



**AGENDA
COUNTY COUNCIL
Wednesday, May 6, 2026**

NOTICE is hereby given that the Summit County Council will meet, on Wednesday, May 6, 2026, electronically, via Zoom, and at the anchor location of the Summit County Courthouse, 60 N. Main Street, Coalville, UT 84017

(All times listed are general in nature, and are subject to change by the Board Chair)

To view Council meeting, live, visit the "Summit County, Utah" Facebook page.

OR

To participate in Council meeting: Join Zoom webinar: <https://zoom.us/j/772302472>

OR

To listen by phone only: Dial 1-301-715-8592, Webinar ID: 772 302 472

2:00 PM Closed Session - Property acquisition (60 min)

3:00 PM - Move to Council chambers (10 min)

3:10 PM - Pledge of Allegiance (5 min)

3:15 PM Convene as the Behavioral Health Local Authority

1. 3:15 PM - Consideration and possible approval of the FY27 Local Authority Budget & Area Plan; Aaron Newman, Pamella Bello, and Cristie Frey (30 min)

[FY27 Area Plan Presentation.pdf](#)

[Staff Report and Area Plan.pdf](#)

Dismiss as the Behavioral Health Local Authority

3:45 PM Consideration of Approval

1. 3:45 PM - Discussion and possible approval of May Tax Sale proposed payment plan for parcel CT-10, account #0000020, Sheryl Clark; Chase Black (15 min)
[2026.05.06 Clark Payment Plan Staff Report.pdf](#)
2. 4:00 PM - Discussion and possible action regarding tax lien sale of properties, Parcel ID's: PP-63-B and PRIVTAX-72; Chase Black (10 min)
[2026.05.06 Tax Sale Staff Report.pdf](#)
3. 4:10 PM - Consideration and possible approval of Resolution 2026-13, a Resolution Approving and Authorizing Entry of Summit County into the Aggravated Murder Defense Fund; Janna Young (15 min)
[Staff Report Aggravated Murder Defense Fund Resolution corrected.pdf](#)
[Indigent Defense Fund Resolution 2026-13 corrected.pdf](#)
4. 4:25 PM - Advice and consent of the County Manager's recommendation to appoint members to the Emergency Services Sales Tax Program Advisory Board; Shayne Scott (5 min)

[Appointments to ESST Advisory Board.docx](#)

5. 4:30 PM - Approval of Council Minutes dated April 1, 2026, and April 8, 2026 (5 min)
[SCC Draft Minutes 4-1-26.pdf](#)
[SCC Draft Minutes 4-8-26.pdf](#)
6. 4:35 PM - Discussion and possible adoption of Ordinance No. 787-B, an Ordinance Amending Ordinance 787 Residential Property Tax Exemptions; Corrie Forsling, Stephanie Paice, Cindy Keyes, and Helen Strachan (45 min)
[Staff Report re PRE Deadline Change and Update of Ordinance.pdf](#)
[Ordinance 787-B Primary Exemptions.docx](#)
7. 5:20 PM - Council and Manager comments (10 min)

5:30 PM Public Hearing

1. 5:30 PM - Public hearing and possible adoption of Ordinance 834-P, an Ordinance Amending the Countywide Fee Schedule; Helen Strachan, Shayne Scott, and Greg Wolbach (30 min)
[Staff Report for 2026 Fee Schedule\(2\) 4-22-26.pdf](#)
[Staff Report Recorder and Surveyor Fees.pdf](#)
[834-P.pdf](#)

6:00 PM Public Input

Public comment is for any matter not on the Agenda and not the subject of a pending land use application. If you would like to submit comments to Council, please email publiccomments@summitcountyutah.gov by 12:00 p.m. on Wednesday, May 6, 2026. If you wish to interact with Council, for public input, please appear in person, or use the “Raise Hand” button at the bottom of the chat window in Zoom.

6:00 PM - Joint meeting with Eastern Summit County Planning Commission (60 min)

Memo

[Memo Joint Meeting with ESCPC.pdf](#)

Adjourn



PY27 Behavioral Health Area Plan

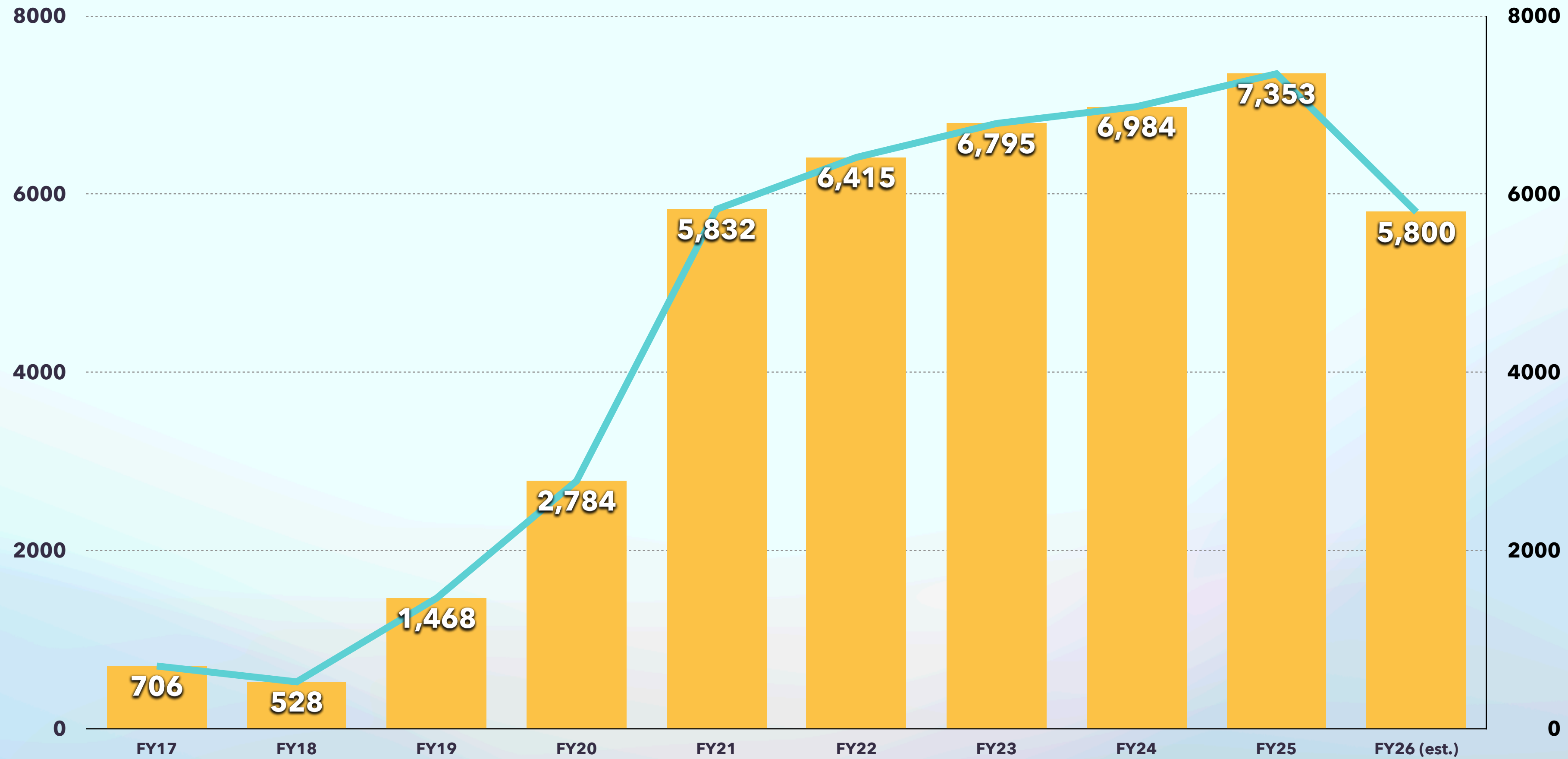
May 6th, 2026
Summit County Health Department,
Behavioral Health Division

FY 26 Highlights

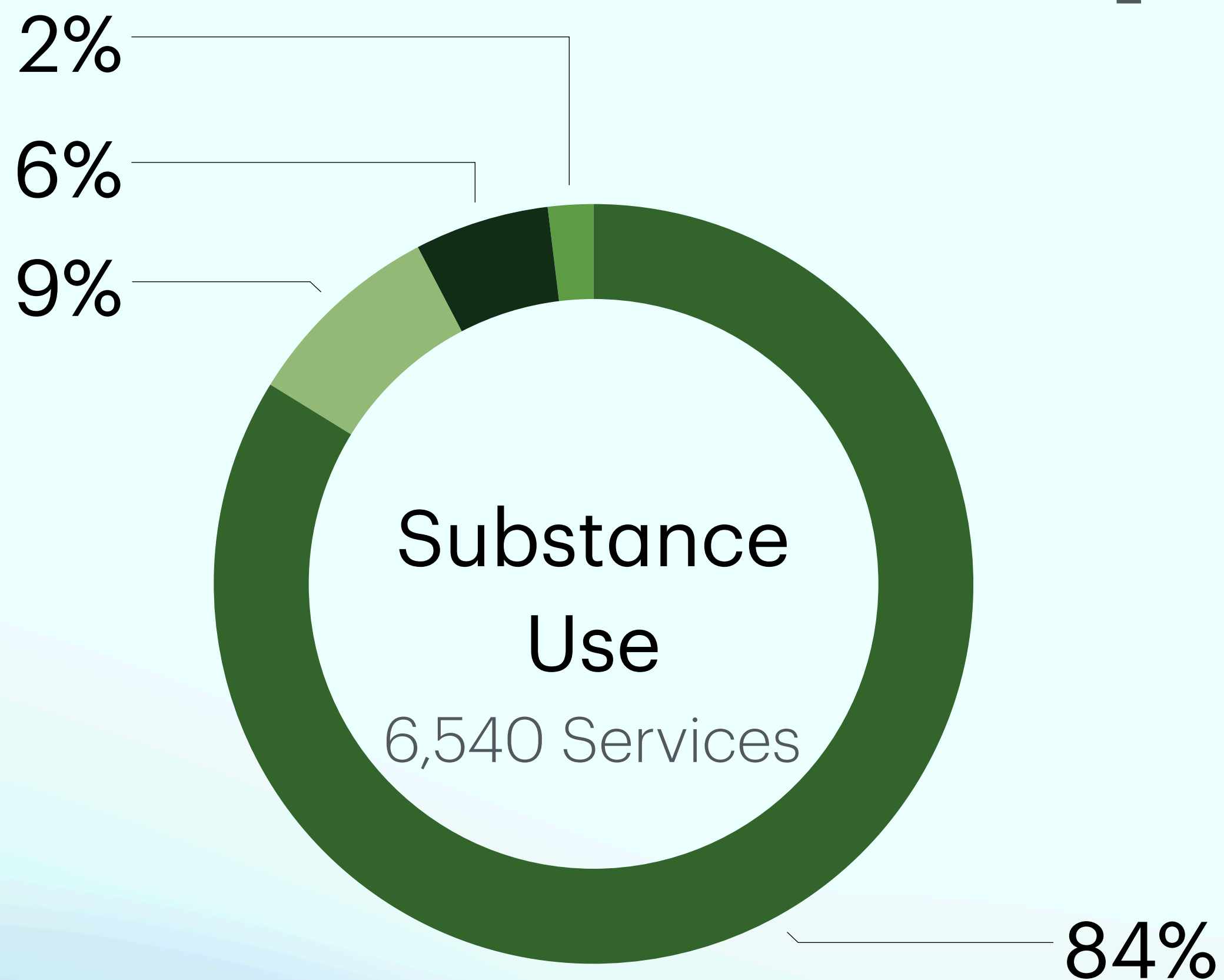
- School-Based Services saw 372 students in FY25.
- Summit County Clubhouse Membership increased to 90 active members.
- Distributed an additional 325 gun safes and suicide prevention information.
- Implemented a new PTSD treatment program for members of Search and Rescue.
- 7,170 Total Services Provided by HMHI FY25:
 - 6,540 Substance Use Disorders Services,
 - 630 Mental Health Services
- Saw over 7,000 unfunded and government supported unique clients in Summit County in FY25.
- Drug Free Workplace preliminary certification for Summit County.
- South Summit LEAP Teams became active in middle and high schools and presented 2025 SHARP data to legislators and the South Summit School Board.
- Launched the Drink Different campaign in partnership with local organizations and businesses to promote responsible drinking and non-alcoholic options.
- Successfully launched the Latino Parent Education Program with strong participation; expansion into additional schools is planned next year with PCSD approval.

Note: FY25 numbers are used as we are still in FY26

UNIQUE, UNFUNDED AND SUBSIDIZED CLIENTS SEEN IN SUMMIT COUNTY



Top 4 Primary Diagnoses



● Alcohol Related
● Cannabais

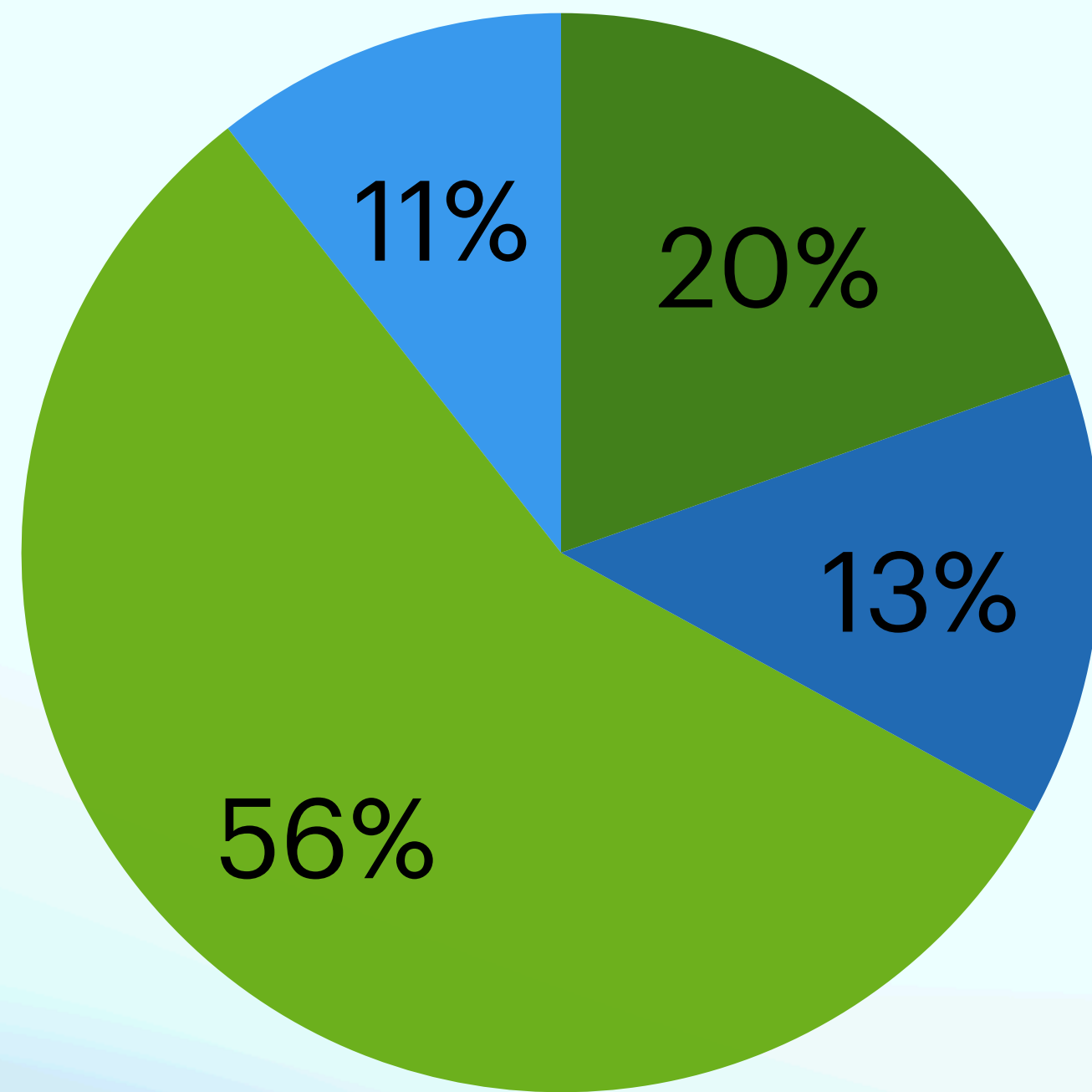
● Stimulant Use
● Psychoactive

● Anxiety
● Bipolar

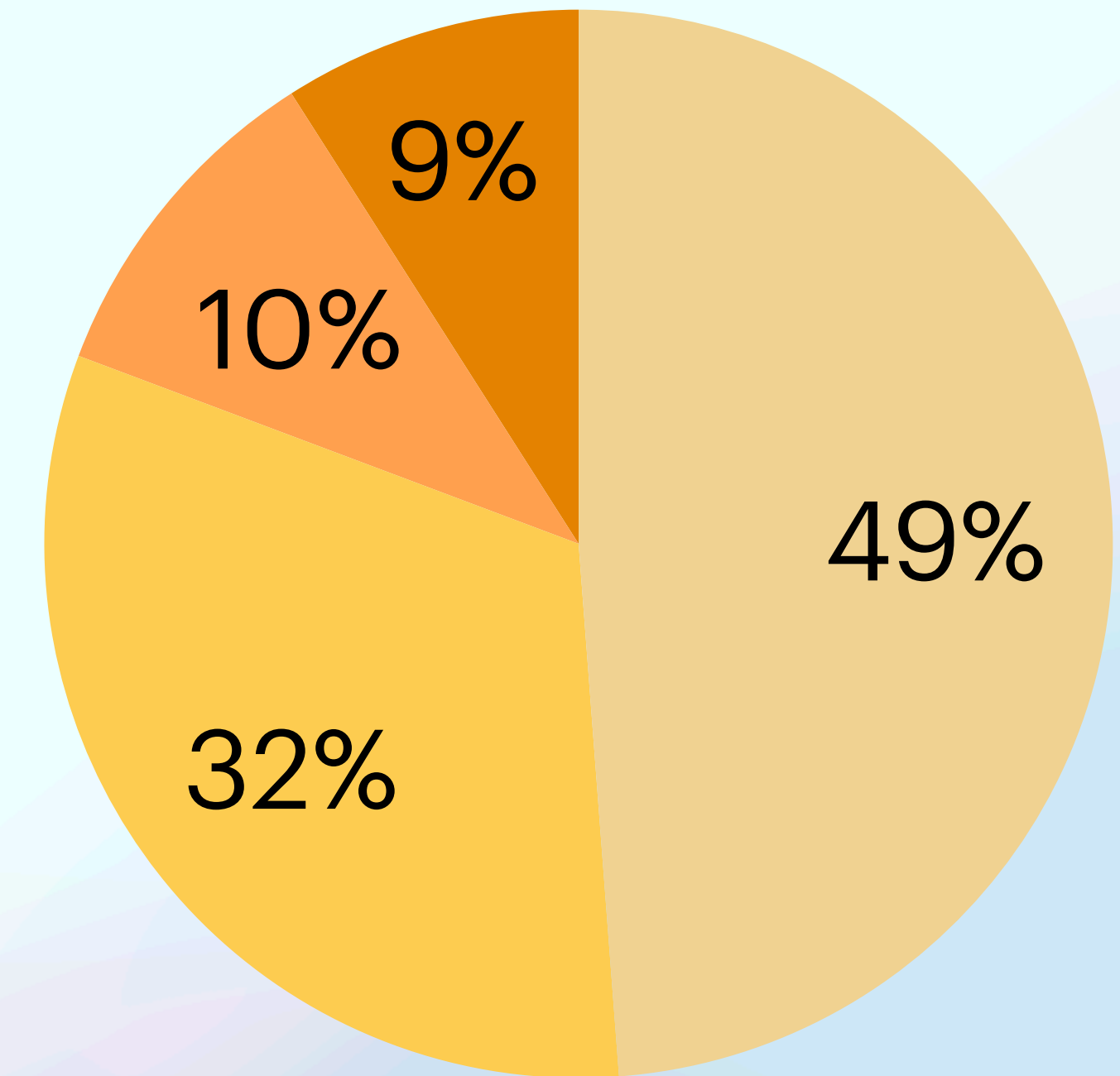
● Major Depression
● PTSD

Top 4 Services Provided

SUD Services



Mental Health Services

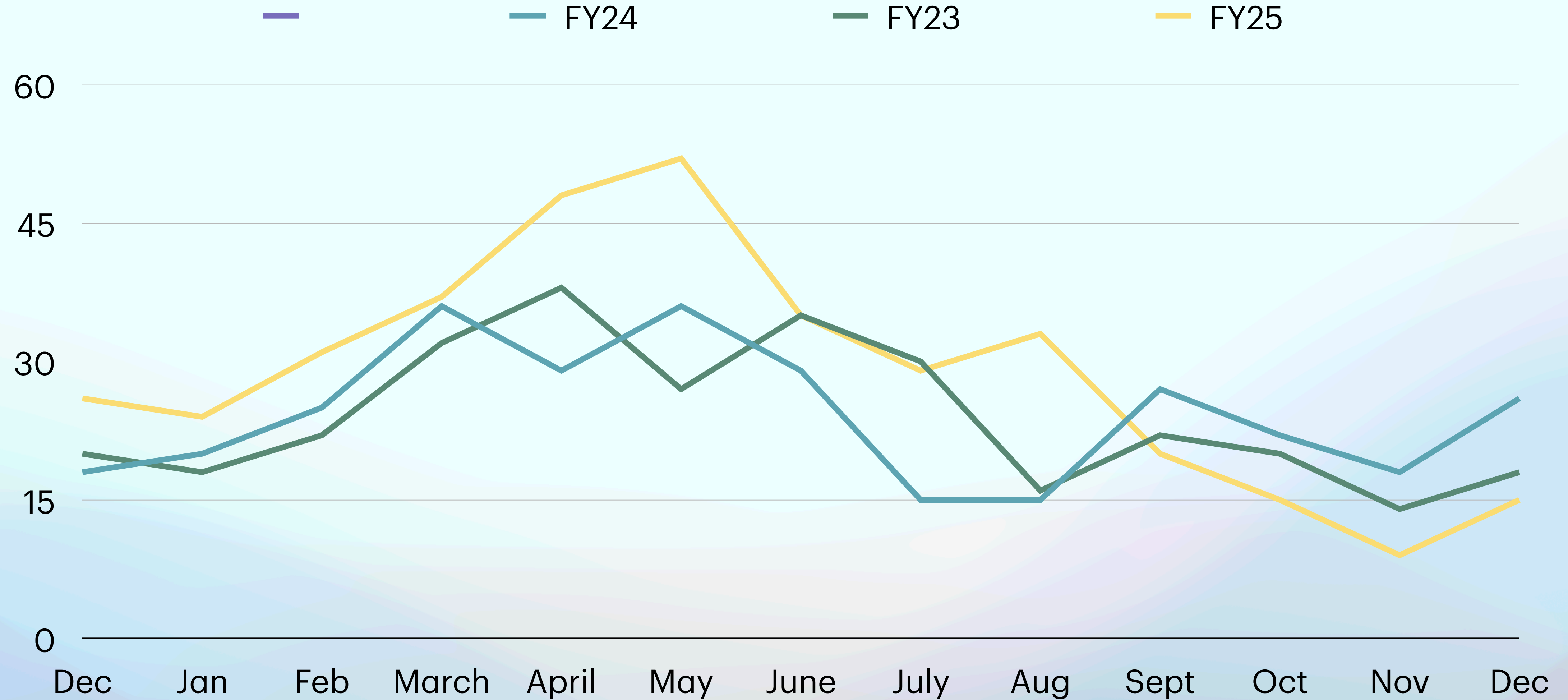


- Case Management
- Groups
- Psychotherapy
- Peer Support Services

- Psychotherapy
- Case Management
- Groups
- Evaluations

Note: Drug Testing not included in numbers

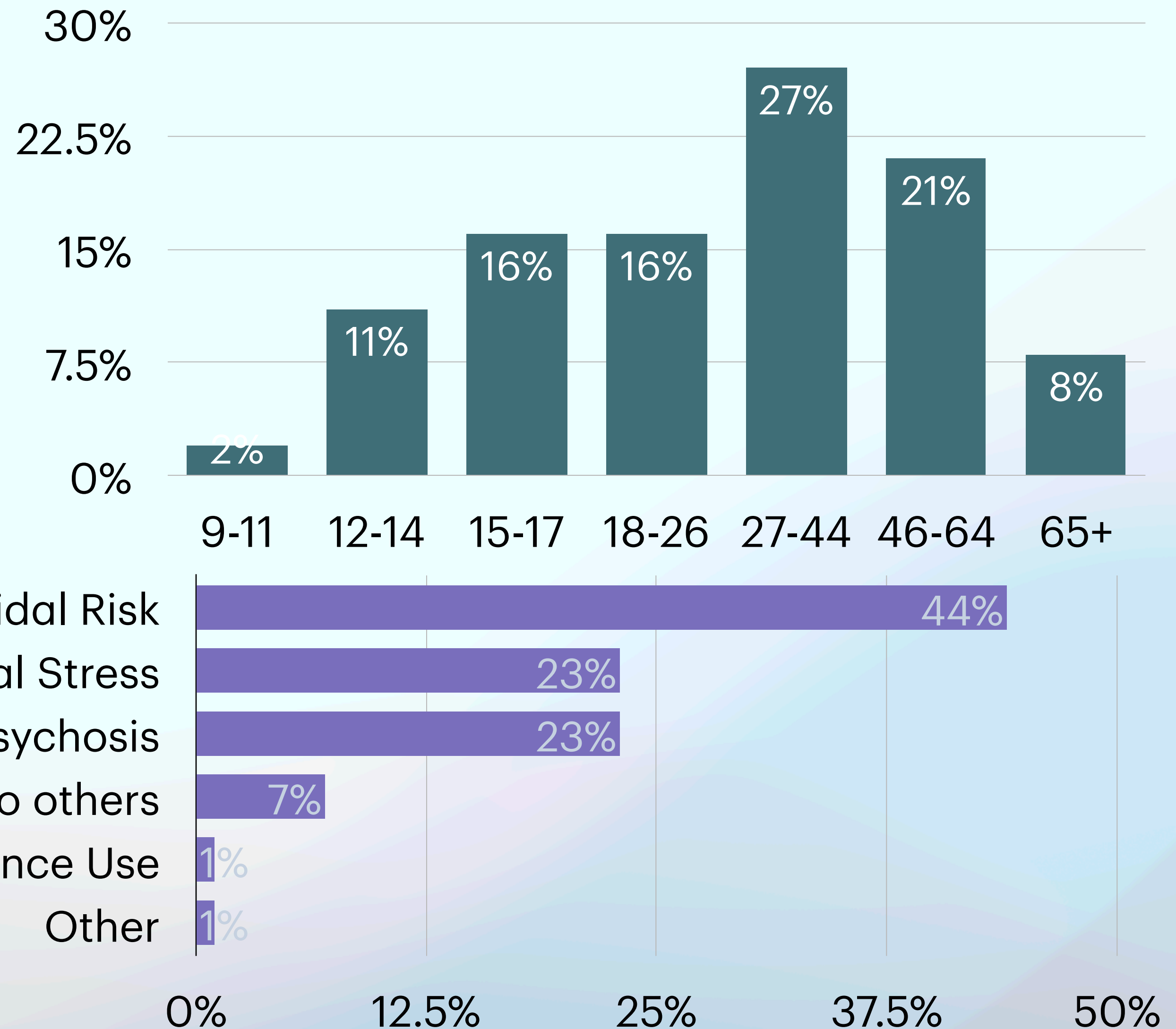
Mobile Crisis Outreach Team (MCOT)



Mobile Crisis Outreach Team (MCOT)

January 2025 - January 2026

- 590 Crisis Interactions
- 337 MCOT Dispatches
- Average Response Time: 33 Minutes
- Average Service Length: 75 Minutes
- 71% of people were stabilized and able to remain in place.
- 23% of people went to inpatient care
- 5% were transferred to a receiving center in Salt Lake City
- Spring Remains Highest Utilization



Prevention Updates

Prevention organized 10 events/classes and collaborated with other community partners for an additional 30 events. Through these 40 events, we reached approximately 6,800 individuals of all ages across Summit County.

**40 Total
Events &
Classes**

**~6,800
Individuals
Reached**

**35
Community
Partnerships**



**GUIDING
GOOD CHOICES®**



The focus of prevention events and programs is to educate the broader community and facilitate collaboration between community stakeholders in shared messaging and support



SUMMIT VOICES FOR PREVENTION

COALITION AT A GLANCE

First Meeting: March 2025

Members: 54 committed community members

Meetings Held: 10 meetings to date

Current Focus: Analyzing data to establish goals for the coming year

First Coalition Project: Every Step Counts — a collaborative Parents Empowered campaign to help parents talk with their kids about prevention and underage drinking

OUR MISSION

The Summit Voices for Prevention coalition is dedicated to enhancing community well-being through proven, proactive measures aimed at reducing substance misuse, promoting mental health, and encouraging healthy lifestyle choices. By providing education, resources, and fostering collaboration, trust, and relationships, we strive to address these obstacles before they arise — ensuring a healthier future for all.

OUR VISION

We envision Summit County as a community where residents are empowered to build resilience through accessible mental health and substance misuse resources, supported by a network of committed individuals and organizations dedicated to fostering well-being.

Every Step Counts | Our First Coalition Project | In Partnership with Parents Empowered

SUMMIT COUNTY IS REQUIRED TO PROVIDE THE FOLLOWING SERVICES

MANDATED MENTAL HEALTH SERVICES

- Adult and Youth Inpatient Care,
- Adult and Youth Residential Care,
- Adult and Youth Outpatient Care,
- Children/Youth Outpatient Care
- 24-Hour Crisis Care, – **CASE CONTRACT**
- Adult and Youth Psychotropic Medication Management
- Adult and Youth Psychoeducation Services & Psychosocial Rehabilitation
- Adult and Youth Case-Management
- Adult Community Support Services (Housing Services) – **CASE CONTRACT**
- Children/Youth Community Supports (Respite Services)
- Adult and Youth Peer Support Services
- Adult and Youth Consultation & Education Services
- Services to Incarcerated Persons
- Adult and Youth Outplacement
- Adult and Youth Unfunded Services
- Youth Mental Health Early Intervention
- Family Resource Facilitation
- School-Based Mental Health Intervention
- Suicide Prevention, Intervention, and Postvention
- Justice Reinvestment Instructive Services



MANDATED SUD SERVICES

- Screening & Assessment
- Detoxification Services (ASAM IV-D, III.7-D, III.2-D, I-D or II-D)
- Residential Treatment Services (ASAM III.7, III.5, III.3, III.1)
- Opioid Treatment Programs (OTP-Methadone)
- Office-Based Opioid Treatment-Vivitrol, Naltrexone, Buprenorphine
- Outpatient – Non-Methadone, ASAM I
- Intensive Outpatient – ASAM II.5 or II.1
- Recovery Support Services
- Adult and Youth Peer Support Services
- Services to Incarcerated Persons
- Women’s Treatment
- Adolescent Treatment
- Drug Court Program & Justice Reinvestment Initiative

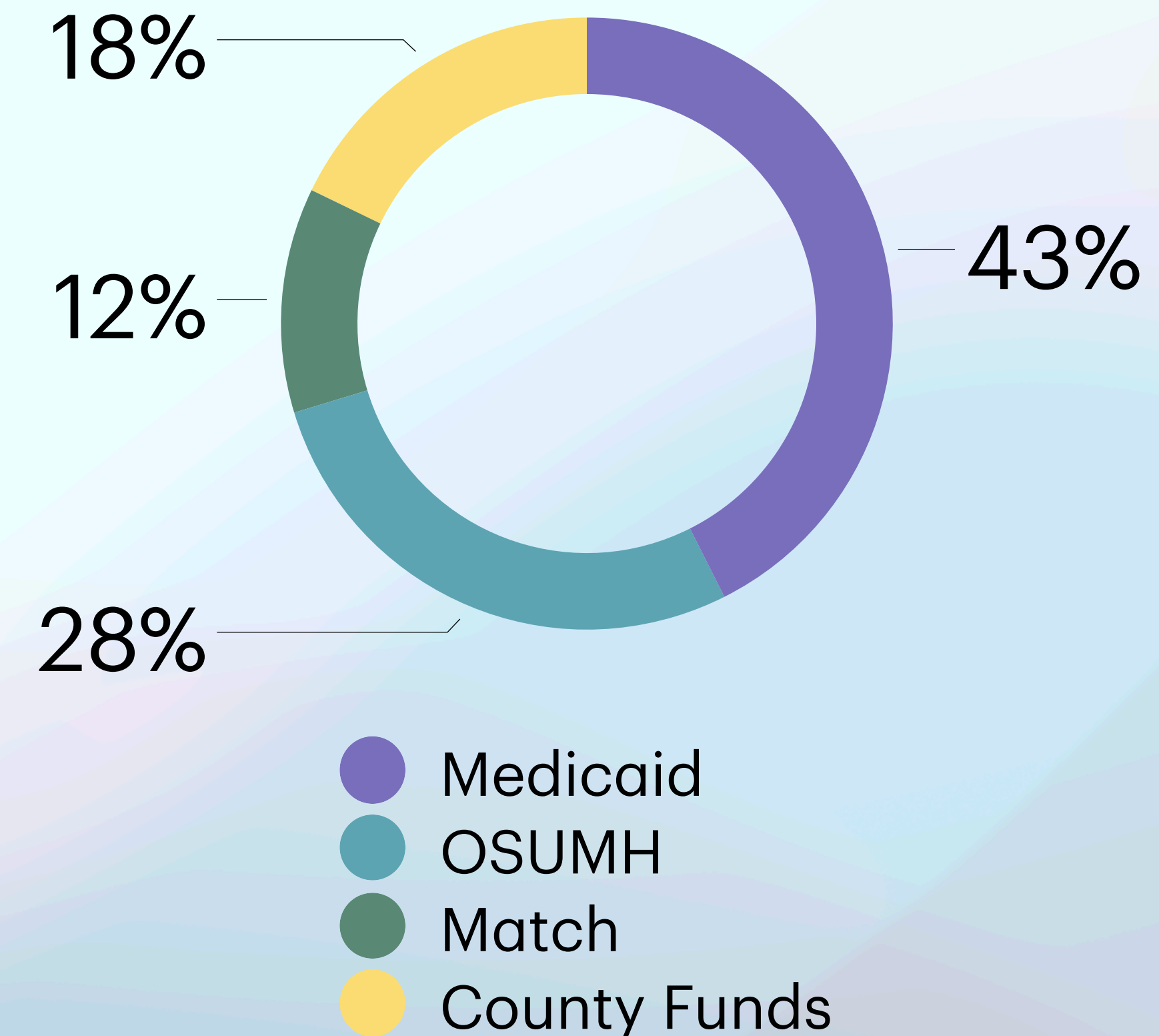
MANDATED PREVENTION PROGRAM

- *“Promote or establish programs for the prevention of substance use within the community setting through community-based prevention programs.”*

FY27 Behavioral Health Funding

Total Funding By Source

FY27 Summary	OSUMH Allocation	OSUMH Match	Non-Match County	Non-Medicaid Total	Net Medicaid (Projection)	Medicaid Match	FY27 TOTALS
Mental Health	\$438,035	\$70,116	\$480,000	\$988,151	\$1,446,784	\$289,357	\$2,724,292
Substance Use Disorder	\$437,340	\$27,519	\$275,000	\$739,859	\$413,367	\$82,673	\$1,235,899
Prevention	\$324,199	\$37,563	\$10,000	\$532,286	NA	NA	\$371,762
	\$1,199,574	\$135,198	\$765,000	\$2,260,296	\$1,860,151	\$372,030	\$4,331,953



FY27 Behavioral Health Funding

FY26 to FY27 Allocation Difference

	FY26	FY27	Change	%
Mental Health	\$539,326	\$438,035	-\$101,291	-19%
SUD	\$397,763	\$437,340	\$39,577	10%
Prevention	\$545,673	\$324,119	-\$221,554	-41%
	\$1,482,762	\$1,199,494	-\$283,268	-19%

- The funding comparison to the left represents the total amounts contracted with the Office of Substance Use and Mental Health for both State and Federal funding changes. These amounts do not include Medicaid or County General Funds.

Impact of Reduction

Mental Health

- This reduction is not expected to negatively impact clinical services. \$78,535 of these funding cuts are to specific service allocations, with restrictions on utilization. These services are still provided and can be paid for through other non-restricted-use allocations.
- \$22,755 of this cut is allocated to a three-year program to purchase and distribute gun safes within the community, which is coming to an end. This is a planned end to funding and will not impact clinical care.

Substance Use Disorder

- While a small increase, the \$39,577 is needed, as we utilize almost 100% of our SUD funding each year.

Prevention

- The \$221,554 loss to Prevention will be the hardest-hit budget line. This 41% cut is due to new state legislation prohibiting the direct funding of programs from the State's share of the opioid settlement funds, effective May 1st, 2026. Per the legislation, all funding for programs and services from the opioid settlement must be from earned interest only, not the actual awards. This change in policy impacts not only prevention services but also clinical care and law enforcement programs. The impact of this cut is still being analyzed, and alternative funding sources are being explored. According to OSUMH, there will be a chance for some of this funding to be restored in FY27, however, they do not know how much or in what timeframe this will happen.

Section	Mandated Service	FY26
1	Inpatient Services	\$298,000
2	Residential Care	\$2,000
3	Outpatient Care	\$380,116
4	24-Hour Crisis Care	\$4,000
5	Psychotropic Medication Management	\$61,191
6	Psychoeducation Services	\$2,389
7	Case Management	\$125,000
8	Community Supports	\$0
9	Peer Support Services	\$10,000
10	Consultation and Education Services	\$8,000
11	Services to persons incarcerated in a county jail or Justice Involved	\$92,455
12	Adult Outplacement (USH)	\$5,000
	TOTALS	\$988,151

Funding by Mandated Service

Section	Prevention Service	FY27
	Programing	\$8,252
	Staffing	\$363,762
	TOTALS	\$371,286

Funding by Mandated Service

Section	Recovery Court Service	FY27
1	Screening and Assessment Only	\$5,500
2	Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	\$41,641
3	Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	\$20,000
4	Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)	\$0
5	Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non- Methadone	\$10,000
6	Outpatient: Non-Methadone (ASAM I)	\$70,000
7	Intensive Outpatient (ASAM II.5 or II.1)	\$55,979
8	Recovery Support	\$25,000
TOTALS		\$228,120

Section	SUD Services	FY27
1	Early Intervention	\$12,500
2	Ambulatory Care & Withdrawal Management (ASAM IV-D, III.7-D, III.2-D, I-D, or II-D)	\$72,671
3	Residential Treatment Services (ASAM III.7, III.5, III.3, III.1)	\$158,100
4	Opioid Treatment Programs (Methadone)	\$5,000
5	Office-Based Opioid Treatment (Vivitrol, Naltrexone, and Buprenorphine)	\$76,370
6	Outpatient (ASAM I)	\$308,990
7	Intensive Outpatient (ASAM II.5 or II.1)	\$81,228
8	Recovery Support (includes housing, peer support, and other non-clinical)	\$25,000
TOTALS		\$739,859

New Requirements

Senior Services Strategic Plan

- The development and implementation of a strategic plan focused on expanding senior-based behavioral healthcare services, which must also include a plan for the full integration of senior-based behavioral healthcare with physical healthcare within Summit County. To develop this plan, the Behavioral Health Division will bring together a group of key community stakeholders for this specific population in June to begin work on it, which will be presented to the County Council for final approval.

