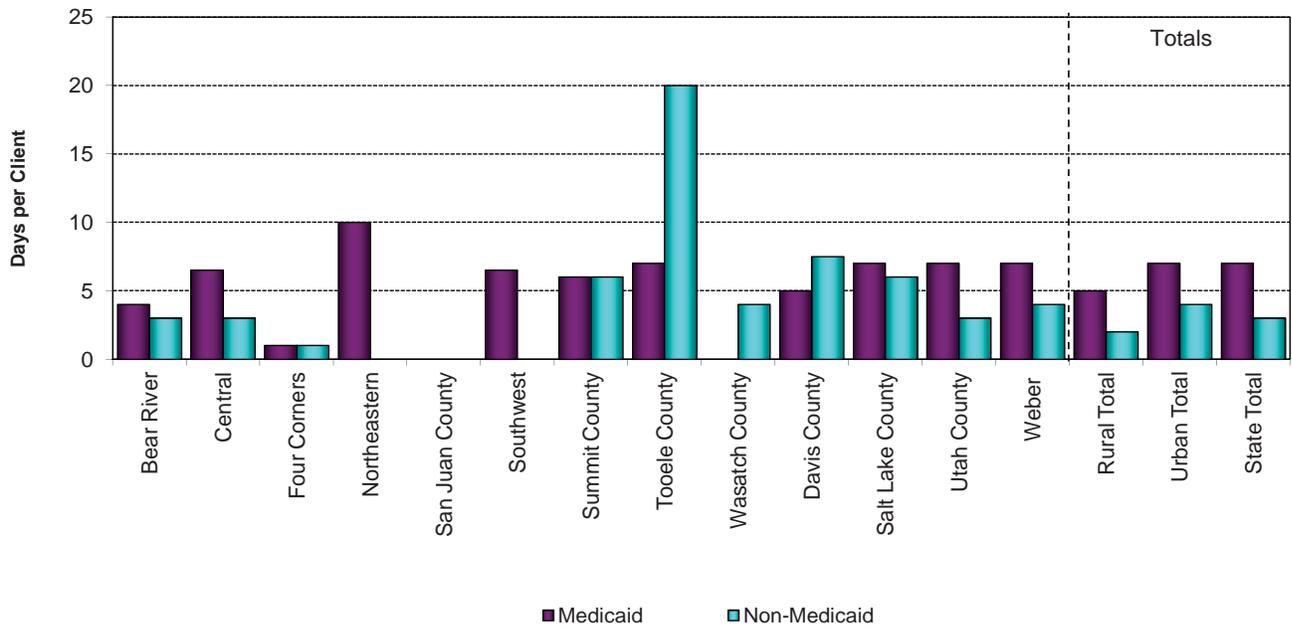
**Outpatient
Median Length of Service**
Mental Health Clients
Fiscal Year 2012



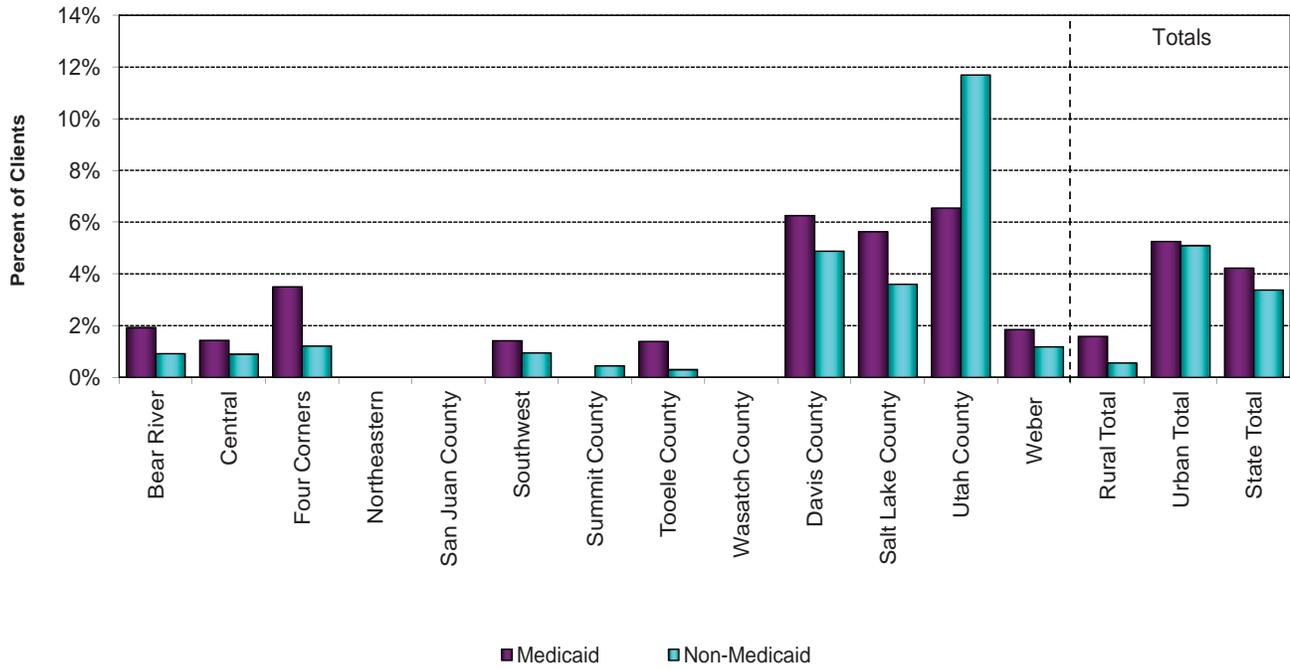
Inpatient Utilization Mental Health Clients Fiscal Year 2012



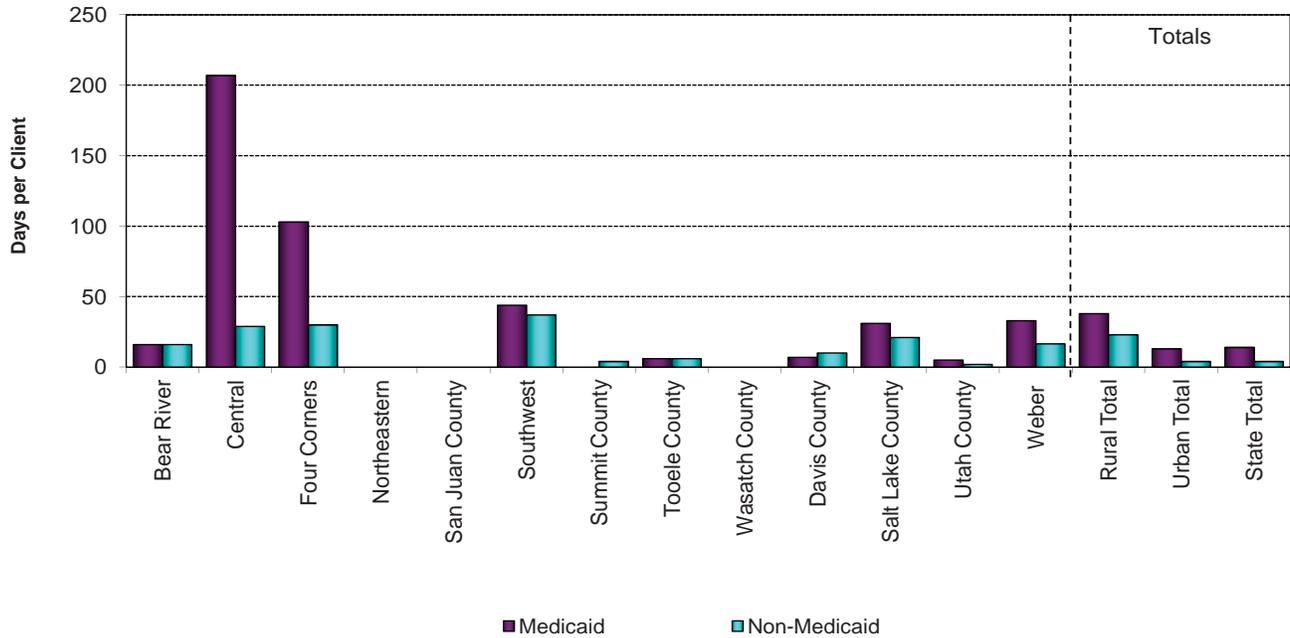
Inpatient Median Length of Service Mental Health Clients Fiscal Year 2012



Residential Utilization Mental Health Clients Fiscal Year 2012

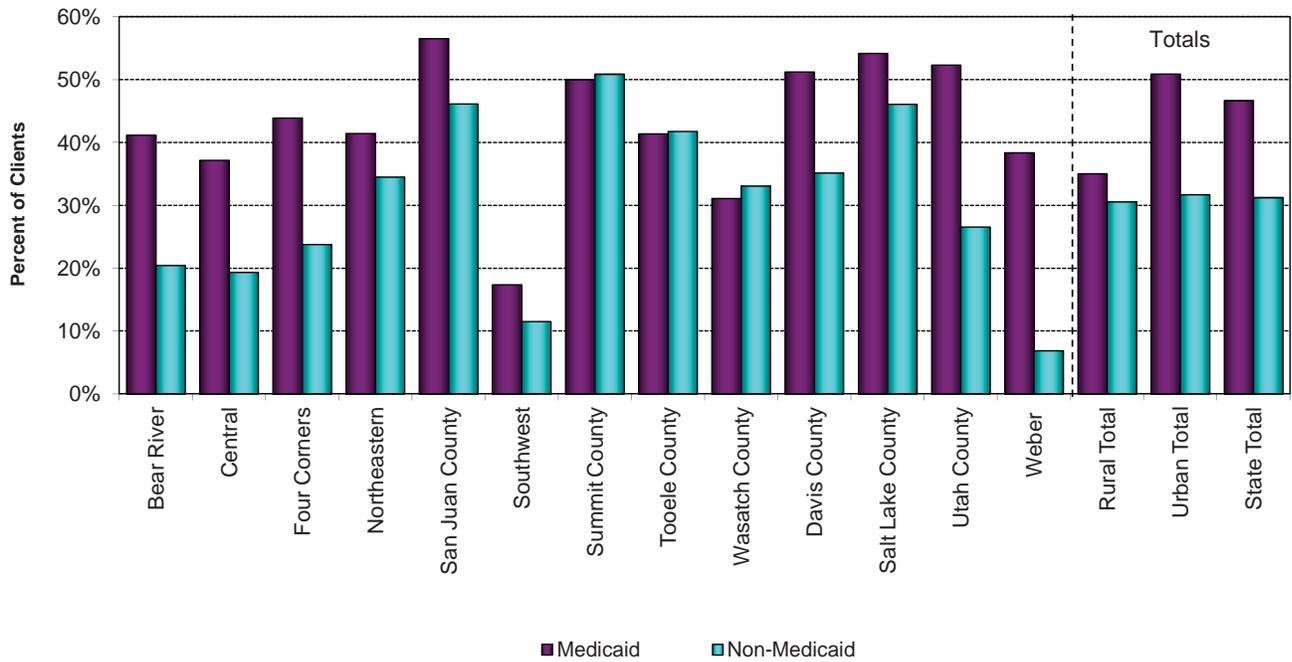


Residential Median Length of Service Mental Health Clients Fiscal Year 2012



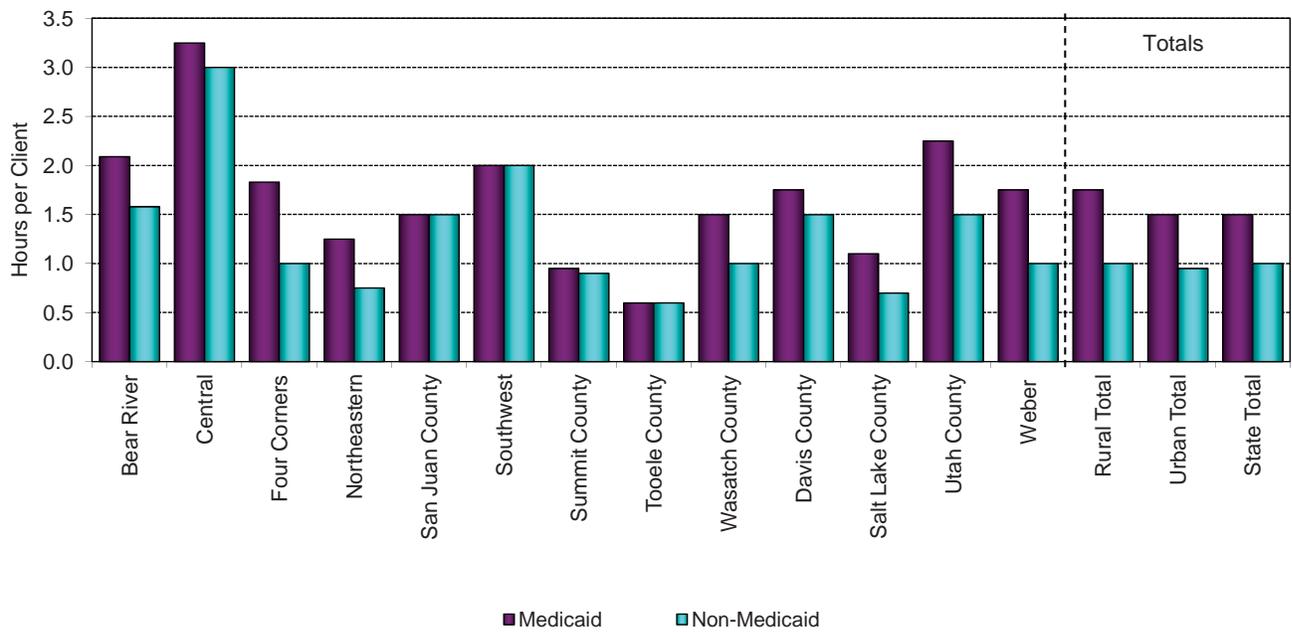
Medication Management Utilization

Mental Health Clients
Fiscal Year 2012



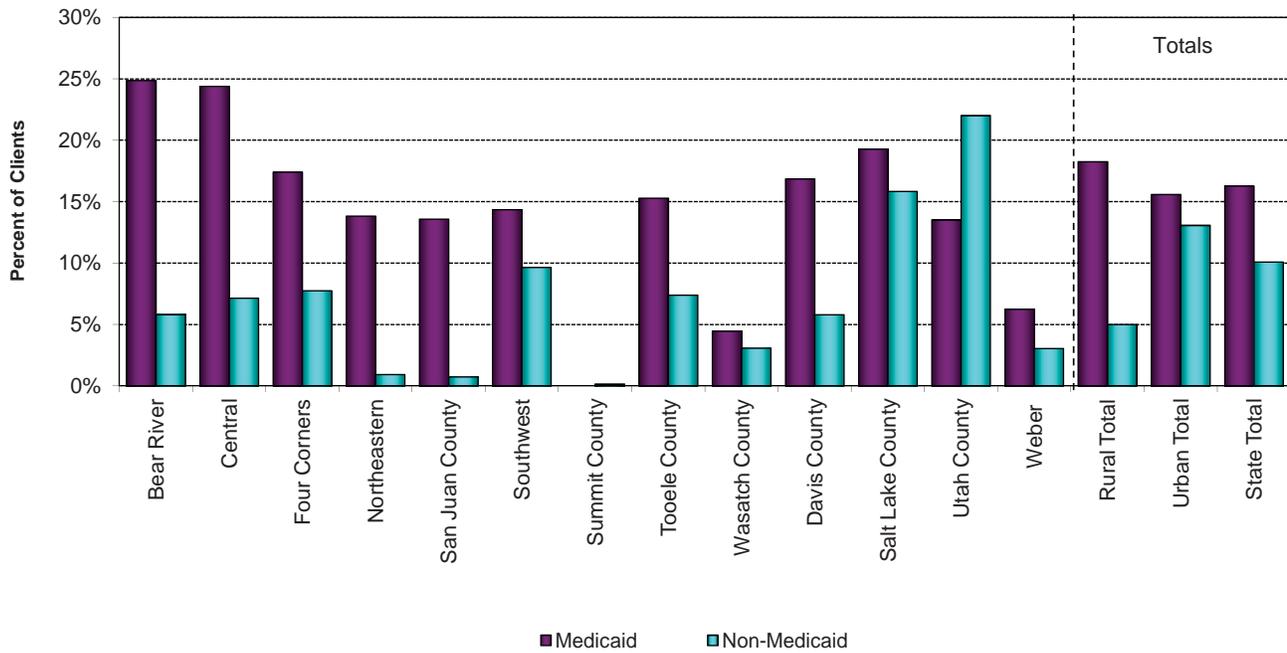
Medication Management Median Length of Service

Mental Health Clients
Fiscal Year 2012



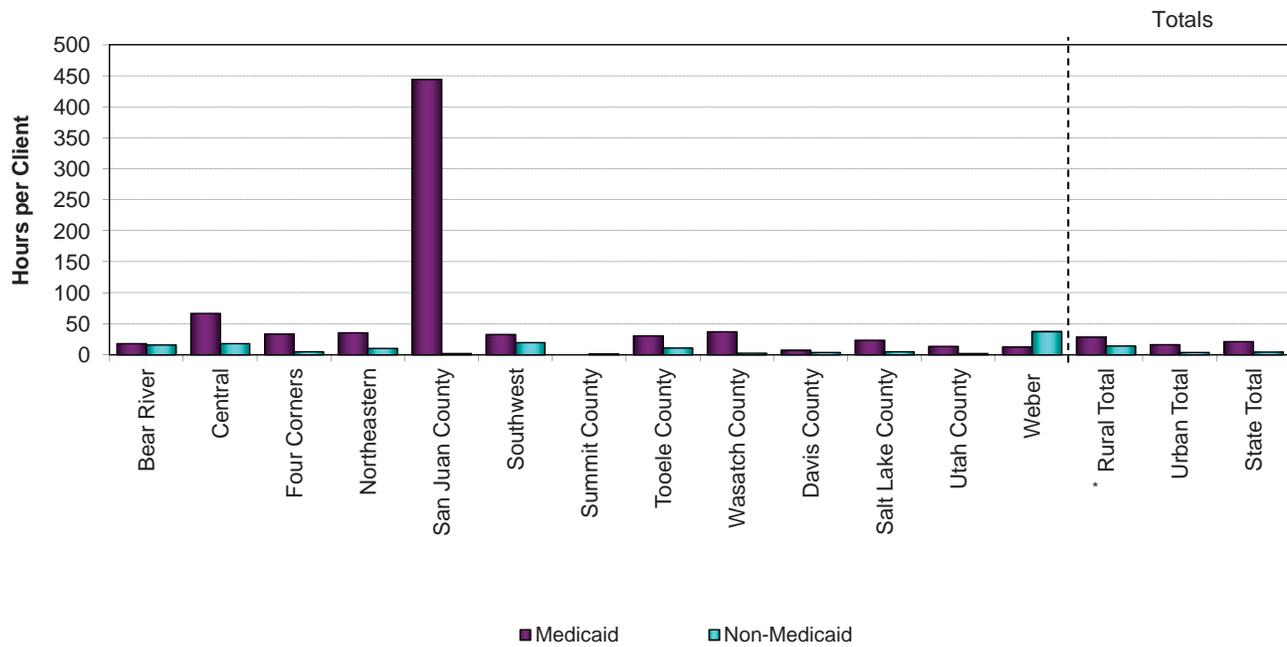
Psychosocial Rehabilitation Utilization

Mental Health Clients
Fiscal Year 2012

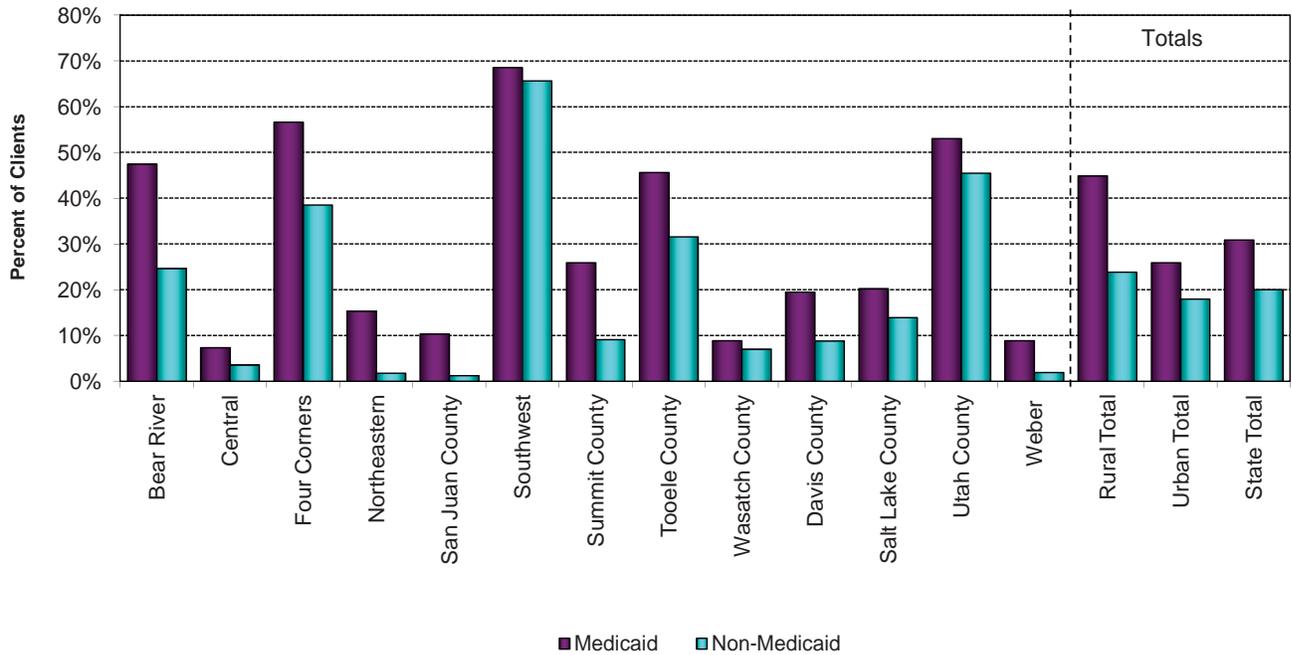


Psychosocial Rehabilitation Median Length of Service

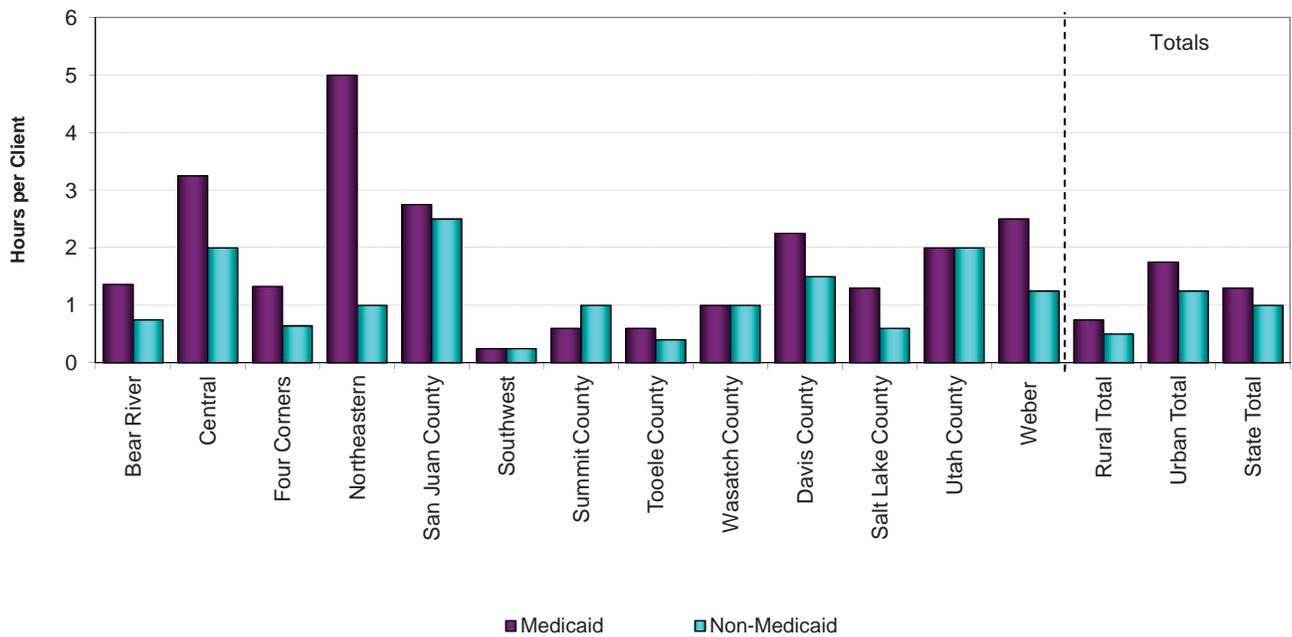
Mental Health Clients
Fiscal Year 2012



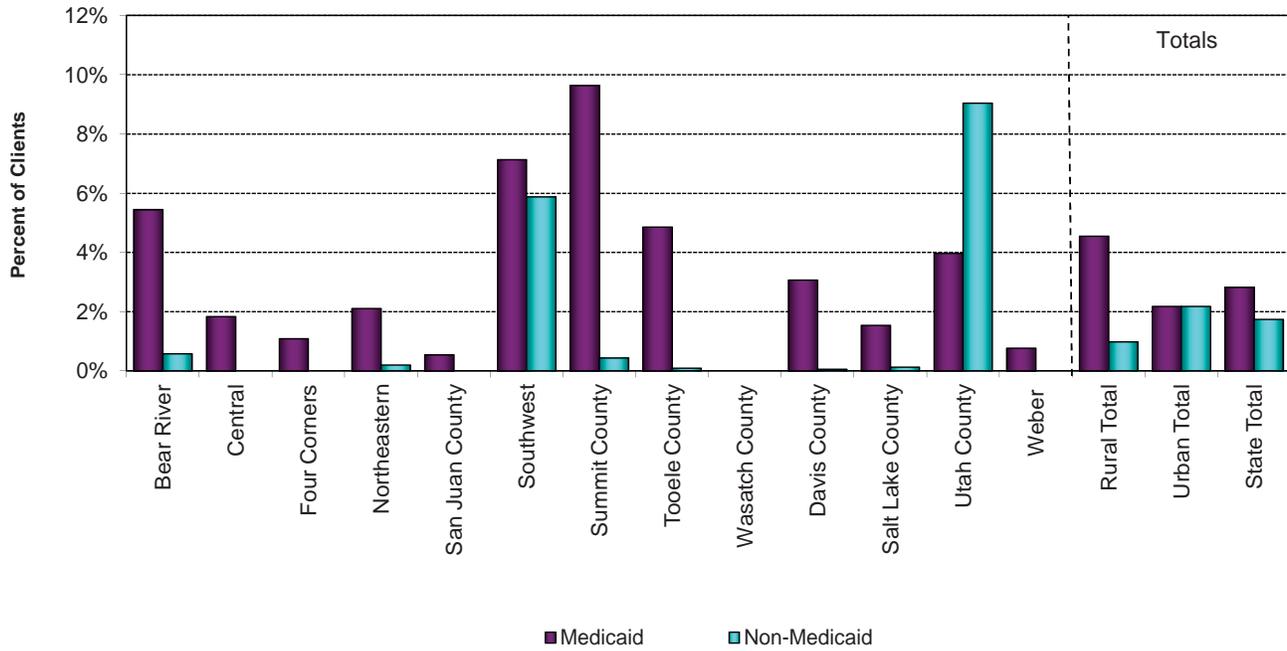
Case Management Utilization Mental Health Clients Fiscal Year 2012



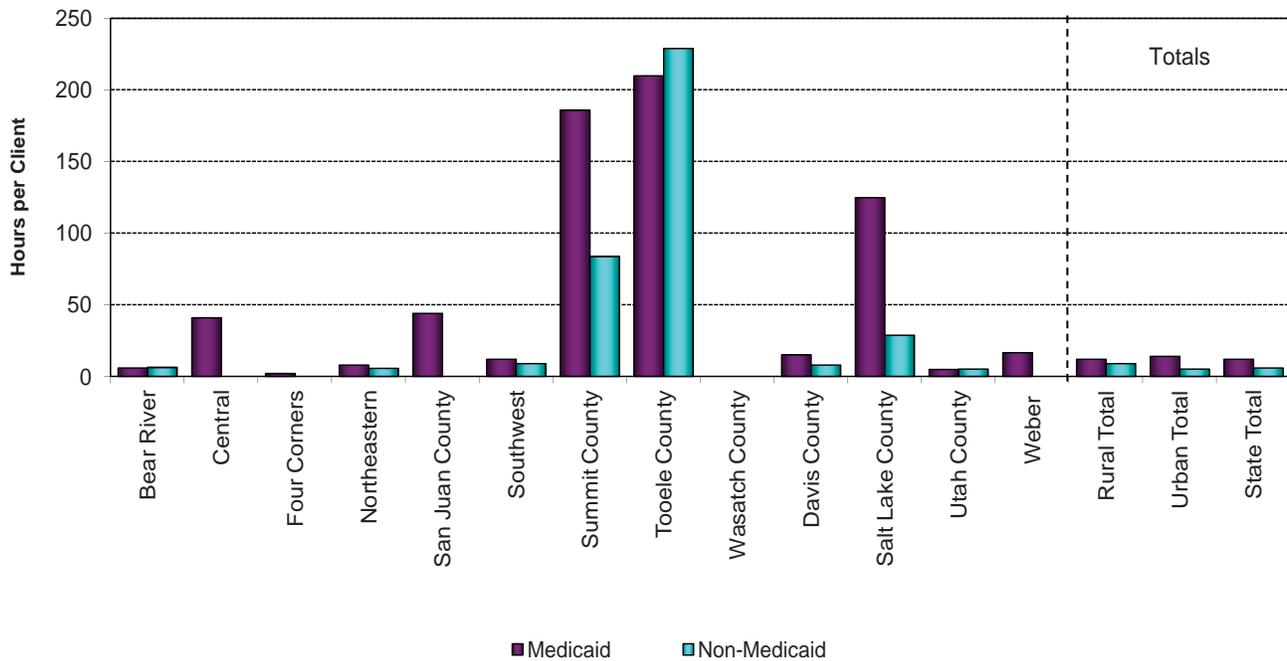
Case Management Median Length of Service Mental Health Clients Fiscal Year 2012



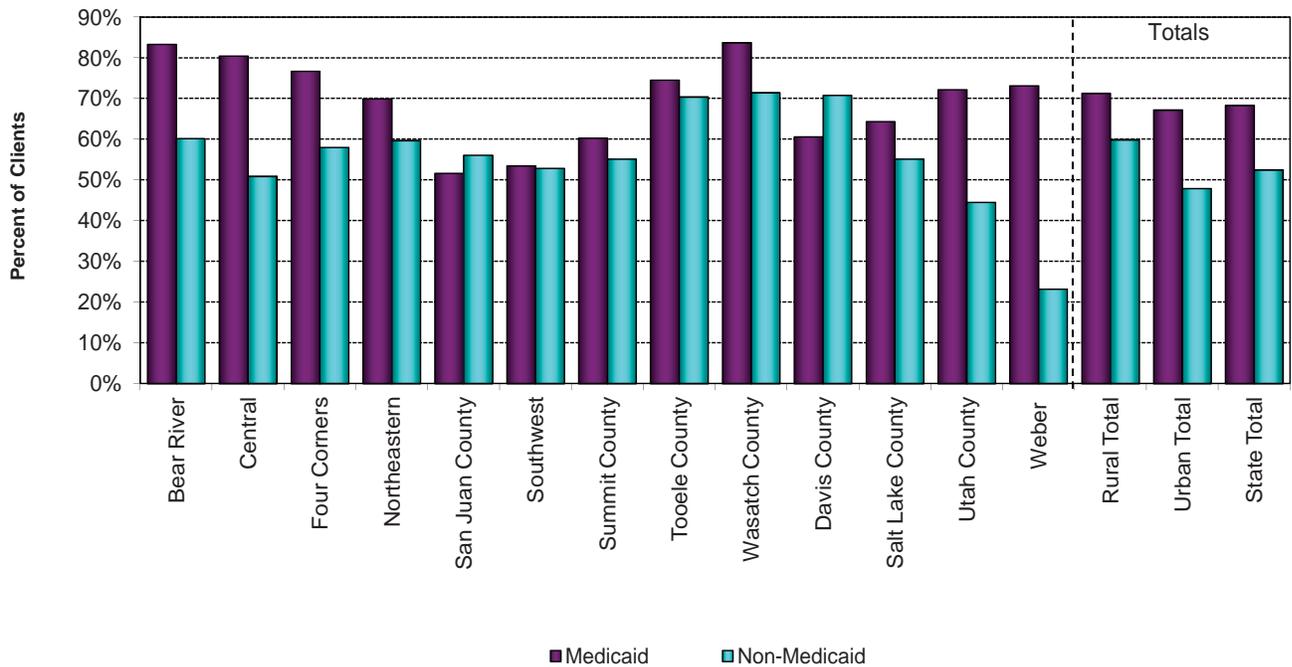
Respite Utilization Mental Health Clients Fiscal Year 2012



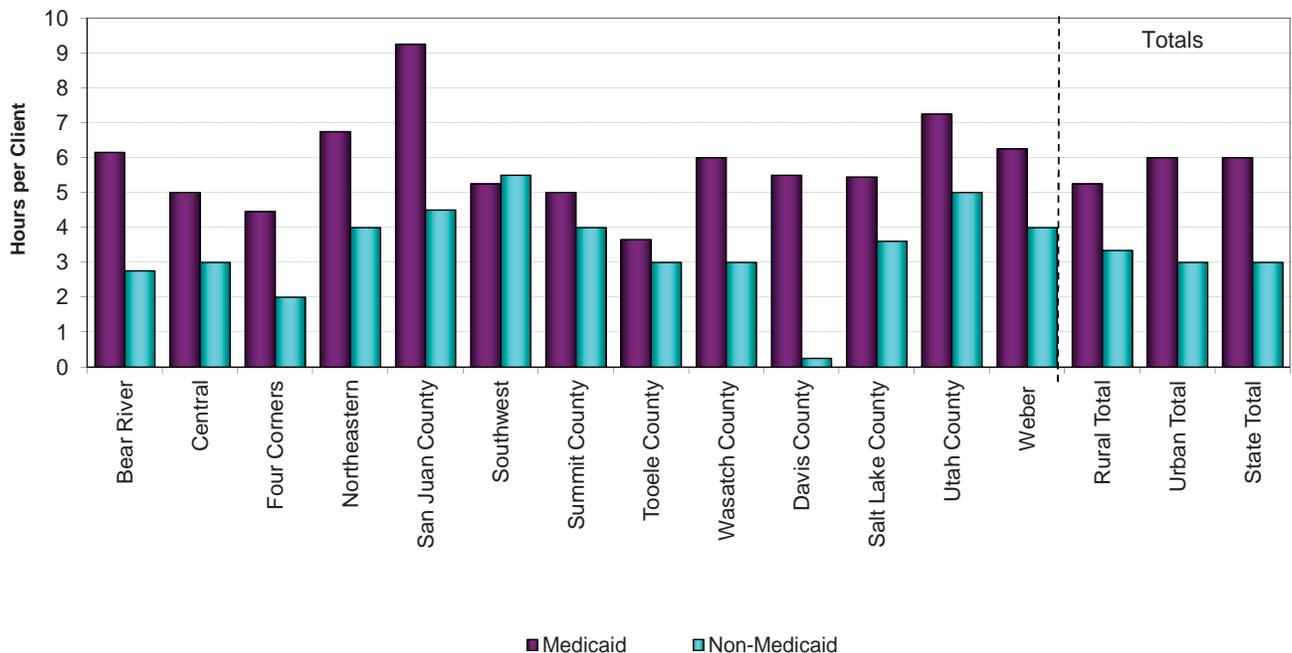
Respite Median Length of Service Mental Health Clients Fiscal Year 2012



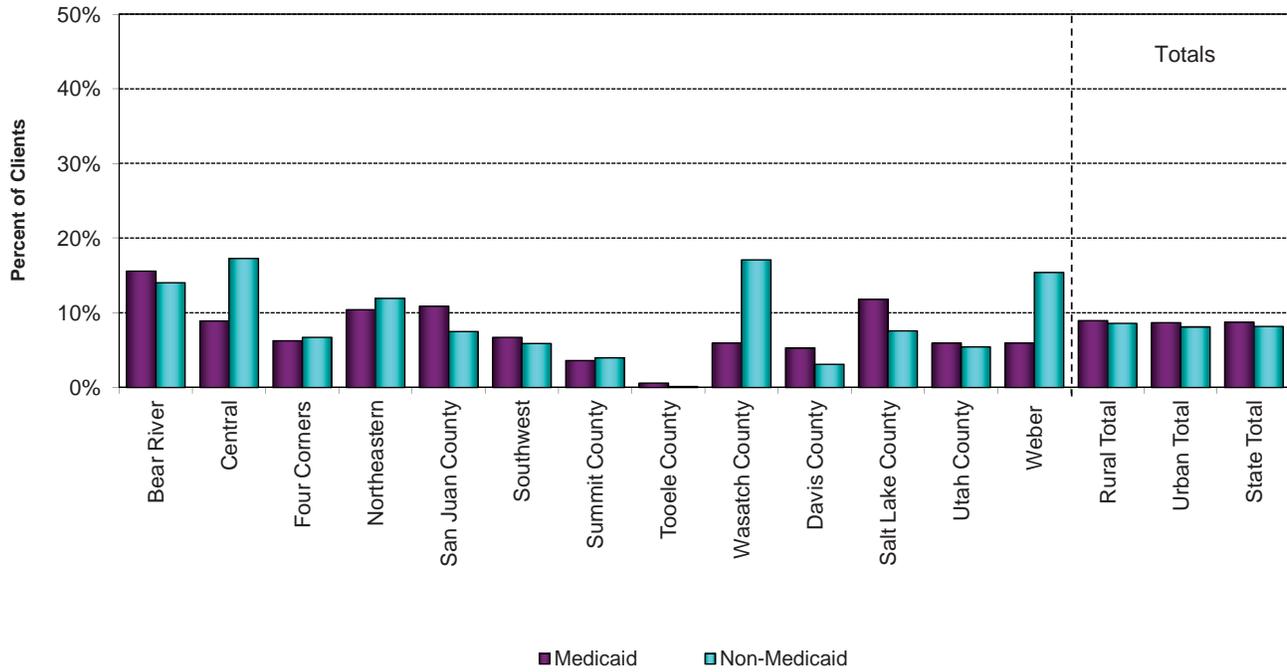
Therapy Utilization Mental Health Clients Fiscal Year 2012



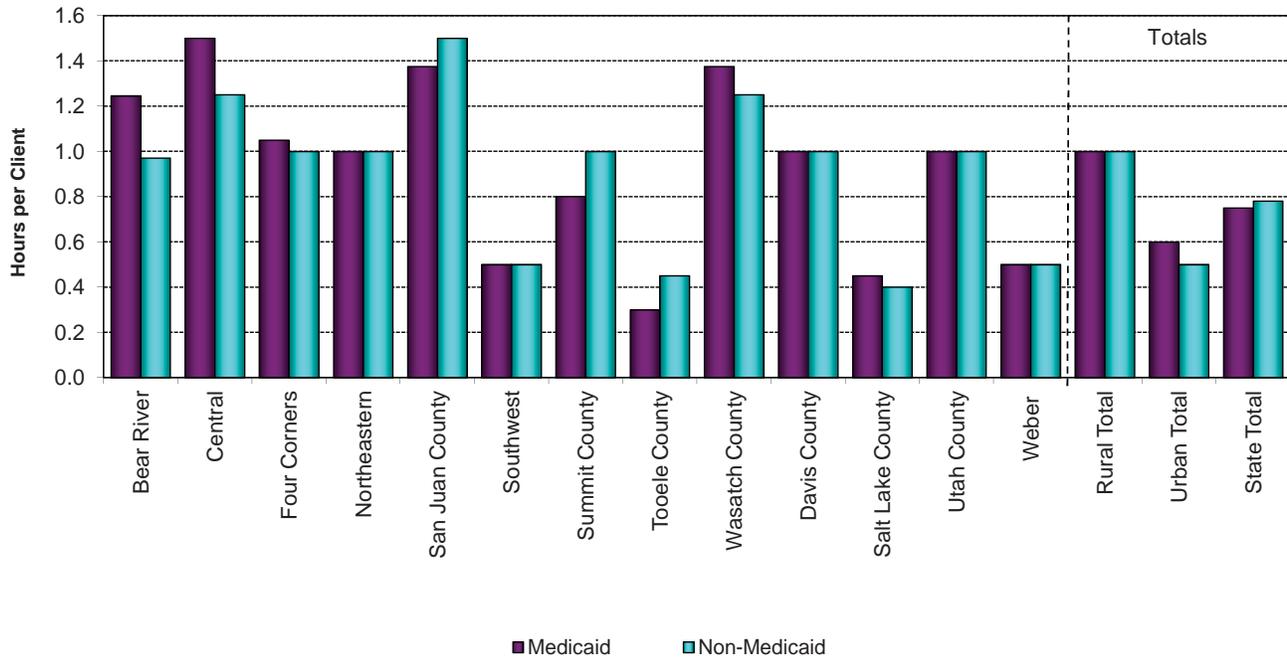
Therapy Median Length of Service Mental Health Clients Fiscal Year 2012



Emergency Utilization Mental Health Clients Fiscal Year 2012



Emergency Median Length of Service Mental Health Clients Fiscal Year 2012



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). In fiscal year 2012, the hospital had a capacity of 329 patients (including a 5 bed acute unit). The hospital provides active psychiatric treatment services to all age groups and covers all geographic areas of the state. The 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.

