Division of Substance Abuse and Mental Health Strategic Plan (DSAMH)

Revised Jan. 14, 2016

*This is a working document, meant to be updated regularly. Other objectives not listed are being worked on by DSAMH.

DSAMH Vision -- Healthy Individuals, Families, and Communities
DSAMH Mission -- Promote Health, Hope, and Healing from Mental Illness and Substance Use Disorders
DSAMH Functions-- Partnerships, Quality, Education, Accountability and Leadership
DSAMH Principles-- Trauma-Informed, Evidence Based Practices, Sustainable, Culturally and Linguistically Competent

STRATEGIC INITIATIVES

Strategic Initiative #1 - Prevention and Early Intervention
Strategic Initiative #2 – Zero Suicides
Strategic Initiative #3 – Promote Recovery
Strategic Initiative #4 – Improve Care for Children and Youth
Strategic Initiative #5 – Health System Integration

GOALS - OBJECTIVES - METRICS

Strategic Initiative #1 - Prevention and Early Intervention		
GOALS	**OBJECTIVES**	**METRICS**
Goal 1.1 Prevent and reduce underage drinking	Objective 1.1.1 Reduce community norms favorable to underage drinking Objective 1.1.2 Reduce parental attitudes favorable towards underage drinking Objective 1.1.3 Reduce youth access to alcohol Objective 1.1.4 Increase Communities That Care coalitions Objective 1.1.5 Increase access to person-centered prevention	**Indicator:** Decrease the percentage of underage drinking 30 Day Alcohol Use, youth **Baseline:** 7%, all grades, 2013 **Target:** 5%, all grades, 2023 **Timeframe:** 2013-2023 **Responsible:** Prevention Program Administrator (Craig PoVey)

	services.	
Goal 1.2 Prevent and reduce prescription drug misuse and abuse	Objective 1.2.1 Reduce community norms favorable to misuse and abuse Objective 1.2.2 Reduce illicit access to prescription drugs Objective 1.2.3 Increase Communities That Care efforts Objective 1.2.4 Increase access to person-centered prevention services	**Indicator:** Decrease percentage of prescription drug misuse and abuse Prescription Drug Misuse in past 30 days among youth; adults **Baseline:** Youth: 2.3, all grades, 2013 **Target:** Youth: 1.0, all grades, 2023 **Timeframe:** 2013-2023 **Responsible:** Prevention Program Administrator (Craig PoVey)
Goal 1.3 Prevent and reduce marijuana use	Objective 1.3.1 Reduce community norms favorable to misuse and abuse Objective 1.3.2 Reduce access to marijuana Objective 1.3.3 Increase Communities That Care efforts Objective 1.3.4 Increase access to person-centered prevention services	**Indicator:** Decrease percentage of marijuana use Past 30 day use, youth **Baseline:**5.2, all grades, 2013 **Target:**4.0, all grades, 2019 **Timeframe:**2013-2019 **Responsible:** Prevention Program Administrator (Craig PoVey)
Goal 1.4 Prevent and reduce depression and other mental illness	Objective 1.4.1 Identify opportunities to integrate substance abuse and mental illness prevention systems, models, policies, and practices Objective 1.4.2 Increase access to evidence based programs proven to reduce mental illness Objective 1.4.3 Promote, educate, and provide leadership to increase the number of Communities That Care Coalitions addressing mental illness issues.	**Indicator:** Reduce the percentage of mental illness Needs for Mental Health Treatment - High mental health needs **Baseline:**13.0 of all grades, 2013 **Target:**12.0 of all grades, 2019 **Timeframe:** 2013-2019 **Responsible:** Prevention Program Administrator (Craig PoVey)

