Utah Division of Substance Abuse and Mental Health
2015 Executive Summary
I am proud to release the Division of Substance Abuse and Mental Health (DSAMH) Executive Summary for 2015. We hope this summary of our strategic activities broadens your understanding of the important role that the public mental health and substance use disorder system has in the lives of individuals, families, and communities in Utah. “Hope, Health, and Healing” is our continued theme.

I want to personally thank the brave individuals reaching out to confront mental illness and substance misuse head-on in their own or a loved one’s lives. I also want to thank those who help facilitate the healing process. Your support is life-altering for so many.

—Doug Thomas, Director

“Prevention works, treatment is effective, people can and do recover from mental health and substance use conditions.”
DSAMH’s **Vision** is to contribute to the development of healthy individuals, families and communities.

Substance use disorders and mental illnesses are chronic diseases that can be treated effectively.

DSAMH is changing personal attitudes and professional practices in the state of Utah.
Our **Mission** is to promote “Hope, Health and Healing” by reducing the impact of substance abuse and mental illness.

To achieve this mission, DSAMH:
- provides leadership
- promotes quality
- builds partnerships
- ensures accountability
- operates effective education and training programs

We subscribe to a **public health approach** to make our mission a reality.
DSAMH contracts with counties to provide prevention and treatment services to the citizens of Utah.

We provide policy direction, monitoring and oversight to ensure evidence-based practices are used and effective outcomes are achieved.
### Substance Use Disorder Services Funding
**Fiscal Year 2015**

- **State General Fund:** $16,502,874
- **Restricted General Fund:** $3,691,428
- **Federal Funds:** $18,785,786
- **County/Local Funds:** $6,962,325
- **Client Collections:** $2,149,868
- **Third Party Collections:** $291,479
- **Medicaid:** $9,615,362

**Total Revenues:** $57,999,122

### Mental Health Services Funding
**Fiscal Year 2015**

- **State General Fund:** $39,937,233
- **Federal Funds:** $6,394,986
- **County/Local Funds:** $14,228,904
- **Client Collections:** $1,123,266
- **Third Party Collections:** $3,220,849
- **Medicaid:** $100,771,662

**Total Revenues:** $165,676,900
With input from key community stakeholders, DSAMH has implemented a strategic plan that enhances Utah’s public mental health and substance use disorder system.

Quarterly reviews of goal implementation and outcomes allow the plan to be constantly updated, relevant and flexible to changes in a dynamic service system.

The plan outlines five key strategic initiatives. The initiatives were carefully chosen to build on past achievements and to take advantage of emerging opportunities in a changing world.

The goal is to build a better mental health and substance use disorder treatment system for the citizens of Utah.
1. Prevention and Early Intervention

Prevention and early intervention is the number one priority of DSAMH. Prevention and early intervention help create healthy individuals, families and communities by avoiding the costs and consequences of substance use disorders and mental illness.

Clear windows of opportunity are available to prevent mental, emotional, and substance use disorders along with physical health problems before they occur.

Prevention of substance use disorders and mental illness are closely related. The risk and protective factors for both substance use disorders and mental illness are well established.

DSAMH promotes strategies, activities and services at the community level to target the most appropriate shared factors.
2. Zero Suicide in Utah

- Over 500 people die from suicide in Utah every year
- Utah ranks 4th in the nation per capita for suicide deaths
- There are an average of 10 suicides a week in Utah

DSAMH has identified three overarching goals to guide efforts towards Zero Suicide in Utah:

1. Engage community stakeholders and prevention coalitions in suicide prevention and mental health promotion efforts statewide
2. Develop broad based support through public/private partnerships dedicated to implementing and sustaining suicide prevention efforts
3. Improve the ability of health providers (including Behavioral Health) to better support individuals who are at risk of suicide through adoption of the Zero Suicide framework

mantherapy.org

Therapy. The way a man would do it.
3. Promote Recovery

DSAMH’s third strategy is to develop a “Recovery-Oriented System of Care” (ROSC).

Key components of ROSC are:

- Early identification
- Client engagement
- Person centered care
- Use of evidenced-based practices
- Individualized long-term recovery supports

“Recovery means achieving a meaningful life in the community, an improved quality of life and overall health.”
4. Improve Services for Children and Adolescents

“Almost 1 in 5 young people have one or more mental, emotional or behavioral disorders that cause some level of impairment within a given year. Fewer than 20% receive mental health services.”

Two hundred schools partner with their Local Mental Health Authority to provide community-based health services.

Family Resource Facilitation is available in 24 of the 29 counties. It provides peer support and wraparound facilitation to families and youth with complex needs.

Mobile Crisis Teams for children, adolescents and their families, operate in 5 counties (Davis, Salt Lake, Utah, Iron and Washington) to provide mobile outreach, therapeutic intervention and safety planning.

