

SUMMIT COUNTY



REPORT OF MENTAL HEALTH SURVEY FINDINGS
AND COMMUNITY-BASED STRATEGIC PLANNING
DIRECTIVES FOR SUMMIT COUNTY

OCTOBER 2016

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Report of Mental Health Survey Findings and Community-Based Strategic Planning Directives
For Summit County

October 2016

Letter from Summit County Health Director



Mental health needs and challenges impact many members of our community in a variety of ways. When trying to address unmet needs and focus resources to meet priorities, it can be truly overwhelming to know where to start.

During the summer of 2015, however, an idea began to take root. What if we could engage a broad segment of the community in a conversation about mental health? We could then leverage that input to chart a course for more comprehensive mental health support and services in Summit County.

Last fall, we assembled a steering committee composed of volunteer members from the community, who solicited input from all sectors of the county to help us identify mental health needs among our citizens. What follows is the product of a yearlong journey led by this dedicated group of residents, facilitated by Summit County in close partnership with Valley Behavioral Health. This study represents some of our residents' very best thinking. From these results, strategies will be developed and implemented to better meet the mental health needs of our residents.

My sincere thanks to the more than one thousand individuals who took time to complete the mental health survey and to the steering committee that worked so tirelessly on this endeavor. I am certain the data and stories collected through this effort will serve as a roadmap for many years to come.

With Gratitude,

A handwritten signature in black ink, appearing to read "Rich Bullough". The signature is fluid and cursive, written over a light-colored background.

Rich Bullough, PhD, Health Director



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METHODOLOGY

The County assembled a steering committee, consisting of nine members of the community. The purpose of this committee was to gather data from the citizenry about experiences with mental health and mental health services and synthesize that information into a set of recommended strategic directives. These individuals volunteered countless hours to the project. Tanner LLC, a Salt Lake City-based professional services firm was engaged to provide independent facilitation of the process and to aid in data analysis and development of this document. Although the committee was selected by Summit County, it was charged to remain objective and independent from the County and healthcare providers. Ultimately, the committee, not the County or Tanner, determined the content of the mental health needs assessment and strategic plan as well as the process employed in its creation.

It is important to note that the purpose of the outreach was to engage as many members of the community as possible in a conversation about mental health and to collect perspectives from as many people as possible, not to create a statistically valid study of mental health issues for Summit County. The committee leveraged volunteer resources of the community in conducting that outreach and had as its goal to be as inclusive as possible. Outreach was conducted through local civic and religious groups, major employers, school districts, the criminal justice system and medical and mental healthcare providers. As the largest mental health provider in the County, Valley Behavioral Health was very supportive of this effort.

Throughout the process, care was taken to involve every segment of the community. The committee itself had members from North Summit, South Summit as well as Park City and Snyderville Basin. About 75% of survey responses came from residents of Park City, Snyderville Basin, and Kimball Junction while 25% came from North and South Summit. It was encouraging to see 13.5% of responses from Hispanics which is proportional with the Hispanic population of the County according to the most recent census data from the US Census Bureau. In addition, significant outreach was conducted in Spanish including a live meeting as well as a Spanish version of the survey that was aggressively distributed to ensure inclusion of perspectives from Spanish speaking residents.

Surveys

To assess the state of Summit County's mental health awareness, care, and services, several online surveys were conducted: one for the mental health providers of Summit County, one for criminal justice personnel, and one for the general public (English and Spanish versions). The steering committee was heavily involved in deciding what questions were asked and the language for asking these questions, especially for the general public surveys. Several long and thorough meetings were held to discuss how to remove bias and judgment from each question and to ensure that gaps in interpretation were minimized as much as possible.

Within the general public surveys were two main branches of questions, each set based on whether a person had experience (his/her own or through someone else) with seeking treatment for mental illness in Summit County. Those who did not have direct experience were asked one set of questions and those with direct experience were asked questions centered on that experience. Subjects ranging from awareness of mental health facilities/services to effectiveness of treatment were discussed, and a paper version was administered at the People's Health Clinic in Spanish to encourage responses from those who could not access the online surveys or preferred not to contribute in that way.



METHODOLOGY

As the committee began its work, there was significant concern over whether it would be successful in getting a meaningful number of survey responses, particularly given the stigma that is often associated with mental illness. In all, over 1,000 responses were collected for the general public survey, 15 were collected for the providers' survey, and 32 were collected for the criminal justice survey, for a grand total of nearly 1,100. Considering that the County's population is approximately 40,000, this is a remarkable response rate for a survey narrowly focused on mental health. The next section highlights some of the survey results. A more complete set of results is included in the Appendix.

Community Dialogue Sessions And Personal Interviews

The steering committee also conducted five dialogue sessions with community stakeholders and residents to gain additional perspective. These sessions were open to the public and over 60 individuals turned out to share their experiences and thoughts. There was very passionate, but respectful dialogue during these sessions and it was clear that participants have deep concern for how to more effectively treat mental illness in the County. In addition, 25 individual interviews were conducted.

“My son is 17 and had a full blow psychotic attack... It was triggered by Zoloft, an anti-depressant, but most likely would have happened eventually due to an underlying mental disorder. He has been in the Hospital since January and we are hoping he'll be back home in August...

“His life will be very different when he comes home. He's heavily medicated now and is not the same. He's socially awkward, occasionally leaves food on his face or zipper open, paces, has hand tremors, spaces out, says strange things, gets fixated on things, etc. His hygiene isn't great and he doesn't care about how he looks. He has a hard time focusing so school will be difficult for him. He is an excellent athlete but can't get motivated about much anymore. He wanted to go to a good college and be a pilot. Maybe those dreams have changed now.

“It will be hard enough if he stays on his meds. If he fails to take his meds, then life could be very challenging. We don't know what to anticipate upon his return. But the greatest thing I foresee happening in Summit County is:

1. A long term residential treatment center
2. More assistance in the schools
3. More Psychiatrists
4. More caseworkers
5. More community education to help reduce the associated stigma with mental health
6. More education in the hospitals and with the police”

—*Summit County Parent*



NEEDS ASSESSMENT

Thorough research has been conducted nationally to look at barriers to effective mental health treatment. Many of the findings of that research are very applicable to Summit County and consistent with the feedback we received through the survey, dialogue sessions, and interviews.

For example, according to national epidemiologic surveys, the majority (about two-thirds) of people with symptoms of clinical criteria for mental and substance use disorders do not receive any treatment.¹ Social stigma and lack of awareness of resources and their effectiveness can get in the way of individuals seeking treatment. Primary care physicians often do not receive training and support for mental health cases and yet they typically are the first to see a mental health patient in crisis and refer them on. Lastly, there are inadequate funding mechanisms, a shortage of behavioral health care providers, and inadequate insurance to pay for needed treatment (and often inadequate coverage when insurance is in place).² Interestingly, the issue of funding for mental health treatment also impacts those with insurance. For example, one study found that nearly half of individuals in need of substance abuse treatment had private insurance yet failed to receive treatment.³ It is also common for individuals struggling with mental illness or addiction to significantly delay treatment (often for 10 years or more) and the delay leads to additional health problems.⁴

According to the U.S. Centers for Disease Control, in 2014 over 47,000 people died of a drug overdose, which approximates the number of deaths attributed to motor vehicle accidents and homicides combined.⁵ This is an area where early intervention and prevention could have a dramatic impact since 90% of Americans who meet the medical criteria for addiction started smoking, drinking or using other drugs before age 18.⁶

What follows is a brief summary of key observations from the survey, dialogue sessions, and interviews. A detailed description of survey finding and other information are included in the Appendix.

1 Wang, P. S., Lane, M., Olfson, M., Pincus, H. A, Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 629-640.

2 [9] Watson Wyatt Worldwide. (2007). *Mental Health in the North American Labour Force: Literature Review and Research Gap Analysis*. Toronto, ON, Canada: Author. Available from: www.mentalhealthroundtable.ca/documents.html

3 [10] Mark, T. L., Coffey, R. M., King, E., Harwood, H., McKusick, D., Genuardi, J., et al. (2000). Spending on mental health and substance abuse treatment, 1987-1997. *Health Affairs*, 19(4), 108-120.

4 [11] Wang, P. S., Berglund, P., Olfson, M., Pincus, H. A, Wells, K. B., & Kessler, R. C. (2005). Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 603-613.

5 CDC/NCHS, National Vital Statistics System, Mortality File, 2014, last accessed Dec. 11, 2015

6 The National Center on Addiction & Substance Abuse at Columbia University (2011). *Adolescent Substance Use: America's #1 Public Health Problem*, Page 10



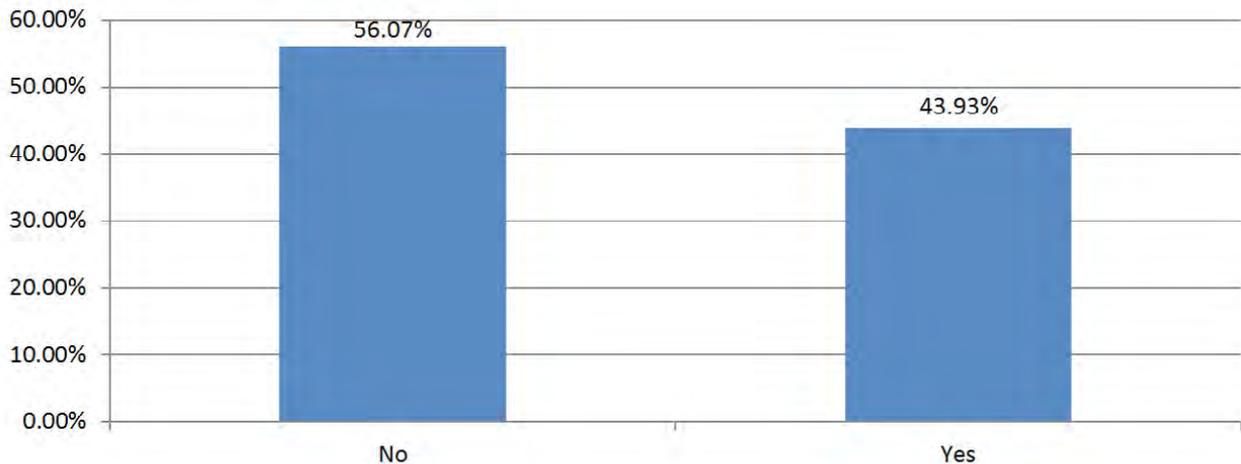
NEEDS ASSESSMENT

Barriers

Funding & Stigma – Consistent with national studies, the two largest barriers identified by survey respondents fit broadly into funding issues and stigma. This was a consistent theme in responses from patients, friends and family, and providers. Both issues came up regularly during community dialogue sessions. See the Appendix for more details.

No Clear Starting Point – Many respondents and particularly participants in the dialogue sessions suggested that there is a huge need for a clear starting point for those seeking help. People simply don't know where to go to get help. Many contacted multiple providers before finally finding someone that could help with a diagnosis and treatment. Some suggested establishing a clear first point of contact that could help orient individuals and families to available services and guide them as they find a diagnosis and initial treatment options.

If you were to experience a crisis or tragedy in your life, would you know where to go for help?



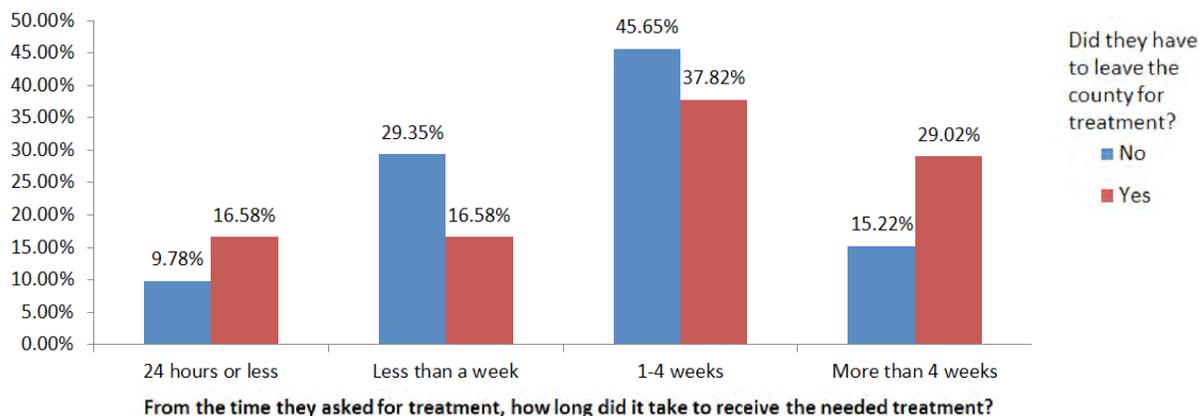
NEEDS ASSESSMENT

Gaps

Lack of Providers – The survey results seem supportive of the idea that Summit County struggles with a general shortage of behavioral healthcare providers just as most of the country. For example, only 57% of respondents that sought treatment in the County were able to find professionals here that could provide them with a diagnosis. Most were not able to find treatment or adequate follow-up services and support in the County. The lack of providers is most acute for English Language Learners.

