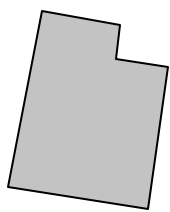


State SSA Director

Mr. Mark Payne, Director
 Division of Substance Abuse and Mental Health
 Utah Department of Human Services
 120 North 200 West Street, Room 209
 Salt Lake City, UT 84103
Phone: 801-538-3939
Fax: 801-538-9892
E-mail: mpayne@utah.gov
Web site: www.hsdsa.utah.gov

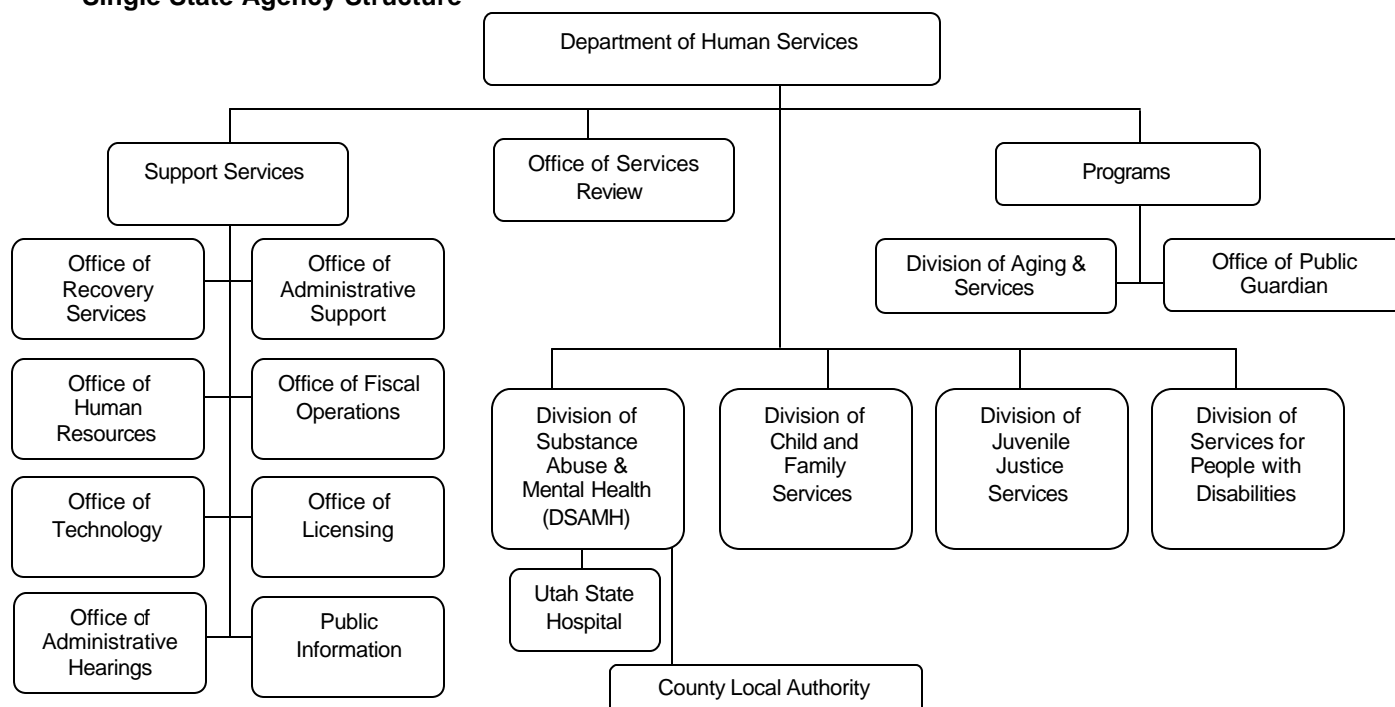
Structure and Function



The Division of Substance Abuse and Mental Health (DSAMH) is the Single State Agency (SSA) for public substance abuse and mental health programs in Utah and is charged with ensuring that prevention and treatment services are available throughout the State. DSAMH monitors and evaluates mental health services and substance abuse services through an annual site review process, review of local area plans, and outcome data. DSAMH also provides technical assistance and training to the local authorities, evaluates the effectiveness of prevention and treatment programs, and disseminates information to stakeholders.

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. There are 29 counties in Utah and 13 local authorities. Some counties have joined together to provide services for their residents. By legislative intent, no substance abuse or community mental health center is operated by the State. DSAMH contracts with the local county governments statutorily designated as local substance abuse authorities and local mental health authorities to provide prevention and treatment services.