Transitional Housing Strategic Plan

- Similar to the Senior Services Strategic Plan, all Local Authorities are required for FY27 to have a strategic plan in place to address any shortages of transitional housing within their catchment areas. For Summit County, this means we are required to develop a plan to address the lack of transitional housing for individuals with a mental health or substance use diagnosis who are transitioning from either inpatient care or are justice-involved with a behavioral health diagnosis (participating in Recovery Court or exiting jail). While work has already begun within the community to address these needs, the Behavioral Health Division will need to establish a strategic plan that recognizes the current barriers to housing in Summit County and present it to the County Council for consideration and approval as the Local Behavioral Health Authority.

Homeless Services Strategic Plan

- All Local Authorities are now required to have a strategic plan in place that focuses on coordinating behavioral health services, along with social services (food, housing, clothing, etc.), to help individuals who are either currently homeless or at risk of homelessness. Due to the breadth of social service-focused non-profits in Summit County, the plan will focus on strengthening the current collaboration of these organizations and the behavioral healthcare system. Once completed, this plan will be presented to the County Council for consideration and approval as the Local Authority.

Additional New Services

Department of Corrections

Expanded Justice Involvement with Courts

Suicide Postvention with Medical Examiner

Expanded Search and Rescue Post Incident Treatment

Stabilization and Mobile Response (SMR)

Drug Free Workplace Continuation

Questions



To: Summit County Council

From: Aaron W. Newman, *Behavioral Health Director*
Pamella Bello, *Behavioral Health Prevention Director*
Cristie Frey, *Huntsman Mental Health Institute*

Date of Meeting: May 6th, 2024

Item: **FY26 Behavioral Health Area Plan & Budget**

Process: For Consideration and Possible Approval Upon Convening
as the Local Mental Health and Substance Abuse Authority

Please find included an Executive Packet for the *FY27 Summit County Mental Health and Substance Abuse Area Plan* and the official documents required for submission to the Utah Office of Substance Use and Mental Health (OSUMH). Also attached is Form D, which the County Council Chair is to sign upon approval of this Area Plan.

State Code Relevant to the Area Plan:

Utah Code 17-77-201 & 301, Local Mental Health Authorities;

5.a: Each local mental health authority shall:

(ii) as provided in Subsection (5)(b), annually prepare and submit to the division (DSAMH) a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract;

County Contracts;

Contract 152260:

This contract establishes the vendor status of Summit County with the Office of Substance Abuse and Mental Health to provide mental health services and programs at no cost or reduced rates to residents of Summit County through a subcontract with Huntsman Mental Health and Healthy U. Behavioral.

Legislatively Mandated Services:

As the Local Behavioral Health Authority, Summit County is required to provide the following mental health and substance use disorder services as set forth in Utah Code §§

17-77-201 & 301 *et seq.*, in addition to those services mandated in the Annual OSUMH Directives. These services are overseen by the Summit County Behavioral Health Division and administered via contract through Huntsman Mental Health Institute and Healthy U. Behavioral Network and the Summit County Behavioral Health Network. Services include:

Mandated Mental Health Services:

- (1) Adult and Youth Inpatient Care,
- (2) Adult and Youth Residential Care,
- (3) Adult and Youth Outpatient Care,
- (4) Children/Youth Outpatient Care
- (5) 24-Hour Crisis Care,
 - (i) Warm handoff during business hours,
- (6) Adult and Youth Psychotropic Medication Management,
- (7) Adult and Youth Psychoeducation Services & Psychosocial Rehabilitation,
- (8) Adult and Youth Case-Management,
- (9) Adult Community Support Services (Housing Services),
- (10) Children/Youth Community Supports (Respite Services),
- (11) Adult and Youth Peer Support Services,
- (12) Adult and Youth Consultation & Education Services,
- (13) Services to Incarcerated Persons,
- (14) Adult and Youth Outplacement,
- (15) Adult and Youth Unfunded Services,
- (16) Youth Mental Health Early Intervention:
 - (i) Family Resource Facilitation,
 - (ii) School-Based Mental Health Intervention,
- (17) Suicide Prevention, Intervention, and Postvention,
- (18) Justice Reinvestment Initiative Services (Dependent on State Funding)

Mandated Substance Use Disorder Services:

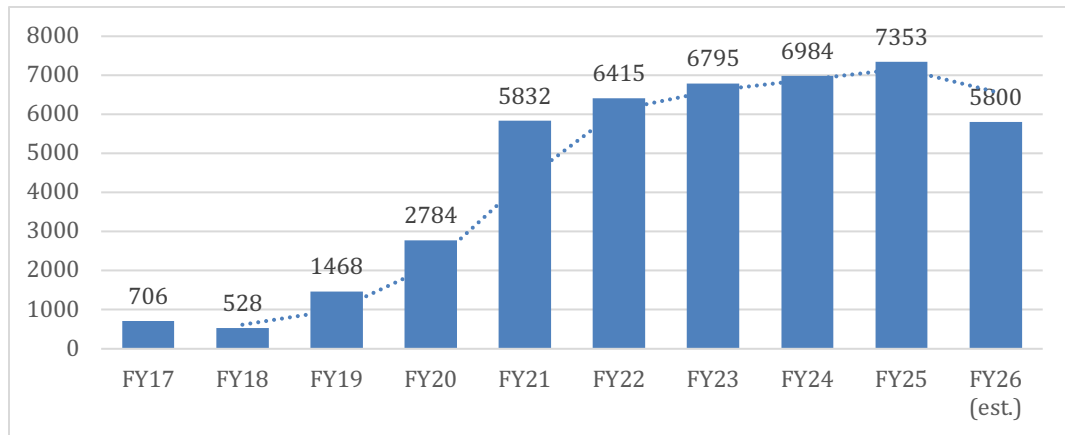
- (1) Screening & Assessment,
- (2) Detoxification Services (ASAM IV-D, III.7-D, III.2-D, I-D or II-D),
- (3) Residential Treatment Services (ASAM III.7, III.5, III.3, III.1),
- (4) Opioid Treatment Programs (OTP-Methadone),
- (5) Office-Based Opioid Treatment-Vivitrol, Naltrexone, Buprenorphine,
- (6) Outpatient – Non-Methadone, ASM I,
- (7) Intensive Outpatient – ASM II.5 or II.1,
- (8) Recovery Support Services,
- (9) Adult and Youth Peer Support Services,
- (10) Services to Incarcerated Persons,
- (11) Women’s Treatment,
- (12) Adolescent Treatment,
- (13) Drug Court Program,
- (14) Justice Reinvestment Initiatives,

Mandated Prevention Programs:

“Promote or establish programs for the prevention of substance use within the community setting through community-based prevention programs.”

Summary:

FY26 marked the first time the Summit County behavioral healthcare system served over 7,000 unique clients. This number includes services provided through the school-based program, Medicaid, justice-involved clients, and unfunded residents for behavioral healthcare seen by both public and non-profit providers. This increase is attributed to both the continued expansion of Spanish-language services in Summit County and increased utilization and awareness of these services. However, after reaching this milestone, service utilization across all behavioral health sectors in Summit County has decreased since January, leaving some providers unable to keep their schedules full. Based on conversations with providers who are unable to fill their schedules, the most dramatic decrease has been seen in our Spanish-language service providers.



For FY27, the Office of Substance Use and Mental Health revamped the Area Plan system, requiring a whole new document to be created from scratch within four weeks. In addition to this new plan, several new requirements were added for FY27 that we continue to work on with the Behavioral Health Executive Council. These include:

- **Senior Services Strategic Plan:**
The development and implementation of a strategic plan focused on expanding senior-based behavioral healthcare services, which must also include a plan for the full integration of senior-based behavioral healthcare with physical healthcare within Summit County. To develop this plan, the Behavioral Health Division will bring together a group of key community stakeholders for this specific population in June to begin work on it, which will be presented to the County Council for final approval.
- **Transitional Housing Strategic Plan:**
Similar to the Senior Services Strategic Plan, all Local Authorities are required for FY27 to have a strategic plan in place to address any shortages of transitional housing within their catchment areas. For Summit County, this means we are required to develop a plan to address the lack of transitional housing for individuals with a mental health or substance use diagnosis who

are transitioning from either inpatient care or are justice-involved with a behavioral health diagnosis (participating in Recovery Court or exiting jail).

While work has begun already within the community to address these needs, the Behavioral Health Division will need to establish a strategic plan, recognizing the current barriers to housing in Summit County, and present this plan to the County Council for consideration and approval as the Local Behavioral Health Authority.

- Homeless Services Plan

All Local Authorities are now required to have a strategic plan in place that focuses on coordinating behavioral health services, along with social services (food, housing, clothing, etc.), to help individuals who are either currently homeless or at risk of homelessness. Due to the breadth of social service-focused non-profits in Summit County, the plan will focus on strengthening the current collaboration of these organizations and the behavioral healthcare system. Once completed, this plan will be presented to the County Council for consideration and approval as the Local Authority.

As we develop these three new plans, Council members will be invited to participate in the creation of each plan.

The budget and corresponding amounts in the Area Plan are based on the most current information provided by the Office of Substance Abuse and Mental Health. As such, we have been alerted that they are not finalized, so changes to the allocations may occur in the following weeks. The need for the Area Plan to be approved prior to finalized numbers is due to State Code, which requires Area Plans to be approved and submitted by Local Authorities by May 15th of each year.

Mental Health & Substance Abuse Funding:

Funding for behavioral health services overseen by the Summit County Behavioral Health Division consists of three sources: Medicaid, the Office of Substance Use and Mental Health, and Summit County general funds.

While there remains much speculation and uncertainty related to federal funding for FY26, the following is based on the latest information from the Office of Substance Use and Mental Health.

NOTE: All amounts are as of April 30th, 2026 and are subject to change until July 1st, 2026.

FY27 SUMMARY (All Funding Sources)

FY27 Summary	OSUMH Allocation	OSUMH Match	Non-Match County	Non-Medicaid Total	Net Medicaid (Projection)	Medicaid Match	FY27 TOTALS
Mental Health	\$438,035	\$70,116	\$480,000	\$988,151	\$1,446,784	\$289,357	\$2,724,292
Substance Use Disorder	\$437,340	\$27,519	\$275,000	\$739,859	\$413,367	\$82,673	\$1,235,899
Prevention	\$324,199	\$37,563	\$10,000	\$532,286	NA	NA	\$371,762
	\$1,199,574	\$135,198	\$765,000	\$2,260,296	\$1,860,151	\$372,030	\$4,331,953

The \$765,000 Non-Match County funds are broken down as:

- \$380,000 for school-based services contracted with U-TTEC (University – Technology in Training Education and Consultation),
- \$200,000 for single-case agreements (utilized for specialized care),
- \$70,000 for Recovery Court (Drug Court) support,
- \$60,000 in County Opioid Settlement Funding for:
 - o \$25,000 Opioid Use Disorders Support Services,
 - o \$10,000 used as a match to State Opioid Settlement Funds (not impacted by change),
 - o \$25,000 Opioid Prevention
- \$45,000 annual cost for the Electronic Health Records System.

The \$503,228 in OSUMH and Medicaid matches are required for the county, which is obligated to provide two matches per state and federal code. The Medicaid match, which is a blanket 20% (\$372,030) of traditional Medicaid behavioral health services provided, is set through July 2029, unless the Utah Legislature increases this percentage through legislation.

The \$131,198 OSUMH match is an additional 10-20% match, depending on the source of the funds. Currently, 13 of 26 state funding sources require a match. This match amount may fluctuate during the fiscal year as increases or fund reallocations occur between the Local Authorities, or the Office of Substance Use and Mental Health acquires new funding from state and federal sources.

The funding changes below represent the total amounts contracted with the Office of Substance Use and Mental Health for both State and Federal funding changes, including match. **These amounts do not include Medicaid or County funds.**

	FY26	FY27	Change	%
Mental Health	\$539,326	\$438,035	\$(101,291)	-19%
SUD	\$397,763	\$437,340	\$39,577	10%
Prevention	\$545,673	\$324,119	\$(221,554)	-41%
	\$1,482,762	\$1,199,494	\$(283,268)	-19%

Overall, there is a **\$283,268** reduction in allocations run through the Office of Substance Use and Mental Health. The impact of these reductions is as follows:

- **Mental Health Services:**
 - o This reduction is not expected to negatively impact clinical services. \$78,535 of these funding cuts are to specific service allocations, with restrictions on utilization. These services are still provided and can be paid for through other non-restricted-use allocations.
 - o \$22,755 of this cut is allocated to a three-year program to purchase and distribute gun safes within the community, which is coming to an end. This is a planned end to funding and will not impact clinical care.
- **Substance Use Disorder (SUD):**
 - o While a small increase, the \$39,577 is needed, as we utilize almost 100% of our SUD funding each year.

- **Prevention**

- o The \$221,554 loss to Prevention will be the hardest-hit budget line. This 41% cut is due to new state legislation prohibiting the direct funding of programs from the State's share of the opioid settlement funds, effective May 1st, 2026. Per the legislation, all funding for programs and services from the opioid settlement must be from earned interest only, not the actual awards. This change in policy impacts not only prevention services but also clinical care and law enforcement programs. The impact of this cut is still being analyzed, and alternative funding sources are being explored. According to OSUMH, some of this funding may be restored in FY27; however, they do not know how much or when this will happen.

FORM A Budget (Mental Health):

The following breaks down the total for mental health services into corresponding mandated services and includes all spending on services (Office of Substance Use and Mental Health, Medicaid, Match, and County Funding)

Section	Mandated Service	FY26
1	Inpatient Services	\$298,000
2	Residential Care	\$2,000
3	Outpatient Care	\$380,116
4	24-Hour Crisis Care	\$4,000
5	Psychotropic Medication Management	\$61,191
6	Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	\$2,389
7	Case Management	\$125,000
8	Community Supports: - Housing (Adult) - Respite services (Child/Youth)	\$0
9	Peer Support Services: - Adult Peer Specialist - Family Support Services (FRF Database)	\$10,000
10	Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	\$8,000
11	Services to persons incarcerated in a county jail or other county correctional facility	\$92,455
12	Adult Outplacement (USH)	\$5,000
13	Other Non-mandated MH Services (Gun Safes, etc.)	\$0
TOTALS		\$988,151

FORM B Budget:

The following breaks down the total for substance use disorder services into corresponding mandated services and includes all spending on services (Office of Substance Use and Mental Health, Medicaid, Match, and County Funding)

Section	Service	FY27
1	Early Intervention	\$12,500
2	Ambulatory Care & Withdrawal Management (ASAM IV-D, III.7-D, III.2-D, I-D, or II-D)	\$72,671
3	Residential Treatment Services (ASAM III.7, III.5, III.3, III.1)	\$158,100
4	Opioid Treatment Programs (Methadone)	\$5,000
5	Office-Based Opioid Treatment (Vivitrol, Naltrexone, and Buprenorphine)	\$76,370
6	Outpatient (ASAM I)	\$308,990
7	Intensive Outpatient (ASAM II.5 or II.1)	\$81,228
8	Recovery Support (includes housing, peer support, and other non-clinical)	\$25,000
TOTALS		\$739,859

The following is a breakdown of the Recovery Court Program funded through the various services above. The amounts below are incorporated into the amounts above and are not in addition.

Section	Service	FY27
1	Screening and Assessment Only	\$5,500
2	Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	\$41,641
3	Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	\$20,000
4	Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)	\$0
5	Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	\$10,000
6	Outpatient: Non-Methadone (ASAM I)	\$70,000
7	Intensive Outpatient (ASAM II.5 or II.1)	\$55,979
8	Recovery Support	\$25,000
TOTALS		\$228,120

Form C Budget: Prevention Programs

The following breaks down the total for mental health services into corresponding mandated services and includes all spending on services (Office of Substance Use and Mental Health, Medicaid, Match, and County Funding)

Section	Prevention Service	FY27
	Programing	\$8,252
	Staffing	\$363,762
	TOTALS	\$371,286

Action:

The Summit County Council, in its capacity as the Local Substance Abuse and Mental Health Authority, may either approve the Area Plan as presented or direct staff to make requested changes and return on May 13th, 2026, for final approval. Per state code, all Area Plans must be approved and submitted to the Office of Substance Use and Mental Health by May 16th or each year.

- END OF SUMMARY -

Summit County

FORM D

FY27 LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Years 2027, beginning on July 1st, 2026, in accordance with Utah Code Title 17 Chapter 77.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Health and Human Services Office of Substance Use and Mental Health (DHHS/OSUMH) pursuant to the terms of Contract(s) # A04836, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Summit County

(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

Name: Canice Harte
Chair, Summit County Council

Date: May 6th, 2026

**Summit County Mental Health Authority
FY27 Area Plan**

*Governance & Oversight Narrative,
Mental Health & SUD Narrative
Prevention Narrative*



Utah Department of

Health & Human Services

Integrated Healthcare

SUMH G&O Narrative

State Fiscal Year 2027

Local Authority: Summit County

Overview

The purpose of this document is to meet contract compliance with the Local Authorities (LA) “Evergreen Contract” Article 1.2. “Office Directives” refers to the annual instructions promulgated by Department of Health and Human Services (DHHS), Office of Substance Use and Mental Health (SUMH), identified in Utah Code §26B-5-102(2). These directives describe the use and allowable expenditure of state and federal funds for the purpose of mental health and substance use prevention, crisis, treatment, and recovery support services.

This document is designed to be an addendum to the “Evergreen Contract”. It is updated prior to the start of the State Fiscal Year and may be updated during the State Fiscal Year when approved by the SUMH director or designee. DHHS will alert LA leadership via email to any updates to this document after the start of the State Fiscal Year. The LA is responsible to review both the “Evergreen Contract” and this document to ensure contract compliance.

General Auditing

Describe how auditing will be conducted, what items will be monitored and how required documentation will be kept up to date. [State Code 26-B-5-102\(2\)\(ee\)](#)

Summit County operates as a contracted network model with all services funded through the Office of Substance Use and Mental Health (OSUMH), being provided by the University of Utah's Huntsman Mental Health Institute (HMHI). To ensure the highest level of care and fiduciary management, the following monitoring and auditing elements have been incorporated into the service contract between Summit County and the Huntsman Mental Health Institute and are applied on the following schedule.

Yearly:

- On or before August 30th of each year, the Behavioral Health Director and Huntsman Mental Health Institute staff review the past 12 months of operational costs in relation to services provided to clients covered under the Service Contract. The purpose of this review is to evaluate both the Operational Cost Offset and the current service rates.
 - Should a change to the Operational Cost Offset be requested, a proposal will be presented to the Behavioral Health Executive Council for review and then forwarded on to the Summit County Council for discussion and possible action for the coming County fiscal year, beginning on January 1.
 - Should a change to rates be justified, a letter outlining the proposed new rates will be submitted to the Office of Substance Use and Mental Health for review and approval, with implementation effective July 1 of the following Office of Substance Use and Mental Health's fiscal year.
- Each October, Davis Behavioral Health is contracted to conduct an annual records review on behalf of the Behavioral Health Division of Huntsman Mental Health Institute to ensure that the current record requirements outlined in the Office of Substance Use and Mental Health Directives are being met.
- In coordination with the above records review conducted by Davis Behavioral Health, the Behavioral Health Division administers a yearly subcontractor audit of Huntsman Mental Health Institute, utilizing the current tool approved and distributed by the Office of Substance Use

General Auditing

and Mental Health.

- At the end of October, a report incorporating the above information is compiled and reviewed with the Behavioral Health Division and Huntsman Mental Health. Should a significant deficiency be reported, the Behavioral Health Executive Council will meet with Huntsman Mental Health Institute to review actions to address the identified deficiencies and establish a plan to address them. A score of 94 or lower, out of 100, triggers this meeting.

Quarterly:

- The Behavioral Health Director confers annually with the Office of Substance Use and Mental Health Data Director to ensure that required data sets affiliated with the corresponding Office of Substance Use and Mental Health funds are being submitted and accepted within the required parameters as outlined on the Office of Substance Use and Mental Health's website (<https://sumh.utah.gov/data-reports/data-specs/>). These reports include:
 - Mental Health Data Specifications
 - SUD Events Data Specifications
 - TEDS Discharge Specifications
 - TEDS Admit Specifications
 - Recovery Support Specifications
 - Early Intervention Specifications
 - Other reports requested by the Office of Substance Use and Mental Health in accordance with updates to the Directives.
- Each quarter, the Behavioral Health Director meets with Huntsman Mental Health Institute staff to review operational costs against the Operational Cost Offset, as defined in section III.4 of the service contract.

Monthly:

- Each month, on or before the 15th, the Behavioral Health Director meets with Huntsman Mental Health Institute clinical and administrative staff to review treatment data in preparation for billing to

General Auditing

the Office of Substance Use and Mental Health.

- Each month, the Behavioral Health Director conducts a random spot check of four to eight client charts to ensure proper documentation is maintained, using the model developed by Weber Human Services. This includes, but is not limited to:
 - Date, start and stop times, duration of service,
 - The setting in which the service was rendered,
 - Specific service rendered (documentation matches CPT Code submitted to Behavioral Health Division for payment),
 - Clinical note documentation on individual(s) present during the session,
 - Treatment goals outlined,
 - Documentation of treatment goals addressed and progress towards goals,
 - Signature and credentials of the individual providing the service.

- Additionally, the following monthly reports are provided to the Behavioral Health Executive Council for review each month:
 - Number of Clients seen the previous month,
 - Number of services provided, separated into mental health and substance use disorders,
 - Number of Latinos services provided for the previous month.

Fiscal Auditing

The [Service Code Auditing Guidelines](#) identify the mental health and substance use disorder treatment service codes that require documentation of services to be uploaded by spreadsheet for the audit. Services that can not be described by CPT/HCPCS code such as prevention, FRF and MCV (MCOT Vehicle costs) can be audited by providing a summary of invoices billed to Kissflow. There shall be a tab for each funding code utilized in the fiscal year.

Service Code Auditing Guidelines

The service code auditing guidelines are located at the end of the FFY for the Fiscal Year. These are the guidelines that the auditor uses to justify year end costs:

Has the LA read the guidelines provided in the FFH? **Yes** No

Are there any issues with complying with these guidelines with any service code allocated to you for FY27? Yes **No**

If there are any issues, please identify each code and give an explanation:

Subcontractor Auditing and Tools

A list of subcontractors/subrecipients shall be provided prior to the audit. The subcontractor monitoring tool developed by SUMH shall be used in monitoring subcontractors. Subcontractor audits should be designed to evaluate the quality of services being provided, identify areas for improvement or training of subcontractors to help improve outcomes, ensure compliance with statute and office directives and provide accountability for state and federal funding. Explain how you use the provided state monitoring and other tools developed to fulfill the requirement of annually monitoring each subcontracted provider. ([See FY27 Office Directives Subcontractor Monitoring Review \(1\) page \(5\)](#))

Summit County operates under a contracted network model, with all services funded through the Utah Office of Substance Use and Mental Health (OSUMH) and provided

by the University of Utah's Huntsman Mental Health Institute (HMHI). Huntsman Mental Health Institute is the only subcontractor currently receiving funding from the Utah Office of Substance Use and Mental Health. The Behavioral Health Executive Council implemented a policy that allows only providers who can meet all reporting requirements of the Office of Substance Use and Mental Health to access funding provided by the Office of Substance Use and Mental Health.

As outlined in the *“General Auditing”* section of this document, the Behavioral Health Division uses the Utah Office of Substance Use and Mental Health’s general auditing tool for chart review, fiscal evaluation, and the annual establishment of risk level (using Utah Office of Substance Use and Mental Health metrics). For chart review, the Behavioral Health Division has contracted with Davis Behavioral Health to provide this service, utilizing the forms established by the Utah Office of Substance Use and Mental Health. Additional documentation utilized during the audit includes:

- - Copy of the “University of Utah Annual Comprehensive Fiscal Review” report. This is utilized as Huntsman Mental Health Institute operates as an arm of the University of Utah and is incorporated within the audit.
 - Copy of the Huntsman Mental Health Institute’s Park City organization staffing chart.
 - Copy of Huntsman Mental Health Institute’s Certificate of Liability Insurance.
 - Copy of all client confidentiality forms used by Huntsman Mental Health Institute.
 - Copy of all client admissions forms used by Huntsman Mental Health Institute.
 - Copy of Huntsman Mental Health Institute’s “Patient Rights & Responsibilities” policies.
 - Copy of Huntsman Mental Health Institute’s “Rights and Protections Against Surprise Medical Billing” notice to clients.
 - Copy of Huntsman Mental Health Institute’s outpatient treatment license for the Park City Clinic.
 - Copy of conflict of interest forms for all Park City Huntsman Mental Health Institute staff.

Regarding the Utah Office of Substance Use and Mental Health monitoring form, the Behavioral Health Division has added a tab to provide a summary of results and

establish an overall score out of 100 possible points. Any score at or below 94 triggers a meeting between the Behavioral Health Executive Council and the Huntsman Mental Health Institute to review the areas' deficiencies. Per the terms of subsection V.B of the Service Contract, Huntsman Mental Health Institute has ten (10) days to develop and present a corrective action plan to the Behavioral Health Executive Committee for review and approval.

Should Huntsman Mental Health Institute fail to meet the metrics for approval identified in the corrective action plan approved by the Behavioral Health Executive Council, per the Service Contract, a Notice to Cure may be issued requiring Huntsman Mental Health Institute to be within compliance within thirty (30) business days. Failure to meet this deadline may result in financial penalties or, in extreme situations, termination of the Service Contract.

Mechanisms for Citizen Input

Are you currently receiving public input and comments in the development of the annual area plan and budgets? State Code [17-77-301\(5\)\(a\)\(vii\)](#), [17-77-201\(5\)\(g\)](#)

Yes

How do you, or will you, solicit public comments and input on your annual area plan and budgets?

Upon completion of the draft Area Plan by the Behavioral Health Division, and prior to submission to the Summit County Council for legislative approval, the Behavioral Health Executive Council reviews the plan and provides preliminary feedback at their April meeting.

Once reviewed and approved by the Behavioral Health Executive Committee, the Area Plan is submitted to the County Council and is incorporated into the Council's public agenda and meeting packet. Once incorporated, the full plan is available for public review through the Summit County Clerk's website (<https://www.summitcountyutah.gov/2341/Meeting-Minutes>). During the County Council meeting the following week, public input may be provided. Should the County Council wish to make any changes to the Area Plan, the Behavioral Health Division has twenty-four hours to incorporate the changes and resubmit the Area Plan to the County Council for incorporation in the next week's meeting packet in order to have the plan submitted by May 16th of that year, per the requirements of State Code.

Voting Membership to the Behavioral Health Executive Committee includes:

- Two Summit County Council Members
- Park City Council Member
- Summit County Attorney
- Summit County Sheriff
- Director of the Summit County Health Department
- Representative of the Park City Hospital
- Representative of the Latino Community
- Two local non-profits engaged in behavioral health or social services support
- Local psychiatrist practicing in Summit County
- Representative of a local education authority
- Behavioral Health Director

Voting Membership to the Behavioral Health Executive Committee includes:

- Behavioral Health Prevention Director
- Behavioral Health Latino Outreach Coordinator
- Healthy U. Behavioral Medicaid Director
- Huntsman Mental Health Institute Outpatient Clinics Director
- Hunsman Mental Health Institute, Park City Clinical Director
- Mental Wellness Alliance Director

How do you track this public input? (Please provide supporting docs)

Input from the Behavioral Health Executive Committee is incorporated directly at the April meeting.

Public comment made at the Summit County Council meeting is recorded in the public minutes and available to the public in accordance with state statutes. Minutes of the meeting can be found on the Summit County Clerk's website (<https://www.summitcountyutah.gov/2341/Meeting-Minutes>).

Did you receive any input for the FY27 Area Plan?

To be completed after presenting to the Summit County Council.

Who are the local advocates and coalitions that will be invited to the public review of the Area Plans and Budgets for FY27?

All meetings of the County Council are noticed in accordance with state statutes and open to the public. Additionally, members of the Summit County Mental Wellness Alliance are invited to the meeting.

If none were invited to participate, who are the local coalitions and advocates that should be invited to participate this year for FY28?

NA

Policies Procedures and Auditing

Per the [FY27 SUMH Office Directives](#), each LA shall develop, implement, and maintain written policies and procedures that encompass all requirements, including:

- i) governance and oversight,
- ii) substance use disorder prevention services,
- iii) suicide prevention services,
- iv) crisis services,
- v) mental health treatment services,
- vi) substance use disorder treatment services,
- vii) recovery support services,
- viii) data reporting, and
- ix) grant and contract reporting.

Does the Local Authority have the policies above in place? Yes No **Some**

Are the policies up to date (5 years or less)? **Yes** No

Please provide these policies with your uploads



Utah Department of
Health & Human Services
Integrated Healthcare

SUMH Local Authority Area Plan

State Fiscal Year 2027

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OVERVIEW

The purpose of this document is to meet contract compliance with the Local Authorities (LA) “Evergreen Contract” Article 1.2: “Area Plan” means a plan prepared and submitted by the LA in accordance with Utah Code §17-77-201(5)(b) and §17-77-301(5)(a)(ii) for funding and service delivery that includes a provision of services and programming for prevention, crisis, treatment, and recovery support services. Please note that the prevention portion of this requirement is located in a separate document.

This document is designed to capture the above outlined programmatic requirements of the LA in the contract and SUMH Office Directives. Sections in this document are inclusive of the sections in which a descriptive response is needed. Please review the full “Evergreen Contract” and SUMH Office Directives for all contractual requirements. Please do not delete any questions or sections; if a section does not apply to the LA, please note that in the section. Please note when completing this document that any embedded links must be viewable by the reader.

SUICIDE PREVENTION SERVICES

Community Suicide Prevention

The following sections are the **Community Suicide Prevention** requirement from both the LA contract and the SUMH Office Directives.

Suicide Prevention (Contract requirement 4.1)

Does the LA have current strategies for suicide prevention, intervention, and postvention that are evidence-based and align to the Utah Suicide Prevention State Plan?

Yes

No, not at this time.

Describe strategies and evidence-based programs being implemented for:

1) Prevention - Please include a public-facing link to the plan in the space below (if available).

The Behavioral Health Division's suicide engagement strategy is grounded in a comprehensive, community-centered approach that prioritizes early intervention, access to resources, and strong cross-sector collaboration. At its core, the plan emphasizes prevention through widespread implementation of the evidence-based programming supported with clinical intervention and postvention coordination of support. Key to this strategy is the focus on a community-engaged response through the inclusion in the Summit County Mental Wellness Strategic Plan and support from key community stakeholders, such as Local Education Authorities, non-profits, psychiatric providers, and government agencies.

Question Persuade Refer Institute's (QPR) gatekeeper training. Question Persuade Refer serves as the foundational suicide prevention program taught to both students and the broader community in both English and Spanish. Question Persuade Refer's goal is to equip individuals with the skills and confidence to recognize warning signs of suicidality, engage in supportive conversations, and connect individuals to appropriate help. By normalizing conversations around suicidality and building community capacity, the County aims to create a culture where mental health support is accessible, and stigma is reduced.

In addition to Question Persuade Refer, the Behavioral Health Division is expanding training opportunities by incorporating Counseling on Access to Lethal Means (CALM), developed by the Suicide Prevention Resource Center. Counseling on Access to Lethal Means training is a suicide prevention training program designed to teach professionals and community members how to reduce access to lethal methods (firearms and medication) for individuals in crisis, and emphasizes creating time and distance between a suicidal person and the means of suicide to save. Focusing on reducing access to lethal means during moments of crisis, a proven

Community Suicide Prevention

strategy in suicide prevention. This effort will be complemented by the County's existing gun safe distribution program, which provides free gun safes to community members in need. With a targeted emphasis on high-risk populations, such as men, who represent a disproportionate number of deaths by suicide, the program aims to promote safe firearm storage and reduce impulsive suicide attempts, aligning with evidence-based prevention practices.

Partnerships are a central pillar of this plan, ensuring a coordinated and unified response across agencies and organizations. The Behavioral Health Division maintains collaborative efforts with Local Education Authorities (LEAs), community-based organizations, healthcare providers, and local coalitions to expand outreach and deliver culturally responsive programming. Huntsman Mental Health Institute (HMHI) will play a critical role in providing clinical intervention services as the designated mental health authority. This delineation allows the County to focus on upstream prevention efforts while ensuring that individuals in crisis are connected to high-quality clinical care.

To strengthen coordination and accountability, the Behavioral Health Division, along with the Summit County Mental Wellness Alliance are establishing a Suicide Prevention Task Force focused on the development and implementation of a formal suicide prevention plan. This task force includes representatives from key community stakeholders and will work to identify gaps, align resources, and monitor progress toward shared goals.

Public awareness and community engagement are elevated through participation in national and local campaigns, such as Live On Utah. The Behavioral Health Division actively leads and supports initiatives during Suicide Prevention Month and Mental Health Awareness Month, using these opportunities to promote resources, reduce stigma, and encourage help-seeking behaviors. Events, media outreach, and community activities will be strategically designed to reach diverse populations, with an emphasis on inclusion and accessibility.

Overall, this plan reflects a proactive, evidence-informed approach to suicide prevention that integrates education, environmental strategies, partnerships, and system-level coordination. By focusing on primary prevention through QPR, enhancing protective factors, reducing access to lethal means, and strengthening community connections, the County is positioning itself to make meaningful progress in reducing suicide risk and improving mental well-being for all residents.

The Behavioral Health Division utilizes the following documents in guiding its efforts:

Utah Suicide Prevention State Plan:

https://drive.google.com/file/d/1dEvRRJ8jvJRpqI3Sn9vsq_TcMreImN2/view

Community Suicide Prevention

U.S. Department of Health and Human Services' National Plan for Suicide Prevention:

<https://www.hhs.gov/programs/prevention-and-wellness/mental-health-substance-use-disorder/national-strategy-suicide-prevention/index.html>

Suicide Prevention Resource Center's Strategic Approach to Suicide Prevention:

<https://sprc.org/effective-prevention/comprehensive-approach>

American Foundation for Suicide Prevention Toolkits:

<https://afsp.org/>

Los Angeles County Department of Mental Health Suicide Prevention Strategic Plan:

<https://lasuicidepreventionnetwork.org/strategic-plan/>

2) Intervention - Please include a public-facing link to the plan in the space below (if available).

Suicide intervention practices are provided by Huntsman Mental Health Institute, which serves as the contracted provider for individuals funded by the Office of Substance Use and Mental Health.

To ensure effective intervention modalities are utilized, Huntsman Mental Health Institute requires all clinicians (both Park City and Salt Lake) to be trained in the following:

- **University of Utah Health's Suicide Recognition Program:**
 - o A comprehensive framework training staff to identify, assess, and treat at-risk individuals.
- **Question, Persuade, Refer (QPR):**
 - o An evidence-based, 3-step emergency mental health intervention training designed to teach how to recognize suicide warning signs, support someone in crisis, and connect them with professional help.
- **You Matter Outreach:**
 - o A 90-day post-discharge outreach program that provides a safe and supportive transition back into the community.
- **Stanly Brown Safety Plan:**
 - o An evidence-based, six-step collaborative tool designed to help individuals manage suicidal crises. It is a written, prioritized list of coping strategies and support

Community Suicide Prevention

resources used to reduce acute suicide risk by helping individuals recognize warning signs and act.

For interventions outside of Huntsman Mental Health Institute, the Behavioral Health Division is notified in most cases of suicide attempts seen by the Park City Hospital, local school districts (Local Education Authorities), the Mobile Crisis Outreach Team (MCOT), Healthy U. Behavioral Network clinicians, and local non-profits. The Behavioral Health Director shares this information with the Huntsman Mental Health Institute's Clinical Director to coordinate treatment handoff and follow-up as prescribed. If an individual wishes to remain under the care of their current provider, there is no requirement to transfer care to Huntsman Mental Health Institute.

For community-based interventions outside of a clinical setting, the Mobile Crisis Outreach Team is utilized, with the majority of interactions resulting in the individuals being able to remain in place. Prior to leaving, the Mobile Crisis Outreach Team establishes both a safety plan with the individuals and sets up a follow-up appointment with either Huntsman Mental Health Institute or Wasatch Behavioral Health (which operates the Mobile Crisis Outreach Team for both Summit and Wasatch counties).

For interventions taking place within a school during school hours, the U-TECC school-based clinician will notify the principal, the Mobile Crisis Outreach Team, and the Behavioral Health Director. (U-TECC is the County's contractor for all school-based services) In this setting, it falls to the principal to coordinate with the student's parents/guardians. Once an intervention has been implemented within the school, established protocols for each school district and charter school (Local Education Authorities) are implemented and followed. At the conclusion of the intervention, the Behavioral Health Director, principal (and, for some districts, the behavioral health services director), and U-TECC clinicians will confer to determine the most appropriate course of follow-up care to recommend to the parents/guardians. In cases when a warm handoff is required, the student will be transferred to Huntsman Mental Health Institute for active stabilization till the parents/guardians arrive.

When a Mobile Crisis Outreach Team is unavailable or when stabilization of the location is needed, the Summit County Sheriff's Office will respond. All Summit County Sheriff's Department members are trained in Crisis Intervention Teams (CIT), Question Persuade Refer (QPR) and are provided additional behavioral education opportunities yearly.

3) Postvention - Please include a public-facing link to the plan in the space below (if available).

The Behavioral Health Division is currently working with the Utah Medical Examiners' Office to

Community Suicide Prevention

develop a new postvention coordination plan based on the *“Response to Grief, Trauma, and Distress After a Suicide: US National Guidelines”* and a new postvention program currently being developed by the Utah Medical Examiner’s Office. This plan incorporates new guidance on accessing resources, guidance for those impacted by loss, follow-up pathways for individuals impacted, decision response trees (depending on the individual’s state and location), investigation processes with the Medical Examiner’s Office, coordination with first responders and MCOT, and response phases and outreach for the impacted community.

The Behavioral Health Division continues to utilize the following postvention resources:

- **After a Suicide: A Toolkit for Schools:**
(<https://sprc.org/resources/after-suicide-toolkit-schools>)
- **Parents to Parents: After Your Child’s Suicide Attempt:**
(<https://zerosuicide.edc.org/supporting-parents>)

Suicide Prevention Training (Contract requirement 4.1.a)

Does the LA have at least one staff member with suicide prevention responsibilities trained in the following suicide prevention programs: (1) Suicide Prevention 101 training; (2) Safe and Effective Messaging for Suicide Prevention; (3) Suicide Prevention gatekeeper training, such as Question-Persuade-Refer, Mental Health First Aid, Talk Saves Lives, or Applied Suicide Intervention Skills Training; and (4) counseling on access to lethal means.

Yes

No, not at this time.