Wait Times – Wait times were also a significant issue with 29% of those receiving treatment in the County waiting more than 4 weeks and 46% waiting one to four weeks. Given the relatively low population density in the County, the lack of more intensive treatment options such as residential treatment was expected. However, a significant number of survey respondents expressed having difficulty accessing more basic services such as outpatient therapy and day treatment. In both the provider survey and during dialogue sessions, the issue of crisis services came up with the emergency room at the hospital being the only option currently available in the County. However, the hospital is not currently an adequate solution because there is no inpatient option for psychiatric patients. Those that are having a mental health crisis can be evaluated there, but must then be transferred to another hospital for treatment. Wait times in these acute situations can literally mean the difference between life and death.

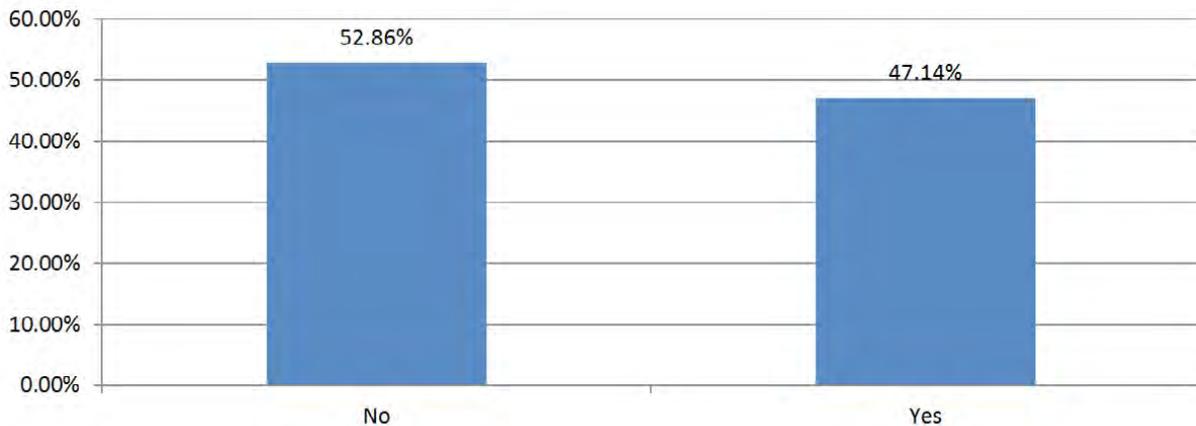
How long did it take to receive treatment for those who had to leave the county for it versus for those who did not?



NEEDS ASSESSMENT

Lack of Support Services – Many concerns expressed related to the difficulty in accessing support services, including things like aftercare, group therapy and on-going case management. For example, of respondents that were able to find adequate initial treatment in Summit County, only a third indicated that they were able to access follow-up and support services in the County after the initial treatment. Many family and friends of individuals struggling with mental illness expressed frustration in their comments and during dialogue sessions in this regard. They indicated that a little bit of support and education for them would have gone a long way towards improving health outcomes for their family member or loved one.

Do you believe that adequate support exists within Summit County to assist those dealing with mental illness or substance abuse issues?



NEEDS ASSESSMENT

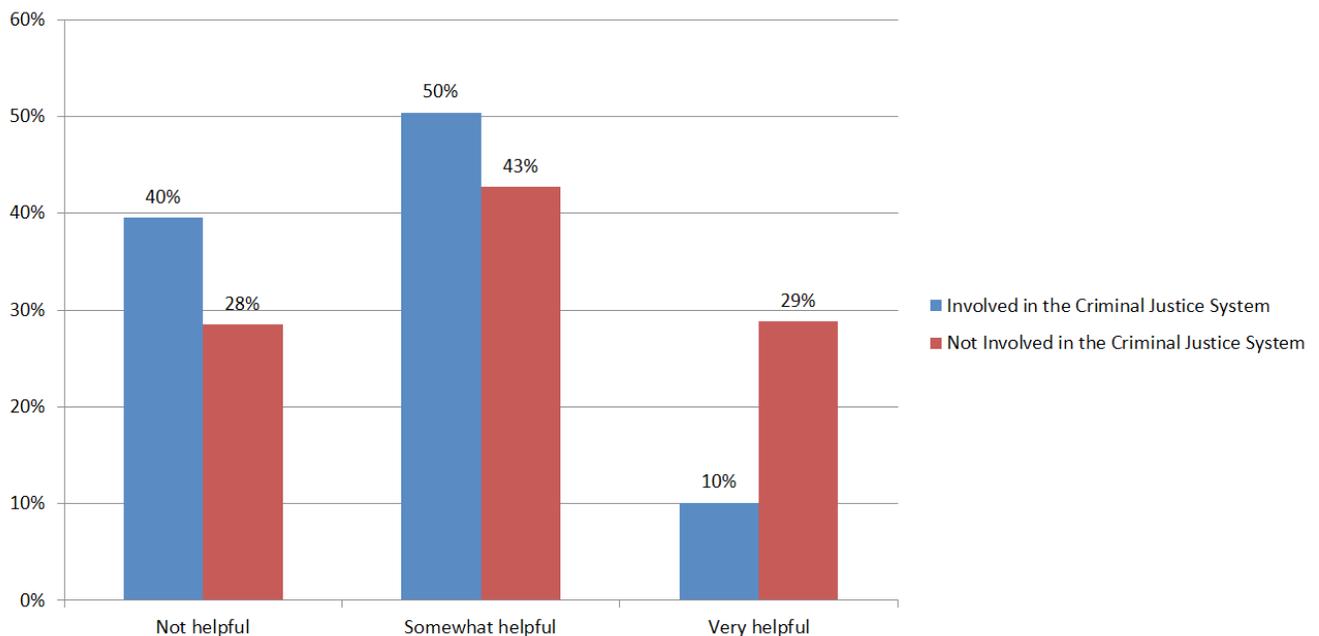
The Under-Served

Criminal Justice – The United States has a history of funneling those struggling with substance abuse and/or mental illness to county jails. While our country has the highest per capita incarceration rates in the world, it is clear that issues with mental health/substance abuse are not unique to Summit County. Eighty-five percent of jail populations nationally suffer from some form of mental illness. Yet only about 11% have access to treatment. Based on conversations with judges and attorneys, these national statistics seems consistent with experiences in the County.⁷

As might be expected, where mental health intervention involved respondents in the criminal justice system, treatment was deemed less helpful than among other constituents. This was particularly true for respondents suffering from substance abuse. In the survey of criminal justice personnel, respondents indicated a significant need for mental health support among those criminally charged; this is clearly a challenged, needy population. In the absence of mental health/substance abuse support services, the jail often becomes the crisis intervention of last resort. When this happens, the county incurs significant additional costs that might have been prevented through earlier mental health intervention.

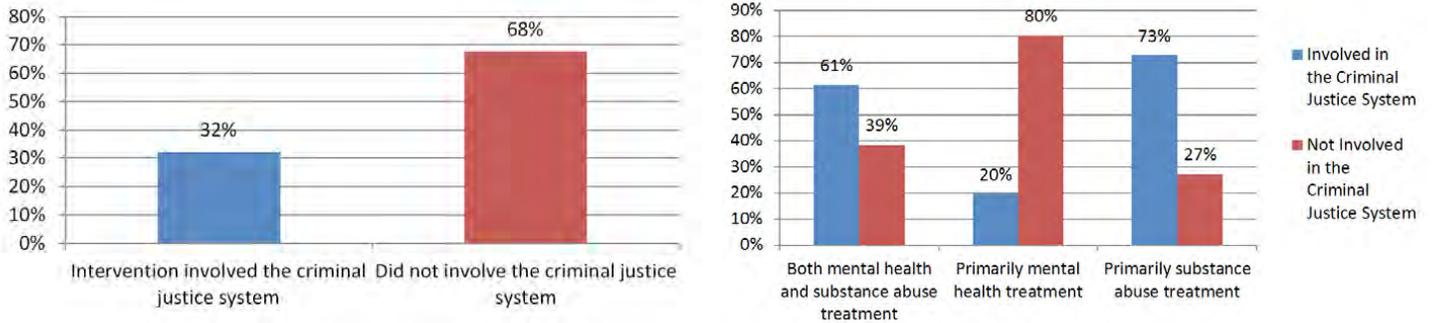
⁷ National Center on Addiction and Substance Abuse - Columbia University. (2010). Behind bars II: Substance Abuse and America's Prison Population. New York, NY: National Center on Addiction and Substance Abuse at Columbia University.

Does intervention involving the criminal justice system influence the helpfulness of treatment?

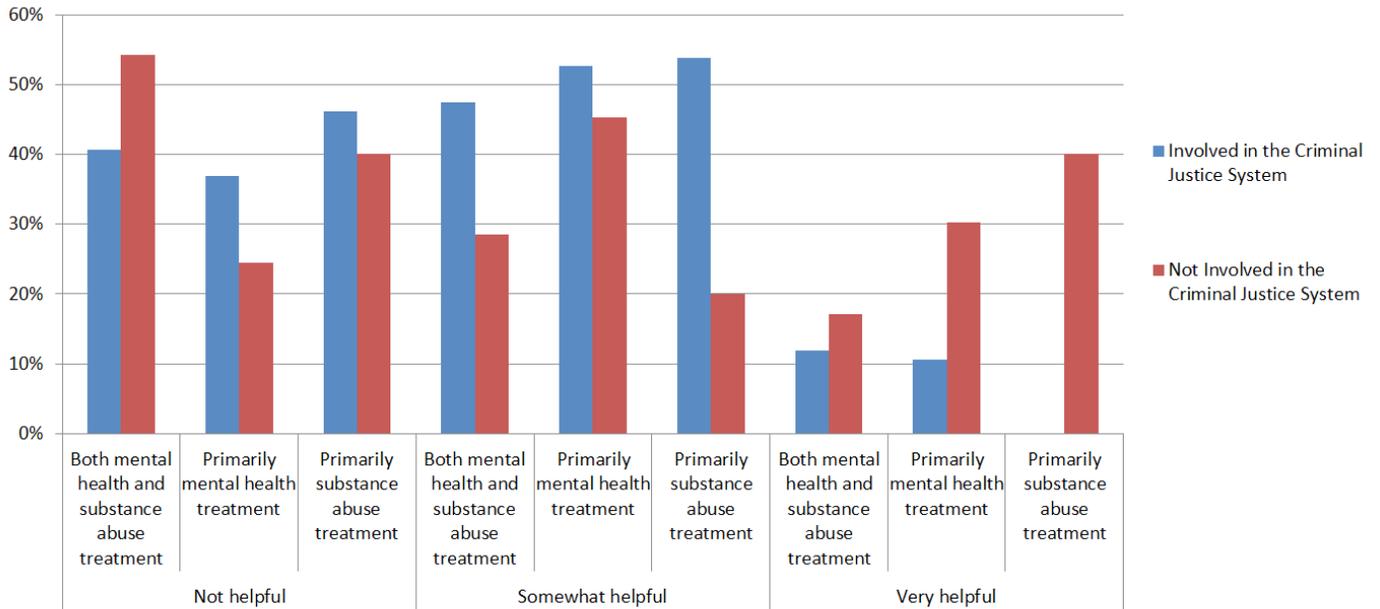


NEEDS ASSESSMENT

Did intervention involve interaction with the criminal justice system?



How helpful was the treatment?