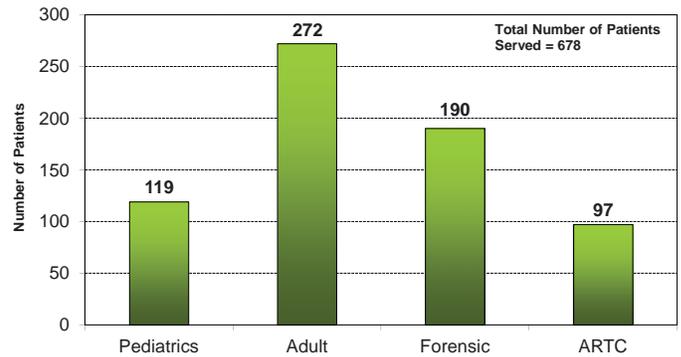
Major Client Groups at the Utah State Hospital

- 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 2012



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 225 days.

Median Length of Stay in Days
Fiscal Year 2012



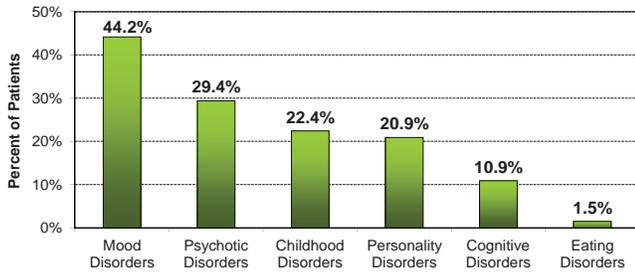
Types of Disorders Treated

- 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, 39% of the patients treated at USH also had a substance abuse diagnosis.

Percent of Patients with Major Psychiatric Diagnosis*
Fiscal Year 2012



*Patients can have more than one diagnosis

Services Provided

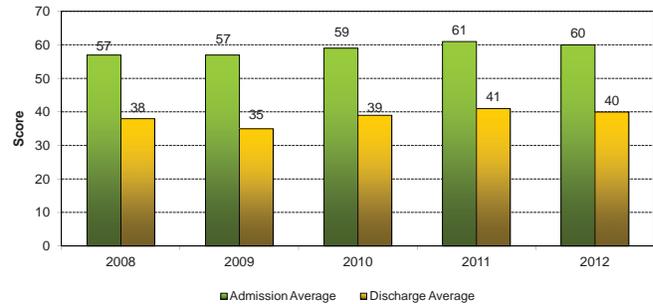
USH provides the following services: psychiatric services, psychological services, 24-hour nursing care, social work services, occupational therapy, vocational rehabilitation, physical therapy, recreation therapy, substance abuse/mental health program (Sunrise), dietetic services, medical/ancillary services, 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 discharge. The patients at USH continued to show a

decrease in BPRS scores from admission to discharge in fiscal year 2012. 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

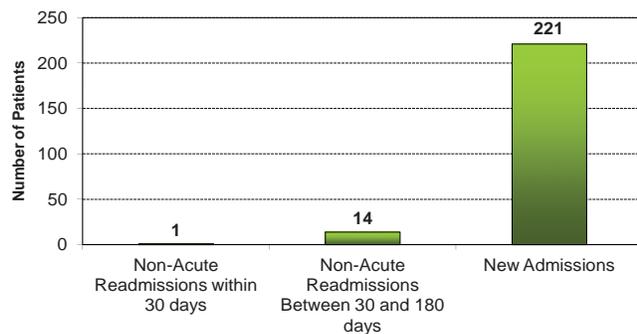


Readmission

USH admitted a total of 295 patients (not included 93 ARTC admissions) in fiscal year 2012. Of these admissions, there were 1 non-acute readmissions within 30 days and 14 non-acute readmissions within 180 days.

The readmissions within 30 days accounted for less than 1% of the total discharges in fiscal year 2012.

Readmissions at the Utah State Hospital
Fiscal Year 2012



William's Story

I had a great childhood with wonderful parents. I was a good student and excelled in baseball and soccer. I was all set to have a normal life until about age 26 when I started having problems and spent three months in the hospital with severe paranoia and depression. In 2006, I was referred to the clubhouse, but I was really shy and didn't trust anybody and didn't like talking to people. The staff made me feel comfortable and like I was an important person.

I never imagined I'd be going to college, but awhile ago I was filling out some forms to join the army and it turned out I had used the wrong forms and I got accepted into college instead! I'm getting an associate's degree and then hope to be able to go into criminal justice and become a lawyer. I wouldn't be in this position without the clubhouse. Being a member there has helped me gain confidence and it gives me hope for the next day, and the day after that.

Everything I am today is because of the help I've received at the clubhouse.... Being a member there has helped me gain confidence and it gives me hope for the next day, and the day after that.



Outcomes

Outcomes

DSAMH monitors and evaluates programs provided by local authorities and their contracted providers. For a number of years, DSAMH has published detailed scorecards that measure and compare local authority providers with State and national standards. The scorecards are used to evaluate the quantity of services, cost, quality, client satisfaction, and outcomes. Innovative

research tools, technology, and data is used 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

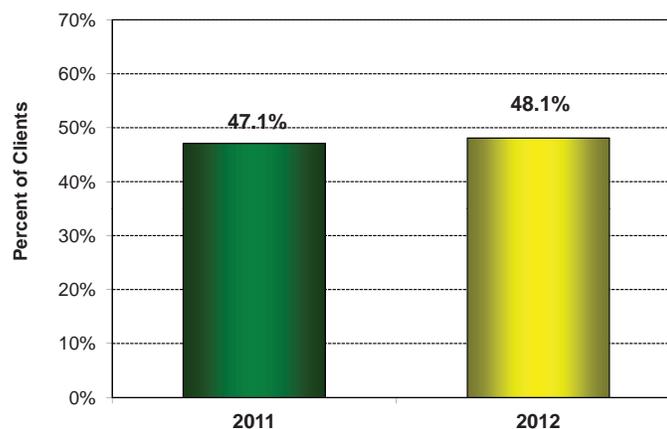
Substance abuse treatment outcomes are derived from data collected on each individual served. DSAMH collected final discharge data on 9,993 (non-detox) clients in fiscal year 2012. These are clients discharged from treatment and not readmitted into any treatment within 30 days after discharge. This section includes data of client who were discharged successfully (completed the objectives of their treatment plan), and of clients who were discharged unsuccessfully (left treatment against professional advice or were involuntarily discharged by the provider due to non-compliance). Clients discharged as a result of a transfer to another level of care but not enrolled

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

Discharge

The following graph depicts the percentage of clients discharged in fiscal year 2012 who successfully completed the entire treatment episode.

Percent of Clients Successfully Completing Treatment Episode
Fiscal Years 2011 - 2012

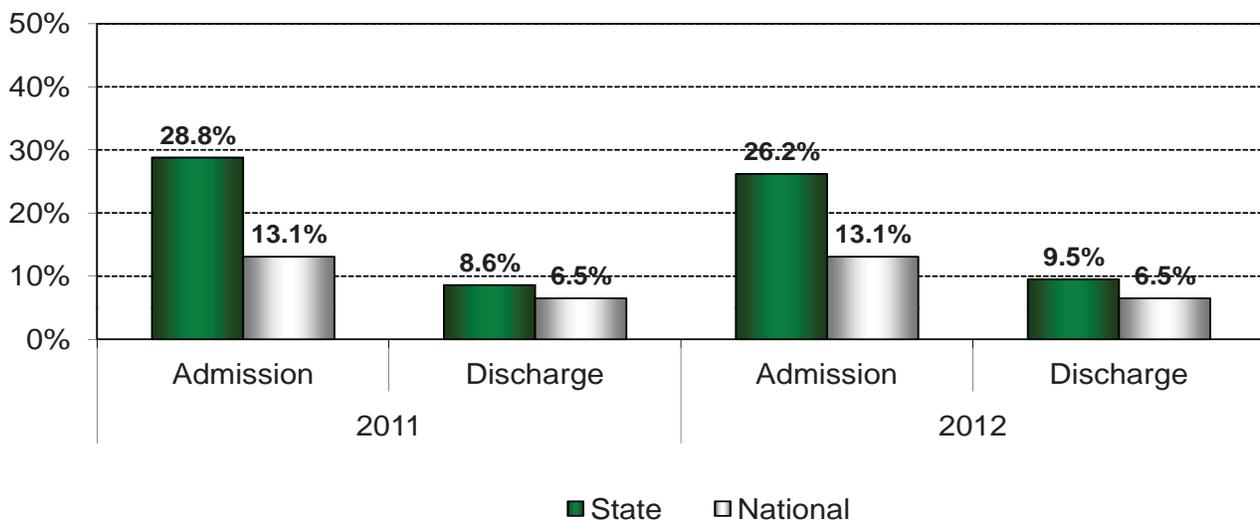


Criminal Activity

Approximately 72% of clients are involved with the criminal justice system. Reduction of criminal activity is an important goal for treatment and a good predictor of a client's long-term success. Treatment results in significant decreases in criminal activity and criminal

justice involvement. In 2011 and 2012, 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 2011 - 2012**

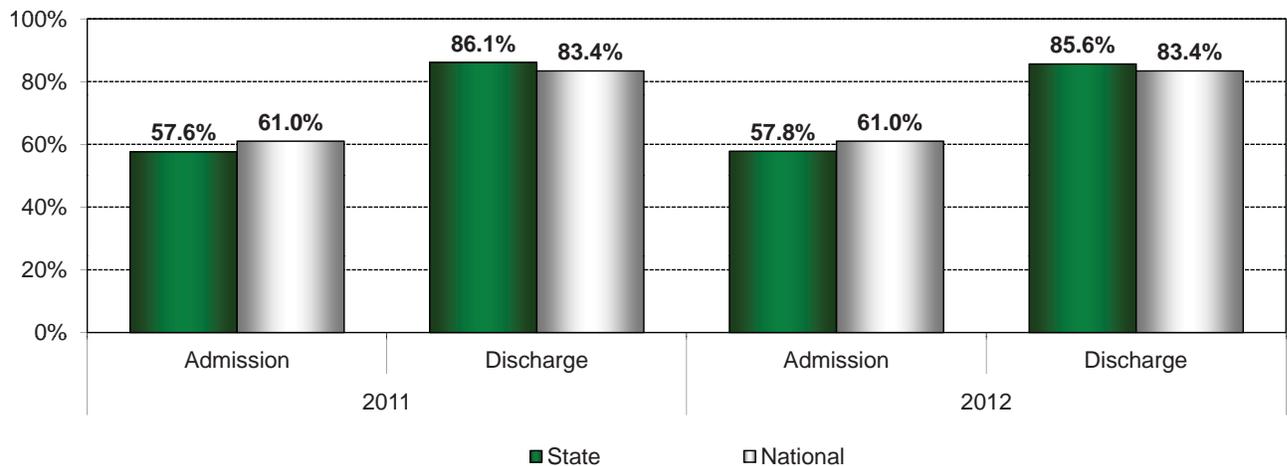


Changes in Abstinence from Drug and Alcohol Use During Treatment

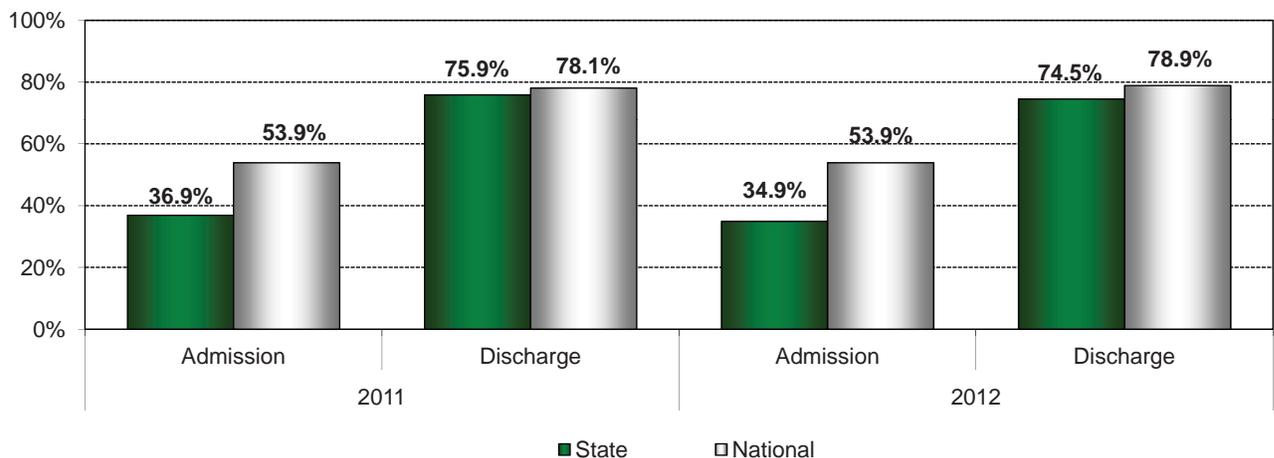
The following charts provide abstinence rates at admission and discharge for clients in all treatment levels except detoxification. Substance use is evaluated 30 days prior to the client entering a controlled environment, such as treatment or jail, and again in the 30 days prior to discharge. As

expected, the rate of abstinence increases during treatment. Utah's 2012 rates of abstinence from alcohol and drug use at admission are lower than the national rates but at discharge are comparable to the national rates.

Percent of Clients Reporting Abstinence from Alcohol Use Prior to Admission vs. Abstinence at Discharge
Fiscal Years 2011 - 2012



Percent of Clients Reporting Abstinence from Drug Use Prior to Admission vs. Abstinence at Discharge
Fiscal Years 2011 - 2012



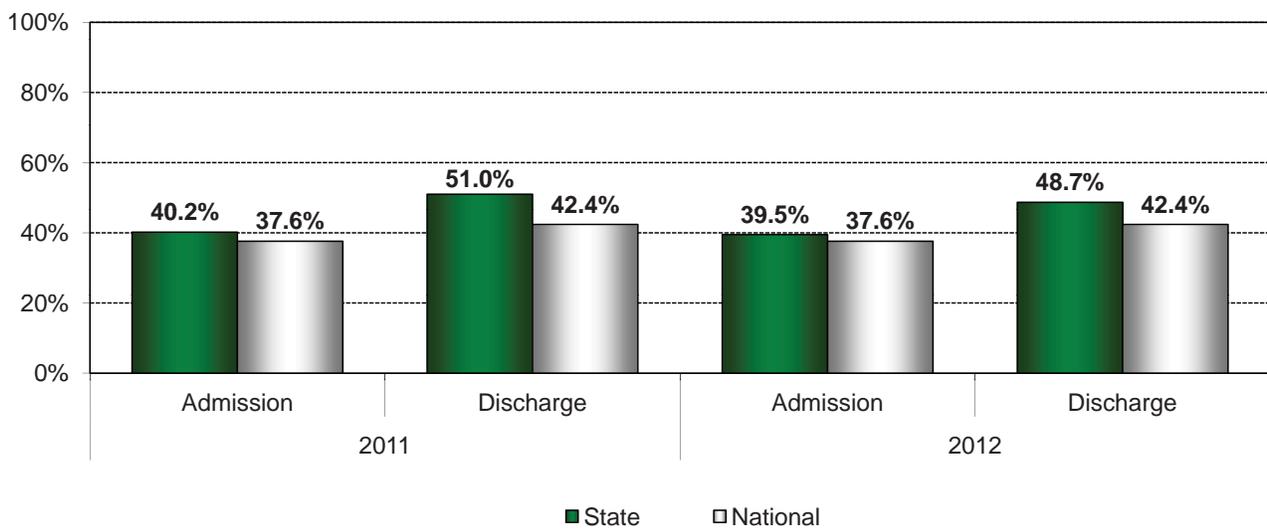
Employment and Stable Housing

Employment

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

their employability. At admission the percent of clients employed is comparable to the national average. However at discharge, the percent of clients employed exceeds the national average.

Percent of Clients Who Are Employed
Fiscal Years 2011 - 2012

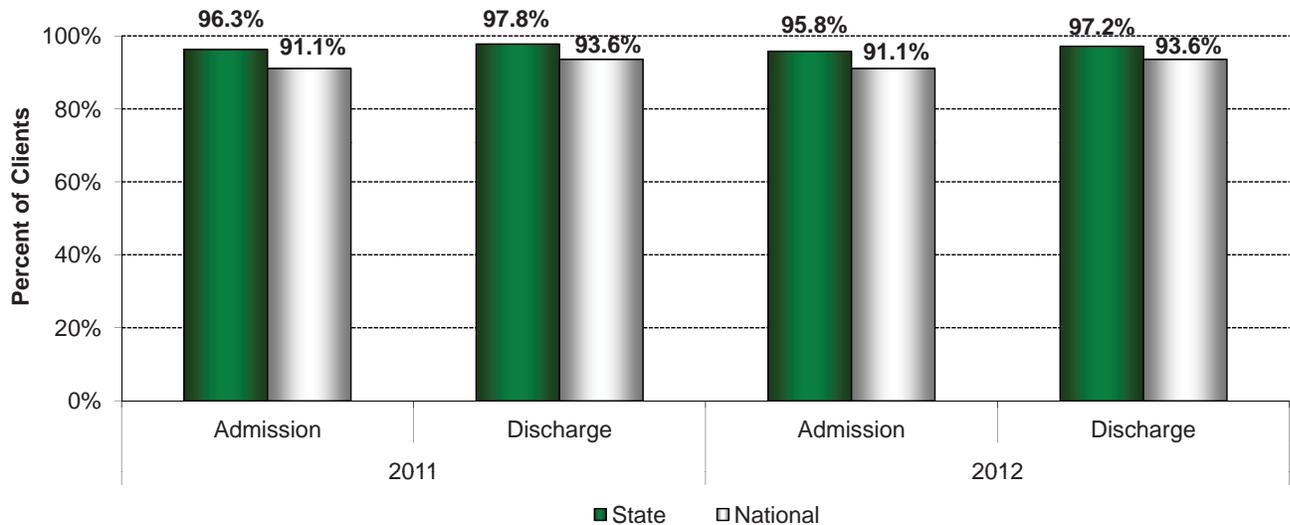


Clients in Stable Housing

Stable housing is an important measure of successful treatment, as outcome studies have revealed that a stable living environment is a critical element in achieving long-term success in the reduction of substance abuse. Treatment also has been shown to help individuals with a substance use disorder achieve and maintain a stable living environment. As shown in this chart, 95.8%

of clients entering Utah’s public substance abuse treatment in 2012 were in stable housing at the time of their admission to treatment. At discharge, 97.2% of clients in 2012 were in stable housing. Utah’s rate of change is slightly below the national average, but the percentage in stable housing at discharge is higher than the national average.

**Percent of Clients in Stable Housing
Admission vs. Discharge
Fiscal Years 2011 - 2012**



Retention in Treatment

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

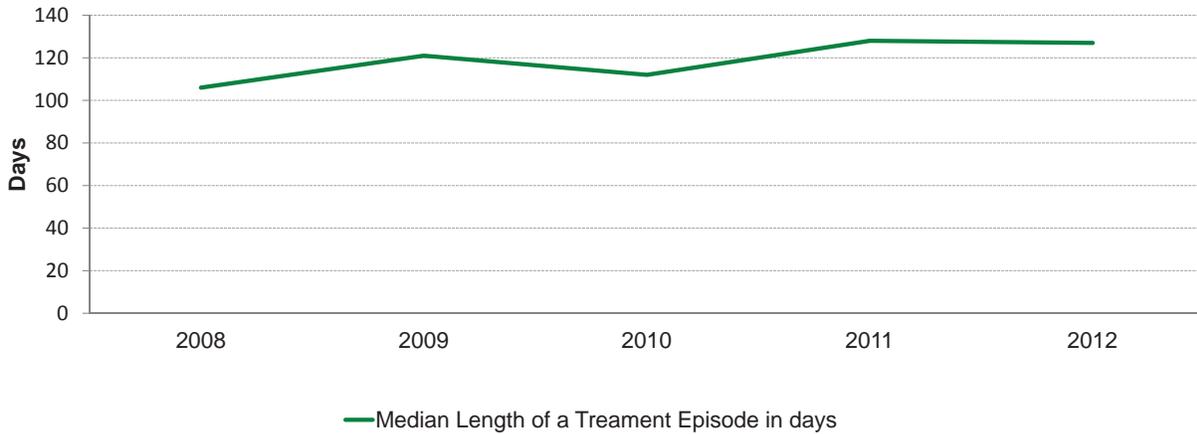
od-addicted individuals continue to benefit from methadone maintenance for many years.”

Just like treatment for any other chronic disease, addiction treatment must be of sufficient duration to succeed. Client progress over a short period of time should not be seen as a “cure.” Likewise, relapse should not be a reason to discontinue care. Programs should employ multiple strategies to engage and retain clients. Successful programs offer continuing care, and use techniques that

have been proven to enhance client motivation. It is also important to recognize that multiple episodes of treatment may be necessary. In Utah, the median number of days in a treatment episode

has increased by 19.8% from 2008 to 2012. The following chart shows the median length of days in a treatment episode from 2008-2012.

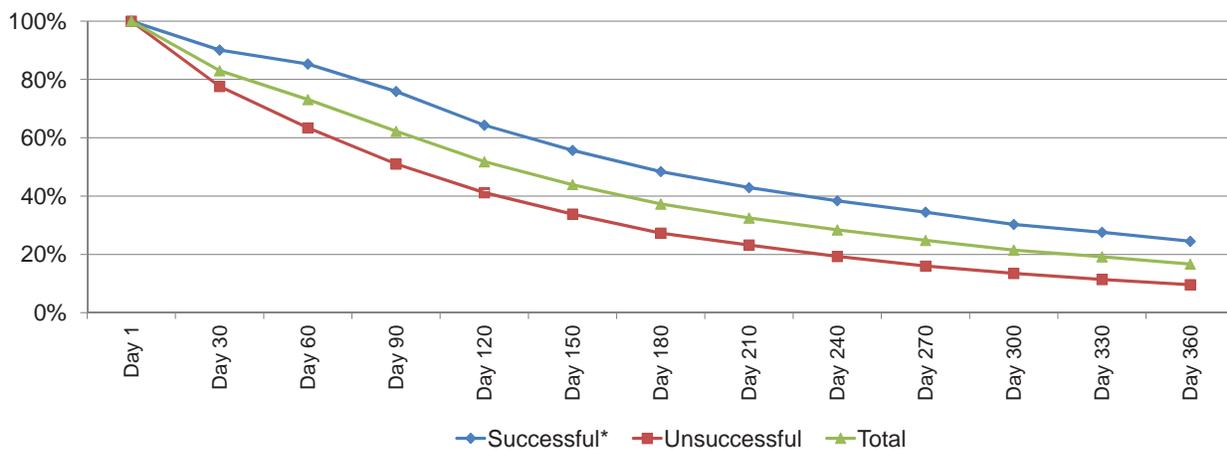
Median Length of a Treatment Episode in Days
Fiscal Years 2008 - 2012



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 2012



* 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 with social or functional domains in their lives. Some request services through a self motivated desire to feel better. Many do so with the encouragement and support of friends, family and clergy, while others may be compelled by the courts, schools, employers, etc.

The behavioral health sciences have only recently been able to quantifiably measure the effectiveness of treatment interventions. The Utah public mental health system uses the Outcome Questionnaire (OQ) and Youth Outcome Ques-

tionnaire (YOQ), both scientifically valid instruments, to measure change and functioning in people. These instruments are like measuring the vital signs of a person's mental health status. In fiscal year 2012, 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, almost 24% were considered in recovery. In fiscal year 2012, 56% of clients participated in this outcome survey.

Statewide OQ Client Outcomes Report for Fiscal Year 2012

Local Mental Health Authority	Percent of Clients Participating	Percent Recovered	Percent Improved/Stable
Bear River	65%	21.5%	62.1%
Central Utah	71%	20.4%	62.0%
Davis County	48%	23.5%	59.3%
Four Corners	64%	20.6%	61.1%
Northeastern	74%	22.6%	64.8%
Salt Lake County	39%	22.3%	60.5%
San Juan County	25%	13.2%	69.0%
Southwest	57%	23.4%	63.3%
Summit County	69%	25.6%	59.2%
Tooele County	40%	21.5%	59.9%
Utah County	76%	25.3%	60.8%
Wasatch County	64%	24.2%	63.0%
Weber	79%	29.3%	59.1%
Statewide totals	56%	23.7%	60.9%

Youth OQ Client Outcomes Report for Fiscal Year 2012

Local Mental Health Authority	Percent of Clients Participating	Percent Recovered	Percent Improved/ Stable
Bear River	67%	22.8%	60.7%
Central Utah	70%	24.4%	60.1%
Davis County	61%	30.6%	52.7%
Four Corners	68%	20.3%	60.5%
Northeastern	83%	20.0%	66.7%
Salt Lake County	67%	24.8%	59.1%
San Juan County	26%	18.9%	73.0%
Southwest	57%	25.2%	61.3%
Summit County	67%	31.0%	50.7%
Tooele County	39%	16.3%	61.5%
Utah County	79%	31.3%	57.4%
Wasatch County	56%	34.5%	50.0%
Weber	90%	35.3%	54.5%
Statewide totals	69%	27.1%	58.4%

Adult OQ Client Outcomes Report for Fiscal Year 2012

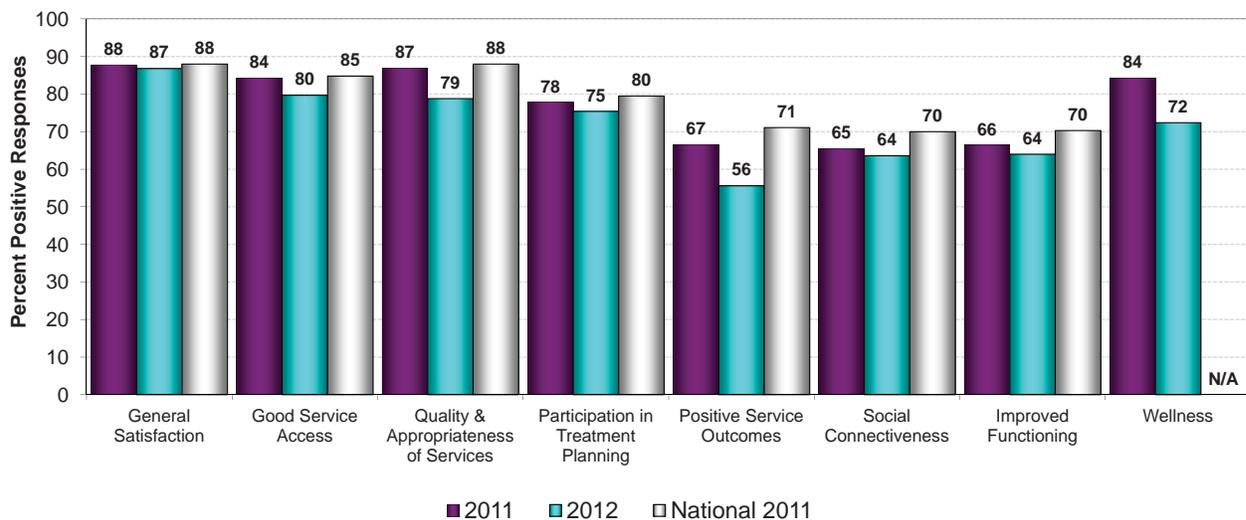
Local Mental Health Authority	Percent of Clients Participating	Percent Recovered	Percent Improved/ Stable
Bear River	65%	20.6%	63.2%
Central Utah	73%	18.1%	63.1%
Davis County	40%	16.0%	66.3%
Four Corners	64%	20.7%	61.3%
Northeastern	72%	24.4%	63.5%
Salt Lake County	29%	19.4%	62.1%
San Juan County	25%	10.9%	67.4%
Southwest	58%	20.6%	66.2%
Summit County	70%	23.7%	62.0%
Tooele County	41%	23.6%	59.2%
Utah County	75%	20.6%	63.5%
Wasatch County	67%	20.7%	67.5%
Weber	73%	25.4%	61.9%
Statewide totals	50%	21.0%	62.9%

Consumer Satisfaction

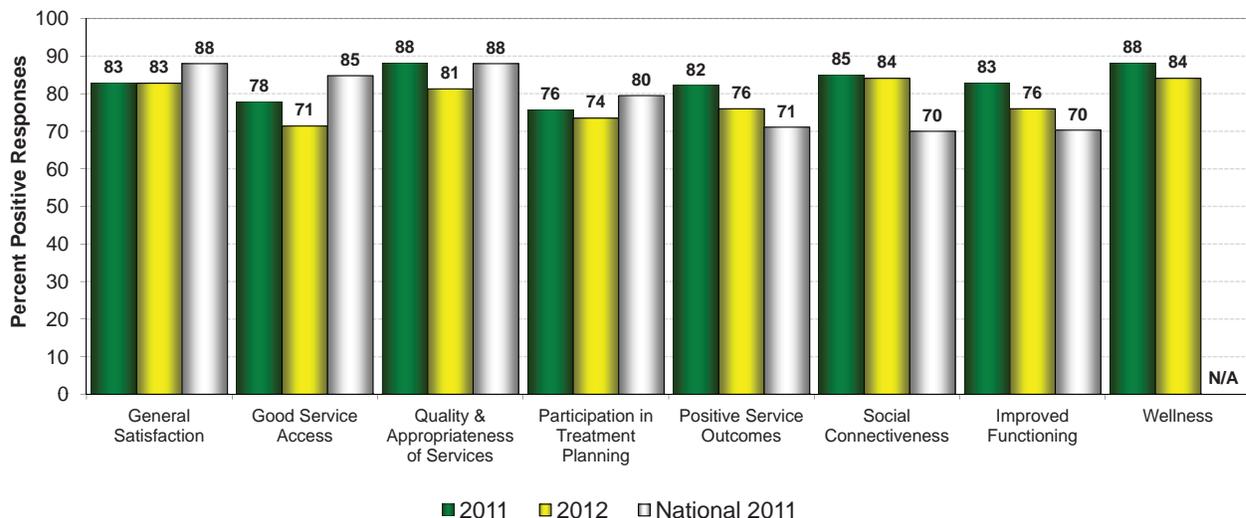
In 2004, DSAMH and Federal funding grants began to require that all providers conduct an annual survey on consumer satisfaction and treatment outcomes. DSAMH requires that the survey is administered to consumers of both substance

abuse and mental health services, and that providers comply with administration requirements and minimum sample rates. Below are the results of this survey comparing results from 2012 to 2011.