If yes, please document the LAs staff name, job title, and email for this contract requirement (if multiple, please note which programs each are trained in)

Behavioral Health Division:

Chantal Guadarrama, Behavioral Health Programs Specialist,
cguadarrama@summitcountyutah.gov

Huntsman Mental Health Institute:

Cristie Frey, Clinical Director – Park City Clinic,
cristie.frey@hsc.utah.edu

Community Suicide Prevention

Community Suicide Prevention Coordination (Contract requirement 4.1.b)

Does the local authority coordinate with local health departments and local education agencies for suicide prevention, intervention, and postvention within their communities?

Yes

No, not at this time.

Please identify the partners and describe the role and responsibility of each partner in suicide prevention, intervention, and postvention within their communities. This must include the following partners: LHD, LMHA, LEAs. LAs may include other community partners, organizations, etc as applicable.

Community Partners:

- **Behavioral Health Division:**
 - o The Summit County Behavioral Health Division operates as both the Local Mental Health Authority and the Local Substance Use Authority. It serves as the primary point for prevention, intervention, and postvention coordination.

- **Summit County Health Department:**
 - o The Behavioral Health Division is housed within the Summit County Health Department.

- **Park City School District, South Summit School District, and Winter Sports School:**
 - o Local Education Authorities (LEAs) provide prevention and postvention supports. Member of the Summit County Question, Persuade, Refer (QPR) community training team (Spanish).

- **University of Utah Technology in Training Education and Consultation (U-TTEC):**
 - o Contracted school-based services provider, providing direct clinical care for intervention and postvention.

- **Huntsman Mental Health Institute (HMHI):**
 - o Primary contracted provider, providing intervention and postvention clinical care. Additionally, participates in prevention programming.

Community Suicide Prevention

- **University of Utah Department of Psychiatry:**
 - o Provider of psychiatric care within Local Education Authorities for intervention and postvention. Additionally, participates in prevention programming.

- **University of Utah College of Nursing, Gerontology:**
 - o Provides specialization in prevention focused on addressing the needs of seniors in the community.

- **Summit County Mental Wellness Alliance:**
 - o Community coalition comprised of key behavioral health stakeholders in Summit County responsible for the development and administration of the Summit County Mental Wellness Strategic Plan, along with the implementation of the Suicide Prevention Strategic Plan. Additionally, coordinates funding from various community sources to support suicide related services and programs.

- **Local Governing Councils:**
 - o Includes the Summit County Council, Park City Council, and Coalville Council. Provides policy guidance and public funding for services and programs related to suicide prevention, intervention, and postvention.

- **Local Law Enforcement:**
 - o Participation of the Summit County Sheriff's Office and the Park City Policy Department to provide support and response coordination for postvention services, along with providing suicide prevention messaging support.

- **Summit County Clubhouse:**
 - o Community non-profit providing prevention support. The Clubhouse also provides interventions for its members and coordinates with the Behavioral Health Division and Huntsman Mental Health Institute as needed. Member of the Summit County Question, Persuade, Refer (QPR) community training team.

- **Holy Cross Ministries:**
 - o Community non-profit providing suicide prevention programming targeted at the Spanish-speaking community. Also provides direct intervention services and supports postvention services for Spanish-speaking individuals impacted by loss. Member of the Summit County Question, Persuade, Refer (QPR) community training team (Spanish & English).

Community Suicide Prevention

- **Jewish Family Service:**
 - o Community non-profit providing suicide prevention programming, direct intervention services, and supports postvention services. Member of the Summit County Question, Persuade, Refer (QPR) community training team.

- **Christien Center Park City:**
 - o Community non-profit providing suicide prevention programming, direct intervention services, and supports postvention services. Also provided basic living assistance for individuals facing financial struggles. Member of the Summit County Question, Persuade, Refer (QPR) community training team (Spanish & English).

- **Park City Community Foundation:**
 - o Community non-profit supporting suicide prevention, intervention, and postvention services and programs through the generation of donor funding and cultivation.

- **Peace House:**
 - o Community non-profit focused on prevention and intervention for women experiencing domestic violence. Member of the Summit County Question, Persuade, Refer (QPR) community training team (Spanish & English).

- **Intermountain Healthcare, Park City Hospital:**
 - o Provides support for suicide prevention programming.

- **Intermountain Healthcare, Round Valley Psychiatric Clinic:**
 - o Provides direct suicide intervention and as needed, support for postvention services.

- **Jacky's Recovery:**
 - o Community non-profit providing suicide prevention programming targeted at the Spanish-speaking community. Also provides direct intervention services and supports postvention services for Spanish-speaking individuals impacted by loss. Member of the Summit County Question, Persuade, Refer (QPR) community training team (Spanish).

- **People's Health Clinic:**
 - o Community non-profit providing suicide prevention and intervention services

Community Suicide Prevention

targeted at uninsured community members. Member of the Summit County Question, Persuade, Refer (QPR) community training team (Spanish & English).

- **Live Like Sam Foundation:**
 - o Local non-profit providing support and programming for suicide prevention targeted at youth. Member of the Summit County Question, Persuade, Refer (QPR) community training team (Spanish).

- Interested community clinicians, psychiatrists and community advocates who provide volunteer support for programming and messaging.

Suicide Risk Policy (SUMH Office Directives Governance and Oversight general provisions)

LAs shall have a written policy and procedures for screening and responding to suicide risk. The policy must contain a suicide screen, suicide risk assessment, and a suicide/crisis safety plan, when indicated, that includes indication of lethal means counseling when clinically indicated.

Please describe how staff are trained in the policy for screening and responding to suicide risk or provide a public-facing link to the plan.

Huntsman Mental Health Staff review the policy yearly at a monthly staff meeting.

Firearm Safety (SUMH Office Directives)

LAs shall purchase and distribute means safety materials and implementing education. Means safety includes firearm safes, ammunition boxes, medication lockboxes, and other means of disposal.

Please describe the LAs plan for:

Purchasing and distributing means safety devices

The Behavioral Health Division's firearm safety program is a key component of its suicide prevention strategy, focused on reducing access to lethal means during periods of crisis. Through this initiative, gun safes are distributed directly to community members in need, prioritizing accessibility and discretion. Distribution efforts are closely coordinated with local partners, including the Park City Police Department and the Summit County Sheriff's Office, Coalville and Kamas Mayors, to ensure that firearm safety resources are distributed in a trusted, community-

Community Suicide Prevention

centered manner. Gun safes are provided directly to residents, with an emphasis on accessibility and education, particularly for populations at higher risk. Individuals who attend Question Persaud Refer trainings are connected to the program, reinforcing a continuum of prevention from awareness to action.

Outreach and promotion of the firearm safety program are conducted through targeted marketing strategies, including social media campaigns and the Summit County website, making information easy to access and share. Messaging is intentionally amplified during high-impact awareness periods, with increased promotion in September for Suicide Prevention Month and in June for Men's Mental Health Month. These campaigns place a strong emphasis on reaching men, who are disproportionately affected by firearm-related suicides, while also normalizing safe storage practices across the broader community. Through strategic partnerships, consistent messaging, and accessible resources, the program aims to create a culture of responsibility and prevention around firearm safety.

Each firearm safe distributed includes additional supportive materials designed to extend the impact beyond safe storage. Community members receive 988 magnets and stickers, promoting awareness of the 988 Suicide & Crisis Lifeline, as well as resource information from Live On Utah and Intermountain Healthcare Firearm Safety. These materials ensure that individuals and families have immediate access to crisis support and local services when needed. By pairing physical safety tools with clear pathways to help, the program takes a comprehensive approach to reducing suicide risk and strengthening community resilience.

Approach to community education

The Behavioral Health Division's approach to community-based education is grounded on the Socio-Ecological Model (SEM), an education framework used in psychology to understand how individuals interact with their environment, emphasizing that behavior is influenced by multiple nested levels. The Socio-Ecological Model moves beyond simple information dissemination to address factors across five distinct levels:

- **Individual:**
 - o Factors specific to the person, such as knowledge, attitudes, skills, and behavior.

Community Suicide Prevention

- **Interpersonal**
 - o Closest social circles, including family, friends, peers, and partners who shape behavior.

- **Organizational:**
 - o Settings where social relationships occur, such as schools, workplaces, neighborhoods, and organizations.

- **Societal:**
 - o Broader factors, such as laws, policies, cultural norms, and economic systems, that create a healthy or unhealthy environment.

By applying the Socio-Ecological Model educational model, along with establishing community partnerships with key stakeholders and the general community, the Behavioral Health Division targets identified systemic barriers, such as the availability of clinical services or access to lethal means, and reinforces the physical and social structures impacting individuals who may currently be dealing with issues of suicidality.

By moving the community from passive recipients of information to active partners in its participation, design, and messaging, we address the unique needs of Summit County through building on the community resources, needs, and collaboration, a trust-based infrastructure that empowers the community to sustain long-term behavioral health improvements beyond the life of a single campaign.

Garrett Lee Smith Grant (GLS)

Does the LA have a GLS Grant?

Yes

No, not at this time.

If yes, describe how the LA intends to implement GLS as described here or insert document link:

NA

Comprehensive Suicide Prevention Grants

Does the LA have a Comprehensive Grant award?

Community Suicide Prevention

Yes

No, not at this time.

If yes,
Please identify LA primary contact name and email

NA

Describe how the LA intends to implement the Comprehensive Grant as described here or insert document link:

NA

Technical Assistance

Is technical assistance requested for Community Suicide Prevention programming or requirements?

Yes

No, not at this time.

Please indicate sections requested.

CRISIS SERVICES

Behavioral Health Crisis Services

The following sections are **Behavioral Health Crisis Response** requirements from both the LA contract and the SUMH Office Directives. This section also includes the 24/7 crisis care and services mandated service requirement.

Crisis Line Coordination, MCOT and Receiving Centers Services shall provide services in accordance with UCA 523-18 and 523-21. The LA shall refer to the [SAMHSA National Guidelines for a Behavioral Health Coordinated System of Crisis Care](#) as guidance for development, implementation, and quality improvement efforts.

24 Hour Crisis Care and Services (Mandated Service)

Will the LA provide 24-hour Crisis Care and Services directly, through a contracted provider, or both? (provide public-facing link to or list of contractor(s) below)

Behavioral Health Crisis Services

	Youth	Adult
Directly		
Contracted	•	•

Link to or list of contracted providers:

Crisis Services are provided by Huntsman Mental Health Institute, Wasatch Behavioral Health, Jackie's Recovery (formerly Latino Behavioral Health), Intermountain Healthcare, Peace House, 911/988, Jewish Family Services, Holy Cross Ministries, Christian Center of Park City, and network clinicians overseen by University of Utah Health Plans. Services are coordinated collectively through the Behavioral Health Director, Huntsman Mental Health Institute, and Wasatch Behavioral Health (for Mobile Crisis Outreach Team, MCOT).

Huntsman Mental Health Institute:

Crisis services are provided by both walk-in and same-day crisis appointment scheduling Monday-Friday, 8am-5pm. Additionally, Huntsman Mental Health Institute responds to all crisis calls within the Summit County Jail 24/7 (Spanish services available).

Intermountain Healthcare-Hospital:

Adult Crisis services are provided 24/7 in the emergency department and in coordination with the Huntsman Mental Health Institute via tele-health to determine if transport to inpatient care is required or if hospital behavioral staff can stabilize. Prior to discharge, a safety plan is developed, including scheduling a follow-up appointment with either Intermountain Healthcare or a provider in the University of Utah Health Plan's Network.

Intermountain Healthcare-Round Valley Clinic:

Adult Crisis services are provided Monday-Saturday, 9am-8pm, for both walk-in crisis care and crisis appointment scheduling.

Peace House:

Adult female crisis services are available 24/7. Special consideration is required for residential stay. (Spanish Provider Available)

University of Utah Health Plans Network Clinicians:

The majority of clinicians provide 24/7 on-call services for clients in crisis and coordinate with either Huntsman Mental Health Institute or University of Utah Health Plans on post-care (Spanish Provider Available).

Jacky's Recovery (Formerly Latino Behavioral Health):

The Behavioral Health Division and University of Utah Health Plans contract with Jackey's Recovery to provide Spanish-language crisis care as needed through an on-call clinician who is able to coordinate with the Mobile Crisis Outreach Team (MCOT). This is in addition to

Behavioral Health Crisis Services

their expanded clinical and peer support services offered in Summit County. The Behavioral Health Division's goal is to have at least one member of each Mobile Crisis Outreach Team (MCOT) be a native- and/or clinical-Spanish speaker.

Mobile Crisis Outreach Team (MCOT):

Summit and Wasatch Counties have entered into an interlocal agreement to contract with Wasatch Behavioral Health to operate a joint Mobile Crisis Outreach Team (MCOT) serving both counties. Please refer to Wasatch Behavioral Health's Area Plan for additional details on the Mobile Crisis Outreach Teams.

Child and Youth Crisis Services are the same as outlined above for adults, with the following additions:

University of Utah Technology in Training, Education, and Consultation (U-TTEC):

School counselors work closely with assigned school-based University of Utah Technology in Training, Education, and Consultation (U-TTEC) clinicians and Huntsman Mental Health Institute psychiatrists to address crises during school hours. Monthly meetings between Local Education Authorities, the Behavioral Health Division, and University of Utah Technology in Training, Education and Consultation's school-based clinicians enable early identification of concerns and corresponding interventions to reduce the risk of future crisis intervention. Additionally, Local Education Authorities, University of Utah Technology in Training, Education, and Consultation, and the Behavioral Health Division meet every quarter to review current school-based services and make corresponding program updates as needed. During summer break, University of Utah Technology in Training Education and Consultation continue to see the most acute clients virtually or in person. Should a child be determined to be in crisis, University of Utah Technology in Training, Education, and Consultation will coordinate care with the Huntsman Mental Health Institute

Mental Health Crisis Outreach Teams (MCOT) (Contract 7.2.b)

Does the LA operate MCOT services 24 hours a day, seven days per week, providing community-based crisis intervention and assessment?

Yes

No, not at this time.

Does the LA deploy MCOT from the statewide crisis line when requested without reassessment or re-triage?

Behavioral Health Crisis Services

Yes

No, not at this time.

Do the LA MCOT teams give priority to law enforcement, emergency medical services, Fire, 911 dispatch, and the statewide crisis line?

Yes

No, not at this time.

Do the LA MCOT teams connect individuals to facility-based care as needed through warm handoffs and coordination of transportation?

Yes

No, not at this time.

Please detail the following for the LA:

The interdisciplinary makeup of the LA's MCOT, and the communities accessibility to MCOT during regular business hours, after hours, weekends, and holidays

Please refer to Wasatch Behavioral Health's Area Plan for this section. Wasatch Behavioral Health provides all Mobile Crisis Outreach Teams (MCOTs) for Summit County.

How MCOT supports connection to ongoing care through follow-up outreach

Please refer to Wasatch Behavioral Health's Area Plan for this section. Wasatch Behavioral Health provides all Mobile Crisis Outreach Teams (MCOTs) for Summit County.

How the LA engages and educates first responders to MCOT services

Please refer to Wasatch Behavioral Health's Area Plan for this section. Wasatch Behavioral Health provides all Mobile Crisis Outreach Teams (MCOTs) for Summit County..

MCOT Exemption Request (Contract 7.2.b.7)

The MCOT Rule is linked here - [R523-18](#)

Does the LA have an exemption request for any MCOT requirements?

Yes

No, not at this time.

If applicable, please document the request for review and approval.

NA

Behavioral Health Crisis Services

Receiving Centers (Contract 7.2.c)

Does the LA have a Receiving Center?

Yes

No, not at this time.

Service Delivery Framework: *Describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning. Please include any prioritization of first responders.*

NA

Outcomes Framework: *Describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.*

NA

Youth Crisis Programming (Office Directives, Crisis Services)

Does the LA have a Youth MCOT program/team?

Yes

No, not at this time.

Does the LA have a formal Memorandum of Understanding (MOU) with local school districts to allow MCOT/Stabilization and Mobile Response (SMR) teams to respond directly to school campuses to prevent student arrests/suspensions?

Yes

No, not at this time.

Does the LA have a SMR program/team?

Yes

No, not at this time.

How are the following implemented:

Ongoing care coordination and referrals between MCOT and SMR staff to ensure continuity for families

NA

Behavioral Health Crisis Services

Coordination of Safe-Fam hotline calls and youth needs during times when primary SMR services are unavailable (e.g., late evenings, holidays)

NA

Technical Assistance

Is technical assistance requested for Behavioral Health Crisis Response programming or requirements?

Yes

No, not at this time.

Please indicate sections requested

Guidance on acquiring state funding for a Stabilization and Mobile Response Team (SMR) to service Summit County.

MENTAL HEALTH TREATMENT SERVICES

Mental Health Mandated Services (UCA17-77-301(5)(b))

The following sections are mandated mental health services. Each LA must complete with an overview of how each service for adults and youth, as indicated, will be implemented in their catchment area. If you use a contractor for a service, please attach an excel or google sheet with all contracted providers for the service, a template has been provided.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Inpatient Care and Services

Describe how the LA provides Inpatient Care and Services to adults and youth:

Service Delivery Framework:

Mental Health Mandated Services (UCA17-77-301(5)(b))

Adult inpatient services are primarily provided at the Huntsman Mental Health Institute's Salt Lake inpatient hospital on the University of Utah's campus. Referrals from the Huntsman Mental Health Institute in Park City receive priority admission based on bed availability. Huntsman Mental Health Institute staff in Park City can participate in the client's treatment and monitor progress through the EPIC electronic health records system. This coordination through EPIC allows Park City staff to coordinate with the Salt Lake facility for a seamless handoff back to outpatient care at the Park City clinic.

Youth requiring inpatient services follow the same priority and process as described above. Recognizing the distinct differences in treating youth compared to adults, Huntsman Mental Health Institute offers a dedicated youth inpatient program focused on treating those ages 12 to 18. Youth inpatient care is overseen by a multi-disciplinary team comprised of:

- Psychiatrists to oversee medication management.
- Psychologists to provide individual and family psychotherapy and psychological assessment.
- Clinicians who provide direct treatment, such as groups, individual therapy, and other modalities of treatment determined to be needed.
- Psychiatric Technicians who oversee the daily activities.
- Expressive Therapists who provide art, music, and recreational experiences to assist patients in expressing feelings in a supportive environment.
- Case Managers to coordinate intake and post-care coordination.

For youth transitioning out of inpatient care, Huntsman Mental Health Institute case managers in Park City coordinate discharge planning and transition to outpatient services, allowing for a seamless resumption of care with established clinicians and coordination with community supports. Huntsman Mental Health Institute will also coordinate with Utah Technology in Training, Education, and Consultation (U-TTEC) school-based clinicians, allowing school-based services to be part of the discharge plan for continued services.

For clients, either youth or adult, determined by their Huntsman Mental Health Institute treatment team to be in need of inpatient care, but space is not available, the case manager works with the Behavioral Health Director to identify a suitable inpatient treatment facility for the client, at which

Mental Health Mandated Services (UCA17-77-301(5)(b))

point the Behavioral Health Director enters into a single-case agreement for the client's admissions and treatment. While in inpatient treatment, the assigned case managers at Huntsman Mental Health Institute remain in regular contact with the facility to track the client's progress. Prior to the conclusion of treatment, the case manager will coordinate with treatment staff at the facility to arrange aftercare at Huntsman Mental Health Institute.

Huntsman Mental Health Inpatient Services and Programs:

Youth: <https://healthcare.utah.edu/hmhi/treatments/children-teen>

Adult: <https://healthcare.utah.edu/hmhi/treatments/hospital-inpatient-program>

Outcomes Framework:

Inpatient treatment outcomes are as follows:

- **Acute Stabilization and Integrated Aftercare Transition:**
 - o The client has achieved clinical stabilization of acute psychiatric symptoms and completed as demonstrated in the client's treatment records, and the Huntsman Mental Health Institute treatment team has finalized the post-care plan with the facility prior to discharge.

- **Holistic Youth Recovery and Academic Reintegration:**
 - o Youth clients (ages 12–18) have demonstrated improved emotional expression and stability, as reflected in their treatment records, with a discharge plan that successfully integrates school-based services. Additionally, youth recovery is measured by seamless transition back to outpatient care and academic return. This outcome acknowledges the "distinct differences" in youth care by bridging the gap between clinical treatment and the patient's daily educational environment.

- **Continuity of Care via External Placement:**
 - o For clients facing a wait for a space at a residential facility, the goal is to maintain clinical stability and safety through school-based clinicians (youth) and outpatient services until a residential bed becomes available through weekly contact with the Huntsman Mental Health Institute case manager, school-based clinicians for youth or Huntsman Mental Health Institute clinician to track progress and prevent the need for emergency acute hospitalization during the waiting period.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Residential Care and Services

Will the LA provide Residential Care and Services directly or through a contracted provider? Please describe the frameworks in place for adults and youth, and include a list of contractor(s) or a public-facing link to the list.

	Youth	Adult
Directly	•	•
Contracted Provider	•	•

Service Delivery Framework:

Residential Care is a structured, live-in program providing 24/7 care and therapy in a non-hospital, home-like setting. It serves as an intermediate level of care between outpatient therapy and hospitalization, allowing individuals to focus entirely on recovery from severe mental health or substance use issues for several weeks to months.

Huntsman Mental Health Institute provides Residential Care for both youth and adults in Salt Lake City. Access to residential care is determined by the clinical team at the Huntsman Mental Health Institute in Park City. When an individual is being transferred out of inpatient care at Huntsman Mental Health Institute, a case manager for Park City will coordinate the individual's placement with the inpatient treatment staff in Salt Lake City. As with inpatient, the Park City treatment team is able to coordinate through EPIC for a seamless handoff back to residential care and eventually returning to outpatient care at the Park City clinic. Individuals with acute psychiatric, dual diagnosis, conduct disorder, discharge planning, and other prescribed inpatient treatments in appropriate facilities, and follow their progress through follow-up appointments, referrals, and accommodations.

Should space at Huntsman Mental Health Institute not be available, the case manager works with the Behavioral Health Director to identify a suitable inpatient treatment facility for the client, at which point the Behavioral Health Director enters into a single-case agreement for the client's admissions and treatment. While in residential care treatment, the assigned case manager at Huntsman Mental Health Institute remains in regular contact with the facility to track the client's progress. Prior to the conclusion of treatment, the case manager will coordinate with the facility's

Mental Health Mandated Services (UCA17-77-301(5)(b))

treatment staff to arrange aftercare at Huntsman Mental Health Institute. Facilities used include:

- **Volunteers of America**
 - o <https://www.voa.org/>
 - o Locations in Salt Lake City

- **Aspen Grove Behavioral Hospital**
 - o <https://aspengrovehospital.com/>
 - o Located in Orem

- **Provo Canyon School**
 - o <https://provocanyon.com/>
 - o Located in Provo

- **Newport Academy**
 - o <https://www.newportacademy.com/>
 - o Oakley

The effectiveness of residential care is determined by examination of readmission rates. Case managers work with the facility's clinical staff to create a discharge plan to ensure the client successfully transitions to a lower level of care.

Huntsman Mental Health Inpatient Services and Programs:

Youth: <https://healthcare.utah.edu/hmhi/treatments/youth-residential-treatment>

Adult: <https://healthcare.utah.edu/hmhi/treatments/hospital-inpatient-program>

One final note related to residential care for youth in Utah. Currently there is a general lack of youth residential care in Utah. As a result, youth who would benefit from this level of care are having to be managed through outpatient treatments until such time as space in a residential program becomes available. In these situations, it is often the school-based clinicians that are reasonable to maintain care, placing additional strain on school-based services. Current wait times for youth residential care is between 6 – 8 weeks.

Outcomes Framework:

Residential care outcomes are based on the following:

- **Successful Step-Down and Readmission Prevention:**

Mental Health Mandated Services (UCA17-77-301(5)(b))

- The client completes the prescribed residential program (at HMHI or a partner facility) and is able to transfer to a lower level of care in an outpatient setting.
- **Continuity of Care via Seamless Clinical Integration:**
 - Successful transition of care from residential care facility to Huntsman Mental Health Institute in Park City through a seamless handoff using the EPIC system (or single-case agreements) between the facility's treatment team and the treatment team at Huntsman Mental Health Institute.
- **Stabilization and Support During Transition Windows (Youth Focus):**
 - For clients facing a wait for a space at a residential facility, the goal is to maintain clinical stability and safety through school-based clinicians (youth) and outpatient services until a residential bed becomes available through weekly contact with the Huntsman Mental Health Institute case manager, school-based clinicians for youth or Huntsman Mental Health Institute clinician to track progress and prevent the need for emergency acute hospitalization during the waiting period.

Outpatient Care and Services

Describe how the LA will provide Outpatient Care and Services for adults and youth:

Service Delivery Framework:

Evidence-based Outpatient Services (OP) for individuals funded through the Office of Substance Use and Mental Health (OSUMH) are provided through Huntsman Mental Health Institute.

Outpatient Services include:

- Individual and group Counseling,
- Geriatric Psychiatry,
- Marriage and Family Therapy,
- Medication Assisted Treatments (MAT),
- Medication Management,
- Psychiatric Medicaid Management,
- Neuropsychological Assessment,
- Psychiatric Evaluation,
- General Psychiatric Treatment,
- Child and Adolescent Psychiatric Treatment,
- General Psychology,

Mental Health Mandated Services (UCA17-77-301(5)(b))

- Child and Adolescent Psychology,
- Spanish Language Services,
- Crisis Care.

Clients are able to access care Monday-Friday from 8am to 5pm at Huntsman Mental Health Institute (Open later for Groups), with additional network clinicians providing extended hours till 8pm Monday-Friday and reduced hours on Saturday and Sunday.

Based on the clinician's treatment recommendation, the referral process would be to use a case manager to connect the patient with the appropriate provider after obtaining a release of information and connecting the patient to the service. There are some differences in this process, dependent on the situation/need, and funding source.

School-based Outpatient Services are provided through University of Utah Technology in Training, Education, and Consultation (U-TTEC), and include individual and family therapy. Clients or families in need of additional services are referred to the Huntsman Mental Health Institute.

Huntsman Mental Health Institute's Outpatient Services Website:

<https://healthcare.utah.edu/hmhi/programs>

University of Utah Technology in Training, Education, and Consultation Website:

<https://www.u-tteclab.com/>

Outcomes Framework:

Outpatient treatment outcomes are as follows:

- **Clinical Symptom Reduction and Self-Monitoring:**
 - o The client is able to demonstrate a measurable decrease in primary diagnostic symptoms (e.g., anxiety, depression, or psychosis) as evidenced by standardized assessment scores and the ability to self-report early warning signs of a clinical lapse.
- **Medication Adherence (when applicable):**

Mental Health Mandated Services (UCA17-77-301(5)(b))

- The client has maintained adherence to their prescribed medication regimen and demonstrated an understanding of the purpose, side effects, and expected benefits of their treatment plan.
- **Enhancement of Adaptive Coping Strategies:**
 - The client can identify and implement at least three evidence-based coping mechanisms to manage emotional dysregulation or environmental stressors, thereby reducing reliance on crisis care services, by successfully applying cognitive-behavioral or mindfulness techniques during high-stress intervals, as documented in individual or group sessions, moving the client from a reactive state (crisis) to a proactive state of self-regulation.
- **Improvement in Social and Occupational Functioning:**
 - The client has achieved specific personal milestones in their daily life as outlined in their treatment plan, such as maintaining steady employment, attending school regularly, or improving communication within their household, ensuring clinical recovery translates into tangible real-world stability and quality of life.
- **Successful Navigation of the Care Continuum:**
 - The client actively participates in their own care coordination with their treatment team through attending all scheduled treatment sessions and specialty referrals (e.g., Neuropsychological Assessments), demonstrating that the client is utilizing the full breadth of the evidence-based outpatient services available to them.

24-hour Crisis Care and Services

See Behavioral Health Crisis Services section above

Psychotropic Medication Management

Does the LA provide psychotropic medication management for adults and youth:

Yes

No, not at this time.

Psychosocial Rehabilitation (*vocational training, skills development*)

Describe how the LA will provide Psychosocial Rehabilitation for adults and youth:

Mental Health Mandated Services (UCA17-77-301(5)(b))

Service Delivery Framework:

Adult:

Psychoeducational Services and Psychosocial Rehabilitation are evidence-based approaches used in mental health care to improve the lives of individuals with mental illness and their families. While often used together, they focus on different aspects of recovery: psychoeducation centers on knowledge and understanding, while psychosocial rehabilitation focuses on functional skill-building and community integration. These services are available at Huntsman Mental Health Institute and the Summit County Clubhouse, which is in its sixth year of operations and received its three-year accreditation in the spring of 2025.

Clients are referred to the Summit County Clubhouses as needed through the Huntsman Mental Health Institute case management team. Additionally, the Summit County Clubhouse, a local 501 (c) (3), provides psychoeducational and psychosocial rehabilitation to individuals referred by local clinicians who have a history of mental health and substance abuse disorders.

Youth:

Psychoeducational Services and Psychosocial Rehabilitation Services for youth and families are provided in conjunction with Huntsman Mental Health Institute (through peer support and case management), University of Utah Technology in Training Education and Consultation (U-TTEC) and the Local Education Authority through parenting classes (Guiding Good Choices & Primed For Life in English and Spanish) and School-based organizations (Hope Squads in all three high schools, and Peer Leadership Programs in each middle school.)

In addition, the Behavioral Health Division, along with the public and charter schools, has partnered with the Live Like Sam Foundation to implement THRIVE for Summit County youth. Comprising both clinical and preventative components, THRIVE delivers an evidence-based curriculum from the fields of positive and clinical psychology that promotes well-being, happiness, and resilience in students beginning in 6th Grade. Thrive provides one-on-one cognitive behavioral therapy with a clinician and student-led peer groups.

Outcomes Framework:

Mental Health Mandated Services (UCA17-77-301(5)(b))

Effectiveness is measured in decreased hospital stays, decreased engagement with law enforcement, increased employment, engagement in positive social activities, and daily participation in the program.

Case Management

Describe how the LA will provide Case Management for adults and youth:

Service Delivery Framework:

Case management services are provided as a critical part of the continuum of care. The purpose of case management is to assist individuals with diagnosed mental illness in accessing needed resources and coordinating care with clinicians and primary care physicians to be successful in treatment, with the goal of improving their overall quality of life in the least restrictive setting possible. Case management works with substance use disorders and mental illness, but also assists with psychosocial problems such as housing, transportation, application/attainment of benefits, attainment of food, activities of daily living, medical appointments, education, employment, and other activities. In most cases, case managers work in conjunction with care managers, who oversee the full integration of behavioral healthcare with the client's physical healthcare.

Eligibility tools utilized by Huntsman mental Health Institute for case management include:

- **Daily Living Activities 20 (DLA-20)**
 - o An evidence-based assessment tool that measures an individual's ability to perform 20 essential daily tasks. Used widely in behavioral health (for ages 6+), it provides a 30-day snapshot of functioning to track progress and guide treatment. The essential daily tasks include
 - Health Practices: Manages illnesses, medications, and medical appointments.
 - Housing Stability/Maintenance: Maintains stable housing, cleanliness, and organization.
 - Communication: Effectively expresses needs and listens to others.
 - Safety: Moves safely, uses appliances safely, and understands risks.
 - Time Management: Follows a regular schedule for sleeping, meals, and appointments.
 - Money Management: Manages money and controls spending.
 - Nutrition: Consumes at least 2 basic, nutritious meals daily.

Mental Health Mandated Services (UCA17-77-301(5)(b))

- Problem Solving: Resolves daily living problems and asks for clarification.
 - Family Relationships: Maintains positive relationships with family.
 - Social Relationships: Engages in positive relationships with non-family members.
 - Community Resources: Uses transportation, stores, and community resources effectively.
 - Leisure Activities: Relaxes and participates in hobbies or sports.
 - Work/Productivity: Functions at school, work, or in vocational activities.
 - Goal Setting/Attainment: Sets and achieves personal goals.
 - Coping Skills: Manages emotions like anxiety or sadness effectively.
 - Community Norms: Follows laws and societal rules.
 - Grooming: Maintains personal appearance.
 - Personal Hygiene: Maintains cleanliness, including oral care.
 - Dressing: Selects appropriate clothing for weather/situations.
 - Alcohol/Drug Use: Abstains from or controls substance use and smoking
- **Social Determinants of Health Assessment**
 - a systematic questionnaire and screening tool used to identify nonmedical factors that impact a patient's health outcomes, such as housing stability, food security, transportation access, and income. These assessments help identify social risks and needs, social needs, social risk screening, and social determinants screening.
 - **Protocol for Responding to Assessing Patients' Risk Assets, Risk and Experiences (PRAPARE)**
 - An evidence-based social determinants of health assessment tool, designed to engage clients and help clinicians and case managers act on non-clinical factors impacting health, such as housing, transportation, and income. It is based on 21 core questions across four domains (personal characteristics, family/home, money/resources, social/emotional health) and includes a built-in Implementation and Action Toolkit.

Based on the results of the assessments above, clinicians make recommendations to case managers as part of all treatment plans.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Youth case management services are provided through Huntsman Mental Health Institute and University of Utah Technology in Training Education and Consultation (U-TTEC).

Outcomes Framework:

Case management outcomes metrics are based on the following, as defined by the above-mentioned tools:

- **Functional Independence (Daily Living Activities 20):**
 - Global Functional Gain
 - Increase in a client's composite score over a 6-month period.
 - High-Risk Domain Improvement
 - Increase in a client's "Critical" baseline scores (1-3) in Health Practices, Housing Stability, or Safety who move to "Functional" scores (4-7) within one year.
 - Goal Attainment Rate
 - Client successfully completing at least two individualized goals identified in their treatment plan.
 - Substance Use Stability
 - Clients with a co-occurring diagnosis are able to maintain or improve their score in the *Alcohol/Drug Use* domain related to substance use.
- **Social Determinants of Health Assessment & Protocol for Responding to Assessing Patients' Risk Assets, Risk, and Experiences:**
 - The "Closed-Loop" Referral Rate
 - The client has either reduced or had their need met for a number of documented social risks (e.g., food insecurity, lack of transportation) within 90 days of the assessment.
 - Benefit Acquisition Success
 - The client is able to attain or maintain federal/state benefits (through case management assistance).

Mental Health Mandated Services (UCA17-77-301(5)(b))

- Housing Retention Rate
 - Percentage of clients identified as "Housing Unstable" in the PRAPARE assessment who achieve and maintain stable housing for at least 6 consecutive months.

- Employment/Education Transition
 - Percentage of clients who moved from "Unemployed/Not in School" to "Engaged" (part-time, full-time, or vocational training) as a result of case management intervention.

Services to Incarcerated Individuals

See Combined Mental Health and Substance Use section below

Coordinate with the Dept of Corrections to Provide Services to High-Risk Habitual Offenders (UCA 64-13-21(8)(a)).

See Combined Mental Health and Substance Use section below

Community Supports

Will the LA provide Community Supports directly or through a contracted provider?

Directly

Contracted provider (list contractor(s) below)

Service Delivery Framework: Please include in home services, housing supports, family support services and respite. Please note if there are any additional agency processes to access this level of clinical care.

Housing:

The Behavioral Health Division partners with Mountainlands Community Housing Trust in Park City to provide affordable housing options to qualified Summit County residents receiving treatment at Huntsman Mental Health Institute, when available. Huntsman Mental Health Institute case managers, Family Peer Support Specialists, and clinicians assist clients in applying and working toward low-income and independent housing as appropriate. All placements are coordinated with case managers and Mountainlands Community Housing Trust. Evaluations are done on an ad hoc basis to prioritize the clinical need for placement in each program. The program has not been used for several years; as such, should a resident be in need of this service, funding will be redirected as needed.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Housing is a growing concern and priority in Summit County. As such, it has been identified within the 2023 Summit County Mental Wellness Strategic Plan. Over the next four years, a coordinated effort will be taking place to address the breadth of housing issues. Specific to the Area Plan, the following Strategic Plan objectives have been identified.

- Working with community partners, conduct a needs assessment focused on housing for individuals living with a mental health or substance use diagnosis.
- Develop a community-based housing plan focused on providing sustainable housing for individuals living with a mental health and/or substance use diagnosis.
- Expand housing opportunities for Recovery Court participants transitioning from treatment to independence.

Additionally, the Summit County Clubhouse has secured several housing options for individuals who meet its qualifications. Housing is provided for up to 12 months of support, after which time, the individual is expected to take over any lease related to their housing. Funding for these services comes from a community scholarship fund and is available to individuals with both a mental health diagnosis and/or a substance use disorder.

As of April 2026, the medium price of a single-family home in the Park City area was \$2,550,000 and the medium price for a condo was \$1,780,000

Family Support Services:

Clients in need of clinical Family Support Services, such as psychoeducation, therapy, and peer support groups, designed to help families understand, cope with, and support a loved one with a mental illness, are provided by Huntsman Mental Health Institute.

Clients in need of non-clinical Family Support Services, such as food, clothing, emergency housing, medications, and other supports, are referred to one of the local social services nonprofits in Summit County. These include, but are not limited to:

- **Christien Center of Park City**
 - o <https://ccofpc.org/>

Mental Health Mandated Services (UCA17-77-301(5)(b))

- **Jewish Family Service**
 - o <https://jfsutah.org/>

- **Holy Cross Ministries**
 - o <https://www.hcmutah.org/>
 - o

- **Summit County Clubhouse**
 - o <https://www.summitcountyclubhouse.org/>

- **Community Action Services & Food Bank**
 - o <https://communityactionprovo.org/>

Respite:

Respite services for adults are available through Jewish Family Services. Respite services for youth remain unavailable.

The Behavioral Health Division is continuing to search for a youth respite provider. An active Request for Qualification is available on the Summit County website, but as of this Area Plan, no qualified applicants have applied.

We will continue to work with the Office of Substance Use and Mental Health to find a qualified respite provider and are open to any leads provided.

Request for Qualifications Location:

<https://www.summitcountyutah.gov/Bids.aspx>

Outcomes Framework: *Please include in home services, housing supports, family support services and respite.*

Community Support outcomes are based on the following:

Mental Health Mandated Services (UCA17-77-301(5)(b))

- **Housing Stability and Independent Transition:**
 - o The client is able to secure and maintain stable and sustainable housing for a minimum of 12 months, transitioning from clinical placement or scholarship-funded support to independent lease-holding status.

- **Integrated Family Resilience and Resource Security:**
 - o Families of individuals with a mental health diagnosis can demonstrate an increased coping capacity and household stability through the successful integration of clinical psychoeducation and non-clinical resource acquisition.

Consultation and Education Services

Will the LA provide Consultation and Education Services directly or through a contracted provider?

Directly

Contracted provider (list contractor(s) below)

Service Delivery Framework: Please include case consultations and collaboration with county agencies, public education and public information.

Consultation and Education Services are provided through a variety of means and providers, depending on the needs of the request.

Huntsman Mental Health Institute:

Huntsman Mental Health Institute provides an array of consultation and education services, including its Call-Up Psychiatric Consult Service. The Call-Up Psychiatric Consult Service is a no-cost support service available to clinicians and medical professionals, designed to facilitate the integration of behavioral health and physical health. This service is also available to Local Education Authority staff for consultation involving students.