NEEDS ASSESSMENT

English Language Learners – This has been a growing segment of our community and there are currently very limited services available in the County for English Language Learners, with Spanish speakers representing the largest group. Particularly for mental illness, culturally as well as linguistically appropriate services are vital to successful treatment outcomes.⁸

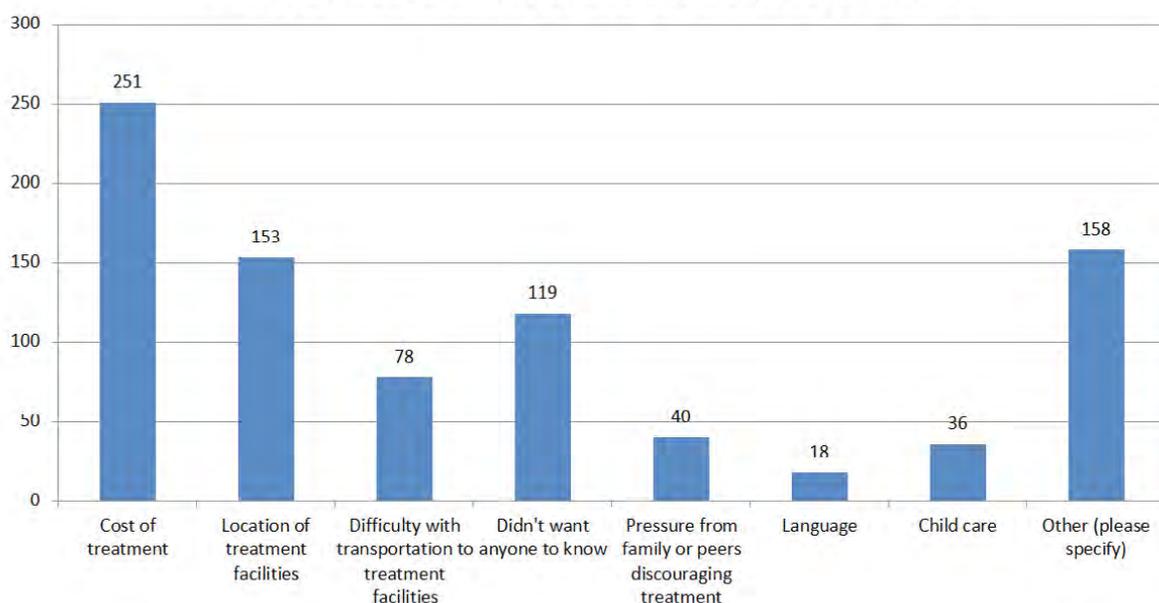
Those Lacking Financial Means – The cost of treatment was the biggest barrier highlighted by both residents and mental health providers. While these costs likely have the biggest impact on the most economically disadvantaged in our community, the extremely high cost of acute care can put treatment out of reach for even some of the more affluent members of the community.

“Our son came out from a two week hospitalization without a diagnosis or any treatment to speak of, and we received a bill for over \$18,000. Our son had been homeless and uninsured. What’s particularly frightening about the high cost of care is that mental illness is a chronic disease. It can be managed, but in almost every case, periodic hospitalizations or in-patient treatments at prices like these can be expected. We’re working on financial plans that will protect us, but we can’t help but worry that over our son’s lifetime such costs could significantly hurt our whole family.”

—Summit County Parent

8 Molina CW, Zambrana E, Aguirre-Molina M. The influence of culture, class and environment on health care. In: Molina CW, Aguirre-Molina M, editors. Latino health: A growing challenge. Washington, DC: American Public Health Association; 1994

What barriers made it difficult to access treatment?



SUMMIT COUNTY'S COMMUNITY-BASED STRATEGIC PLANNING DIRECTIVES

The central purpose in this undertaking was to provide candid information from Summit County's residents about the state of mental health in their community. The results are meant to be a tool that can be used by elected officials, County staff, and other stakeholders to guide goal setting and focus efforts on those things that residents have identified as their highest priorities regarding mental health in Summit County. It is recognized that responsibility for improving mental health services and supports must be shared by public and private interests in the County. No single entity has all of the solutions and progress will require participation by the citizenry.

The County can play a key role by convening stakeholders across the community who will need to play a role in carrying out the directives that follow. *In order to truly be effective, a detailed implementation plan with clear timelines and specific steps will need to be developed in alignment with these directives.* It is vital that all stakeholders that will play a role in implementation are involved in the process of creating those timelines and specific steps. The test of the plan's usefulness will be defined by how effective it is in guiding decisions and creating the future to which citizens aspire.

In the process of examining this strategic plan, the reader will encounter various terms and phrases associated with key elements of the plan. It is important that we place an understanding of the strategic plan within the context of what these elements are intended to contribute.

Primary Directive

This is a clear statement that describes the community's overall objective with regards to mental health. The Primary Directive represents the highest level directive, serving as the hub of the plan to which all other strategic directives are attached.

Strategic Directive

This plan contains five strategic directives. A strategic directive is a very high level priority that is articulated in a way that effectively describes a community priority. It is not intended to describe specific initiatives, ideas, programs, or services. It captures in a very general way what citizens believe is most important in their community.

Key Initiative

Each strategic directive is accompanied by a number of key initiatives which assist in bringing the directive to the level of application. In other words, key initiatives are more specific actions, programs, and ideas designed to bring about the realization of the strategic directives. A directive is a destination and the initiatives represent the directions that will enable us to arrive at our destination.

What Does Success Look Like?

This section of each strategic directive is designed to describe some of the key indicators we will look to in evaluating the success of that directive. Specific targets have not been outlined in this document, but will be described in greater detail in the implementation plans that will ultimately be adopted.



THE PRIMARY DIRECTIVE FOR MENTAL HEALTH IN SUMMIT COUNTY

In Summit County, our Primary Directive is:

“Enhance the quality of life for all residents by improving community awareness of mental health and increasing access to appropriate treatment.”

Strategic Directives are as follows:

1. Educate & Cultivate Awareness
2. Increase Capacity & Access
3. Improve Coordination of Treatment
4. Focus on Building Community Partnerships
5. Funding



STRATEGIC DIRECTIVE 1

EDUCATE & CULTIVATE AWARENESS



I want to live in a community where we treat friends and neighbors struggling with mental illness with the same compassion and open support as those with any other illness.

We must change the prevailing understanding of what it means to live well in Summit County. The need for education and awareness takes two primary forms. First, there is a significant need for general education and awareness relative to mental health. This includes everything from an understanding of the science of mental illness in order to cure misunderstanding and stigma, to an awareness of early warning signs and risk factors to aid in early intervention and prevention. Second, there is a need to create increased awareness relative to available services. Many individuals either do not seek or are unable to find help because they do not know where to look. While progress has been made towards treating mental illness on parity with other illness, there remains much work to do.

Key Initiatives:

- Develop a clear starting point or hub where individuals and families can go to get oriented to mental health services that are available and connected with the right mental health resources. The County should play a pivotal role in convening the right stakeholders for the purpose of developing such a system.
- Devise Mental health awareness campaigns in partnership with local media, area employers, schools, government and non-profits.
- Coordinate & promote suicide prevention programs in schools, among civic groups, and in the business community.

What Does Success Look Like?

- Reduction in stigma surrounding mental illness and addiction
- Reduction in suicide rates
- Development of a clear, well-communicated pathway to getting help for mental illness

“It is difficult to negotiate the mental health system, even as a psychiatrist; yet we expect people burdened by severe mental symptoms to find their way in a poorly organized system with many gaps in service.”

—Summit County Psychiatrist & Friend



STRATEGIC DIRECTIVE 2

INCREASE CAPACITY & ACCESS



I need to know that people dealing with mental illness in our community will be able to access appropriate, timely treatment.

It is critical that we focus resources on building capacity in order to handle crises, reduce wait times and improve access for those where transportation, language or other barriers are getting in the way of treatment. Because of the relatively low population density and rural character of much of our County, creative solutions may be necessary to overcome some of these barriers. When mental illness is properly diagnosed and treated, behavioral issues that require law enforcement and criminal justice interventions decline, taking pressure off of our courts and jail.

Key Initiatives:

- Develop robust telehealth offerings to provide increased access to specialists and lower the barrier to accessing treatment that is created by the shame and stigma of accessing initial treatment in a more public way.
- Expand the effectiveness and availability of crisis services. Increase outpatient capacity and day treatment options.
- Increase medication management services by leveraging nurse practitioners.
- Advance rehabilitative services, vocational rehabilitation and housing to facilitate patient's re-entry into the community.
- Incentivize mental health providers to practice in the County.

What Does Success Look Like?

- Reduction in wait times
- Increased treatment and support options for County residents suffering from mental illness/substance abuse
- Increased participation in mental health services by members of the community
- Expanded services for English Language Learners
- Reduction in the use of public safety and criminal justice systems as the "go-to" intervention for mental illness
- More successful and cost effective treatment outcomes
- Reduction in wait time for substance abuse assessment; report to Court expedited considerably

"When my son needed substance abuse intervention and detox services, there were none available. So now, he sits in the 'largest mental health facility' - jail."

—Summit County Father



STRATEGIC DIRECTIVE 3

IMPROVE COORDINATION OF TREATMENT



I need my healthcare providers and other community partners to work together to improve health outcomes.

We must improve the effectiveness of coordination between healthcare providers and other community partners. The onset of serious mental illness often requires intensive, high-acuity mental health services followed up by services from less acute providers as the patient's condition improves. These services must be coordinated more effectively and ideally include better leverage of supportive family members and friends.

Key Initiatives:

- Develop case management and wrap around services across the continuum of care.
- Increase support services for family and friends caring for a loved one with mental illness.
- Develop an advocacy service for patients and their caregiving networks to help them navigate mental health treatment.
- Develop more comprehensive early detection and intervention services including training in our schools.

What Does Success Look Like?

- Improved sharing of medical records among providers
- Increased availability and use of wraparound services

“Not one provider in Summit County could help... we sought services, but were told they were unable to help us. There were also no facilities within the County where my son could receive care. I believe it is absolutely unconscionable that IHC and the University of Utah fail to share medical records - my son was bounced among 15+ doctors within the state, and each time, I had to restate the symptoms, medications, and physician visits. It took going out of state to receive the proper diagnosis and treatment plan for my son.”

—Summit County Mother



STRATEGIC DIRECTIVE 4

FOCUS ON BUILDING COMMUNITY PARTNERSHIPS



Mental health challenges will not be solved by County Government alone. We need to work together in order to be successful.

In order to succeed in improving mental health awareness and access to appropriate treatment, we need a coordinated, community-wide effort. It will be necessary to leverage relationships among health care providers, non-profit organizations, churches, employers, schools, law enforcement, and other criminal justice entities. The County has an important leadership role to play and can help in collaboratively setting priorities and ensuring that the community does not lose focus on the need to improve awareness and access.

Key Initiatives:

- Convene a mental health summit for the purpose of developing increased coordination of mental health treatment among different entities in our community.
- Build a community safety net that interrupts the criminal justice process to all for mental health / substance abuse interventions, assessments, and treatment as an alternative to jail.
- Examine models for creating successful public-private partnerships to address community needs.

What Does Success Look Like?

- Coordinated, community-wide effort to improve mental health
- Increased channels of communication among community providers and patients
- Increase in successful probation completion and pleas in abeyance successfully completed
- Assignment of defendants to salutary mental health programs increases, jailed defendants decrease

“I know others suffer and it would be amazing to see a change in society regarding these things, mainly so we can get the early intervention that children need so they do not end up as adults without help.”

—Summit County Wife



STRATEGIC DIRECTIVE 5

FUNDING



I want to find ways to fund treatment for members of our community that lack the financial means.

Cost represents the number one barrier to accessing appropriate mental health treatment. While there are a host of factors contributing to this complex issue and there are no “silver bullets,” the County should continue to focus on finding ways to fund treatment for the most vulnerable members of our community.

Key Initiatives:

- Focus on telehealth service offering to moderate cost and facilitate early intervention.
- Emphasize early intervention through effective training for primary healthcare providers, school personnel and first responders.
- Incentivize therapists/mental health professionals to increase their case loads of low-income clients.
- Identify federal, state, and private funding opportunities by researching how other communities fund their mental health programs. (grant writing opportunities, etc.)

What Does Success Look Like?

- Increase in low-income individuals seeking and obtaining mental health services
- Reduction in the costly reliance on the County criminal justice system as a primary source of mental health intervention.

“Despite the challenges we faced with the mental health system, I cannot imagine how much harder things would have been if I were uninsured and poor.”

—Summit County Mother



KEY FIRST STEPS

A community-based strategic planning document is only a first step towards improving mental health awareness and access to appropriate treatment. The steering committee respectfully submits to the County Council the following recommendations for critical first steps in reaching our goals.

- 1) Add mental health as a strategic priority for the County to guide the County Council's goal setting and resource allocation discussions.
- 2) Convene a committee of key stakeholders from both the private and public sectors for the purpose of developing a proposal for a detailed implementation plan and timeline that would have roles for both public and private stakeholders. In order to ensure the success of this committee, we believe it will be necessary to create a dedicated staffing resource at the County that can effectively coordinate and manage this process.



CONCLUSION

Mental illness is something that impacts quality of life for every resident. The community's health and well-being are directly related to the mental health of our residents. The appropriate, compassionate response that we have witnessed from members of the community during our outreach has been truly inspiring. This past year has been an exhilarating journey for each of us, but it is only a first step.