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

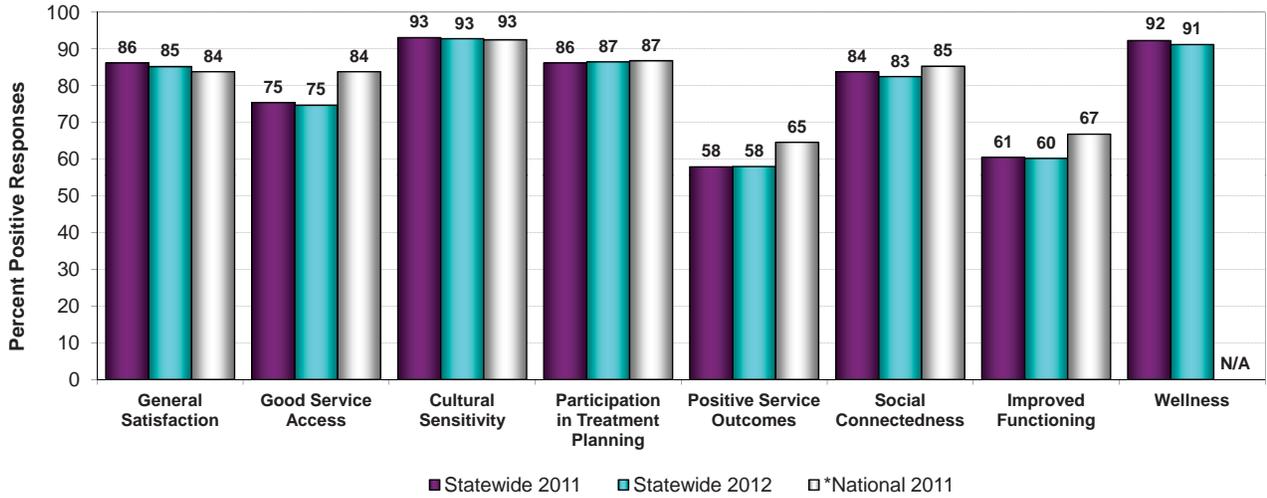


Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP) Completed by Adults in Substance Abuse



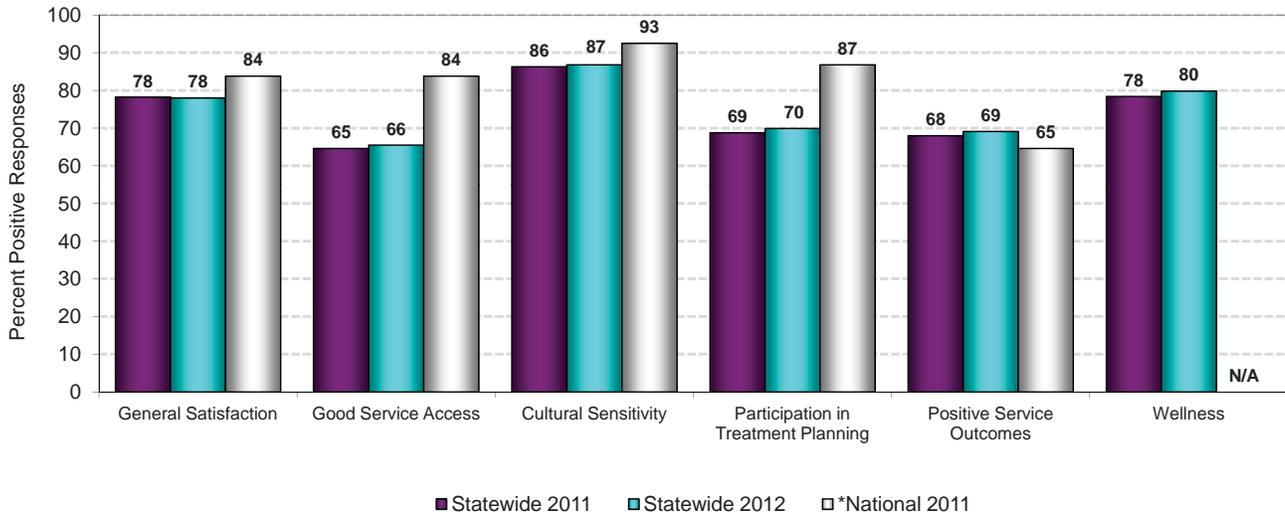
Youth Consumer Satisfaction Survey Youth Services Survey (YSS-F)

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



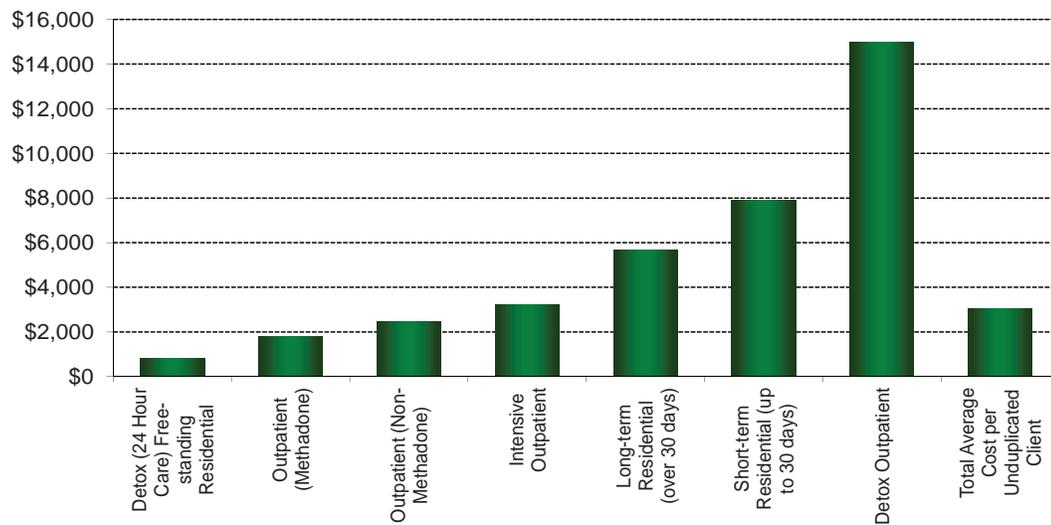
Cost Analysis

Client Cost by Service Category

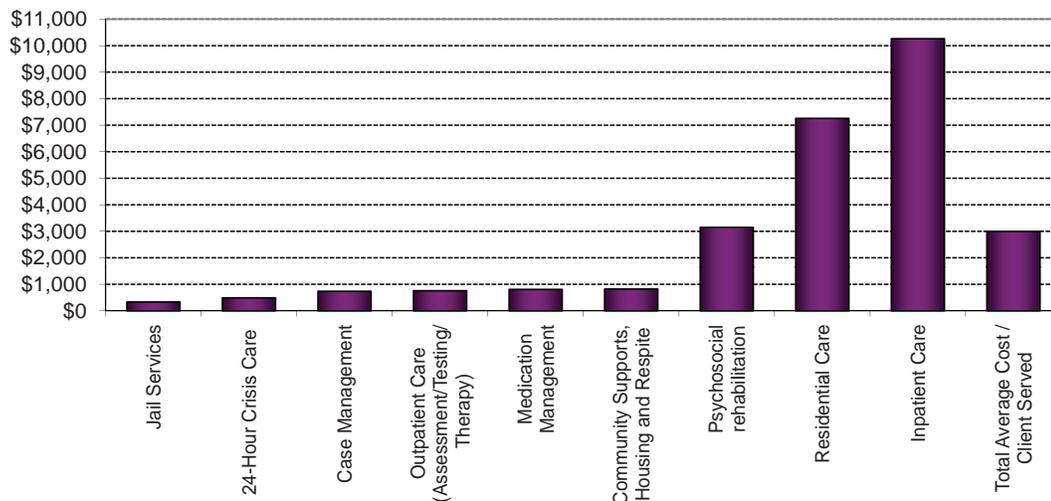
DSAMH requires the local authorities to submit year-end fiscal reports that describe local authority spending in specific categories. This fiscal information is then used to calculate a client cost by service category for both substance abuse and

mental health. In 2012, the statewide average cost for mental health services was \$2,996. For substance abuse services, the average client cost was \$3,054.

Substance Abuse Client Cost by Service Category Fiscal Year 2012



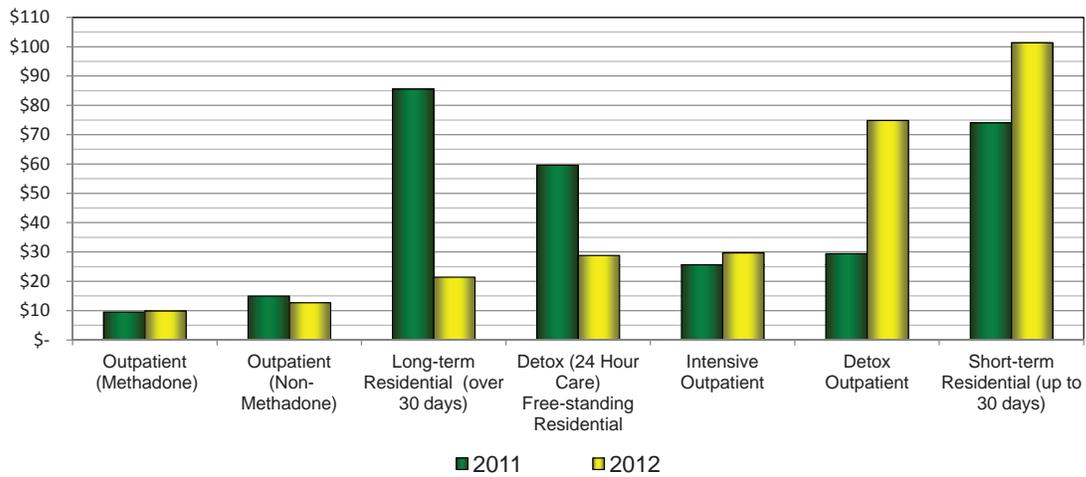
Mental Health Client Cost by Service Category Fiscal Year 2012



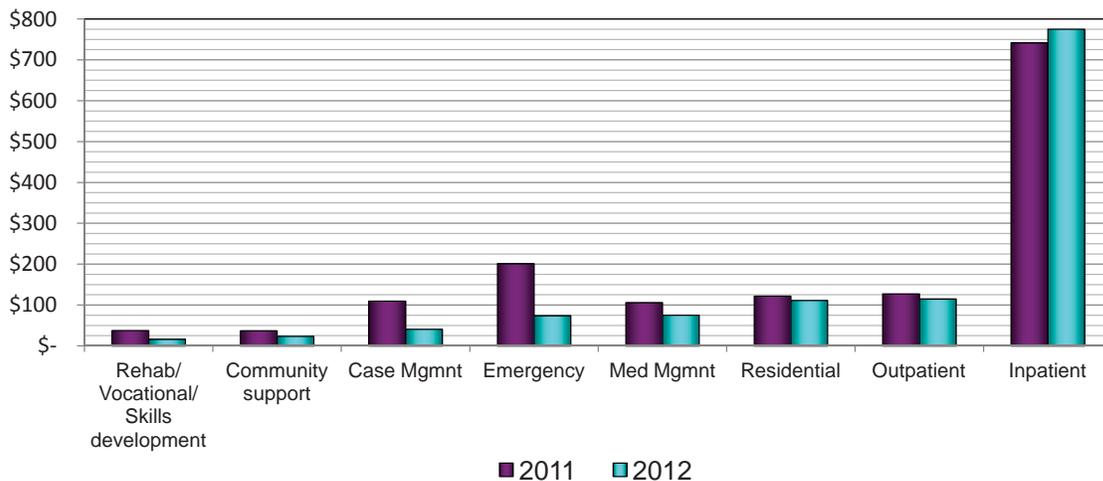
Additional Cost Analysis

Using the service data reported in fiscal years 2011 and 2012, 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 2011 - 2012



Mental Health Average Cost per Service Event Fiscal Years 2011 - 2012



DeeDee's Story

I was diagnosed very early on with ADHD, but in spite of that difficulty I had a happy and successful childhood. I excelled in martial arts and was ranked third in the world competition by age 11. I also did well in school, and even graduated a year early. I was selected as a student ambassador to travel to Europe in the "People to People" program, which was a great honor.

As my diagnoses of bipolar, mild schizophrenia, and other mental health issues started coming I knew I needed help, but wasn't really ready to accept I had these problems.

At New Reflection House I'm able to socialize and come out of my isolation tendencies. I've also been able to get two transitional employment jobs which I've really enjoyed. I've made lots of changes in my life—I'm not isolating anymore and I am very active in the community. I'm working on getting a bachelor's degree in business administration. I've been able to set and accomplish many goals and plan to keep my recovery going strong.



It wasn't easy at first, but gradually I came to terms with my illness by doing some research and by talking to others with similar illnesses. My family has been a great support and also becoming a member of New Reflection House has made a big difference in my recovery.

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 2012 (July 1, 2011 to June 30, 2012).

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: 167,292

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

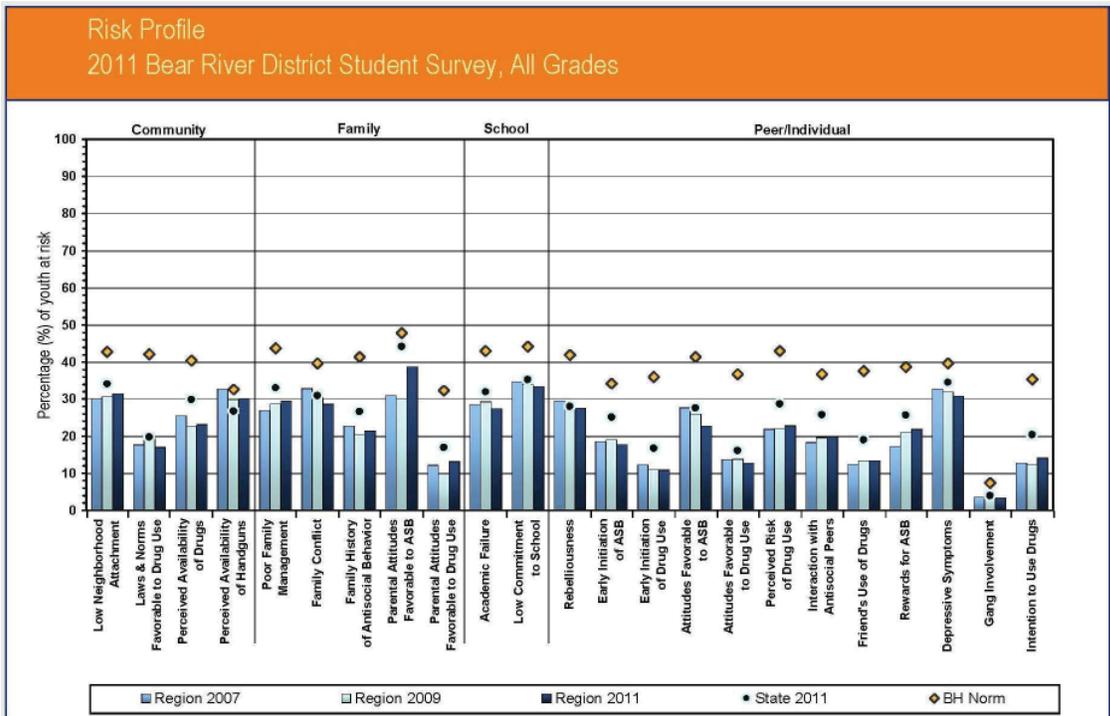
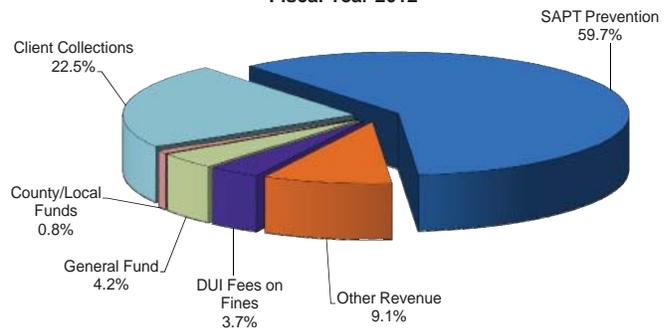
Bear River Substance Abuse—Prevention

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 2012

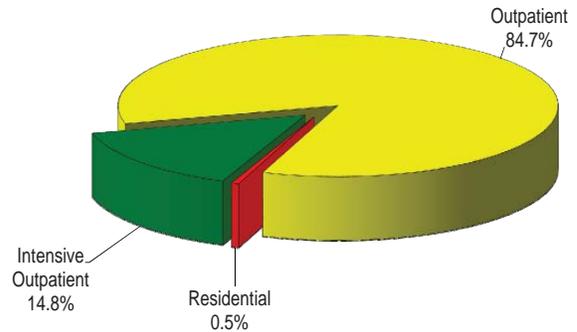


Bear River Health Department—Substance Abuse

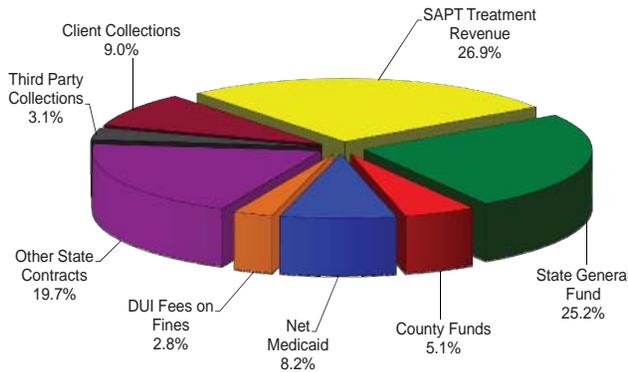
Total Clients Served.....1,481
 Adult1,395
 Youth.....86
 Penetration Rate (Total population of area)..0.9%

Total Admissions.....1,101
 Initial Admissions1,101
 Transfers.....0

Admission into Modalities
Fiscal Year 2012



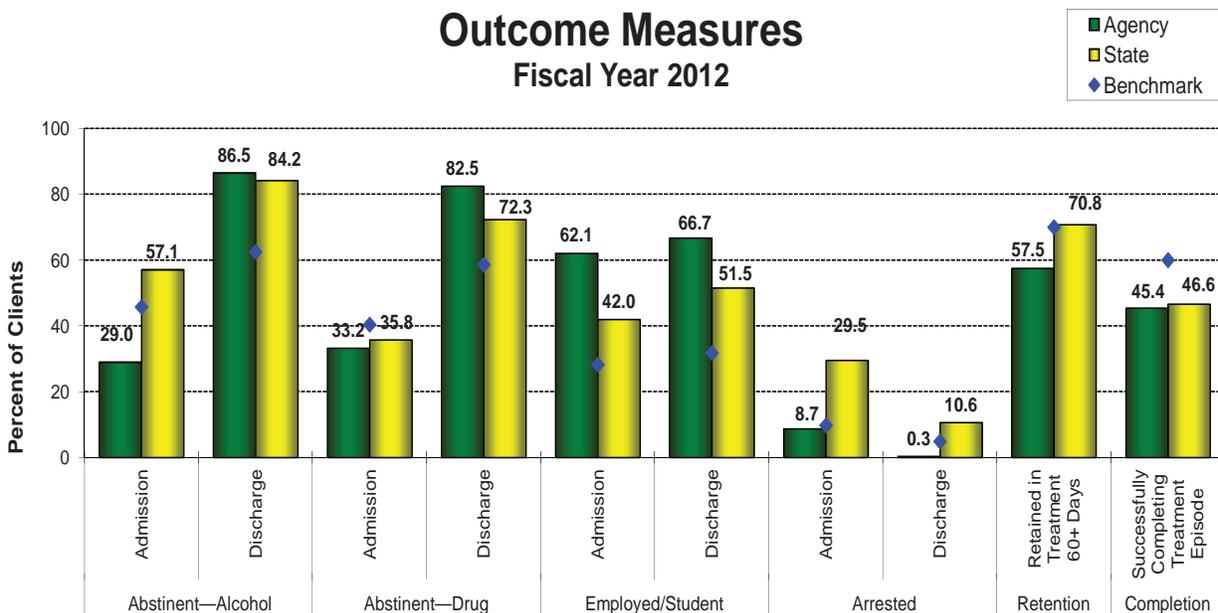
Source of Revenues
Fiscal Year 2012



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	370	149	519
Cocaine/Crack	3	2	5
Marijuana/Hashish	206	54	260
Heroin	29	22	51
Other Opiates/Synthetics	41	42	83
Hallucinogens	6	0	6
Methamphetamine	58	72	130
Other Stimulants	3	5	8
Benzodiazepines	3	4	7
Tranquilizers/Sedatives	4	5	9
Inhalants	1	1	2
Oxycodone	7	9	16
Club Drugs	1	0	1
Over-the-Counter	0	0	0
Other	4	0	4
Total	736	365	1101

Outcome Measures
Fiscal Year 2012



Benchmark is 75% of the National Average.

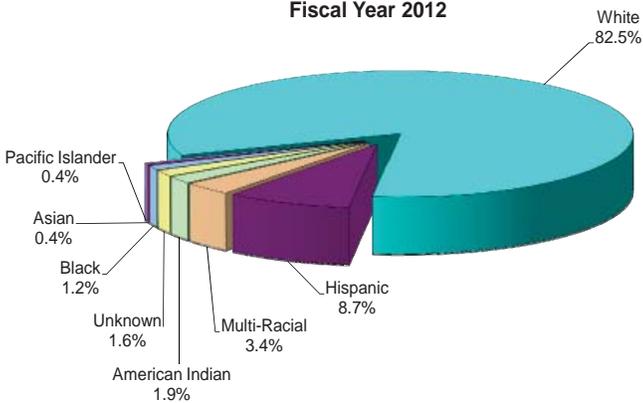
Bear River Mental Health—Mental Health

Total Clients Served.....3,092
 Adult1,972
 Youth.....1,120
 Penetration Rate (Total population of area)..... 1.8%
 Civil Commitment43
 Unfunded Clients Served185

Diagnosis

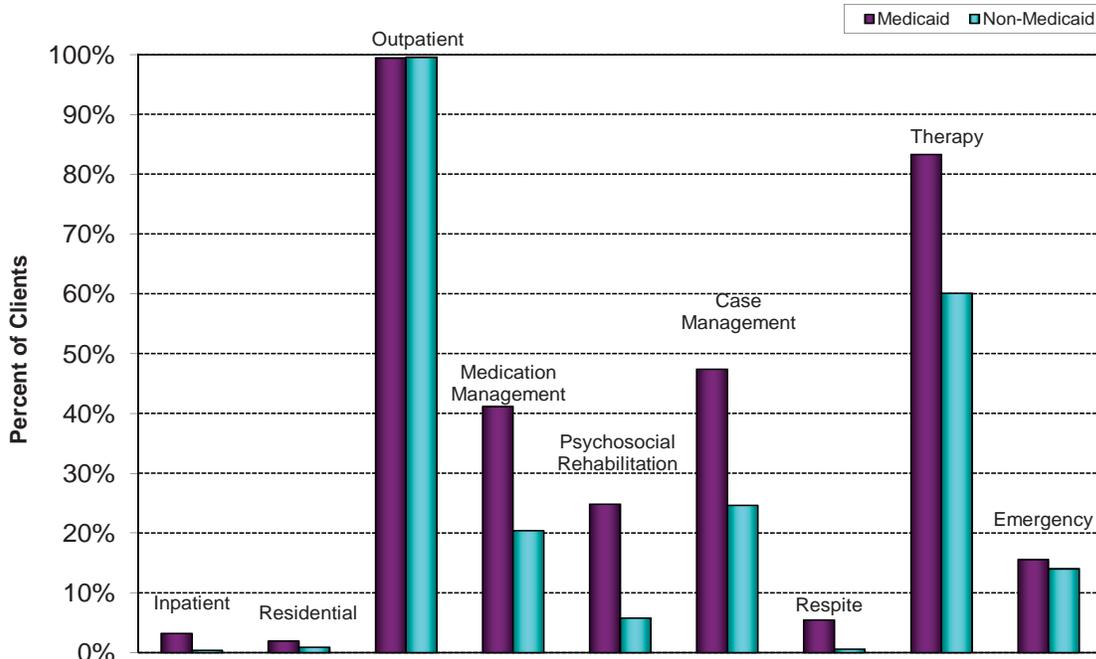
	Youth	Adult
Adjustment Disorder	290	120
Anxiety	340	1,203
Attention Deficit	360	271
Cognitive Disorder	42	143
Conduct Disorder	11	4
Depression	110	721
Impulse Control Disorders	86	46
Mood Disorder	252	897
Neglect or Abuse	102	20
Oppositional Defiant Disorder	76	11
Other	160	154
Personality Disorder	5	575
Pervasive Developmental Disorders	62	53
Schizophrenia and Other Psychotic	2	243
Substance Abuse	15	397
V Codes	139	195
Total	2,052	5,053

Race/Ethnicity Fiscal Year 2012

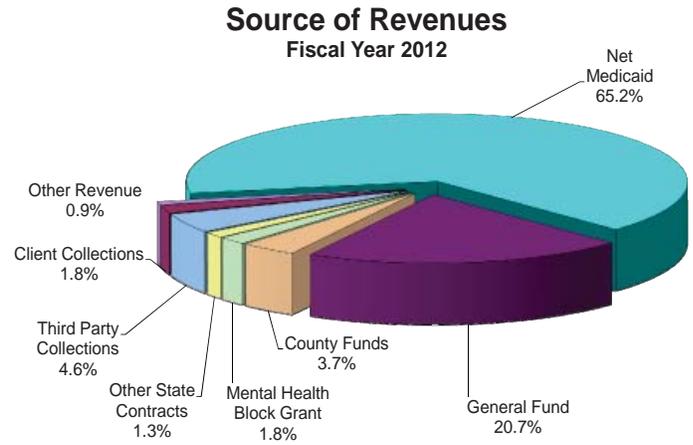


More than one race/ethnicity may have been selected.

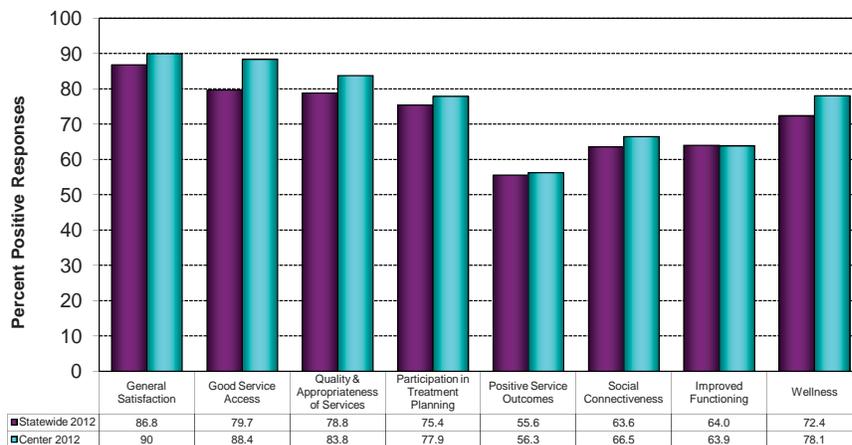
Utilization of Mandated Services Fiscal Year 2012



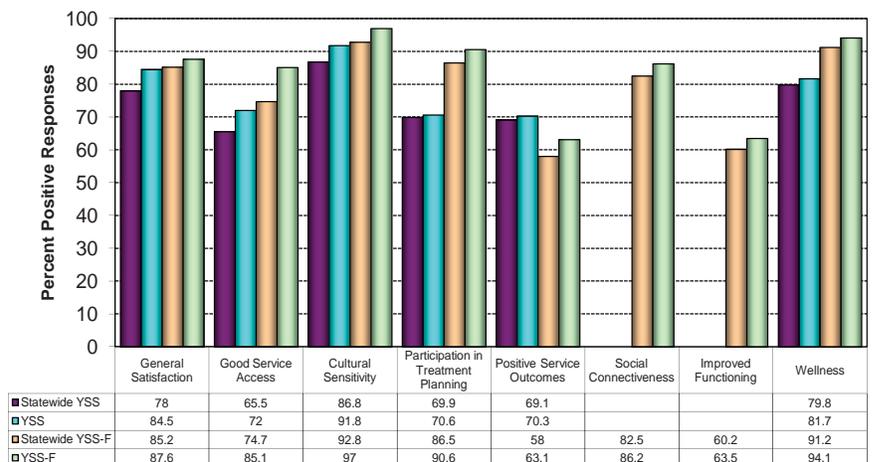
Bear River Mental Health—Mental Health (Continued)



Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP) 2012



Youth Consumer Satisfaction Surveys (YSS and YSS-F) 2012



Central Utah Counseling Center

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



Population: 76,173

**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

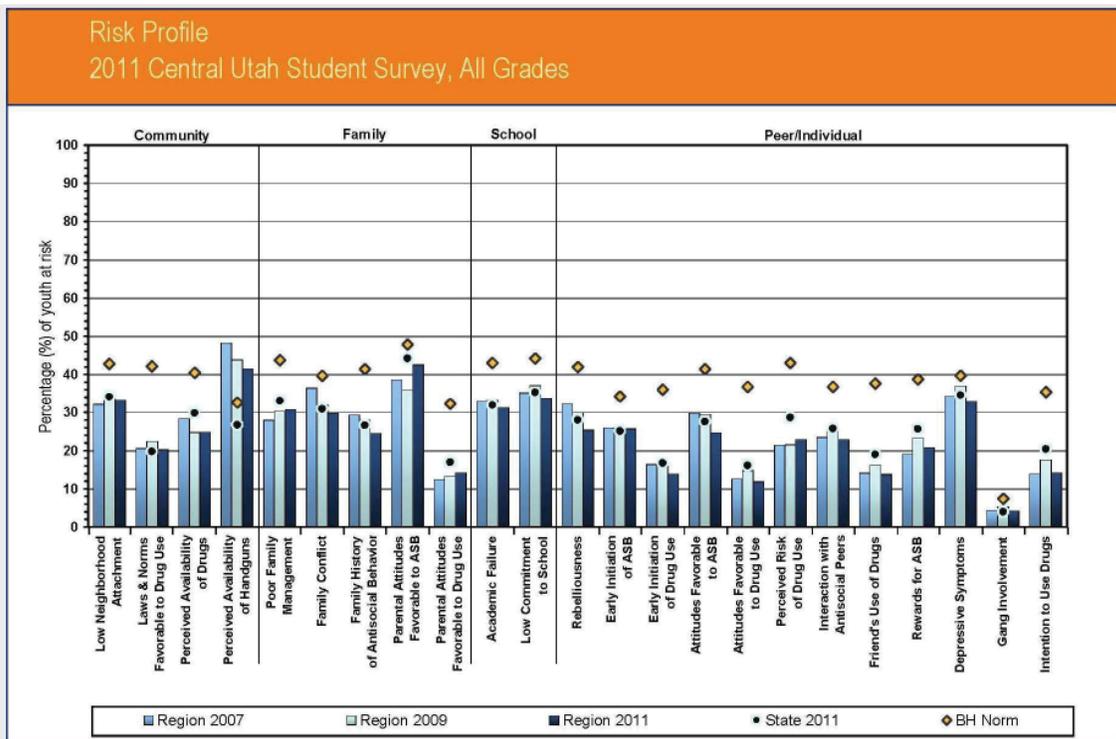
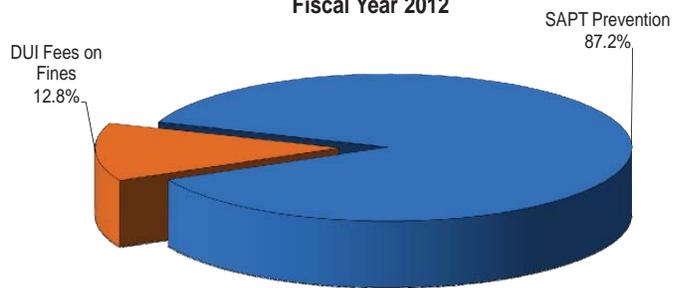
Central Utah Substance Abuse—Prevention

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 2012**

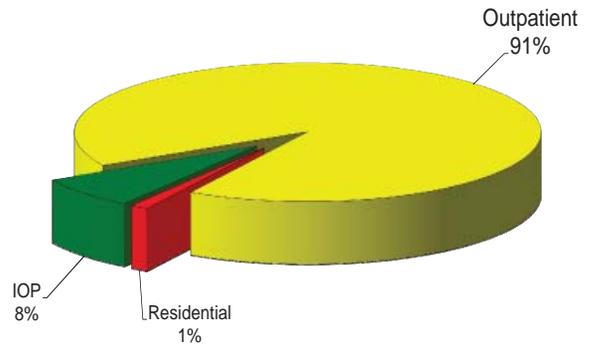


Central Utah Counseling Center—Substance Abuse

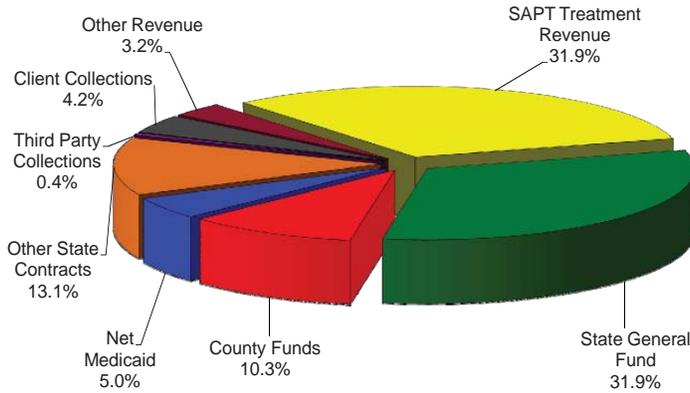
Total Clients Served.....385
 Adult343
 Youth.....42
 Penetration Rate (Total population of area)..0.5%

Total Admissions.....243
 Initial Admissions240
 Transfers.....3

Admission into Modalities
Fiscal Year 2012



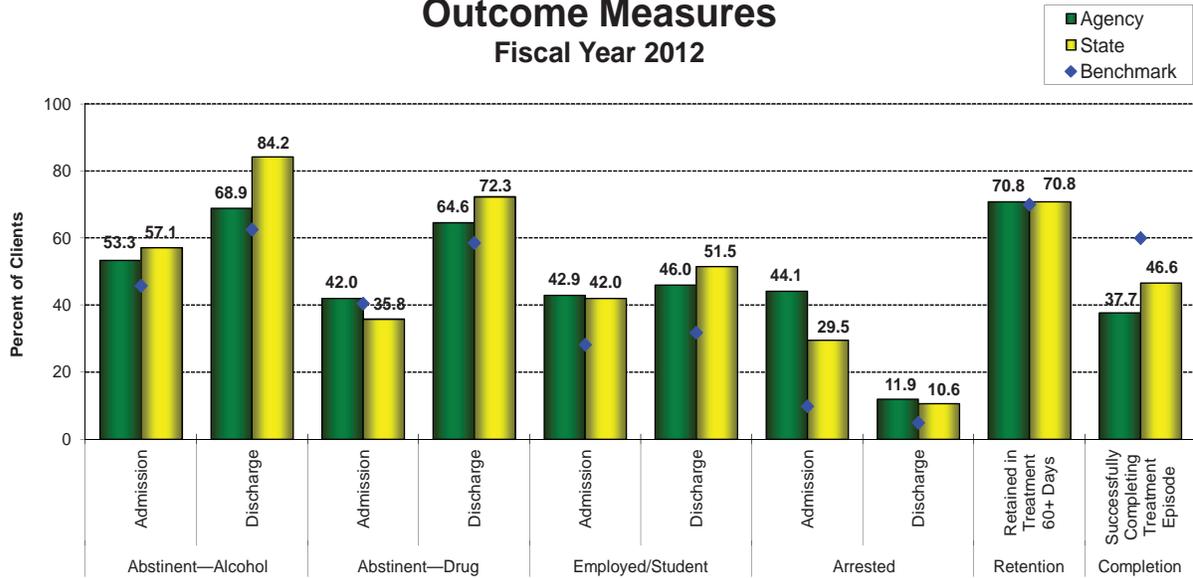
Source of Revenues
Fiscal Year 2012



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	54	37	91
Cocaine/Crack	0	2	2
Marijuana/Hashish	35	8	43
Heroin	7	9	16
Other Opiates/Synthetics	3	8	11
Hallucinogens	0	0	0
Methamphetamine	17	27	44
Other Stimulants	0	3	3
Benzodiazepines	0	1	1
Tranquilizers/Sedatives	2	0	2
Inhalants	0	0	0
Oxycodone	16	12	28
Club Drugs	1	1	2
Over-the-Counter	0	0	0
Other	0	0	0
Total	135	108	243

Outcome Measures
Fiscal Year 2012



Benchmark is 75% of the National Average.

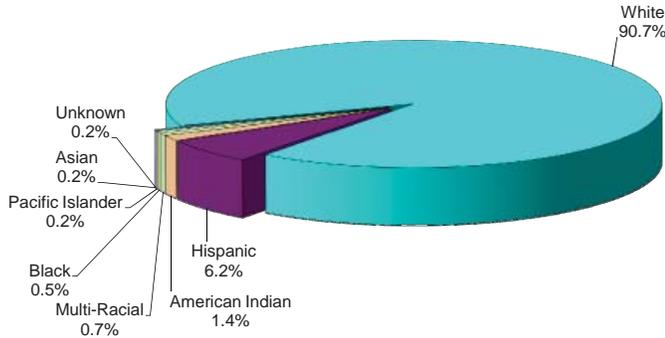
Central Utah Counseling Center—Mental Health

Total Clients Served1,246
 Adult760
 Youth.....486
 Penetration Rate (Total population of area)..... 1.6%
 Civil Commitment25
 Unfunded Clients Served188

Diagnosis

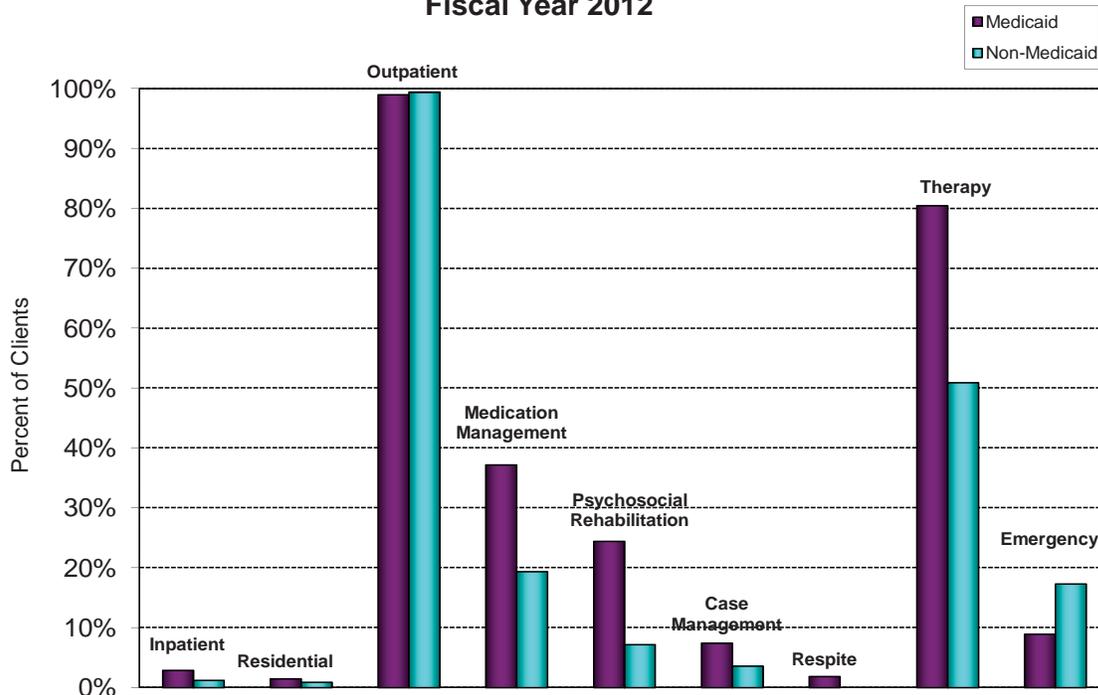
	Youth	Adult
Adjustment Disorder	152	28
Anxiety	92	351
Attention Deficit	150	42
Cognitive Disorder	4	41
Conduct Disorder	20	1
Depression	69	330
Impulse Control Disorders	18	27
Mood Disorder	49	199
Neglect or Abuse	84	221
Oppositional Defiant Disorder	97	5
Other	33	36
Personality Disorder	3	204
Pervasive Developmental Disorders	38	11
Schizophrenia and Other Psychotic	1	121
Substance Abuse	16	174
V Codes	49	65
Total	875	1,856

Race/Ethnicity Fiscal Year 2012



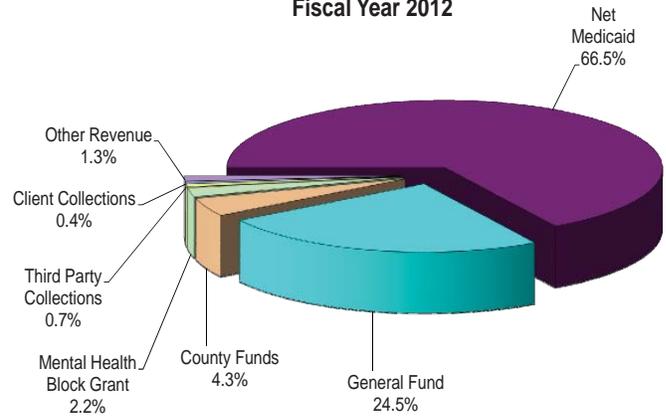
More than one race/ethnicity may have been selected.