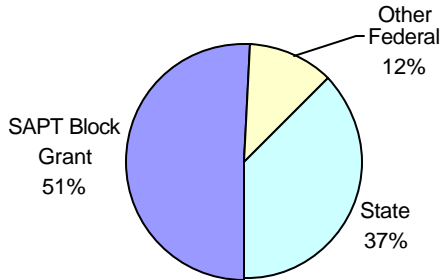
Single State Agency Structure



Single State Agency Funding Overview

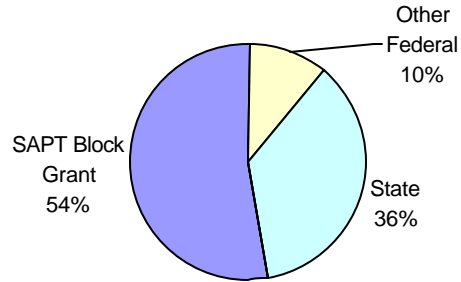
Total SSA funding in Utah increased from \$28.5 to \$31.7 million between FYs 2000 and 2003. The largest funding source during that time period was the Block Grant (totaling 51 to 54 percent of the total), followed by the State (34 to 37 percent) and other Federal sources (9 to 14 percent).

FY 2000 Expenditures by Funding Source

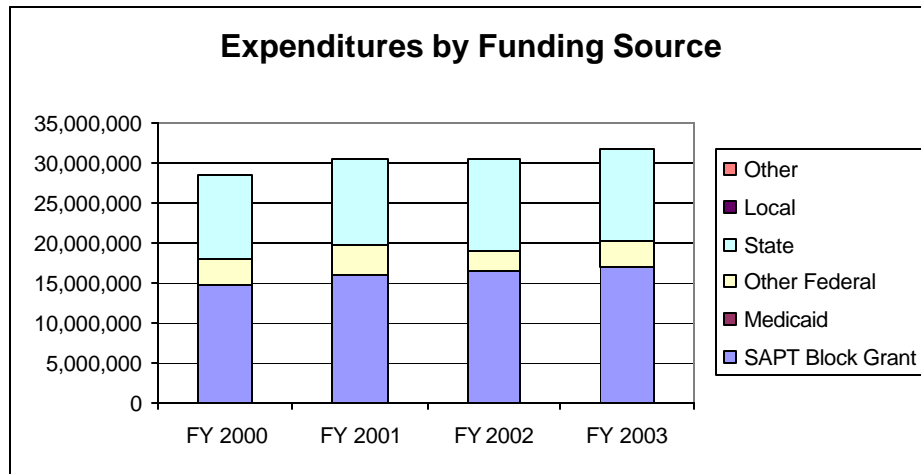


N=\$28,530,40

FY 2003 Expenditures by Funding Source



N=\$31,723,18



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	14,551,928	51	15,791,123	52	16,460,288	54	16,914,130	53
Medicaid*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Federal	3,371,589	12	4,170,118	14	2,763,229	9	3,320,604	10
State	10,606,890	37	10,456,346	34	11,264,151	37	11,488,452	36
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total**	28,530,407	100	30,417,587	100	30,487,668	100	31,723,186	100

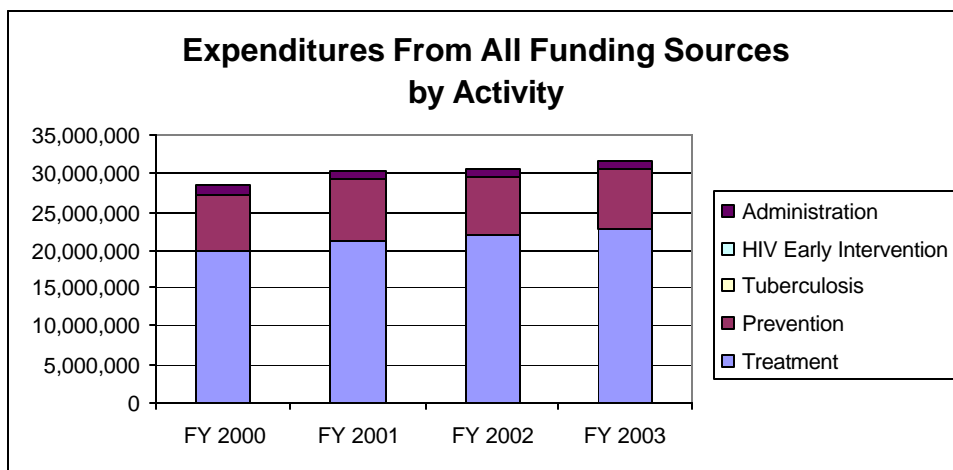
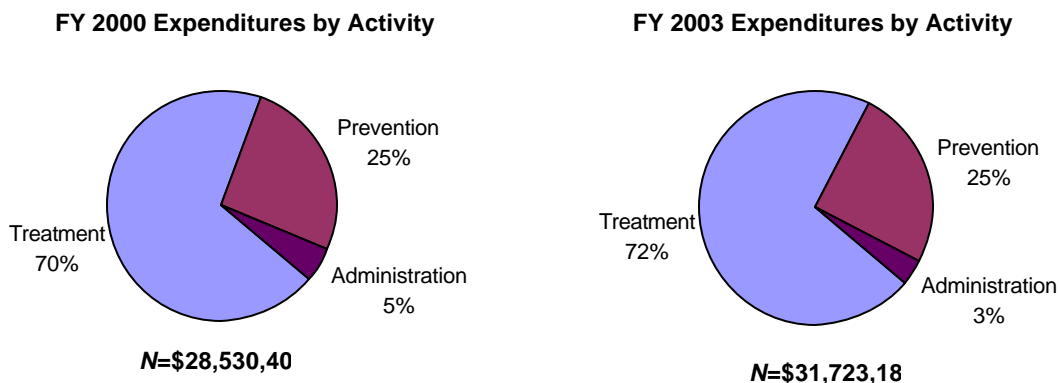
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Medicaid funding is managed by the Department of Health.

** Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Of the \$31.7 million SSA expenditures in FY 2003, nearly three-fourths were spent on treatment and rehabilitation services, and one-fourth was spent on prevention activities. The distribution of funds was similar since FY 2000.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	22,040,496	72	22,749,973	72
Alcohol Treatment	8,399,649	29	9,155,461	30				
Drug Treatment	11,508,284	40	12,196,322	40				
Prevention	7,280,604	26	7,866,045	26	7,443,416	24	7,955,561	25
Tuberculosis	28,230	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,341,869	5	1,199,759	4	1,003,756	3	1,017,652	3
Total*	28,530,407	100	30,417,587	100	30,487,668	100	31,723,186	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

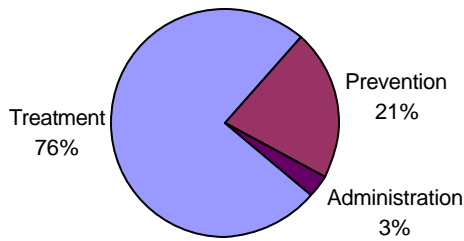
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

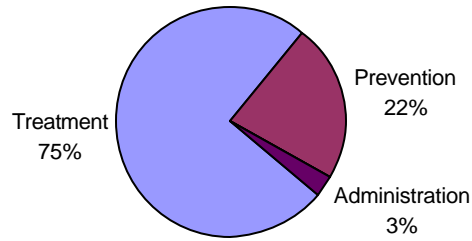
Between FYs 2000 and 2003, Block Grant expenditures in Utah rose from \$14.6 to \$16.9 million. Three quarters of Block Grant funds went toward treatment activities in FY 2003, followed by 22 percent toward prevention activities, and 3 percent toward administration costs.

FY 2000 Block Grant Expenditures by Activity

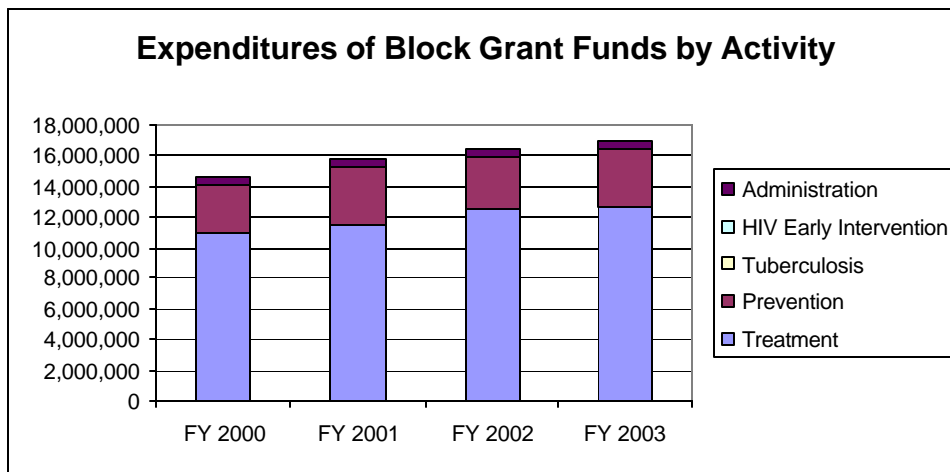


N=\$14,580,15

FY 2003 Block Grant Expenditures by Activity



N=\$16,914,13



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	12,614,230	77	12,690,265	75
Alcohol Treatment	5,156,507	35	5,595,542	35				
Drug Treatment	5,876,802	40	5,941,658	38				
Prevention	3,043,619	21	3,730,856	24	3,292,058	20	3,693,865	22
Tuberculosis	28,230	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	475,000	3	523,067	3	554,000	3	530,000	3
Total*	14,580,158	100	15,791,123	100	16,460,288	100	16,914,130	100