We believe that Summit County can become a model of mental health support and programs that can be emulated and studied by communities throughout our state and the nation. There is much work to do, but many capable and caring community members have displayed a willingness to work together to make things better.

We would like to specifically thank the members of the County Council for their willingness to engage in this community-based process. They have kept their commitment to foster a truly independent, citizen-led process. It is unique in the State of Utah and could well serve as a model for many Utah counties.

It has been a pleasure to serve. Now, the real work begins!

Respectfully,

Nora Buchanan
Dean Evans
Ray Freer
Mark Marsh
Reverend Robin Nygaard
Roy Parker
Lynne Rutan
Shad Sorenson
Malena Stevens



SPECIAL THANKS

Beth Armstrong
Charles Robinson & St. Luke's Episcopal Church
CONNECT Summit County
Ed Rutan
Nann Worel
People's Health Clinic
PC Unidos
Park City LDS Stake Leadership
PCSD Counselors
Summit County Council
Summit County Health Department
Valley Behavioral Health

Lastly and importantly, we wish to thank two important groups. Thank you to those who responded to the survey or participated in a dialogue session. Special thanks to those who were willing to share their personal and often painful experiences with mental illness. We also express appreciation for all mental health providers in our community who are on the front lines in helping individuals and families struggling with mental illness. We thank you for the important work you are doing.



APPENDIX

OVERVIEW

In order to understand how the citizens and health care providers of Summit County perceive the current state of its Mental Health and Substance Abuse treatment, and therefore improve its services, the following methodologies were utilized:

- Citizen Survey
- Health Care Providers Survey
- Criminal Justice Personnel Survey
- Interviews with Clergy
- Focus Groups

CITIZEN SURVEY

Survey Respondents & Demographics

959 people filled out the Summit County Mental Health Survey. The demographics of the respondents are as follows:

Gender

Female: **65%**

Male: **35%**

**Summit County total*

F: 49% M: 51%

Race

White: **82.5%**

Hispanic: **13.5%**

Other: **4%**

**Summit County total*

White: 85.1% Hispanic: 11.5%

Other: 3.4%

Age

0-18 years: **20.0%**

18-25 years: **11.6%**

25-40 years: **25.9%**

41-65 years: **35.0%**

66-75 years: **6.2%**

75+ years: **1.3%**

Area of Summit County

North Summit County (Coalville, Henefer, Hoytsville, or Wanship areas): **8.0%**

South Summit County (Kamas, Oakley, or Peoa areas): **16.3%**

Western Summit County (Park City, Kimball Junction, or Snyderville Basin) : **75.7%**

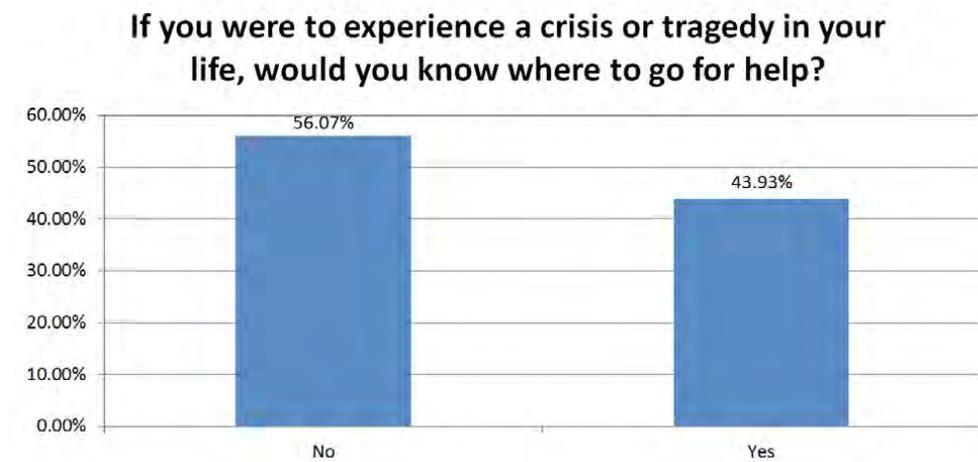
**Summit County total population = 39,633*



APPENDIX

“Have you or someone you know had experience with seeking treatment for mental illness in Summit County?”

NO (44.6%)



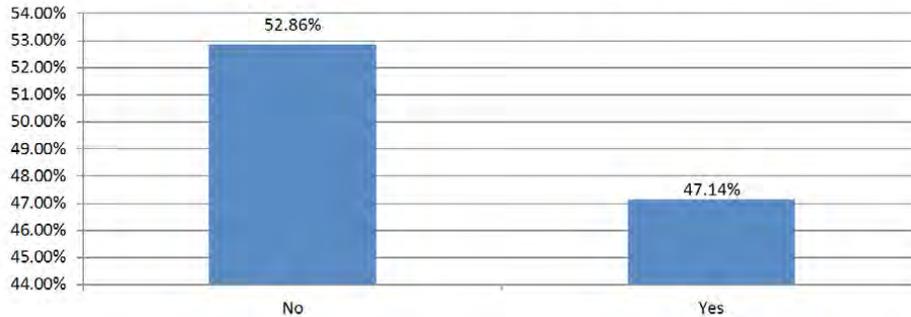
Those who said “Yes” included where they would go for help. The most common responses were:

- Friends or family - 26.5%
- A Doctor - 19.1%
- A mental health professional - 17.9%
- Church - 16.7%
- Valley Behavioral Health - 12.4%



APPENDIX

Do you believe that adequate support exists within Summit County to assist those dealing with mental illness or substance abuse issues?



63% of people who said “No” explained that they simply don’t know if adequate support exists or don’t think it does because they are not familiar with it and don’t know of any places to go. They assume that there is not sufficient care because they don’t know of the resources in Summit County.

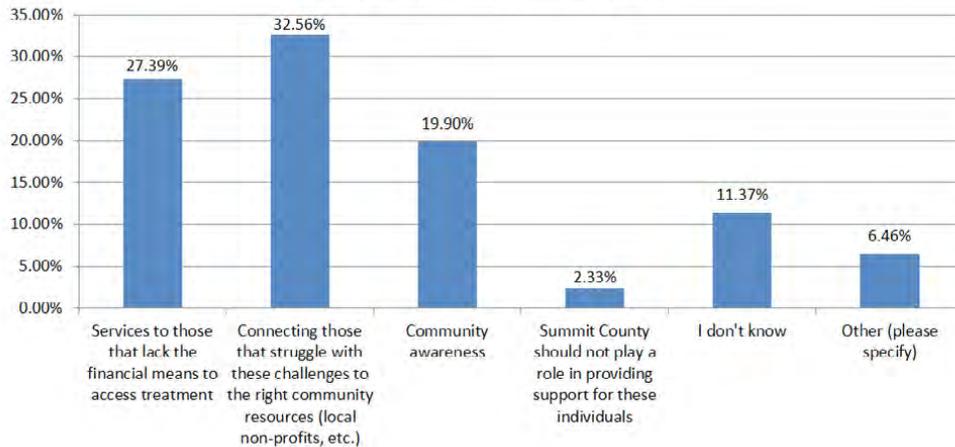
16.8% of those who answered “No” said that there are insufficient resources with scarce personnel, appointment times, places to go for services, and funding.

The remaining 20.2% gave a variety of other responses, including hearing about inadequate support from others, lack of awareness, and the cost of treatment.



APPENDIX

Where do you believe the County should focus its efforts in supporting those with persistent mental illness or substance abuse challenges?



The biggest concerns are with connecting those that struggle with these challenges to the right community resources (local non-profits, etc.) and services to those that lack the financial means to access treatment.

YES (55.4%)

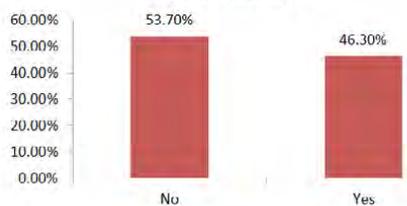
“Were you able to find the help you needed in Summit County?”

56.9% of respondents were able to find professionals in Summit County to provide a diagnosis, but fewer were able to find the needed treatment, and even fewer were able to find adequate follow-up services and support in Summit County.

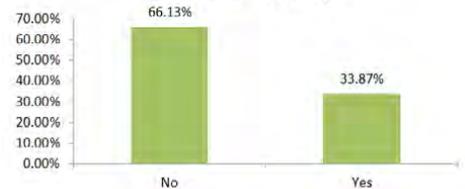
Were they able to find professionals in Summit County to provide a diagnosis?



Were they able to stay in the county to receive needed treatment?



After the initial treatment, were they able to find adequate follow-up services and support in Summit County?



APPENDIX

Were people who left initially able to use services in Summit County for treatment or follow-up?

Stayed in the county for diagnosis, but had to leave the county for treatment	25%
Stayed in the county for treatment, but couldn't find follow-up services in the county	36.1%
Left the county for diagnosis, but were able to return to the county for treatment	8.3%
Left the county for treatment, but were able to return to the county for follow-up services	10.1%

Overall, there were many more people who had to leave the county for future services than people who were able to come back to the county for future services.

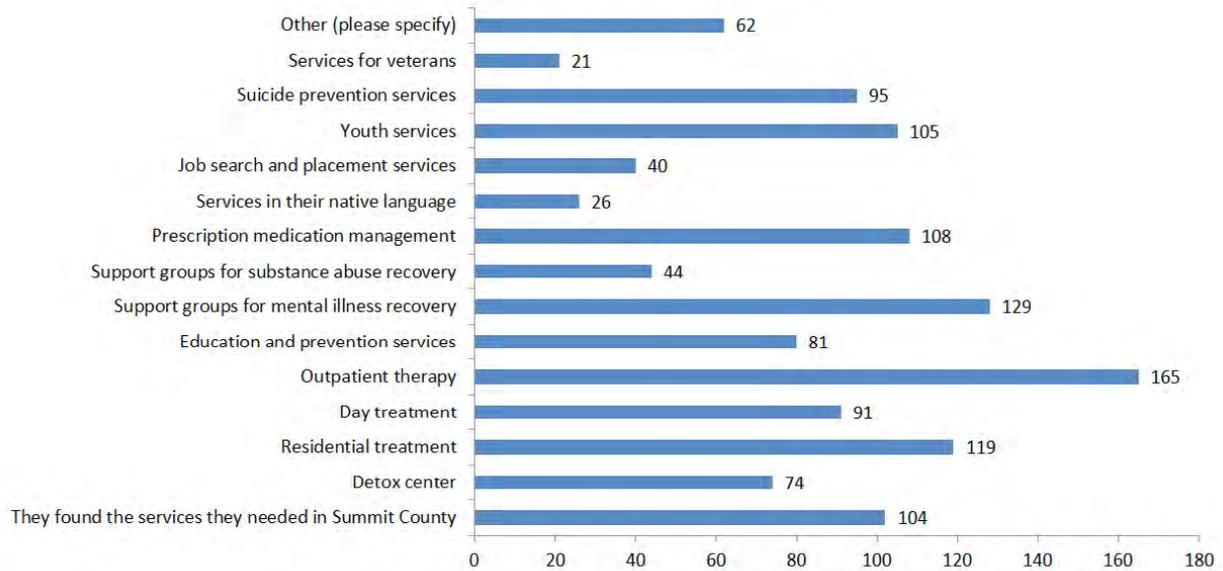
Reasons for Leaving

The majority of people, about 67%, who left Summit County for treatment left because of lack of resources within the county. Most of these could not find the service they were seeking and others felt that they could receive higher quality treatment elsewhere.



APPENDIX

What needed services and supports did they have difficulty accessing in Summit County?



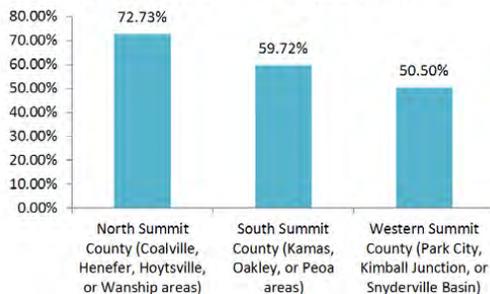
Patients had the most difficulty accessing outpatient therapy, then support groups for mental illness recovery, then residential treatment.

“Were there specific groups of people that had more trouble finding treatment in Summit County?”

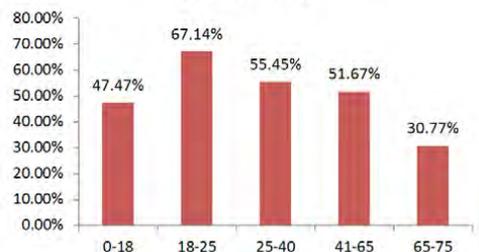
Generally, those who live in the more rural areas (North and South Summit County) had to leave the county to receive treatment more frequently.