Utilization of Mandated Services Fiscal Year 2012

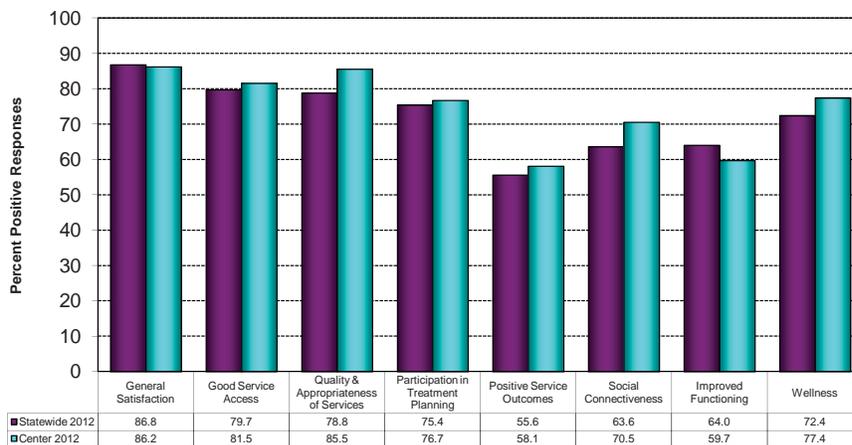


Central Utah Counseling Center—Mental Health *(Continued)*

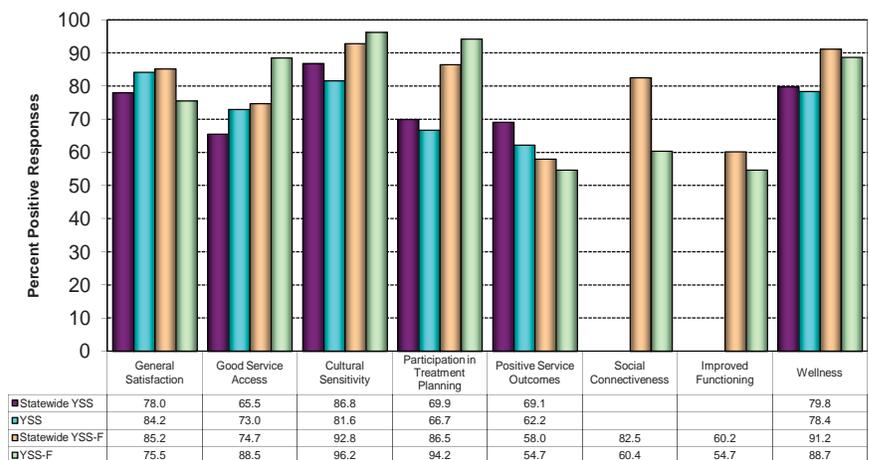
**Source of Revenues
Fiscal Year 2012**



**Adult Consumer Satisfaction Survey Mental Health
Statistics Improvement Program (MHSIP)
2012**



**Youth Consumer Satisfaction Surveys
(YSS and YSS-F)
2012**



Davis Behavioral Health

Davis County



DAVIS BEHAVIORAL HEALTH INC

Population: 311,811

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

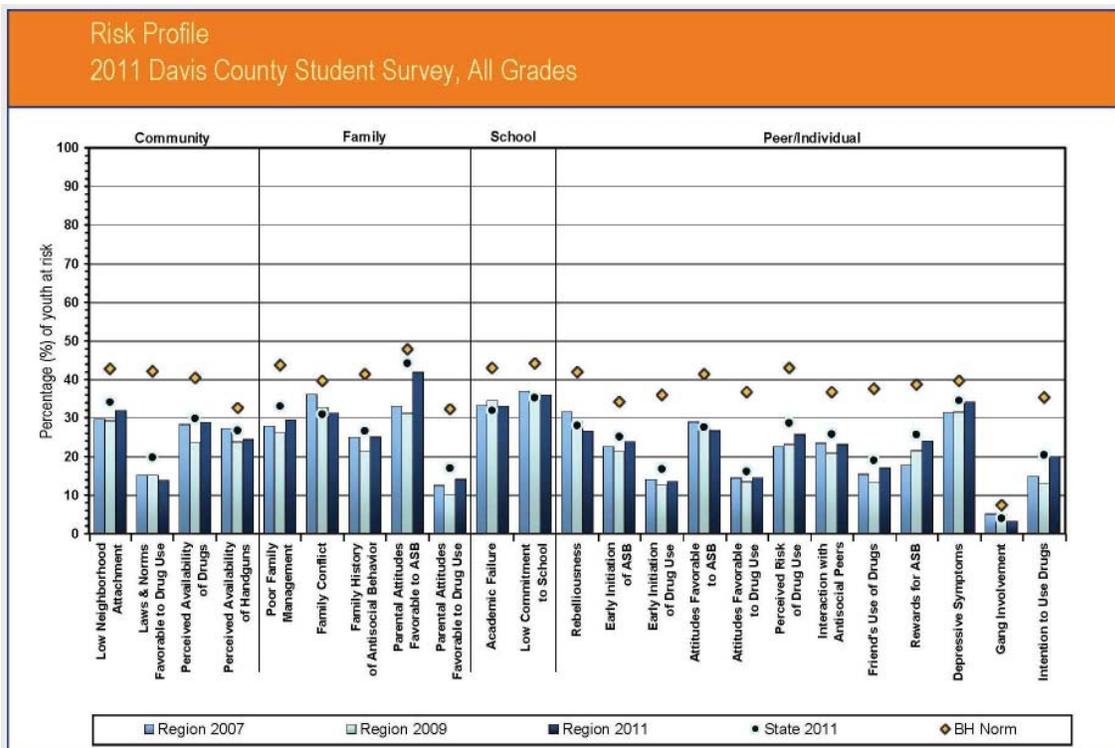
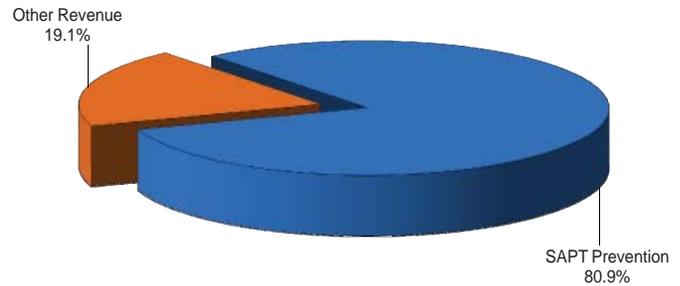
Davis Substance Abuse—Prevention

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 2012

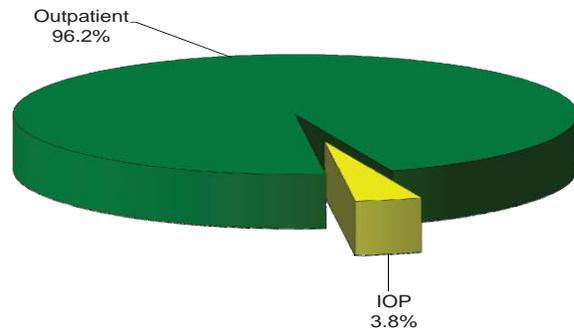


Davis Behavioral Health—Substance Abuse

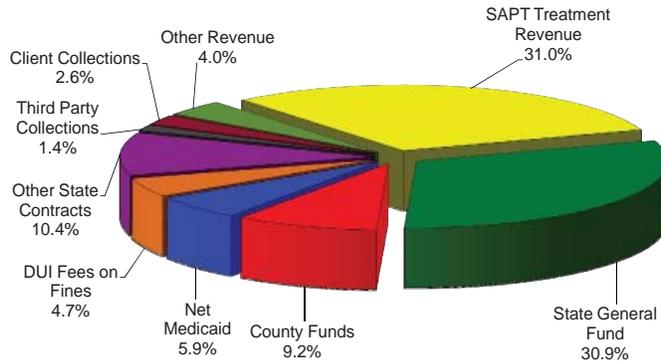
Total Clients Served.....931
 Adult842
 Youth.....89
 Penetration Rate (Total population of area)..0.3%

Total Admissions.....847
 Initial Admissions729
 Transfers.....118

**Admissions into Modalities
Fiscal Year 2012**

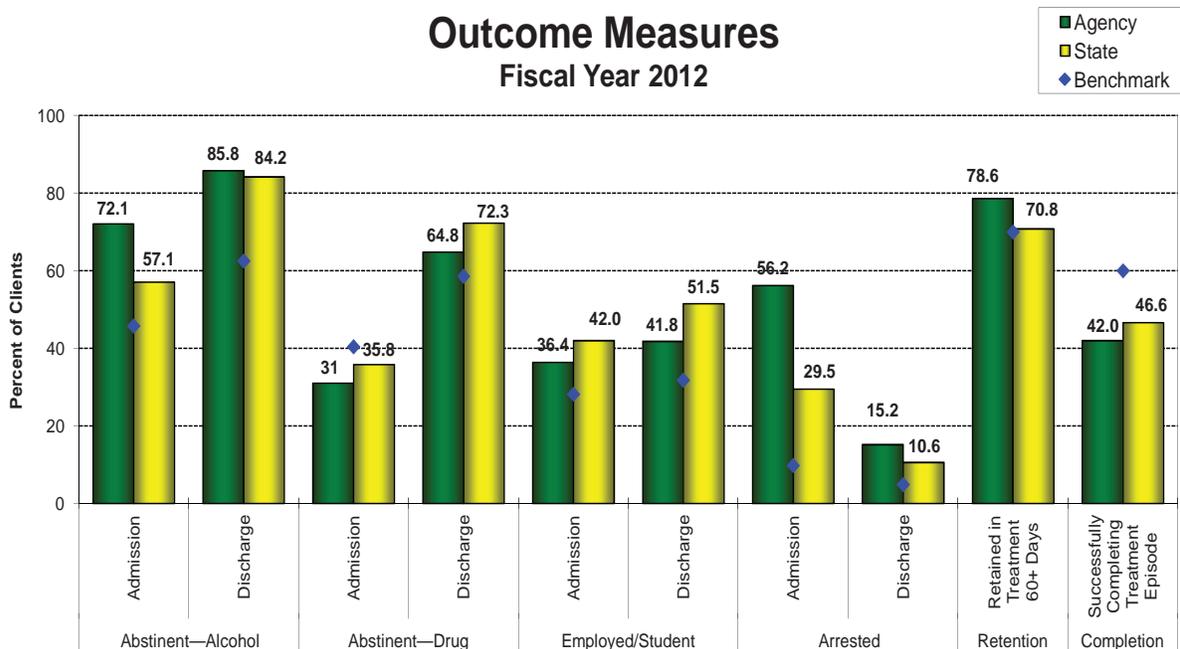


**Source of Revenues
Fiscal Year 2012**



Primary Substance of Abuse at Admission			
	Male	Female	Total
Alcohol	106	76	182
Cocaine/Crack	11	8	19
Marijuana/Hashish	151	41	192
Heroin	59	47	106
Other Opiates/Synthetics	9	12	21
Hallucinogens	1	1	2
Methamphetamine	120	127	247
Other Stimulants	3	1	4
Benzodiazepines	2	3	5
Tranquilizers/Sedatives	0	1	1
Inhalants	0	0	0
Oxycodone	28	36	64
Club Drugs	0	0	0
Over-the-Counter	2	0	2
Other	1	1	2
Total	493	354	847

**Outcome Measures
Fiscal Year 2012**



Benchmark is 75% of the National Average.

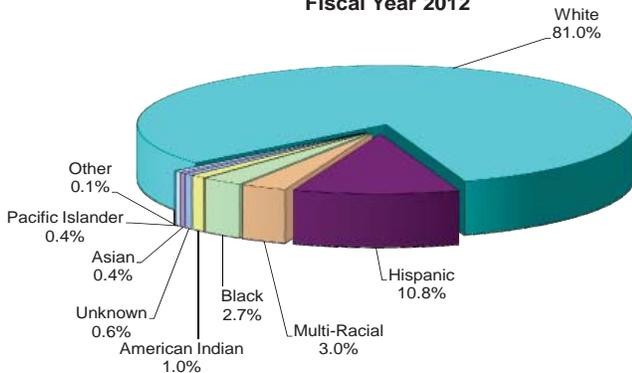
Davis Behavioral Health—Mental Health

Total Clients Served.....4,144
 Adult2,698
 Youth.....1,446
 Penetration Rate (Total population of area)..... 1.3%
 Civil Commitment 118
 Unfunded Clients Served345

Diagnosis

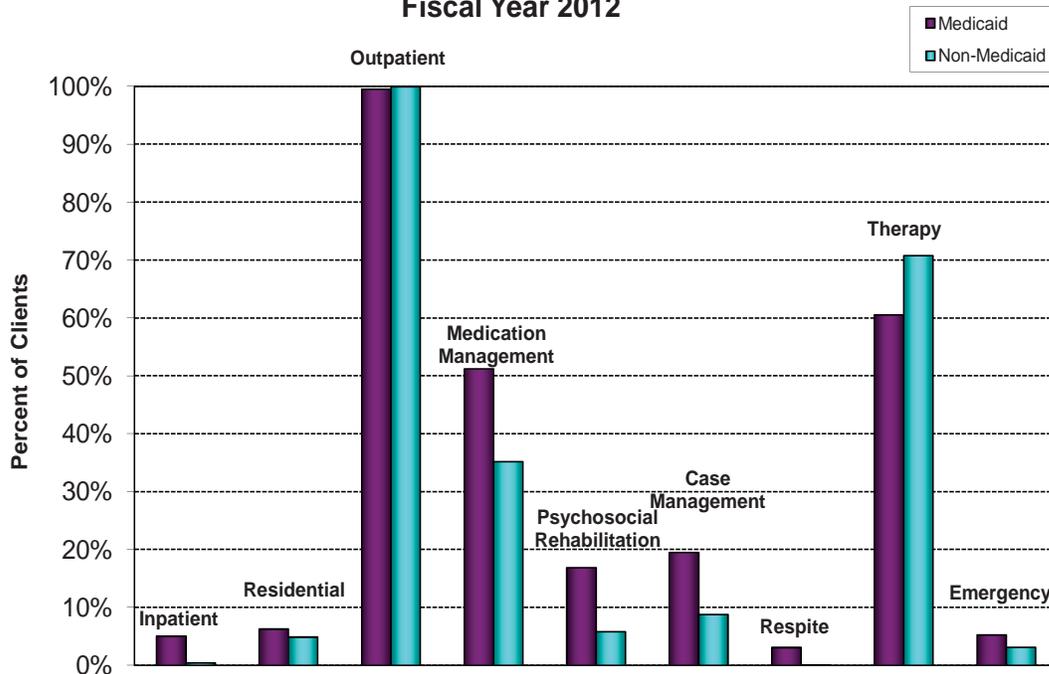
	Youth	Adult
Adjustment Disorder	215	184
Anxiety	606	1,332
Attention Deficit	647	241
Cognitive Disorder	17	67
Conduct Disorder	18	1
Depression	88	580
Impulse Control Disorders	229	41
Mood Disorder	462	1,288
Neglect or Abuse	374	33
Oppositional Defiant Disorder	261	10
Other	195	91
Personality Disorder	2	162
Pervasive Developmental Disorders	126	48
Schizophrenia and Other Psychotic	1	387
Substance Abuse	48	441
V Codes	162	57
Total	3,451	4,963

Race/Ethnicity Fiscal Year 2012



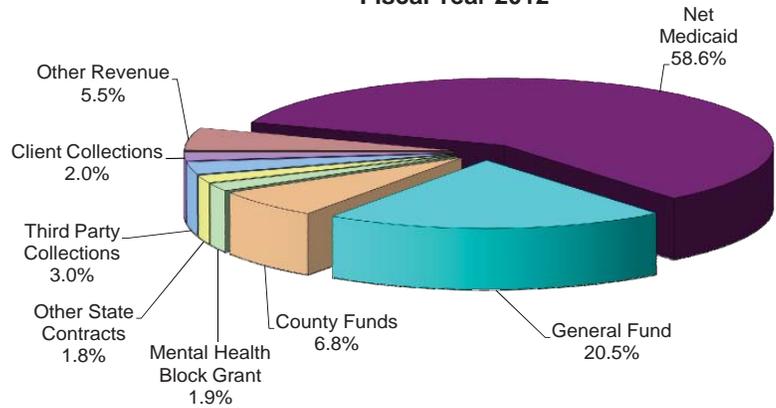
More than one race/ethnicity may have been selected.

Utilization of Mandated Services Fiscal Year 2012

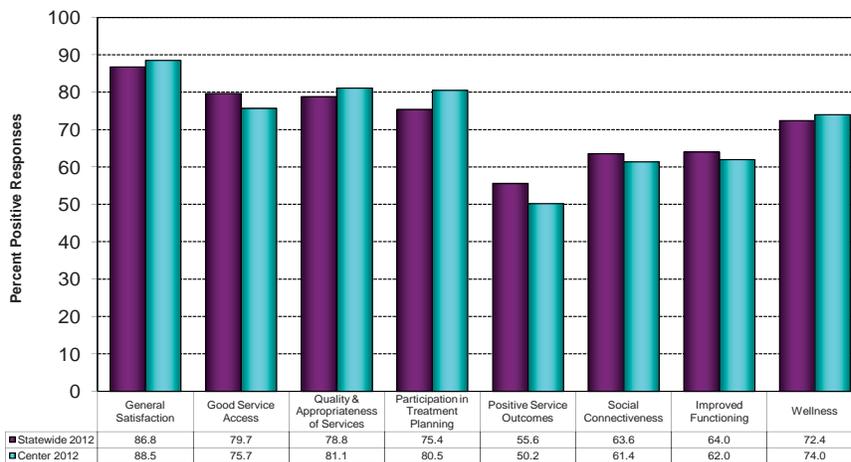


Davis Behavioral Health—Mental Health (Continued)

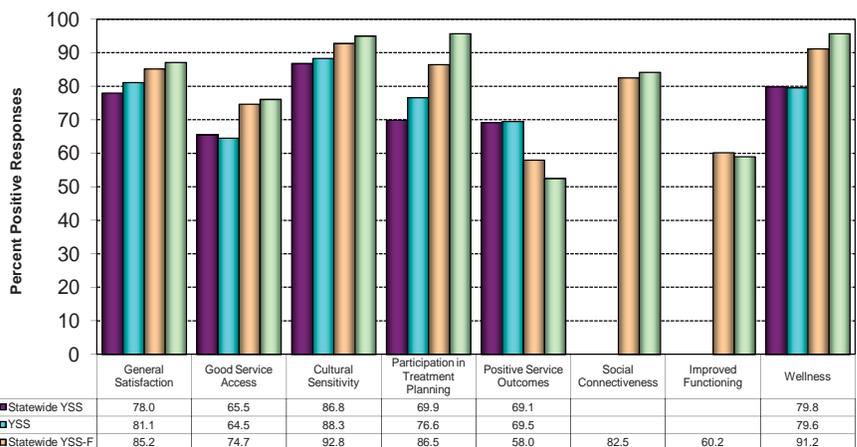
Source of Revenues
Fiscal Year 2012



Adult Consumer Satisfaction Survey Mental Health
Statistics Improvement Program (MHSIP)
2012



Youth Consumer Satisfaction Surveys
(YSS and YSS-F)
2012



Four Corners

Carbon, Emery & Grand Counties



Population: 41,587

Substance Abuse and Mental Health Provider Agency:

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

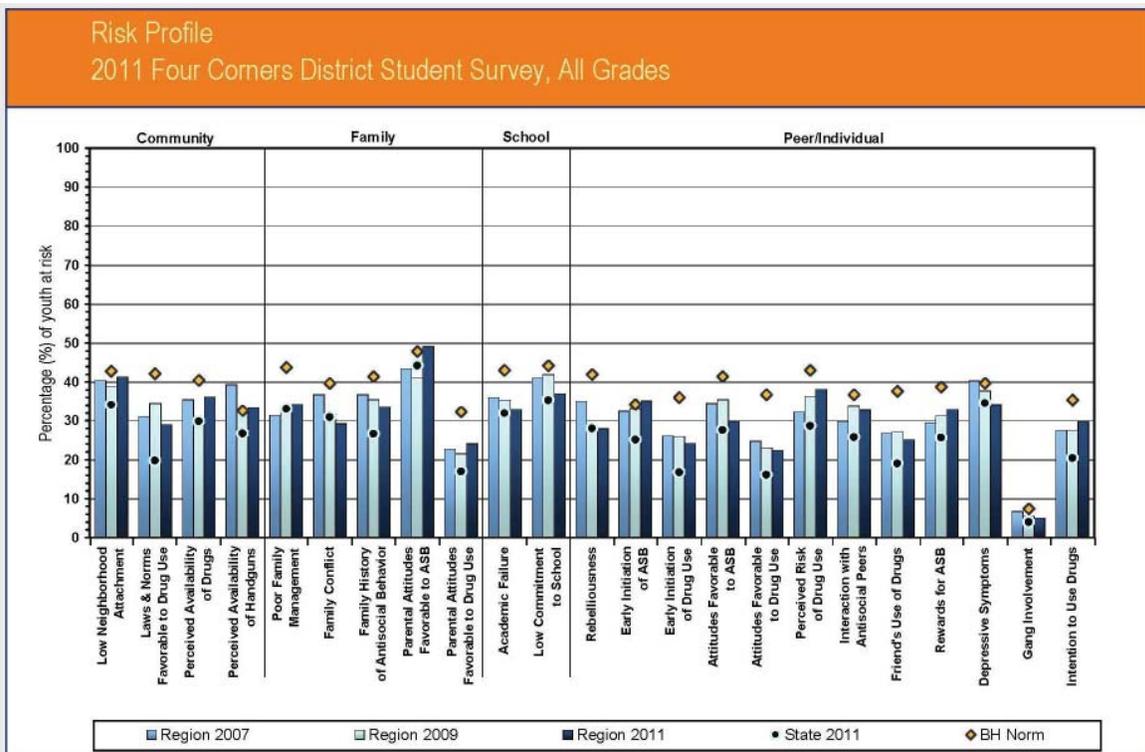
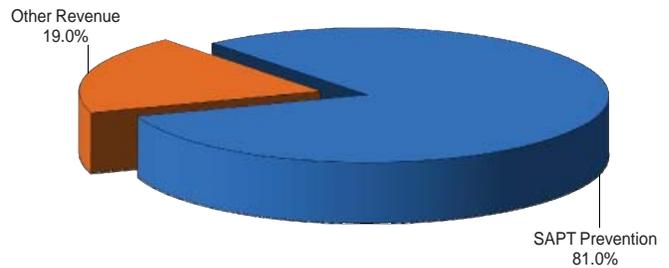
Four Corners Substance Abuse—Prevention

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 2012

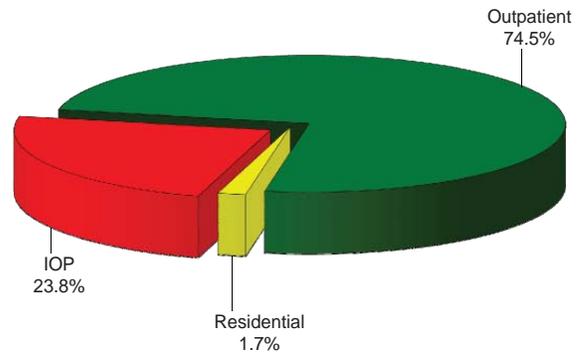


Four Corners Community Behavioral Health—Substance Abuse

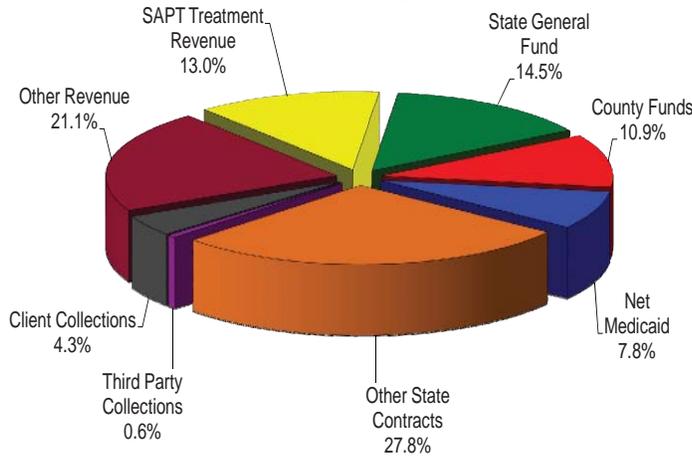
Total Clients Served.....584
 Adult533
 Youth.....51
 Penetration Rate (Total population of area).. 1.4%

Total Admissions.....572
 Initial Admissions409
 Transfers.....163

Admissions into Modalities
Fiscal Year 2012

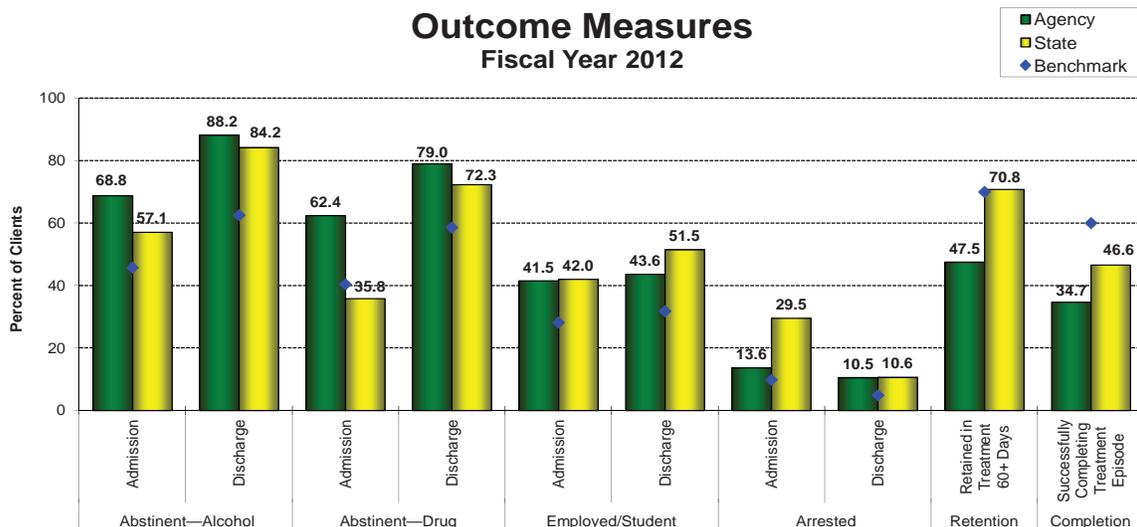


Source of Revenues
Fiscal Year 2012



Primary Substance of Abuse at Admission			
	Male	Female	Total
Alcohol	141	79	220
Cocaine/Crack	3	2	5
Marijuana/Hashish	86	41	127
Heroin	7	15	22
Other Opiates/Synthetics	24	27	51
Hallucinogens	4	0	4
Methamphetamine	46	68	114
Other Stimulants	1	0	1
Benzodiazepines	0	0	0
Tranquilizers/Sedatives	0	0	0
Inhalants	1	1	2
Oxycodone	9	11	20
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	5	1	6
Total	327	245	572

Outcome Measures
Fiscal Year 2012



Benchmark is 75% of the National Average.

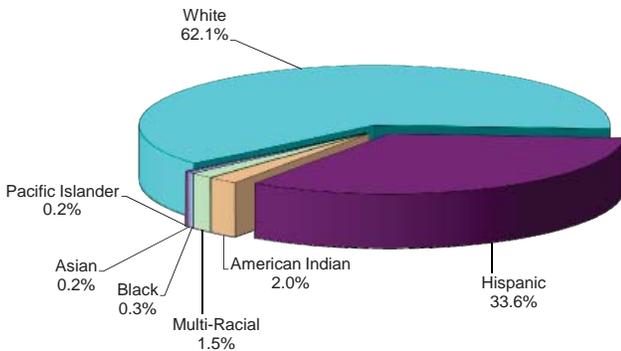
Four Corners Community Behavioral Health—Mental Health

Total Clients Served1,351
 Adult914
 Youth437
 Penetration Rate (Total population of area) 3.2%
 Civil Commitment0
 Unfunded Clients Served88

Diagnosis

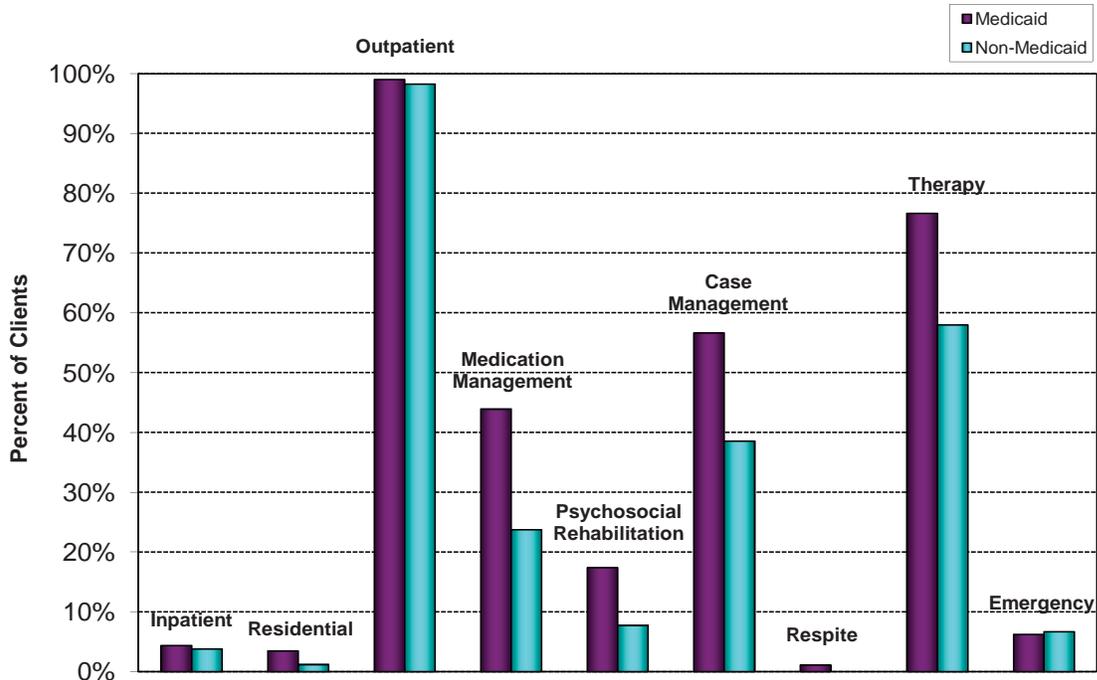
	Youth	Adult
Adjustment Disorder	100	38
Anxiety	106	384
Attention Deficit	142	49
Cognitive Disorder	13	50
Conduct Disorder	12	1
Depression	33	285
Impulse Control Disorders	27	17
Mood Disorder	108	331
Neglect or Abuse	49	12
Oppositional Defiant Disorder	60	3
Other	66	32
Personality Disorder	2	195
Pervasive Developmental Disorders	30	9
Schizophrenia and Other Psychotic	1	124
Substance Abuse	63	441
V Codes	137	70
Total	949	2,041

Race/Ethnicity Fiscal Year 2012



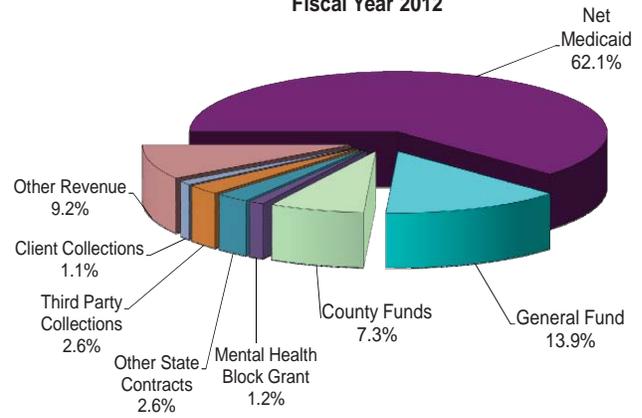
More than one race/ethnicity may have been selected.