Huntsman Mental Health Institute staff regularly present at community behavioral health events, including community issues conferences, school groups, health fairs, and other settings. Staff provide information on specific behavioral health topics, how to access services, and how to prevent behavioral health crises. The University of Utah Psychiatry Department and College of Nursing are also available to present or lead community discussions through the Huntsman Mental Health Institute.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Technology in Training Education and Consultation (U-TTEC):

Consultation for faculty, staff, and students at Local Education Authorities is available through Technology in Training Education and Consultation (U-TTEC) school-based clinicians, as well as psychiatric consultation provided by contracted psychiatrists from Huntsman Mental Health Institute. These services are included in the service contract with the Behavioral Health Division and are provided upon request. Additionally, Technology in Training Education and Consultation leads training sessions and presentations for faculty and staff on topics related to youth behavioral health and behavior.

Behavioral Health Division:

The Behavioral Health Division provides ongoing training to the community, such as Question Persuade Referral (QPR), Crisis Intervention Teams (CIT) training, and community crisis response. Additionally, the Behavioral Health Division partners with the Summit County Mental Wellness Alliance and other community partners for May Mental Health Month, a community-based series of events focused on mental health and substance use issues in Summit County each year.

Twice a year, the Latino Behavioral Health Committee hosts a Latino Behavioral Health Fair featuring all services in Summit County that are provided in Spanish. The event includes panel discussions and Question Persuade Referral (QPR) trainings.

Call-Up Psychiatric Consult Service

<https://healthcare.utah.edu/hmhi/programs/call-up>

Technical Assistance

Is technical assistance requested for Mental Health Mandated Services programming or requirements?

Yes

No, not at this time.

Please indicate sections requested

Continued help in attempting to recruit a youth respite provider in Summit or Wasatch Counties.

MENTAL HEALTH OFFICE DIRECTIVES

Mental Health Office Directives

The following sections stem from the FY27 SUMH Office Directives that require a LA response. **For the Service Delivery Framework**, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Mental Health Office Directives Clinical Care

Assertive Community Treatment (ACT)

Will the LA provide ACT team programming (more than one box can be checked if multiple teams)?

Yes, with a DACTS/TMACT score greater than 4.0

Yes, with a DACTS/TMACT score between 3.0 and 4.0.

No, not at this time

Please indicate the number of ACT or ACT-like teams in the catchment area and how many individuals are served. For network models, please note the provider agencies who deliver this service.

There are no Assertive Community Treatment teams servicing Summit County at this time.

High-Need Client Care Plan

Does the LA have an agency plan, as defined in the SUMH Office Directives, to address appropriate service provision for individuals with complex behavioral health conditions who require frequent engagement, have multiple systems involvement, and who are clinically indicated to need multiple mental health supports to remain in the community?

Yes for adults

Yes for youth

No, not at this time

Please submit or insert a public-facing link to the agency plan

Huntsman Mental Health Institute: <https://healthcare.utah.edu/hmhi>

Utah State Hospital (USH) Coordination

Mental Health Office Directives

Please document the LAs identified USH liaison name and email for compliance with administrative rule UCA R523-2-11.

Adult

Aaron Newman, anewman@summitcountyutah.gov ,

Youth

Susi Rodriguez Patino, susi.rodriguez@utah.edu

Technical Assistance

Is technical assistance requested for any components of SUMH Office Directives Clinical Care programming or requirements section?

Yes

No, not at this time.

Please indicate sections requested

Mental Health Office Directives - Quality and Access Improvement

First Episode Psychosis (FEP) (service code: EBI)

Will the LA provide First Episode Psychosis (FEP) services ?

Directly

Contracted provider (list contractor(s))

No, not at this time

If yes, are services provided to fidelity?

Yes

No, not at this time

Service Delivery Framework:

All First Episode Psychosis services are provided by the Huntsman Mental Health Institute. First episode psychosis clients are reviewed in clinical staffing meetings with clinicians and psychiatrists, with treatment tailored to reduce the trajectory and acuity over the course of the client's lifetime, as well as preparing the client for managing their condition to reduce the impact

Mental Health Office Directives

on their life.

During the intake process, clients are screened and tracked during a first onset of psychotic symptoms as young as thirteen years old. Clients are continuously monitored for the first onset of psychosis so services can be determined prior to onset. Initial screenings are administered using either:

- **PRIME-MD (Program for Improving Mental Healthcare):**
 - o An evidence-based, two-stage diagnostic tool developed at Yale Medical School to help clinicians identify and diagnose common mental disorders, specifically mood, anxiety, alcohol, somatoform, and eating disorders, within primary care settings. It is designed to be fast, bridging the gap between patient symptoms and DSM-IV diagnostic criteria.

- **Structured Interview for Psychosis-Risk Syndromes (SIPS):**
 - o An evidence-based clinical interview used to diagnose Clinical High Risk (CHR) for psychosis clients. It identifies subthreshold psychotic symptoms and functional decline in individuals aged 12–35 (with IQ > 70) . Structured Interview for Psychosis-Risk Syndromes, helping predict and prevent the onset of full-blown psychotic disorders, is often used alongside the PRIME-MD screener.

Based on the assessment results, the clinical and psychiatric staff work with the individual (and the parent/guardian if under 18) to implement a treatment plan that may include inpatient treatment, psychotropic medication management, intensive outpatient treatment, or general outpatient care. Group and individual therapy are also provided by a clinician. The Psycho-Educational and Multi-Family Group is the primary modality. The team reaches out to county school districts, hospitals, and community resource centers to coordinate services.

Outcomes Framework:

First episode Psychosis outcomes metrics are based on the following:

- **Early Detection & Access Metrics:**
 - o Identify and track symptoms prior to onset to minimize brain changes and functional decline.

Mental Health Office Directives

- **Duration of Untreated Psychosis (DUP) Reduction:**
 - o The average time from the first onset of psychotic symptoms to the initiation of specialty care at HMHI is a target of <90 days (The international standard for preventing long-term disability).
- **Referral Accuracy & Pathway:**
 - o Percentage of referrals from schools, hospitals, and community centers that are appropriately identified via the Program for Improving Mental Healthcare or Structured Interview for Psychosis-Risk Syndromes as "Clinical High Risk" (CHR) or "First Episode."
- **Timeliness of Intake:**
 - o Percentage of individuals screened with the SIPS within 7 days of initial referral.

These metrics use the evidence-based tools mentioned to track if the treatment is successful:

- **CHR Transition Rate:**
 - o Percentage of individuals identified as "Clinical High Risk" via the Structured Interview for Psychosis-Risk Syndrome who do not transition to a full-blown psychotic disorder within 12 and 24 months of treatment.
- **Symptom Severity Reduction:**
 - o Percentage of clients showing a significant reduction in "Positive Symptoms" (hallucinations, delusions) as measured by follow-up Structured Interview for Psychosis-Risk Syndrome assessments every 6 months.
- **Medication Adherence & Tolerance:**
 - o Percentage of clients who remain on their prescribed psychotropic regimen without significant side-effect-driven discontinuation, utilizing the HMHI "Medication Management" support.
- **Educational/Vocational Maintenance:**
 - o Percentage of clients (ages 13–35) who remain enrolled in school or maintain employment during the first 12 months of treatment.
- **School Coordination Success:**
 - o Number of clients with a documented "Individualized Education Program" (IEP) or 504 plan, coordinated between HMHI and their respective school district.

Mental Health Office Directives

- **Hospitalization Diversion:**

- o Rate of psychiatric re-hospitalization within the first year of FEP treatment compared to the state average for non-specialty care.

Since the Psycho-Educational and Multi-Family Group is the primary modality, these metrics measure the success of the support system:

- **Family Group Engagement:**

- o Percentage of parents/guardians (for minors) or support persons who attend at least 75% of the scheduled Multi-Family Group sessions.

- **Caregiver Knowledge Gain:**

- o Pre- and post-test scores from the Psycho-Educational groups measuring the family's ability to identify early warning signs of relapse.

- **Relapse Rate (FPE Impact):**

- o Percentage of clients who avoid a clinical relapse (defined as a return to acute/inpatient care) while active in the Multi-Family Group.

- **Transition to Independence:**

- o Percentage of youth (ages 18+) who successfully transition from intensive "PREP" (Prevention and Recovery from Early Psychosis) services to general outpatient care or independent management without loss of functioning.

- **Long-Term Engagement:**

- o Percentage of clients who remain engaged in any form of behavioral health treatment for at least two years post-onset (engagement is the #1 predictor of long-term recovery).

Clinical High-Risk for Psychosis (CHRP) (Service Code EBI1/EBI2)

Will the LA provide Clinical High-Risk for Psychosis (CHRP) services ?

Directly

Contracted provider (list contractor(s))

No, not at this time

Mental Health Office Directives

Service Delivery Framework:

NA

Outcomes Framework:

NA

Transition-age youth (TAY, 14-26 years of age)

Please identify the LAs identified TAY liaison for this SUMH office directive including name, email address and job role/title:

Cristie Frey, cristie.frey@hsc.utah.edu, Clinical Director

Infant and Early Childhood Mental Health (IECMH)

Does the LA have a provider(s) trained in IECMH.

Yes

Contracted provider

No, not at this time

As applicable,

Please identify a public-facing link or a list of the provider(s) or team trained (direct or contracted). For network models, please identify contracted agencies who specialize in this service

Describe the training that the provider(s) have received on developmentally appropriate screening, diagnosis, and evidence-based treatment modalities.

Infant and Early Childhood Mental Health services are provided at the Huntsman Mental Health Institute's Perinatal Mental Health Clinic through referrals from the Huntsman Mental Health Institute's Park City treatment team. Services at the Perinatal Mental Health Clinic include a range of inpatient, outpatient, and intensive outpatient treatments for both the mother and the child. Specific areas of treatment include:

- **Perinatal Mood and Anxiety Disorders (PMADs):**
 - o An intense mental health condition that occurs during pregnancy or up to one year postpartum. Affecting 15-20% of women, symptoms include severe anxiety, depression, rage, or intrusive thoughts, often referred to as perinatal depression,

Mental Health Office Directives

anxiety, or psychosis.

- **Postpartum Psychosis:**
 - o When exhibited, Postpartum Psychosis is a severe mental health emergency occurring after childbirth, characterized by a rapid onset of hallucinations, delusions, paranoia, and severe mood swings. It typically starts within the first two weeks following delivery, requiring immediate medical attention, usually involving hospitalization and psychiatric treatment to prevent harm to the mother or infant.

- **Postpartum Post-Traumatic Stress Disorder (PPTSD):**
 - o A mental health condition triggered by a traumatic childbirth experience, resulting in symptoms like flashbacks, avoidance of reminders, hypervigilance, and emotional numbness. It affects mothers, with higher rates in high-risk pregnancies, and can severely impact bonding with the child.

- **Birth Trauma:**
 - o An emotional distress experienced during or after childbirth, often stemming from a perceived lack of safety, control, or support. It can result in traditional Post-Traumatic Stress Disorder (PTSD), anxiety, or depression for the parent, or physical injuries to the newborn.

- **Pregnancy Loss:**
 - o The emotional, psychological, and behavioral impact of losing a pregnancy, which commonly includes symptoms of grief, anxiety, depression, and trauma. These challenges can be intense and long-lasting, affecting up to 55% of women with symptoms of depression.

- **Infertility:**
 - o The profound psychological, emotional, and social impact of being unable to conceive or sustain a pregnancy. It covers the high stress, anxiety, depression, and grief (sometimes compared to cancer patients) experienced by 1 in 8 couples, often compounded by financial strain, societal pressure, and invasive, long-term treatments

- **Support for a Child in the Neonatal Intensive Care Unit (NICU)**

All services are provided by licensed psychiatrists, psychologists, licensed clinical social workers

Mental Health Office Directives

(LCSW), and psychiatric mental health nurse practitioners (PMHNP).

Huntsman Mental Health Institute Perinatal Mental Health Clinic:

<https://healthcare.utah.edu/hmhi/treatments/perinatal-mental-health>

Behavioral Health Home (Service Code: BHH)

Does the LA provide behavioral health home services?

Directly

Contracted provider (list contractor(s))

No, not at this time

Service Delivery Framework:

NA

Outcomes Framework:

NA

Intellectual and Developmental Disabilities (IDD)

Please identify the LAs identified IDD liaison for this SUMH office directive. Include name, email and job role/title:

Susi Rodriguez Patino, susi.rodriquez@utah.edu, Case Manager

Does the LA have a provider(s) trained in IDD and co-occurring mental health.

Yes

Contracted provider

No, not at this time

As applicable,

Please identify a public-facing link or a list of the provider(s) or team trained (direct or contracted).

For network models, please identify contracted agencies who specialize in this service. LAs are encouraged to have a provider listed on the IDD provider list website.

Mental Health Office Directives

Intellectual and Developmental Disabilities services are provided through the Huntsman Mental Health Institute's Neurobehavioral HOME Program. Individuals with a diagnosed intellectual or developmental disability, including genetic disorders, birth trauma, autism spectrum disorders, and brain injuries, are able to access the following services through the Neurobehavioral HOME Program upon referral from their clinician and case manager:

- Annual physical exams and well-child checks
- Behavior management services
- Case management
- Crisis management
- Dietician/nutritional counseling
- Individual and group counseling
- In-house billing and insurance support
- Medication management
- Primary medical care
- Preventive care
- Psychiatric evaluations
- Psychology services (testing)
- Specialty care referral

Huntsman Mental Health Institute staff coordinate with the Neurobehavioral HOME Program treatment team. Referrals from the Huntsman Mental Health Institute in Park City receive priority admission, subject to availability. Huntsman Mental Health Institute staff in Park City can participate in the client's treatment and monitor progress through the EPIC electronic health records system. This coordination through EPIC allows Park City staff to coordinate for a seamless handoff back to outpatient care at the Park City clinic.

Neurobehavioral HOME Program:

<https://healthcare.utah.edu/hmhi/programs/home>

Mental Health Early Intervention (Service Code: EIM)

Mental Health Office Directives

Will the LA implement Mental Health Early Intervention (MHEI) programming for the population outlined in SUMH Office Directives?

Directly

Contracted/partnership provider (list contractor(s) below)

Not at this time

Please indicate what allowable services under the EIM service code will be used for:

School based behavioral health services

Youth MCOT

Family Peer Support Services

Other pre-approved early mental health interventions

Service Delivery Framework:

School-based services are provided at all public and charter schools in Summit County Services through a five-year service contract with U-TTEC (University of Utah Technology in Training, Education, and Consultation), with more acute cases being referred to Huntsman Mental Health Institute. All services provided in a school-based setting require prior caretaker approval and comply with recent requirements stemming from the 2025 legislation in HB 281 S3: Health Curriculum and Procedures Amendments. Services are classified as such:

Tier I Services:

Tier 1 services are provided by the Live Like Same Foundation's THRIVE program and U-TTEC (University of Utah Technology in Training, Education, and Consultation) through a five-year service contract and includes consultation and coaching implementation of school climate assessments/ universal (i.e., schoolwide) well-being screening three times during the academic year and the implementation of schoolwide and/or class-wide interventions to promote student well-being. School climate is a broad, multifaceted concept that involves many aspects of the student's educational experience. A positive school climate is the product of a school's attention to fostering safety; promoting a supportive academic, disciplinary, and physical environment; and encouraging and maintaining respectful, trusting, and caring relationships throughout the school community. A positive school climate is tied to high or improving attendance rates, test scores, promotion rates, and graduation rates. Results from school climate assessments can inform schoolwide mental health interventions including but not limited to, school culture, social-emotional learning (SEL) curricula, brief skills groups, psychoeducation, and family involvement.

Mental Health Office Directives

Schoolwide well-being or universal screening* for complete mental health is proposed as a key step in service delivery reform to move school-based psychological services from the back of the service delivery system to the front, which will increase emphasis on prevention, early intervention, and promotion. Results from universal screening help identify individual students who are at little to no risk, moderate risk, and high risk for mental health challenges. Students will be referred accordingly for immediate mental health support (at tiers 2 or 3) offered in the school and/or community. Students who self-identify or identified by an educator and/or caregiver as needing mental health support will also be referred for services.

Schoolwide well-being or universal screening may be administered at the discretion of the provider(s) for students who have received caregiver consent.

Tier 2 Services:

Tier 2 services are provided by U-TTEC (University of Utah Technology in Training, Education, and Consultation) through a five-year service contract and focuses on preventing risk factors or the early onset of problems from progressing. Early intervention services and supports (Tier 2) to address mental health concerns are provided for students who have been identified through screening, referral or other school teaming processes as experiencing mild to moderate distress or functional impairment or being at risk for a given problem or concern. Examples include small-group interventions for students identified with similar needs (e.g., students with grief), problem-solving, mentoring, and/or low-intensity classroom-based supports such as a daily report card or daily teacher check-in. These services will be provided upon guardian/caregiver consent at the discretion of the licensed provider.

Tier 3 Services:

Tier 3 services are provided by both the Huntsman Mental Health Institute and U-TTEC (University of Utah Technology in Training, Education, and Consultation), and services focus on individual student interventions that address more serious concerns and prevent the worsening of symptoms that can impact daily functioning, leading to referrals to Huntsman Mental Health Institute clinicians. These treatment services and supports to address mental health concerns are provided for students who need individualized interventions for the significant distress and functional impairment they are experiencing. An example includes individual therapy for students who have been identified, and often diagnosed, with social, emotional and/or behavioral needs.

Mental Health Office Directives

In addition to the services above, U-TTEC (University of Utah Technology in Training, Education, and Consultation) has contracted for the following additional services:

- Continued services during summer break for those individuals for the most acute cases. Generally, this involves those receiving school-based care at higher levels of Tier 2, or those classified as Tier 3.
- School-based psychiatry is being offered in all Local Education Authorities (LEA). These services include medication consultation and evaluation by a University of Utah College of Psychiatry Fellow, a fully licensed psychiatrist. Prescriptions are not issued on school grounds but sent on to either the Huntsman Mental Health Institute's prescribers or the students primary care physician.
- U-TTEC (University of Utah Technology in Training, Education, and Consultation) staff also provide training to school employees on topics related to the mental health of students and current best practices.
- U-TTEC (University of Utah Technology in Training, Education, and Consultation) also works with administrators and school counselors and social workers to develop Multi-tiered System of Supports (MTSS), to engage in data-based decision making and student engagement to ensure positive outcomes for not only the Local Education Authority (LEA), but also teachers, administrators, and staff.

School-based services are provided at the following schools:

North Summit School District:

- North Summit Elementary
- North Summit Middle School
- North Summit High School

South Summit School District:

- South Summit Elementary
- South Summit Middle School

Mental Health Office Directives

- South Summit High School
- Silver Summit Academy
- Silver Summit Elementary

Park City School District:

- Parley's Park Elementary
- McPolin Elementary
- Trailside Elementary
- Jeremy Ranch Elementary
- Ecker Middle School
- Treasure Mountain Junior High School (closing Fall 2025)
- Park City High School

Charter Schools:

- Weilenmann School of Discovery
- Winter Sports School

Youth Outpatient Mental Health services outside of school-based services are provided at Huntsman Mental Health Institute. Families are a part of the assessment process with youth and are engaged in services as recommended by the treatment provider.

Please identify name, email and title of the individual who will submit quarterly and annual outcome reporting:

Aaron Newman, anewman@summitcountyutah.gov, Behavioral Health Director

Older Adults

Has the LA developed and is it maintaining a strategic plan for service delivery programming for the older adult population outlined in SUMH Office Directives?

Yes

No, not at this time

Mental Health Office Directives

If applicable, please include a link to a summary document or website to address this question or briefly summarize how the LA intends to provide service delivery to this population.

Currently, there are no senior care facilities in Summit County.

The Behavioral Health Division and the Summit County Mental Wellness Alliance are currently working with the University of Utah Geriatric Psychiatry Clinic and the College of Nursing Gerontology Program to reestablish the Behavioral Health Seniors Advisor Committee, which stopped meeting during the COVID-19 pandemic. As the percentage of Summit County residents over the age of 65 continues to grow, the need for senior behavioral and physical healthcare has become a central issue in addressing the needs of Summit County residents. Issues related to behavioral healthcare and memory care have been identified for inclusion in the 2026 updates to the Summit County Mental Wellness Strategic plan.

Senior Behavioral Healthcare:

Seniors in need of psychiatric services are able to access specialized services through Huntsman Mental Health Institute's Geriatric Psychiatry Clinic. Geriatric psychiatry is a specialized field of behavioral healthcare for adults age 60 and older. The goal of treatment is to maximize the quality of life and functionality of older adults and empower them to live their best life possible. **Services include:**

- Medication review and management (in consultation with referring provider when needed)
- Short- and long-term individual therapy (including but not limited to):
 - o acceptance and commitment therapy (ACT)
 - o cognitive behavioral therapy (CBT)
 - o motivational interviewing
 - o humanistic approaches
- Chronic care management
- Professional outreach and community education
- Short-term preventative therapy for mild cognitive impairment
- Evidence-based, personalized dementia education
- Comprehensive cognitive and functionality assessments
- Diagnostic assessments and treatment for new mental health issues
- Referrals for comprehensive neuropsychological testing and neurological brain imaging to assist with diagnostic clarification for mood, personality, and cognitive issues

Mental Health Office Directives

- Caregiver assessments, support, and mental health services
- Personalized education for families living with loved ones who are psychiatrically or cognitively impaired
- Virtual platform education for patient visits and social engagement, including one-on-one tutorials for MyChart access, virtual visits, and technology use for iPads, iPhones, and Androids

Geriatric Psychiatry Clinic:

<https://healthcare.utah.edu/hmhi/treatments/geriatric-psychiatry>

Perinatal Mental Health

Identify the provider(s) trained in perinatal mental health to the requirement outlined in the SUMH Office Directives. For network models, please identify contracted agencies who specialize in this service.

Does the LA have a provider(s) trained in IECMH.

Yes

Contracted provider

No, not at this time

As applicable,

Please identify a public-facing link or a list of the provider(s) or team trained (direct or contracted). For network models, please identify contracted agencies who specialize in this service

Describe the training that the provider(s) have received on developmentally appropriate screening, diagnosis, and evidence-based treatment modalities.

Infant and Early Childhood Mental Health services are provided at the Huntsman Mental Health Institute's Perinatal Mental Health Clinic through referrals from the Huntsman Mental Health Institute's Park City treatment team. Services at the Perinatal Mental Health Clinic include a range of inpatient, outpatient, and intensive outpatient treatments for both the mother and the child. Specific areas of treatment include:

Mental Health Office Directives

- **Perinatal Mood and Anxiety Disorders (PMADs)**
 - o An intense mental health condition that occurs during pregnancy or up to one year postpartum. Affecting 15-20% of women, symptoms include severe anxiety, depression, rage, or intrusive thoughts, often referred to as perinatal depression, anxiety, or psychosis.

- **Postpartum Psychosis**
 - o When exhibited, Postpartum Psychosis is a severe mental health emergency occurring after childbirth, characterized by a rapid onset of hallucinations, delusions, paranoia, and severe mood swings. It typically starts within the first two weeks following delivery, requiring immediate medical attention, usually involving hospitalization and psychiatric treatment to prevent harm to the mother or infant.

- **Postpartum Post-Traumatic Stress Disorder (PPTSD)**
 - o A mental health condition triggered by a traumatic childbirth experience, resulting in symptoms like flashbacks, avoidance of reminders, hypervigilance, and emotional numbness. It affects mothers, with higher rates in high-risk pregnancies, and can severely impact bonding with the child.

- **Birth Trauma**
 - o An emotional distress experienced during or after childbirth, often stemming from a perceived lack of safety, control, or support. It can result in traditional Post-Traumatic Stress Disorder (PTSD), anxiety, or depression for the parent, or physical injuries to the newborn.

- **Pregnancy Loss**
 - o The emotional, psychological, and behavioral impact of losing a pregnancy, which commonly includes symptoms of grief, anxiety, depression, and trauma. These challenges can be intense and long-lasting, affecting up to 55% of women with symptoms of depression.

- **Infertility**
 - o The profound psychological, emotional, and social impact of being unable to conceive or sustain a pregnancy. It covers the high stress, anxiety, depression, and grief (sometimes compared to cancer patients) experienced by 1 in 8 couples, often compounded by financial strain, societal pressure, and invasive, long-term

Mental Health Office Directives

treatments

- Support for a Child in the Neonatal Intensive Care Unit (NICU)

All services are provided by licensed psychiatrists, psychologists, licensed clinical social workers (LCSW), and psychiatric mental health nurse practitioners (PMHNP).

Huntsman Mental Health Institute Perinatal Mental Health Clinic:

<https://healthcare.utah.edu/hmhi/treatments/perinatal-mental-health>

Is this provider(s) listed on the Utah Maternal Mental Health Network website?

Yes

No, not at this time

Utah Behavioral Health Planning and Advisory Council (UBHPAC)

Please identify the LAs identified UBHPAC representative for this SUMH office directive including name, email address and job role/title:

Aaron Newman, anewman@summitcountyutah.gov, Behavioral Health Director

***Please note that UBHPAC meets every other month for 2 hours. The agency should consider a person with lived experience who is a consumer of services or peer as the LA representative.*

Unfunded clients

Describe how the LA intends to deliver the services/programs to **unfunded clients**. This must include:

1) The LAs process to help the client access to insurance

All services provided by Huntsman Mental Health are available to residents of Summit County who are unfunded or underinsured. Huntsman Mental Health Institute and local non-profits provide services to individuals residing in Summit County who are uninsured or underinsured. Services at the Huntsman Mental Health Institute require verification of income for coverage under Office of Substance Use and Mental Health funds up to 350% of the federal poverty rate. Individuals

Mental Health Office Directives

requiring services in Spanish, such as psychiatric evaluation, medication management, individual and group therapy, case management, and skills services, are often referred to local non-profits that specialize in this area.

When individuals apply for free or reduced-cost services, the intake team works with them and encourages them to apply for Medicaid if there is reason to believe they will be successful in their application. Intake coordinators ask, "*Is there a reason to believe you would not be eligible for Medicaid,*" in place of a referral. This has been found to be more effective for enrolling Spanish-speaking clients. We do not track the number of individuals referred or advised to enroll in private insurance plans other than those participating in Recovery Court. Referrals are made through the clinic as the resident seeks services.

The primary barrier in Summit County is a reluctance among Spanish-speaking individuals to apply for Medicaid out of fear of receiving services outside the nonprofit system. There is a belief that once enrolled in Medicaid, services at non-profits such as the People's Health Clinic and the Christian Center of Park City will be closed to them. This includes services such as the food pantry and housing assistance, despite this not being the case.

2) LAs policies related to unfunded client service provision (ie. sliding scale, time limited services)

Huntsman Mental Health Institute and local non-profits provide services to individuals residing in Summit County who are uninsured or underinsured. Services at the Huntsman Mental Health Institute require verification of income for coverage under Office of Substance Use and Mental Health funds up to 350% of the federal poverty rate. Individuals requiring services in Spanish, such as psychiatric evaluation, medication management, individual and group therapy, case management, and skills services, are often referred to local non-profits that specialize in this area.

For residents dealing with concerns related to immigration, Jewish Family Services, Christian Center of Park City, Holy Cross Ministries, and Latino Behavioral Health provide services in Spanish for uninsured or underinsured residents as part of the overall Summit County Network.

When individuals apply for free or reduced-cost services, the intake team works with them and encourages them to apply for Medicaid if there is reason to believe they will be successful in their application. Intake coordinators ask, "*Is there a reason to believe you would not be eligible for*

Mental Health Office Directives

Medicaid," in place of a referral. This has been found to be more effective for enrolling Spanish-speaking clients. We do not track the number of individuals referred or advised to enroll in private insurance plans other than those participating in Recovery Court. Referrals are made through the clinic as the resident seeks services.

The primary barrier in Summit County is a reluctance among Spanish-speaking individuals to apply for Medicaid out of fear of receiving services outside the nonprofit system. There is a belief that once enrolled in Medicaid, services at non-profits such as the People's Health Clinic and the Christian Center of Park City will be closed to them. This includes services such as the food pantry and housing assistance, despite this not being the case.

3) Service continuum accessible to unfunded clients.

All services provided through Huntsman Mental Health Institute are accessible to all underfunded and unfunded clients without exception. Additionally, all single case services are also available to unfunded clients.

Technical Assistance

Is technical assistance requested for any components of SUMH Office Directives Quality and access improvement programming or requirements section?

Yes

No, not at this time.

Please indicate sections requested.

SUBSTANCE USE DISORDER TREATMENT SERVICES

Substance Use - Adults

The following sections are the **Substance Use Adult services** requirement from both the LA contract and the SUMH Office Directives.

Substance Use - Adults

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Early Intervention

Will the LA provide Early Intervention directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework: Please also include services provided to an individual not seeking clinical treatment for substance use, including education, skills development, services to reduce the harms associated with substance misuse and to reduce risk behaviors before they lead to injury, etc.

Substance Use Disorder (SUD) intervention for individuals funded through the Office of Substance Use and Mental Health (OSUMH) takes place at Huntsman Mental Health Institute through referrals from community non-profits, court orders, and network clinicians who have clients in need of intervention or Medically Assisted Treatment (MAT). Individuals requiring substance use disorder early intervention are required to complete a biopsychosocial substance use/mental health assessment before receiving treatment. Huntsman Mental Health Institute uses several biopsychosocial substance use/mental health assessments, including:

- **Substance Abuse Subtle Screening Inventories (SASSI):**
 - o A self-report questionnaire designed to identify high or low probability of substance use disorders (SUD) in adults and adolescents. Utilizing both direct and indirect (subtle) questions to detect dependencies, even when individuals are unwilling or unable to acknowledge their misuse. The results help clinicians understand a client's defensiveness (DEF), their willingness to admit problems, and the emotional pain associated with their addiction.

- **University of Rhode Island Change Assessment (URICA):**
 - o A self-report questionnaire designed to measure an individual's readiness to change problematic behaviors based on the Transtheoretical Model (stages of change). It assesses motivation for change across four stages:
 - Precontemplation: Not intending to change

Substance Use - Adults

- Contemplation: Considering change but ambivalent
- Action: Actively changing behavior
- Maintenance: Sustaining the change
- The University of Rhode island Change Assessment is used to match treatment intensity to the client's current level of motivation. It is widely used to assess addictions, including alcohol, drugs, and other behavioral changes.
- **American Society of Addiction Medicine (ASAM):**
 - An established criterion, the American Society of Addiction Medicine is the most widely used, nationally recognized standard for providing outcome-oriented, individualized addiction treatment, often referred to as the ASAM Placement Criteria or the Multidimensional Assessment Guidelines. The results of the assessment are used to develop customized treatment plans that address individual strengths, assets, and specific needs across six dimensions:
 - Acute intoxication/withdrawal potential.
 - Biomedical conditions.
 - Emotional, behavioral, or cognitive conditions.
 - Readiness to change.
 - Relapse, continued use, or continued problem potential.
 - Recovery/living environment.
 - In addition, the results guide clinicians in establishing the appropriate level of care, ranging from outpatient to inpatient.
- **Substance Use Recovery Evaluator (SURE):**
 - A validated 21-item questionnaire designed to measure a person's recovery from drug and alcohol dependence over the previous week, developed at Kings College, London in 2016, the Substance Use Recovery Evaluator was developed with extensive input from people in recovery, it focuses on five key areas: substance use, self-care, relationships, material resources, and outlook on life. The 21 items, often completed in 4–15 minutes, covers: Drinking and Drug Use, Self-Care, Relationships, Material Resources, and Outlook on Life. The Substance Use Recovery Evaluator is currently a preferred biopsychosocial assessment of the Office of Substance Use and Mental Health.

All assessments are evidence-based tools used to determine necessary interventions for youth and adults. Individuals scoring a high probability of having a substance use disorder (SUD), based

Substance Use - Adults

on the results of one of the above-listed biopsychosocial assessments, will be referred for a complete Substance Use Assessment, along with those court-ordered to complete a substance use evaluation. Individuals meeting the criteria for treatment after an assessment will be referred to a clinician at the Huntsman Mental Health Institute. Individuals who request services and are assessed as appropriate for early intervention, such as Alcohol & Drug Intervention (ADI), are directed to a limited course of outpatient substance use treatment that focuses on psychoeducation. Evidence-based psychoeducation is primarily provided through the Change Company Interactive Journaling Series, which is limited to outpatient services.

Outcomes Framework:

Treatment Outcomes for case management are based upon durations of success *as follows*:

Substance Use - Adults

- **Short-Term Outcomes (0-3 Months):**

- Accurate Triage:
 - 100% of referred individuals complete a biopsychosocial assessment prior to service delivery.
- Engagement:
 - Reduction in client defensiveness (measured via the Substance Abuse Subtle Screening Inventories) and increased clinical rapport.
- Placement Accuracy:
 - Alignment of treatment intensity with American Society of Addiction Medicine (ASAM)multidimensional guidelines.

- **Intermediate Outcomes (3-9 Months):**

- Behavioral Shift:
 - Measurable progression in the "Stages of Change" (measured via the University of Rhode Island Change Assessment).
- Skill Acquisition:
 - Successful completion of the Alcohol & Drug Intervention (ADI) curriculum for early intervention clients.
- Holistic Stability:
 - Improvements in the "Self-Care" and "Material Resources" scores on the Substance Use Recovery Evaluator assessment.

- **Long-Term Outcomes (12+ Months):**

- Sustained Recovery:
 - High scores in the "Sustained Recovery" category of the Substance Use Recovery Evaluator 21-item questionnaire.
- Community Reintegration:
 - Improved "Relationships" and "Outlook on Life" metrics, leading to reduced recidivism for court-ordered individuals.
- Clinical Remission:
 - Reduction in substance use frequency and severity as validated by follow-up evaluations.

Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, II-D or I-D
(Contract 5.2 b)

Substance Use - Adults

Will the LA provide Ambulatory Care and Withdrawal Management

Directly

Contracted provider (Please include a list or a link of contracted providers)

Referral (non-contracted provider, service is unfunded, but referrals provided)

What level of Ambulatory Care and Withdrawal Management service are funded by the LA?

ASAM IV-D Medically Managed Intensive Inpatient Detoxification

ASAM III.7-D Medically Monitored Inpatient Detoxification

ASAM III.2-D Clinically Managed Residential Detoxification

ASAM III.D Residential/Inpatient Detoxification

ASAM II-D Ambulatory Detoxification with Extended on-site monitoring

ASAM I-D Ambulatory Detoxification without Extended on-site monitoring

None of these levels are available.

If not available, what are the plans to develop and provide this level of care?

NA

Service Delivery Framework:

Medical detoxification services for individuals funded through the Office of Substance Use and Mental Health (OSUMH) are provided through the Huntsman Mental Health Institute - Salt Lake City facility, and direct admission is available through the Park City clinic. Huntsman Mental Health Institute's inpatient detoxification program is a comprehensive inpatient detoxification program for adults, focusing on safe withdrawal from alcohol and drugs. Typically, a 2–5 day medical detox procedure, clients are detoxified under the care of a psychiatrist, nurses, social workers, and psychologists who provide medication management, monitoring, and support during the withdrawal period. Additional treatment includes group therapies and activities throughout the day to address the cause of the addiction. To ensure continued success when the patient leaves the hospital, Huntsman Mental Health Institute creates a discharge plan outlined with the patient and family for appropriate follow-up care coordination at the Huntsman Mental Health Institute Park City clinic.

Should Huntsman Mental Health Institute not be able to provide a specific service, the case management team works with the Behavioral Health Director to place adults in appropriate care via a single case agreement and follows the client's progress and coordinates aftercare appointments with Huntsman Mental Health Institute clinicians.

Substance Use - Adults

Huntsman Mental Health Institute also provides outpatient opioid specific detox services through its Bridge Program. The Emergency Departments at University of Utah Hospital and South Jordan Health Center in coordination with Huntsman Mental Health Institute created the Bridge Program to provide rapid access to Suboxone treatment for opioid addiction. Suboxone interacts with the parts of the brain that are activated by opioid use. As a result, it reduces cravings and withdrawal symptoms allowing for individuals to continue to work while taking this medication.

Outcomes Framework:

Success outcomes for detox services are based on four primary outcomes:

- **Rapid Access:**
 - o Minimize the time between opioid crisis (ED visit) and Suboxone induction.
- **Clinical Safety:**
 - o Is the client receiving the appropriate level of medication management, inpatient care, or residential treatment to provide for a safe and successful recovery in accordance with American Society of Addiction Medicine (ASAM) criteria. Did the client receive the appropriate medical detox as soon as possible.
- **Continuity of Care:**
 - o Has the client been successfully transitioned to outpatient or intensive outpatient treatment with Huntsman Mental Health Institute or Wasatch Crest
- **Functional Stability:**
 - o Has the client maintain compliance with their established treatment plan, including any Medically Assisted Treatments (MAT) and case management support to maintain employment and social roles during treatment.

Success with each of these primary outcomes is measured as follows:

- **Short-Term Outcomes (0-3 Months):**
 - o Accurate Triage:
 - 100% of referred individuals complete a biopsychosocial assessment prior to service delivery.
 - o Engagement:

Substance Use - Adults

- Reduction in client defensiveness (measured via the Substance Abuse Subtle Screening Inventories) and increased clinical rapport.
- Placement Accuracy:
 - Alignment of treatment intensity with American Society of Addiction Medicine (ASAM)multidimensional guidelines.
- **Intermediate Outcomes (3-9 Months):**
 - Behavioral Shift:
 - Measurable progression in the "Stages of Change" (measured via the University of Rhode Island Change Assessment).
 - Skill Acquisition:
 - Successful completion of the Alcohol & Drug Intervention (ADI) curriculum for early intervention clients.
 - Holistic Stability:
 - Improvements in the "Self-Care" and "Material Resources" scores on the Substance Use Recovery Evaluator assessment.
- **Long-Term Outcomes (12+ Months):**
 - Sustained Recovery:
 - High scores in the "Sustained Recovery" category of the Substance Use Recovery Evaluator 21-item questionnaire.
 - Community Reintegration:
 - Improved "Relationships" and "Outlook on Life" metrics, leading to reduced recidivism for court-ordered individuals.
 - Clinical Remission:
 - Reduction in substance use frequency and severity as validated by follow-up evaluations.

Residential Care and Services (ASAM III.7, III.5, III.3, III.1) (Contract 5.2 b)

Will the LA provide Residential Care and Services directly or through a contracted provider?

Directly

Contracted provider (Please include a list of providers or a link to contracted providers below)

Referral (non-contracted provider and service is unfunded, but referrals provided)

What level of Residential Care services are funded by the LA?

ASAM III.7 Medically Monitored Intensive Inpatient Services

Substance Use - Adults

ASAM III.5 Clinically Managed High-Intensity Residential Services
ASAM III.3 Clinically Managed Population-specific High-Intensity Residential
ASAM III.1 Clinically Managed Low-Intensity Residential

None of these levels of care are available.

If not available, what are the plans to develop and provide this level of care?

NA

Service Delivery Framework: *Please also include the list of providers or a link to contracted providers.*

Currently, Huntsman Mental Health Institute does not provide residential services at these levels for individuals with a primary substance use disorder diagnosis. For clients determined by their Huntsman Mental Health Institute treatment team to require residential care at these American Society of Addiction Medicine (ASAM) levels, the case manager works with the Behavioral Health Director to identify a suitable intensive inpatient or residential treatment facility for the client, at which point the Behavioral Health Director enters into a single-case agreement for the client's admissions and treatment. Services typically provided at a residential treatment facility consist of an intake evaluation, treatment planning, individual and group therapy, skills development, case management, recovery support services, social detoxification, smoking cessation, and, when indicated, medication management and Medication Assisted Treatment (MAT). Clients receive assistance in transitioning to lower levels of care as indicated by the placement tool.

