Cover photo courtesy of Jeremy Christensen. Taken in Little Cottonwood Canyon.
I am proud to release the Division of Substance Abuse and Mental Health Executive Summary for 2016. I hope 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.

Demand for services has increased again this year. We continue to work our way upstream, striving to prevent illness and intervene earlier than ever before, to maximize the length and strength of recovery. “Thank you” to the brave individuals reaching out to confront mental illness and substance misuse head-on in their own or a loved one’s lives, as well as to those who help facilitate the life-altering healing process for so many.

—Doug Thomas, Director
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.
Funding

Substance Use Disorder Services Funding
Fiscal Year 2016

- State General Fund, $22,119,471
- Restricted General Fund, $2,308,770
- Federal Funds, $18,118,834
- Client Collections, $1,739,251
- Third Party Collections, $274,792
- Other County Revenue, $4,921,760
- Medicaid, $10,454,150

Total Revenues: $66,319,688

Mental Health Services Funding
Fiscal Year 2016

- Medicaid, $107,154,887
- Federal Funds, $7,231,752
- Other County Revenue, $4,667,650
- Third Party Collections, $4,312,162
- Client Collections, $1,083,433
- County/Local Funds, $13,003,299

Total Revenues: $179,295,211
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 continues to focus on our five key strategic initiatives. The initiatives were carefully chosen to build on past achievements and to take advantage of emerging opportunities in a changing environment.

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

- Suicide is a serious public health problem in Utah
- Everyone plays a role in suicide prevention. It is up to each one of us to help create communities in which people are able to feel safe and supported in disclosing suicide risk, including mental illness and substance use problems
- Prevention works, treatment is effective, people can and do recover from suicidal thoughts, feelings and behaviors

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
3. Promote Recovery

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

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

Key ROSC Outcomes in 2016:

1. Over 5,000 free screenings completed on healthymindsutah.org
2. Increased Peer Support and Family Resource Facilitation Services offered across the publicly funded behavioral health system
3. Facilitated Permanent Supportive Housing for 98 chronically homeless individuals
4. Over 600 individuals served in our Supported Employment program (See Page 14)
5. Implemented a pilot program in 3 urban counties to treat First Episode Psychosis, using the Coordinated Specialty Care model

A ROSC creates an infrastructure that provides the full continuum of care - prevention, early intervention, treatment and ongoing care.
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 sixty nine schools partner with their Local Mental Health Authority to provide community-based health services.

Family Resource Facilitation is available in 25 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, respite, residential, emergency, psychosocial rehabilitation, and therapy services.
5. Health System Integration

FACTS:

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

• Almost 25% 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:

• System Of Care
• Partnerships with physical health providers
• Wellness Directives—Whole Health Outcomes
• Medication Assisted Treatment—for people with Substance Use Disorders
## Who We Serve

### Substance Use Disorder
- 13,400 Adults; 1,329 Youth
- 85% below Federal Poverty Level
- Urban: 74%, Rural: 26%
- Male: 61%, Female: 39%
- Largest Referral Source - Courts
- Medicaid: 28%
- Justice Involved Clients - 71%
- Opioid Disorder - 39%

### Mental Health
- 32,963 Adults; 20,468 Child/Youth
- 85% Below Federal Poverty Level
- Urban: 72%, Rural: 28%
- Male: 48%, Female: 52%
- Largest Referral Source - Self
- Medicaid: 63%
- Adults Supported Employment - 2%
- Youth/School Based Services - 20%

State contracted local mental health and substance abuse treatment providers have increased services to almost 9,291 individuals and families, from 2010 to 2016.
Opioid Use Epidemic: A Public Health Crisis

Utah Facts:
- Opioid deaths have increased 400% in the past 10 years
- Utah has the 4th highest rate of overdose deaths in the USA
- Over 90,000 Utahns reported non-medical use of prescription opioids in the last year

Utah State-wide Initiatives:
- Intermountain HealthCare funding for treatment in Weber and Davis counties
- Salt Lake County Jail—Vivitrol Project
- “Use Only As Directed” Awareness Campaign
- Prescription Take Back Events
- Increased “Medication Assisted Treatment”
- Syringe Exchange Programs
- Naloxone (Narcan®) Legislation/Distribution
Supported Employment

The Supported Employment (SE) Program utilizes the evidence-based model of Individual Placement and Support (IPS) to provide SE services for adults with serious mental illness and co-occurring substance use disorders.

The SE/IPS Program focuses on client preference and rapid job search for competitive, integrated employment. SE/IPS has expanded to 12 counties and has served over 600 individuals with the following outcomes:

- Full-Time Employment - 81
- Part-Time Employment - 184
- Self-Employment - 10

Work is Recovery!
Suicide Prevention

2016 Utah Zero Suicide Academy

“Zero Suicide” is a commitment to suicide prevention in health and behavioral health care systems. It includes a specific set of tools and strategies.

DSAMH hosted a Zero Suicide Academy bringing together senior leaders of 19 physical and behavioral health care organizations to share tools and strategies. The learning opportunity helped organizations work to dramatically reduce suicides among patients in their care.

DSAMH partnered with the Utah Shooting Sports Council, Department of Public Safety, concealed carry instructors, Means Matters and other partners, to develop and implement a suicide prevention training module in the Utah Concealed Carry Instructor training course.

These efforts included supplemental training materials for communities, firearm dealers, and others.
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:

- **38%** reduction in office disciplinary referrals
- **49%** increase in basic early literacy scores
- **44%** of children experienced a significant reduction of symptoms from mental illness
- **23%** increase in outcome scores
Justice Certification Initiative

Key Accomplishments:

- Promote process improvement in community based services
- Treatment standards developed in collaboration with providers and other stakeholders
- Standards codified into rule at R523-4
- Provisionally certified:
  - 148 treatment sites
  - 6 Utah State Prison programs
  - 13 county jails
  - 22 AP&P treatment sites
- 535 treatment staff trained in 5 separate Evidence-based Practices
- Provide meaningful feedback to treatment providers
DSAMH is dedicated to promoting a trauma-informed approach in the public substance use disorder and mental health system. Since 2009, we have sponsored trainings and conferences that focused on trauma; trauma-informed care; trauma-specific interventions and gender responsive services.

In 2016, DSAMH sponsored trauma-informed instruction at the following learning events:

- Utah Fall Substance Abuse Conference
- Critical Issues Facing Children and Adolescents Conference
- Generations Conference
- Seeking Safety Beginner Course
- Seeking Safety Advanced Course
- Utah Trauma Academy

A program, organization or system that is trauma-informed….

- Realizes the prevalence of trauma and takes a universal precautions position
- Recognizes how trauma affects all individuals involved with the program, organization, or system, including its own workforce
- Responds by putting this knowledge into practice
- Resists re-traumatization
Governor’s Budget Recommendations

The Division of Substance Abuse and Mental Health included 4 budget adjustments in Governor Herbert’s 2017 budget proposal. They are:

• Medicaid Match for Local Mental Health Authorities. $4,400,000 one-time funding and $2,000,000 ongoing funding
• $450,000 one-time backfill for Medicaid Expansion fund
• Jail-Based Forensic Competency Restoration $3,300,000 in ongoing funding
• Drug Court Treatment - Backfill Decline in Earmarked Tobacco Settlement Funds $1,204,200
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