Utilization of Mandated Services Fiscal Year 2012

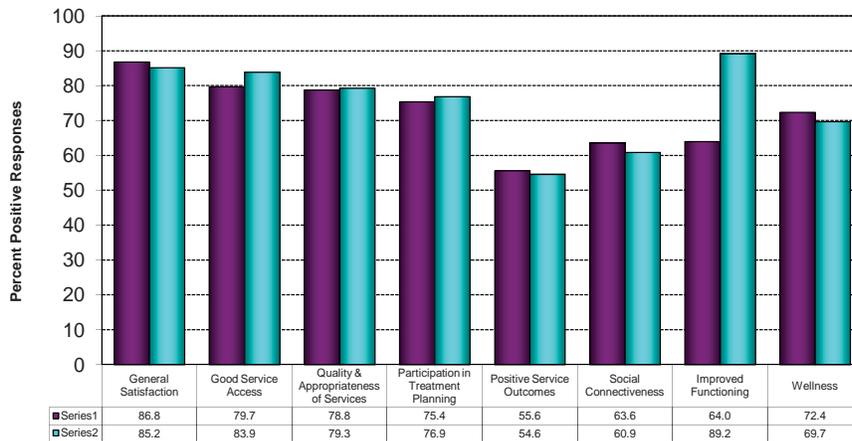


Four Corners Community Behavioral Health—Mental Health (Continued)

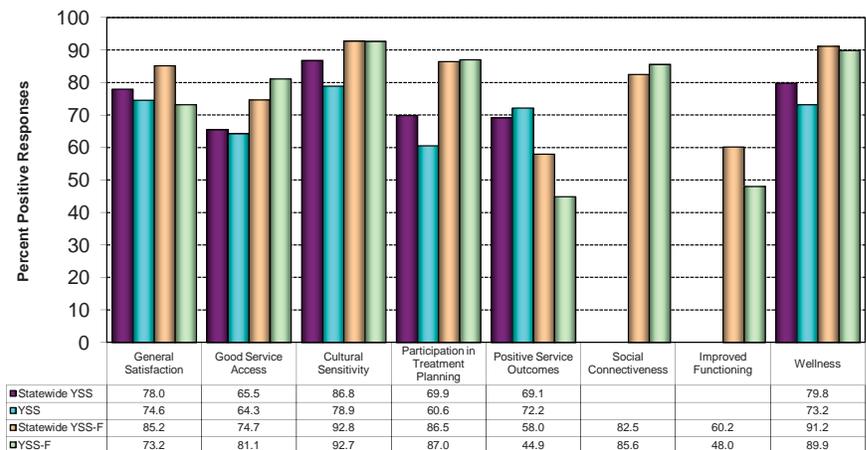
Source of Revenues
Fiscal Year 2012



Adult Consumer Satisfaction Survey Mental Health
Statistics Improvement Program (MHSIP)
2012



Youth Consumer Satisfaction Surveys
(YSS and YSS-F)
2012



Northeastern Counseling Center
Daggett, Duchesne, & Uintah Counties



Population: 53,207

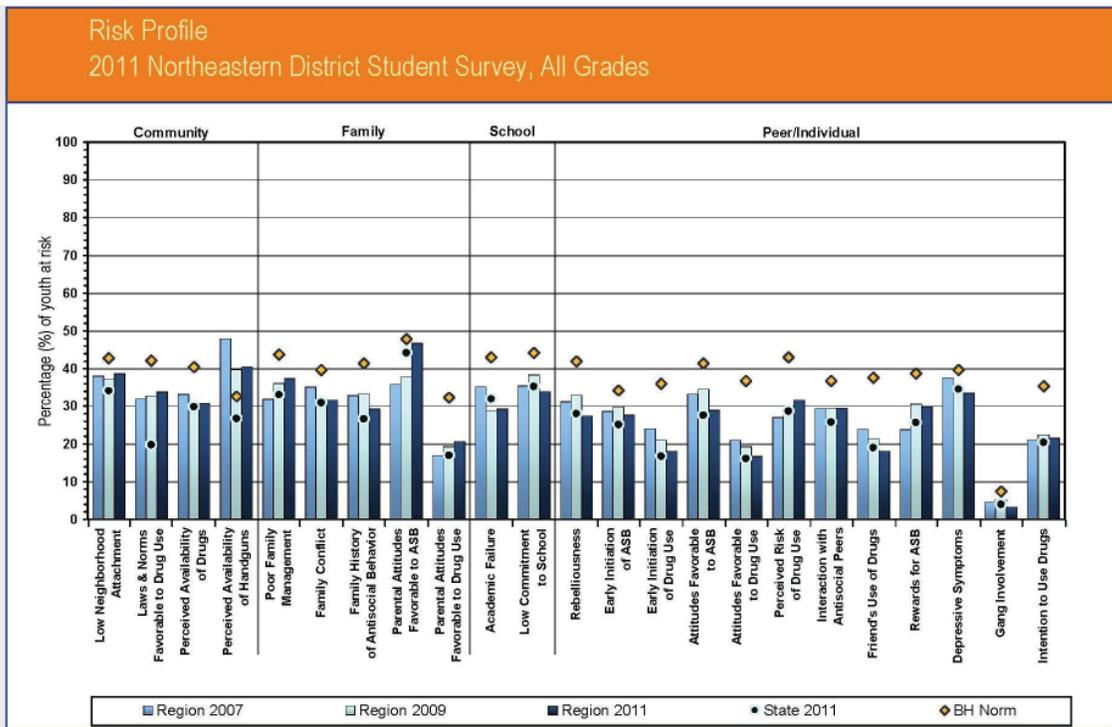
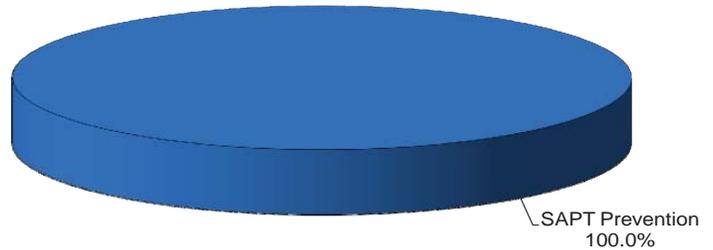
Substance Abuse and Mental Health Provider Agency:

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 2012

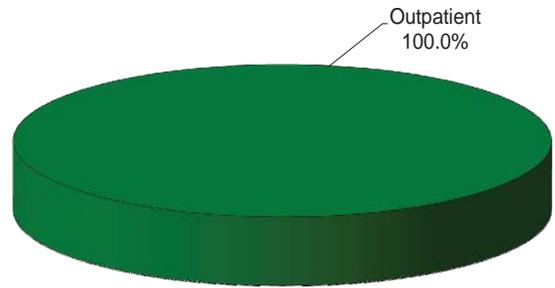


Northeastern Counseling Center—Substance Abuse

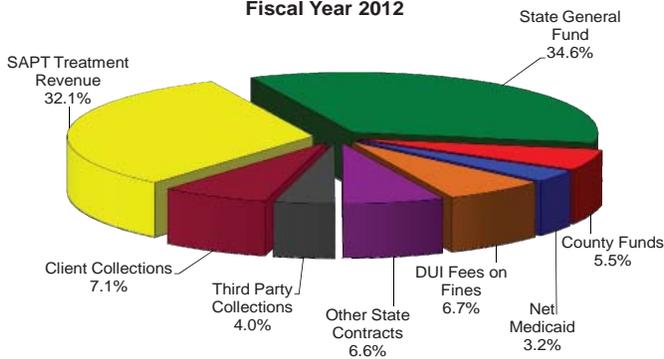
Total Clients Served.....559
 Adult515
 Youth.....44
 Penetration Rate (Total population of area).. 1.1%

Total Admissions.....363
 Initial Admissions31
 Transfers.....332

Admission into Modalities Fiscal Year 2012



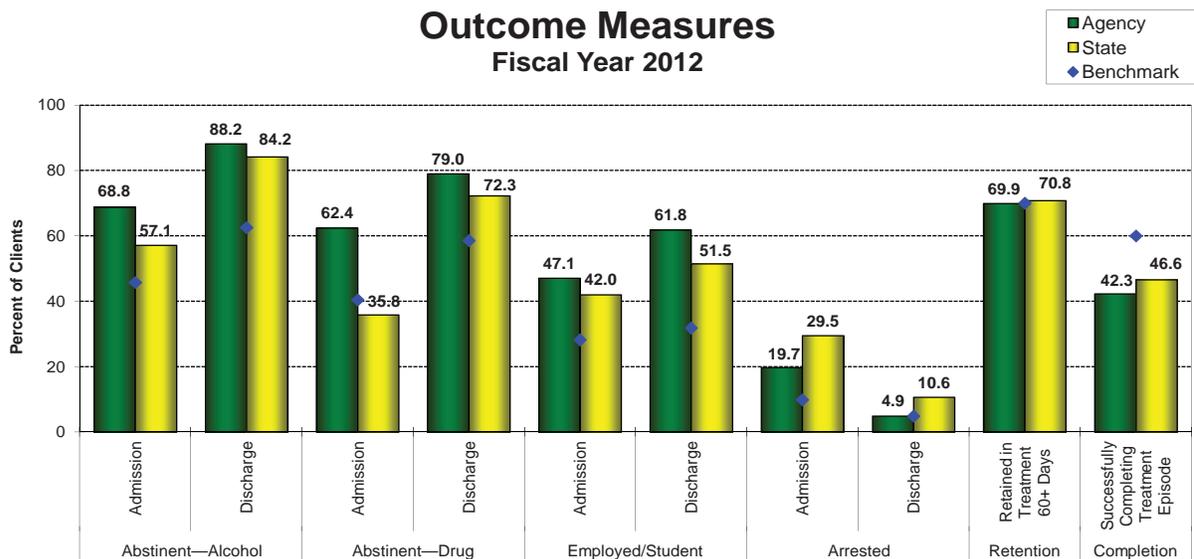
Source of Revenues Fiscal Year 2012



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	119	52	171
Cocaine/Crack	2	0	2
Marijuana/Hashish	53	18	71
Heroin	3	1	4
Other Opiates/Synthetics	5	6	11
Hallucinogens	1	0	1
Methamphetamine	32	47	79
Other Stimulants	1	2	3
Benzodiazepines	2	3	5
Tranquilizers/Sedatives	0	1	1
Inhalants	2	1	3
Oxycodone	5	6	11
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	1	0	1
Total	226	137	363

Outcome Measures Fiscal Year 2012



Benchmark is 75% of the National Average.

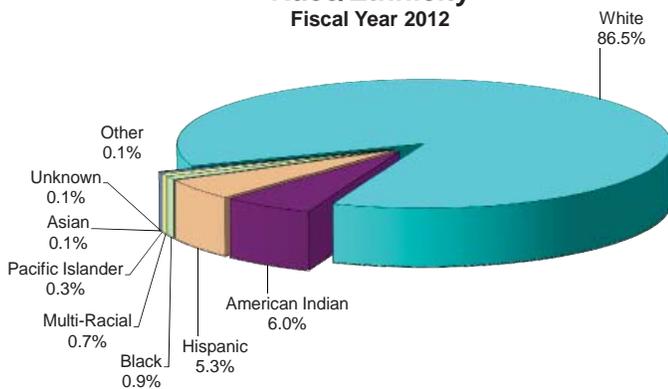
Northeastern Counseling Center—Mental Health

Total Clients Served.....1,506
 Adult955
 Youth.....551
 Penetration Rate (Total population of area)..... 2.8%
 Civil Commitment12
 Unfunded Clients Served.....452

Diagnosis

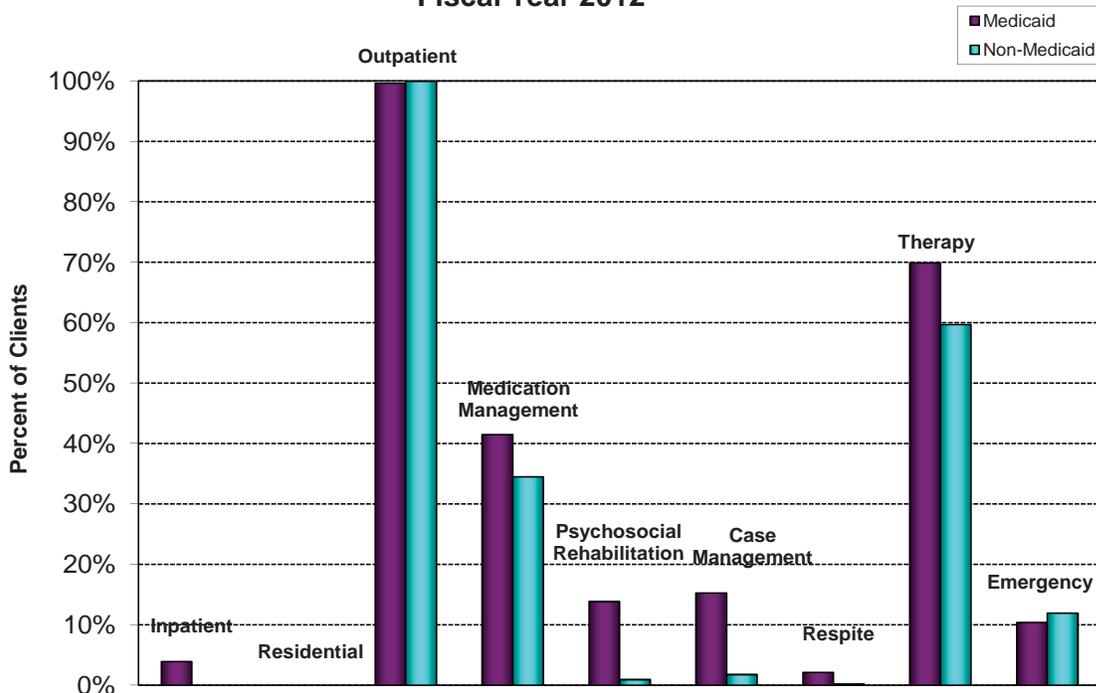
	Youth	Adult
Adjustment Disorder	85	63
Anxiety	143	527
Attention Deficit	143	67
Cognitive Disorder	14	47
Conduct Disorder	15	2
Depression	51	316
Impulse Control Disorders	59	51
Mood Disorder	127	316
Neglect or Abuse	133	35
Oppositional Defiant Disorder	37	6
Other	39	43
Personality Disorder	2	88
Pervasive Developmental Disorders	25	12
Schizophrenia and Other Psychotic	5	100
Substance Abuse	17	106
V Codes	73	116
Total	968	1,895

Race/Ethnicity Fiscal Year 2012



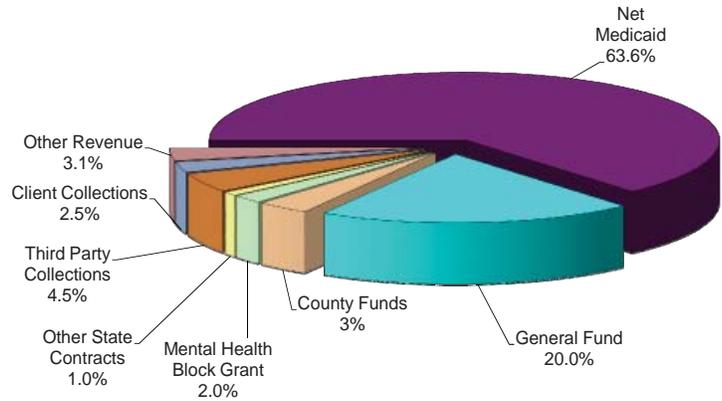
More than one race/ethnicity may have been selected.

Utilization of Mandated Services Fiscal Year 2012

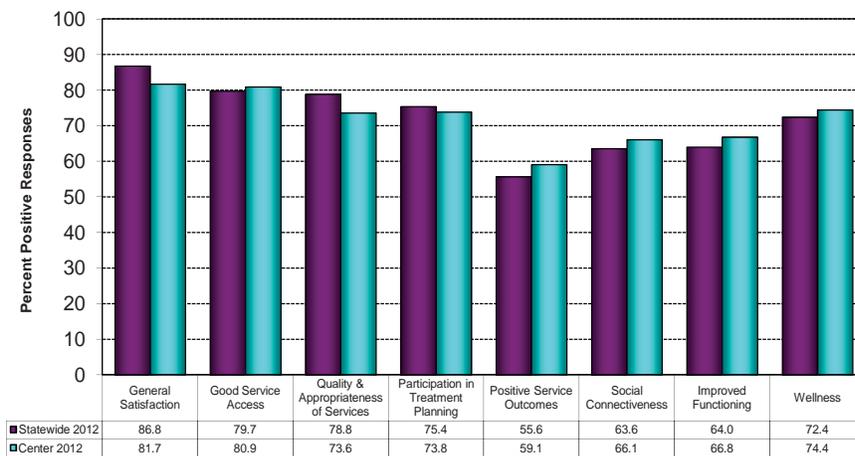


Northeastern Counseling Center—Mental Health (Continued)

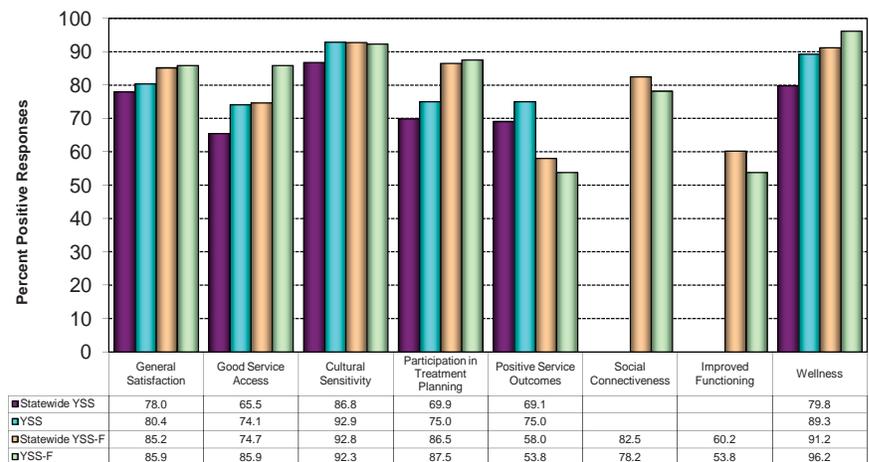
Source of Revenues
Fiscal Year 2012



Adult Consumer Satisfaction Survey Mental Health
Statistics Improvement Program (MHSIP)
2012



Youth Consumer Satisfaction Surveys
(YSS and YSS-F)
2012



Salt Lake County



Population: 1,048,985

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>

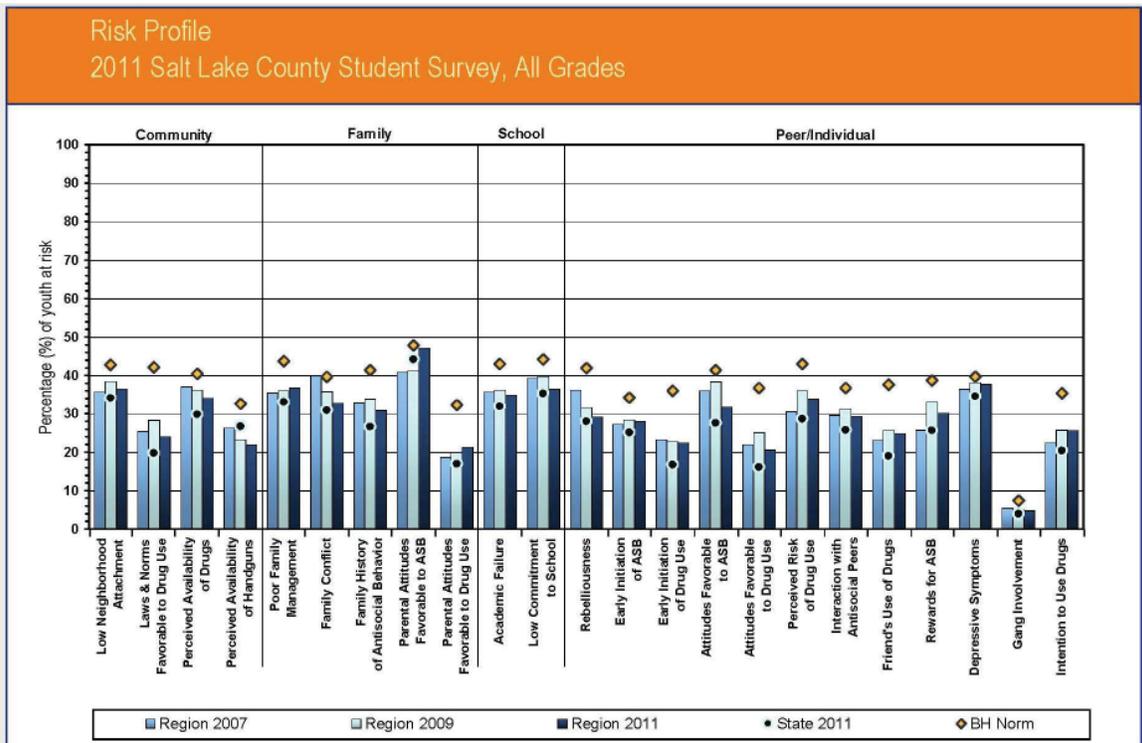
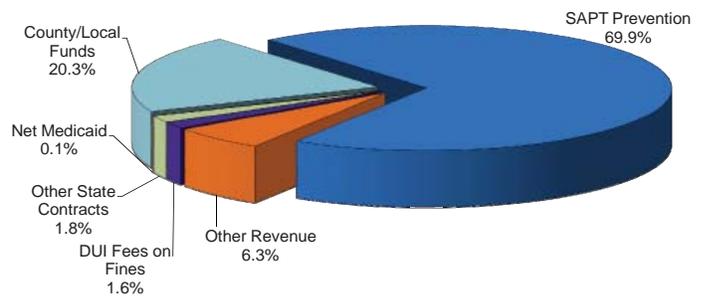
Salt Lake County Substance Abuse—Prevention

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 2012

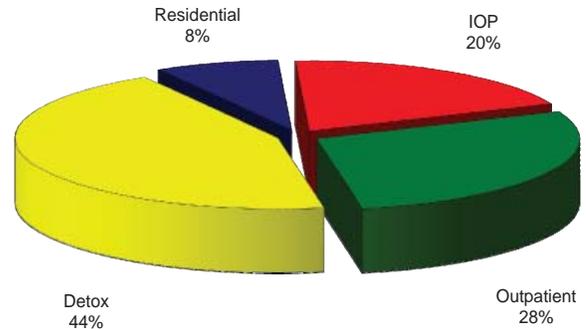


Salt Lake County Division of Substance Abuse

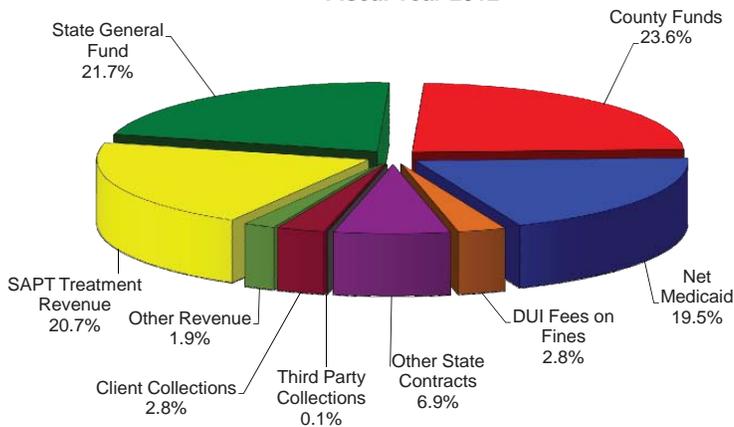
Total Clients Served.....7,193
 Adult6,489
 Youth.....704
 Penetration Rate (Total population of area)..0.7%

Total Admissions.....9,280
 Initial Admissions8,335
 Transfers.....945

Admissions into Modalities
Fiscal Year 2012



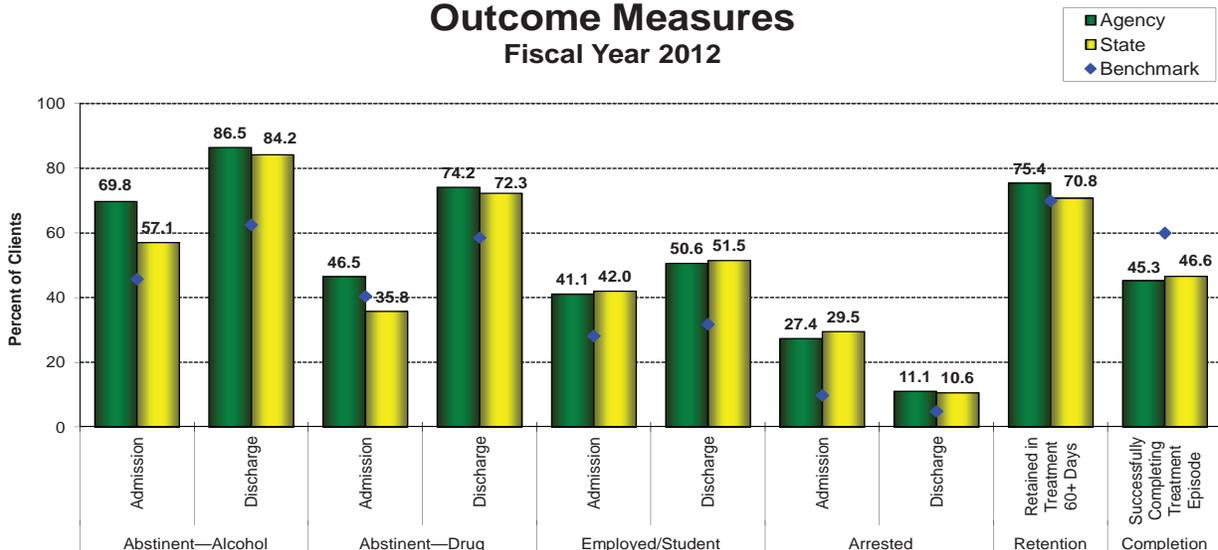
Source of Revenues
Fiscal Year 2012



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	2,747	641	3,388
Cocaine/Crack	402	164	566
Marijuana/Hashish	982	269	1,251
Heroin	1,164	512	1,676
Other Opiates/Synthetics	119	129	248
Hallucinogens	8	0	8
Methamphetamine	978	734	1,712
Other Stimulants	13	16	29
Benzodiazepines	31	15	46
Tranquilizers/Sedatives	5	9	14
Inhalants	13	0	13
Oxycodone	115	107	222
Club Drugs	11	3	14
Over-the-Counter	7	1	8
Other	71	14	85
Total	6,666	2,614	9,280

Outcome Measures
Fiscal Year 2012



Benchmark is 75% of the National Average.

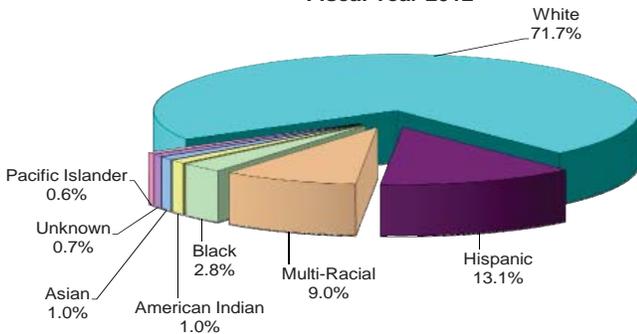
Salt Lake County—Mental Health

Total Clients Served14,748
 Adult10,046
 Youth4,702
 Penetration Rate (Total population of area)..... 1.4%
 Civil Commitment607
 Unfunded Clients Served586

Diagnosis

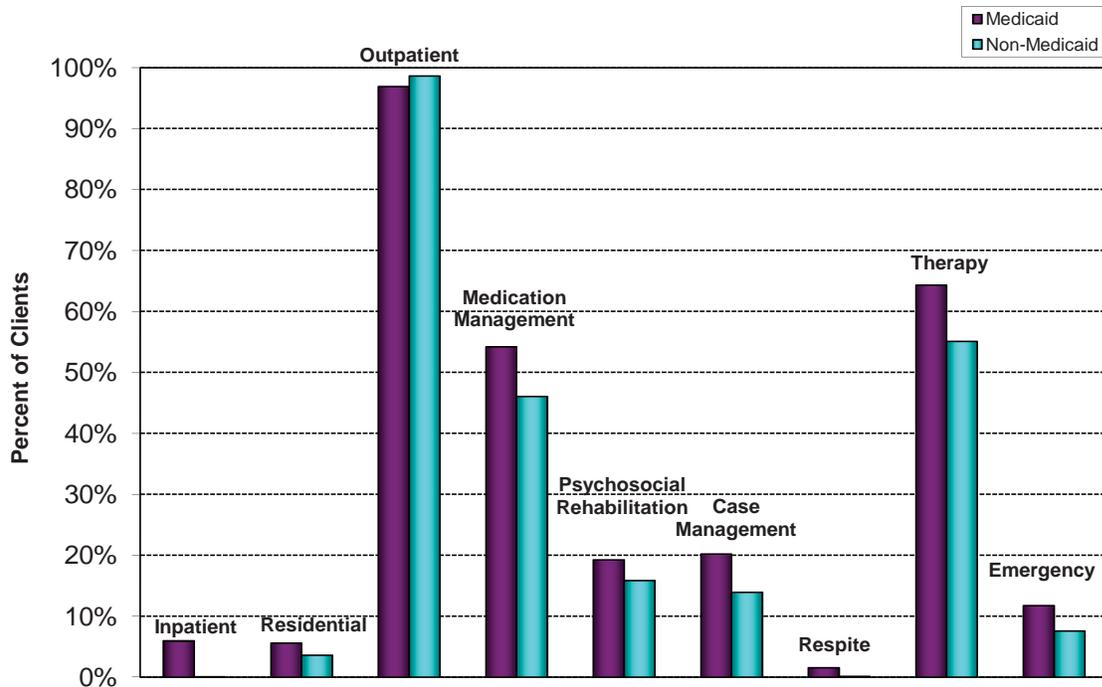
	Youth	Adult
Adjustment Disorder	598	305
Anxiety	2,317	5,455
Attention Deficit	1,619	813
Cognitive Disorder	107	709
Conduct Disorder	186	13
Depression	513	2,876
Impulse Control Disorders	522	250
Mood Disorder	1,388	4,867
Neglect or Abuse	751	43
Oppositional Defiant Disorder	1,172	29
Other	402	464
Personality Disorder	31	2,986
Pervasive Developmental Disorders	545	238
Schizophrenia and Other Psychotic	5	2,417
Substance Abuse	242	3,895
V Codes	774	1,700
Total	11,172	27,060

Race/Ethnicity Fiscal Year 2012



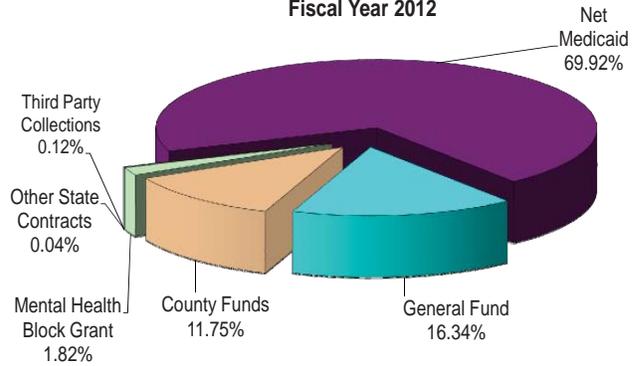
More than one race/ethnicity may have been selected.

Utilization of Mandated Services Fiscal Year 2012

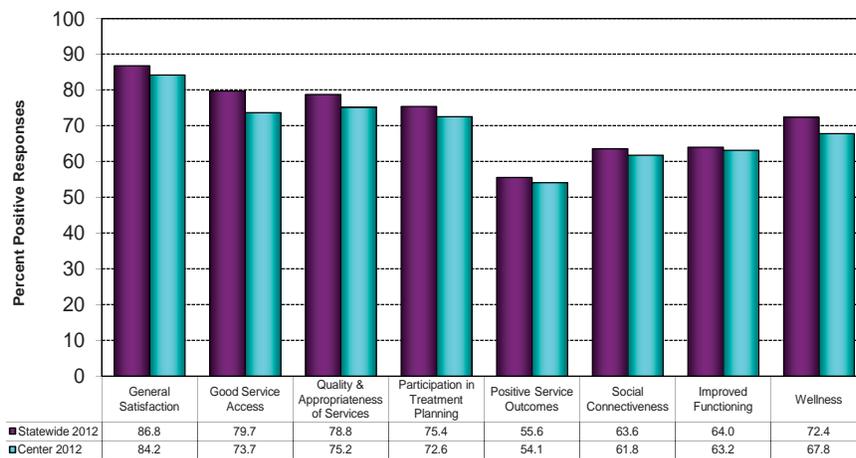


Salt Lake County—Mental Health (Continued)

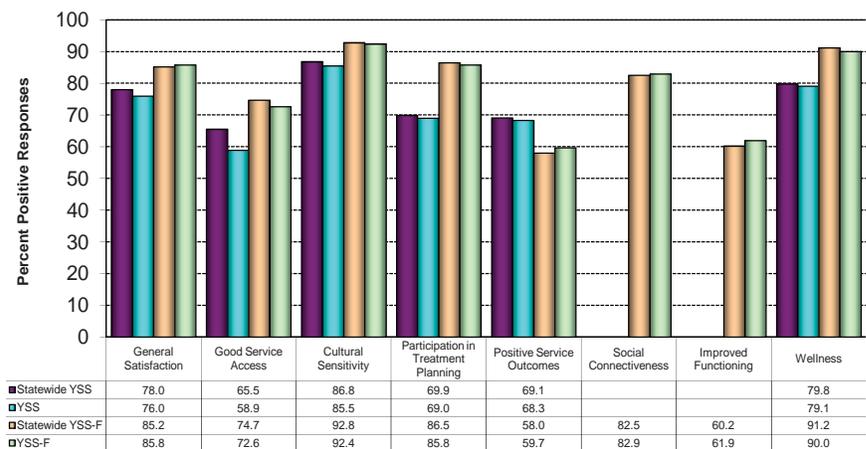
Source of Revenues
Fiscal Year 2012



Adult Consumer Satisfaction Survey Mental Health
Statistics Improvement Program (MHSIP)
2012



Youth Consumer Satisfaction Surveys
(YSS and YSS-F)
2012



San Juan County



Population: 14,825

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

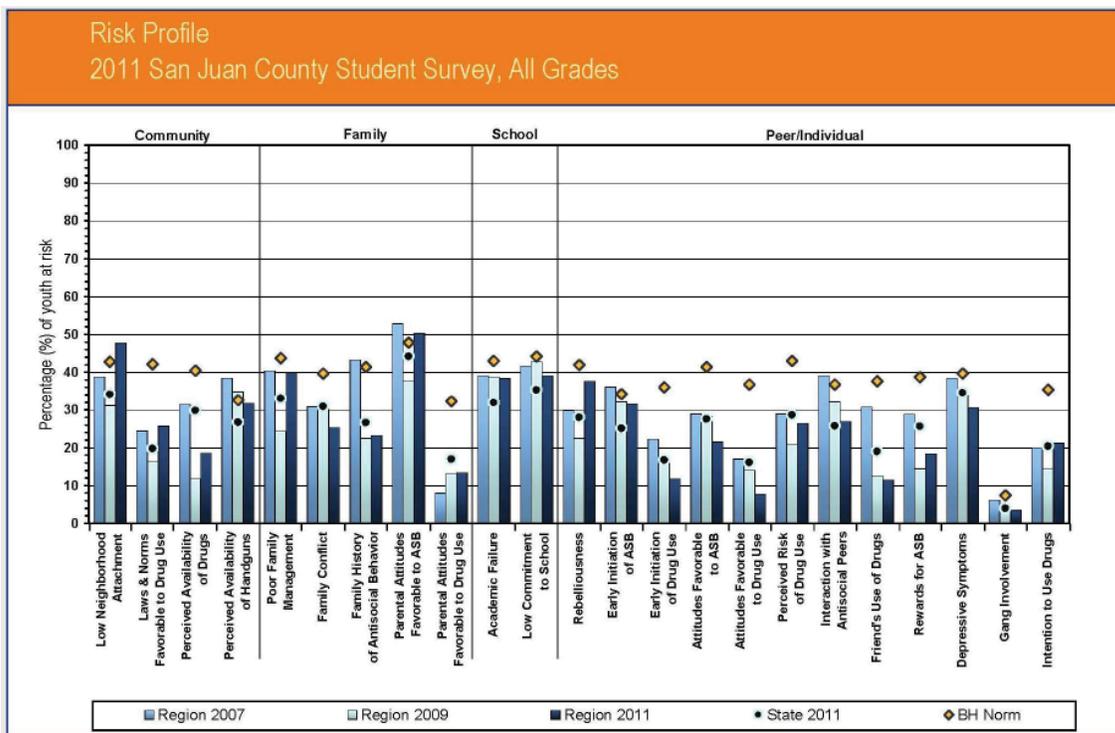
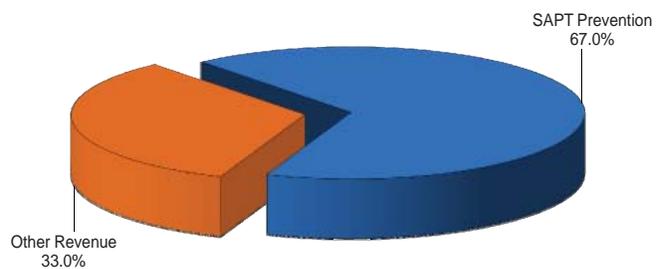
San Juan Substance Abuse—Prevention

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 2012

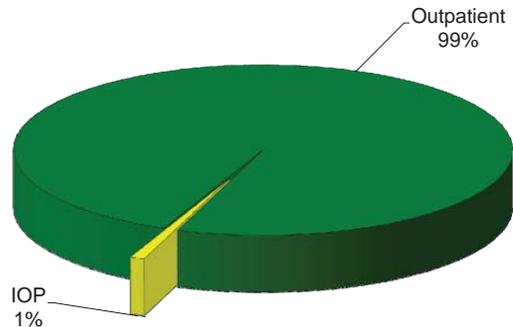


San Juan Counseling—Substance Abuse

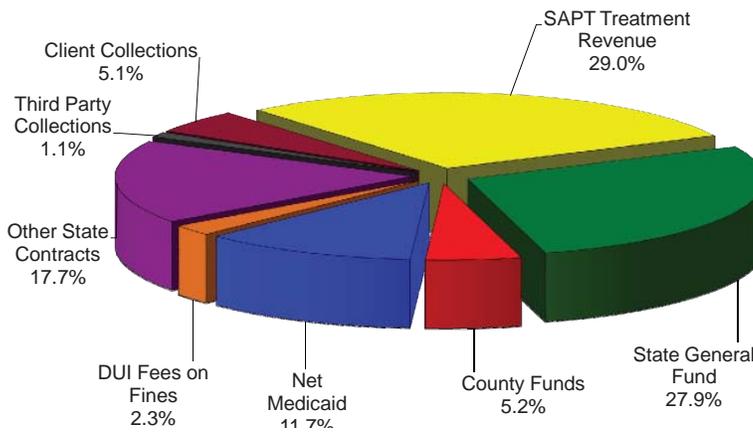
Total Clients Served.....188
 Adult146
 Youth.....42
 Penetration Rate (Total population of area).. 1.3%

Total Admissions.....108
 Initial Admissions106
 Transfers.....2

Admissions into Modalities Fiscal Year 2012



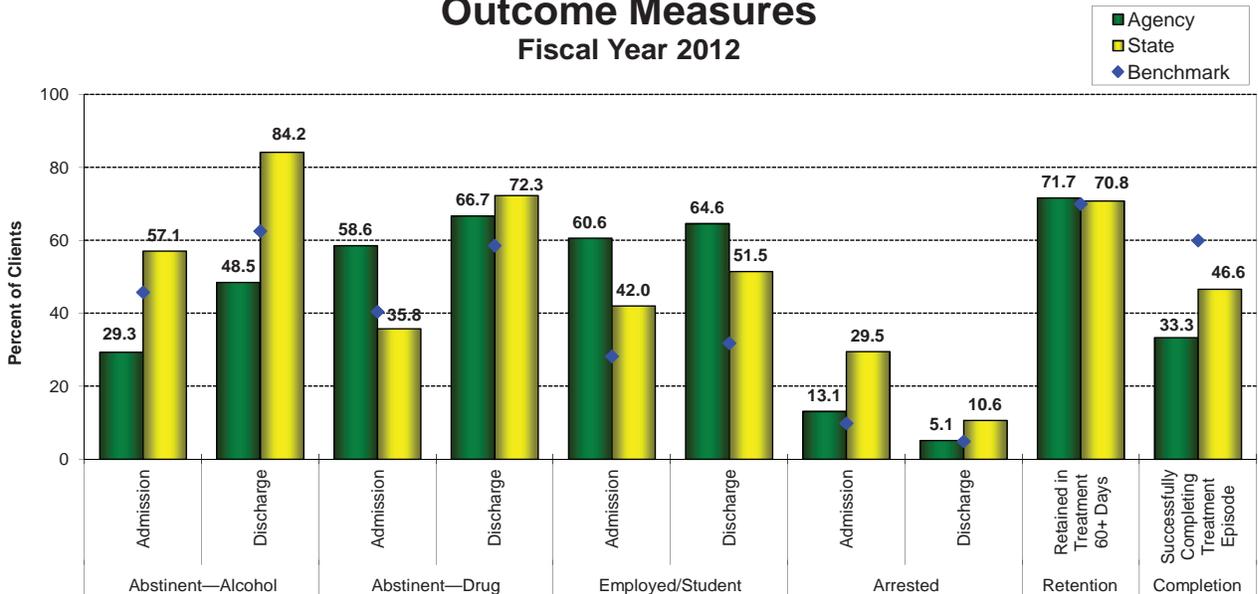
Source of Revenues Fiscal Year 2012



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	41	25	66
Cocaine/Crack	0	0	0
Marijuana/Hashish	21	8	29
Heroin	2	0	2
Other Opiates/Synthetics	2	0	2
Hallucinogens	0	0	0
Methamphetamine	0	0	0
Other Stimulants	0	0	0
Benzodiazepines	0	0	0
Tranquilizers/Sedatives	0	0	0
Inhalants	0	0	0
Oxycodone	4	3	7
Club Drugs	1	0	1
Over-the-Counter	0	0	0
Other	1	0	1
Total	72	36	99

Outcome Measures Fiscal Year 2012



Benchmark is 75% of the National Average.

