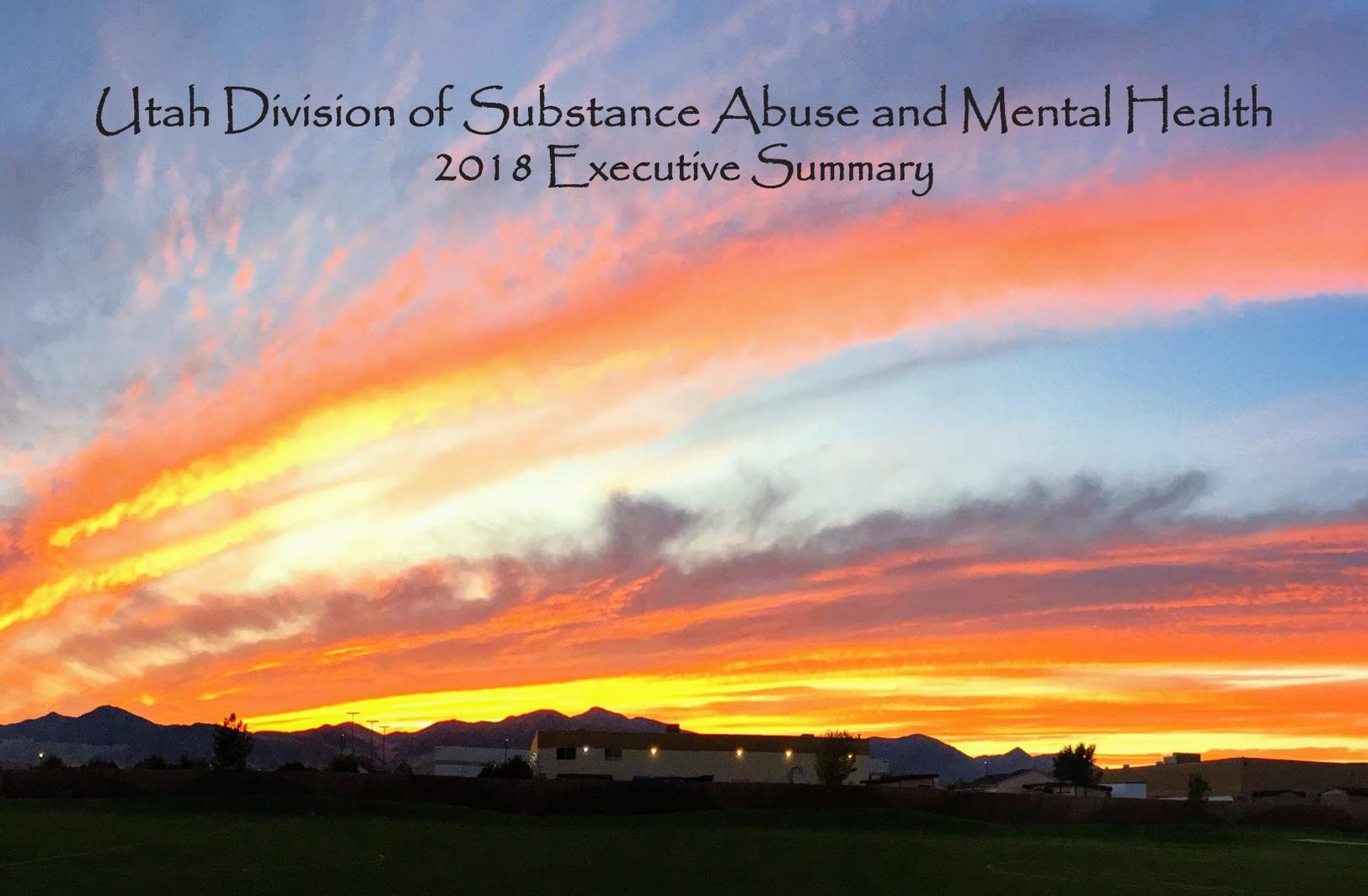


Utah Division of Substance Abuse and Mental Health 2018 Executive Summary



**Fiery sunset over the Wasatch Front.
Cover photo courtesy of
Jeremy Christensen.**

**Prevention works,
treatment is effective,
people can and do
recover from issues
related to mental health
and substance use
disorders.**

As we begin another new year, I am encouraged by the results of our collective efforts to address the suicide and opioid crises in our state. The suicide rate has plateaued and opioid deaths are trending downward. This is good news and these battles are far from over. Too many families and communities have limited access to the resources they need to stop these tragedies from occurring.