People ages 18-25 years old and 25-40 years old had to leave the county for needed treatment a greater percent of the time.

Did they have to leave the county to receive needed treatment?

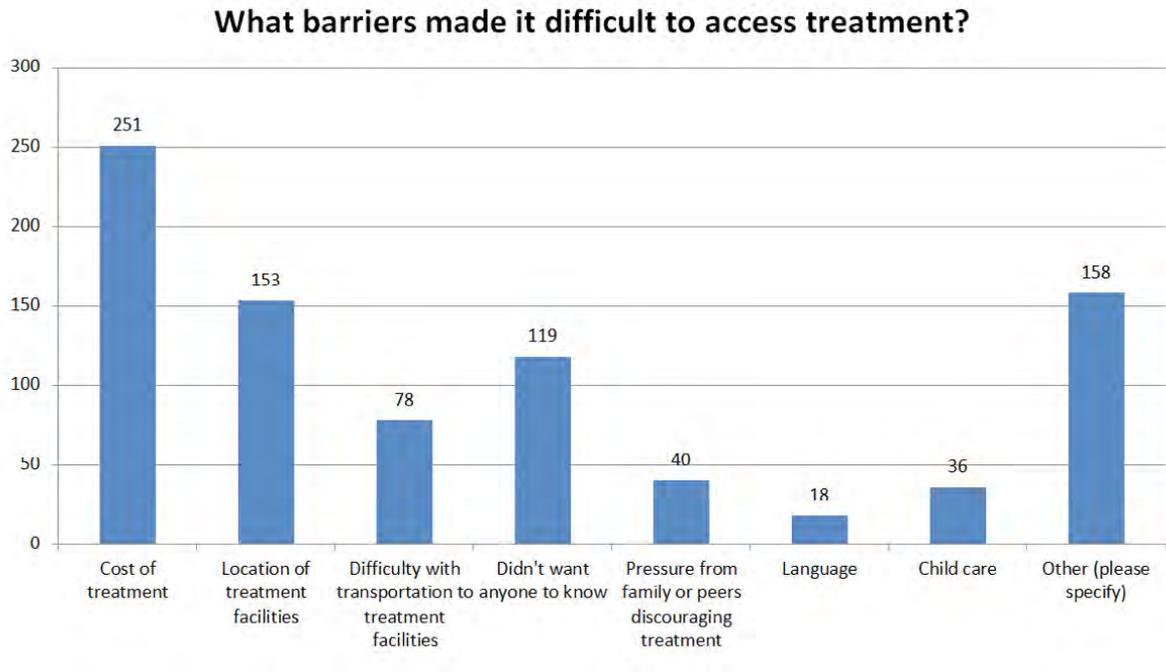


Did they have to leave the county to receive needed treatment?



APPENDIX

“What barriers to treatment did you face?”



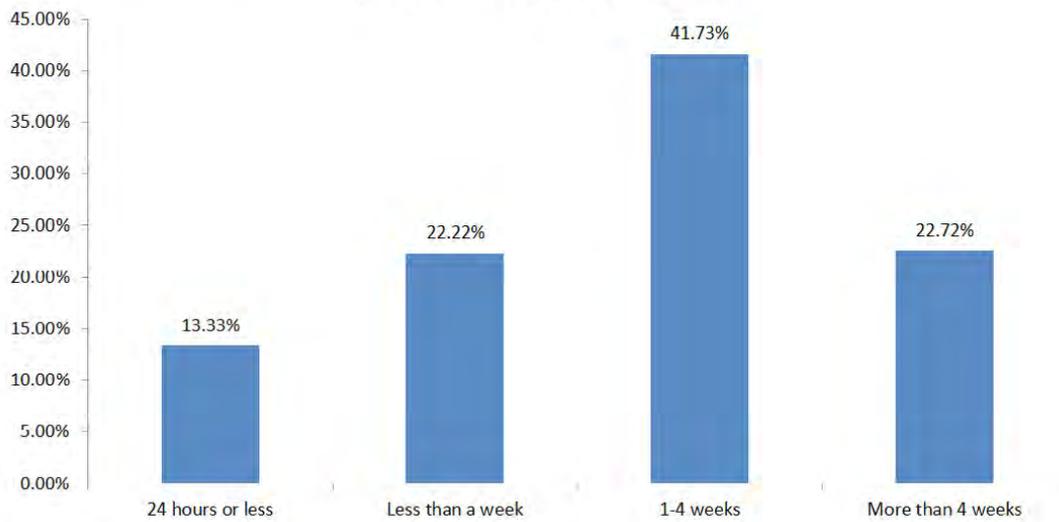
77% of people ran into barriers, the most common barrier they saw was the cost of treatment, then the location of treatment facilities, not wanting anyone to know, and difficulty with transportation to treatment facilities.



APPENDIX

“What was the wait time for treatment?”

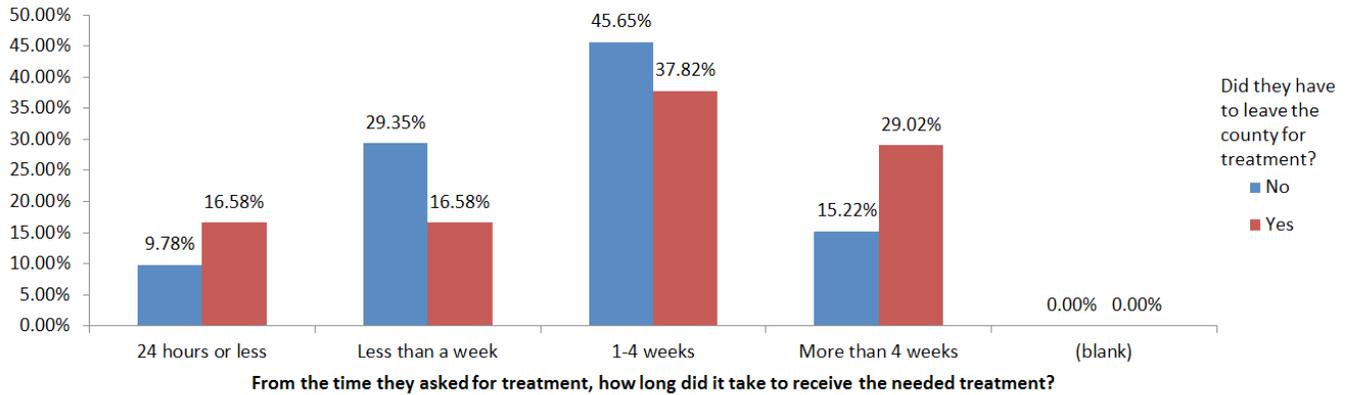
From the time they asked for treatment, how long did it take to receive treatment?



Most people had to wait at least one week (64.27%) with 22.58% waiting more than 4 weeks.

APPENDIX

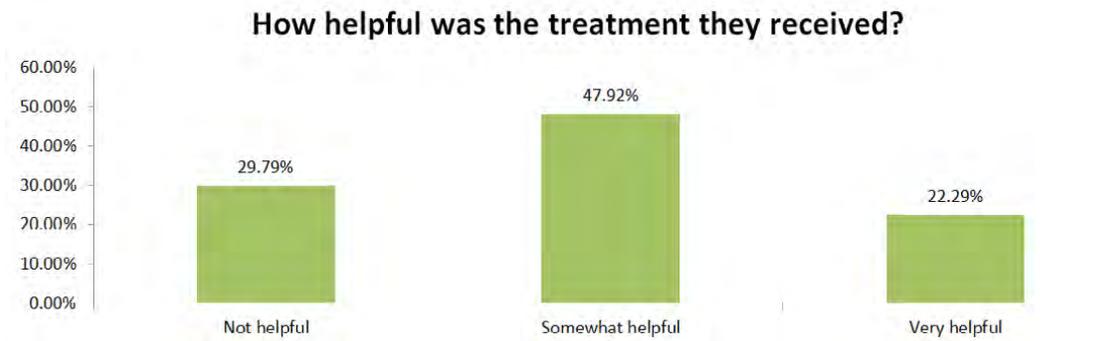
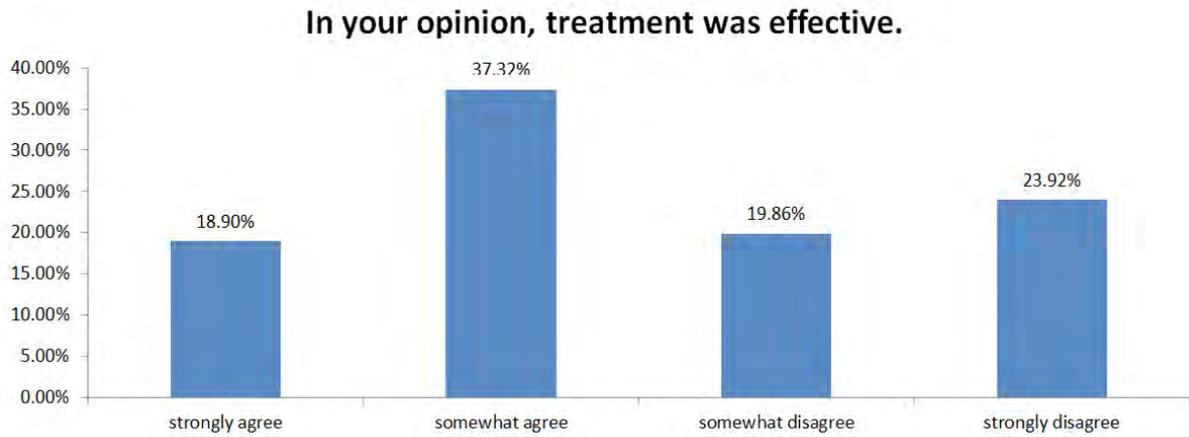
How long did it take to receive treatment for those who had to leave the county for it versus for those who did not?



In general, when people had to leave Summit County to receive treatment, it took longer for them to receive the treatment. 29.0% of people that had to leave the county for treatment ended up waiting more than 4 weeks for the needed treatment while only 14.8% of those that stayed in the county had to wait that long. People are able to get Day Of treatment easier outside of Summit County with 16.6% of people who left the county finding treatment in 24 hours or less while only 9.9% of people who didn't leave were able to find it that quickly.

APPENDIX

“How was the treatment quality?”

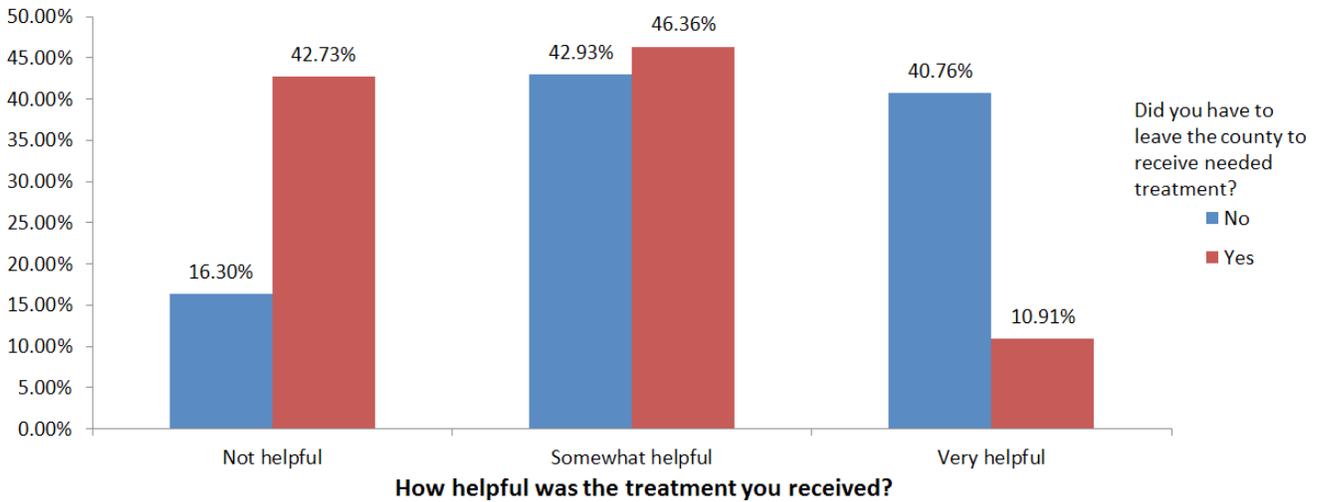


A few things influenced the respondents ratings of their treatment’s helpfulness. These include:

- Whether or not they had to leave the county for treatment
- What type of treatment they were seeking
- Whether or not intervention involved the criminal justice system

APPENDIX

How helpfulness of treatment is affected by whether or not they had to leave the county for it.