While in residential treatment, the assigned case managers at Huntsman Mental Health Institute remain in regular contact with the facility to track the client's progress. Prior to the conclusion of treatment, the case manager will coordinate with treatment staff at the facility to arrange aftercare at Huntsman Mental Health Institute.

Facilities utilized for these services include:

- **Wasatch Crest**
 - o <https://wasatchcresttreatment.com/>
 - o Facilities in both Summit and Wasatch Counties.

- **House of Hope**
 - o <https://houseofhopeut.org/>
 - o Treatment limited to women and mothers located in Salt Lake City.

Substance Use - Adults

- **First Step House**

- o <https://firststephouse.org/>
- o Experience with individuals leaving incarceration.

-

Should there not be space in one of these residential facilities, the Behavioral Health Director will work with the case manager and Huntsman Mental Health Institute's Clinical Director to identify a new facility deemed to meet an individual's treatment needs.

Outcomes Framework:

Success outcomes for detox services are based on three primary outcomes:

- **Precise Placement:**

- o Ensure individuals are matched with residential facilities that align with their specific demographic and clinical needs.

- **Clinical Continuity:**

- o Maintain a "consistent communications and engagement of the Huntsmen Mental Health Clinical treatment team and the facility to facilitate successful transition from residential care to outpatient treatment at Huntsman Mental Health Institute.

- **Successful Transition:**

- o Facilitate a seamless "step-down" transitions to lower levels of care based on American Society of Addiction Medicine (ASAM) criteria.

Success with each of these primary outcomes is measured as follows:

- **Short-Term Outcomes (Acute Phase: Days 1-7):**

- o Physiological Stabilization:
 - Completion of the withdrawal period without major medical incidents (seizures, severe dehydration).
- o Symptom Management:
 - Meaningful reduction in "cravings" and "withdrawal distress" as measured by clinical scales.
- o Successful Induction:
 - For Bridge Program participants, the successful administration of the first Suboxone dose within the target "rapid access" window.

Substance Use - Adults

- **Intermediate Outcomes (Stabilization Phase: 1-3 Months):**

- Transition Fidelity:
 - 100% of inpatient clients have a verified discharge plan and an attended follow-up appointment at Huntsman Mental Health Institute.
- Functional Maintenance:
 - For Bridge Program clients, the ability to maintain current employment or educational status while on Medically Assisted Treatment (MAT).
- Care Coordination:
 - Successful coordination of the Huntsman Mental Health Institute treatment teams with facilities to coordinate treatment and post care.

- **Long-Term Outcomes (Recovery Phase: 6+ Months):**

- Relapse Prevention:
 - Sustained abstinence or reduction in harmful use following the initial detox intervention.
- Social Reintegration:
 - Improvements in family dynamics and social support systems as outlined in the initial discharge goals.
- System Utilization:
 - Reduced frequency of Emergency Department visits for substance-related crises (specifically for Bridge Program participants).

Intensive Outpatient (ASAM II.5 or II.1) (Contract 5.2 b)

Will the LA provide Intensive Outpatient and Services directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:.

American Society of Addiction Medicine (ASAM) 2.1

Both Huntsman Mental Health Institute and Wasatch Crest provide Intensive Outpatient Treatment (IOP) services for Summit County residents for individuals funded through the Office of Substance Use and Mental Health (OSUMH), in accordance with the American Society of Addiction Medicine (ASAM) 2.1 criteria by providing structured programming five days a week.

Substance Use - Adults

Intensive Outpatient Treatment offers a high level of care for individuals needing daily structure but not 24-hour residential monitoring, featuring counseling, psychoeducation, and medically assisted treatment. Services are provided to men, women, and adolescents who seek treatment and to those referred by the judicial system. The American Society of Addiction Medicine (ASAM) placement criteria are utilized to determine appropriate treatment levels. Treatment modalities provided at the Huntsman Mental Health Institute facility in Park City include:

- **Process Groups:**
 - o A structured, intensive outpatient service that typically provides 9 to 19 hours (for adults) or 6 to 19 hours (for adolescents) of therapeutic programming per week. These groups are designed to treat individuals with significant functional impairment who need more support than standard outpatient care, but do not require 24-hour residential monitoring.

- **Psychoeducation:**
 - o A therapeutic services for adults with Substance Use Disorders (SUD) to treat functional impairment while allowing for real-world application of recovery skills. It includes structured, evidence-based psychoeducation on addiction, relapse prevention, and mental health, often in group or individual settings

- **Moral Reconciliation Therapy (MRT):**
 - o Moral Reconciliation Therapy (not to be confused with Moral Recognition Therapy) is a cognitive-behavioral treatment that utilizes a 16-step workbook in group settings to change irrational thinking patterns, increase moral reasoning, and improve decision-making. ASAM Level 2.1 is Intensive Outpatient Treatment (IOP), usually offering 9–20 hours of therapy weekly. Moral Reconciliation Therapy is primarily used for individuals with high recidivism or repeat relapses who struggle with accountability or have legal involvement.

- **Family Intervention:**
 - o A structured, planned process where loved ones work with clinicians to confront a person about their addiction, aiming to get them into treatment while healing family dynamics. Focusing on the entire family system rather than just the person with the addiction, encouraging all members to seek therapy with the goal of breaking enabling behaviors, educating the family on addiction, and establishing healthy boundaries to support long-term recovery for everyone.

Substance Use - Adults

- **Gender-specific Treatment:**
 - o Gender-specific substance use disorder (SUD) treatment offers separate, tailored care for men and women, addressing unique biological, psychological, and social drivers of addiction. Programs often focus on trauma/emotional processing for women and breaking stereotypes/emotional expression for men, improving safety and comfort, and reducing the potential for re-traumatization and increasing comfort when discussing sensitive topics.

- **Skills-based groups:**
 - o A structured, therapeutic session designed to help individuals learn practical tools for recovery, such as emotional regulation, coping mechanisms for triggers, and relapse prevention strategies. These groups use Cognitive Behavioral Therapy (CBT) or Dialectical Behavioral Therapy (DBT) techniques to build healthier behaviors and manage addiction in a supportive environment.

Clients of Huntsman Mental Health Institute are also able to access Huntsman Mental Health Institute's Recovery WORKS in Salt Lake City. An intensive outpatient program, Recovery WORKS, is designed to offer additional structure and support for adults dealing with a substance use disorder. Clients work in a group therapy setting four nights a week for eight weeks. To ensure success after treatment, participants have access to ongoing lifetime aftercare support. The treatment team includes a board-certified addiction psychiatrist, licensed clinical social workers, licensed substance abuse counselors, and expressive clinicians. Elements of the program include:

- Comprehensive Substance Use Disorder Treatment addressing individual, family, relationship, and environmental challenges.

- Utilization of Cognitive Behavioral Therapy (CBT), Motivational Enhancement (formerly MI), Acceptance and Commitment Therapy (ACT), and other empirical techniques within the most up-to-date recovery treatment framework.

- Collaboration with our addiction psychiatry and addiction medicine doctors and senior residents/fellows and clinicians in our Recovery Clinic who incorporate the latest in recovery medications and recovery aides.

Substance Use - Adults

- Therapeutic and educational support for program participants, friends, and family members.
- Cognitive Behavior Therapy (CBT), and
- Experiential therapy, which includes art and music therapy and ropes challenge course activities, are integrated into the program weekly.

Recovery Works: <https://healthcare.utah.edu/hmhi/treatments/addiction-recovery/intensive-outpatient-program>

Additionally, Huntsman Mental Health Institute's Recovery Clinic for adults seeking treatment for substance use disorders and dual diagnosis treatment is also available. Staffing includes board-certified psychiatrists, Licensed Clinical Social Workers, and Mental Health Counselors specializing in individual addiction treatment. As a teaching academy, the University Recovery Clinic is also staffed with senior residents and addiction-trained fellows. Services include:

- Medication Addiction Treatment Group (MAT Group),
- Medication Assisted Treatment (MAT) is used in conjunction with counseling and behavioral therapies, for a whole-patient approach to the treatment of substance use disorders,
- Education and practical skills for achieving recovery,
- Process group to discuss recent struggles and/or upcoming challenges,
- Consultation and Evaluation,
- Group and Individual Therapy,
- Medication Management,
- Suboxone Maintenance Therapy (SMT), and
- Outpatient Detoxification, if medically appropriate.

American Society of Addiction Medicine (ASAM) 2.5

American Society of Addiction Medicine (ASAM) 2.5 is a Partial Hospitalization Program (PHP) or "day treatment" designed for individuals with addiction needing intensive, daily treatment—typically 20+ hours per week—without 24-hour nursing. It provides structured, evidence-based

Substance Use - Adults

care to stabilize acute substance use symptoms and prevent, or transition from, inpatient hospitalization. Clients who qualify for this level of care receive services at Wasatch Crest, either at their Park City or Heber facility. Prior to admission, a Huntsman Mental Health Institute case manager will coordinate the intake of the client to Wasatch Crest and will remain in regular contact with the facility to track the client's progress. Prior to the conclusion of treatment, the Huntsman Mental Health Institute's case manager will coordinate with the Wasatch Crest treatment staff to arrange aftercare at Huntsman Mental Health Institute.

Outcomes Framework:

The primary outcome for American Society of Addiction Medicine 2.1 and 2.5 levels is to provide a high-intensity, non-residential "step-down" or "step-up" care that stabilizes acute symptoms, builds cognitive-behavioral resilience, and ensures long-term community reintegration through structured daily programming. This is measured as follows:

- **Short-Term Outcomes (Acute Phase: 1–4 Weeks):**
 - Structure Adherence:
 - Consistent participation in 9–19 hours (IOP) or 20+ hours (PHP) of weekly therapeutic programming.
 - Immediate Stabilization:
 - Reduction in acute substance use symptoms and successful medical detox (where appropriate).
 - Triage Accuracy:
 - 100% of clients placed via ASAM criteria and matched to gender-specific or specialized tracks (e.g., trauma-informed for women).

- **Intermediate Outcomes (Growth Phase: 1–3 Months):**
 - Cognitive Shift:
 - Successful advancement through MRT steps and completion of the Recovery WORKS 8-week intensive track.
 - Functional Application:
 - Ability to apply relapse prevention skills in "real-world" settings while remaining in the outpatient environment.
 - Treatment Fidelity:
 - High engagement in "Whole-Patient" care involving addiction psychiatry, social work, and expressive clinicians.

- **Long-Term Outcomes (Sustained Recovery: 6+ Months):**
 - Step-Down Success:
 - Seamless transition from ASAM 2.5 (PHP) to ASAM 2.1 (IOP) or standard outpatient care without relapse.
 - Recidivism Reduction:
 - Decreased legal involvement for judicial system referrals, specifically those completing the MRT curriculum.
 - Aftercare Utilization:
 - Active participation in HMHI's "Lifetime Aftercare Support" and ongoing recovery clinic appointments.

Additionally, the following outcomes are utilized in addition to the above, specific to the client population being treated at American Society of Addiction Medicine 2.1 and 2.5 levels

- **Youth:**
 - Successful completion of 6–19 hours of age-appropriate therapeutic programming with a focus on family system healing.

Substance Use - Adults

- **Judicial Involved:**
 - o Compliance with court-ordered treatment mandates and reduction in defensiveness as measured by early biopsychosocial assessments.

- **Gender-Specific Groups:**
 - o Self-reported increase in "psychological safety" and comfort when discussing sensitive trauma or biological drivers of addiction.

Outpatient Care and Services (Non-methadone - ASAM I) (Contract 5.2 b)

Will the LA provide Outpatient Care and Services directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

American Society of Addiction Medicine 1.0 outpatient services are provided by Huntsman Mental Health Institute for individuals funded through the Office of Substance Use and Mental Health (OSUMH, as a low-intensity, non-residential service that offers less than 9 hours of weekly, flexible treatment and therapy (adults) or less than 6 hours (adolescents). Focused on relapse prevention, long-term remission monitoring, or as a step-down for individuals with a mild to moderate Substance Use Disorder diagnosis, Huntsman Mental Health Institute provides the following outpatient treatments:

- Outpatient Group Therapy,
- Individual Therapy,
- Case Management,
- Peer Support Specialists,
- Recovery Support Services,
- Urine Analysis / Drug Screening, and
- Medication Management.

Services are determined through assessment and screening with individualized treatment recommendations/plans. Services are provided to men, women, and adolescents who seek treatment and to those referred by the judicial system. The American Society of Addiction

Substance Use - Adults

Medicine (ASAM) placement criteria are utilized to determine the appropriate treatment level for the individual. Other treatment modalities for outpatient treatment at Huntsman Mental Health Institute include:

- Process Groups,
- Psychoeducation,
- Moral Reconciliation Therapy (MRT),
- Family Interventions,
- Gender-specific Treatment, and
- Skills-based Groups.

Outcomes Framework:

The primary outcome for the American Society of Addiction Medicine 1 level is to provide low-intensity, long-term monitoring and a relapse-prevention phase as a predictor of successful long-term remission. This is measured as follows:

Substance Use - Adults

- **Treatment Retention and Engagement Rate:**
 - o The percentage of clients who remain actively engaged in their individualized treatment plan for at least 90 days or until a successful achievement of goals as outlined in the current treatment plan.
- **Substance Use Reduction and Toxicology Stability:**
 - o A steady increase in negative drug test results over the course of the treatment period, specifically focusing on the transition from the first 30 days to the 60-day mark.
- **Psychosocial and Pro-Social Functional Improvement:**
 - o Huntsman Mental Health Institute utilizes Moral Reconciliation Therapy (MRT) and Skills-based Groups, which are specifically designed to change the way individuals think and interact with their environment. Measurable increase in stable housing, employment/educational enrollment, or positive family interventions, reflecting case management aspects of the program.
- **Judicial Compliance and Recidivism Rate:**
 - o The percentage of court-referred individuals who consistently maintain current legal obligations (e.g., no new charges or parole/probation violations) during the duration of their outpatient care, with no new legal infractions during the treatment episode.
-

Treatment for Opioid Use Disorder (OTP-Methadone)

OTP-Methadone is available .

OTP-Methadone is not available.

If not available, what are the plans to develop and provide this level of care?

Methadone is currently not available in Summit County. Clients in need of methadone treatment who are currently receiving care with Huntsman Mental Health Institute are able to work with their case manager to coordinate methadone treatments with Project Reality in Salt Lake City. Project Reality serves adults with opioid use disorder diagnoses for recovery and wellness and offers buprenorphine, methadone, and naltrexone combined with physical and mental health services.

Project Reality: <https://projectreality.net>

Substance Use - Adults

Will the LA provide Treatment for Opioid Use Disorder directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework: *Please also note if there are any additional agency processes to access this level of clinical care, including if the LA agency serves "Meds only" clients.*

Huntsman Mental Health Institute provides opioid use disorder specific services through the Huntsman Mental Health Institute Bridge Program, developed with community partners to provide opioid use treatment and services. Services for treatment include:

- Rapid Suboxone Treatment
- Medically Assisted Treatment (MAT)
- Detox
- Outpatient Services
- Case Management
- Peer Support Services
- Comprehensive Evaluations

Additionally, Huntsman Mental Health Institute's Recovery Clinic for adults seeking treatment for substance use disorders and dual diagnosis treatment is also available for treatment of individuals with a diagnosed Opioid Use Disorder (OUD). All services are provided by board-certified psychiatrists, Licensed Clinical Social Workers, and Mental Health Counselors specializing in individual addiction treatment. As a teaching academy, the University Recovery Clinic is also staffed with senior residents and addiction-trained fellows. Services include:

- Medication Addiction Treatment Group (MAT Group),
- Medication Assisted Treatment (MAT) is used in conjunction with counseling and behavioral therapies, for a whole-patient approach to the treatment of substance use disorders,
- Education and practical skills for achieving recovery,
- Process group to discuss recent struggles and/or upcoming challenges,
- Consultation and Evaluation,
- Group and Individual Therapy,
- Medication Management,
- Suboxone Maintenance Therapy (SMT), and

Substance Use - Adults

- Outpatient Detoxification, if medically appropriate.

Huntsman Mental Health Institute Recovery Clinic:

<https://healthcare.utah.edu/hmhi/treatments/addiction-recovery/recovery-clinic>

Huntsman Mental Health Institute Bridge Program:

<https://healthcare.utah.edu/hmhi/programs/bridge>

Outcomes Framework:

Opioid Use Disorder (OUD) treatment outcomes are based on the following:

- **Short-Term Outcomes (Acute Phase: Days 1-7):**
 - o Physiological Stabilization:
 - Completion of the withdrawal period without major medical incidents (seizures, severe dehydration).
 - o Symptom Management:
 - Meaningful reduction in "cravings" and "withdrawal distress" as measured by clinical scales.
 - o Successful Induction:
 - For Bridge Program participants, the successful administration of the first Suboxone dose within the target "rapid access" window.
- **Intermediate Outcomes (Stabilization Phase: 1-3 Months):**
 - o Transition Fidelity:
 - 100% of inpatient clients have a verified discharge plan and an attended follow-up appointment at Huntsman Mental Health Institute.
 - o Functional Maintenance:
 - For Bridge Program clients, the ability to maintain current employment or educational status while on Medically Assisted Treatment (MAT).
 - o Care Coordination:
 - Successful coordination of the Huntsman Mental Health Institute treatment teams with facilities to coordinate treatment and post-care.
- **Long-Term Outcomes (Recovery Phase: 6+ Months):**
 - o Relapse Prevention:

Substance Use - Adults

- Sustained abstinence or reduction in harmful use following the initial detox intervention.
- Social Reintegration:
 - Improvements in family dynamics and social support systems as outlined in the initial discharge goals.
- System Utilization:
 - Reduced frequency of Emergency Department visits for substance-related crises (specifically for Bridge Program participants).

Medications for Opioid Use Disorder (Vivitrol, Naltrexone, Buprenorphine) (Contract 5.2 c)

Will the LA provide Medications for Opioid Use Disorder directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Does your agency have a Medication for Opioid Use Disorder (MOUD/MAT) policy in place? When was it last reviewed and updated to ensure the use of best practices?

Yes. 2026

Service Delivery Framework: *Please also note if there are any additional agency processes to access this level of clinical care, including if the LA agency serves "Meds only" clients.*

The Huntsman Mental Health Institute is the primary prescriber for the following medications to treat Opioid Use Disorders (OUD) onsite:

- **Buprenorphine**
 - An FDA-approved opioid partial agonist medication used to treat opioid use disorder (OUD) and moderate-to-severe chronic pain. It acts as a lifeline by reducing withdrawal symptoms and cravings without causing the same high as full agonists like heroin or methadone, with a safety "ceiling effect" reducing overdose risk.
- **Vivitrol**
 - a prescription, once-monthly injectable medication designed to prevent relapse in people recovering from alcohol or opioid dependence. It acts as an opioid

Substance Use - Adults

antagonist, blocking brain receptors to prevent the "high" from opioids and reduce alcohol cravings. It is non-addictive and used with counseling

-
- **Naltrexone**
 - a non-addictive medication used to treat alcohol and opioid use disorders by blocking the euphoric effects of these substances and reducing cravings. Taken daily in pill form or monthly as an injection (Vivitrol), it helps prevent relapse. Common side effects include nausea, headache, and dizziness.

Outcomes Framework:

Building on the clinical framework of medications for Opioid Use Disorder (OUD), these outcome measures focus on the physiological and behavioral stability required for successful long-term recovery using Buprenorphine or Naltrexone-based treatments (Vivitrol). These include:

- **Medication Adherence and Persistence:**
 - For Buprenorphine or oral Naltrexone, the percentage of days the patient had a filled prescription.
 - For Vivitrol, the injection percentage for the client receiving the shots every 28–31 days.
- **Illicit Opioid Abstinence (Toxicology-Based):**
 - The percentage of monthly urine drug screenings (UDS) that are negative for non-prescribed opioids (e.g., heroin, fentanyl).
- **Emergency Department (ED) and Overdose Prevention:**
 - Reduction in emergency services utilization (overdoses or acute withdrawal crises) compared to the individual's 6-month pre-treatment baseline.

Women's Treatment Services (Directives) (Contract 5.2)

Will the LA provide Women's or Parent services directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Substance Use - Adults

Service Delivery Framework:

Services for women are provided at either the Huntsman Mental Health Institute, House of Hope, or the Park City Peace House, a local non-profit. Services include those specific to substance use disorders include:

- Individual Therapy for Adults
- Individual Therapy of Children
- Group Therapy,
- Case Management.
- Access to Medically Assisted Treatment (MAT)

Additionally, Huntsman Mental Health Institute utilizes the following evidence-based treatment programs:

- **Seeking Safety Trauma:**
 - o An evidence-based, present-focused counseling model designed to treat trauma, Post Traumatic Stress Disorder (PTSD), and substance abuse simultaneously by focusing on coping skills rather than digging into past trauma. It offers 25 flexible topics (e.g., Safety, Asking for Help, Detaching from Emotional Pain) to help individuals build safety, stability, and healthier life choices.
- **Dialectical Behavior Therapy (DBT):**
 - o A structured form of talk therapy designed specifically for people who experience emotions very intensely and was originally created to treat chronically suicidal individuals with borderline personality disorder (BPD). Dialectical Behavior Therapy is highly practical and focuses on teaching four main sets of skills to help you manage your daily life:
 - **Mindfulness:** Learning to be fully present in the moment and aware of your thoughts and feelings without judging them.
 - **Distress Tolerance:** Developing techniques to get through a crisis or stressful situation without resorting to harmful or impulsive behaviors.
 - **Emotion Regulation:** Understanding and managing intense emotions so they don't overwhelm you or control your actions.

Substance Use - Adults

- **Interpersonal Effectiveness:** Learning how to communicate clearly, set healthy boundaries, and ask for what you need while maintaining self-respect

Upon admission with Huntsman Mental Health Institute, women are screened for other factors, including pregnancy, and provided immediate access to behavioral health services while being connected with appropriate community resources per established policy. Case management services are provided to assist with housing needs, access to physical healthcare, and guidance in obtaining appropriate benefits.

Outcomes Framework:

Based on the specialized services and evidence-based programs provided for women at the Huntsman Mental Health Institute, House of Hope, and Peace House, the following outcome measures are utilized:

- **Trauma-Informed Coping and Safety Stabilization:**
 - Utilizing Seeking Safety Trauma pre- and post-treatment functional assessments, measure the client's ability to demonstrate an increase in safe coping skills (e.g., "Asking for Help," "Detaching from Emotional Pain," and setting boundaries).
- **Emotional Regulation and Behavioral Control:**
 - Utilizing Dialectical Behavior Therapy (DBT) principles, the client is able to show improvement in the client's ability to manage intense emotional distress without resorting to substance use or impulsive actions based on Mindfulness and Distress Tolerance scores.
- **Integrated Social Determinants and Maternal Health Stability:**
 - The client securing basic case management services, physical healthcare access, and (if applicable) consistent prenatal care within the first 30 days of admission.

Pregnant Women and Women with Dependent Children - SAMHSA Priority Population
(Contract 5.2d a & 45 CFR Part 96 Subpart L)

Substance Use - Adults

Will the LA provide Pregnant Women and Women with Dependent Children services directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Select the Women's Service Requirements that the LA meets or provides:

Pregnant women admitted within 48 hours.

A comprehensive referral for interim services if treatment admission for pregnant women is not available within 24 hours of the time the request for services is made.

Block Grant funds are used to support pregnant women, parenting women, and women working to regain custody.

Primary medical care for individuals including referrals for prenatal care.

Primary Pediatric care for children of individuals in SUD treatment including immunizations.

Therapeutic interventions for children in custody of individuals in SUD treatment that address development needs, issues of sexual and physical abuse and neglect.

Sufficient case management and transportation services (clients and children).

Service Delivery Framework:

As part of the assessment process, pregnant women and women with dependent children are evaluated and provided treatment within 48 hours of being identified during the initial appointment scheduling. Services provided by Huntsman Mental Health Institute for pregnant women and women with dependent children may take place on-site at the Park City or if more acute care is needed, at the Salt Lake City facility. Huntsman Mental Health clinicians work closely with the Utah Division of Child and Family Services (DCFS), the Juvenile Court, and community partners such as Peace House and the Children's Justice Center to support at-risk youth and their mothers. Clinicians participate in a System of Care model that identifies and provides services to dysfunctional family systems and seeks to meet treatment needs by connecting and coordinating family involvement with rehabilitation goals.

Huntsman Mental Health Institute provides medication management and individual therapy for patients in maternal, early childhood, youth, and adolescent settings. If the treatment team at Huntsman Mental Health Institute determines, based on the referral type, treatment needs, and patient acuity, that the child requires inpatient care, the case manager will coordinate treatment and transfer the child to the Huntsman Mental Health Institute facility in Salt Lake City.

Substance Use - Adults

Families involved with the Utah Division of Child and Family Services (DCFS) may have children in state custody or are at risk of losing custody. For women in residential treatment and other extenuating circumstances, contracted clinicians work with Utah Division of Child and Family Services (DCFS) caseworkers to support and facilitate visitation schedules. The Huntsman Mental Health Institute clinical team stays connected to the Utah Division of Child and Family Services (DCFS) to develop relationships and communication about families in services and works closely with treatment courts to facilitate case information and services for women and children in this process.

Patients of all ages can present for immediate help in one of our two Receiving Centers. All service areas have a medical director overseeing care who is board-certified to treat the specific populations served. Huntsman Mental Health's outpatient clinics are Det Norske Veritas. Det Norske Veritas (DNV) accreditation is awarded to psychiatric and behavioral hospitals that meet high-quality and safety standards set by DNV Healthcare. This accreditation, based on NIAHO® standards and ISO 9001 quality management, verifies compliance with the Center for Medicare and Medicaid conditions of participation, focusing on patient rights, clinical care, and risk-based, continuous improvement.

Note: Transportation services are not provided by Huntsman Mental Health Institute due to the free transit system available in both Summit and Wasatch counties, including point to point (micro) service through High Valley Transit.

<https://www.hvtutah.gov/ride-micro>

Outcomes Framework:

Focusing on the specialized clinical framework for pregnant women and mothers, client-centered outcome measures track success across immediate access, family stability, and recovery as follows:

Substance Use - Adults

- **Priority Access and Engagement Velocity:**
 - o Client is able to access care within forty-eight hours of initial contact with Huntsman Mental Health Institute, minimizing the risk of prenatal exposure or family crisis.

- **Family Preservation and Custody Milestone Achievement:**
 - o The client's ability to demonstrate they are meeting specific rehabilitation goals and visitation schedules as outlined in their treatment plan, leading to a reduction in state custody or the successful closure of Department of Child Protective Services (DCFS) cases. A measurable increase in "safe-at-home" days for dependent children or the successful completion of all court-mandated treatment requirements

- **Integrated Dyadic Functional Improvement:**
 - o Both the mother and the child receiving care can show simultaneous improvement on standardized clinical assessments (e.g., improved maternal mental health scores paired with reduced behavioral symptoms or improved developmental markers in the child).

Parents and Children's Residential Treatment (Service Code: WTX). (Directives)

Will the LA provide Parents and Children's Residential Treatment directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Not receiving WTX funds

LAs receiving these funds must ensure they meet the requirements of the SUMH Directives for WTX services and data collection, including a three year application and a budget by March 27th. Contact Becky King ([Rebecca King \(DHHS\)](#)) for more information.

Children with Parents in Residential Treatment Services (Service Code: CFT) (Directives)

Will the LA provide Children with Parents in Residential Treatment Services directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Not receiving CFT funds

Substance Use - Adults

Check the boxes for all the services for Children with Parents in Residential Treatment that are available.

Therapeutic Day Care- which provides developmentally focused care for young children whose parent is in treatment, offering support, early learning, and a safe, nurturing environment.

Case Management & Transportation - for behavioral and physical health services.

Ongoing Assessment- covers development, health, interactions, and overall functioning.

Residential Therapeutic Services- supports children in care with a goal of reunification.

Service Delivery Framework:

NA

Outcomes Framework:

NA

Persons who Inject Drugs - SAMHSA Priority Population (Contract 5.1 a, 5.2 e)

Describe how the LA identifies and ensures that persons who inject drugs are prioritized for admission in accordance with federal requirements (within 14 days from request of admission or 120 days after the request is made if there is no program capacity and interim services are provided until treatment becomes available)?

As with all priority populations, individuals who identify a need for substance use disorder treatment are asked about their usage. Should an individual identify that they utilize injectables for their substance use, they are prioritized for care.

Communicable Disease Testing, Education and Resources (TB) - SAMHSA Priority Population (Contract 4.2f)

Check the boxes of services that are provided for individuals who maybe or are infected by mycobacteria tuberculosis (TB)?

Screening and testing.

Who is responsible for providing screening and testing for TB

Individuals who are identified by Huntsman Mental Health Institute as needing testing for tuberculosis (TB) are referred to the Summit County Health Department for testing, and if needed, reporting to the Utah Department of Health and Human Services, as outlined in the

Substance Use - Adults

state's Disease Plan (https://epi.utah.gov/wp-content/uploads/TB-Disease-Plan-Updated_04_22.pdf).

Education services.

Who is responsible for providing education for TB

Education in relation to tuberculosis (TB) falls to the Summit County Health Department Clinical Nursing team. Individuals suspected of being infected are walked through the testing and isolation process. Individuals are instructed to isolate until the test results are available, typically within one to two weeks. If the test is positive, additional instruction and resources are provided for continued isolation, generally taking six months. Additionally, the Health Department Clinical Nursing Team coordinates with the individual's primary care physician for follow-up and ongoing treatment.

Counseling services.

Who is responsible for providing counseling in respect to TB

If members of the Health Department's Clinical Nursing team determine that the individual is exhibiting signs of mental health concerns, they will notify the Behavioral Health Director, who will coordinate a referral to Huntsman Mental Health Institute for outreach through telehealth services.

Referral for medical evaluation and treatment.

Technical Assistance - Adult SUD

Is technical assistance requested for any components of the Adult Substance Use programming or requirements section?

Yes

No, not at this time.

Please name sections requested and provide description of requested TA.

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Substance Use - Youth

The following sections are the Substance Use Youth services requirement from both the LA contract and the SUMH Office Directives.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Early Intervention

Will the LA provide Early Interventions directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

Huntsman Mental Health Institute offers standard youth outpatient services along with teen-focused substance use disorder (SUD) groups. Therapy is also available through school-based services provided by University of Utah Technology in Training, Education, and Consultation (U-TTEC) school-based clinicians. Youth placement for treatment is determined by the American Society of Addiction Medicine (ASAM) levels of care following the same process as outlined above. For court-mandated youth Substance Use Disorder (SUD) assessment and urine drug testing, Huntsman Mental Health Institute supports assessments and provides or refers treatment within the University of Utah Health Network. The following are utilized to determine treatment needs for youth:

- **The Substance Abuse Subtle Screening Inventory (SASSI):**
 - o A highly accurate (approx. 92% for SASSI-4) screening tool designed to detect substance use disorders (SUD) by identifying high or low probability, even when individuals are unwilling or unable to acknowledge their substance misuse. It is used in clinical, legal, and social service settings for adults (SASSI-4) and adolescents (SASSI-A3).

- **University of Rhode Island Change Assessment (URICA):**
 - o A 24- or 32-item self-report questionnaire designed to measure an individual's readiness to change problem behaviors. It assesses four stages of change—precontemplation, contemplation, action, and maintenance—for various addictive or healthy behaviors.

Substance Use - Youth

- **Adverse Childhood Experience (ACE):**

- o A 10-question tool, often called the ACE Quiz or ACE Questionnaire, which measures exposure to childhood abuse, neglect, and household dysfunction before age 18. It calculates a trauma dose score, where higher scores correlate with increased risks of chronic health problems, behavioral challenges, and low life expectancy in adulthood due to toxic stress

Clinicians also evaluate for co-occurring mental health disorders. Treatment is provided based on individual and developmentally appropriate needs. Families are encouraged to participate in treatment. Huntsman Mental Health Institute clinicians are trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and trauma-informed care. Clients may participate in mental health therapy groups and can be referred for medication management. Recovery support services, through case managers, have been implemented in youth substance abuse, with a significant focus on outreach to both engage clients in treatment and retain them once they are in. Clinicians are trained in motivational interviewing to engage clients, and motivational incentives are used to retain clients. When needed, direct outreach is used to contact clients who have disengaged and may include the sending of the Mobile Crisis Outreach Team to perform a welfare check. Adolescent clients are involved in developing their treatment plans. Youth are referred to day treatment and residential programs through contracted clinicians such as Odyssey House, Huntsman Mental Health Institute, TeenScope, and other programs. Program evaluation is done quarterly using Treatment Episode Data Sets (TEDS) collected at admission vs discharge. Point-in-time evaluations are completed annually via the Mental Health Statistics Improvement Program (MHSIP) Assessment.

Outcomes Framework:

Utilizing screening tools identified above and evidence-based practices, the youth treatment outcome measures are as follows:

Substance Use - Youth

- **Motivational Progression and Readiness to Change:**
 - o Utilizing the University of Rhode Island Change Assessment (URICA) and Motivational Interviewing, a client is able to demonstrate successful progress with at least one full stage of change (e.g., from Precontemplation to Contemplation, or Contemplation to Action) during a treatment
- **Treatment Retention and Outreach Efficacy:**
 - o The rate of "Successful Completion" as documented in the Treatment Episode Data Sets (TEDS), comparing admission status to discharge status for youth at a high risk for disengagement. This measure evaluates the effectiveness of direct outreach and case management in preventing premature dropouts.
- **Trauma-Informed Symptom Reduction:**
 - o Utilizing the Adverse Childhood Experience (ACE), or similar tool administered to the youths, demonstrates a measurable reduction of behavioral challenges stemming from toxic stress.
- **Educational and Social Functional Stability:**
 - o Through Training, Education, and Consultation (U-TTEC), school-based clinicians' success is measured by how well the youth function in their natural environment. Improvement in social and educational functioning as measured by the annual Mental Health Statistics Improvement Program (MHSIP) Assessment.

Residential Care and Services (ASAM III.7, III.5, III.3, III.1) (Contract 5.2 b)

Will the LA provide Residential Care and Services - Youth directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Referral (non contracted provider and service is unfunded, but referrals provided)

What level of Residential Care service are funded by the LA?

ASAM III.7 Medically Monitored Intensive Inpatient Services

ASAM III.5 Clinically Managed High-Intensity Residential Services

ASAM III.3 Clinically Managed Population-specific High-Intensity Residential

ASAM III.1 Clinically Managed Low-Intensity Residential

None of these levels of care are available.

Substance Use - Youth

If not available, what are the plans to develop and provide this level of care?

Service Delivery Framework:

Currently, Huntsman Mental Health Institute does not provide residential services at these levels for youth with a non-co-occurring substance use disorder diagnosis. Youth who have an accompanying mental health diagnosis are able to receive residential treatment through Huntsman Mental Health Institute's Youth Residential Treatment program (<https://healthcare.utah.edu/hmhi/treatments/youth-residential-treatment>)

For youth determined by their Huntsman Mental Health Institute treatment team to require residential care at these American Society of Addiction Medicine (ASAM) levels, the case manager works with the Behavioral Health Director to identify a suitable intensive inpatient or residential treatment facility for the client, at which point the Behavioral Health Director enters into a single-case agreement for the client's admissions and treatment. Services typically provided at a residential treatment facility consist of an intake evaluation, treatment planning, individual and group therapy, skills development, case management, recovery support services, social detoxification, smoking cessation, and, when indicated, medication management and Medication Assisted Treatment (MAT). Clients receive assistance in transitioning to lower levels of care as indicated by the American Society of Addiction Medicine (ASAM) placement tool.

While in residential treatment, the assigned case managers at Huntsman Mental Health Institute remain in regular contact with the facility to track the client's progress. Prior to the conclusion of treatment, the case manager will coordinate with treatment staff at the facility to arrange aftercare at Huntsman Mental Health Institute.

Facilities utilized for these services include:

- **Oasis Ascent:**
 - o <https://oasisascent.com/>
 - o Located in Provo

- **Newport Academy:**
 - o <https://houseofhopeut.org/>
 - o Located in Oakley.

Substance Use - Youth

Should there not be space in one of these residential facilities, the Behavioral Health Director will work with the case manager and Huntsman Mental Health Institute's Clinical Director to identify a new facility deemed to meet an individual's treatment needs.

Outcomes Framework:

Since ASAM Levels III.7, III.5, III.3, and III.1 represent high-intensity residential and inpatient services, the focus of these outcomes is on acute stabilization, skill acquisition, and the critical transition back to outpatient treatment at Huntsman Mental Health Institute. Through regular contact between the Huntsman Mental Health Institute case manager during treatment, they are able to track clinical improvements of the client in preparation to returning to outpatient treatment at Huntsman Mental Health Institute. Key outcomes for this level of care are: clinical stabilization, continuity of care into outpatient treatment at Huntsman Mental Health Institute, and symptom management as outlined in the client's treatment plan.

Intensive Outpatient (ASAM II.5 or II.1) (Contract 5.2 b)

Will the LA provide Intensive Outpatient Services directly or through a contracted provider?
Directly

Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

Youth requiring American Society of Addiction Medicine (ASAM) II.1 outpatient services can receive school-based treatment through University of Utah Technology in Training, Education, and Consultation (U-TTEC) clinicians and Huntsman Mental Health Institute staff. Youth requiring American Society of Addiction Medicine (ASAM) 2.5 day treatment services are provided access to the following Huntsman Mental Health Institute programs:

- **Kidstar, Ages 5 – 12:**
 - o An intensive, daytime mental health treatment program (partial hospitalization) for children with severe emotional or behavioral challenges, providing 7 hours of daily, structured care (5 days a week) as a step-down from inpatient care or an alternative to hospitalization, typically lasting four to six weeks. Youth receive care through a

Substance Use - Youth

multidisciplinary team of psychiatrists, psychologists, social workers, and education specialists that provides therapy and, in some cases, clarifies diagnoses.

- **Teenscope, Ages 12 – 18:**
 - o An intensive, structured day treatment program for teens facing chemical dependency and addiction, Teenscope provides on-site education, allowing patients (grades 7-12) to stay caught up on schoolwork and earn credit towards graduation. The program operates Monday-Friday (approx. 8 a.m.–4 p.m.), providing individual/family therapy, psychiatric evaluation, and an accredited educational program

Huntsman Mental Health Institute Youth Day Treatment Programs:

<https://healthcare.utah.edu/hmhi/treatments/day-treatment>

Outcomes Framework:

Based on the clinical profiles for Kidstar (Level II.5), Teenscope (Level II.5), and U-TTEC school-based services (Level 2.1), here are four key client-centered outcome measures for youth at these levels of care.

- **Academic Continuity and Credit Attainment:**
 - o Since both Kidstar and Teenscope integrate on-site education and U-TTEC operates within schools, the primary non-clinical outcome is the youth's ability to maintain their educational trajectory while in intensive treatment.
- **Level-of-Care Transition and Step-Down Success:**
 - o ASAM 2.5 is designed as a step-down from inpatient care or an alternative to hospitalization. Success is measured by the client's ability to stabilize without escalating back to a 24-hour facility.
- **Family System Stability and Communication:**
 - o Because both day treatment programs emphasize family therapy and Kidstar addresses severe emotional/behavioral challenges, the stability of the home environment is a critical measure of the program's long-term efficacy, assessed by improvement in family functioning scores, utilizing the standardized Family Assessment Device between admission and discharge.