We must use our community partnerships to provide the information, tools and support to reach those among us in need. We must redouble our efforts as we strive to help prevent and manage these chronic illnesses when they develop. This is a noble cause. Each of us has a role to play to ensure we achieve the positive outcomes we all desire. Thank you to all, who work so hard to improve the lives of our families and friends in the great state of Utah.

Doug Thomas, Director

DSAMH's **Vision**

is to contribute to the development of healthy individuals, families and communities.

Substance use disorders and mental illnesses can be prevented and can be treated effectively when they develop.





Our **Mission** is to promote
“**Hope, Health and Healing**”
by reducing the impact of
substance misuse and
mental illness, contributing to
the development of healthy
individuals, families and
communities.

Our Guiding Principles

ensure services, programs, systems, activities and policies are:

- **Trauma-informed** - A system that realizes the prevalence of trauma, takes a universal precautions approach by putting this knowledge into practice.
- **Evidence-based** - Integrating expertise with the best available external evidence from systematic and validated research with client preferences.
- **Culturally and Linguistically Competent**
A set of congruent behaviors, attitudes, and policies that come together in a system, that enables effective work in cross-cultural situations.



Partnerships

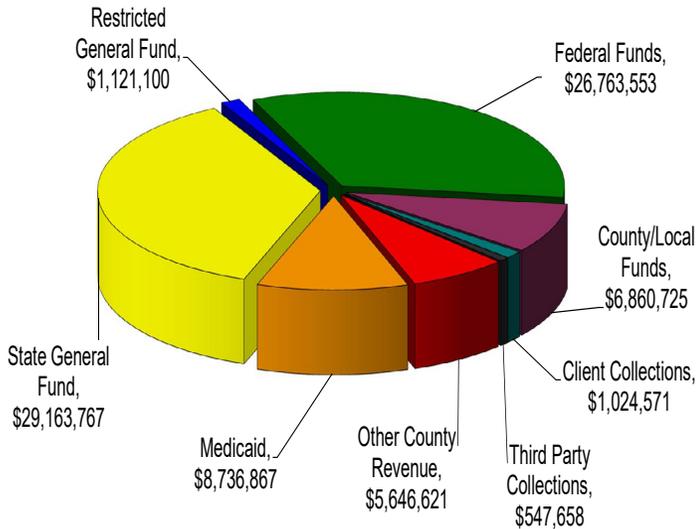
DSAMH contracts with county governments to provide prevention, treatment and recovery support services to the citizens of Utah.

We provide policy direction, monitoring and oversight to ensure evidence-based practices are used and effective outcomes are achieved.



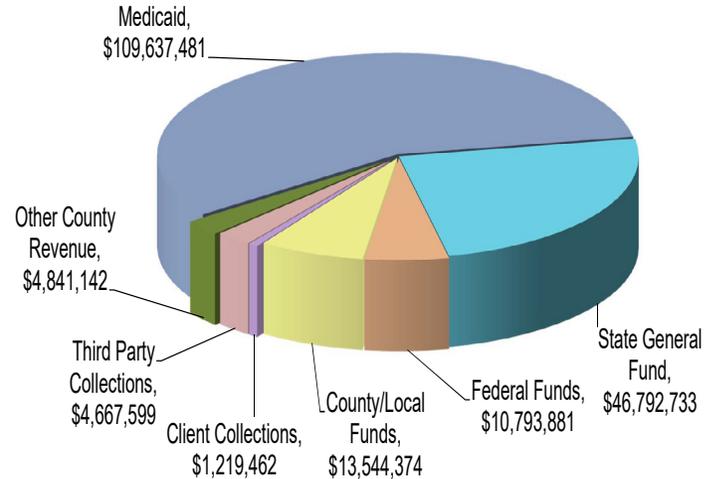
Public Behavioral Health System Funding

Substance Use Disorder Services Funding Fiscal Year 2018



Total Revenues: \$79,864,862

Mental Health Services Funding Fiscal Year 2018



Total Revenues: \$191,496,672

Who We Serve In Treatment

Substance Use Disorder

- 15,222 Adults; 1,002 Youth
- 86% below Federal Poverty Level
- Urban: 73%, Rural: 27%
- Male: 61%, Female: 39%
- Largest Referral Source - Courts
- Medicaid: 30%
- Justice Involved Clients - 79%
- Opioid Disorder - 41%

Mental Health

- 35,296 Adults; 21,142 Child/Youth
- 89% Below Federal Poverty Level
- Urban 69%; Rural 31%
- Male: 48%, Female 52%
- Largest Referral Source - Self
- Medicaid: 56%
- Adult Supported Employment - 1,550
- Youth/School Based Services - 22%



Strategic Initiatives

With input from stakeholders, DSAMH has implemented a strategic plan, that enhances Utah's public mental health and substance use disorder system. This plan is reviewed semi-annually.