Goal 1.5 Prevent tobacco and nicotine use	Objective 1.5.1 Cooperate with the State Department of Health in the planning and administration of Synar Checks Objective 1.5.2 Reduce community norms favorable to use of tobacco and other nicotine products Objective 1.5.3 Increase Communities That Care efforts	**Indicator:** Reduction of percentage of tobacco use Reduction of percentage of nicotine use, including e-cigs Past 30 day use, e-cigs youth **Baseline:** 4.7, all grades, 2013 **Target:**4.0, all grades, 2019 **Timeframe:** 2013-2019 **Responsible:** Prevention Program Administrator (Craig PoVey)
Goal: 1.7 Reduce overdose deaths	Objective: 1.7.1 Educate the general public on ways to reduce overdose deaths Objective 1.7.2 Educate the general public on Naloxone Project Objective 1.7.3 Incorporate education, promotion and distribution of Naloxone kits among strategic plans of Local Substance Abuse Authorities (LSAAs), Local Mental Health Authorities (LMHAs), Communities That Care and other prevention coalitions	**Indicator:** Opiate Overdose Deaths **Baseline:** 274, 2013 **Target:**250, 2019 **Timeframe:**2013-2023 **Responsible:** Prevention Program Administrator (Craig PoVey)

Strategic Initiative #2 – Zero Suicides		
GOALS	**OBJECTIVES**	**METRICS**
Goal 2.1 Engage community stakeholders and prevention coalitions in suicide prevention and mental health promotion efforts statewide	2.1.1 Subcontract with a minimum of 13 local coalitions through Prevention by Design 2.1.2 Train community members in Gatekeeper awareness and evidence-based trainings	**Indicator:** Number of engaged community prevention coalitions **Baseline:** # of prevention coalitions engaging in suicide prevention efforts **Target:** Increase # of prevention coalitions engaged by 10% **Time frame:** 2015-2017 **Responsible:** Suicide Prevention Coordinator (Kim Myers)

Goal 2.2 Develop broad based support through public/private partnerships dedicated to implementing and sustaining suicide prevention efforts	2.2.1 DSAMH will provide ongoing leadership to collaborate and coordinate the Utah Suicide Prevention Coalition, including the Executive community and relevant workgroups 2.2.2 Maintain a current state suicide prevention plan	**Indicator:** Participation in Suicide Prevention Coalition meetings **Baseline:** 15 stakeholders represented at meetings **Target:** Maintain or increase number of stakeholders engaged **Time frame:** 2015-2017 **Responsible:** Suicide Prevention Coordinator (Kim Myers)
Goal 2.3 Improve the ability of health providers (including Behavioral Health) to better support individuals who are at risk of suicide through adoption of Zero Suicide framework	2.3.1 Promote the adoption of universal screening for suicide risk within the public behavioral health care system 2.3.2 Promote same day safety planning for individuals who screen positive for suicide risk	**Indicator:** Universal Screening Rates in public mental health system **Baseline:** Dependent on Local Authority **Target:** Increase screening rates by 25% **Time frame:** 2015-2018 **Responsible:** Suicide Prevention Coordinator (Kim Myers) **Indicator:** Same-day safety planning for individuals screened as at risk for suicide **Baseline:** Dependent on Local Authority **Target:** Increase same day safety plans by 25% **Time frame:** 2015-2018 **Responsible:** Suicide Prevention Coordinator (Kim Myers)

Strategic Initiative #3 – Promote Recovery		
GOALS	**OBJECTIVES**	**METRICS**
Goal 3.1 Promote and establish Peer	Objective 3.1.1 Provide Training for Mental Health (MH) and Substance Use Disorders (SUD) Peer Specialists including evidence-based practices, peer-to-peer cessation training, Certified Peer Support	**Indicator:** CPSSs who desire work are able to find CPSS-related employment **Baseline:** Year one - determine % of CPSS currently