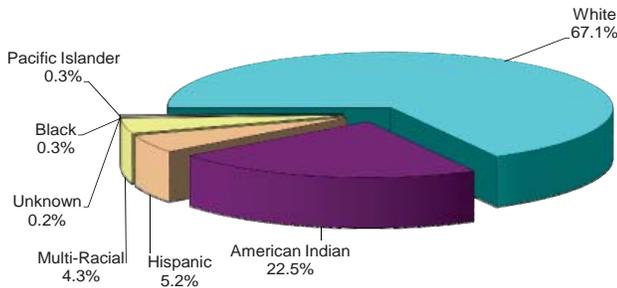
San Juan Counseling—Mental Health

Total Clients Served568
 Adult415
 Youth153
 Penetration Rate (Total population of area) 3.8%
 Civil Commitment 1
 Unfunded Clients Served154

Diagnosis

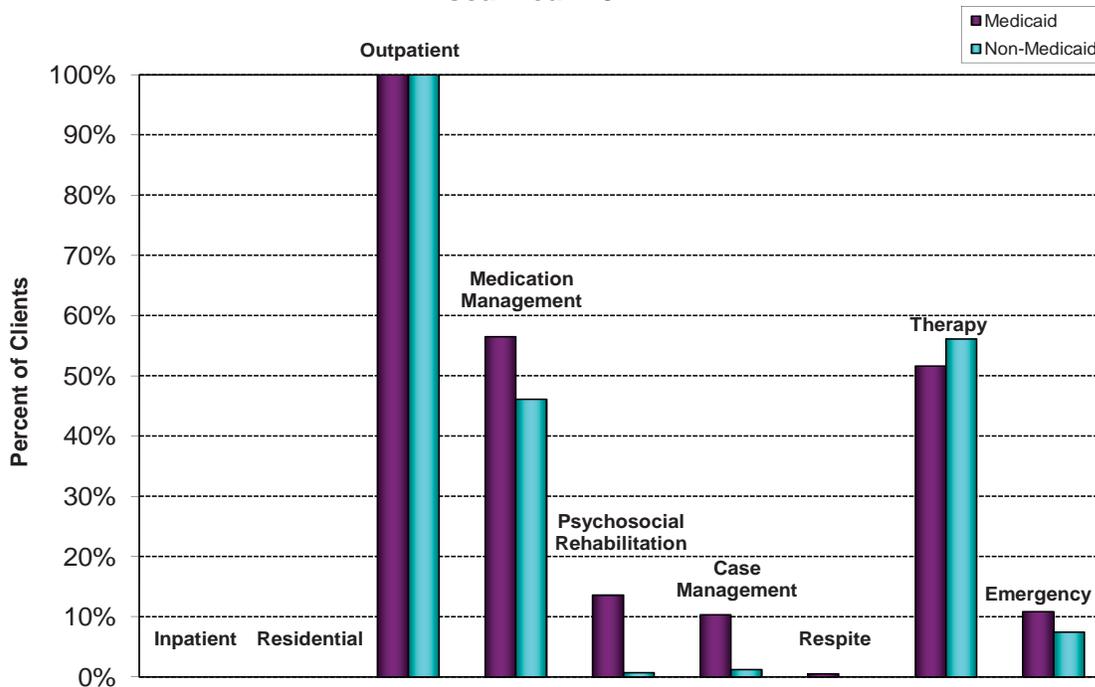
	Youth	Adult
Adjustment Disorder	39	20
Anxiety	30	130
Attention Deficit	35	24
Cognitive Disorder	0	29
Conduct Disorder	0	0
Depression	18	147
Impulse Control Disorders	5	4
Mood Disorder	21	86
Neglect or Abuse	11	4
Oppositional Defiant Disorder	4	0
Other	7	12
Personality Disorder	0	18
Pervasive Developmental Disorders	8	4
Schizophrenia and Other Psychotic	0	16
Substance Abuse	2	27
V Codes	12	31
Total	192	552

Race/Ethnicity Fiscal Year 2012



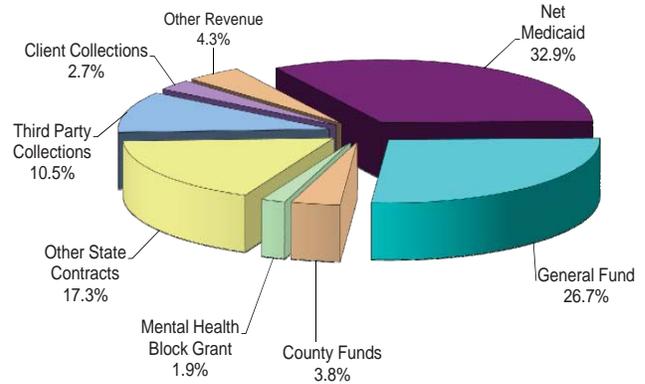
More than one race/ethnicity may have been selected.

Utilization of Mandated Services Fiscal Year 2012

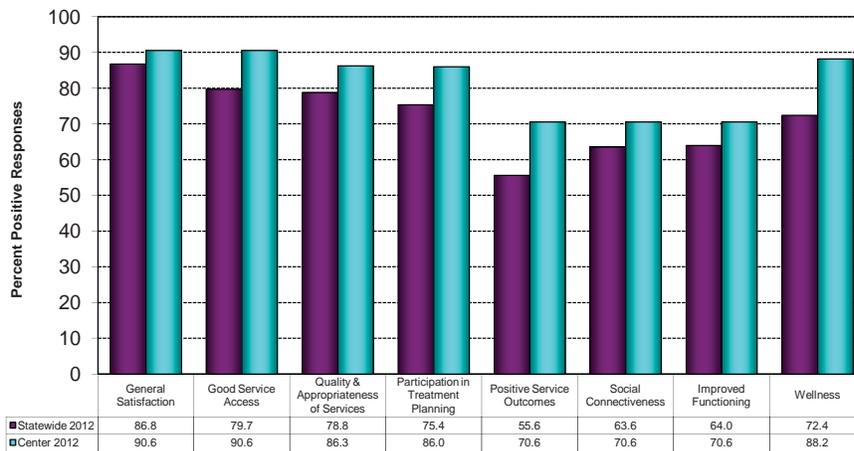


San Juan Counseling—Mental Health (Continued)

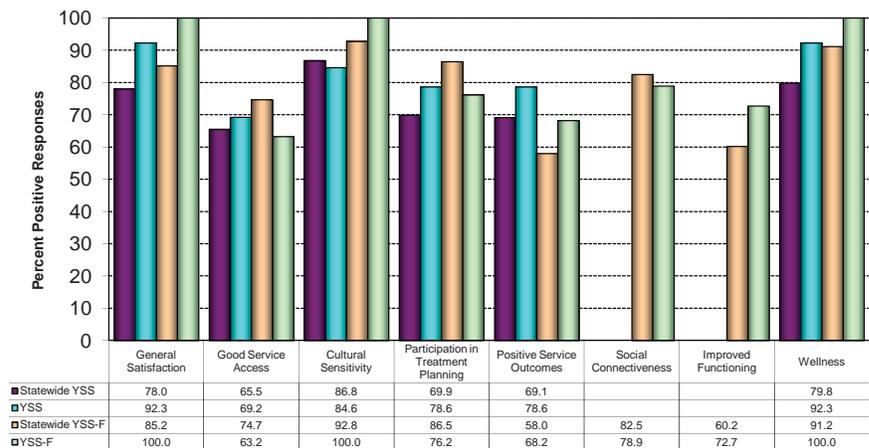
Source of Revenues
Fiscal Year 2012



Adult Consumer Satisfaction Survey Mental Health
Statistics Improvement Program (MHSIP)
2012



Youth Consumer Satisfaction Surveys
(YSS and YSS-F)
2012



Southwest Behavioral Health Center

Beaver, Garfield, Iron, Kane, and Washington Counties



Population: 208,401

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

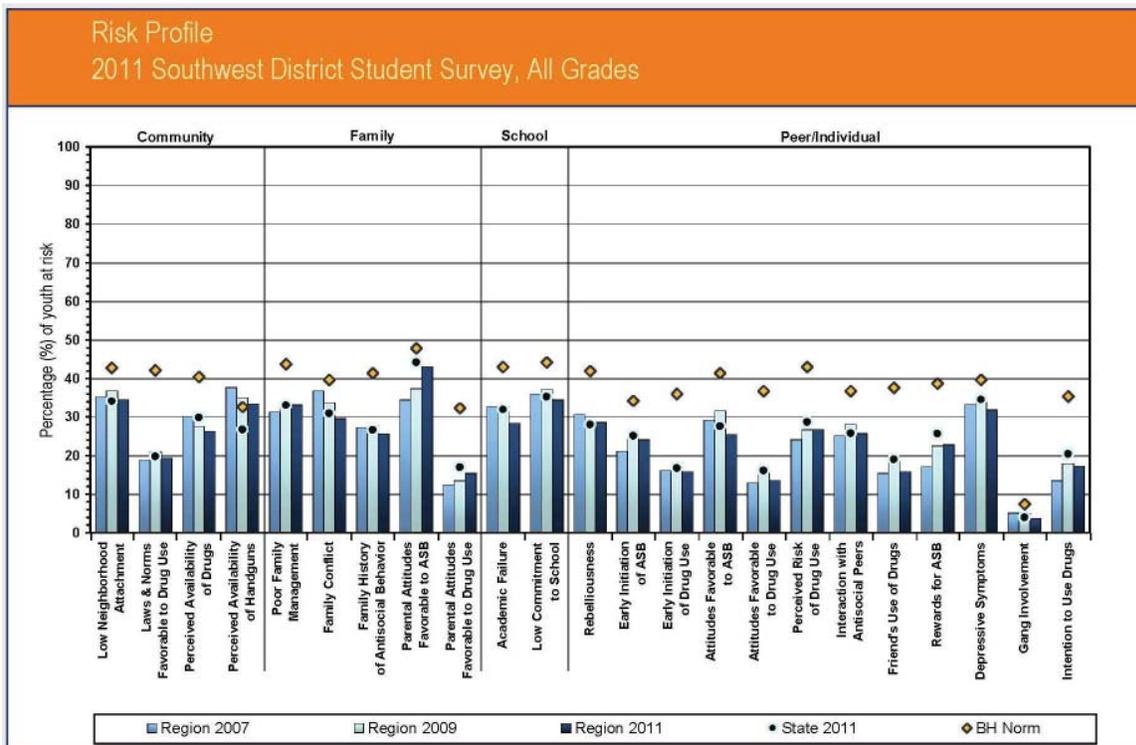
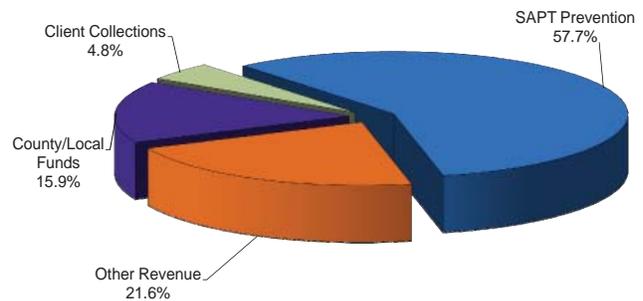
Southwest Substance Abuse—Prevention

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 2012

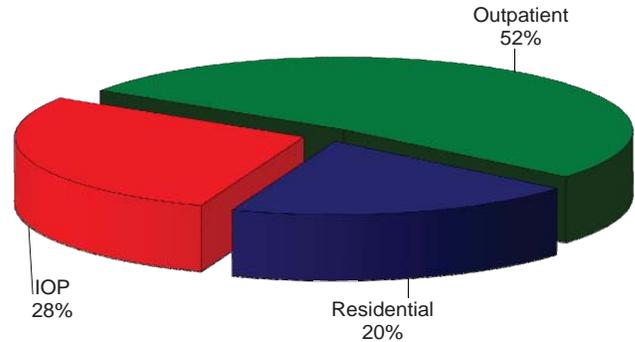


Southwest Behavioral Health Center—Substance Abuse

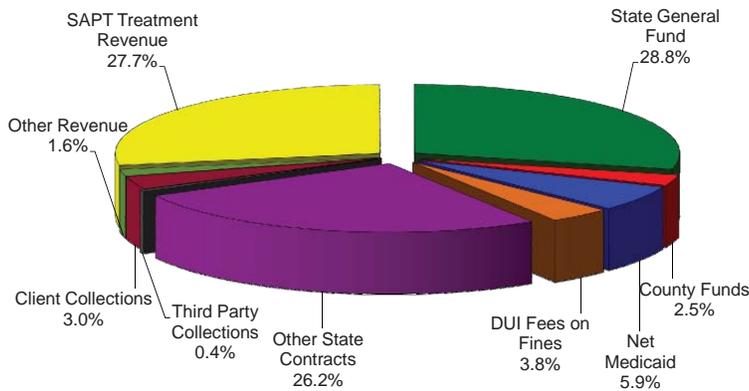
Total Clients Served.....570
 Adult525
 Youth.....45
 Penetration Rate (Total population of area)..0.3%

Total Admissions.....565
 Initial Admissions313
 Transfers.....252

Admissions into Modalities Fiscal Year 2012



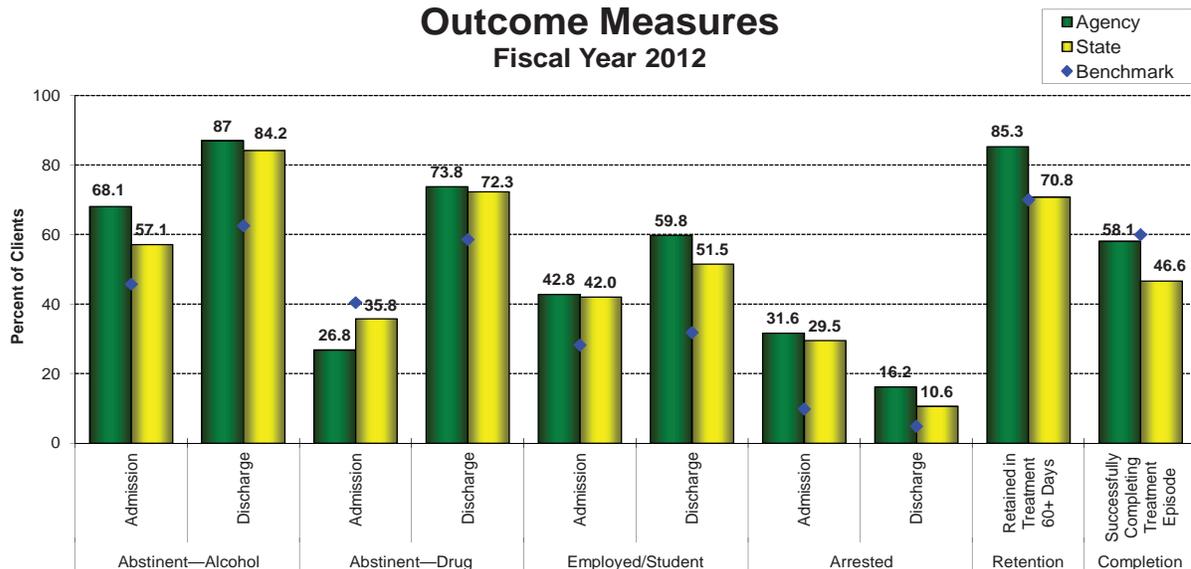
Source of Revenues Fiscal Year 2012



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	78	55	133
Cocaine/Crack	0	1	1
Marijuana/Hashish	53	28	81
Heroin	89	36	125
Other Opiates/Synthetics	5	4	9
Hallucinogens	1	0	1
Methamphetamine	61	88	149
Other Stimulants	3	3	6
Benzodiazepines	0	5	5
Tranquilizers/Sedatives	0	1	1
Inhalants	0	0	0
Oxycodone	39	13	52
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	0	2	2
Total	329	236	565

Outcome Measures Fiscal Year 2012



Benchmark is 75% of the National Average.

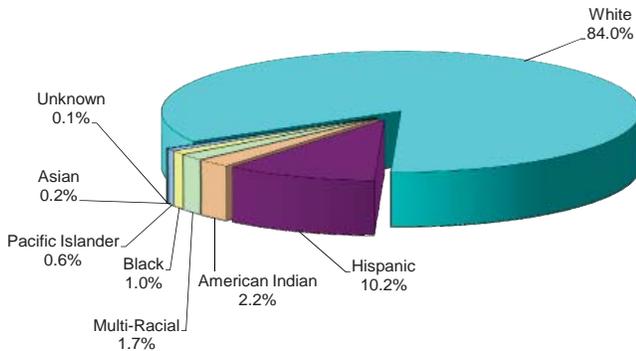
Southwest Behavioral Health Center—Mental Health

Total Clients Served.....2,925
 Adult1,367
 Youth.....1,558
 Penetration Rate (Total population of area)..... 1.4%
 Civil Commitment50
 Unfunded Clients Served556

Diagnosis

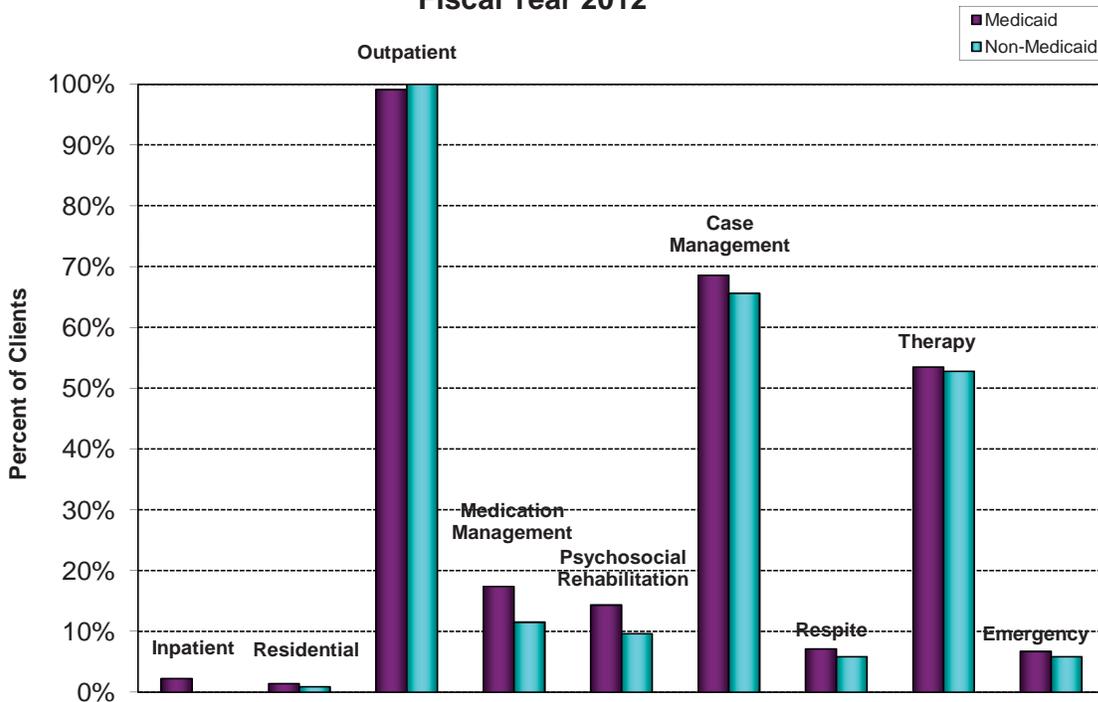
	Youth	Adult
Adjustment Disorder	363	142
Anxiety	350	394
Attention Deficit	175	41
Cognitive Disorder	21	55
Conduct Disorder	30	3
Depression	78	229
Impulse Control Disorders	150	30
Mood Disorder	201	552
Neglect or Abuse	204	23
Oppositional Defiant Disorder	73	2
Other	50	26
Personality Disorder	16	360
Pervasive Developmental Disorders	66	25
Schizophrenia and Other Psychotic	3	190
Substance Abuse	19	130
V Codes	199	92
Total	1,998	2,294

Race/Ethnicity Fiscal Year 2012

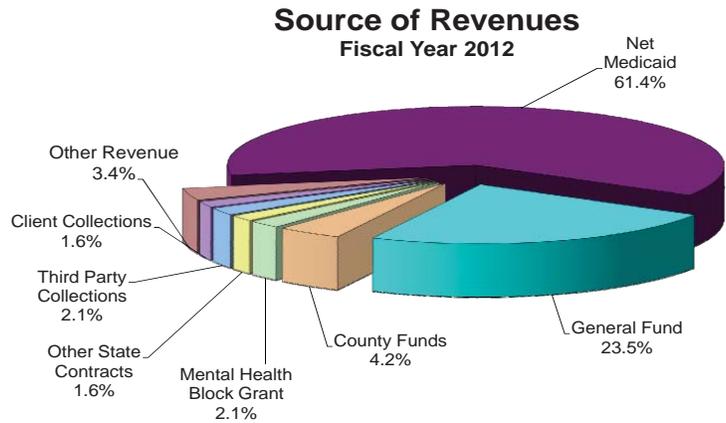


More than one race/ethnicity may have been selected.

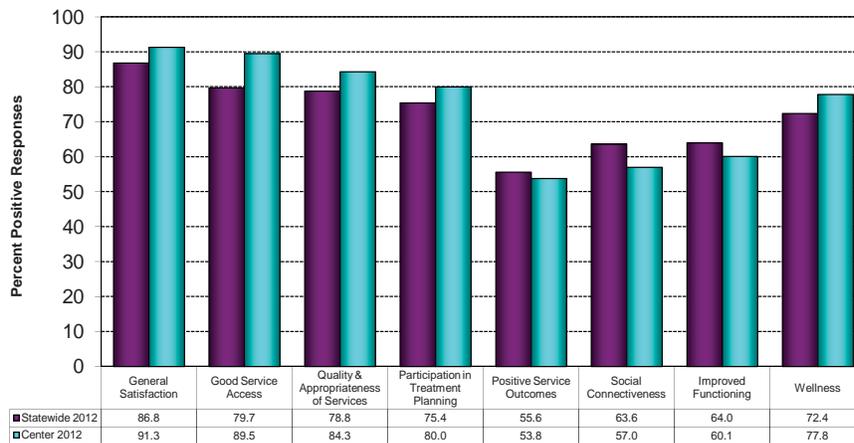
Utilization of Mandated Services Fiscal Year 2012



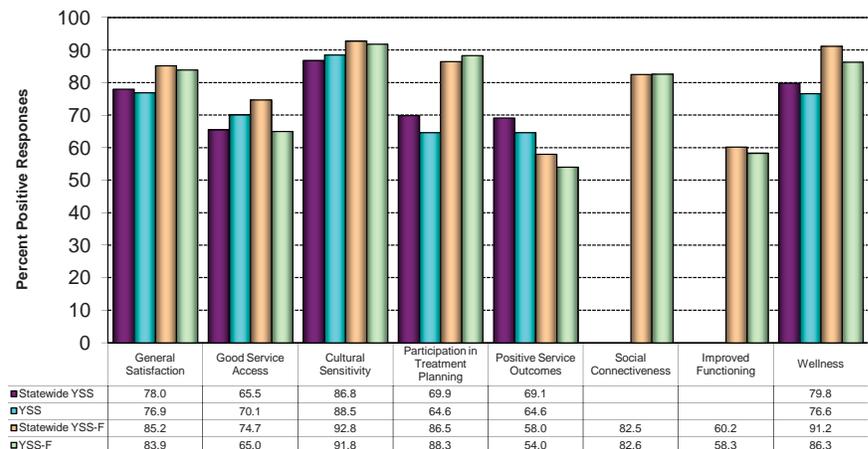
Southwest Behavioral Health Center—Mental Health (Continued)



Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP) 2012



Youth Consumer Satisfaction Surveys (YSS and YSS-F) 2012



Summit County



Substance Abuse and Mental Health Provider Agency:

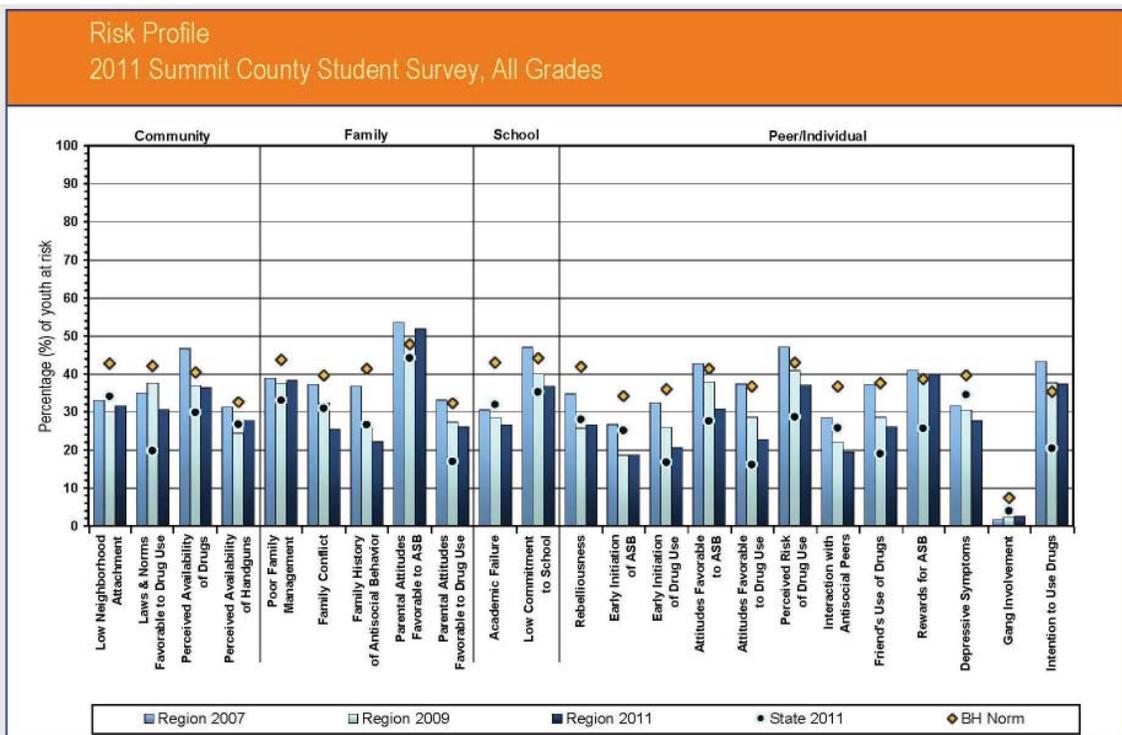
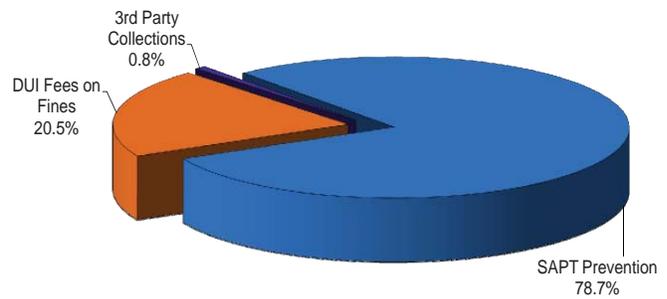
Gary Larcenaire, CEO/President
 Victoria Delheimer, County Program Manager
 Valley Mental Health, Summit County
 1753 Sidewinder Drive
 Park City, UT 84060-7322
 Office: (435) 649-8347
 Fax: (435) 649-2157
www.valleymentalhealth.org/summit_county

Population: 37,594

Summit Substance Abuse—Prevention

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

Source of Revenues
Fiscal Year 2012

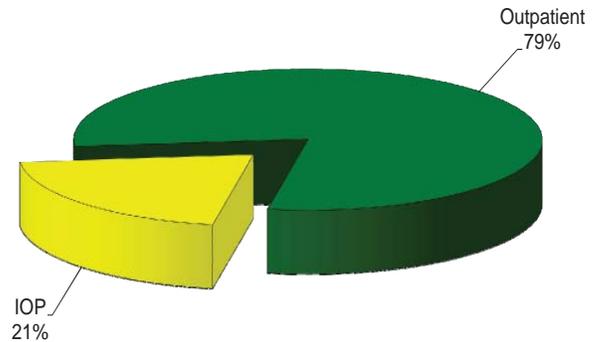


Summit County - Valley Mental Health - Substance Abuse

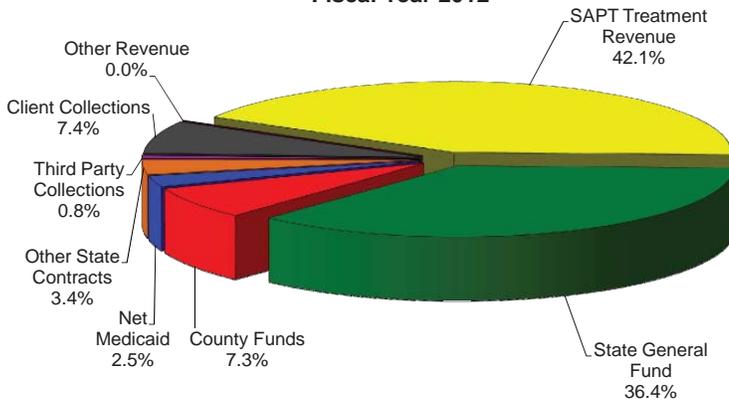
Total Clients Served.....163
 Adult152
 Youth.....11
 Penetration Rate (Total population of area)..0.4%

Total Admissions.....102
 Initial Admissions99
 Transfers.....3

Admissions into Modalities
 Fiscal Year 2012



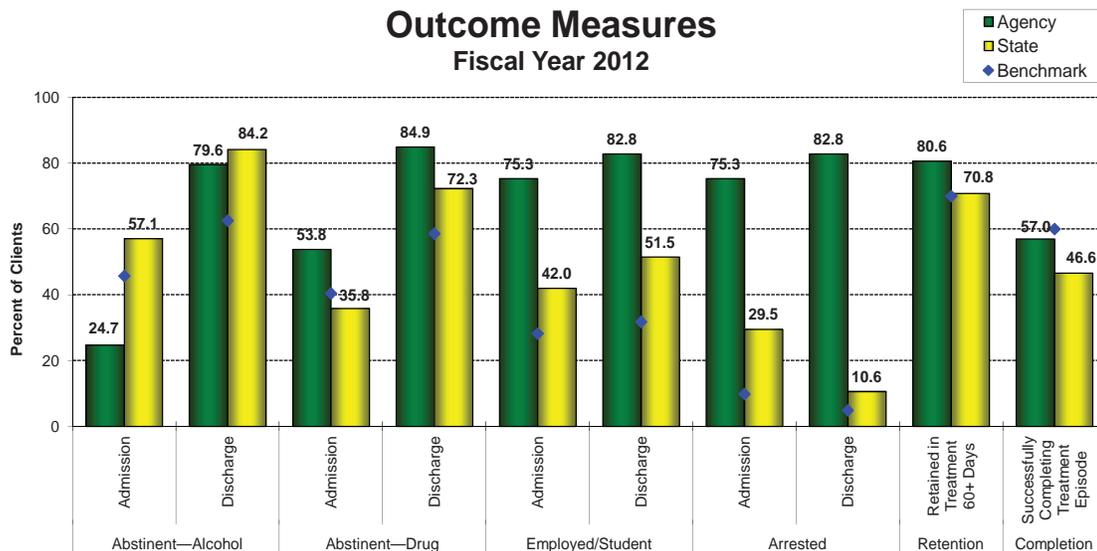
Source of Revenues
 Fiscal Year 2012



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	51	24	75
Cocaine/Crack	0	4	4
Marijuana/Hashish	9	1	10
Heroin	7	0	7
Other Opiates/Synthetics	0	1	1
Hallucinogens	0	0	0
Methamphetamine	0	2	2
Other Stimulants	0	0	0
Benzodiazepines	0	1	1
Tranquilizers/Sedatives	1	0	1
Inhalants	0	0	0
Oxycodone	1	0	1
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	0	0	0
Total	69	33	102

Outcome Measures
 Fiscal Year 2012



Benchmark is 75% of the National Average.

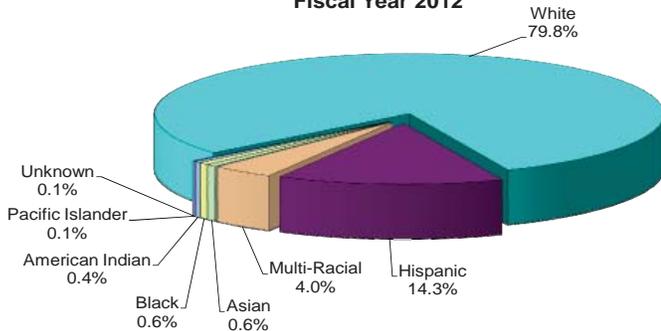
Summit County—Valley Mental Health—Mental Health

Total Clients Served815
 Adult598
 Youth217
 Penetration Rate (Total population of area)..... 2.2%
 Civil Commitment8
 Unfunded Clients Served66

Diagnosis

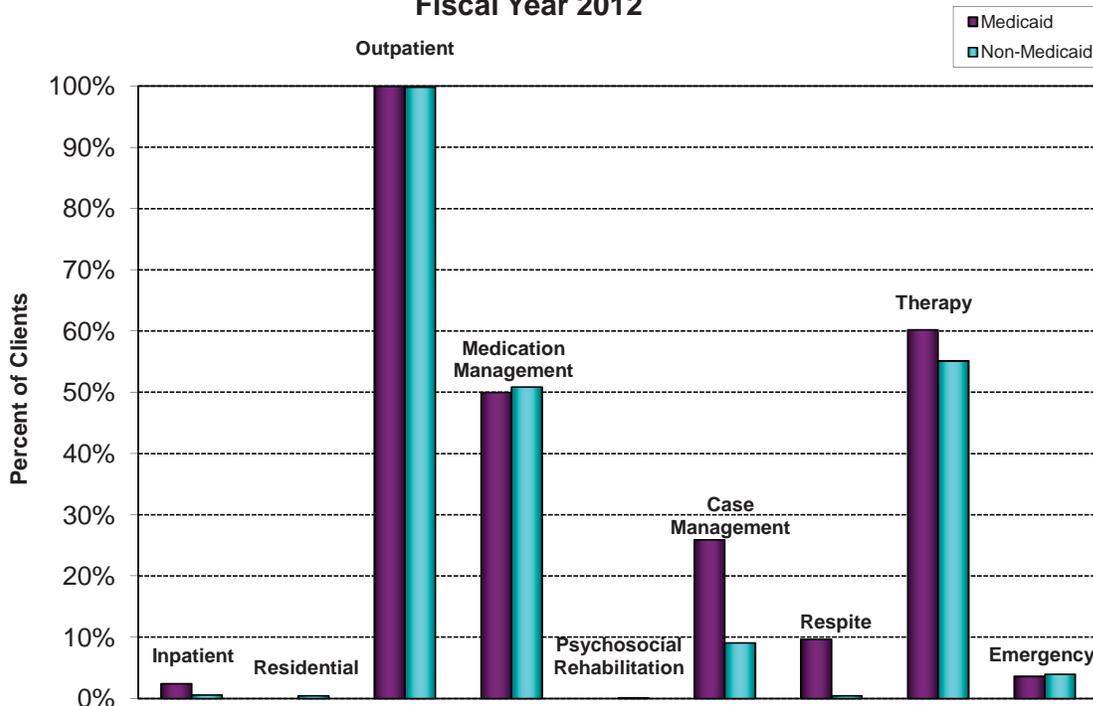
	Youth	Adult
Adjustment Disorder	38	46
Anxiety	81	376
Attention Deficit	75	97
Cognitive Disorder	0	9
Conduct Disorder	5	1
Depression	18	151
Impulse Control Disorders	13	5
Mood Disorder	71	239
Neglect or Abuse	5	16
Oppositional Defiant Disorder	25	1
Other	9	19
Personality Disorder	1	30
Pervasive Developmental Disorders	6	3
Schizophrenia and Other Psychotic	0	23
Substance Abuse	23	190
V Codes	53	157
Total	423	1,363

Race/Ethnicity Fiscal Year 2012



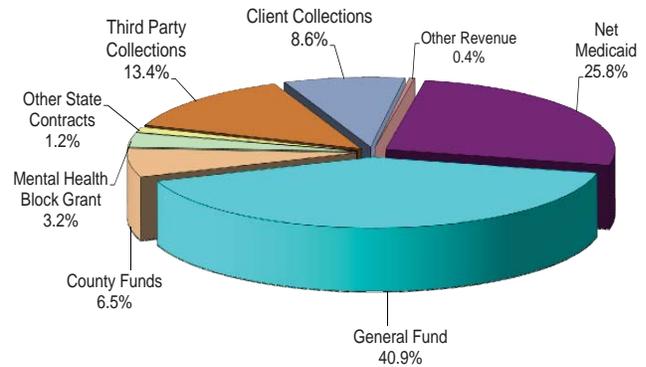
More than one race/ethnicity may have been selected.