The goal is to build a better mental health and substance use disorder prevention, treatment and recovery support system for the citizens of Utah.

The plan focuses on our **five** key strategic initiatives.



1. Prevention and Early Intervention

Prevention and early intervention programs help create healthy individuals, families and communities, by avoiding the costs and consequences associated with substance use disorders and mental illness.

DSAMH promotes and supports prevention and early intervention services in each of Utah's 29 counties and in 342 schools. There are 52 local prevention coalitions in communities throughout the state.



To find a coalition in your area, go to:

**[dsamh.utah.gov/pdf/Prevention/
utah_coalition_list.pdf](https://dsamh.utah.gov/pdf/Prevention/utah_coalition_list.pdf)**

2. Suicide Prevention: Promote Zero Suicide Framework

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%.

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.

Three overarching goals guide efforts towards Zero Suicide. They are:

1. Engage community stakeholders and prevention coalitions in suicide prevention statewide.
2. Develop broad based support through public/private partnerships.
3. Improve the ability of health providers to support individuals who are at risk of suicide.

3. Promote Recovery

DSAMH's third strategy is to develop a "Recovery Oriented System of Care" (ROSC).

2018 Recovery Oriented Activities:



1. Over 18,000 free screenings completed on healthymindsutah.org.
2. 252 CRAFT (Community Reinforcement Approach and Family Training) groups were provided in 9 different Utah Counties, to provide education and support to family members of loved ones who have a Substance Use Disorder.
3. The Supported Employment program has served over 900 individuals.
4. Assisted Outpatient Treatment Program (AOT) served 143 people, reduced hospital time from 53% to 16% and emergency room visits from 38% to 8%.
5. ARCHES (Addiction Recovery Coaching in Healthcare and Emergency Settings), provided recovery support and overdose education to 362 individuals seen for opioid overdose or at risk for drug overdose.

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 forty two schools partner with their Local Mental Health Authority to provide school-based mental health services.

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

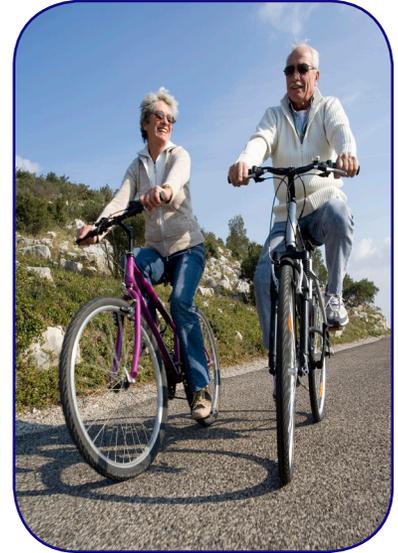
Mobile Crisis Teams for children, adolescents and their families, operate in 5 counties (Davis, Salt Lake, Utah, Iron and Washington) to provide mobile outreach, therapeutic intervention and safety planning.



5. Health System Integration

Treatment providers focus on overall wellness including behavioral health and physical health

- The Recovery Plus program promotes health and wellness. It includes an emphasis on nicotine cessation during initial screenings.
- Behavioral health care providers screen individuals for health concerns such as HIV, Hepatitis, Tuberculosis, Diabetes, Obesity and Hypertension.
- Trained 497 physical health care providers on Screening, Brief Intervention, Referral and Treatment (SBIRT).
- 2,919 individuals were screened by their health care provider using the SBIRT method, with 267 referred to some type of treatment.
- Medication-Assisted Treatment now available in every county.



DSAMH's Response to Opioids

DSAMH actively partners with a multitude of public and private agencies to combat the opioid crisis in Utah. Some notable achievements are listed below.

- Opioid Overdoses in Utah have decreased by 19.8% between 2016 and 2017. (most current data available)
- Individuals seeking treatment services with Opioid Use Disorders (OUD) increased 12%.
- Individuals with OUD utilizing Medication Assisted Treatment (MAT) services has increased 31% throughout the state.
- 3 new Opioid Treatment Provider clinics opened, with locations in West Jordan, Murray and Price.



Crisis Services/Suicide Prevention

Crisis Response Services

Statewide Crisis Line: DSAMH has contracted for a statewide crisis line to ensure 24/7 access to qualified professionals for Utahns experiencing a crisis.