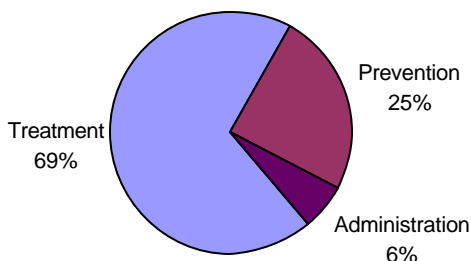
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

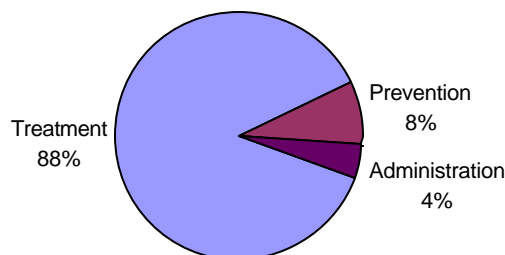
State expenditures for alcohol and drug abuse services also increased between FYs 2000 and 2003 (from \$10.6 to \$11.5 million). In FY 2003, 88 percent of State funds were spent on treatment services, 8 percent on prevention activities, and 4 percent on administration costs. By contrast, in FY 2000 only 69 percent went toward treatment activities, and one fourth went toward prevention activities.

FY 2000 State Expenditures by Activity

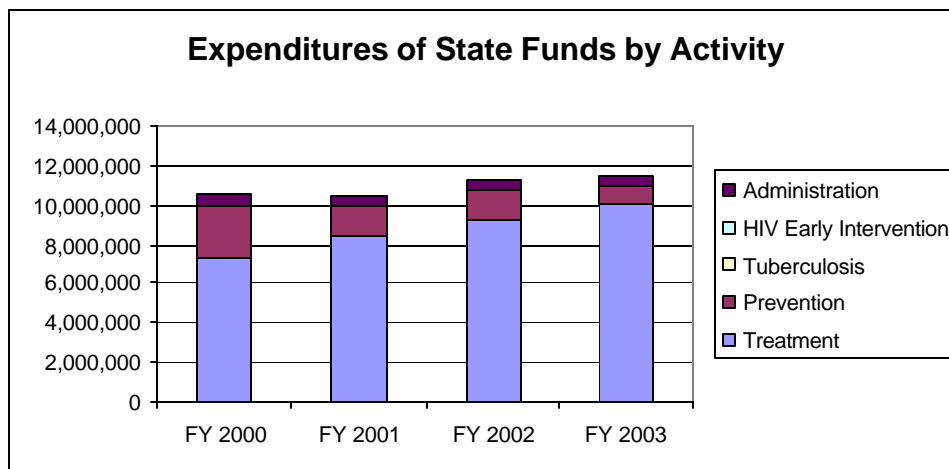


N=\$10,606,89

FY 2003 State Expenditures by Activity



N=\$11,488,45



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	9,276,266	82	10,059,708	88
Alcohol Treatment	2,573,248	24	2,949,714	28				
Drug Treatment	4,778,889	45	5,478,040	52				
Prevention	2,619,246	25	1,560,462	15	1,538,129	14	941,092	8
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	635,507	6	468,130	4	449,756	4	487,652	4
Total*	10,606,890	100	10,456,346	100	11,264,151	100	11,488,452	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The mission of the prevention unit of the DSAMH is to provide leadership and advocacy and to improve the quality of service through public education; technical assistance; collaboration; expansion of resources; and development, promotion, and monitoring of effective practices that will empower local authorities, support consumers and families, influence policymakers, and inform the general public. The Utah framework for prevention integrates the risk and protective factor model and the Institute of Medicine continuum of care model. DSAMH collaborates with the Department of Health to perform tobacco prevention and control activities. Prevention Services in Utah are administered by the Local Substance Abuse Authorities (LSAAs), with guidance from DSAMH. Each LSAA submits an annual plan for prevention activities, which is reviewed by DSAMH.

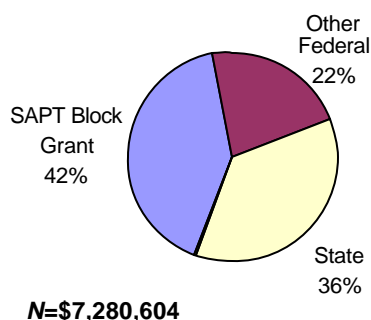
Utah was awarded a State Incentive Cooperative Agreement (SICA) by the Center for Substance Abuse Prevention (CSAP) in 2000 to target youth ages 12-17. The goals of the SICA were to develop a comprehensive, statewide, sustainable prevention strategy using the risk and protective factors framework; implement science-based prevention approaches; and demonstrate a reduction of research-based indicators that affect youth. In 2003, Utah was awarded a SIG-Enhancement grant to expand the success model established in the SICA to focus on the prevention and early intervention needs of 18-25 year-old college students at Utah's public colleges and universities.