Substance Use - Youth

- The Family Assessment Device is a 53–60 item self-report questionnaire based on the McMaster Model of Family Functioning (MMFF), designed to measure structural, transactional, and organizational characteristics of families.
- **Behavioral Regulation and Symptom Stabilization:**
 - Kidstar and Teenscope focus on intensive, 7-to-8-hour daily structured care to address severe behaviors and chemical dependency. This measure tracks the clinical "normalization" of the youth's behavior. Success towards outcomes is measured through a reduction in the frequency and intensity of targeted behaviors (e.g., substance cravings, aggressive outbursts, or self-harming ideation) as recorded in daily multidisciplinary notes.

Outpatient Care and Services (ASAM I) (Contract 5.2 b)

Will the LA provide Outpatient Care and Services directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

Youth outpatient services at American Society of Addiction Medicine (ASAM) level I are offered through Huntsman Mental Health Institute for inpatient coordination and outpatient treatment. These services are supported by Utah Technology in Training, Education, and Consultation (U-TTEC) school-based clinicians, which operate as the primary Tier 1 and Tier 2 school-based provider upon appropriate step-down is determined by the client's treatment team at Huntsman Mental Health Institute.

As with adults, Standard Outpatient services are provided via the American Society of Addiction Medicine (ASAM) 1.0 criteria, through the following at Huntsman Mental Health Institute:

- Individual Therapy,
- Case Management,
- Recovery Support Services,
- Urine Drug Screening, and
- Medication Management.

Substance Use - Youth

Services are determined through assessment and screening with individualized treatment recommendations/plans. Services are provided to youth who seek treatment and those referred for treatment by the judicial system or Utah Technology in Training, Education, and Consultation (U-TTEC) school-based clinicians. The American Society of Addiction Medicine (ASAM) placement criteria are utilized to determine the appropriate treatment level for the individual. Other groups available include:

- Process Groups,
- Psychoeducation,
- Moral Reconciliation Therapy (MRT),
- Family Interventions,
- Gender-specific Treatment, and
- Skills-based Groups.

Outcomes Framework:

Huntsman Mental Health Institute offers youth outpatient services along with teen-focused substance use disorder (SUD) groups in accordance with American Society of Addiction Medicine (ASAM) level I criteria. Outpatient youth care is also available through school-based services provided by the University of Utah Technology in Training, Education, and Consultation (U-TTEC) school-based clinicians. Outcomes for American Society of Addiction Medicine (ASAM) level I for youth are measured as follows:

- **Academic and School-Based Functional Stability:**
 - o The client either maintains or improves their school attendance and decreases behavioral referrals while receiving outpatient services. Success is measured by the client's ability to remain in school and avoid disciplinary actions (suspensions/expulsions) that often correlate with substance use.
- **Cognitive Behavioral Maturation:**
 - o The rate of successful progression through the defined stages of moral reconciliation as outlined in the Moral Reconciliation Therapy curriculum. For youth, moving from "Pleasure/Pain" reasoning to "Social Rules" or "Universal Principles" reasoning is a direct indicator of readiness for long-term remission.

Substance Use - Youth

- **Sustained Biological Stability and Treatment Adherence:**

- o The percentage of scheduled drug screenings that are negative for illicit substances and/or show appropriate levels of prescribed therapeutic medications.

For youth referred to treatment from the justice system, the following additional outcomes are applied:

- **Legal Mandate Compliance and Engagement:**

- o For youth referred by the judicial system, the primary measure of success is fulfilling the requirements of their court order while maintaining a high level of clinical engagement.

- **Legal Stability and Recidivism Prevention:**

- o The client remains free of new criminal charges or technical probation violations (e.g., curfew violations or unauthorized travel) during their enrollment in treatment.

Access and Quality of Youth Treatment Services

What plans does the LA have to coordinate, support and increase access and quality care for youth services?

Due to the small population of Summit County, coordination among the Behavioral Health Division, Huntsman Mental Health Institute, Utah Technology in Training, Education, and Consultation (U-TTEC), law enforcement, the county attorney, and the courts is readily accessible at this time. Through regular meetings and communications, a unified approach to addressing youth behavioral health concerns related to justice involvement or other referred behaviors was easily maintained.

Technical Support - Youth SUD

Is technical assistance requested for any components of the Youth Substance Use programming or requirements section?

Yes

No, not at this time.

Please name sections requested and provide description of requested TA

Substance Use - Youth

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Substance Use - Quality Improvement

The following sections are the Quality Improvement requirement from both the LA contract and the SUMH Office Directives.

Drug Testing (Directives)

Will the LA provide Drug Testing directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

AverHealth: <https://averhealth.com/>

When was the last time your Drug Testing policy was updated?

2026

What is the LA process to ensure that all Drug Testing done directly or via a contract, follows SAMHSA recommended guidelines and the requirements as outlined in the SUMH Directives in the Quality Improvement section for Drug Testing Requirements?

Averhealth, the provider for all urine analysis (UAs) and drug testing for Huntsman Mental Health Institute. Beyond maintaining procedures for evidence continuity for Utah Courts. Averhealth currently holds the following national certifications and accreditations:

- **College of American Pathologists - Forensic Drug Testing (CAP-FDT) Certification:**
 - o Labs that receive this certification must first be an accredited laboratory with the Substance Abuse and Mental Health Services Administration (SAMHSA), and have annual, on-site inspections to assess compliance with program requirements. Certification includes a laboratory's ability to perform screenings, confirmatory testing on various specimen types: urine, oral fluid, hair, nail, meconium, umbilical cord, and whole blood using waived and non-waived methods for forensic and/or clinical testing.

Substance Use - Quality Improvement

- **Clinical Laboratory Improvement Amendments Certification (CLIA):**

- o Administered by the Centers for Medicare and Medicaid Services, **the Clinical Laboratory Improvement Amendments Certification** ensures accuracy and quality in human sample testing, yielding high-quality, accurate, and reliable lab results and preventing errors.

Copies of these certifications are maintained by Huntsman Mental Health Institute for review by the Behavioral Health Division during the annual audit.

Outreach to Individuals Who are Using Alcohol and Other Drugs- Overdose Prevention and Education (Contract 5.3.4)

What is the process used to ensure staff are educated in the identification of overdoses and how to administer naloxone?

Huntsman Mental Health Institute staff are trained regularly during a staff meeting on how to identify an overdose and administer naloxone.

Does the LA maintain naloxone in each facility?

Yes

What is the process in providing naloxone kits, education and training to individuals with Opioid Use disorder and their family and friends regarding overdose prevention?

The Summit County Health Department provides distribution and training for any agency, school, business, or individuals wishing to receive free Naloxone kits.

Policy Review (Directives)

What is your process for the development and review of agency policies?

Policies are developed in coordination with Office of Substance Use and Mental Health requirements and best practices when available. Plans are drafted by the Behavioral Health Director and submitted to the Behavioral Health Executive Council (see Governance and Oversight section for council makeup and role) for review and consideration. Once the Behavioral Health Executive Council has finalized its review of the policy, it will vote to implement the policy. Once accepted, the new policy will be incorporated into the annual Area Plan presentation to the

Substance Use - Quality Improvement

Summit County Council for final ratification, specifically applied to Local Authority operations, and will not supersede any existing County policies.

How often are policies reviewed and updated?

As directed by the Office of Substance Use and Mental Health.

Technical Assistance- Quality Improvement

Is technical assistance requested for any components of the Quality Improvement section?

Yes

No, not at this time.

Please name sections requested and provide description of requested TA

COMBINED MENTAL HEALTH AND SUBSTANCE USE SECTIONS

Mental Health and Substance Use Services

The following section stems from both the LA contract and the FY27 SUMH Office Directives that require a LA response. Each LA must complete with an overview of how components of the directives will be implemented in their catchment area.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Integrated Care Programming (Contract 2.4, 5 & Directives)

Will the LA implement Integrated Care Programming directly or through a contracted/partnership provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

University or Utah Health System: <https://healthcare.utah.edu/>

Service Delivery Framework: *Please also include how the LA will cooperate with efforts to promote integrated programming that address individuals' mental health, substance use, and physical health needs. This must include, but is not limited to, the wellness education of all ages for obesity, HIV, TB, Hep-C, diabetes, pregnancy, and dental.*

Adult

The Huntsman Mental Health Institute is a network provider for University of Utah Health Plans (Healthy U. Behavioral), an Accountable Care Organization (ACO), and part of University Health. As such, the Huntsman Mental Health Institute is able to coordinate physical healthcare for clients. When a client is receiving both behavioral healthcare and physical healthcare through either Healthy U. Behavioral (for Medicaid-funded clients) or the University Health system, they are assigned a care manager, who works with their physical healthcare team and their assigned case manager at Huntsman Mental Health Institute to prevent redundancy or holes in care. For non-complicated or specialist required care, clients are seen at the University Health Redstone Clinic in Kimball Junction. Should a client have a primary healthcare provider outside the University system, the case manager, upon the client's signed release of information, will work with the primary care provider to ensure a pathway for information sharing related to either form of treatment is maintained.

The Huntsman Mental Health Institute clinic offers engagement in programs like Fit to Recover (recovery-based wellness), trauma-informed yoga through PC Yoga Collective and Tall Mountain Wellness, care management services through the University of Utah Health network, and case management and Psycho-Social Support services used to consistently assess client needs over the course of their engagement in treatment. Information related to HIV, tuberculosis, hepatitis C, diabetes, pregnancy, and dental care is available at Huntsman Mental Health Institute and through the Summit County Health Department or one of the community non-profits operating in Summit County.

Adaptations for YOUTH programming

Release of information forms for youth under the age of 18 must be signed by either the child's parents or guardians. Additionally, Fit for Recovery is limited to individuals over the age of 18.

Outcomes Framework: *Please also outline the screening tools and assessments for physical health and social determinants, and physical health documentation.*

Adult:

Integration of care is central to the goals of both University of Utah Health Plans (Healthy U. Behavioral) and University Health and is a core tenet of their treatment philosophy. Huntsman Mental Health Institute works closely with the client's care management team when a comorbid condition is identified that would benefit from physical healthcare in addition to behavioral healthcare.

Adaptations for YOUTH programming

Decisions related to either behavioral healthcare or physical healthcare for youth under the age of 18 is determined and approved by either the child's parents or guardians.

Evidence-Based Practice Tracking

Please review and update the SUMH provided list of clinical evidence-based practices and assessments to include practices and assessments across the lifespan and service continuum.

[FY27 LA EBP Matrix](#)

Telehealth (Contract 2.5)

Does the LA provide Telehealth services?

Yes, directly - LA agency staff provide therapeutic services to clients directly

Yes, via contracted provider is utilizing telehealth services

Not not at this time, but we would be interested

No

What Telehealth platform does the LA utilize for telehealth services?

The EPIC system has robust, fully integrated telehealth capabilities, allowing providers to conduct virtual visits directly through Epic Hyperspace, Haiku/Canto (mobile), or integrated third-party platforms like Microsoft Teams. Patients can join these video visits seamlessly through the MyChart patient portal on desktop or mobile devices without needing extra software.

If applicable, list services are available through telehealth. Please include mental health and substance use treatment services in this response.

All outpatient services outlined in this Area Plan are available through telehealth. Additionally, telehealth services can be provided in a variety of languages, including Spanish.

Translation Services

Does the LA have a provider(s) that utilize languages in addition to English, including ASL, in services.

Yes

No, not at this time

Does the LA have a policy and process for utilizing **translation services** to meet the communication needs of clients who receive services and those who seek services with the LA?

Yes

No, not at this time

Smoking Cessation (Directives)

Does the LA implement Smoking Cessation best practices as outlined in the SUMH Office Directives?

Yes

No, not at this time

Will the LA provide tobacco-free classes directly, a contracted provider or in collaboration with a health organization?

Directly

Health Organization (Health Department or other clinic)

Contracted provider (Please include a list or a link of contracted provider)

Smoking cessation programs are provided through the Summit County Health Department and the National Jewish Health online programs to offer smoking cessation groups. Services are determined through assessment and screening with individualized treatment plans.

Does the LA maintain a nicotine free environment?

Yes

No, not at this time

If deemed applicable, please add additional information about the LAs smoking cessation or nicotine free environment.

Individuals who wish to stop using tobacco products are referred to the National Jewish Health Quitline for one-on-one coaching, support services, and nicotine replacement therapy, or the Summit County

Health Promotions Team at the Health Department, which also provides tobacco cessation classes, open to the public every 12 weeks.

Community Assessment

Describe how the LA assesses service continuum access for the community they serve. This must include: population demographics (both in services and in LA catchment), location of provided services, and a plan for improving access to care for Medicaid members, unfunded, underfunded individuals not currently receiving services.

Since 2016, Summit County conducted a community survey to determine the overall state of behavioral health in the county. Administered every other year through a partnership with the Katz Amsterdam Foundation and Park City Community Foundation, the Behavioral Health Division and Mental Wellness Alliance utilize the data collected in updating the Summit County Mental Wellness Strategic Plan and to identify areas of concern for the residents in relation to services, access, needs, and improvements made to the behavioral healthcare system in Summit County.

The Community Engagement & Behavioral Health Survey is administered by PRC, a healthcare-focused research company. Administered through both an open community link and a scientific sample of residents, based on zip code, age, race, ethnicity, orientation, and socioeconomic groupings via phone interviews. Response percentages of each sampling is based on the most current US Census.

The Behavioral Health Division participates with 11 other Katz Amsterdam cohort members in administering this survey to compare results with similar resort communities and identify shared trends and concerns.

The results of this survey are used as a primary tool for the two-year update to the Summit County Mental Wellness Strategic plan, along with stakeholder focus groups and public open houses (held in English and Spanish in both eastern and western Summit County) to provide feedback on proposed updates.

The survey was last administered in the winter of 2025, with results made available in April of 2026.

Collaboration and partnerships

Describe the collaboration efforts the LA will be doing over the next 1-3 years in order to increase client engagement and outcomes and community partnerships (i.e, Hospital, FQHCs, Receiving Centers, Health Department, Clinics, State, City and County agencies, community partners, committees, other, etc).

Since 2018, the Behavioral Health Division has operated a community-based coalition known as the Mental Wellness Alliance. Comprising key community behavioral health stakeholders and members of the public, the Mental Wellness Alliance serves as the primary community organization for behavioral healthcare in Summit County.

Purpose of the Mental Wellness Alliance:

The Alliance is a collaborative, community-driven coalition established to improve mental health and wellness outcomes across Summit County through coordination, shared strategy, and collective action. The Alliance exists to create & execute a strategic plan that addresses Summit County's needs, while fostering a safe, supportive, and collaborative place for care. By creating access, building navigation supports, and fostering connection, the Alliance helps kids grow up resilient, empowers adults to recover and thrive, and provides pathways for people at their highest points of crisis to return to wellness. Our purpose is to ensure every individual in Summit County can find care, feel supported, and live with dignity.

Mission of the Mental Wellness Alliance:

To unite and empower community stakeholders to collectively enhance mental wellness by improving access to services, reducing stigma, strengthening local capacity, and fostering a culture of collaboration and shared accountability across Summit County.

Member Organizations:

- Summit County Council,
- Park City Council,
- Summit County Attorney's Office,
- Summit County Sheriff's Office,
- Park City Police Department,
- Summit County District and Justice Court,
- Park City Transportation,
- High Valley Transit,
- Summit County Library,
- Park City Library,
- Basin Recreation,
- Park City School District,
- South Summit School District,
- North Summit School District,
- Winter Sports School, and

- Weilenmann School of Discovery.
- Holy Cross Ministries,
- Jewish Family Services,
- Christien Center Park City,
- People's Health Clinic,
- Peace House,
- Intermountain Health,
- Huntsman Mental Health Institute & Foundation,
- University of Utah College of Psychiatry,
- Park City Community Foundation,
- Summit Community Gardens & EATS,
- Summit County Recovery Foundation,
- Mountain Mediation,
- Park City Education Foundation,
- Summit County Clubhouse,
- National Ability Center,
- Big Brothers Big Sisters of Utah,
- Bridge 21 Park City,
- Wasatch Immigration Project,
- Live Like Sam Foundation,
- Park City Film, and
- Park City Senior Center.

Along with the Behavioral Health Division, the Mental Wellness Alliance helps in both the annual updating of and implementation of the Summit County Mental Wellness Strategic Plan, a community document which guides the initiatives and objectives for behavioral healthcare in Summit County. Each updates plan is presented to the Summit County Council for review and ratification as an official community document and is used to guide the work of both the Alliance and the Behavioral Health Division (along with key partners) for the next two years.

Additionally, the Behavioral Health Division and Huntsman Mental Health Institute participate in the following community partnership groups:

- Behavioral Health Latino Advisory Committee,
- Community Prevention Coalition,
- Criminal Justice Coordinating Council (CJCC),

- Recovery Court Program,
- Justice Reinvestment Committee,
- Pre-Trial Diversion Committee,
- Children’s Justice Center,
- Park City School District Partnership Committee,
- Summit County Mental Wellness Fund,
- Katz Amsterdam Behavioral Health Cohort for Ski Communities,
- Mental Health Awareness Month Planning Committee.

Mental Health and Substance Use - Justice Services

The following sections are the Mental Health and Substance Use Justice Services requirement from the Code and SUMH Office Directives. Each LA must complete with an overview of how each service will be implemented in their catchment.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Justice Involved Individuals (including JRI funds) (Mandated Services, Directives)

For Justice-Involved Individuals, please describe:

Service Delivery Framework: Please also include what criminogenic screening tools are utilized and do you include criminogenic risk goals in the client treatment plans?

Justice Involved, Non-Incarcerated Mental Health Services:

Mental Health Justice Involved Services (MHJRI) are coordinated by the Behavioral Health Director, with services provided by Huntsman Mental Health Institute. Individuals who qualify for Justice Involved Services outside of incarceration are referred for assessment by either court order, request from their defense attorney, the Summit County Attorney’s Office, or the Utah Department of Corrections Adult Probation & Parole (AP&P). Typically, these services are requested post-trial but are available to individuals engaging in pre-trial activities. Depending on the results of the mental health assessment, clients may be referred to outpatient treatment, inpatient care, medication management, or case management. All justice involved individuals are additionally assessed utilizing the following:

- **Columbia Suicide Severity Rating Scale (CSSR-S):**
 - o An evidence-based tool used to screen and assess suicide risk. It consists of a series of questions that evaluate the presence, intensity, and severity of suicidal ideation and behaviors. The scale is used to identify individuals who need help and to determine the appropriate level of care.

- **Stanley Brown Safety Plan:**
 - o An evidence-based, six-step collaborative tool designed to help individuals manage suicidal crises. It is a written, prioritized list of coping strategies and support resources used to reduce acute suicide risk by helping individuals recognize warning signs and act.

Justice Involved, Incarcerated Mental Health Services:

Mental Health Services for inmates who are either sentenced or pending their hearing are provided in the Summit County Jail by Huntsman Mental Health Institute. Through weekly consultations by Huntsman Mental Health Institute with jail staff, inmates have access to weekly consultations with a psychiatrist, behavioral health evaluations, appointments with a social worker, groups, Peer Support Services, and active case management during incarceration with the goal of lowering the risk of recidivism and providing for successful reintegration into the community.

For the most acute cases that require 24/7 monitoring and treatment, and separation from the general jail population, inmates are transferred to the Davis County Jail until they are stabilized or require transportation back to Summit County for a hearing.

Inmates in need of mental health services are assessed by Huntsman Mental Health Institute staff while incarcerated at the request of Summit County Jail staff, courts, and representing attorneys. Clinical staff from Huntsman Mental Health Institute see inmates either in person or via tele-health to perform an initial assessment. Based on the assessment results, Huntsman Mental Health Institute clinical staff, along with psychiatric staff, develop treatment recommendations and report them to the courts and referral sources. Treatment is provided in the Summit County Jail for mental health services by clinicians who provide both individual therapy and group treatment. Additional behavioral management classes are also available. Based on the treatment recommendations, inmates may be moved to inpatient or outpatient treatment through a court order.

Inmates who are transitioning from care while incarcerated are transferred into treatment programs, either through Huntsman Mental Health Institute or referred to inpatient care at an appropriate facility. Upon transitioning from incarceration, inmates become clients and are engaged throughout the post-release assessment, treatment planning, goal setting, and the use of supports such as Peer Support Specialists, case management services, and community non-profits. Coordination for the transition is handled jointly by Huntsman Mental Health Institute staff and a Summit County case manager to ensure the individual is set up with appointments and other needs for a successful transition into the general population. When appropriate, the Summit County Probation Department coordinates with the clinical team at the Huntsman Mental Health Institute.

Success of transitioning into the public is determined through regular meetings between the Summit County Sheriff's Office, Huntsman Mental Health Institute, the Behavioral Health Division, Summit County Attorney's Office, public defenders, and the judges of both the district and justice courts to identify individuals and assess the most appropriate steps for transition into probation.

Justice Involved, Non-Incarcerated Substance Use Disorder Services:

Substance Use Disorder Justice Involved Services (SAJRI) are coordinated by the Behavioral Health Director, with services provided by Huntsman Mental Health Institute and Wasatch Crest. Individuals who qualify for Justice Involved Services outside of incarceration are referred for assessment by either court order, request from their defense attorney, the Summit County Attorney's Office, or the Utah Department of Corrections Adult Probation & Parole (AP&P). Typically, these services are requested post-trial but are available to individuals engaging in pre-trial activities. Depending on the results of the mental health assessment, clients may be referred to outpatient treatment, inpatient care, medication management, or case management.

For individuals with a specific substance use disorder need, Huntsman Mental Health Institute additionally administers the Risk and Needs Triage (RANT) Assessment, an assessment tool used to evaluate adult offenders and place them into appropriate treatment or supervision programs by matching individuals to services based on their risk level (low, medium, high) to optimize treatment. The results of the Risk and Needs Triage (RANT) Assessment are easily understood by judges, probation and parole officers, attorneys, and other decision-makers for selecting suitable correctional decisions. The Risk and Needs Triage (RANT) Assessment is administered by the Huntsman Mental Health Institute case managers. This assessment tool is used most

often to identify prospective Summit County Recovery Court Participants (high risk/high need). According to the Risk and Needs Triage (RANT) Assessment, individuals who score high risk/high need are best suited for intensive supervision and clinical services. Those scoring low risk/high need may be best suited for a lower level of criminal justice supervision, but more intensive clinical services. A high-risk/low-need score may require more intensive supervision and less intensive clinical services. A low risk/low need score may be best suited to less intensive supervision and less intensive clinical prevention-based intervention. Risk and Needs Triage (RANT) Assessment risk/need domains measured include the age of onset of criminal activity and substance use, deviant peer affiliations, prior failure in drug/alcohol rehabilitation and diversion programs, prior felony or serious misdemeanors, unstable living arrangements, unemployment, physical addiction to drugs/alcohol, and chronic medical and mental health conditions. Additional assessments utilized for substance use disorder justice involved individuals include:

- **The Substance Abuse Subtle Screening Inventory (SASSI):**

- o A highly accurate (approx. 92% for SASSI-4) screening tool designed to detect substance use disorders (SUD) by identifying high or low probability, even when individuals are unwilling or unable to acknowledge their substance misuse. It is used in clinical, legal, and social service settings for adults (SASSI-4) and adolescents (SASSI-A3).

- **University of Rhode Island Change Assessment (URICA):**

- o A 24- or 32-item self-report questionnaire designed to measure an individual's readiness to change problem behaviors. It assesses four stages of change—precontemplation, contemplation, action, and maintenance—for various addictive or healthy behaviors.

Once the appropriate form of treatment has been identified and a treatment plan and goals developed, justice-involved individuals are able to access all substance use disorder treatments available through both Huntsman Mental Health Institute and Wasatch Crest and are provided at the appropriately identified American Society of Addiction Medicine (ASAM) level. (For the full list of services by American Society of Addiction Medicine (ASAM) level, please refer to the “Substance Use – Adults” sections above in this Area Plan.) The most common services provided by Huntsman Mental Health Institute include case management, skills development, individual, family, and group therapy, psychiatric evaluations, and medication management. Treatment modalities include:

- **Moral Reconciliation Therapy (MRT):**
 - o Moral Reconciliation Therapy (not to be confused with Moral Recognition Therapy) is a cognitive-behavioral treatment that utilizes a 16-step workbook in group settings to change irrational thinking patterns, increase moral reasoning, and improve decision-making. ASAM Level 2.1 is Intensive Outpatient Treatment (IOP), usually offering 9–20 hours of therapy weekly. Moral Reconciliation Therapy is primarily used for individuals with high recidivism or repeat relapses who struggle with accountability or have legal involvement.

- **Cognitive Behavioral Therapy (CBT):**
 - o A structured, goal-oriented form of talk therapy that teaches individuals to manage their diagnosis by changing negative thought patterns and behaviors. It focuses on the present, aiming to provide practical coping skills to manage anxiety, depression, and stress. Cognitive Behavioral Therapy is a short-term treatment involving weekly sessions.

- **Motivational Interviewing:**
 - o A collaborative, goal-oriented communication style designed to strengthen a person's own motivation and commitment to change. It helps individuals explore and resolve ambivalence about behavioral changes in a nonjudgmental, empathetic, and patient-centered manner, rather than using confrontation.

- **Seeking Safety:**
 - o An evidence-based, present-focused counseling model designed to help people stabilize their lives by treating co-occurring Post-Traumatic Stress Disorders (PTSD) and substance abuse. It focuses on coping skills, safety, and grounding techniques rather than processing traumatic memories. It is used in both group and individual therapy.

- **Medically Assisted Treatment (MAT):**
 - o An evidence-based approach that combines FDA-approved medications with counseling and behavioral therapies to treat substance use disorders, primarily opioid and alcohol addiction. It treats the "whole patient" by normalizing brain chemistry, relieving cravings, and blocking euphoric effects, allowing individuals to maintain recovery and reduce overdose risks.

Justice Involved individuals also have access to recovery support services, Peer Support Specialists (PSSs), and case managers who aim to reduce criminal risk factors and recidivism by supporting clients in meaningful recovery engagement. Recovery support services are provided to help clients remove barriers to their recovery by connecting them with individually engaging

recovery activities, vocational support, stable housing search, and accessing possible assistance programs. Recovery support services also focus on keeping clients engaged in recovery through outreach to clients deemed high-risk and follow-up contact with clients who successfully complete treatment.

Individuals who are entering the Summit County Jail are provided with buprenorphine, a prescription medication used to treat opioid addiction by reducing cravings and withdrawal symptoms without producing a strong high. Upon release, inmates are provided with the opportunity to be provided with Vivitrol, a non-addictive, monthly injectable medication used to treat alcohol and opioid dependency by blocking the euphoric effects of these substances in the brain to help prevent relapse when used alongside a comprehensive treatment program, functioning as an opioid antagonist to reduce cravings. Upon release, individuals can continue injections at Huntsman Mental Health Institute. This service is funded by the county's opioid settlement funds.

Additional Justice Involved Items:

Criminal Justice Coordinating Committee:

Currently, the Criminal Justice Coordinating Committee (CJCC) is working on an early diversion program for individuals with a behavioral health diagnosis to direct them to care while keeping them out of the Summit County Jail. A similar program, called 24/7, is in place for justice-involved individuals with a substance use charge.

Behavioral Health and Detox Unit:

The Summit County Sheriff's Office has secured \$2.75 million in federal funding to establish a dedicated behavioral health and detox unit within the Summit County Jail. This funding, secured by Representative Mike Kennedy, aims to address increasing mental health needs, provide Medically Assisted Treatment (MAT), and reduce self-harm risks by creating specialized space for medical and mental health evaluations.

Outcomes Framework:

Based on the justice-involved services provided by the Huntsman Mental Health Institute (HMHI), the following outcome measures are designed to track clinical stabilization, legal compliance, and successful community reintegration.

- **Suicide Risk Mitigation and Crisis Preparedness:**

- Utilizing the Columbia Suicide Severity Rating Scale (CSSR-S) and the Stanley Brown Safety Plan, this measure tracks the stabilization of individuals at high risk for self-harm, demonstrated by a reduction in suicidal ideation intensity (via the Columbia Suicide Severity Rating Scale) and successful completion of a 6-step collaborative Safety Plan.
- **Transitional Continuity of Care:**
 - Transitioning inmates who attend their first post-release behavioral health appointment (Individual Therapy or Medication Management) within 72 hours of release.
- **Acute Stabilization and Reintegration:**
 - The successful transition of acute-care inmates who are stabilized and successfully returned to the general jail population or stepped down to outpatient care without requiring re-hospitalization within 30 days.
- **Pharmacological Stability and Medically Assisted Treatment (MAT) Adherence:**
 - The client maintains Medication Assisted Treatment (MAT) that was either prescribed during outpatient care or implemented during incarceration for 30 days post-release or prescription.
- **Cognitive-Behavioral Maturation (MRT):**
 - Using Moral Reconciliation Therapy (MRT), track a measurable reduction in the client's criminal thinking patterns and improvements in moral reasoning.
 - The client demonstrates measurable improvements in accountability and decision-making, as reported by clinicians and Summit County Probation.
- **Recovery Capital and Social Reintegration:**
 - The client is able to secure stable housing and employment within 60 days of transitioning from incarceration.

Will JRI funding be used to provide services to individuals who are or were incarcerated directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Organized by Jail Facility

Department of Corrections (UDC) (Directives, Mandated Service)

Will the LA provide services to individuals referred or approved by the Department of Corrections directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Huntsman Mental Health Institute

UDC funding can be utilized for Mental Health, Substance Use and/or Recovery Support Services (RSS). Please describe the services the LA intends to provide with the use of these funds. If RSS services will be provided, please indicate this will be covered in the RSS section.

Utah Department of Corrections funding will be utilized for outpatient, intensive outpatient (IOP), medication management, and Urine Analysis (UAs).

Drug Courts (ADC) (Directives)

Will the LA provide services to individuals involved in a Drug Court directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

Huntsman Mental Health Institute

Select the drug court(s) that the LA provides services to:

Family Dependency Court

Youth Specialty Court

Adult Specialty Court

DUI Court

Mental Health Court

Vet Court

Other Courts? Please specify what other courts

Service Delivery Framework: Please also include validated criminogenic screening tools used to screen drug court participants, federally approved Medication Assisted Therapy (MAT) allowed, and any restrictions to MAT. Include plans to remove/reduce barriers.

The 3rd District Adult Felony Recovery Court operates as a coordinated partnership between the Utah 3rd District Court, the County Attorney's Office, the Summit County Sheriff's Office, public defenders, and the Behavioral Health Division.

Eligibility for participation is based upon the individuals having either a felony or a Class A misdemeanor conviction. Additionally, prior to entry into the Recovery Court program, a criminal history assessment and administration of the Risk and Needs Triage (RANT) Assessment upon court order or request from either the Summit County Attorney or the individual's defense attorney, generally in accordance with a plea in abatement. Only individuals who score as both high-need and high-risk on the Risk and Needs Triage (RANT) Assessment are able to participate in the Summit County Recovery Court program. Once the Risk and Needs Triage (RANT) Assessment determines the risk level and qualification for Drug Court, a clinical assessment follows by a Huntsman Mental Health Institute clinician to determine and diagnose a substance use disorder. In order for an individual with a substance use diagnosis to qualify for Recovery Court, they must also be aligned with the following eligibility requirements. Individuals with either a domestic violence offense or a qualifying charge with an accompanying violent offense are disqualified from participation, even if they score high risk, high need. Violent offenders are screened out.

Summit County Recovery Court Eligibility Criteria:

1. Participants must have a conviction in Summit County that qualifies for Recovery Court.
2. Participants must reside in Summit County and must be a legal resident of the United States (unless exempted by Transfer Policy #10). Additionally, with the approval of the Behavioral Health Division, participants in the Summit County Recovery Court who must relocate to Wasatch County due to housing costs may remain in the program.
3. Participants must have a Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnosis of current drug dependence as determined by a clinical assessment.
4. Participants must demonstrate high risk/high needs as determined by a standardized Risk and Needs Triage (RANT) Assessment completed prior to admission into the program.
5. Participants must have a felony charge, plead to a felony, or be on felony probation. The County Attorney's Office will make the determination of whether the defendant receives a "plea in abeyance" or "condition of probation" offer.
6. Participants will be assessed for treatment needs by Huntsman Mental Health Institute, using a standardized assessment/test.
7. Participants cannot be currently on parole.
8. Participants must be willing and able to terminate use of lawfully prescribed controlled substances, prescriptions, and over-the-counter medications that affect the integrity and accuracy of drug screening.

9. The County Attorney, after reviewing the findings of the Huntsman Mental Health Institute treatment team, has final approval for inclusion or acceptance in the Recovery Court program.

Behavioral health treatment services provided by Huntsman Mental Health Institute include:

- Screening and assessment,
- Individual therapy,
- Group Intensive Outpatient Therapy,
- Medically Assisted Treatment (MAT)
- Fit to Recovery
- Recovery Support Services through case management and Peer Support Specialists (PSS),
- Urine drug screening is located at Huntsman Mental Health Institute through the Averhealth forensic lab. Clients call the test line daily and tests are assigned randomly with a unique PIN ID. Results are provided the next day in most cases, and
- Residential treatment programs and detoxification services are arranged through contracted clinicians (Volunteers of America, Huntsman Mental Health Institute, Odyssey House, First Step House, House of Hope, etc..) when indicated. Case managers and Huntsman Mental Health Institute staff work with University of Utah Health Plans to determine funding support and work with participants for eligibility and enrollment in Medicaid and state funds.

Medication-Assisted Treatment (MAT) is available to Recovery Court participants, along with prescriptions and treatment at Huntsman Mental Health Institute prescribers. The Huntsman Mental Health Institute medical staff, consisting of a designated psychiatrist and Advanced Practice Registered Nurse (APRN), prescribes medications directly. Funding is also available to assist in purchasing needed medications. Medications are not distributed at the Huntsman Mental Health Institute, but medications are monitored and assessed on-site. All Recovery Court participants can participate in all forms of FDA-approved Medication Assisted Treatments (MAT), except methadone, which is provided through Project Reality in Salt Lake City, if needed. Urine drug screening occurs onsite through the Averhealth forensic lab, and results are returned the next day in most cases.

Currently, the primary barrier to participation in the Recovery Court Program is a lack of housing in Summit County available to participants. Without the ability for a participant to find affordable housing on the Wasatch Back, several participants have had their cases transferred to Salt Lake 3rd

District Recovery Court as it would not be possible for a participant to make all obligations related to the program from the Wasatch Front.

Outcomes Framework:

For Recovery Court participants, success is measured by a combination of clinical, legal, and social milestones. These outcomes are:

- **Sustained Sobriety and Relapse Prevention:**
 - o The participant maintains a continuous abstinence record, evidenced by a high percentage of negative toxicology screenings over a significant period (usually 90–180 days in the final phases).

- **Legal Stability and Recidivism Reduction:**
 - o The participant avoids any new criminal charges or major technical violations (like absconding or failure to report) for the duration of the program and beyond.

- **Functional Social Reintegration (Recovery Capital):**
 - o The participant secures and maintains stable housing, gains meaningful employment, or enrolls in an educational/vocational program.

- **The Cumulative Success: Graduation:**
 - o While these three outcomes are the pillars, Graduation serves as the capstone achievement. It represents the client's successful navigation of all program phases and their readiness to transition to alumni status, where they often move from being a recipient of services to a mentorship role for others entering the program

When was the last time the specialty court manuals and policies were updated?

2024

Coordinate with the Dept of Corrections to Provide Treatment Services to High-Risk Habitual Offenders

(UCA 64-13-21(8)(a)).

Will the LA coordinate with the Dept of Corrections (DOC) directly or through a contracted provider for Treatment Services to High-Risk Habitual Offenders?

Directly

Contracted provider (list contractor(s) below)

Service Delivery Framework:

All services outlined in this Area Plan are available to Department of Corrections Offenders who qualify as high-risk and habitual offenders in accordance with the Department of Corrections service contract. Department of Corrections clients are coordinated through the Behavioral Health Division, with services provided by Huntsman Mental Health Institute.

Outcomes Framework:

Outcomes are determined by the type of treatment received, as outlined within this Area Plan.

Guilty with a Mental Health Condition (GMC)

Will the LA provide court-ordered evaluations, treatment plans, treatment and supervision for the GMC population?

Yes

No, not at this time

Technical Assistance - Justice Services

Is technical assistance requested for any components of the Justice Services sections?

Yes

No, not at this time.

Please name sections requested and provide description of requested TA

[Empty text box for technical assistance details]

RECOVERY SUPPORTS

Mental Health and Substance Use Recovery Supports

The following section stems from both the LA contract and the FY27 SUMH Office Directives that require a LA response. Each LA must complete with an overview of how components of the directives will be implemented in their catchment.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

Mental Health and Substance Use Recovery Supports

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Recovery Support (non-clinical services) (Contract 8.2 & Directives)

Will the LA provide Recovery Support Services directly or through a contracted provider?

Directly

Contracted provider (Please include a list or a link of contracted provider)

What funding will you be using to support and provide Recovery Support Services? Check box(s)

BJA (BJA)

Drug Court (ADC)

State General (SGF)

JRI (JRI)

Mental Health (MHBG)

Opioid Grant (SOR)

Substance Use Block Grant (SUBG)

Department of Corrections (UDC)

Other- please specify below

County Opioid Settlement Funds

Service Delivery Framework: Please include responses that address adult and youth services. Please also include what the process is for identifying and approving Recovery Support Services to ensure that services are needed and appropriate to eliminate fraud, waste and abuse of funds and that the funding is being used for allowable services based on the funding source?

Recovery Support Services are non-clinical supports to help individuals recovering from substance use disorder(s). Recovery Support Services are provided primarily by Huntsman Mental Health Institute and include opportunities for social support, access to recovery-focused non-profits, and a full range of human services that facilitate long-term recovery. Recovery Support Services are available to current clients, non-treatment-seeking individuals, and post-treatment clients with a referral from a community non-profit or private practice clinician.