Mobile Crisis Outreach Teams: Five new mobile crisis outreach teams (MCOT) were funded in Weber, Davis, Utah, Salt Lake counties and the Southwest region.

Suicide Prevention Lifeline
1-800-273-TALK (8255)

Zero Suicide Learning Collaborative

The first Utah Zero Suicide Learning Collaborative was created, including approximately ten different organizations, to provide the best care possible to individuals at risk of suicide.

300 Clinicians and administrators learned about the Zero Suicide framework and how to apply elements of it in their specific healthcare setting at the Zero Suicide Summit.

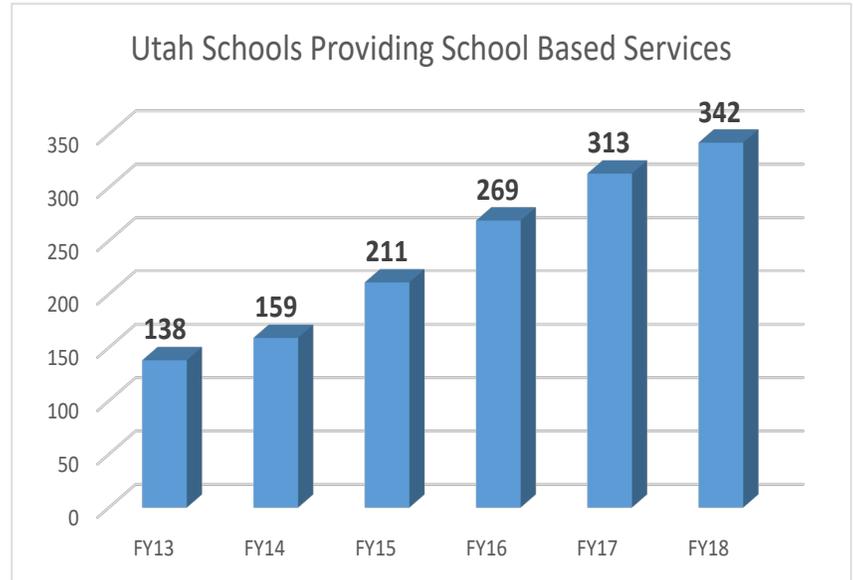
Learn more about Zero Suicide at:
dsamh.utah.gov/services/prevention/zero-suicide-framework

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.

In 2018, Utah achieved:

- **45%** reduction in office disciplinary referrals.
- **60%** decrease in school trouble or legal involvement.
- **38%** increase in DIBELS outcome scores for youth in grades K-3.



Justice Services

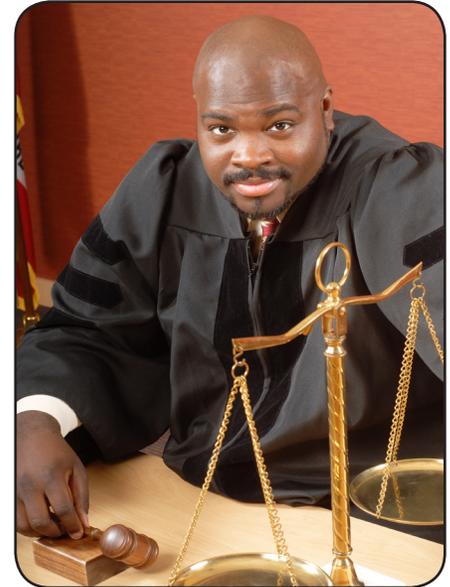
A substantial portion of Utah's criminal justice population need treatment for a mental health illness and/or a substance use disorder.

Justice Certification:

- 90 agencies, both public and private, managing 206 treatment sites through out Utah, are certified to treat justice involved clients.
- Increased the number of clients compelled by a court into substance use treatment by 33% over FY2017.

Drug Courts:

- Admitted 2,678 individuals in Drug Court programs including Adult Drug Courts, Family Dependency Drug Courts, DUI Courts and Juvenile Drug Courts.
- 920 individuals successfully completed Drug Court treatment services.



Utah State Hospital Pilot Program

The Utah State Hospital is partnering with the Governor's Office of Management and Budget to implement operational improvements that will allow it to serve more people with greater efficiency and effectiveness.

Progress After 6 Months:

- Increased capacity that allowed 66 admissions, compared to 37 during the same time period last year.
- Reduced the average length of stay for discharged patients by 183 days, from 981 to 798 days.
- Discharged 66 people from the forensics units, compared to 39 over the same period last year.



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



Operational Excellence



People and Culture

Self-Reliance



Partnership



utah department of
human services
SUBSTANCE ABUSE AND MENTAL HEALTH

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