Prevention Funding and Expenditures

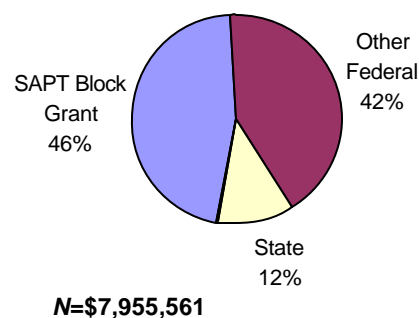
Prevention funding in Utah remained relatively stable between FYs 2000 and 2003 (from \$7.3 to \$8 million). The distribution of funds shifted during this time. In FY 2003, the Block Grant constituted 46 percent of prevention funding, followed by other Federal sources at 42 percent and State funds at 12 percent. By contrast, in FY 2000 the Block Grant constituted 42 percent, other Federal sources constituted 22 percent, and the State constituted 36 percent of total prevention funds.

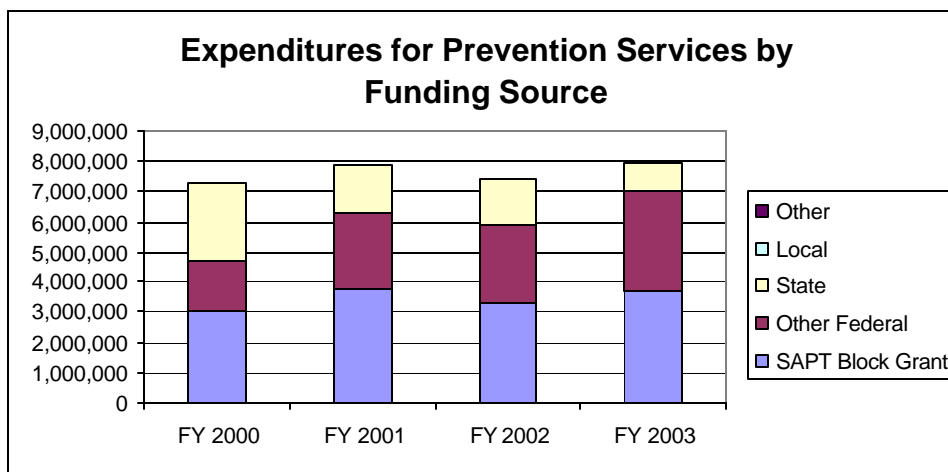
Between FYs 2000 and 2003, Block Grant prevention funding increased from \$1.36 to \$1.55 per capita.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	3,043,619	42	3,730,856	47	3,292,058	44	3,693,865	46
Other Federal	1,617,739	22	2,574,727	33	2,613,229	35	3,320,604	42
State	2,619,246	36	1,560,462	20	1,538,129	21	941,092	12
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	7,280,604	100	7,866,045	100	7,443,416	100	7,955,561	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

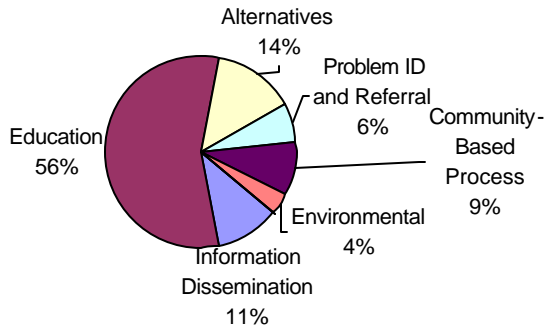
Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include dissemination of information via the seven Utah Family Centers throughout the State, which also serve as the State Regional Alcohol and Drug Awareness Resources (RADAR) depositories.
Education	Strategies include the sponsorship of "Prevention Dimensions," a K-12 school-based prevention education curriculum.
Alternatives	Strategies include supporting the Governing Youth Council (GYC) for high school students involved in the promotion of anti-drug and anti-violence activities throughout the State.
Community-Based Processes	Strategies include the Annual Fall Conference on Substance Abuse to provide professional education and development opportunities for individuals in the substance abuse field.
Environmental	DSAMH works collaboratively with the Department of Health to conduct underage tobacco purchase compliance checks.
Problem Identification and Referral	Strategies include referral and assessment for driving under the influence (DUI) offenders, and youth with first offenses for tobacco, alcohol, and other drugs.