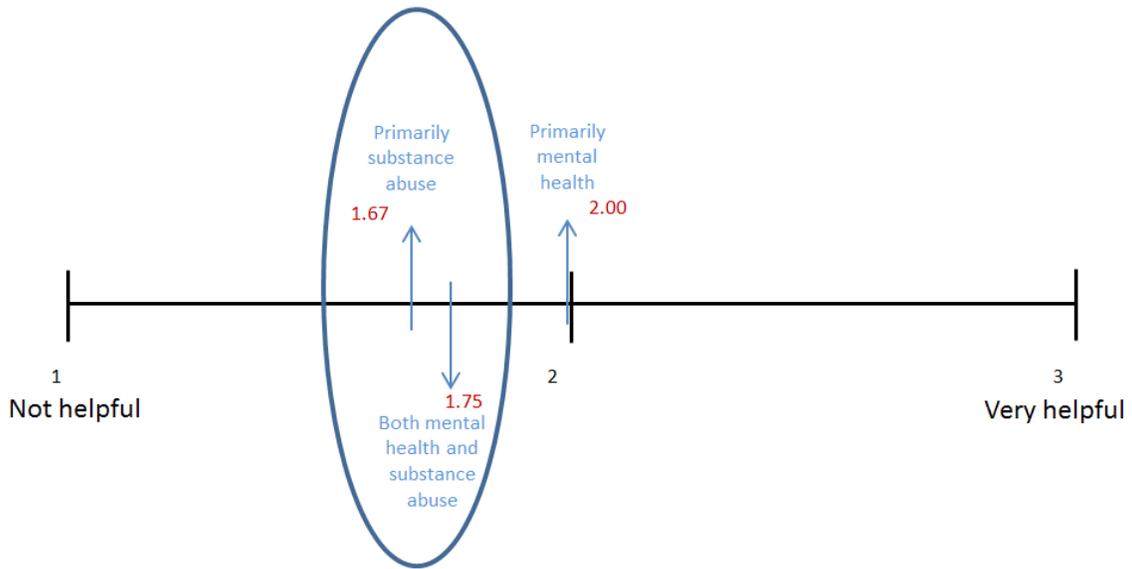


Those who stayed in the County for treatment rated the effectiveness and helpfulness of their treatment much higher.

Overall, approximately 73% of people that did not have to leave the county agreed that their treatment was effective while only 56% of people that had to leave the county agreed that their treatment was at least somewhat effective.

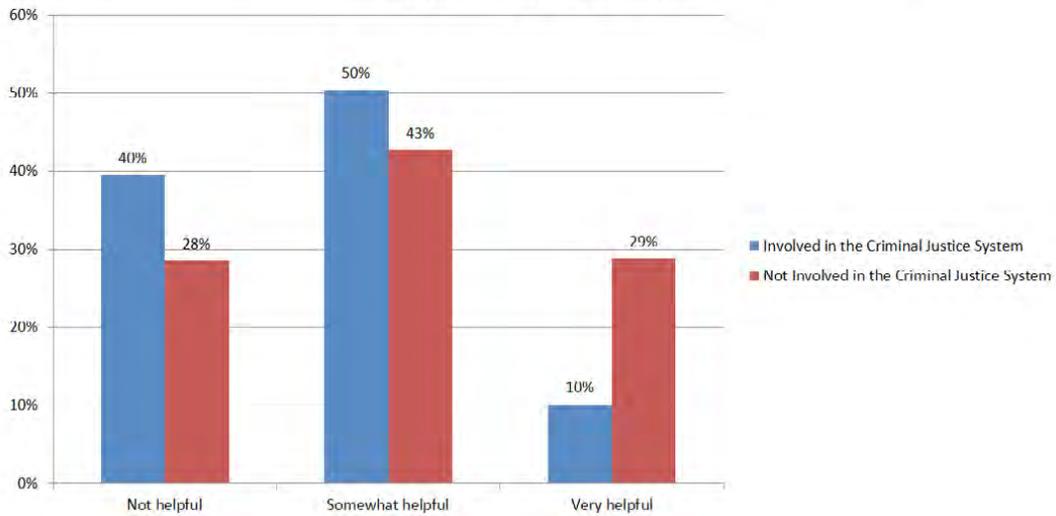
The effect on helpfulness is illustrated in the graph above.

APPENDIX



Those whose treatment involved help with substance abuse challenges rated their treatments as somewhat less helpful than those whose treatment was primarily for mental health.

Does intervention involving the criminal justice system influence the helpfulness of treatment?



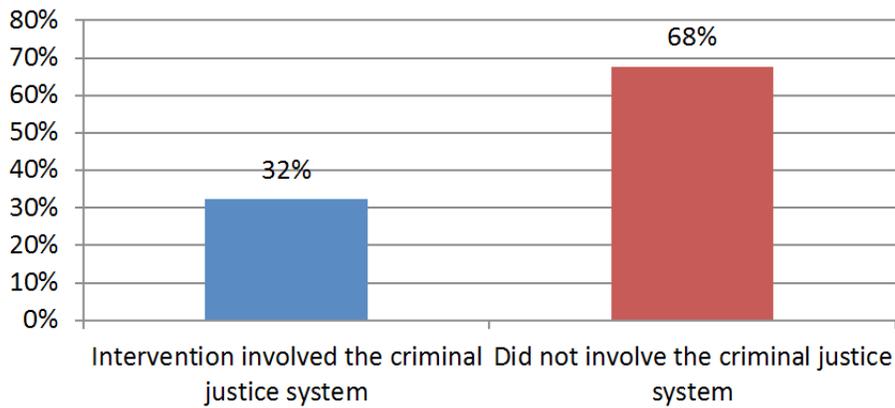
Those whose intervention involved the criminal justice system rated their treatments as much less helpful than those whose intervention did not.

APPENDIX

“Did your intervention involve the criminal justice system?”

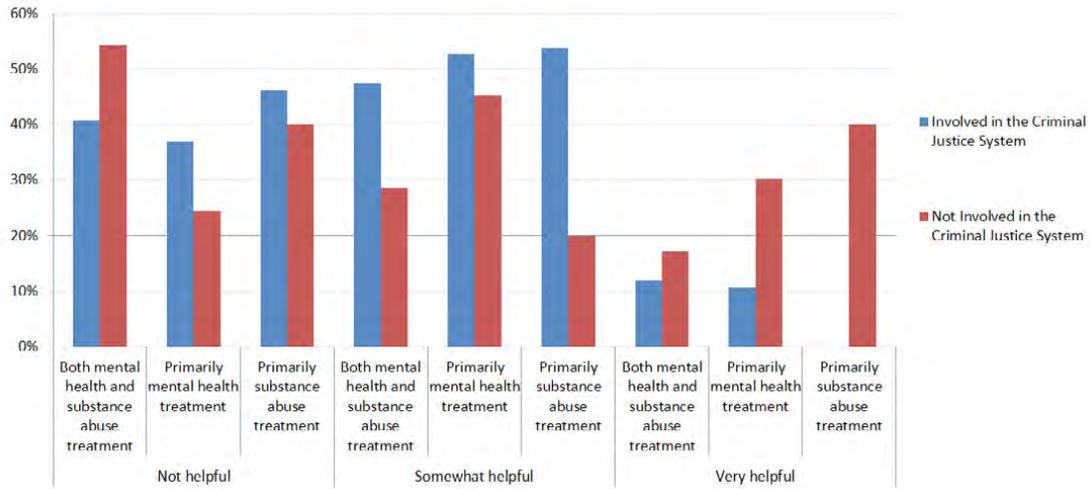
Overall, intervention involved the criminal justice system 32% of the time.

Did intervention involve interaction with the criminal justice system?



When substance abuse was involved, the criminal justice system was involved significantly more often.

APPENDIX



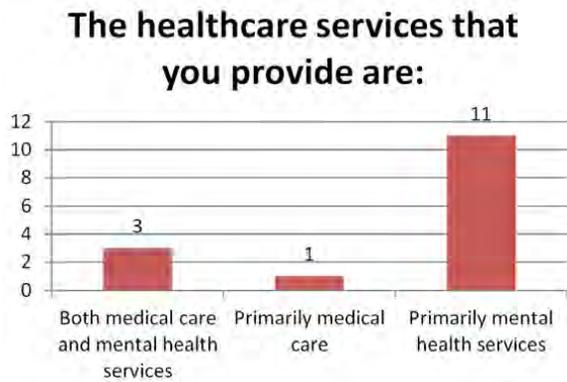
The positive correlation between having substance abuse challenges and having intervention involving the criminal justice system brings up the question of whether the negative effect that each of these factors has on helpfulness is due to one or the other. This graph illustrates that the poor helpfulness ratings are mostly due to the interaction with the criminal justice system, and that what type of treatment was needed is not as influential. The only exception is that when people deal with both mental health and substance abuse treatment, they seem to be more dissatisfied overall.

APPENDIX

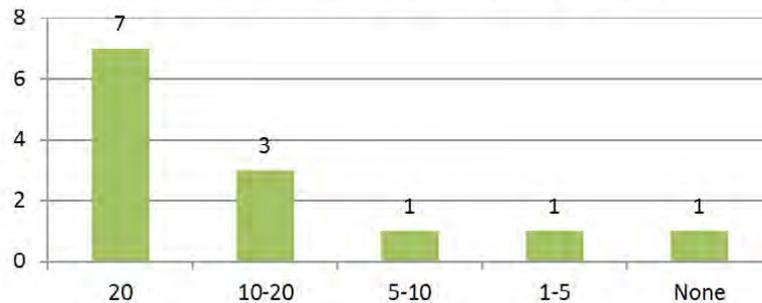
MENTAL HEALTH PROVIDERS SURVEY

About the Respondents

Total respondents: 15



In a typical month, how many patients dealing with mental illness do you interact with in your role as a healthcare provider?



APPENDIX

“Where do the healthcare services that you provide fit on the continuum of care?”

The majority of the service providers who responded provide only out patient care and/or educational services.

Out Patient Only: **6 providers**

Educational Services Only: **2 providers**

Out Patient and Educational Services: **3 providers**

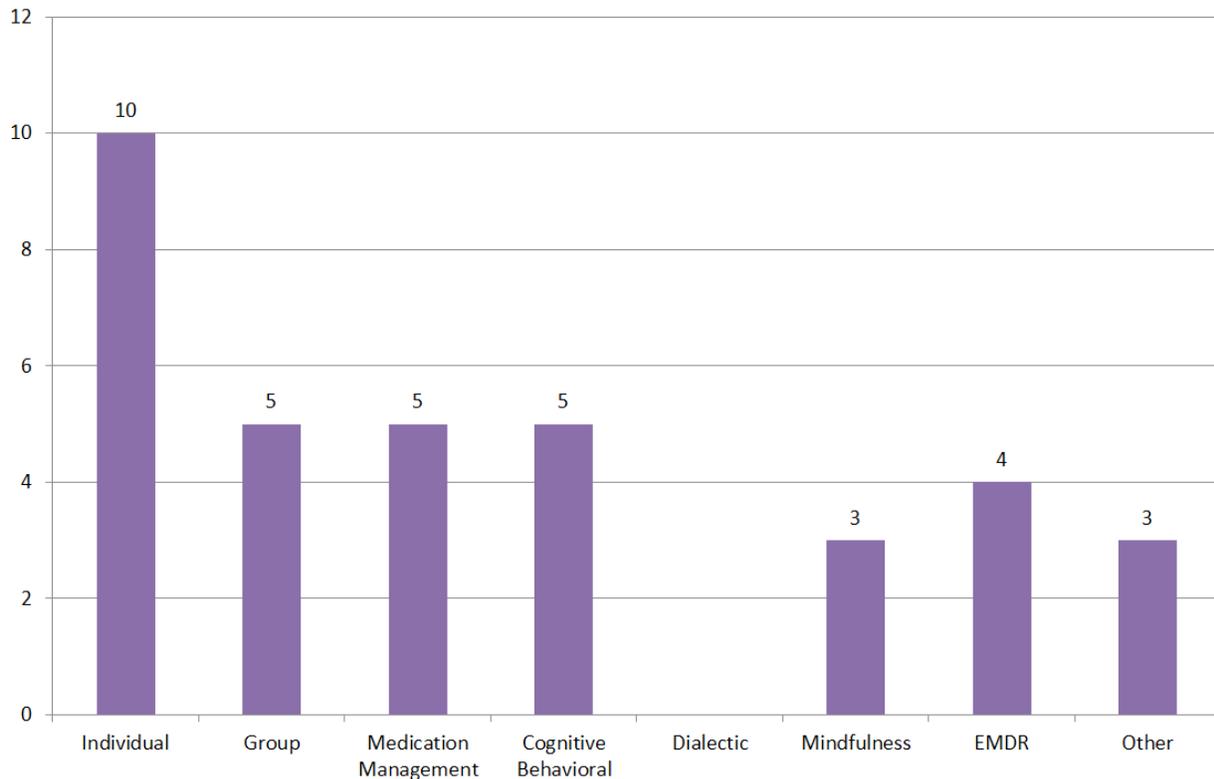
Only 4 of the 15 provide anything beyond out patient care and educational services.

