Cover photo of Bear Lake on the Utah-Idaho border.
“Hope, Health and Healing” is our continued theme as we strive to broaden our collective understanding about the impact of mental illness and substance use disorders. We continue to work to prevent illness and intervene at the first signs of distress, to preserve important formal and informal support networks that help people heal.

Every day brave individuals, families, coalitions and communities reach out in hope to help those among us in need. Thank you for your efforts as we work together to help prevent and manage these chronic illnesses when they develop, with positive outcomes for us all.

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.
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.
Guiding Principles ensure services, programs, systems, activities and policies are:

- **Trauma-informed** - A program, organization or system that realizes the prevalence of trauma, takes a universal precautions approach and responds by putting this knowledge into practice.

- **Evidence-based** - Integrating individual expertise with the best available external evidence from systematic, validated research with client preferences and values.

- **Culturally and Linguistically Competent**
  A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals, that enables effective work in cross-cultural situations.
DSAMH contracts with counties to provide prevention, treatment and recovery support 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 2017

Total Revenues: $69,541,565

- State General Fund, $22,428,623
- Medicaid, $8,875,720
- Federal Funds, $19,440,965
- Restricted General Fund, $2,325,400
- Client Collections, $1,606,127
- County/Local Funds, $8,704,889
- Other Revenue, $5,836,124
- Third Party Collections, $323,717

Mental Health Services Funding
Fiscal Year 2017

Total Revenues: $186,182,075

- Medicaid, $108,942,011
- Federal Funds, $11,106,379
- State General Fund, $40,582,950
- County/Local Funds, $13,655,678
- Other Revenue, $6,544,780
- Third Party Collections, $4,314,471
- Client Collections, $1,035,807
Who We Serve In Treatment

Substance Use Disorder
- 13,780 Adults; 1,179 Youth
- 84% below Federal Poverty Level
- Urban: 73%, Rural: 27%
- Male: 61%, Female: 39%
- Largest Referral Source - Courts
- Medicaid: 27%
- Justice Involved Clients - 77%
- Opioid Disorder - 36%

Mental Health
- 34,550 Adults; 21,102 Child/Youth
- 86% Below Federal Poverty Line
- Urban 71%; Rural 29%
- Male: 48%, Female 52%
- Largest Referral Source - Self
- Medicaid: 56%
- Adult Supported Employment - 800+
- Youth/School Based Services - 21%
Strategic Initiatives

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 prevention, treatment and recovery support 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 associated with 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. The risk and protective factors for both substance use disorders and mental illness are well established.

DSAMH promotes strategies, activities and services to target the most appropriate factors for implementation at the community level, by supporting 41 local prevention coalitions throughout the state.

To see a statewide or community profile, go to: dsamh.utah.gov/data/sharp-student-use-reports
2. Suicide Prevention: Promote Zero Suicide Framework

Suicide is a serious public health problem. Everyone plays a role in suicide prevention. Key components include recognizing warning signs, learning how to access help and creating communities where people feel safe to disclose suicidal risk. DSAMH promotes activities that foster social connection, close relationships and effective crisis response.

Three overarching goals guide efforts towards Zero Suicide:

1. Engage community stakeholders and prevention coalitions in suicide prevention statewide. These efforts should focus on reducing risk factors and engage in research based strategies for prevention.

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).

Examples of Recovery Oriented activities:

1. Over 5,800 free screenings completed on healthymindsutah.org.
2. Increased Peer Support and Family Resource Facilitation.
3. Served over 800 individuals in our Supported Employment program.
4. Administered 274 assessments for psychosis risk in 3 urban areas.
5. Partnership with 52 licensed, sober living facilities.
6. Increased access and funding for recovery support services.
7. Facilitated Supportive Housing.

A ROSC is a coordinated network of community-based services and supports that is person centered, and builds on the resiliencies of individuals, families and communities.
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.”

Three hundred thirteen schools partner with their Local Mental Health Authority to provide school-based services.

Family Resource Facilitation is available in 28 of Utah’s 29 counties. This service provides peer support and high fidelity Wraparound facilitation to families and youth with complex mental health 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.
5. Health System Integration

Initiatives:

- Recovery Plus is an initiative to promote health and wellness in people with mental illness and/or substance abuse. It includes an emphasis on nicotine cessation.