Expenditures of Block Grant Funds for Core Strategies

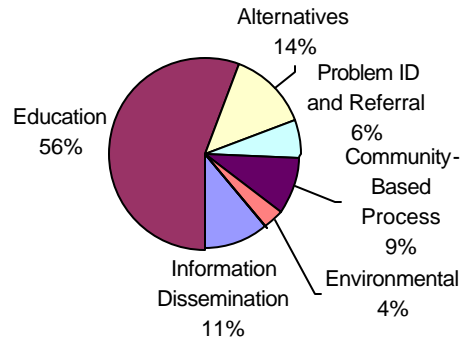
Block Grant funding for prevention core strategies in Utah rose from \$3 to \$3.7 million between FYs 2000 and 2003. During this time period, the largest recipient of the funding went toward education (56 percent of the total).

FY 2000 Block Grant Expenditures by Core Strategy

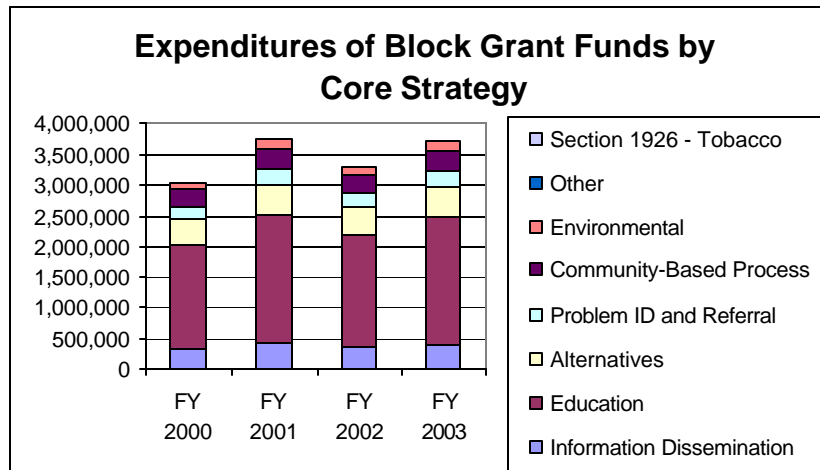


N=\$3,043,622

FY 2003 Block Grant Expenditures by Core Strategy



N=\$3,693,865



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	329,706	11	404,151	11	355,542	11	398,937	11
Education	1,714,212	56	2,101,273	56	1,853,429	56	2,079,646	56
Alternatives	413,284	14	506,602	14	447,720	14	502,366	14
Problem ID and Referral	197,187	6	241,711	6	213,984	7	240,101	6
Community-Based Process	279,404	9	342,492	9	299,577	9	336,142	9
Environmental	109,829	4	134,627	4	121,806	4	136,673	4
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	3,043,622	100	3,730,856	100	3,292,058	100	3,693,865	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Substance abuse treatment services in Utah are delivered through LSAAs. As the SSA, DSAMH contracts with counties to provide these services. Counties may either operate as single entities or join with multiple counties in multicounty organizations, and counties may either provide direct services or contract out for services. Each LSAA is required to provide for a continuum of services, including general outpatient, intensive outpatient, day treatment, jail services, residential and detoxification. Methadone treatment is provided by one publicly funded methadone treatment program, which operates sites in Salt Lake City and Provo.

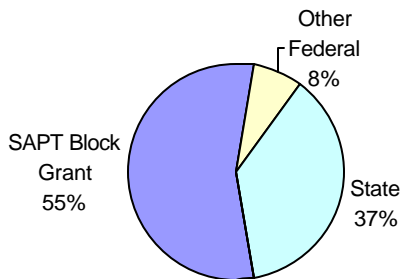
DSAMH also funds drug courts, including nine adult felony courts, four dependency courts, and three juvenile courts. Three therapeutic communities in Utah correctional facilities were also funded and represent ongoing coordination between DSAMH and the criminal justice system. The Collaborative Interventions for Addicted Offenders (CIAO) program targets parolees and probationers with serious substance abuse issues, and is funded by DSAMH in partnership with the Commission on Criminal and Juvenile Justice.

Treatment Funding and Expenditures

Between FYs 2000 and 2003 treatment expenditures in Utah increased from \$19.9 to \$22.7 million. More than half of treatment expenditures were paid for by the Block Grant in FY 2003 (a similar proportion to that in FY 2000), and 44 percent were paid for by the State (compared with only 37 percent in FY 2000).

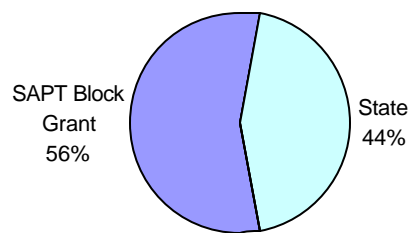
Between FYs 2000 and 2003 Block Grant expenditures on treatment services increased from \$4.92 to \$5.33 per capita.