Out Patient, Educational Services, and Intensive Out Patient: **2 providers**

Acute hospitalization, Intensive Out Patient, and Out Patient: **1 provider**

Acute hospitalization, Intensive Out Patient, Out Patient, Educational Services, In Patient Residential Treatment, and Day Treatment: **1 provider**

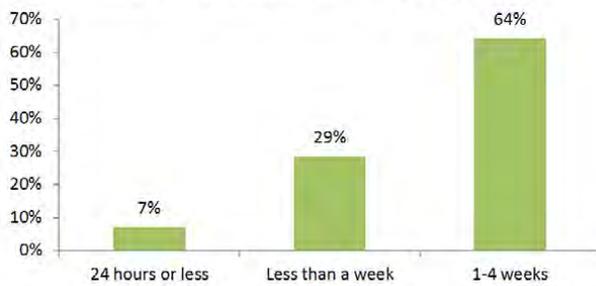
What types of outpatient treatment do you provide?



APPENDIX

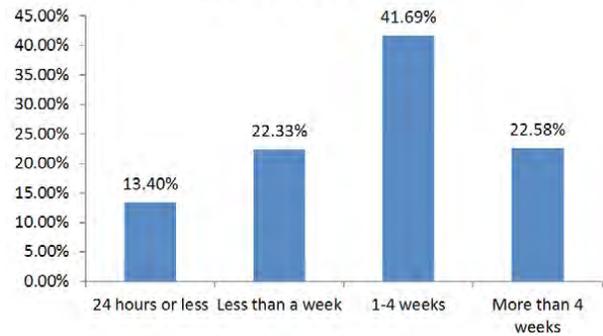
What the Providers Said

What is the typical wait time for patients from the time that they first request treatment and the time that treatment is provided?



What the Patients Said

From the time they asked for treatment, how long did it take to receive treatment?



Incongruences in the data exist on each end. None of the providers reported taking more than 4 weeks to administer treatment, while 22.6% of patients experienced this. Also, a lot more people were able to receive day-of treatment than the providers report they have provided. Based on previous analysis, this is most likely due to the patients leaving Summit County to receive the day-of treatment.

APPENDIX

“What things are working well?”

“I serve in pediatrics. We have an adequate number of good quality therapists and a good organization for our Medicaid and uninsured population with reasonable wait times. Having two pediatric-trained psychiatrists in town is exciting as well. I also appreciate the presence of therapists in schools!”

“Monthly wrap services meetings. Services for families who can be seen in office. School based therapy 6-12th grades.”

“There are good providers for those who can afford their care for mental health issues, excepting substance abuse issues.”

“Clients know that their providers really care about them”

“Crisis assessment and intervention”

“The school Based mental health program: serving 10 school in summit county: serving over 85 kids each school year. Crisis walk-in appts in out unit- clients can walk in in crisis and get immediate support M-F 8-5”

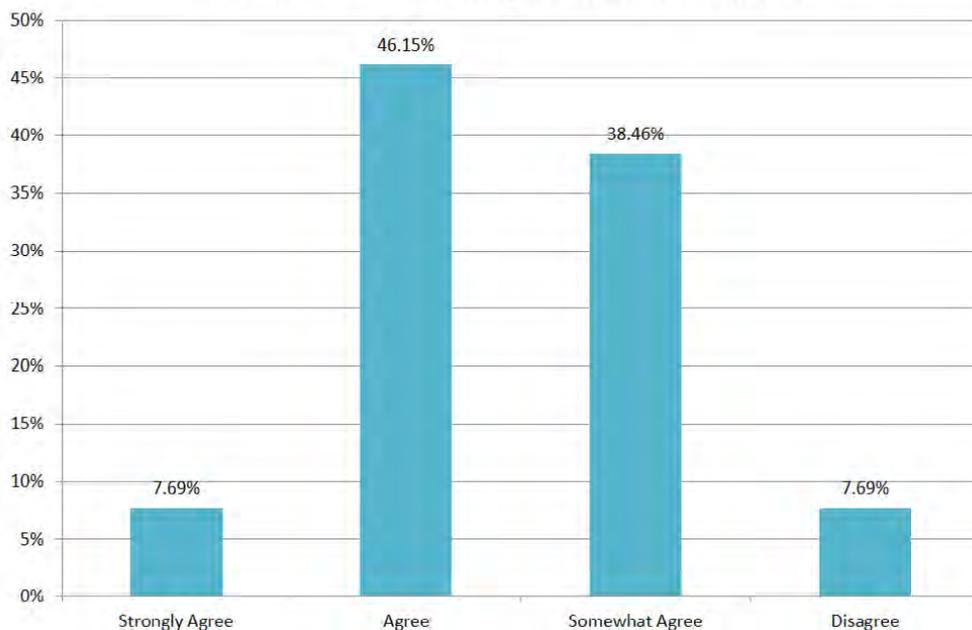
“Offering free assessments and being available 24/7 Offering multiple services to accommodate the clients needs.”

“Variety of resources available- Jewish Family Services, Christian Center, private practice therapists, Valley MH”

“Services are available and the school counselors are very good at making referrals”

“Collaboration between agencies”

Different healthcare providers in Summit County do a good job of working together to coordinate treatment for individuals suffering from mental illness:



APPENDIX

“What gaps in mental health services have you observed?”

“I think there is always a need for more education about mental health subjects like wellness, identifying stress and ways to relieve it, substance use and other addictions like eating disorders and pornography -- just general prevention strategies that also serve to destigmatize.”

“A lack of inpatient services for both substance abuse and mental health issues”

“Very long waiting times for services to begin, particularly for patients needing to see the psychiatrist. Valley employees seem overworked with too much to handle. In the school program, counselors are making appropriate referrals, but teachers often do not know our services are available.”

“There is no immediate crisis service aside from the emergency room”

“There is no intensive day treatment for adolescents, there is no residential treatment for adolescents or adults, there is no hospital mental health crisis unit to service Summit county...”

“Culturally sensitive Services for Latino Families. Bilingual staff. Drug and alcohol treatment. After care services when youth return from acute hospitalization, day treatment. Need more social work and coordination of services when people drop from treatment. Psychiatry. Therapists who specialize in the areas of working with children, trauma informed care and practices. Walk-in crisis services. Need more school based therapists and better pay for them so they stay. Need elementary school based services.”

“Lack of step-down placement options and funding for high acuity patients post-hospital discharge”

“Giving knowledge to all clinics I am here.”

“Long wait times to be seen and assessed for those who have medicaid or need to access services through Valley Behavioral Health”

“Day treatment. Support groups. Community events to increase awareness”

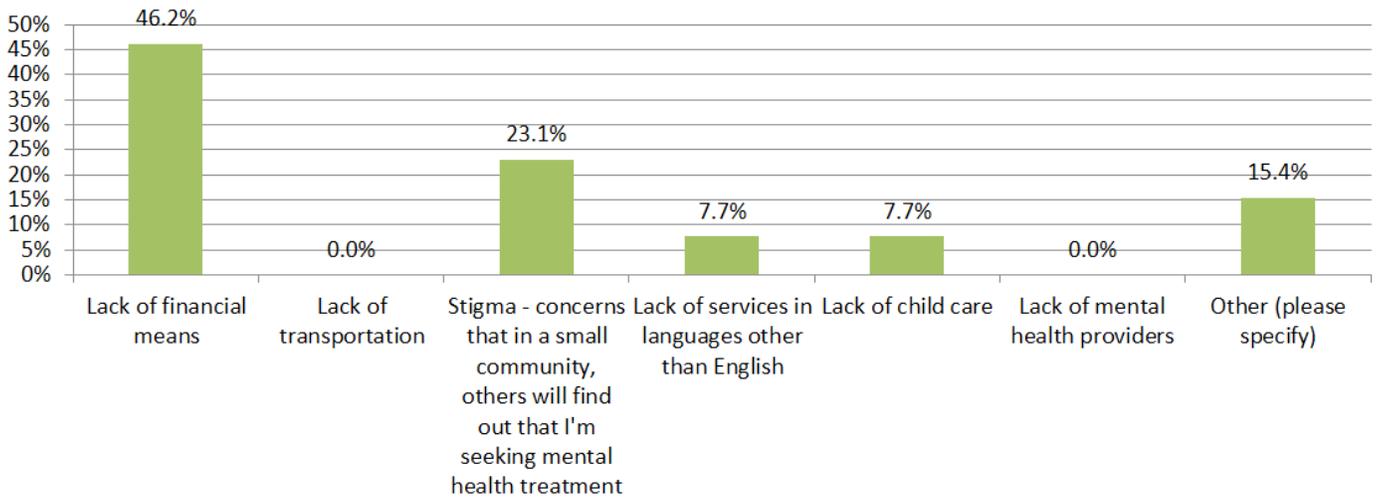
“Cost”



APPENDIX

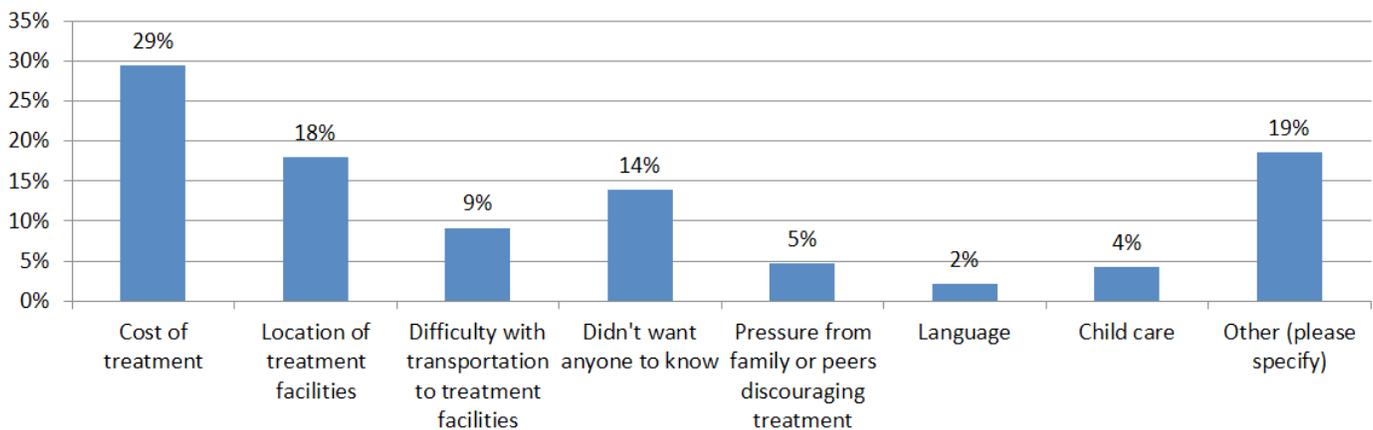
What the Providers Said

What do you see as the greatest barrier to accessing mental health services in the county?



What the Patients Said

What barriers made it difficult to access treatment?



Both provider and patient rated the cost of treatment as the number one barrier to accessing care. They both also rated the stigma as a big concern.



APPENDIX

“What would you change about mental health services in Summit County?”

“Tune up the crisis services at the hospital. Also, my practice does a good job communicating with therapists about patients we share and I’d like to see this model spread to include the whole web of providers. What if there was a way to share experiences between schools, therapists and docs on a monthly basis in the form of (nameless) case studies that highlights new resources, med combinations that were helpful, therapy techniques, etc with an emphasis on education and resource sharing?”

“I would institute some sort of Crisis unit at the hospital. I would put more money in to early intervention in the elementary schools. I would hire Licensed therapists to do mental health in the elementaries...Trauma work, friendship and bully groups are great but the reality of our community is that so many kids are struggling at home. There needs to be more intervention at earlier ages for our Latino population as well. VBH has a great program supporting the schools but there is not nearly enough money to support every single school in the district...”

“Expanding range and types of services available to families (Different specialties, more robust treatment programs, access to MED EVALS (HUGE BARRIER), more nurse practitioners to fill in gaps of waiting 2 months or more to see psychiatry. Better pay for professionals so they can afford to live and work in PC.”

“Increase awareness, distribute list of community resources”

“More promotion of services available.”