- Providers screen individuals for health concerns such as HIV, Hepatitis, Tuberculosis, Diabetes, Obesity and Hypertension.

- Treatment providers focus on overall wellness.

- Education and services for Opioid Use Disorders (OUD) including Medication Assisted Treatment.
Opioid Use Epidemic: A Public Health Crisis

- Opioid Deaths (2015): 630
- Opioid Related Hospital Discharges (2014): 855
- Opioid Related Emergency Department Encounters (2014): 1,722
- Publicly Funded Treatment Admissions for Opioids as Primary Substance of Abuse (2016): 4,404
- Estimated Number of People 12+ Who Have Used Prescription Pain Relievers for Non-medical Reasons in the Past Year (2014): 89,000
In 2017, DSAMH significantly expanded prevention, treatment and recovery supports for Utahns with opioid use disorders. Examples are:

- Funding to local communities for treatment of individuals with opioid disorders increased by 13.9%.
- The number of clients with an opioid disorder, served in the public system, increased from 5,413 to 5,884.
- Championed legislation to license sober living facilities. There are now 52 licensed, sober living residences in Utah.
- The number of additional Peer Support Specialists trained to support recovery, increased from 56 in 2015, to 116 this past year.
- The number of students misusing prescription opioids throughout their lives, declined from 3.8% in 2011 to 1.9% in 2017.
Certified Peer Support Specialists

A Certified Peer Support Specialist (CPSS) is an individual in recovery from a mental health illness, or a mental health illness with a co-occurring substance use disorder. These individuals use their lived experience and specialized training, to assist others with their own recovery.

The Utah CPSS program continues to grow. Key activities in 2017 were:

• Received technical assistance to develop a focus on three critical needs for the CPSS program (Funding, Data Collection, Marketing Peer Value).
• Peer Supervision Training was conducted.
• Initiated monthly support calls and quarterly webinars.
• Annual Peer Support Conference held June 27th.
• There were 4 CPSS trainings during the year, with 357 people in recovery, currently certified as CPSS in Utah.
Suicide Prevention

Utah Zero Suicide Project

“Zero Suicide” is a commitment to suicide prevention in health and behavioral health care systems. Suicide deaths for individuals under the care of health systems are preventable.

Through the Utah Zero Suicide Project, public providers increased their screening of individuals in treatment, from 11% to 55%. Same day safety planning for individuals at risk increased from 45% to 62%.

DSAMH will continue to provide support, training, technical assistance and will be launching a Zero Suicide Collaborative for community partners in 2018.

Utah Suicide Prevention Coalition

DSAMH continues to provide leadership, organizational support and technical assistance to the Utah Suicide Prevention Coalition (USPC).

The USPC released a 10 year state plan outlining strategies to help reduce suicide rates 10% by 2021 and 20% by 2026.

Workgroups focused on implementation of the plan include the following:

- Community Awareness to Action
- Youth Suicide Prevention
- LGBTQ Suicide Prevention
- Firearm Safety for Suicide Prevention
- Workplace Suicide Prevention
- Policy and Data

Learn more: utahsuicideprevention.org
Outcomes for children and youth who access school-based mental health services, show decreases in mental health symptoms and increases in academic success.

In 2017 Utah achieved:

- 40% reduction in office disciplinary referrals.
- 26% increase in basic early literacy scores.
- 23% increase in outcome scores overall.
Justice Certification Initiative

Justice treatment programs reduce recidivism and help individuals find a meaningful life in their community.

In 2017, DSAMH:
• Provided ongoing training to 300 treatment providers on evidence-based practices.
• Provisionally certified 173 facilities.
• Allocated 6 million dollars to Utah communities for innovative programs across the state.
• Created a provider network to address treatment concerns related to justice reform.
Forensic Competency Restoration

DSAMH, along with the Utah State Hospital, implemented a plan to reduce the treatment wait time for patients found not competent to proceed to trial.

Competency restoration services are provided in communities and county jails, while patients await transfer to the Utah State Hospital. The legislatively funded Jail-Based Restoration program became operational in October 2017, to meet the demand for services.

Referrals for Competency Restoration services are expected to continue to rise.
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
human services
SUBSTANCE ABUSE AND MENTAL HEALTH

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