FY 2000 Treatment Expenditures by Funding Source

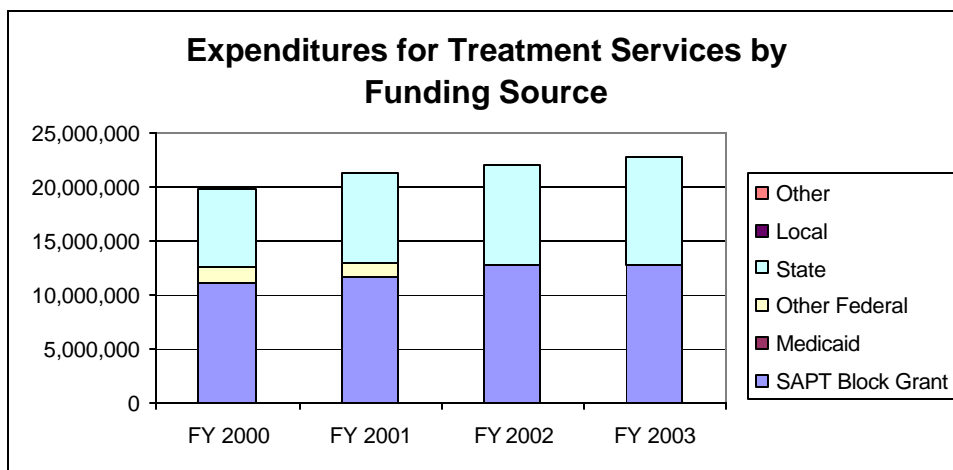


N=\$19,907,93

FY 2003 Treatment Expenditures by Funding Source



N=\$22,749,97



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	11,033,309	55	11,537,200	54	12,614,230	57	12,690,265	56
Medicaid	0	0	0	0	0	0	0	0
Other Federal	1,522,487	8	1,386,829	6	150,000	1	0	0
State	7,352,137	37	8,427,754	39	9,276,266	42	10,059,708	44
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	19,907,933	100	21,351,783	100	22,040,496	100	22,749,973	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Utah's SAPT Block Grant application indicates that over 21,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=21,142)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	8	0	0
Free-standing residential	1,890	2,121	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	321	1,338	0
Long-term residential	379	994	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	550	0
Outpatient (non-methadone)	3,901	6,262	0
Intensive outpatient	658	2,209	0
Detoxification (outpatient)	2	0	0
Total	7,165	13,491	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 11,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 31 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied only slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,173	29.0
Any other drugs	8,994	31.7
Total	11,167	31.2

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 115,000 persons aged 12 and older (6.3 percent of Utah's population) needed, but did not receive, treatment for alcohol use and 49,000 persons (2.7 percent) needed, but did not receive, treatment for illicit drug use in Utah.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	6.33	4.71	12.89	4.71
Needing but not receiving treatment for illicit drug use	2.69	4.22	5.42	1.59

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Substate planning is conducted by the LSAs under the direction of DSAMH. DSAMH provides technical assistance, data, and training to LSAs, and LSAs submit area plans to DSAMH, where the plan is reviewed and modified as necessary.

Treatment and prevention needs assessment studies are conducted by DSAMH to facilitate substate planning by the LSAs. Treatment needs assessment studies include the Adult Treatment Needs Assessment Telephone study and the Native American Reservation Study, funded by the Center for Substance Abuse Treatment (CSAT) State Treatment Needs Assessment program (STNAP). In addition, A Prison Inmate study was conducted, as well as the Arrestee Drug Abuse Monitoring (ADAM) study. Prevention needs assessment studies include the Youth Risk Behavior Survey (jointly administered by the State Office of Education) and the Youth Tobacco Survey (jointly administered by the Utah Department of Health). Data from the prevention and treatment needs assessment studies were disseminated to the LSAs, and technical assistance was provided to interpret the data.

Evaluation

DSAMH monitors the performance of each LSA using a variety of methods. First, each LSA must submit an area plan for treatment and prevention. In addition, each LSA and its subcontractors receive an annual site visit. The site visit consists of a review of the physical facility, program operation, client records, as well as interviews with staff and clients to determine program compliance. Verification of submitted data also takes place during the site visit review. Any deficiencies or non-compliance with the rules require a written plan of action to correct deficiencies and a timeline achieve compliance.