Utilization of Mandated Services Fiscal Year 2012

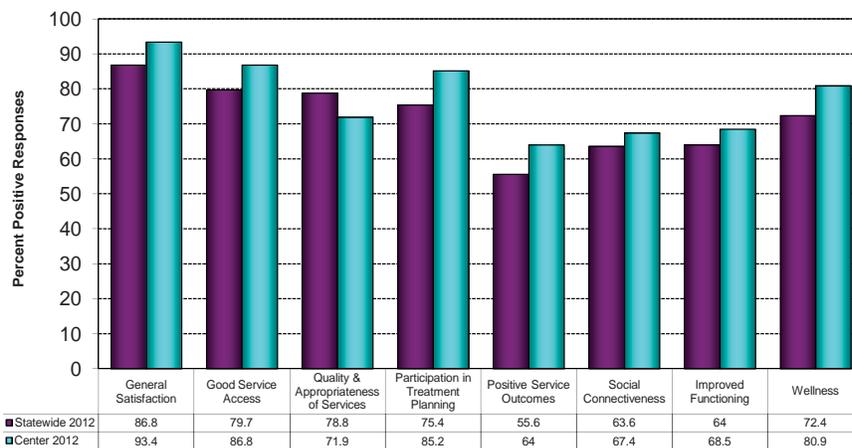


Summit County—Valley Mental Health—Mental Health (Continued)

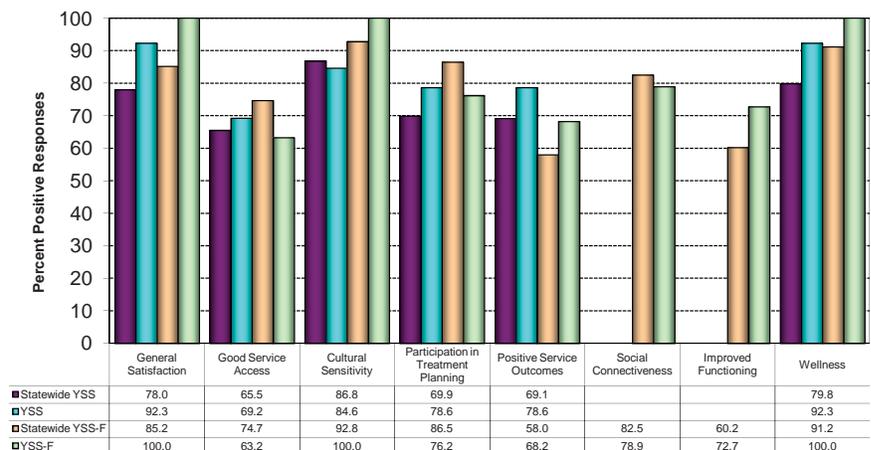
Source of Revenues
Fiscal Year 2012



Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP) 2012



Youth Consumer Satisfaction Surveys (YSS and YSS-F) 2012



Tooele County



Population: 59,326

Substance Abuse and Mental Health Provider Agency:

Gary Iarcenaire, CEO/President
 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

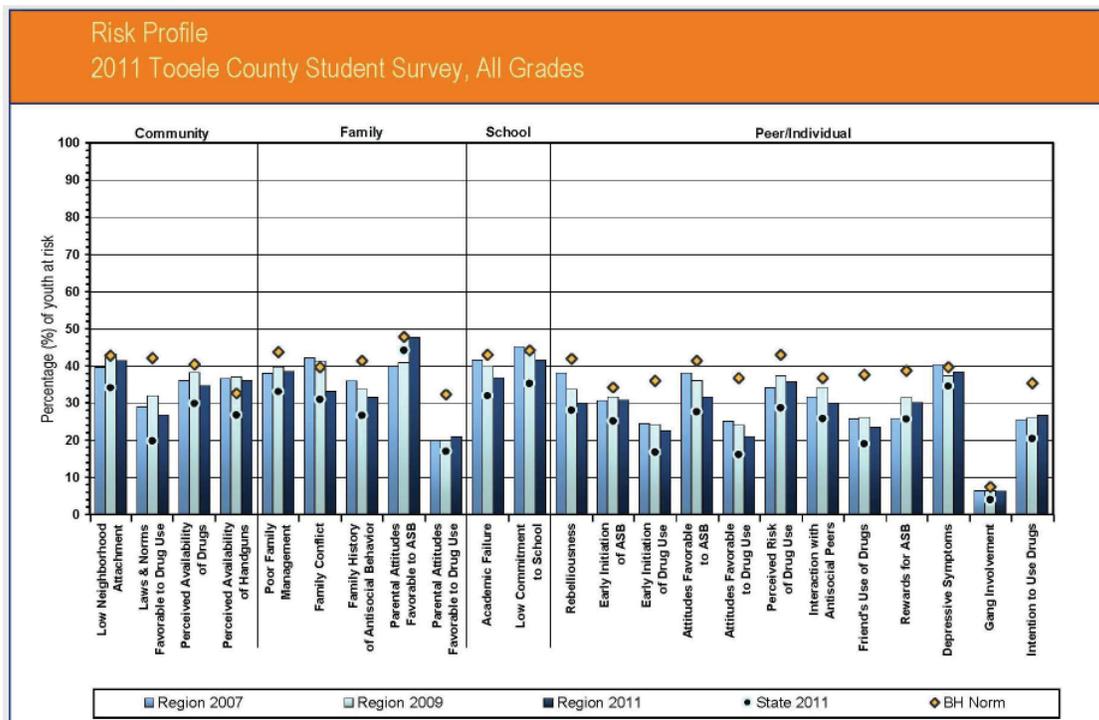
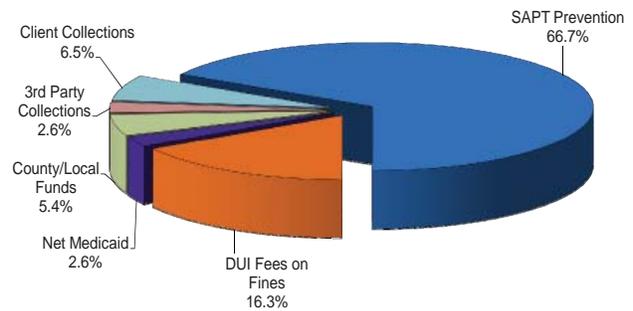
Tooele Substance Abuse—Prevention

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

Source of Revenues
Fiscal Year 2012

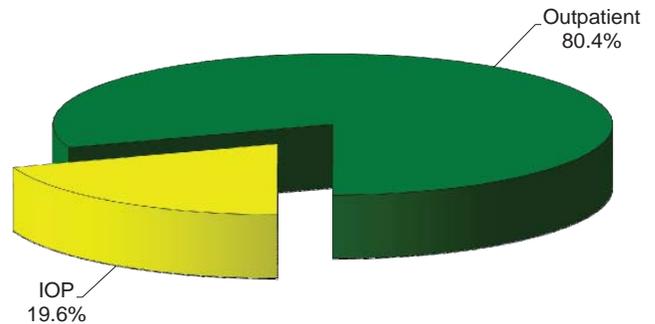


Tooele County—Valley Mental Health—Substance Abuse

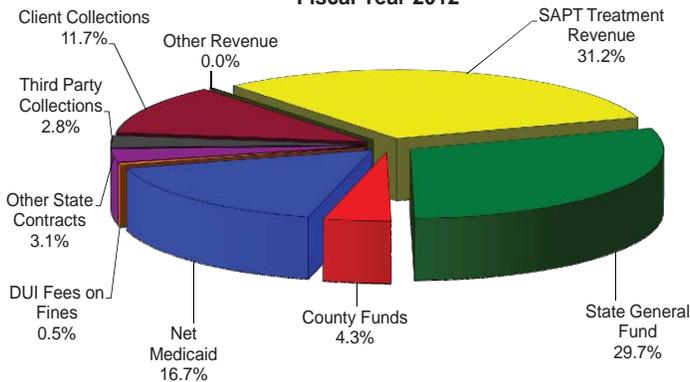
Total Clients Served.....326
 Adult281
 Youth.....45
 Penetration Rate (Total population of area)..0.5%

Total Admissions.....214
 Initial Admissions192
 Transfers.....22

Admissions into Modalities Fiscal Year 2012



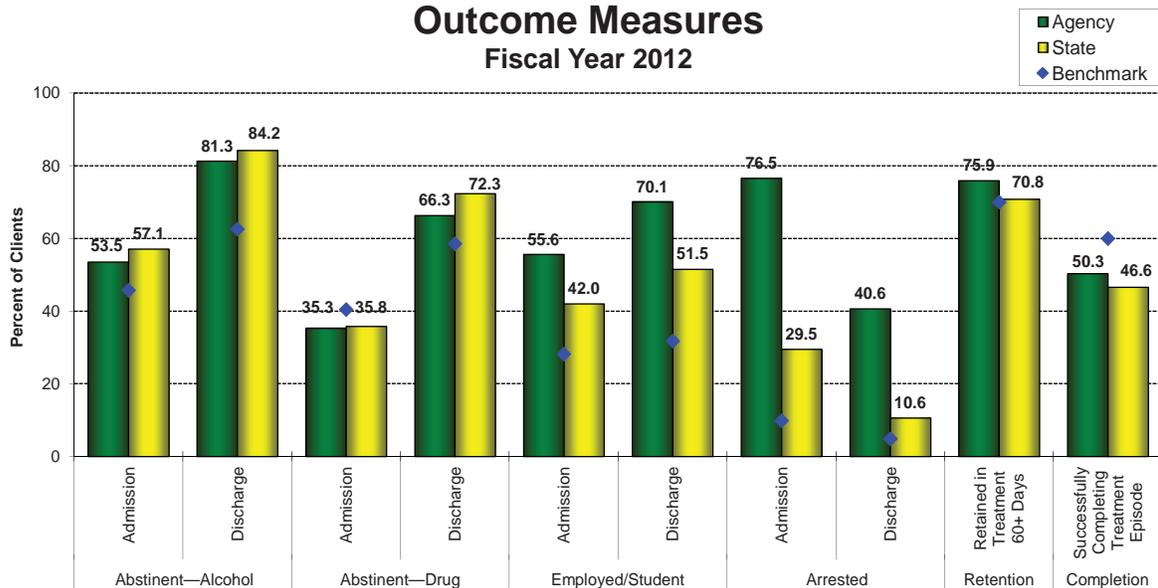
Source of Revenues Fiscal Year 2012



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	51	32	83
Cocaine/Crack	6	0	6
Marijuana/Hashish	38	8	46
Heroin	16	7	23
Other Opiates/Synthetics	5	5	10
Hallucinogens	0	0	0
Methamphetamine	12	20	32
Other Stimulants	0	1	1
Benzodiazepines	1	0	1
Tranquilizers/Sedatives	0	1	1
Inhalants	0	0	0
Oxycodone	1	7	8
Club Drugs	1	1	2
Over-the-Counter	0	0	0
Other	1	0	1
Total	132	82	214

Outcome Measures Fiscal Year 2012



Benchmark is 75% of the National Average.

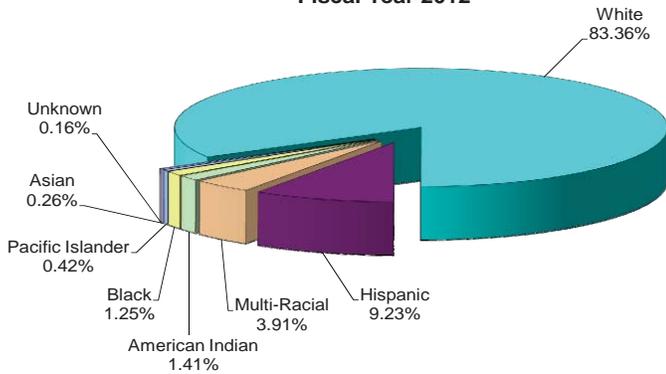
Tooele County—Valley Mental Health—Mental Health

Total Clients Served.....1,740
 Adult1,215
 Youth.....525
 Penetration Rate (Total population of area)..... 2.9%
 Civil Commitment28
 Unfunded Clients Served..... 112

Diagnosis

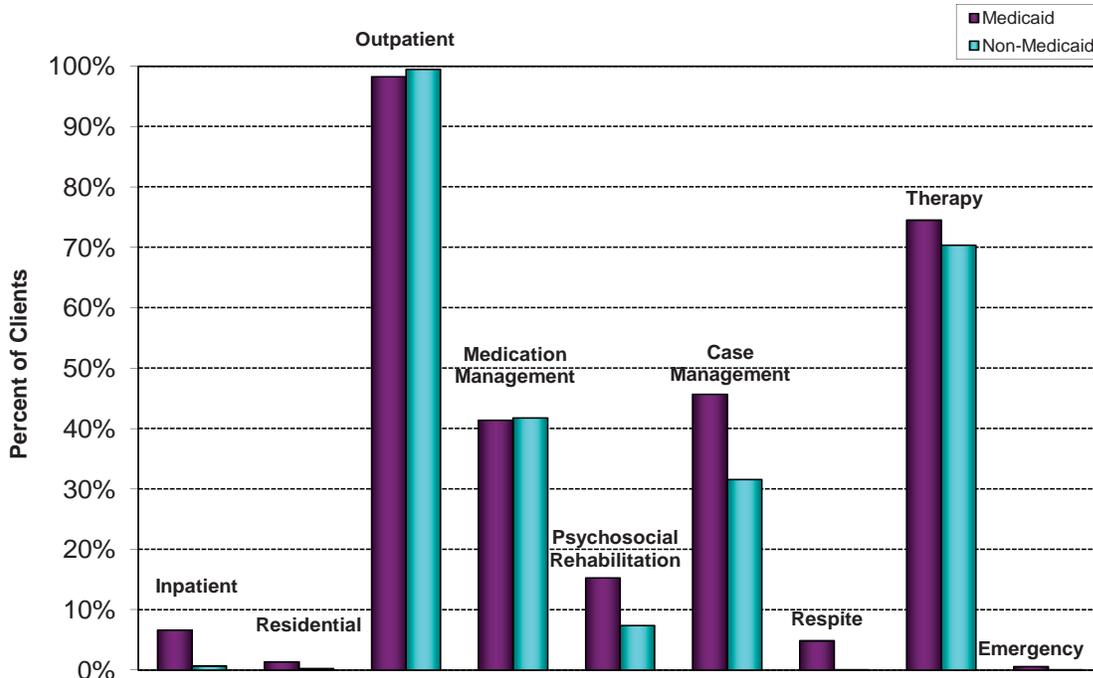
	Youth	Adult
Adjustment Disorder	91	57
Anxiety	193	764
Attention Deficit	166	104
Cognitive Disorder	5	23
Conduct Disorder	15	3
Depression	56	455
Impulse Control Disorders	34	14
Mood Disorder	125	430
Neglect or Abuse	142	38
Oppositional Defiant Disorder	104	1
Other	55	43
Personality Disorder	6	209
Pervasive Developmental Disorders	32	9
Schizophrenia and Other Psychotic	0	74
Substance Abuse	35	455
V Codes	170	360
Total	1,229	3,039

Race/Ethnicity Fiscal Year 2012

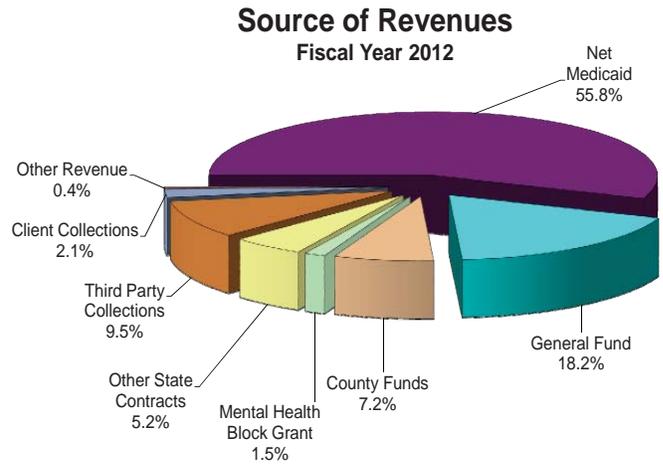


More than one race/ethnicity may have been selected.

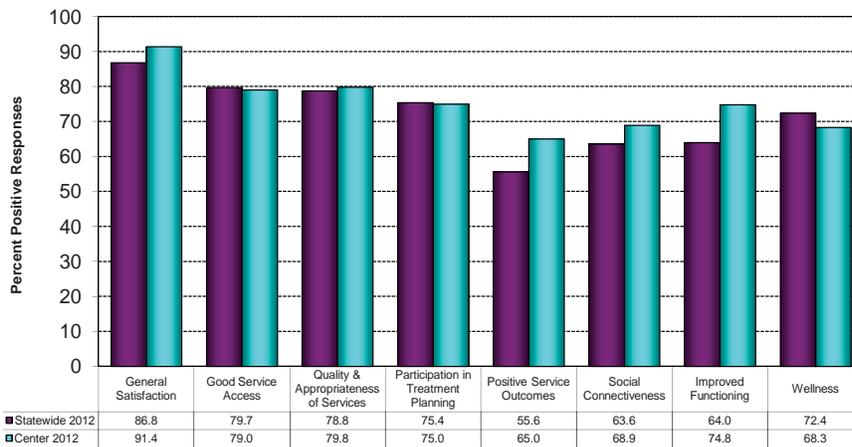
Utilization of Mandated Services Fiscal Year 2012



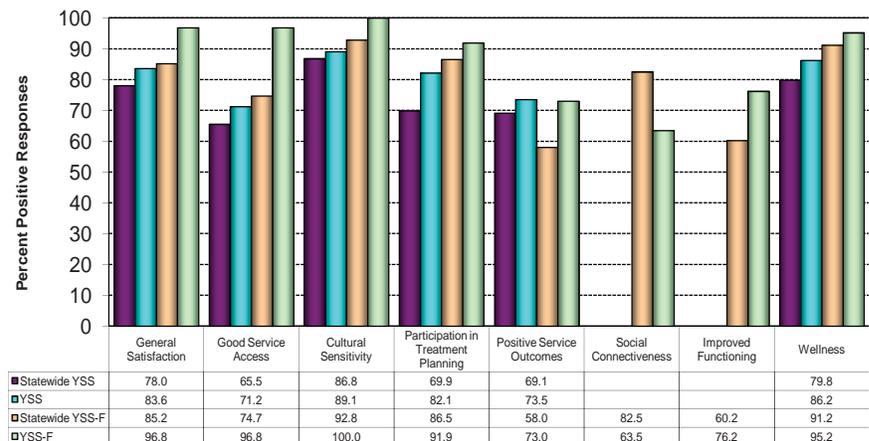
Tooele County—Valley Mental Health—Mental Health (Continued)



Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP) 2012



Youth Consumer Satisfaction Surveys (YSS and YSS-F) 2012



Utah County



Population: 530,499

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:

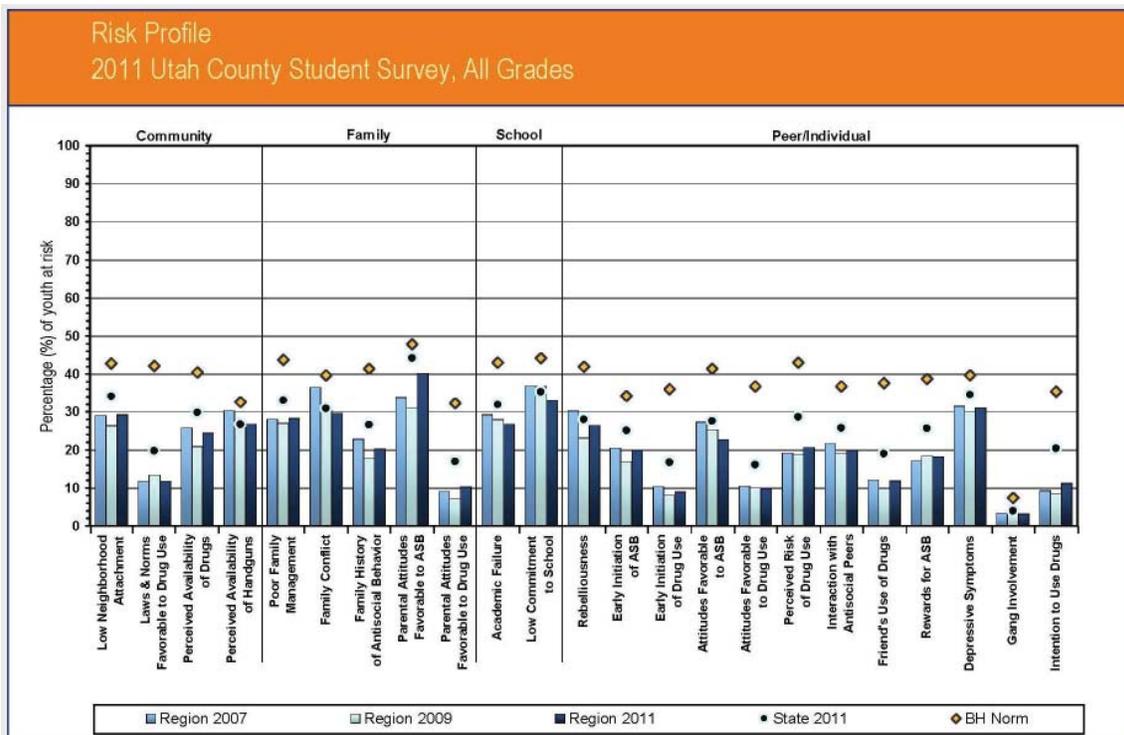
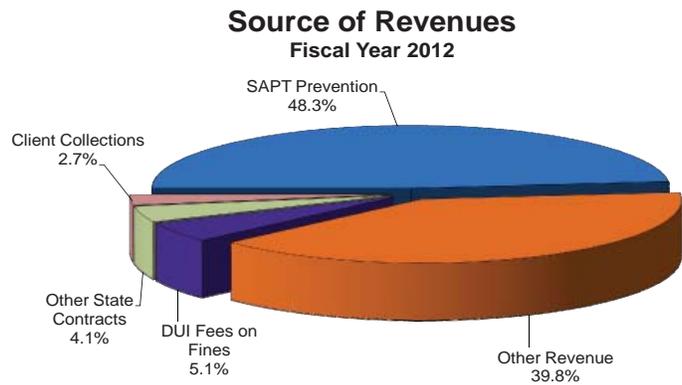
Juergen Korbanka, Executive Director
 Wasatch Mental Health
 750 North 200 West, Suite 300
 Provo, UT 84601
 Office: (801) 852-4703 www.wasatch.org

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

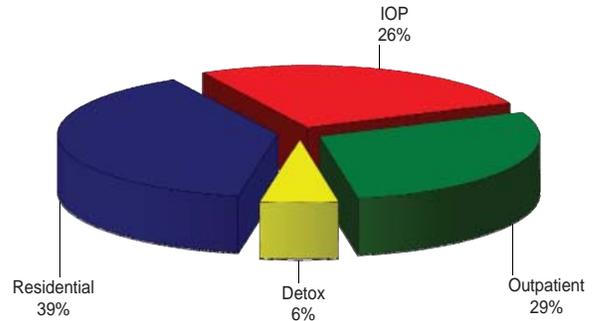


Utah County—Substance Abuse

Total Clients Served.....1,324
 Adult1,248
 Youth.....76
 Penetration Rate (Total population of area)..0.2%

Total Admissions.....1,481
 Initial Admissions616
 Transfers.....865

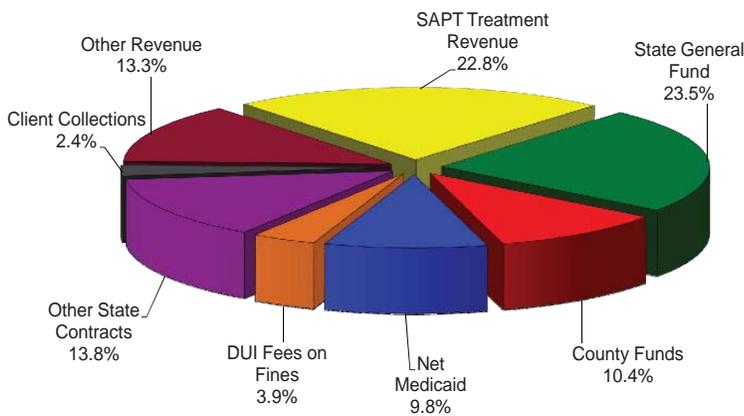
Admissions into Modalities
Fiscal Year 2012



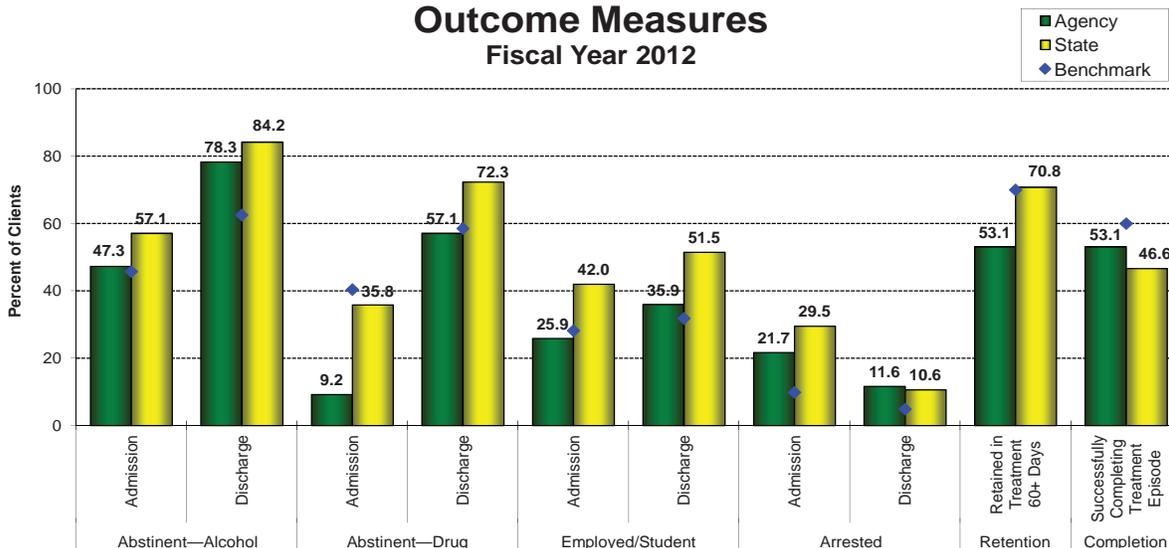
Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	314	267	581
Cocaine/Crack	80	75	155
Marijuana/Hashish	167	79	246
Heroin	122	106	228
Other Opiates/Synthetics	19	19	38
Hallucinogens	1	1	2
Methamphetamine	46	84	130
Other Stimulants	1	2	3
Benzodiazepines	6	9	15
Tranquilizers/Sedatives	2	3	5
Inhalants	0	0	0
Oxycodone	40	29	69
Club Drugs	0	0	0
Over-the-Counter	2	1	3
Other	4	2	6
Total	804	677	1,481

Source of Revenues
Fiscal Year 2012



Outcome Measures
Fiscal Year 2012



Benchmark is 75% of the National Average.

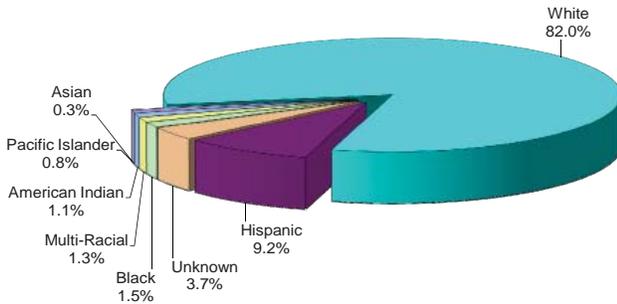
Utah County—Wasatch Mental Health

Total Clients Served7,311
 Adult4,455
 Youth2,856
 Penetration Rate (Total population of area) 1.4%
 Civil Commitment179
 Unfunded Clients Served796

Diagnosis

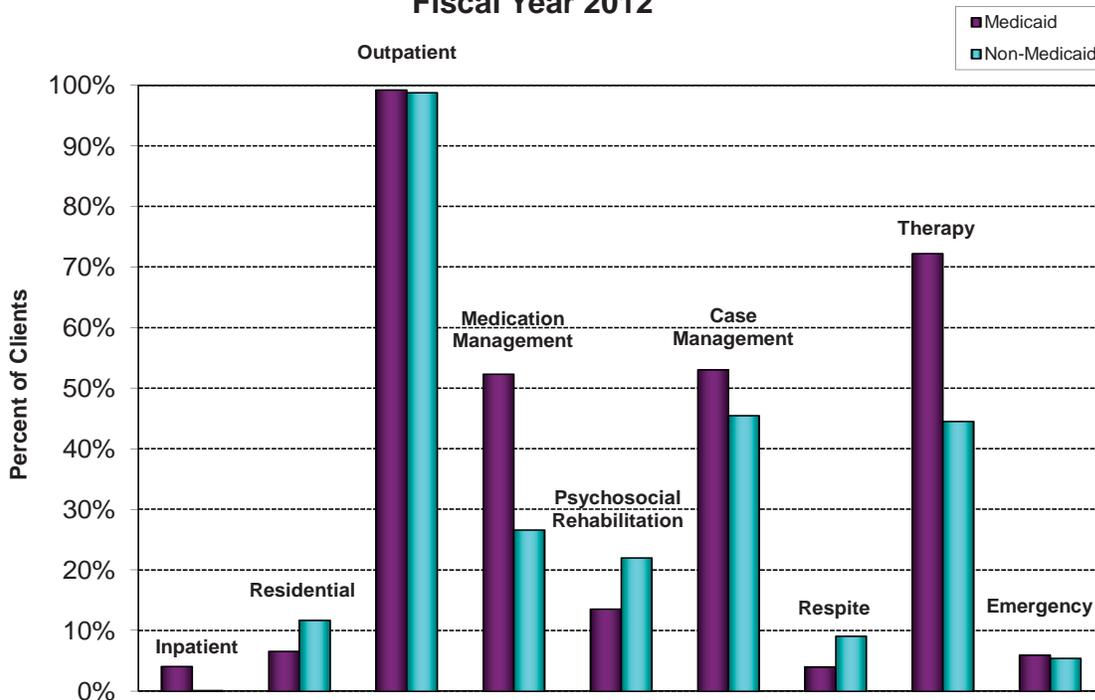
	Youth	Adult
Adjustment Disorder	481	130
Anxiety	1,078	3,261
Attention Deficit	984	641
Cognitive Disorder	82	545
Conduct Disorder	42	9
Depression	222	1,650
Impulse Control Disorders	212	174
Mood Disorder	664	1,520
Neglect or Abuse	562	397
Oppositional Defiant Disorder	456	16
Other	365	442
Personality Disorder	11	715
Pervasive Developmental Disorders	440	167
Schizophrenia and Other Psychotic	7	676
Substance Abuse	101	700
V Codes	1,113	607
Total	6,820	11,650

Race/Ethnicity
Fiscal Year 2012



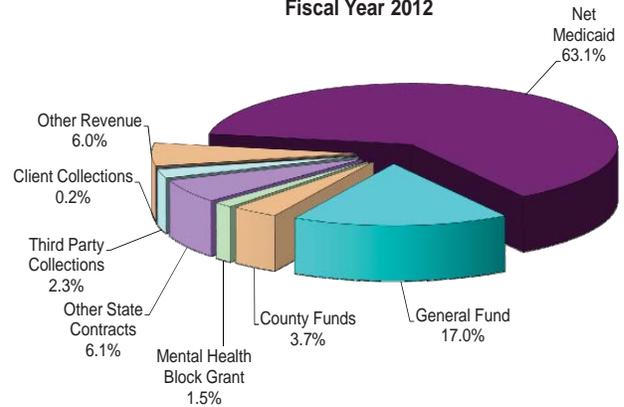
More than one race/ethnicity may have been selected.