Support Services	Specialist (CPSS) training and support for the annual Peer Support conference Objective 3.1.2 Educate and Promote the availability of trained PSS to Local Authorities and other potential employers (public and private MH, SUD and health care providers) on benefits of using Peer Support Specialists. This will include an increase in the visibility of CPSS in the State, development of the CPSS website Objective 3.1.3 Increase sustainability of CPSS services within the state	employed in a CPSS position **Target:** Year two - Increase % CPSS employed by 10% **Timeframe:** 2015-2017 **Responsible:** Peer Support Program Manager
Goal 3.2 Promote and establish employment services statewide	Objective 3.2.1 Identify current programs and barriers in both urban and rural counties. Develop a continuum across available services to describe funding gaps and create a strategic plan to address barriers Objective 3.2.2 Increase engagement of employment services for individuals in recovery Objective 3.2.3 Work with Medicaid to expand services through various funding mechanisms	**Indicator:** Increase integrated and competitive employment opportunities through Supported Employment (SE)/Individual Placement and Support (IPS) **Baseline:** Two LMHAs engaged in SE/IPS providing services approximately 100 individuals per year **Target:** Engage two additional LMHAs and provide SE/IPS services to approximately 25 additional individuals **Timeframe:** 2014-2016 **Responsible:** Supported Employment Program Manager (Sharon Cook)
Goal 3.3 Provide MH and SUD services in a trauma informed environment for clients and staff	Objective 3.3.1 Review Division Directives and contracts to include the provision of services in a trauma informed environment Objective 3.3.2 Provide increased training and technical assistance for Local Authorities. Through the CABHI Grant, providing evidence based training on Trauma Informed Care (TIC) Objective 3.3.3 Create a Trauma Informed Workgroup that reports to the UBHC Clinical Directors to make recommendations about changes in policy, procedures, and funding strategy to move to a TIC system	**Indicator:** Increase trauma informed services for clients **Baseline:** Four LMHAs are currently undergoing training **Target:** All LMHAs would be trained in trauma informed approach **Timeframe:** FY18 **Responsible:** SUD and MH Program Managers (Rebecca King, Robert Snarr)

Goal 3.4 Develop array of non-clinical services designed to provide necessary supports for individuals seeking recovery or in early recovery	Objective 3.4.1 Expand contract language to encourage and incentivize expansion of services providing early intervention and post-acute treatment services to support recovery Objective 3.4.2 Work with appropriate committees and groups to ensure that essential health benefits in Utah include early intervention and recovery support services in insurance plans Objective 3.4.3 Work with state and local community stakeholders to continue developing recovery oriented standards of care and work towards implementation planning and delivery	**Indicator:** Increase recovery oriented support services to clients **Baseline:** Scorecard history of recovery oriented services including: employment, housing, and peer support related services **Target:** Increase recovery oriented support services provided by 5% **Timeframe: S**FY18 **Responsible:** MH Program Administrator
Goal 3.5 Improve housing services across the state	Objective 3.5.1 Identify current housing programs and barriers in both urban and rural counties Objective 3.5.2 Develop a continuum across available services to describe funding gaps and create a strategic plan to address barriers Objective 3.5.3 Explore Medicaid services to maximize funding mechanisms and ensure that those eligible for Medicaid are enrolled	**Indicator:** Explore the development of additional affordable supported housing and Medicaid resources **Baseline:** Scorecard history for housing indicators **Target:** Development of increase of 5% of additional affordable supported housing for individuals who are homeless/mental illness and/or substance use disorders. **Timeframe:** SFY18 **Responsible:** Robert Snarr

Strategic Initiative #4 – Improve Care for Children and Youth		
GOALS	**OBJECTIVES**	**METRICS**
Goal 4.1 Promote Community Based Services (Systems of Care (SOC) Value) through increasing accountability of states placing youth in Residential Treatment Centers	Objective 4.1.1 Increase in state system knowledge of, and compliance with, the Interstate Compact on the Placement of Children (ICPC) process through a collaboration with Office of Licensing (OL), Division of Child and Family Services (DCFS), DSAMH and the LMHAs Objective 4.1.2 Establish and utilize collaboratively developed procedures to ensure ICPC compliance	**Indicator:** Compliance with ICPC process **Baseline:** Numbers of out of state clients accessing State or County services without reimbursement from the sending state through the ICPC process **First Year Target:** Establish baseline **Second Year Target:** 20% reduction **Data Source:** Partner agencies, OL, DCFS, ICPC Local Authorities