“More advertising of available services”

“More therapists available to offer low fee counseling through non profits. More opportunities for therapists to network and meet other providers.”

“I would become more transparent in letting people know what we have to offer.”

“Expand Medicaid coverage; Autism and IEP awareness in more rural parts of the county”



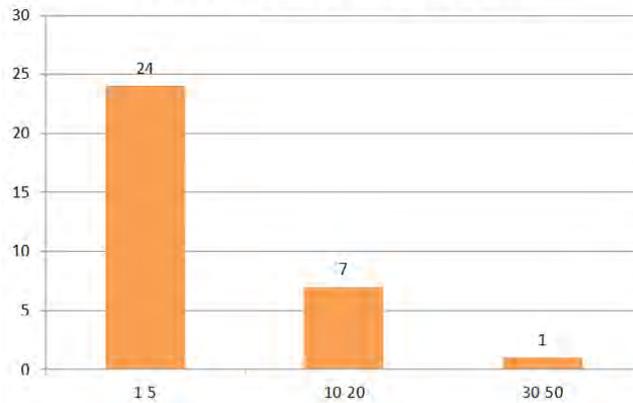
APPENDIX

CRIMINAL JUSTICE PERSONNEL SURVEY

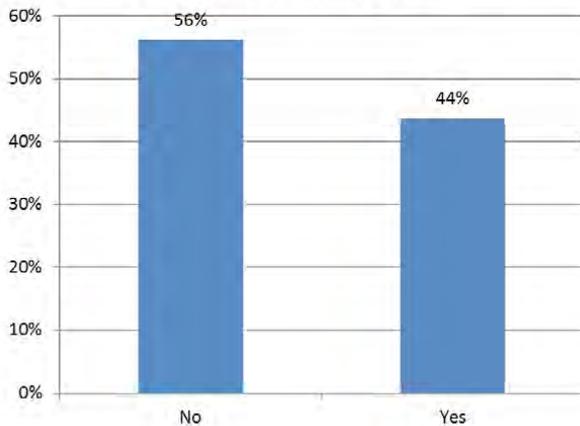
About the Respondents

Total Respondents: 32

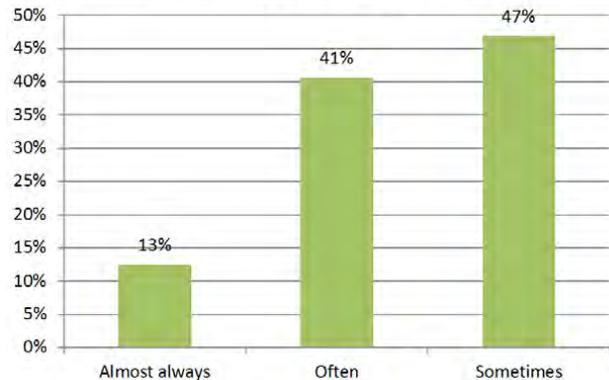
Approximately how many mentally ill offenders do you interact with in an average month through the criminal justice system/while at work?



Do these people generally have support people with them when you interact with them?



How often do these mentally ill people reoffend or re-enter the criminal justice system?



APPENDIX

Limitations to the current criminal justice system in helping mentally ill offenders that can be solved without changes in state legislation

“Not given the proper sentences. Becomes a revolving door and on going problem for Law Enforcement.”

“There is no where to take them that will actually give them the help they need... [create] private health centers having the option to keep these people in their facility until they go through some type of therapy. Kind of like a rehab. I don't believe it's anything the state needs to be involved in.”

“I don't think it is the justice system's responsibility to help them. It should be responsibility of their families.”

“Preventive Education, Treatment and Housing”

“Lack of local services”

“At times, we either have the option of having them committed for a psychiatric evaluation and/or take them to jail for an offense. Other than that, we have few options as Officers; especially on night shifts.”

“We need full time mental health doctors that are on site so they can intervene during a crisis with forced medications.”

“Lack of immediate or crisis services... Creating a critical response team or mental health on call team to deal with immediate issues.”

“Law Enforcement training... Funding for training is more of a local responsibility.”

“Not enough affordable treatment in Park City.”

“Fund mental health facilities”

“Medical/mental staff available with the knowledge and willingness to treat them... Medical staff needs to be willing to investigate the inmates history and treat accordingly so they can be medically treated properly while in the facility from day 1 of their stay. Also, hiring more staff so they have the time to treat inmates correctly.”

“Lack of knowledge. Most of the time, we don't know when people are mentally ill or do not know the diagnosis or treatment needs. Getting information from past or current providers seems to be an almost impossible task because of HIPPA regulations and the unwillingness of most mentally ill offenders to discuss their mental health... We could learn much more if the court would order mental health and substance abuse assessments earlier in the criminal proceeding or if such assessments could be performed when a person is booked into jail. This requires funding and coordination, not legislative changes.”

“There are not enough in-patient beds and day treatment facilities to help these folks. They need constant longer care options and most do not have financial resources or physical and family resources to follow-up with recommended care. They need more constant care and contact to assure that they are properly medicating and doing the right treatments or therapies... Private local non-profits and facilities could fill some of these gaps. Possibly VBH, the Health Department or Peoples Health Center could administer or monitor meds or see some of these folks through grants or other donations to bridge the local gaps.”

APPENDIX

Limitations to the current criminal justice system in helping mentally ill offenders that **cannot** be solved without changes in state legislation

“There is no way to actually force them to take their meds... State laws don't have any way of helping these people the way they need to be helped. If the state could pay for their inpatient treatment in a mental health facility that would help them. Anything else will fall short.”

“Stiffer penalties for repeat narcotic offenders... 90% of methamphetamine abusers/users will become future mental health clients due to the chemical changes that occur in the brain after use”

“Treatment options.. Facilities willing or able to house mentally ill offenders/ wait times for existing facilities.”

“Lack of housing is care facilities. Jail overcrowding. Lack of mental health staff in the jails to work with mental health issues.”

“Dollars, More Case Managers, More Programs for the mentally ill, like clubhouse etc.”

“No mental health court in Summit County. Frequently mentally ill offenders present without a support system and are homeless once released from custody.”

“There are no programs to help families after 5:00pm. There are no programs to help with juveniles.”

“Bed space at the State Hospital for incarcerated offenders.”

“Resources beyond involuntary commitment”

“No long term assistance provided, there is significant help for the short term but not plan for long term help.”

“Lack of resources in Summit.. Funding for housing”



APPENDIX

“How can the criminal justice system better help mentally ill offenders in accessing mental health services?”

“Courts would be able to order people with mental health problems to attend programs, take medications, and speak with councilors on a regular basis.”

“Maybe we could make the appointments with them or make sure their family or friends are in support of them going there and can take them there. Just showing a little more empathy.”

“Easier access to resources available on a 24 hr basis.”

“Staffing available or at least medical staff trained to treat mentally individuals”

“Better partnerships with outside services to assist offenders when they are released.”

“More court mandated treatment for mentally ill offenders”

“Continued referrals. Calling support people in crisis situations. (Involuntary commitment is not ideal, but can be beneficial in exigent circumstances).”

“Awareness of resources available”

“More affordable local treatment providers.”

“Realistically, the only way is to commit them to a mental health facility and to pay for that treatment until they are stable enough to go out on their own.”

“Possibly more tracking or more closely monitored.”

“Supervision and follow through with treatment”

“24 hour service that is not the ER”

“Smooth referrals from the Court”

“The criminal justice system shouldn’t be the primary system to house and treat mentally ill offenders. The fact that jails have become the warehouses where the mentally ill are kept is the main problem that needs to be solved.”

“Have more options available for offenders”

“Push for building more state hospitals and mental health faculties”

“Mental health court, mental health services in the rural areas.”

“The court needs to be aware of mental health issues of each offender so that it can order appropriate evaluations and treatment. This could be accomplished by requiring that every offender complete a mental health assessment before sentencing.”

“Earlier intervention. Screening at the jails at time of booking. Diversion agreements and Pleas in Abeyance to “decriminalize” these mental health actions as episodes not crimes. Better more frequent reviews with the courts to assure understanding of treatment and agreements and to enable the offenders to stay focused and on track.”

APPENDIX

“Would mental health court be a viable option in Summit County?”

YES - 70%

“At least an issue worth conducting a needs assessment on.”

“More understanding of the full situation.”

“There are a lot of people that suffer from mental illness that really need help managing their lives...”

“We have a number of offenders with mental health issues that could be well served by a mental health court. However; we would require additional services for referrals - we do not currently have enough services in county to assist - specifically for juveniles with mental health issues.”

“Maybe, it should be explored but I don’t know that we have the capacity to do it with current resources.”

“It would work if we had enough clients to sustain the court. We currently struggle keeping 10 clients in Drug Court.”

“It would at least shine a light on the problem of lack of facilities designed to treat mentally ill persons.”

“Close Supervision of offenders”

“This would help stabilize our mental clients with wrap around services”

“An alternative to criminal punishment for mentally ill offenders who may not know the difference between right and wrong.”

“I believe it would help the mentally ill in how to return back and function in society”

“It would be easier to keep track of and to help with the mental health people.”

NO - 30%

“Not enough mental health facilities and professional in place to meet the demand.”

“It would make more sense to transfer the cases to Salt Lake County, where an established mental health court exists. There won’t be enough of a caseload in Summit County to justify a mental health court.”

“I believe it should be up to the courts to evaluate each offender on an individual basis and determine the best course of action. Having worked in a county with a mental health court program, I feel that it is often abused by defense attorneys. Mental health treatment is important for offenders with mental health problems, but I don’t feel that there is a large enough population of severely mental ill repeat offenders in Summit County to justify a mental health court program.”

“I do not believe that there is a high enough population of mental patients that would make it a sustainable program.”

“I don’t think that we have a large enough population of offenders with an Axis I or II diagnosis to sustain a mental health court.”

“There’s not enough need. If it was a small-capacity court then definitely yes.”

“Like drug court, it is a total waste of money!”

“Unknown if it would help.”

“I have seen similar options such as Drug court fail more times then it has been helpful.”



APPENDIX

SUMMIT COUNTY MEETING WITH PARENTS

Potential Assets the Community Has...

- Several agencies; Valley, Peace House, Christ Center, Jewish Family Services, Holy Cross Ministries, Hospital and People's Health Clinic
- NAMI
- Amazing community who are intelligent, generous, and hard working
- We have a lot of general mental health professionals
- Weekly family support group in Park City
- Regular family to family classes in Salt Lake
- Some agencies in SLC if you can get there
- Primary care physician
- We see models looking around the state/county we'd like to emulate
- Interest in population to learn more
- C.I.T officers
- Connect
- School system
- Talented psychiatrists and therapists
- Valley Behavioral Health – basic services

Challenges

- Parents bear the burden to advocate for their loved ones
- Lack of education to primary physicians/pediatricians/inability to refer
- School psychologist was terminated/and not replaced!
- Cost
- Need to support mentally ill folks who don't know/accept the they're mentally ill
- No one stop location for info and services (VBH doesn't cut it) (UCLA model)
- Lack of education to teachers
- No day treatment
- Residential care and recovery services for long term care
- School counselors aren't supported by the district (no advocacy)
- Lack of coordination and communication between IMH and U of U and Valley Mental
- No advocates to help negotiate the system



APPENDIX

- Integrating back into the community
- Residential care and treatment then follow up services
- Insurance support
- No continuity of service personnel
- Identifying and diagnosing addiction and underlying mental health
- Crisis management
- Long wait times
- Self-medication
- No continuity
- Getting in to treatment as an adult with a broken system
- Education system
- Medication management
- Too much turnover in profession
- We're dealing with chronic disease
- System in incredibly fragmented

If I were King/Queen....

- Create or expand a centralized organization where people could go to get information, attend support groups and talk to advocates or liaisons for access to formalized care of treatment (low/no cost and non-denominational)
- Create an umbrella of wrap around services (case management) to guide, serve patients, from crisis to rehabilitation to recovery and reintegration into society with help along the way with relapses
- Found an agency that would oversee education, outreach, treatment, recovery and long term residence for the mentally ill.
- Construct a single facility to provide and coordinate mental health services (including: research, day treatment, and residential care) coordinating with the U of U and summit county
- Centralized organization of services with educated advocates – website advertised
- More education of issues in schools as well as programs in schools to assist parents and students
- Biggest impact robust recovery services for adults torn between that and effective early intervention in schools
- Create a facility (not VBH) that has the ability to help, train, educate provide services and support for mental health needs
- Appropriate special ed services in schools for children with mental health issues
- Provide affordable access to counseling for all ages
- Create policies and procedures to implement detection Day 1 of Kindergarten
- Do away with the mental health stigma!