Examples of Recovery Support Services, provided by either Huntsman Mental Health Institute or community partners, include:

Mental Health and Substance Use Recovery Supports

- **Fit to Recover:**
 - o A fitness-based community center that helps people in sobriety connect with one another and seek balance in their lives. The program is based on four foundational pillars: Fitness, Nutrition, Community Service, and Creative Arts.
 - o <https://fit2recover.org/>

- **Alcoholics Anonymous:**
 - o A global, voluntary, peer-led fellowship of people with alcohol addiction who share experiences, strength, and hope to achieve sobriety. Alcoholics Anonymous's primary purpose is to help members stay sober through the 12-Step program. It is free, non-denominational, and open to anyone with a desire to confront their addiction.
 - o Meeting schedule can be found here:
<https://www.saltlakeaa.org/meetings/?tsml-region=park-city>

- **Narcotics Anonymous:**
 - o Similar to Alcoholics Anonymous, Narcotics Anonymous is a global, peer-led fellowship of people with a substance use addiction who share experiences, strength, and hope to achieve recovery from addiction. Alcoholics Anonymous's primary purpose is to help members stay sober through the 12-Step program. It is free, non-denominational, and open to anyone with a desire to confront their addiction. Currently, there are no active groups in Summit County, but individuals are able to participate in virtual groups.
 - o Information on virtual group participation can be found here:
<https://na.org/meetingsearch/virtual-meeting-search/>

- **Park City Yoga Collective, Trauma-Informed Yoga:**
 - o A specialized, gentle, body-based practice designed to help survivors of trauma safely reconnect with their bodies, manage stress, and release trapped tension. Unlike traditional yoga, it emphasizes safety, choice, and empowerment, utilizing invitational language rather than strict commands to prevent re-traumatization
 - o <https://www.pcyogacollective.com/tallmountainwellness>

- **Summit County Clubhouse:**
 - o A community-based 501c3 working to end social and financial isolation for people impacted by mental illness and substance use disorders through psychosocial rehabilitation Housing

Mental Health and Substance Use Recovery Supports

- **Summit County Recovery Foundation:**
 - o Developed specially to provide financial support to participants in the Summit County Recovery Court program, the Summit County Recovery Foundation provides support to individuals for the following:
 - Education
 - Child Care
 - Housing
 - Civil Legal Assistance
 - Medication Purchase
 - Other General Support Items (Toiletries, Groceries, etc.)
 - o <https://www.livepcgivepc.org/organization/The-Summit-County-Recovery-Foundation>
- **Huntsman Mental Health Institute, Case Management:**
 - o Case management for Recovery Support Services is provided through Huntsman Mental Health Institute to help with finding housing, employment, access to additional healthcare, and application specific housing scholarships available through the Behavioral Health Division and Park City Community Foundation.
- **Huntsman Mental Health Institute, Psychoeducation:**
 - o Psychoeducation and life skills groups are available through both men and women-specific groups (Prime for Life, Building Resilience, and Seeking Safety). Clients can be linked to educational opportunities at the University of Utah and Salt Lake Community College and can obtain their GED or Adult High School Diploma.
- **Huntsman Mental Health Institute, Peer Support Specialists:**
 - o Peer Support Specialists (PSS) are certified professional who uses their lived experience with mental health, substance use, or trauma recovery to provide support, mentoring, and guidance to others facing similar challenges. These specialists offer hope and practical assistance, helping peers set goals, navigate treatment systems, and build skills for long-term recovery.

Additionally, the Summit County Recovery Court program emphasizes leadership roles in the higher phases of the program. Individuals are mentors to others in the program. Further programming is being developed to enhance alumni support through regular check-ins with a Peer Support Specialist (PSS), up to 90 days post-active treatment.

Mental Health and Substance Use Recovery Supports

Outcomes Framework:

Measuring the success of Recovery Support Services (RSS) requires looking beyond clinical abstinence to the internal and external resources that allow a person to maintain long-term wellness. Based on this, the following Recovery Support Services outcomes are utilized:

- **Growth in Social Capital and Peer Connectivity:**
 - o This outcome measures the transition from isolation to active engagement in a supportive community, and is measured by the client's ability to establish and maintain a non-clinical support network (e.g., mentors, sober friends, or fellowship members).
- **Stabilization of Social Determinants of Health:**
 - o The client's ability to achieve and maintain basic stability in life through intensive case management. Securing safe housing and obtaining meaningful employment or enrollment in a vocational/educational program.
- **Proficiency in Somatic and Emotional Self-Regulation:**
 - o The client's ability to use non-clinical tools, such as trauma-informed yoga, fitness, or mindfulness, to de-escalate emotional distress, as evidenced by a documented increase in distress tolerance and body awareness scores, with the client using physical activity or grounding techniques as a first-line response to triggers.
- **Evolution into Peer Leadership and Advocacy:**
 - o The client's progression into mentorship roles or formal leadership within the recovery system, such as transitioning into a graduate mentor role in Recovery Court or obtaining certification as a Peer Support Specialist (PSS) to guide others through their early recovery stages.

Peer Support Services (PSS)

Will the LA provide Peer Support Services directly or through a contracted provider?

Directly

Contracted provider (list contractor(s) below)

Huntsman mental Health Institute

Does the LA currently employ or contract the following for services:

Mental Health and Substance Use Recovery Supports

Certified Peer Support Specialists (CPSS)

Family Peer Support Specialists (FPSS)

Certified Peer Support Specialists (CPSS) in SUD services.

Service Delivery Framework:

Clients have access to certified Peer Support Specialists (PSS) and Family Support Specialists through the Huntsman Mental Health Institute, who provide peer support services across a broad range of areas, including Social Security, Dept of Workforce Services, housing, and job search. Additionally, the Huntsman Mental Health Institute provides peer support service groups and individual sessions within the Summit County Jail. Peer Support Specialists also lead groups for all substance use disorder (SUD) programs, including Recovery Court.

Huntsman Mental Health Institute Peer Support Specialists work closely with case managers, clinicians, and clients to increase the likelihood of sustained recovery. Psychosocial Rehabilitation Services can also be provided by Certified Peer Support Specialists to help clients build new skills or enhance existing ones. Peer Support Specialists offer services in-house, in the jail, and throughout the community. Peer Support Specialists work closely with the courts, including Recovery Court, to provide additional support for high-risk, high-need clients.

Supporting the work of Peer Support Specialists, case managers are trained in Community Reinforcement and Family Training (CRAFT), an evidence-based, non-confrontational program designed for families and friends of individuals with substance use disorders who are resistant to treatment. The program focuses on improving clients' well-being by enhancing communication through positive reinforcement to encourage the loved one to enter treatment.

Clients are identified for peer support services after an initial biopsychosocial screening and assessment as part of developing their treatment plan at the Huntsman Mental Health Institute clinic. A biopsychosocial screening is a holistic evaluation that examines the intersection of biological, psychological, and social factors to understand a patient's health. Rather than focusing only on symptoms, it provides a comprehensive overview of a patient's life to guide the development of the client's treatment plan.

To continue to grow the number of Peer Support Specialists in Summit County, a community fund has been established to support individuals, especially graduates of the Summit County Recovery Court program, as they complete their Peer Support Specialist training and certification. It is the

Mental Health and Substance Use Recovery Supports

intent of the program to encourage the development of more local Certified Peer Support Specialists to serve in Summit County.

Outcomes Framework:

Outcomes for Peers Support Services are as follows:

- **Social Stability and Community Resource Integration:**
 - o The client will successfully navigate and secure at least one essential community resource, such as stable housing, employment, facilitated by a Peer Support Specialist (PPS), as documented in the client's treatment plan, within 90 days of receiving these services.

- **Engagement and Skill-Building:**
 - o Clients identified as "high-risk" or "high-need," including those within the Summit County Jail or Recovery Court, can demonstrate active engagement in their recovery by attending Peer Support Specialist led groups and completing psychosocial rehabilitation sessions, as outlined in the client's treatment plan.

- **Family-Mediated Treatment Entry via Community Reinforcement and Family Training (CRAFT):**
 - o For individuals currently resistant to treatment, the outcome is measured by the family's successful implementation of **Community Reinforcement and Family Training (CRAFT)** techniques, leading to the individual's voluntary enrollment in a substance use disorder program at Huntsman Mental Health Institute.

Please confirm that the LA is in compliance with the following office directive: "The LA's PSS team, or a representative peer support specialist, shall meet with LA leadership semi-annually to discuss the peer support program and peer involvement in the agency"

Yes

No, not at this time

Homeless Services Supports

Please identify the LAs identified Local Homeless Council (LHC) or Continuum of Care (COC) representative for this SUMH office directive:

Mental Health and Substance Use Recovery Supports

Name	Aaron Newman
Email	anewman@summitcountyutah.gov
Job role/title	Behavioral Health Director

Sober Living Program-Homeless services (SLF) (Directives)

Will the LA provide Sober Living Services

Directly

Contracted provider (Please include a list or a link of contracted providers)

Please see below for provider links.

Service Delivery Framework:

Sober living is a form of extended substance use recovery designed to help individuals transition from a highly structured treatment program to independent living. The goal is to provide a supportive environment where individuals can learn to live independently, develop healthy habits, and build a strong support network. Currently, Huntsman Mental Health Institute does not provide sober living services for individuals with a primary substance use disorder diagnosis. Clients who are determined by their Huntsman Mental Health Institute treatment team to be in need of Sober Living will work with their case manager to secure placement at Wasatch Crest, either at its Park City or Heber City facilities. While in sober living, the assigned case managers at Huntsman Mental Health Institute remain in regular contact with the facility to track the client's progress. Prior to the conclusion of treatment, the case manager will coordinate with the facility's treatment staff to arrange aftercare at Huntsman Mental Health Institute.

Should Wasatch Crest not be able to provide a sober living space, the case management team works with the Behavioral Health Director to place adults in appropriate care via a single case agreement, typically at Odyssey House or another facility in Salt Lake City. After placement, the Huntsman Mental Health Institute case manager follows the client's progress and coordinates aftercare appointments with Huntsman Mental Health Institute clinicians.

Facilities primarily utilized for sober living:

- **Wasatch Crest:**
 - o <https://wasatchcresttreatment.com/>

Mental Health and Substance Use Recovery Supports

- Facilities in both Summit and Wasatch Counties.
- **Odyssey House:**
 - <https://www.odysseyhouse.org/services/sober-housing>
 - Facility located in Salt Lake City.

Should there not be space in one of these residential facilities, the Behavioral Health Director will work with the case manager and Huntsman Mental Health Institute's Clinical Director to identify a new facility deemed to meet an individual's treatment needs.

Outcomes Framework:

Outcomes for clients in sober living programs are as follows:

- **Physiological Stabilization and Biological Monitoring:**
 - The client is able to achieve and maintain physiological stabilization, as evidenced by 180 days of continuous sobriety confirmed through regular drug testing and adherence to Medication Assisted Treatment (MAT), when clinically indicated.
- **Continuity of Care and Systemic Integration:**
 - The client is able to achieve a seamless transition to outpatient care at Huntsman Mental Health Institute through a follow-up appointment within 72 hours of exiting sober living, to ensure that the momentum gained in sober living isn't lost during the administrative handoff to Huntsman Mental Health Institute.
- **Proactive Symptom Management and Trigger Regulation:**
 - The client can demonstrate the ability to independently manage psychological cravings and "post-acute withdrawal syndrome" (PAWS) symptoms by utilizing at least three evidence-based coping strategies in high-risk environments, moving the client from the passive safety of a sober living home to the active management of their own symptom triggers in the broader community.

Supported Employment Services including Individual Placement Support (IPS)

Will the LA provide Supported Employment Services directly or through a contracted provider?
Directly

Mental Health and Substance Use Recovery Supports

No, not at this time

Contracted provider (provide link or list contractor(s) below)

Individual Placement Services are provided at no cost within the community by local non-profits.

Service Delivery Framework: Please also include how the LA implements collaboration with the Utah State Office of Rehabilitation/Vocational Rehabilitation Services. Also include adaptations for youth.

Individual Placement Support (IPS) is an evidence-based, supported employment model designed to help people with serious mental illness, substance use disorders, or behavioral health conditions find and maintain competitive, paid employment. It operates on the principle that employment is part of recovery, providing personalized, rapid job searches and ongoing support for both employee and employer. Individuals in need of Individual Placement Support with a mental health or substance use disorder diagnosis are referred to the Summit County Clubhouse for Individual Placement Support at no cost. Clients, upon recommendation from either the Summit County Clubhouse or Huntsman Mental Health Institute, have access to year-round employment due to support from Home Depot, Park City Municipal, Summit County, Red Banjo Pizza, and Squatters Roadhouse. However, it should be noted that given the highly seasonal jobs environment in Summit County, it is common for individuals to be without work for upwards of three months during "shoulder seasons" (September, October, November, April, May, June) when the resorts, galleries, restaurants, and outfitters are often closed.

For longer employment and career opportunities, High Valley Transit provides training to any individual with a mental health or substance use diagnosis, with the offer of employment upon completion. Additionally, for qualified individuals, limited employee housing is available through High Valley Transit.

The Behavioral Health Division, Mental Wellness Alliance, and Summit County Human Resources are working with USARA Utah Recovers to expand participation in the Recovery Friendly Workplace program in Summit County. A recovery-friendly workplace (RFW) is an organization that proactively supports employees in recovery from substance use disorder or mental health challenges, fostering a culture of health, safety, and stigma reduction. These workplaces implement policies and education to help employees manage their recovery, ultimately boosting retention, safety, and employee well-being. For the state of Utah, USARA Utah Recovers serves as the certification entity, of which Summit County received its Recovery Friendly Workplace Certification this past March.

Outcomes Framework:

Mental Health and Substance Use Recovery Supports

Individuals are able to find and maintain employment for at least six months.

Technical Assistance - Recovery Support

Is technical assistance requested for any components of the Recovery Support section?

Yes

No, not at this time.

Please name sections requested and provide description of requested TA

SERVICE SATISFACTION AND OUTCOME DATA

Service Satisfaction and Outcome Data

The following section stems from the LA contract and the FY27 SUMH Office Directives that require a LA response. Each LA must complete with an overview of how components of the directives will be implemented in their catchment.

Consumer Satisfaction

Describe the LA's process for administering the Mental Health Statistical Improvement Program (MHSIP) and Youth Satisfaction Survey (YSS).

Mental Health Statistical Improvement Program (MHSIP) and Youth Satisfaction Surveys (YSS) are sent out to clients (and parents for Youth Satisfaction Surveys) via email on record, provided by the client. Follow-up emails are also sent, and iPads are available at Huntsman Mental Health Institute to take both surveys.

Mental Health Outcome Questionnaire

Does the LA have a training process for clinical teams on utilization of the Outcome Questionnaire/Youth Outcome Questionnaire (OQ).

Yes

No, not at this time

Service Satisfaction and Outcome Data

If applicable, briefly describe information on training, implementation, oversight, data analysis, and associated quality improvement.

Recovery Support Screenings and Tools

What Recovery Support screening or tools are you utilizing? (i.e., SURE, SUD OQ, etc).

The Huntsman Mental Health Institute uses biopsychosocial substance use/mental health assessment, including:

- **Substance Abuse Subtle Screening Inventories (SASSI),**
 - o A self-report questionnaire designed to identify high or low probability of substance use disorders (SUD) in adults and adolescents. Utilizing both direct and indirect (subtle) questions to detect dependencies, even when individuals are unwilling or unable to acknowledge their misuse. The results help clinicians understand a client's defensiveness (DEF), their willingness to admit problems, and the emotional pain associated with their addiction.

- **University of Rhode Island Change Assessment (URICA),**
 - o A self-report questionnaire designed to measure an individual's readiness to change problematic behaviors based on the Transtheoretical Model (stages of change). It assesses motivation for change across four stages:
 - Precontemplation: Not intending to change
 - Contemplation: Considering change but ambivalent
 - Action: Actively changing behavior
 - Maintenance: Sustaining the change
 - o The University of Rhode island Change Assessment is used to match treatment intensity to the client's current level of motivation. It is widely used to assess addictions, including alcohol, drugs, and other behavioral changes.

- **American Society of Addiction Medicine (ASAM),**
 - o An established criterion, the American Society of Addiction Medicine is the most widely used, nationally recognized standard for providing outcome-oriented, individualized addiction treatment, often referred to as the ASAM Placement Criteria or the Multidimensional Assessment Guidelines. The results of the assessment are used to develop customized treatment plans that address individual strengths, assets, and specific needs across six dimensions:

Service Satisfaction and Outcome Data

- Acute intoxication/withdrawal potential.
 - Biomedical conditions.
 - Emotional, behavioral, or cognitive conditions.
 - Readiness to change.
 - Relapse, continued use, or continued problem potential.
 - Recovery/living environment.
- In addition, the results guide clinicians in establishing the appropriate level of care, ranging from outpatient to inpatient.
- **Substance Use Recovery Evaluator (SURE),**
- A validated 21-item questionnaire designed to measure a person's recovery from drug and alcohol dependence over the previous week, developed at Kings College, London in 2016, the Substance Use Recovery Evaluator was developed with extensive input from people in recovery, it focuses on five key areas: substance use, self-care, relationships, material resources, and outlook on life. The 21 items, often completed in 4–15 minutes, covers "Drinking and Drug Use," "Self-Care," "Relationships," "Material Resources," and "Outlook on Life". The Substance Use Recovery Evaluator is currently a preferred biopsychosocial assessment of the Office of Substance Use and Mental Health.

All assessments are evidence-based tools used to determine necessary interventions for youth and adults. For individuals who request services and are assessed as appropriate for early intervention, such as Alcohol & Drug Intervention (ADI), they are directed to a limited course of outpatient substance use treatment that focuses on psychoeducation. Evidence-based psychoeducation is primarily provided through the Change Company Interactive Journaling Series for the limited outpatient services.

If you are not utilizing any Recovery Support screenings or tools can you please provide details on the barriers?

NA

Technical assistance

Is technical assistance requested for any components of SUMH Office Directives Service Satisfaction and Outcome Data section? This may include data submission requirements.

Service Satisfaction and Outcome Data

Yes

No, not at this time.

Please indicate sections requested

Form C – Substance use prevention narrative

3-year area plan: FY 2027 – FY 2029

This plan outlines how the LA is utilizing sound prevention science to address substance misuse issues by reducing risk factors and increasing protective factors. The plan illustrates how the LA is supporting Community Centered Evidence-Based Prevention (CCEBP) to increase implementation of evidence-based programs, strategies, events, and policies.

LA area plans should be informed by the planning process conducted by community coalitions.

- Using the table, explain the LA's goals for coalition development over the next 3 years. List all identified communities, whether there is a current coalition or not. Put N/A where necessary.

CCEBP community	<u>Current CCEBP rating</u> Provide the rating and description of the rating	List current phase (CTC or SPF) List more than 1 phase where appropriate. List how many times the coalition has completed the process through phase 5	LA priority rating for each CCEBP community High/medium /low	Operating system used by the community (CTC, CADCA, etc.)	LA's plan to support this community
Park City	E6 coalition in development – Healthy /Strong Coalition Initial Strategic Planning 1 – Assessment	Phase 3	high	CTC	The coalition coordinator is a member of the prevention staff. LA pays for the coordinator's salary and provides time and training to guide the coalition through the CTC process.
North Summit	A The community	N/A	medium	N/A	Work with the community to build capacity and improve understanding of

	has no existing coalition structure and no formal effort underway to develop one yet.				prevention.
South Summit	A The community has no existing coalition structure and no formal effort underway to develop one yet.	N/A	medium	N/A	Work with the community to build capacity and improve understanding of prevention.

2. Using the table, explain why each program, strategy, event, or policy is being implemented by the LA. Add rows and tables as needed.

- Template for [compliance check action plan](#), if that helps you plan activities for Synar and EASY. Completed template is not required. If the template is used, activities need to be listed in the table below.

Substance: Alcohol				
Risk/protective factor	Program, policy, strategy, or event (one per table box)	Activities (what are you, your contractors, and coalitions doing)	Short-term outcomes (risk factors)	Long-term outcomes (substance)

			Make SMART*	e) Make SMART
Parental Attitudes Favorable to Drug Use (Summit County SHARP Survey)	Summer movie nights x2. They promote family bonding.	<ul style="list-style-type: none"> Offering a free movie night in Kamas and one in Coalville Parents Empowered campaign messaging (underage drinking prevention campaign) 	Parental Attitudes favorable to drug use in all grades will decrease from 19.2% in 2025 to 18.2% by 2029 (Summit County SHARP Survey)	Lifetime alcohol use in all grades will decrease from 20.6 % in 2025 to by 18.6 % by 2035 (Summit County SHARP Survey)
	Guiding Good Choices Evidence-Based Parenting class.	<ul style="list-style-type: none"> Offering a class in Spanish and one in English 1x year, we have 2 staff members trained. 		
	Presentations for parents.	<ul style="list-style-type: none"> Presentations for parents will be offered 3-4 times a year on various prevention topics at locations across Summit County. 		
	Communities That Care Coalition (Evidence-Based)	<ul style="list-style-type: none"> Support coalition strategies with funding and staff Follow the CTC process Create a coalition board to plan for future sustainability 		
Perceived availability of drug use (alcohol is measured like a drug for underage)	EASY (Eliminating Alcohol Sales to Youth)	<ul style="list-style-type: none"> Meeting with PC Police and the Sheriff's Office to increase EASY checks in Summit County 	Perceived availability of drug use for all grades will decrease from 15.3% in 2025 to 14.3% in 2029 (Summit County SHARP Survey)	Lifetime alcohol use in all grades will decrease from 20.6 % in 2025 to by 18.6 % by 2035 (Summit County SHARP Survey)

Substance: Opioids				
Risk/protective factor	Program, policy, strategy, or event (one per table box)	Activities (what are you, your contractors, and coalitions doing)	Short-term outcomes (risk factors) Make SMART	Long-term outcomes (substance) Make SMART
Perceived risk of drug use (SHARP Survey)	South Summit Youth Group	<ul style="list-style-type: none"> Prevention staff and the school counselor lead the youth group, provide training on prevention topics, and assist the youth in planning prevention projects at their school. 	Perceived risk of drug use in all grades will decrease from 58.1% in 2025 to 57 % in 2029 (SHARP Survey)	Lifetime prescription drug use in 12th grade will decrease from 3.2% in 2025 to 3% by 2035 (SHARP Survey)
	North Summit lunch activities	<ul style="list-style-type: none"> Lunch activities to build relationships with students and introduce prevention topics. 		
	Park City Middle School lunch activities	<ul style="list-style-type: none"> Lunch activities to build relationships with students and introduce prevention topics. 		
	CTC Coalition	<ul style="list-style-type: none"> Support coalition strategies with funding and staff Follow the CTC process Create a coalition board to plan for future sustainability 		
	Presentations for students in schools	<ul style="list-style-type: none"> Various presentations for students in Summit County on prevention topics throughout the school year 		

Substance: Marijuana				
Risk/protective factor	Program, policy, strategy, or event (one per table box)	Activities (what are you, your contractors, and coalitions doing)	Short-term outcomes (risk factors) Make SMART	Long-term outcomes (substance) target Make SMART
Perceived risk of drug use (SHARP Survey)	South Summit Youth Group	<ul style="list-style-type: none"> Youth group working on prevention projects at the school. 	Perceived risk of drug use in all grades will decrease	Lifetime Marijuana use will decrease from 9.7% in

	North Summit lunch activities	<ul style="list-style-type: none"> Lunch activities to create a relationship with students and introduce prevention topics 	from 58.1% in 2025 to 57 % in 2029 (SHARP Survey)	all grades to 8.7% by 2035 (SHARP Survey)
	Park City Middle School lunch activities	<ul style="list-style-type: none"> Lunch activities to create a relationship with students and introduce prevention topics 		
	CTC Coalition	<ul style="list-style-type: none"> Support coalition strategies with funding and staff Follow the CTC process Create a coalition board to plan for future sustainability 		
	Presentations for students in schools	<ul style="list-style-type: none"> Various presentations for students in Summit County on prevention topics throughout the school year 		

3. What is your plan to ensure communities/coalitions follow a strategic planning process (SPF, CTC, etc.)? Provide evidence you will collect to show that this process was followed (CTC worksheets, logic models, etc.).

The Local Authority (LA) will ensure all communities and coalitions follow a structured strategic planning process aligned with SAMHSA’s (Substance Abuse and Mental Health Services Administration) Strategic Prevention Framework (SPF) and, where applicable, the Communities That Care (CTC) coalition model. The LA will provide ongoing training, technical assistance, and coaching to support implementation of the five SPF steps: Assessment, Capacity, Planning, Implementation, and Evaluation.

To demonstrate adherence, coalitions will be required to complete and maintain key documents, including community needs assessments, logic models, action plans, and evaluation plans. The LA will collect and review with the coalition coordinator the CTC milestone and benchmark rating tool, logic models, and annual reports, and will monitor progress through regular check-ins and reporting requirements. The Prevention Director will attend coalition and workgroup meetings to observe their progress. The coalition coordinator must meet with their CTC coach at least 2 times per month, as required by the license.

4. How will the LA monitor and support coalitions in developing and utilizing quality logic models?

The LA will support coalitions in developing high-quality logic models by providing standardized templates, training, and technical assistance to ensure clear alignment between identified risk and protective factors, selected strategies, and intended outcomes. The prevention director will meet regularly with the coalition coordinator.

Logic models will be submitted annually and reviewed by the LA for quality, data alignment, and evidence-based strategy inclusion. Ongoing support will include feedback, coaching, and periodic reviews to ensure logic models are actively used to guide implementation and evaluation. The prevention director will attend coalition meetings and observe coalition progress.

5. How will the LA ensure programs are evidence-based for substance use prevention?

The LA will ensure that prevention programs and strategies are evidence-based by requiring coalitions to select interventions listed on approved registries, such as Blueprints or those approved by the SUMH Evidence-Based Workgroup. The LA will utilize the 7 Strategies for Community Change (are a comprehensive framework used by coalitions to reduce risk factors and foster environmental change. The strategies include providing information, building skills, providing support, enhancing access/reducing barriers, changing consequences, altering physical design, and changing policy) to guide the selection of strategies, programs, practices, and policies.

6. How are programs/strategies monitored for implementation fidelity?

The LA will monitor implementation fidelity by ensuring programs are delivered as intended, including adherence to curriculum, dosage, target population, and delivery methods. Only staff trained in evidence-based programs will deliver them. We do not have subcontractors.

Fidelity will be tracked through tools such as attendance records, and periodic observations. The LA will review this information regularly and provide feedback and technical assistance to support continuous quality improvement.

7. What is your plan to increase collaboration across the behavioral health continuum? In what ways may your strategies impact mental or physical health?

The LA will increase collaboration by partnering with stakeholders across prevention, treatment, recovery, healthcare, education, and community organizations. Regular coordination will occur through meetings, shared initiatives, and communication with key partners, including schools, healthcare providers, and community coalitions.

Prevention strategies will address shared risk and protective factors that impact substance use, mental health, and physical health. Efforts such as strengthening family engagement and promoting social connectedness will improve outcomes across the behavioral health continuum.

8. How will you provide services to all prevention populations (universal, selective, and indicated)? Or what are you going to do to increase the reach of your prevention services to include all prevention populations?

The LA will ensure services are delivered across universal, selective, and indicated prevention levels. Universal strategies will include community-wide and school-wide campaigns and education, while selective strategies will target higher-risk populations identified through local data. Indicated strategies will focus on early intervention for individuals showing early signs of substance use risk.

To expand reach, the LA will collaborate with schools, healthcare providers, and community organizations to ensure services are accessible and culturally responsive. Data will be used to identify service gaps and guide targeted outreach to ensure equitable access for all populations.

Historically, the LA has focused on universal; however, the coalition is currently assessing data to identify needs, which may indicate where and how to address selective and indicated populations moving forward.

9. Explain your sustainability plan for prevention funding. If you do not have a sustainability plan, explain why, and tell us how you will meet this requirement by the next area plan due date.

- Link to a [sustainability plan template](#). The template is not required to be completed. If the template is complete, we still need question 9 answered in narrative form.

Over the next year, the Local Authority (LA) will focus on maintaining funding, strengthening community partnerships, and embedding evidence-based practices into ongoing systems. The LA will sustain prevention efforts by leveraging multiple funding streams (state and local), ensuring compliance with grant requirements, and actively pursuing additional funding opportunities. Prevention staff will continue to implement evidence-based programs with fidelity while integrating prevention strategies into existing community structures, such as schools, non-profits, and community organizations, to ensure long-term impact beyond grant cycles.

Additionally, sustainability will be supported through capacity building and community ownership. The LA will continue to strengthen coalitions by providing training, technical assistance, and leadership development, ensuring partners can independently support prevention efforts. Ongoing data collection (e.g., SHARP survey) will be used to demonstrate outcomes, inform decision-making, and justify continued investment. By maintaining strong collaboration across sectors and aligning efforts with the Strategic Prevention Framework and

Communities That Care model, prevention services will remain effective, adaptable, and sustainable over time.

Funding source (OPG, PFS, prevention block grant, etc.)	Funding source ending date	# of staff positions funded	Type of staff positions funded (prevention specialist, coalition coordinator, etc.)	Strategies funded (coalition activities, Guiding Good Choices, Positive Action, etc.)	Expected impact/outcomes of the funding source
FPL	06/27		Prevention Director		Parental Attitudes favorable to drug use will decrease by 1% by 2029 Reduce alcohol use by 2% by 2035 Reduce opioid use by 2% by 2035 Reduce Marijuana use by 2% by 2035
SOP	06/27		Coalition Coordinator		
SPL	06/27		Prevention specialists	GGC	

*SMART Goals are Specific, Measurable, Achievable, Relevant, and Time-bound.



STAFF REPORT

TO: Summit County Council
FROM: Summit County Auditor Office
DATE: May 6, 2026
RE: Payment plan request for property in May Tax Lien Sale

Summary

The annual tax sale will be held at 10:00 a.m. on May 21st by online auction via Public Surplus.

A payment plan has been requested by the property owner on the following parcel for taxes, interest, fees, and penalties due.

Account	Parcel Number	Owner Name	Amount Due 5/21/2026
0000020	CT-10	CLARK-WADE SHERYLYN	\$10,481.04

Property Information

A payment plan has been requested by Sheryl Clark, mother of the vested property owner Sherylyn Clark-Wade, on the following parcel for taxes, interest, fees, and penalties due.

Address: 200 S 50 E
Coalville, Utah 84017

Property Type: Primary Residence – Single-family home on 2.79 acres



Sheryl Clark has been coordinating with the County to address the delinquent balance. To date, three payments totaling \$9,400 have been made. The proposed payment plan would bring the account current prior to the 2026 property taxes becoming due.

In 2020, the property had delinquent taxes and was scheduled for tax sale. At that time, Sheryl Clark entered into a payment plan agreement to redeem the property, which was completed in accordance with the agreed terms.

The property has been owned by the family for many years and serves as the primary residence for Sheryl Clark's disabled brother, Billy Blonquist. Sherylyn Clark-Wade is his primary caregiver. It has been represented that maintaining this residence is important to his health and well-being.

A property records search has been completed and indicates there are no lienholders of record.

Payment arrangements are contractual agreements between the County and the taxpayer, with terms that may vary based on individual circumstances. If the Council finds the proposed arrangement acceptable, a payment plan agreement is included below for signature to formalize the terms. Tax liens will remain in place, and interest will continue to accrue on any unpaid amounts until the balance is paid in full. The County reserves the right to sell the property at the 2027 tax sale or at a future tax sale in the event of a default under the agreement.

The applicants have been encouraged to attend the meeting to present additional information and answer any questions.

Proposed Payment Plan

Payments already made (bringing 2025 and 2024 tax years):

December 5, 2025 (Sherylyn)	\$5,000.00
April 15, 2026 (Sheryl)	\$4,000.00
April 29, 2026 (Sheryl)	\$ 400.00

Monthly Payments as follows:

May 15, 2026	\$1,100.00
June 15, 2026	\$1,100.00
July 15, 2026	\$1,100.00
August 15, 2026	\$1,100.00
September 15, 2026	\$1,100.00
October 15, 2026	\$1,100.00
November 15, 2026	Pay remaining balance (~\$4,500)

Payments will be made until all amounts due are paid and the account is considered current. All payments will be applied in reverse chronological order as required by law. Payments will be applied to the outstanding penalties and interest first, followed by taxes due for the most recent tax year. Payments will be applied to the 2023 tax year first, followed by the preceding years in reverse chronological order. The final 11/15/2026 payment amount will be a balloon payment including all taxes, interest, and penalties due. This balloon payment will bring account current before 2026 taxes become due and payable on 11/30/2026.

Action Requested

Property owners ask for the approval of their proposed payment plan and to withhold parcel from the 2026 tax lien sale.

Thank you for your consideration of these requests.

Chase Black
Chief Deputy Auditor

THIS AGREEMENT (the “Agreement”) is made this 6th day of May, 2026 by and between SUMMIT COUNTY, a body corporate and politic of the State of Utah (hereinafter referred to as “County”), and SHERYL CLARK (hereinafter referred to as “Taxpayer”), collectively referred to herein as the “Parties”.

RECITALS:

WHEREAS, Taxpayer is willing to pay taxes in behalf of the owner of Summit County Tax I.D. CT-10, located at 200 South 50 East, Coalville, within Summit County, State of Utah (the “Property”); and

WHEREAS, the property owner has been delinquent on property taxes with regard to the Property for a period of four (4) years, during which time there has been a lien on the Property pursuant to UCA §59-2-1325; and

WHEREAS, the Property appeared on the County’s “Tax Sale Listing” pursuant to UCA §59-2-1343; and

WHEREAS, the Property was eligible for possible sale at the County’s tax sale to be conducted on May 21st, 2026 (the “Tax Sale”), and

WHEREAS, the Taxpayer approached the legislative body of Summit County, the Summit County Council (the “Council”) requesting that the Property be withdrawn from the Tax Sale and that Taxpayer enter into a payment agreement with the County, which arrangement the Council approved at its regularly scheduled meeting on May 6th, 2026; and

WHEREAS, the Parties desire to enter into this Agreement whereby the Property shall be withdrawn from the County’s Tax Sale, subject to the duties and responsibilities set forth herein;

NOW, THEREFORE, in consideration of the mutual promises set forth herein, the

Parties agree as follows:

1. Taxpayer's Obligations: As of May 6th, 2026, Taxpayer owes the County a total of Ten thousand, four hundred eighty-one & 04/100 cents (\$10,481.04), which represents delinquent back taxes owed to the County, and other entities, plus any and all fees, penalties and interest as allowed by law. Taxpayer shall pay the outstanding delinquent property taxes, including any and all outstanding fees, penalties, and interest as allowed by law, to the Summit County Treasurer pursuant to the following payment schedule:

- i. \$1,100.00 on the 25th day of each month starting May 15, 2026.
- ii. The remaining outstanding balance shall be paid in full on or before November 15, 2026.

Taxpayer shall contact the Summit County Treasurer prior to making any final payment to ensure the accuracy of the total amount of taxes, fees, penalties and interest owed.

2. Taxpayer acknowledges that all payments will be applied to the outstanding penalties and interest first, followed by taxes due for the most recent tax year. As of the date of this Agreement, payments will be applied to the 2023 tax year first, followed by the preceding years in reverse chronological order. Taxpayer further acknowledges that if payments are not made in a timely fashion pursuant to this Agreement, the Property may be subject to tax sale in 2027 and/or Taxpayer may not be eligible for any future consideration by the Council of future payment arrangements of this nature.

3. **Summit County's Obligations and Remedies:** County shall withdraw the Property from the Tax Sale and during the term of this Agreement, County shall not submit the Property to the County's Tax Sale, pursuant to UCA §59-2-1351.
4. **Term and Duration.** This Agreement shall be effective on the date at the top of this Agreement, unless terminated or extended by amendment as provided herein, and shall expire November 15th, 2026.
5. **Assignability.** The rights and obligations of Taxpayer under this Agreement are not transferable or assignable in whole or in part without the written consent of the County.
6. **Waiver:** No failure of the County to exercise any power given to it under this Agreement, or to insist upon strict compliance by Taxpayer with any obligation, responsibility, or condition under it, and no custom or practice of the parties at variance with its terms shall constitute a waiver of the County's right to demand exact compliance with those terms upon any subsequent default.
7. **Notice.** All notices to be provided or received shall be addressed as follows:

Notices to Taxpayer shall be addressed to:

Sheryl Clark
PO Box 894
Coalville, UT 84017

Notices to Summit County shall be addressed to:

Summit County
Attn: Summit County Treasurer
P.O. Box 128
Coalville, Utah 84017

Either party to this Agreement may change its officer or address of record for either receipt of official notice by giving the other written notice of such change and any

necessary mailing instructions. It is the responsibility of Taxpayer to provide the County with a current and accurate mailing address for mailing of all notices and invoices and Taxpayer's failure to do so may result in Taxpayer's default under the above terms of this Agreement.

8. **Amendment.** The Parties may amend this Agreement by a writing executed by the Parties. No amendment shall be effective if it is not in writing or if it is not executed by all the Parties.
9. **Integration.** This Agreement constitutes the entire agreement between the Parties pertaining to the subject matter hereof and supersedes all prior agreements and understandings pertaining thereto.
10. **Applicable Law.** The provisions of this Agreement shall be governed by and construed in accordance with the laws of the State of Utah.

IN WITNESS WHEREOF, the Parties execute this agreement on the day and year first set forth above.

TAXPAYER

By _____

SUMMIT COUNTY

By _____
Chairperson of the Summit County Council

ATTEST:

By _____
Summit County Clerk

Approved as to form

Summit County Attorney



STAFF REPORT

TO: Summit County Council
FROM: Summit County Auditor Office
DATE: May 6, 2026
RE: Action items for properties in the 2026 Tax Lien Sale

Summary

The annual tax sale will be held at 10:00 a.m. on May 21, 2026, via online auction via Public Surplus. As of the date of this report, 16 properties are slated for sale. The total amount of taxes, interest, penalties, and fees that will be owed as of May 21, 2026, is \$117,130.47.

Staff requests Council consideration of the following properties:

Account	Parcel Number	Owner Name	Amount Due 5/21/2026
0520246	PRIVTAX-71	GINES DAKODY	\$47.72
0520253	PRIVTAX-72	GINES DAKODY	\$121.67
0292742	PP-63-B	UTAH SPORTS AUTHORITY	\$1,513.75

Applicable Statute

Utah Code § 59-2-1350. Land irregularly or erroneously assessed not to be sold.

(1) If the county auditor discovers before the tax sale that because of an irregular or erroneous assessment any property should not be sold, the auditor may not sell the property, and the county legislative body shall cause the tax records to reflect the correction in the next succeeding year, on the basis of the value and rates of the year for which it was erroneously assessed, to be collected as other taxes are collected.

(2) If the county auditor, subject to approval by the county legislative body, issues a written finding that it may be in the best interest of the public to withdraw a property from the tax sale, the county auditor may withdraw the property from the sale.

PRIVTAX-71 & PRIVTAX-72 Information

These tax accounts were created due to for-profit agricultural use of parcels (KT-275-A-X-X and KT-275-X) owned by the tax-exempt South Summit School District.

The taxpayer held an annual lease for these parcels for three years, from April 2021 through April 2024, as confirmed by the School District.

- PRIVTAX-71 includes charges for tax years 2024–2025
- PRIVTAX-72 includes charges for tax years 2021–2025

Due to the nature of annual lease agreements, these accounts have been difficult to administer, particularly as lessees change frequently. In this case, the account was not updated appropriately, and correspondence was sent to an outdated mailing address in Kamas. As a result, the taxpayer did not receive notice of certain charges, including those assessed for periods during which no lease was held.