(RTCs) in Utah	Objective 4.1.3 Identify all states sending children and youth to RTCs in Utah and increase collaboration regarding compliance and oversight by sending state	**Description of Data:** Research results, reports, Substance Abuse and Mental Health Information System (SAMHIS) and Outcome Data **Responsible:** Children, Youth and Family Program Administrator and Assistant Director (Dinah Weldon and Jeremy Christensen)
Goal 4.2 Increasing system knowledge for adolescent co-occurring substance use and mental health disorders treatment	Objective 4.2.1 Increase utilization of LMHA/LSAA supplied data regarding the provision of services and outcomes for adolescents with co-occurring substance use and mental health disorders	**Indicator:** Adolescent Scorecard for Co-Occurring Mental Health and Substance Use Disorders developed and used **Baseline:** None, this would be a newly developed Scorecard **First Year Target:** Outcome measures agreed upon and collection methods established **Second Year Target:** Scorecard developed and published **Data Source:** SAMHIS, Local Authority Reports, **Responsible:** Children, Youth and Family Program Administrator and Program Director and Business Analyst Supervisor (Dinah Weldon, Eric Tadehara with Brenda Ahlemann)

Strategic Initiative #5 – Health System Integration		
GOALS	**OBJECTIVES**	**METRICS**

Goal 5.1 Increase partnerships with accountable/ care organizations (ACOs), federally qualified health centers (FQHCs) and the Local Authorities	Objective 5.1.1 DSAMH will facilitate at least three meetings to discuss integration with Local authorities, ACOs and FQHC representatives in SFY 2016 Objective 5.1.2 Require each local authority to develop an annual plan that describes their efforts to integrate services Objective 5.1.3 Local authorities will contract for services with FQHCs Objective 5.1.4 Local authorities will contract for services with ACOs	**Indicator:** Number of local authorities that submit integration area plan. **Baseline:** in SFY 2016, 100% of local authorities submitted integration plan. **Target: 100% in SFY 2017.** **Timeframe:** 2015-2017 **Responsible:** SUD Assistant Director
Goal 5.2 Services will address an individual's substance abuse, mental health, and physical healthcare needs	Objective 5.2.1 Monitor weight (and height for children) Objective 5.2.2 Provide or arrange for a diabetes screening, as indicated Objective 5.2..3 Identify tobacco use in the assessment and offer resources as indicated Objective 5.2.4 Provide services in a tobacco free environment Objective 5.2.5 • Evaluate all individuals who are Opioid or alcohol dependent for the use of Medication Assisted Treatment (MAT) and if appropriate: include the use of MAT in the treatment plan, and • either provide the medications as part of the treatment, or • refer the individual for Medication assisted treatment • Objective 5.2.6 Provide information to individuals on physical health concerns and ways to improve their physical health • Objective 5.2.7 Incorporate wellness into individual person centered Recovery Plans as needed	**Indicator:** http://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf **Baseline:**# of LMHAs reporting Basic Collaboration (Level 2) **Target:** 100% of LMHAs report Basic Collaboration (Level 2) **Timeframe:** 2015-2017 **Responsible:** MH Program Administrator **Indicator:** National Registry of Evidence-based Programs and Practices (NREPP), Current Utah Behavioral Health Council (UBHC) list of Evidence Based Practice (EBPs), EBP data in SAMHIS **Baseline:** EBP data for FY15 **Target:** Increase in EBP measures (use of EBP, fidelity score) **Timeframe:** 2015-2017 **Responsible:** SUD Assistant Director