Training and Assistance

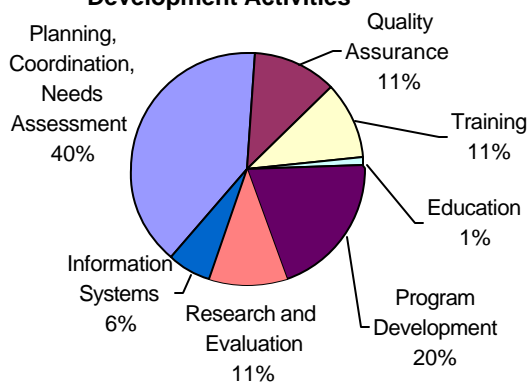
DSAMH has many training opportunities for its substance abuse treatment and prevention workforce. DSAMH sponsors an Annual Fall Conference on Substance Abuse in which substance abuse professionals from the community attend and participate in one of four tracks: Administrative, Adult and Juvenile Justice, Prevention, and Treatment. DSAMH also co-sponsors the Annual University of Utah School on Alcoholism and Other Drug Dependencies and scholarships are allocated to LSAs for individuals to attend the week-long school.

Three statewide conferences are sponsored by DSAMH: The Annual Drug Endangered Children's conference; the Critical Issues Facing Children and Adolescents conference; and the Generations Conference (adult issues). In addition, DSAMH, in conjunction with the Utah State Office of Education, provides regional trainings on the "Prevention Dimensions" curriculum for teacher inservice teams. The teams train K-12 teachers to effectively implement the Prevention Dimensions curriculum in Utah's classrooms. In addition DSAMH sponsors intensive, 40-hour training for new instructors for the PRIME for Life program for DUI offenders and provides recertification trainings for previously certified instructors.

Expenditures of Block Grant Funds for Resource Development Activities

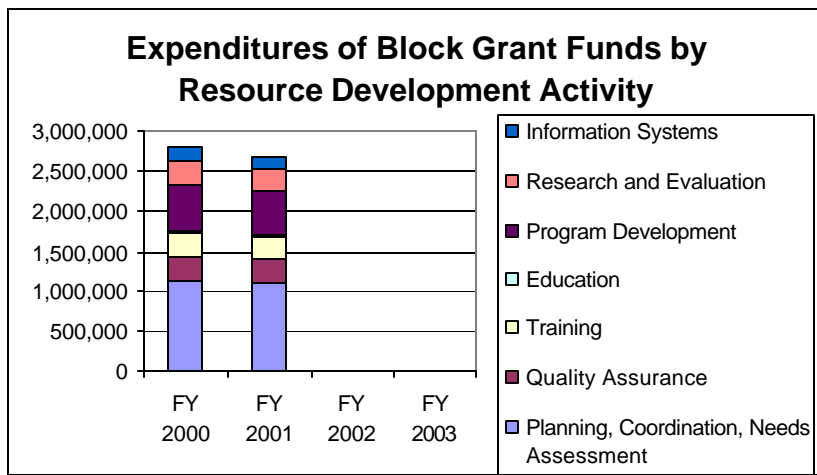
In FY 2000 Utah spent \$2.8 million of Block Grant funds for resource development activities. The largest proportion (40 percent) of funds were spent on planning, coordination, and needs assessment, 20 percent on program development, and the remainder was spread over several other types of activities. This distribution of funds was similar in FY 2001. Utah did not indicate spending any monies on resource development activities in FYs 2002 or 2003.

FY 2000 Block Grant Expenditures on Resource Development Activities



Utah did not report any expenditures for resource development activities for FY 2003.

N=\$2,791,772



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	1,126,072	40	1,089,900	41	N/R**	-	N/R	-
Quality Assurance	318,258	11	294,000	11	N/R	-	N/R	-
Training	300,712	11	300,300	11	N/R	-	N/R	-
Education	27,380	1	27,700	1	N/R	-	N/R	-
Program Development	553,574	20	532,700	20	N/R	-	N/R	-
Research and Evaluation	297,009	11	293,800	11	N/R	-	N/R	-
Information Systems	168,767	6	150,200	6	N/R	-	N/R	-
Total*	2,791,772	100	2,688,600	100	N/R	-	N/R	-

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

** N/R = Not Reported

Discretionary Funding

Center for Substance Abuse Prevention

In FY 2004, Utah received 10 discretionary grants from the Center for Substance Abuse Prevention (CSAP) totaling \$1.7 million. The largest grant (\$750,000) went toward a State incentive cooperative agreement.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	7	649,721
Drug Free Communities Mentoring	1	51,000
HIV/AIDS Cohort 5 Services	1	250,000
State Incentive Cooperative Agreements	1	750,000
Total	10	1,700,721

SOURCE : www.samhsa.gov

Center for Substance Abuse Treatment

Utah received more than \$1.9 million in Center for Substance Abuse Treatment (CSAT) discretionary grants for treatment in FY 2004. Adult, juvenile, and family drug courts received the most funding at \$692,000.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	2	692,354
Residential SA TX	1	462,284
State Data Infrastructure	1	100,000
Targeted Capacity Expansion	1	192,924
Targeted Capacity - HIV/AIDS	1	497,400
Total	6	1,944,962

SOURCE: www.samhsa.gov