Utilization of Mandated Services Fiscal Year 2012

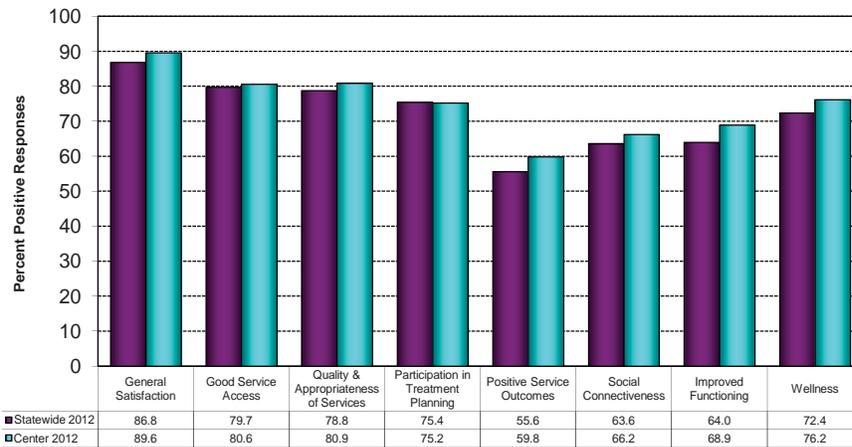


Utah County—Wasatch Mental Health (Continued)

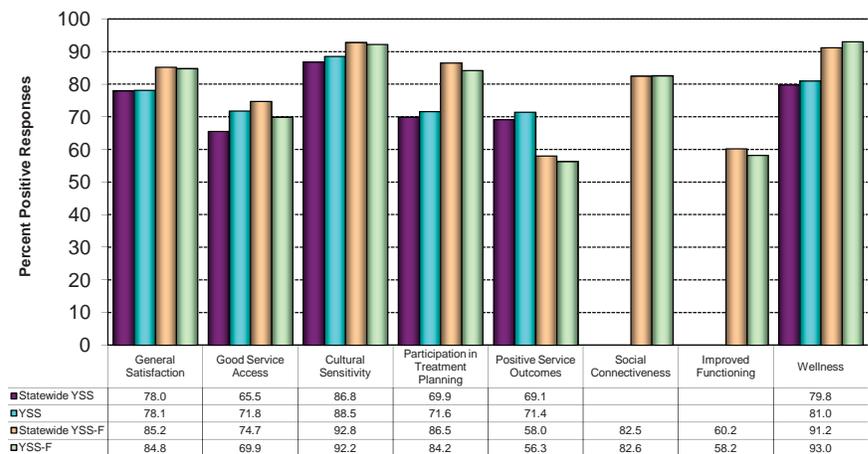
Source of Revenues
Fiscal Year 2012



Adult Consumer Satisfaction Survey Mental Health
Statistics Improvement Program (MHSIP)
2012



Youth Consumer Satisfaction Surveys
(YSS and YSS-F)
2012



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

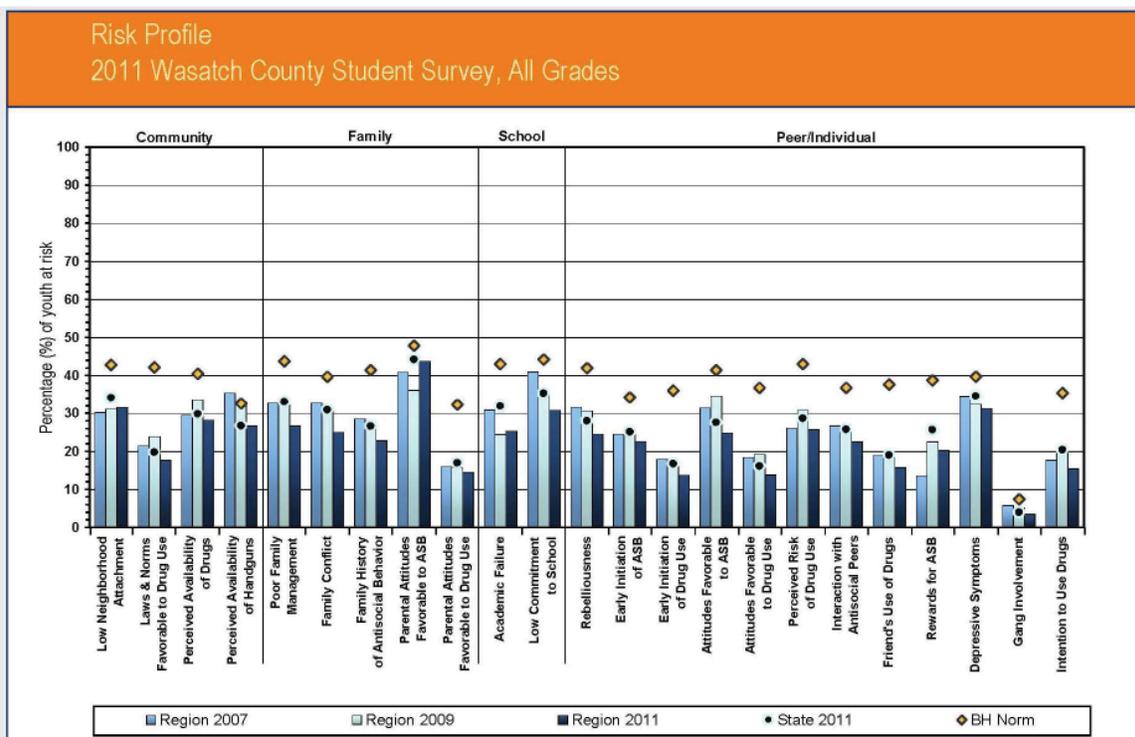
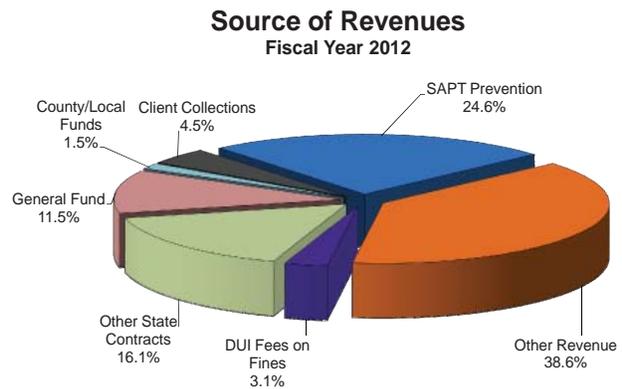
Population: 24,417

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

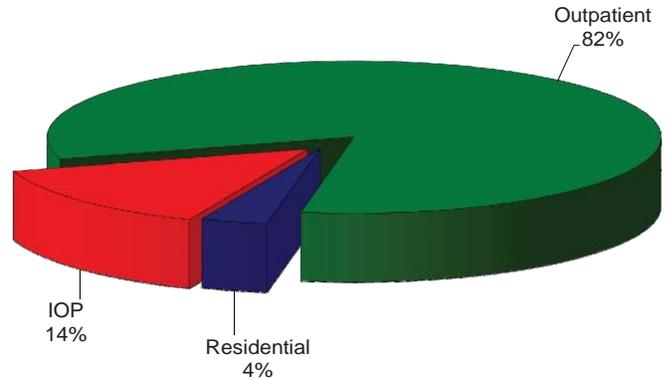


Wasatch County—Heber Valley Counseling—Substance Abuse

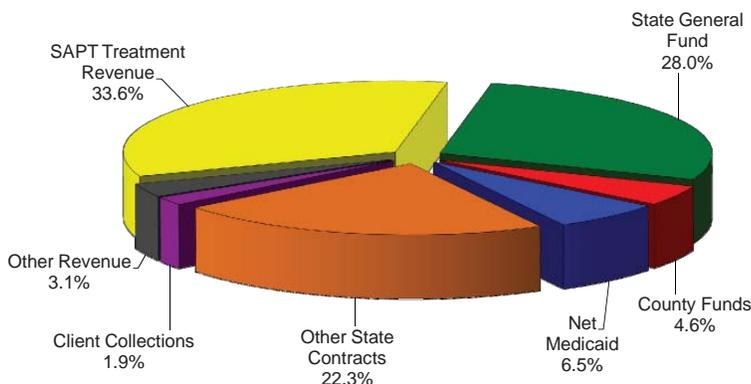
Total Clients Served.....115
 Adult95
 Youth.....20
 Penetration Rate (Total population of area)..0.5%

Total Admissions.....114
 Initial Admissions79
 Transfers.....35

**Admissions into Modalities
Fiscal Year 2012**



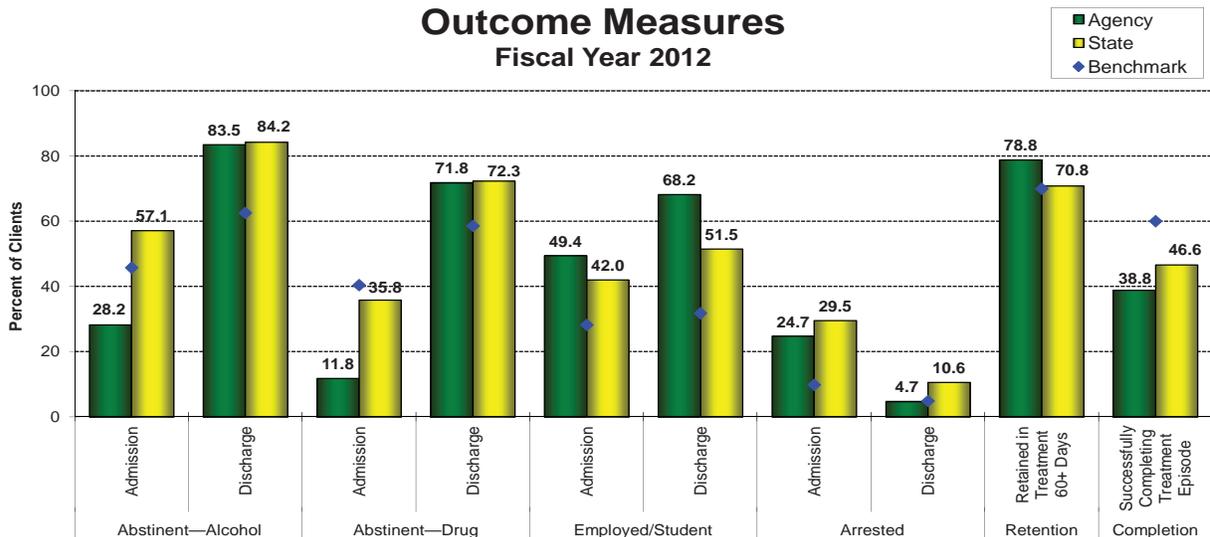
**Source of Revenues
Fiscal Year 2012**



Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	42	27	69
Cocaine/Crack	2	0	2
Marijuana/Hashish	17	3	20
Heroin	1	0	1
Other Opiates/Synthetics	2	3	5
Hallucinogens	0	0	0
Methamphetamine	4	1	5
Other Stimulants	0	0	0
Benzodiazepines	2	3	5
Tranquilizers/Sedatives	0	0	0
Inhalants	0	0	0
Oxycodone	1	6	7
Club Drugs	0	0	0
Over-the-Counter	0	0	0
Other	0	0	0
Total	71	43	114

**Outcome Measures
Fiscal Year 2012**



Benchmark is 75% of the National Average.

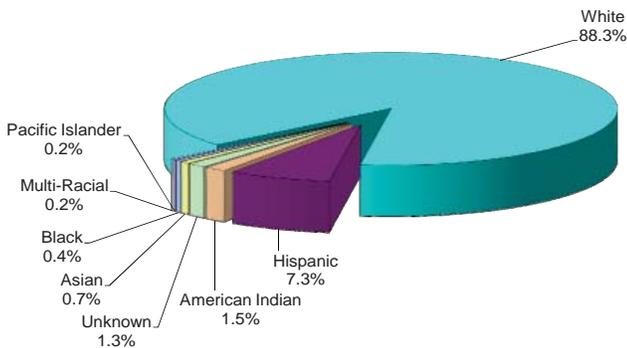
Wasatch County—Heber Valley Counseling—Mental Health

Total Clients Served420
 Adult285
 Youth135
 Penetration Rate (Total population of area) 1.7%
 Civil Commitment2
 Unfunded Clients Served211

Diagnosis

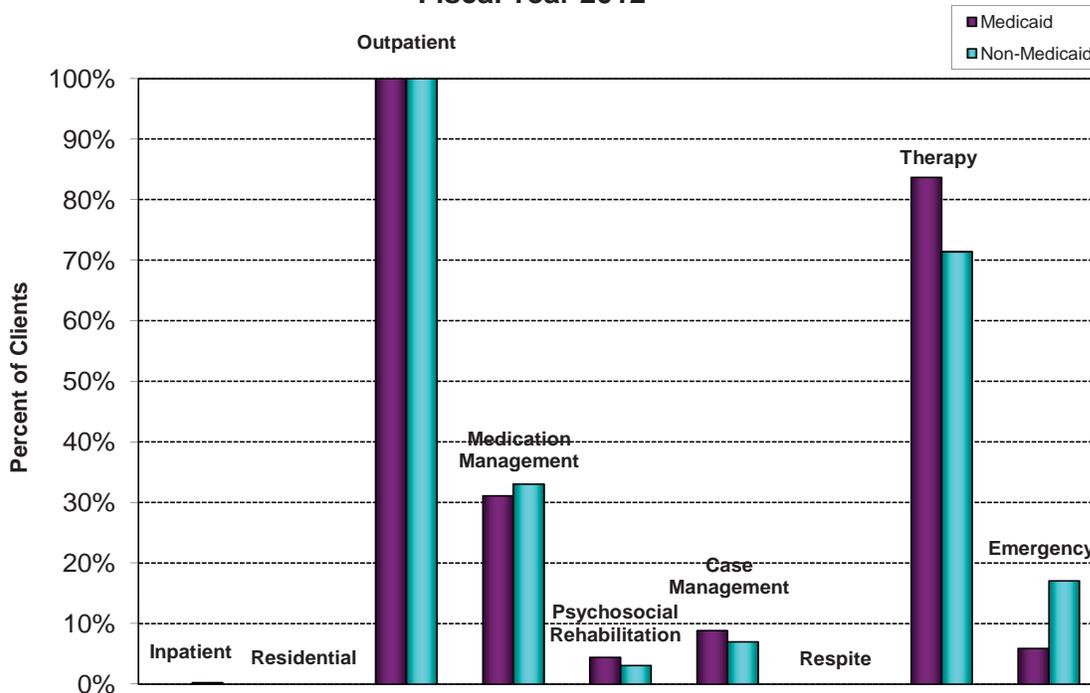
	Youth	Adult
Adjustment Disorder	29	21
Anxiety	57	234
Attention Deficit	29	15
Cognitive Disorder	1	3
Conduct Disorder	3	0
Depression	10	93
Impulse Control Disorders	3	11
Mood Disorder	34	87
Neglect or Abuse	27	9
Oppositional Defiant Disorder	13	0
Other	3	10
Personality Disorder	1	25
Pervasive Developmental Disorders	5	0
Schizophrenia and Other Psychotic	0	25
Substance Abuse	15	120
V Codes	23	68
Total	253	721

Race/Ethnicity Fiscal Year 2012



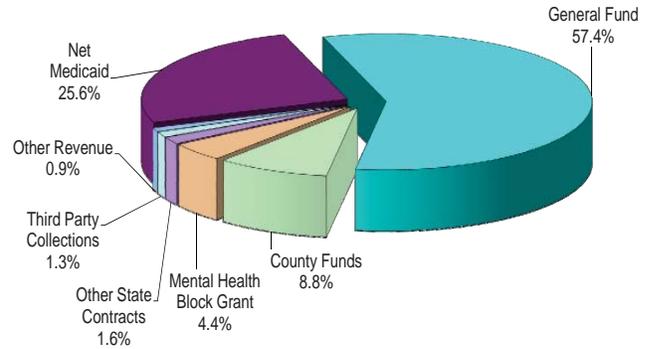
More than one race/ethnicity may have been selected.

Utilization of Mandated Services Fiscal Year 2012

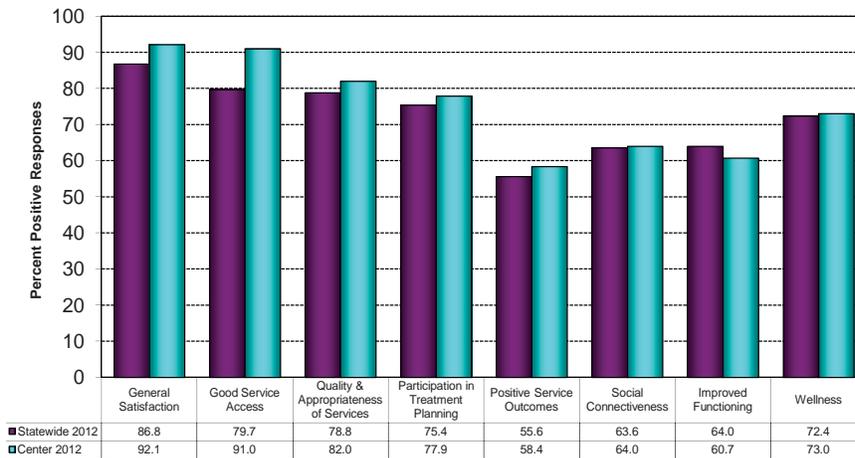


Wasatch County—Heber Valley Counseling—Mental Health (Continued)

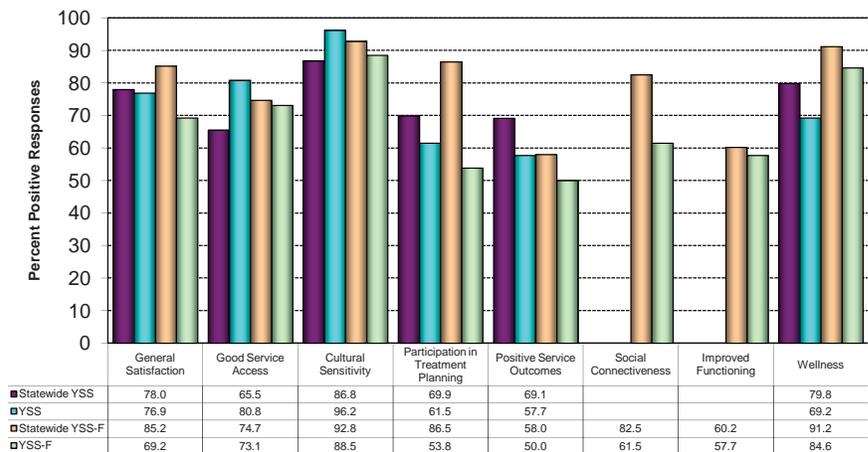
Source of Revenues
Fiscal Year 2012



Adult Consumer Satisfaction Survey Mental Health
Statistics Improvement Program (MHSIP)
2012



Youth Consumer Satisfaction Surveys
(YSS and YSS-F)
2012



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: 244,105

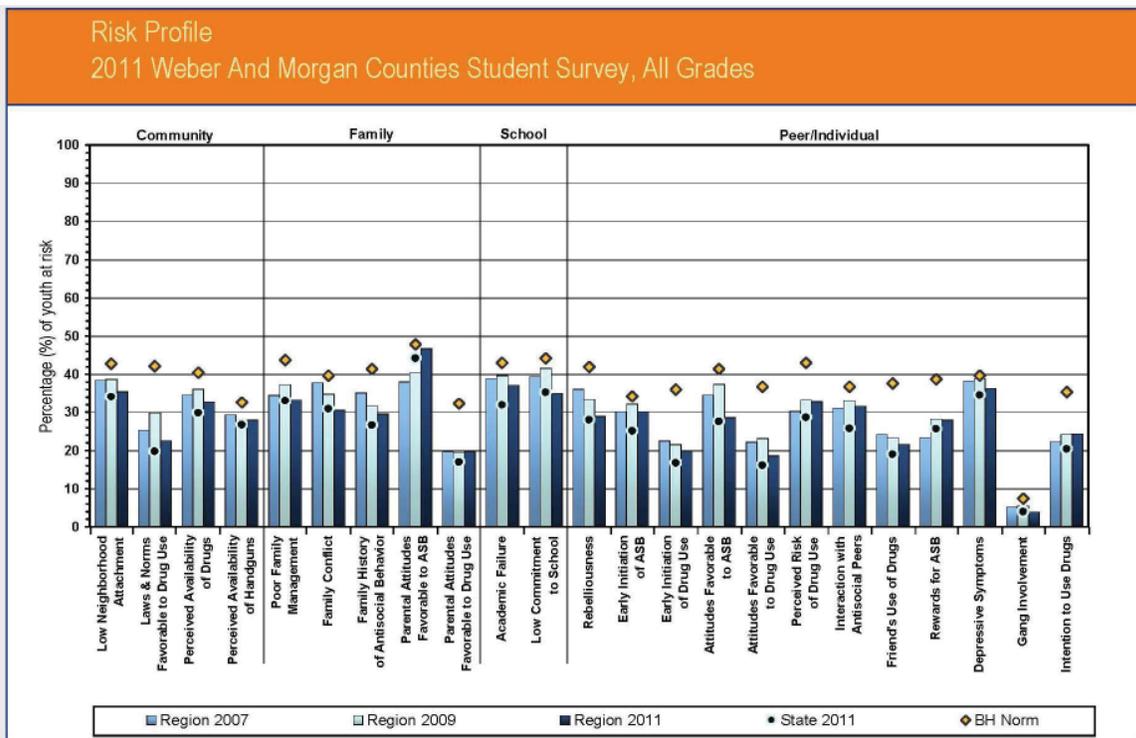
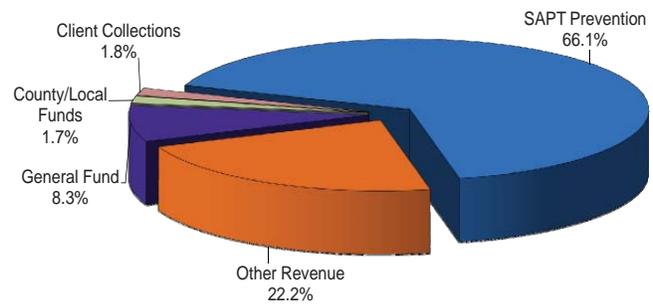
Weber Substance Abuse—Prevention

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

**Source of Revenues
Fiscal Year 2012**

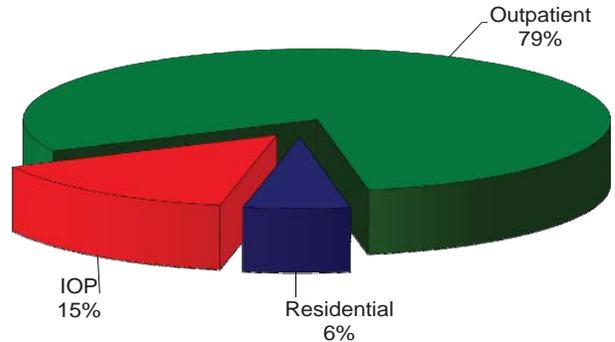


Weber Human Services—Substance Abuse

Total Clients Served.....1,398
 Adult1,156
 Youth.....242
 Penetration Rate (Total population of area)..0.6%

Total Admissions.....1,127
 Initial Admissions853
 Transfers.....274

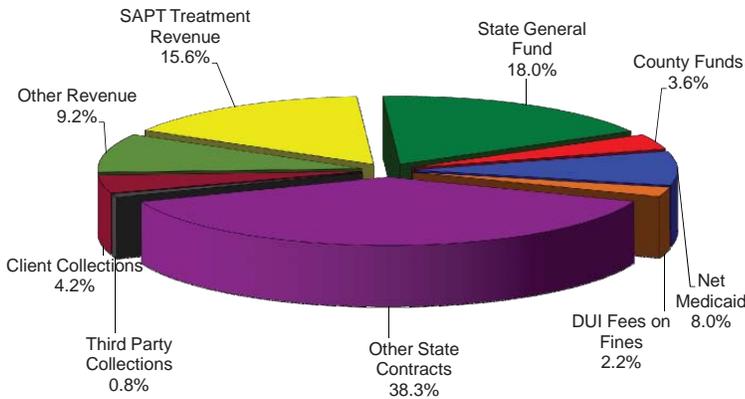
Admission into Modalities
Fiscal Year 2012



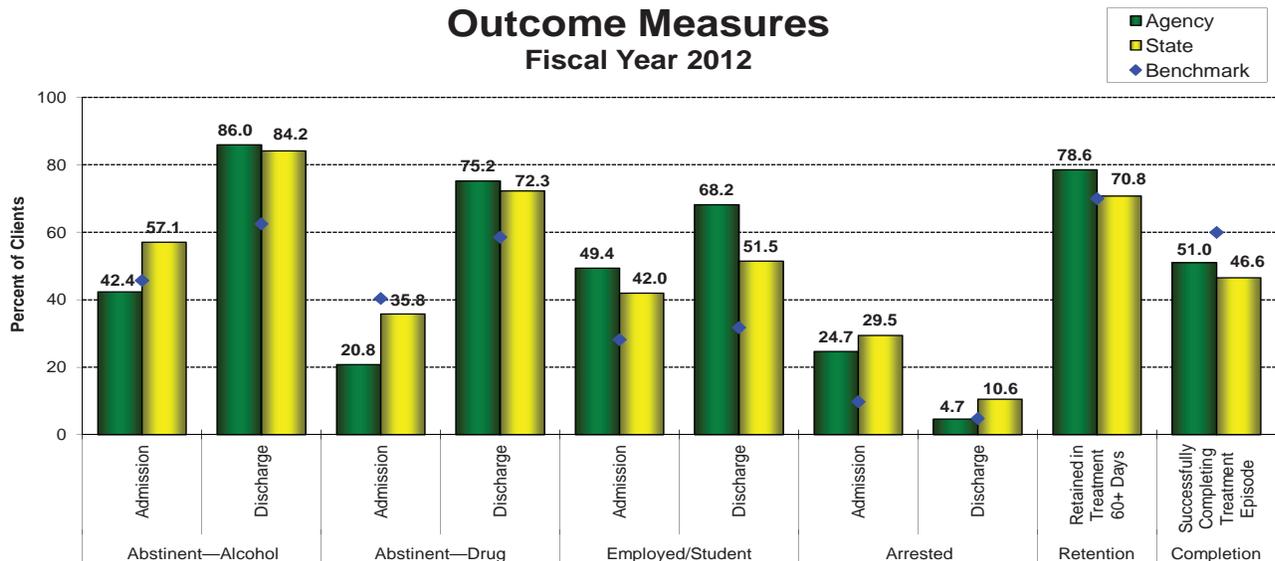
Primary Substance of Abuse at Admission

	Male	Female	Total
Alcohol	340	231	571
Cocaine/Crack	15	18	33
Marijuana/Hashish	143	110	253
Heroin	16	28	44
Other Opiates/Synthetics	3	7	10
Hallucinogens	0	1	1
Methamphetamine	54	117	171
Other Stimulants	0	5	5
Benzodiazepines	3	3	6
Tranquilizers/Sedatives	0	2	2
Inhalants	1	0	1
Oxycodone	7	13	20
Club Drugs	0	1	1
Over-the-Counter	0	2	2
Other	4	2	6
Unknown	0	1	1
Total	586	541	1,127

Source of Revenues
Fiscal Year 2012



Outcome Measures
Fiscal Year 2012



Benchmark is 75% of the National Average.

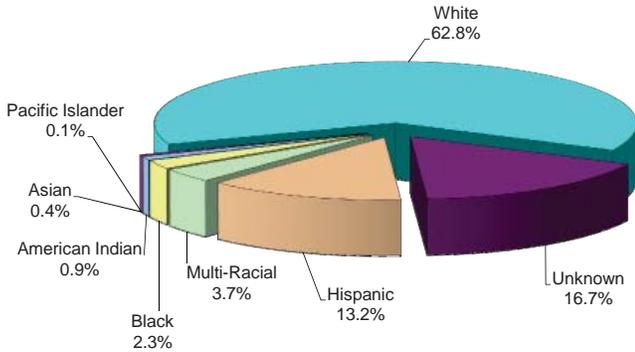
Weber Human Services—Mental Health

Total Clients Served.....5,644
 Adult4,165
 Youth.....1,479
 Penetration Rate (Total population of area)..... 2.3%
 Civil Commitment253
 Unfunded Clients Served.....1,633

Diagnosis

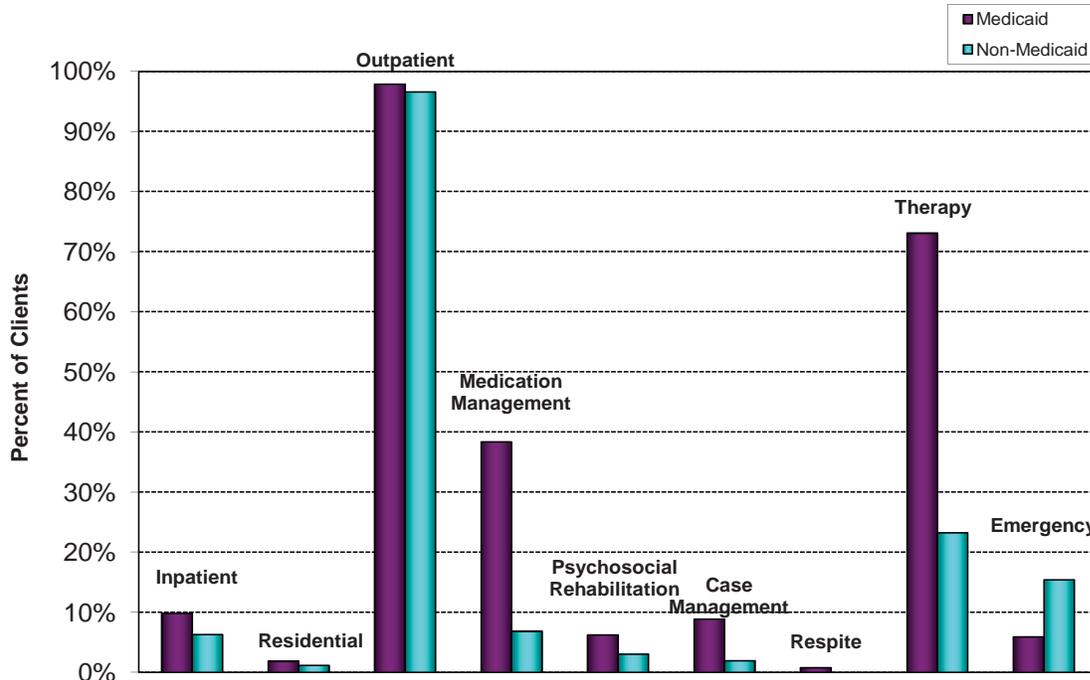
	Youth	Adult
Adjustment Disorder	133	83
Anxiety	423	1,116
Attention Deficit	506	118
Cognitive Disorder	50	212
Conduct Disorder	44	7
Depression	37	411
Impulse Control Disorders	236	49
Mood Disorder	471	1,213
Neglect or Abuse	376	90
Oppositional Defiant Disorder	218	17
Other	153	75
Personality Disorder	1	440
Pervasive Developmental Disorders	182	35
Schizophrenia and Other Psychotic	5	411
Substance Abuse	165	678
V Codes	351	335
Total	3,351	5,290

Race/Ethnicity Fiscal Year 2012



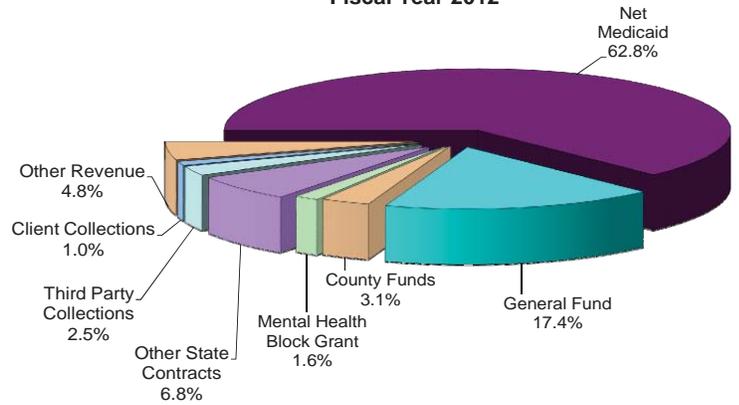
More than one race/ethnicity may have been selected.

Utilization of Mandated Services Fiscal Year 2012

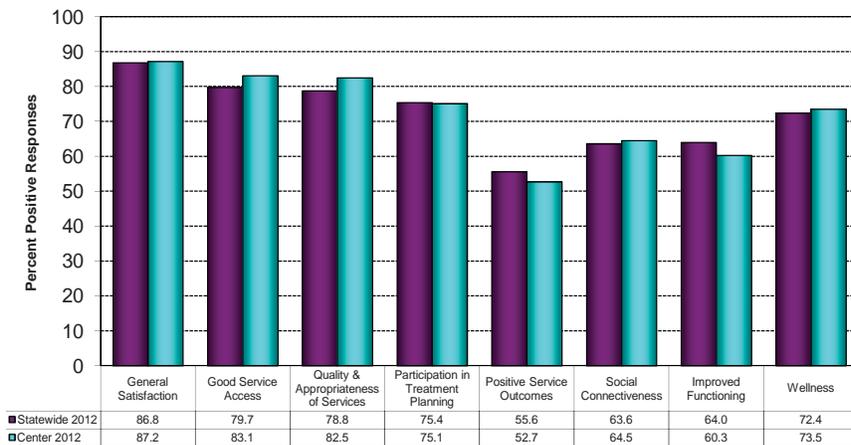


Weber Human Services—Mental Health (Continued)

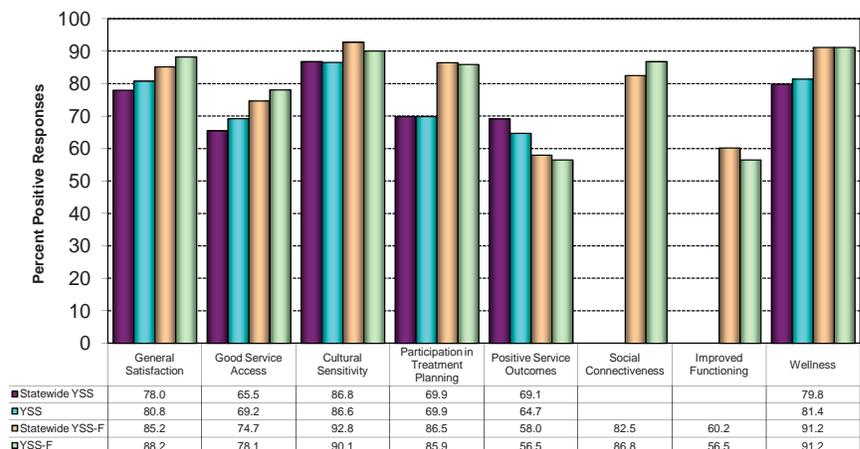
**Source of Revenues
Fiscal Year 2012**



**Adult Consumer Satisfaction Survey Mental Health
Statistics Improvement Program (MHSIP)
2012**



**Youth Consumer Satisfaction Surveys
(YSS and YSS-F)
2012**



Duncan's Story

I remember the first time I entered Alliance House back in 2000. I expected to be teased about my speech impediment like everywhere else, but instead I was welcomed warmly and immediately put to work on a task for the clubhouse. I thought I'd be sitting around playing cards like I did at the drop-in center in Wyoming, but was put right to work on a task that really needed to be done for the good of Alliance House. The next time I came I was asked to do it again and it made me feel like it was really important for me to come and help the clubhouse.

Before I knew it, I was a member leader at Alliance House, and soon started earning a paycheck through the transitional employment program. In late 2007, I was looking for a new challenge and found it in going for a certificate as an accounting clerk. It turned out to be an even bigger challenge than I thought. I received help through some of the staff members and now I have a certificate as an accounting clerk and feel ready to join the workforce.

When I first walked in to the clubhouse, I didn't even feel like a person anymore. I was a mental illness. Now I've gone from patient-hood to person-hood. Thanks to my friends at Alliance House I now feel like I can do anything I put my mind to.



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.

Medicaid/Non-Medicaid Client Counts			
Fiscal Year 2012			
Local Mental Health Authority	Medicaid	Non-Medicaid	Both Medicaid and Non-Medicaid
Bear River	1,888	908	296
Central	910	270	66
Davis County	770	438	143
Four Corners	541	891	74
Northeastern	167	384	17
Salt Lake County	2,075	738	112
San Juan County	133	649	33
Southwest	727	877	136
Summit County	63	285	72
Tooele County	2,628	1,316	200
Utah County	10,221	3,588	939
Wasatch County	4,790	2,029	492
Weber	3,279	2,023	342
Rural Total	7,243	5,424	947
Urban Total	20,673	8,824	1,952
State Total	27,607	14,143	2,861

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

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

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

Mental Health Provider Agency:

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

Central Utah

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

Substance Abuse and Mental Health Provider Agency:

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

Davis County

County: Davis

Substance Abuse and Mental Health Provider Agency:

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

Four Corners

Counties: Carbon, Emery, and Grand

Substance Abuse and Mental Health Provider Agency:

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

Northeastern

Counties: Daggett, Duchesne, and Uintah

Substance Abuse and Mental Health Provider

Agency:

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

www.nccutah.org

Salt Lake County

County: Salt Lake

Substance Abuse and Mental Health

Administrative Agency:

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

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

behavioralhealthservices.slco.org

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

Summit County

County: Summit

Substance Abuse and Mental Health Provider

Agency:

Gary Larcenaire, CEO/President
Victoria Delheimer, 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

Tooele County

County: Tooele

Substance Abuse and Mental Health Provider

Agency:

Gary Larcenaire, CEO/President
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

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

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

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

Wasatch County

County: Wasatch

Substance Abuse and Mental Health Provider

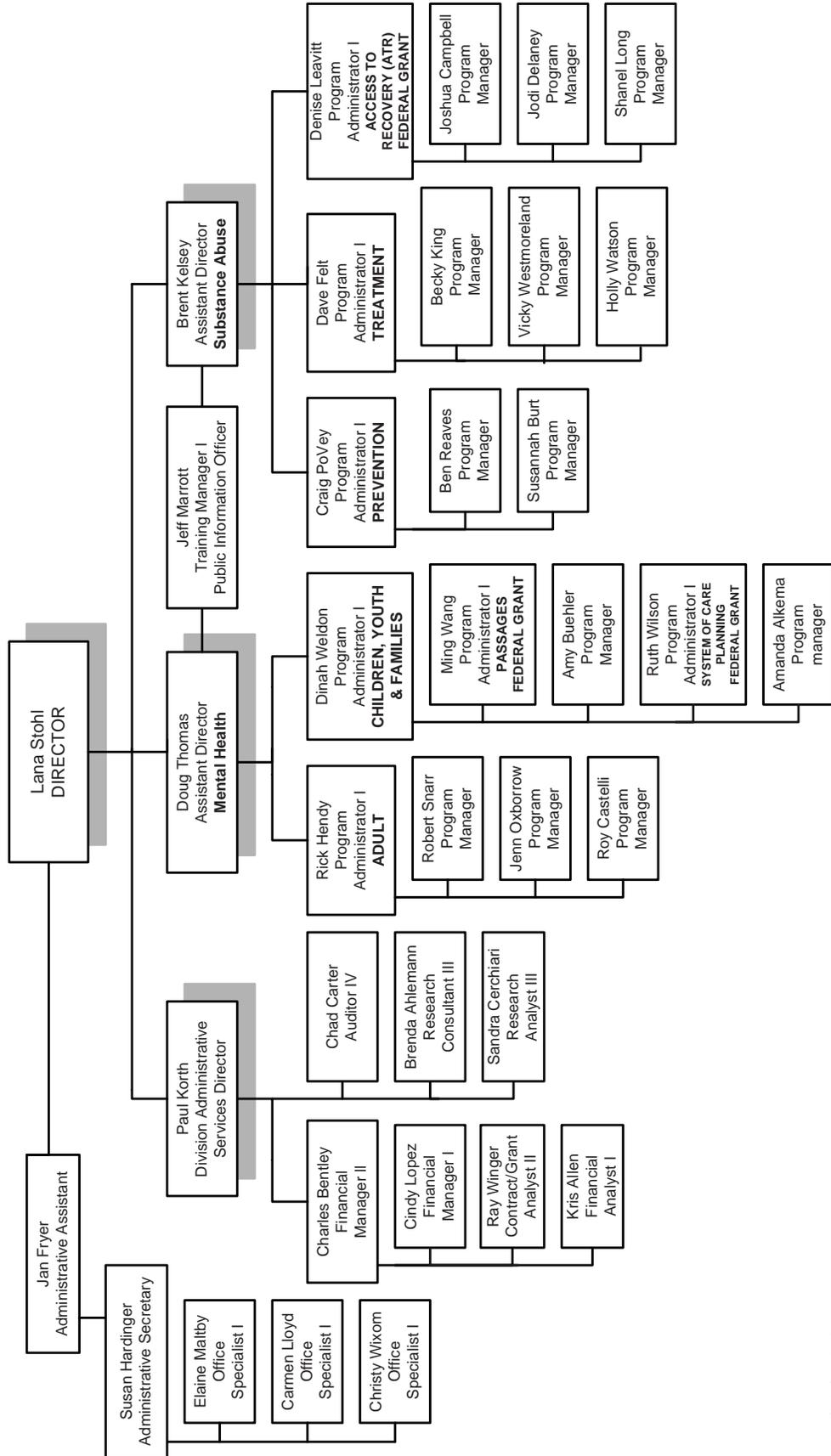
Agency:

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

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

Utah Division of Substance Abuse and Mental Health



October 2012



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