Continuum of Services provided by the Local Mental Health Authorities in communities, include: outpatient, inpatient, case management, medication management, case management, respite, residential, emergency, therapy and psychosocial rehabilitation.
5. Health System Integration

FACTS:

• Individuals with a serious mental illness (SMI) have a life expectancy 25 years shorter than the general population

• Almost 1/4 of all adult stays in community hospitals involve a mental health or substance use disorder; making these disorders the third most costly health conditions, behind only heart conditions and injuries, in the United States

Initiatives:

• Partnerships with physical health providers
• Recovery Plus—Tobacco Cessation Efforts
• Wellness Directives—Whole Health Outcomes
• Medication Assisted Treatment—for people with Substance Use Disorders
## Who We Serve

<table>
<thead>
<tr>
<th>Substance Use Disorder</th>
<th>Mental Health</th>
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<tbody>
<tr>
<td>13,743 Adults; 1,306 Youth</td>
<td>31,742 Adults; 19,273 Child/Youth</td>
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<tr>
<td>85% below Federal Poverty Level</td>
<td>80% Below Federal Poverty Level</td>
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<tr>
<td>Urban: 74%, Rural: 26%</td>
<td>Urban: 72%, Rural: 28%</td>
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<tr>
<td>Male: 61%, Female: 39%</td>
<td>Male: 48%, Female: 52%</td>
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<tr>
<td>Largest Referral Source—Courts</td>
<td>Largest Referral Source—Self</td>
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<tr>
<td>Medicaid: 28%</td>
<td>Medicaid: 67%</td>
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State contracted local mental health and substance abuse treatment providers have increased services to almost 8,000 individuals and families, from 2010 to 2015.
Underage drinking in Utah has decreased steadily in all grades since 2003.

Current use by 12th graders has dropped from 21.1% in 2003, to 13.6% in 2015.
After years of increases in Utah suicide deaths, 2014 suicide deaths declined from 570 to 555. The decline was due in part to DSAMH’s leadership in organizing a public health approach, implementing suicide prevention coalitions at the state and local level, as well as training professionals and the public throughout the state.
DSAMH implemented online anonymous mental health, substance misuse and suicide prevention screening tools. These tools decrease stigma and increase awareness about these important health issues.

From October through December 2015, 4,985 people visited the site, with 3,476 screenings completed.

screening.mentalhealthscreening.org/stateofutah
School-Based Behavioral Health

Outcomes for children and youth who access school-based mental health services, show decreases in mental health symptoms and increases in academic success. Utah achieved:

- **46%** reduction in office disciplinary referrals
- **42%** increase in basic early literacy scores
- **14%** increase in GPA
- **25%** of children experienced a significant reduction of symptoms from mental illness
Justice Reinvestment Initiative

Justice Reform = Smart Justice

Keys Points:

- Maintain community safety
- Incarcerate violent offenders
- Screen and assess for criminogenic risk and substance use/mental health needs
- Develop quality standards and certification for treatment providers
- Link people to evidence-based treatment in the least restrictive, appropriate setting
- Rehabilitate non-violent offenders using community resources
Unleashing the Power of Prevention

DSAMH convened a Prevention Summit where leading scientists in the field of prevention research presented their national effort to “Unleash the Power of Prevention.”

Key points:

• Mental illness and substance use disorders can be prevented
• Mobilize efforts in local communities and at the state level, across education, public health, child psychiatry, child welfare, juvenile justice, corrections and the courts
• Advance policies, programs, funding, and prepare the workforce to establish an efficient, effective, prevention system across Utah
• Prevention research will be utilized to increase individual, family and community health

Medicaid Matching Funds for Local Mental Health Authority

Governor’s Budget Request: $6,400,000, one-time, General Fund budget adjustment

This amount was appropriated for in 2015 and 2016, to fund the shortfall in outpatient Medicaid match for Local Mental Health Authorities.

For the past 25 years, the public mental health system has operated under a capitated Medicaid funding model. This model involves the state and counties contributing funds to draw down federal funds that provide the mental health services for individuals on Medicaid in Utah.

- Growth in Medicaid enrollment has outpaced funding for Medicaid match.
- In an effort to address this problem, the legislature allocated one-time funds for the past two years, to help cover the Medicaid match gap.
- Discontinuing funds creates serious risk for people served by the public mental health system.
The Division of Substance Abuse and Mental Health supports the Department of Human Services Model of Care

To strengthen lives by providing children, youth, families and adults individualized services to thrive in their homes, schools and communities.

The five pillars of the model of care are:

- Prevention
- Self-Reliance
- Operational Excellence
- Partnership
- People and Culture