PRIVTAX-71 & PRIVTAX-72 Action Requested

Staff recommends the following based on erroneous assessment:

- Abate 2024 and 2025 tax charges, including associated interest, penalties, and fees, on both accounts (approximately \$91 total)
- Retain approximately \$78 as valid charges due

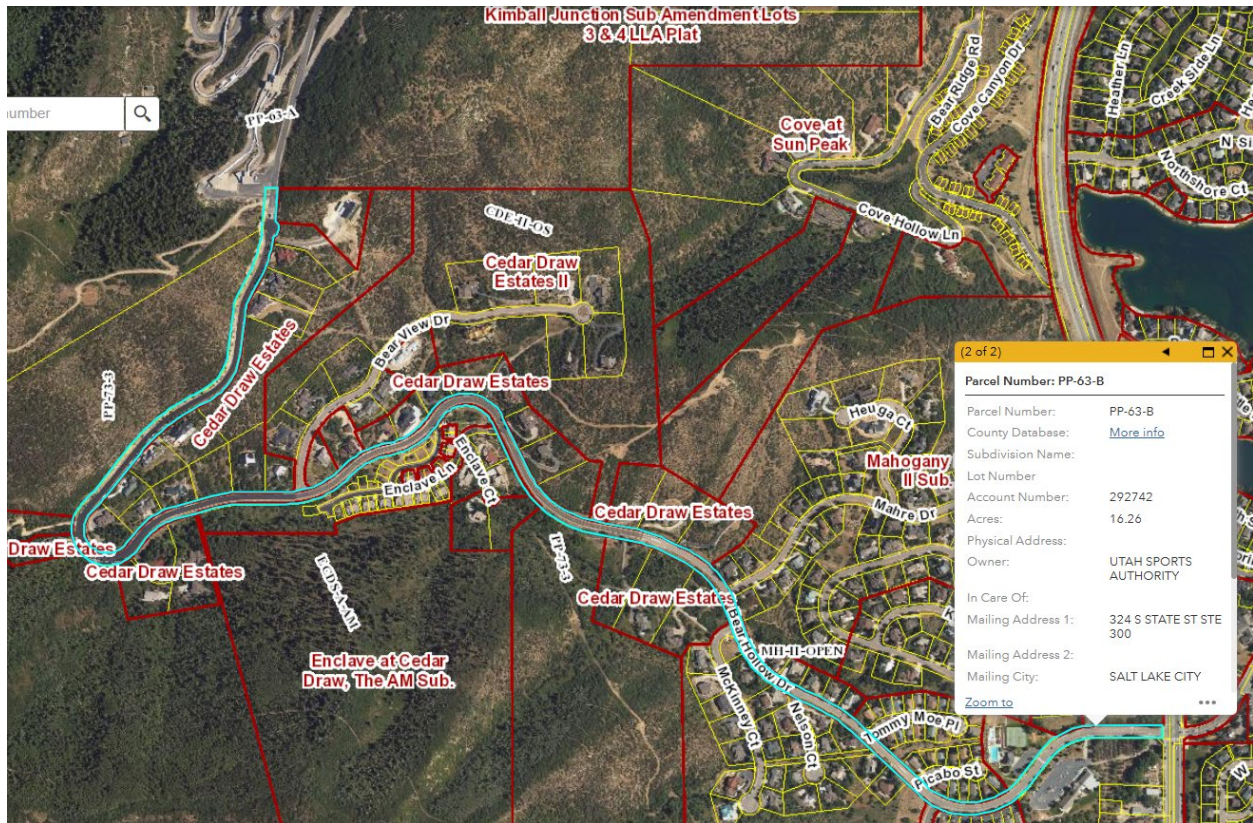
PP-63-B Information

This parcel consists of approximately 16.26 acres and includes Bear Hollow Drive, which has long been classified as a Class B County Road.

Although surrounding Olympic Park properties were transferred in 2002 to the Utah Athletic Foundation (UAF), this parcel was not included due to an error in the recorded deed. As a result, the property remains vested in Utah Sports Authority.

UAF has acknowledged the issue and agrees the property should be conveyed to the County. UAF, in coordination with the Summit County Planning Department, is currently working through corrective actions, including boundary line adjustments, prior to recording a deed.

This parcel was previously withdrawn from the 2025 tax sale to allow time for resolution, and progress is ongoing.



PP-63-B Action Requested

Staff recommends:

- Withdraw property from the 2026 Tax sale to allow for completion of clean-up items and conveyance to the County

Tax lien to remain in place on this property. The outstanding amount of taxes due will continue to accrue interest while the balance is unpaid. Attorney and Auditor offices will continue following up with UAF and the Planning Department on this matter. Once a deed to the county is recorded, it is recommended that the delinquent taxes, interest, penalties, and fees owed on this account be abated, terminating collection efforts.

Thank you for your consideration of these requests.

Chase Black
Chief Deputy Auditor

STAFF REPORT



TO: Summit County Council
FROM: Janna Young, Deputy County Manager
MEETING: May 6, 2026
SUBJECT: Consideration and possible approval of Resolution 2026-13, approving and authorizing entry of Summit County into the state Indigent Aggravated Murder Defense Fund

Requested Council Action

Approve Resolution 2026-13, authorizing entry of Summit County into the state's Indigent Aggravated Murder Defense Fund.

Introduction and Background

What is Indigent Defense?

Indigent defense is the constitutional right to legal counsel for criminal defendants unable to afford an attorney, guaranteed by the Sixth Amendment. The Supreme Court ruled in *Gideon v Wainwright* (1963) that the Sixth Amendment right to counsel applies to state courts via the Fourteenth Amendment, requiring states to provide attorneys to defendants who cannot afford one.

Who Administers Indigent Defense?

Approximately 35 states delegate a significant portion of indigent defense responsibility to counties through either funding, administration, or both. While the Supreme Court mandates this is a state obligation, the actual implementation varies wildly across the country. In Utah, indigent defense is primarily a local responsibility delegated to its 29 counties and various municipalities. Historically, Utah was one of only two states (along with Pennsylvania) that provided virtually no state funding or oversight for trial-level defense. However, in 2016, Utah established the Indigent Defense Commission (IDC) to provide training, set standards, and award supplemental grants to help local indigent defense systems meet constitutional requirements.

What is the Indigent Aggravated Murder Defense Fund?

Utah's Indigent Aggravated Murder Defense Fund, now managed by the IDC, was established in 1998 to support counties in managing cases involving aggravated murder, which are often complex, expensive, and require specialized legal resources. Participation in the fund is optional, and counties must apply to opt into it. The IDC authorizes or denies entry into the fund.

Participating counties make an annual contribution to the fund, and if an aggravated murder case is filed in their jurisdiction, they can access the fund to pay for:

- *Legal Representation*: The fund can be used to hire qualified attorneys who specialize in handling these most serious cases.
- *Expert Witnesses*: The fund can also be used to pay for experts who might be needed to review evidence in the case, which could include forensic specialists, medical experts, and others.
- *Mitigation Specialists*: The fund can provide financial resources to hire mitigation specialists. These professionals investigate the accused individual's history and circumstances to gather evidence that might help in reducing the severity of the charges or in arguing against the death penalty.

Why is Summit County interested in joining the Fund?

On May 8, 2023, Kouri Richins was charged with aggravated murder in Summit County. On February 23, 2026, the case went to trial and on March 16, 2026, the jury found Richins guilty on all counts. The court determined that Richins was indigent, thereby obligating Summit County to provide and fund her legal defense, which has cost Summit County taxpayers over \$1 million thus far.

In anticipation of a potential appeal of the verdict and/or sentence, we are interested in applying to the state's Indigent Aggravated Murder Defense Fund to help cover the costs of that appeal, which is likely to go on for multiple years at great expense to Summit County taxpayers.

Additionally, as the county evolves and grows, there is a strong likelihood we will see another aggravated murder charged and tried in Summit County. Joining the Fund allows us to proactively prepare for that eventuality once again in consideration of our taxpayers.

Application Process and Requirements

To apply to the fund, the County Council must adopt a resolution approving and authorizing entry into the fund and committing to paying the backdated assessment and annual contribution. If adopted, the resolution then goes to the IDC who will decide if Summit County may enter the fund.

Per Utah Code Section 78B-22-703, to join the fund, a county must pay an assessment based on property values from the two previous years in addition to the annual contribution. The estimated cost to join the fund in

2026 is \$153,247.48 for the backdated 2024 and 2025 assessments. The estimated annual contribution for 2026 is \$80,098.85, adding up to an estimated total of \$233,346.33 for participation in the fund.

The Annual Contribution number will change slightly once the taxable value assessment is updated using the Property Tax Annual Statistical Report 2025 when it is released by the Utah Property Tax Division later this year. After entry, to remain in the fund, the county must pay the annual contribution, which on average is \$80,000.

A participating county may withdraw from participation in the fund upon adoption by the county's legislative body of a resolution to withdraw and notice to the Indigent Defense Commission by January 1 of the year before withdrawal.

A county withdrawing from participation in the fund, or whose participation in the fund has been revoked for failure to pay the county's assessments when due, shall forfeit:

- the right to any previously paid assessment
- relief from the county's obligation to pay the county's assessment during the period of the county's participation in the fund
- any benefit from the fund, including reimbursement of costs that accrued after the last day of the period for which the county has paid the county's assessment.

Conclusion

To protect and steward Summit County's taxpayer dollars, staff recommends the County Council take advantage of the opportunity provided by the state to join the Indigent Aggravated Murder Defense Fund by approving Resolution 2026-13. Even though it is a significant cost to join the fund (more than \$233k), we anticipate the cost of the Richins appeal to exceed that amount, and it is therefore beneficial for the county to join the fund.

Attachment:

1. Resolution 2026-13, approving and authorizing Summit County entry into the Indigent Aggravated Murder Defense Fund

**SUMMIT COUNTY, UTAH
RESOLUTION NO. 2026-13**

**RESOLUTION APPROVING AND AUTHORIZING ENTRY OF SUMMIT COUNTY INTO
THE AGGRAVATED MURDER DEFENSE FUND**

WHEREAS, Summit County, a body corporate and politic of the State of Utah, pursuant to Utah Code §78B-22-102(9)(b) and §78B-22-301(1), is the indigent defense system provider in Summit County, and the County Council of Summit County, Utah, may arrange to provide such services by contracting with a defense services provider; and

WHEREAS, the Indigent Aggravated Murder Defense Fund Act, Utah Code §78B-22-701, *et. seq.*, establishes a custodial fund known as the “Indigent Aggravated Murder Defense Fund” (“Fund”) to provide for the expense of defense services for cases involving aggravated murder for indigent defendants in participating counties; and

WHEREAS, pursuant to Utah Code § 78B-22-702(2), participation in the Fund requires the legislative body of the county seeking entry to adopt a resolution authorizing participation in the Fund and to submit this resolution to the Fund’s board, together with any necessary applications, forms, or letters.

NOW, THEREFORE, be it resolved by the County Council of Summit County, Utah, as follows:

- 1) This resolution approves and authorizes entry of Summit County into the Indigent Aggravated Murder Defense Fund, effective May 6, 2026, and commits to fulfill the assessment requirements as set forth in Utah Code §78B-22-702(3) and Utah Code §78B-22-703.

- 2) Summit County also acknowledges its requirement to make an equity payment in the fund based on what the assessment would have been for the previous two (2) years, and approves the payment to be made in accordance with Attachment A.
- 3) The Summit County Council hereby authorizes the County Manager, or his designee, to negotiate necessary details of entry, including adjusting the entrance date as needed and discussion of handling existing cases.
- 4) This resolution is hereby accepted and approved by the County Council of Summit County, Utah, and the Chair of the County Council of Summit County, Utah, is authorized to execute this resolution, together with any necessary application materials, and the County Clerk to attest to the execution of said resolution for and on behalf of Summit County.
- 5) This Resolution shall take effect immediately upon its adoption.

APPROVE, ADOPTED, AND PASSED and ordered published by the Summit County Council, this 6th day of May, 2026.

SUMMIT COUNTY COUNCIL
SUMMIT COUNTY, UTAH

Canice Harte, Chair

Armstrong voted _____
Hanson voted _____
McKenna voted _____
Robinson voted _____
Harte voted _____

ATTEST:

Malena Stevens, County Clerk

APPROVED AS TO FORM: _____
Helen Strachan, Deputy County Attorney

ATTACHMENT A

2024 Assessments

INDIGENT CAPITAL DEFENSE TRUST FUND 2024 Assessments

A	B	C	D	E	F	G	H	I	J
Participating Counties	Population		Locally Assessed	Centrally Assessed	Total Local & Central		C + G / 2	.50 per person	Formula Allocation
Beaver	7,327	0.0075	\$1,215,533,819	\$702,425,768	\$1,917,959,587	0.0129	0.0102	\$3,864	\$4,999.90
Box Elder	61,498	0.0628	\$6,224,891,081	\$1,183,129,162	\$7,408,020,243	0.0500	0.0564	\$30,749	\$27,611.43
Cache	140,173	0.1432	\$13,806,675,922	\$434,746,239	\$14,241,422,161	0.0961	0.1197	\$70,087	\$58,588.02
Carbon	20,571	0.0210	\$1,655,348,637	\$677,179,324	\$2,332,527,961	0.0157	0.0184	\$10,286	\$8,995.74
Daggett	1,014	0.0010	\$270,882,574	\$159,770,335	\$430,652,909	0.0029	0.0020	\$507	\$964.86
Davis	369,948	0.3780	\$40,399,311,167	\$909,663,900	\$41,308,975,067	0.2789	0.3284	\$184,974	\$160,723.30
Duchesne	20,161	0.0206	\$1,882,468,784	\$1,431,659,336	\$3,314,128,120	0.0224	0.0215	\$10,081	\$10,514.66
Emery	10,099	0.0103	\$525,323,875	\$1,784,411,589	\$2,309,735,464	0.0156	0.0130	\$5,050	\$6,340.05
Garfield	5,281	0.0054	\$722,514,898	\$76,188,464	\$798,703,362	0.0054	0.0054	\$2,641	\$2,639.58
Iron	62,429	0.0638	\$6,927,948,732	\$720,409,703	\$7,648,358,435	0.0516	0.0577	\$31,215	\$28,241.18
Juab	12,567	0.0128	\$1,189,859,167	\$557,981,895	\$1,747,841,062	0.0118	0.0123	\$6,284	\$6,028.91
Kane	8,227	0.0084	\$2,318,849,099	\$62,418,750	\$2,381,267,849	0.0161	0.0122	\$4,114	\$5,990.20
Millard	13,330	0.0136	\$1,263,026,551	\$1,456,918,530	\$2,719,945,081	0.0184	0.0160	\$6,665	\$7,825.40
Morgan	12,832	0.0131	\$1,720,642,912	\$272,215,533	\$1,992,858,445	0.0135	0.0133	\$6,416	\$6,499.89
Plute	1,487	0.0015	\$146,982,011	\$26,710,256	\$173,692,267	0.0012	0.0013	\$744	\$658.66
Rich	2,628	0.0027	\$1,841,401,565	\$120,207,830	\$1,961,609,395	0.0132	0.0080	\$1,314	\$3,897.23
San Juan	14,359	0.0147	\$741,236,356	\$324,786,105	\$1,066,022,461	0.0072	0.0109	\$7,180	\$5,350.68
Sanpete	29,724	0.0304	\$2,192,516,132	\$165,772,177	\$2,358,288,309	0.0159	0.0231	\$14,862	\$11,326.58
Sevier	22,069	0.0225	\$1,981,219,036	\$429,672,648	\$2,410,891,684	0.0163	0.0194	\$11,035	\$9,499.69
Summit	43,249	0.0442	\$35,543,123,913	\$537,516,377	\$36,080,640,290	0.2436	0.1439	\$21,625	\$70,411.04
Tooele	79,934	0.0817	\$7,451,134,737	\$950,681,613	\$8,401,816,350	0.0567	0.0692	\$39,967	\$33,862.07
Uintah	37,141	0.0379	\$2,272,385,145	\$2,353,736,964	\$4,626,122,109	0.0312	0.0346	\$18,571	\$16,926.90
Wayne	2,645	0.0027	\$475,763,423	\$18,701,017	\$494,464,440	0.0033	0.0030	\$1,323	\$1,478.03
Total	978,693	0	\$132,769,039,536	\$15,356,903,515	\$148,125,943,051			\$489,354	\$489,354

Population Column B from Governor's Bureau of Economic and Business Research - Utah Population Estimates for 2022

Property Values Column D & E from Utah State Tax Commission - Property Tax Division Total Taxable Value of all Property for 2022

2025 Assessments

INDIGENT CAPITAL DEFENSE TRUST FUND 2025 Assessments

Participating Counties	Population		Locally Assessed	Centrally Assessed	Total Local & Central		C + G / 2	.50 per person	Formula Allocation
Beaver	7,233	0.0073	\$1,345,587,478	\$567,249,588	\$1,912,837,066	0.0111	0.0092	\$3,617.00	\$4,570.08
Box Elder	62,884	0.0632	\$7,492,971,400	\$1,001,962,151	\$8,494,933,551	0.0495	0.0563	\$31,342.00	\$27,936.42
Cache	142,393	0.1436	\$15,290,866,300	\$42,571,802	\$15,633,240,102	0.0910	0.1173	\$71,197.00	\$58,170.41
Carbon	20,809	0.0208	\$2,060,972,689	\$707,370,787	\$2,768,343,476	0.0161	0.0184	\$10,305.00	\$9,149.33
Daggett	992	0.0010	\$319,828,558	\$132,385,741	\$452,014,299	0.0026	0.0018	\$496.00	\$900.63
Davis	373,207	0.3763	\$41,179,445,059	\$744,298,717	\$41,923,743,776	0.2441	0.3102	\$186,604.00	\$153,833.60
Duchesne	20,477	0.0206	\$2,367,767,646	\$1,537,138,650	\$3,904,906,296	0.0227	0.0217	\$10,239.00	\$10,757.33
Emery	10,144	0.0102	\$786,592,873	\$1,521,636,685	\$2,308,229,558	0.0134	0.0118	\$5,072.00	\$5,868.72
Garfield	5,314	0.0054	\$805,981,467	\$2,276,641	\$808,258,108	0.0050	0.0052	\$2,657.00	\$2,667.69
Iron	64,211	0.0647	\$8,119,435,207	\$537,575,485	\$8,657,010,692	0.0504	0.0576	\$32,106.00	\$28,562.19
Juab	13,023	0.0131	\$1,554,289,930	\$489,849,567	\$2,044,139,497	0.0119	0.0125	\$6,512.00	\$6,207.18
Kane	8,425	0.0085	\$2,720,690,032	\$39,926,586	\$2,760,616,618	0.0161	0.0123	\$4,213.00	\$6,092.13
Millard	13,437	0.0135	\$1,687,534,937	\$1,334,703,638	\$3,022,238,575	0.0176	0.0156	\$6,719.00	\$7,722.88
Morgan	13,000	0.0131	\$2,276,215,378	\$224,997,968	\$2,501,213,346	0.0146	0.0138	\$6,500.00	\$6,861.36
Plute	1,550	0.0016	\$175,488,649	\$21,948,271	\$197,436,920	0.0011	0.0014	\$775.00	\$672.57
Rich	2,670	0.0027	\$2,553,435,184	\$4,313,997	\$2,637,749,181	0.0154	0.0090	\$1,335.00	\$4,475.96
San Juan	14,358	0.0145	\$790,920,513	\$294,593,501	\$1,085,514,014	0.0063	0.0104	\$7,179.00	\$5,156.84
Sanpete	30,277	0.0305	\$2,586,694,398	\$101,608,156	\$2,688,302,552	0.0157	0.0231	\$15,139.00	\$11,450.79
Sevier	22,344	0.0225	\$2,391,908,434	\$427,122,212	\$2,819,030,646	0.0164	0.0195	\$11,172.00	\$9,656.27
Summit	43,111	0.0435	\$49,468,877,080	\$439,144,220	\$49,908,021,280	0.2906	0.1670	\$21,556.00	\$2,836.44
Tooele	82,051	0.0827	\$8,187,122,205	\$78,286,624	\$9,065,408,829	0.0528	0.0678	\$41,026.00	\$33,601.90
Uintah	37,747	0.0381	\$2,698,989,236	\$2,759,213,274	\$5,458,182,510	0.0318	0.0349	\$18,874.00	\$17,317.54
Wayne	2,614	0.0026	\$633,531,919	\$10,744,818	\$644,276,737	0.0038	0.0032	\$1,307.00	\$1,583.73
Total	991,871	0	\$157,494,729,550	\$14,250,919,079	\$171,745,648,629			\$495,942	\$495,942

Population Column B from Demographic Research, State Data Center, Kem C. Gardner Policy Institute - Utah Population Estimates for 2023

Property Values Column D & E from Utah State Tax Commission - Utah Property Tax Division Annual Statistical Report 2023

2026 Assessments

INDIGENT CAPITAL DEFENSE TRUST FUND
2026 Assessments

Participating Counties	Population		Locally Assessed	Centrally Assessed	Total Local & Central		C + G / 2	.50 per person	Formula Allocation
Beaver	7,339	0.0073	\$ 1,357,240,532	\$ 550,287,424	\$ 1,907,527,956	0.0106	0.0090	\$ 3,670.00	\$ 4,482.47
Box Elder	61,755	0.0617	\$ 8,177,788,824	\$ 1,004,176,295	\$ 9,181,965,119	0.0510	0.0564	\$ 30,878.00	\$ 28,183.77
Cache	143,483	0.1435	\$ 16,580,965,100	\$ 346,665,384	\$ 16,927,630,484	0.0940	0.1187	\$ 71,742.00	\$ 59,367.25
Carbon	20,442	0.0204	\$ 2,038,564,519	\$ 612,529,196	\$ 2,651,093,715	0.0147	0.0176	\$ 10,221.00	\$ 8,790.36
Daggett	984	0.0010	\$ 385,257,732	\$ 134,431,020	\$ 519,688,752	0.0029	0.0019	\$ 492.00	\$ 967.34
Davis	378,572	0.3785	\$ 43,467,732,590	\$ 735,193,960	\$ 44,202,926,550	0.2454	0.3120	\$ 189,286.00	\$ 155,999.14
Duchesne	20,171	0.0202	\$ 2,667,078,656	\$ 1,790,287,263	\$ 4,457,365,919	0.0247	0.0225	\$ 10,086.00	\$ 11,229.75
Emery	9,913	0.0099	\$ 838,729,043	\$ 1,371,178,945	\$ 2,209,907,988	0.0123	0.0111	\$ 4,957.00	\$ 5,545.69
Garfield	5,115	0.0051	\$ 985,910,717	\$ 54,265,705	\$ 1,040,176,422	0.0058	0.0054	\$ 2,558.00	\$ 2,722.56
Iron	67,897	0.0679	\$ 8,843,700,082	\$ 531,535,799	\$ 9,375,235,881	0.0520	0.0600	\$ 33,949.00	\$ 29,987.55
Juab	13,116	0.0131	\$ 1,704,367,697	\$ 534,396,036	\$ 2,238,763,733	0.0124	0.0128	\$ 6,558.00	\$ 6,386.51
Kane	8,364	0.0084	\$ 2,980,490,013	\$ 39,198,746	\$ 3,019,688,759	0.0168	0.0126	\$ 4,182.00	\$ 6,282.43
Millard	13,609	0.0136	\$ 2,246,945,212	\$ 1,353,172,290	\$ 3,600,117,502	0.0200	0.0168	\$ 6,805.00	\$ 8,399.35
Morgan	13,093	0.0131	\$ 2,586,395,641	\$ 227,015,628	\$ 2,813,411,269	0.0156	0.0144	\$ 6,547.00	\$ 7,178.38
Piute	1,649	0.0016	\$ 192,889,003	\$ 21,209,095	\$ 214,098,098	0.0012	0.0014	\$ 825.00	\$ 709.43
Rich	2,805	0.0028	\$ 2,784,125,146	\$ 87,236,768	\$ 2,871,361,914	0.0159	0.0094	\$ 1,403.00	\$ 4,686.77
San Juan	15,005	0.0150	\$ 841,778,196	\$ 292,713,091	\$ 1,134,491,287	0.0063	0.0107	\$ 7,503.00	\$ 5,326.01
Sanpete	30,900	0.0309	\$ 2,839,124,523	\$ 119,344,679	\$ 2,958,469,202	0.0164	0.0237	\$ 15,450.00	\$ 11,831.54
Sevier	21,979	0.0220	\$ 2,458,016,147	\$ 446,839,850	\$ 2,904,855,997	0.0161	0.0191	\$ 10,990.00	\$ 9,526.84
Summit	43,301	0.0433	\$ 49,468,877,060	\$ 439,144,220	\$ 49,908,021,280	0.2771	0.1602	\$ 21,651.00	\$ 80,098.85
Tooele	81,856	0.0818	\$ 8,458,874,104	\$ 902,476,267	\$ 9,361,350,371	0.0520	0.0669	\$ 40,928.00	\$ 33,458.09
Uintah	36,215	0.0362	\$ 3,108,287,399	\$ 2,800,337,028	\$ 5,908,624,427	0.0328	0.0345	\$ 18,108.00	\$ 17,255.19
Wayne	2,543	0.0025	\$ 716,163,279	\$ 11,472,567	\$ 727,635,846	0.0040	0.0033	\$ 1,272.00	\$ 1,645.73
Total	1,000,106	0	\$ 165,729,301,215	\$ 14,405,107,256	\$ 180,134,408,471			\$ 500,061	\$ 500,061

Population Column B from Demographic Research, State Data Center, Kern C. Gardner Policy Institute - Utah Population Estimates for 2024

Property Values Column D & E from Utah State Tax Commission - Utah Property Tax Division Annual Statistical Report 2024

Totals

2024 Assessments: \$70,411.04
 2025 Assessments: \$82,836.44
 2026 Assessments: \$80,098.85
 Total*: \$233,346.33

* Due upon entry into the Fund once approved by the IDC



Memorandum:

Date: May 6, 2026

To: Council Members

From: Shayne Scott

Re: Recommendation to appoint five members to the Emergency Services Sales Tax Grant Program Advisory Board

On March 12, 2026, the Summit County Council adopted Ordinance 1006 an Ordinance enacting the need for Emergency Services Sales Tax Grant Program pursuant to Utah Code §59-12-802 et. seq.

Advice and consent of County Manager's recommendation to appoint the new members for the following terms:

- Eric Bradshaw – North Summit region; term to expire April 30, 2027
- Terry Preston – South Summit region; term to expire April 30, 2029
- Patrick Putt – Park City Region; term to expire April 30, 2028
- Rebecca Ross – Citizen at Large; term to expire April 30, 2028
- Suzy Lee – Citizen at Large; term to expire April 30, 2029

The County Manager interviewed 16 applicants on April 17th, 23rd, and 27th, 2026.



MINUTES

SUMMIT COUNTY

County Council

RICHINS BUILDING AUDITORIUM

1885 W. UTE BLVD, PARK CITY, UTAH, 84060

WEDNESDAY, APRIL 1, 2026

Meeting also conducted via Zoom.

DRAFT

1. **Work Session** (1:25 PM)

Tonja B Hanson
Canice Harte
Megan McKenna
Excused: Roger Armstrong
Christopher Robinson

Shayne Scott
Janna Young
Dave Thomas
Dan Compton
Joe Frazier
Amir Caus
Carl Miller
Madalyn McDonough
Laura Kuhrmeyer
Chase Black
Stephanie Paice
Amy Price
Brian Craven

1) ***Pledge of Allegiance*** (1:26 PM)

2) ***Discussion regarding possible Title 2, Chapter 2, code changes for the Summit County Heritage and Landmark Commission; Joe Frazier*** (1:26 PM)

Attachment: Cover Page

Attachment: STAFF REPORT April 1.docx

Attachment: Ord 2026-XX [2-12-26 revisions].docx

The Summit County Historian Joe Frazier and Library Director Daniel Compton on behalf of the Heritage and Landmark Commission presented potential code amendments to Title 2, requesting to combine Chapter 37 with Chapter 2. (1:26 PM)

Council Members commented and asked questions. Summit County Historian Frazier responded to their concerns. (1:30 PM)

Council member Roger Armstrong joined the meeting. (1:30 PM)

Roger Armstrong
Tonja B Hanson
Canice Harte
Megan McKenna

Excused: Christopher Robinson

Shayne Scott
Janna Young
Dave Thomas
Dan Compton
Joe Frazier
Amir Caus
Carl Miller
Madalyn McDonough
Chase Black
Laura Kuhrmeyer
Stephanie Paice
Amy Price
Brian Craven

3) ***Discussion of land use public hearings and ex parte communications; Dave Thomas*** (1:33 PM)

Attachment: Cover Page

Dave Thomas, *Civil Chief Deputy Attorney*, led a discussion on ex parte communications regarding land use decisions. Council Members asked questions clarifying rules and procedures. Attorney Thomas responded to their concerns. (1:33 PM)

Peter Barnes, *Community Development Director*, responded to a question about the planning lab. (1:47 PM)

Shayne Scott, *County Manager*, provided additional comments to the discussion and asked a follow-up question of Attorney Thomas. (1:49 PM)

4) ***Update on 2026 Work Plan; Shayne Scott and Janna Young*** (1:51 PM)

Attachment: Cover Page

Attachment: Staff Report_2026WorkPlan_AprilUpdate.pdf

Attachment: Summit County 2026 Work Plan (final).pdf

Shayne Scott, *County Manager*, and Janna Young, *Deputy County Manager*, updated the Council on the seven priorities for the 2026 General Plan (1:51 PM).

Council members thanked Manager Scott and Deputy Manager Young for their work. (2:35 PM)

5) ***Council and Manager comments*** (2:36 PM)

Council member Megan McKenna provided updates about her activities last week on behalf of the Council. (2:36 PM)

Council member Roger Armstrong asked Attorney Thomas and the other Council Members about upcoming trainings. (2:39 PM)

County Manager Scott provided updates on the activities and events he attended on behalf of the County. (2:41 PM)

RECESS (2:42 PM)

- 6) ***Continued discussion regarding a proposed Rezone and Master Planned Development for the Junction Commons, a 19-building mixed use redevelopment project at Junction Commons (formerly Outlets Park City), located at 6699 N Landmark Dr, Kimball Junction, Summit County, UT; Parcel FSE-1; Applicant: Elliott Workgroup representing SRE Ontario LLC. Project #24-087. Amir Caus, Carl Miller, and Madlyn McDonough (2:52 PM)***

Attachment: Cover Page

Attachment: Junction Commons Master Planned Development Staff Memo - April 1, 2026 Work Session (Housing and Traffic).pdf

Amir Caus, *AICP, Senior Planner*, introduced the proposed Rezone and Master Planned Development for the Junction Commons, outlining planning objectives. (2:52 PM)

Craig Elliott, *Managing Partner at Elliott Workgroup*, and Justin Keys, *Attorney with Hoggan Lee Hutchinson*, addressed the County Council's questions from the last work session held on March 18, 2026. (2:53 PM)

Economic Development and Housing Manager Madlyn McDonough addressed the Council. She provided detailed information regarding phasing and unit types, building integration, population estimates, and affordability (3:06 PM)

Chris Robinson joined the meeting via Zoom at 3:14 PM.

Roger Armstrong
Christopher Robinson
Tonja B Hanson
Canice Harte
Megan McKenna

Shayne Scott
Janna Young
Dave Thomas
Dan Compton
Joe Frazier
Amir Caus
Carl Miller
Madalyn McDonough
Chase Black
Laura Kuhrmeyer
Eve Furse
Stephanie Paice
Amy Price
Brian Craven

Council Members commented on the housing portion of the development discussion and asked follow-up questions. Mr. Keys, Mr. Elliott, Planner Caus, and Manager McDonough responded. (3:15 PM)

Internet connection lost, meeting paused. (3:26 PM)

Internet reconnected, the meeting continued. (3:29 PM)

Discussion continued on the proposed Rezone and Master Planned Development for the Junction Commons. (3:30 PM)

Applicants responded to the comments given by the Council members. (4:06 PM)

Council Chair Harte suggested moving the transportation portion of the discussion to the April 15th meeting to allow for the additional time required. (4:14 PM)

RECESS (4:14 PM)

Tonja B Hanson made a motion to convene as the Board of Equalization (4:21 PM). Christopher Robinson seconded, and all voted in favor, (4-0). Absent: Roger Armstrong.

2. **Convene as the Board of Equalization (4:21 PM)**

- 1) ***Discussion and approval of 2026 Applications for Exemption of 501(c)3 organizations and Continued Property Tax Exemption Annual Statements; Chase Black (4:21 PM)***

Attachment: Cover Page

Attachment: 501c3 Exemptions Staff Report 2026.04.01.pdf

Chase Black, *Chief Deputy Auditor*, presented the 2026 501(c)(3) applications for property tax exemption. Lambert Lane Village Association was the first application discussed. (4:22 PM)

David Sutherland, representing the Lambert Lane Village Association, addressed the Council to provide additional context regarding the request for an exemption. Assessor Stephanie Paice and Council members commented and asked questions. Chief Civil Deputy Attorney Dave Thomas responded. (4:26 PM)

Council member Roger Armstrong left the meeting (4:32 PM)

Christopher Robinson
Tonja B Hanson
Canice Harte
Megan McKenna
Absent: Roger Armstrong

Shayne Scott
Janna Young
Dave Thomas
Dan Compton
Joe Frazier
Amir Caus
Carl Miller
Madalyn McDonough
Laura Kuhrmeyer
Chase Black
Stephanie Paice
Amy Price
Brian Craven

Christopher Robinson made a motion to deny the property tax exemption for the Lambert Lane Village Association parcel VLL-A (4:34 PM). Tonja B Hanson seconded, and all voted in favor, (4-0). Absent: Roger Armstrong.

Chief Deputy Black presented the application for a property tax exemption from the Daily Church. Staff recommended approval. (4:35 PM)

Dan Moke, applicant, addressed the Council on behalf of Daily Church. (4:35 PM)

Christopher Robinson made a motion to approve the non profit exemption to the Daily Church parcel number PC-72 as presented. (4:36 PM). Tonja B Hanson seconded, and all voted in favor, (4-0). Absent: Roger Armstrong.

Chief Deputy Black presented the application for a property tax exemption from the Church of Jesus Christ of Latter-day Saints. Staff recommended approval. (4:35 PM)

Tyler Qualls addressed the Council on behalf of the Church of Jesus Christ of Latter-day Saints. Council members commented and asked questions. Mr. Qualls responded. (4:36 PM)

Christopher Robinson made a motion to approve the exemption for the property taxes for the three parcels owned by the Church of Jesus Christ of

Latter-Day Saints, namely SS23-26, SS23-27, and SS23-28, as shown in the packet. (4:38 PM). Tonja B Hanson seconded, and all voted in favor, (4-0). Absent: Roger Armstrong.

Chief Deputy Black presented the application for a property tax exemption from Ivory Innovations. Staff recommended approval. (4:39 PM)

Council member Roger Armstrong joined the meeting. (4:39 PM)

Roger Armstrong
Christopher Robinson
Tonja B Hanson
Canice Harte
Megan McKenna

Shayne Scott
Janna Young
Dave Thomas
Dan Compton
Joe Frazier
Amir Caus
Carl Miller
Madalyn McDonough
Chase Black
Pete Emery
Ben Nielson
Laura Kuhrmeyer
Eve Furse
Stephanie Paice
Jamie Kimball
Amy Price
Brian Craven

Ian Cahoon addressed the Council on behalf of Ivory Innovations. Council members commented and asked questions. Mr. Cahoon and Assessor Paice responded. (4:40 PM)

Christopher Robinson made a motion to approve tax exempt status for Ivory Innovations FC3-311-AM, FC3-312-AM, FC3-313-AM, FC3-314-AM, FC4-409, FC4-410, FC4-411, and FC4-412 as presented in the packet. (4:43 PM). Tonja B Hanson seconded, and all voted in favor, (5-0).

Chief Deputy Black presented the Continued Property Tax Exemption Annual Statements to Council. (4:45PM)

Council member Roger Armstrong asked a clarifying question about the recent motions. Attorney Thomas responded. Council member Christopher Robinson restated the previous motions to include the language, findings of fact and conclusions of law, to the motions. (4:45 PM)

Christopher Robinson made a motion to deny the property tax exemption for the Lambert Lane Village Association Parcel VLL-A based on the findings of fact and conclusions of law as attached. (4:46 PM). Roger Armstrong seconded, and all voted in favor, (5-0).

Christopher Robinson made a motion to approve the property tax exemption for the Daily Church parcel number PC-72 based on the findings of fact and conclusions of law contained in the packet. (4:47 PM). Roger Armstrong seconded, and all voted in favor, (5-0).

Christopher Robinson made a motion to approve the property tax exemption for the Church of Jesus Christ of Latter-Day Saints Parcels SS23-26, SS23-27, and SS23-28 based on the findings of fact and conclusions of law contained in the packet. (4:47 PM). Roger Armstrong seconded, and all voted in favor, (5-0).

Christopher Robinson made a motion to approve the property tax exemption for Ivory Innovations on the following parcels FC3-311-AM, FC3-312-AM, FC3-

313-AM, FC3-314-AM, FC4-409, FC4-410, FC4-411, and FC4-412 based on the findings of fact and conclusions of law contained in the packet. (4:48 PM). Roger Armstrong seconded, and all voted in favor, (5-0).

Christopher Robinson made a motion to approve for 2026 the Continuing Property Tax Exemptions for those parcels shown in the packet. (4:49 PM). Roger Armstrong seconded, and all voted in favor, (5-0).

Roger Armstrong made a motion to dismiss as the Board of Equalization and reconvene as the County Council. (4:49 PM). Tonja B Hanson seconded, and all voted in favor, (5-0).

3. **Consideration of Approval** (4:50 PM)

- 1) ***Discussion and action regarding restrictions on fireworks and open burning activities within the unincorporated areas of Summit County that fall within the boundaries of the Park City Fire District; Pete Emery*** (4:50 PM)

Attachment: Cover Page

Attachment: PCFD Fireworks and Open Burning Restrictions in Summit County Request Letter 3.16.26.doc

Attachment: PCFD [Proposed] Council letter to forester 2026.doc

Park City Fire Chief Pete Emery presented a fire ban for fireworks and open burning activities within the unincorporated areas of Summit County. Chief Emery noted the date for the ban had been moved up this year. (4:50 PM)

Roger Armstrong made a motion to approve the County Council Chair to sign a letter to Jamie Barnes, Director of the Utah Division of Forestry, Fire, and State Lands, supporting restrictions on fireworks and open burning in the unincorporated areas served by Park City Fire District, as contained in the packet. (4:52 PM). Christopher Robinson seconded, and all voted in favor, (5-0).

- 2) ***Discussion and action regarding restrictions on fireworks and open burning activities within the unincorporated areas of Summit County that fall within the boundaries of the North Summit Fire District; Ben Nielson*** (4:55 PM)

Attachment: Cover Page

Attachment: NSFD Summit County Letter Banning Open Burn 2026.pdf

Attachment: NSFD Draft letter to forester 2026.pdf

North Summit Fire Chief Ben Nielson addressed Council regarding restrictions on fireworks and burning activities within the North Summit Fire District. (4:55 PM)

Council member Christopher Robinson left the meeting. (4:58 PM)

Roger Armstrong
Tonja B Hanson
Canice Harte
Megan McKenna
Excused: Christopher Robinson

Shayne Scott
Janna Young
Dave Thomas
Dan Compton
Joe Frazier
Amir Caus
Carl Miller
Madalyn McDonough
Chase Black
Pete Emery

Ben Nielson
Laura Kuhrmeyer
Eve Furse
Stephanie Paice
Jamie Kimball
Amy Price
Brian Craven

Roger Armstrong made a motion to authorize the County Council Chair to sign the April 1st letter to Jamie Barnes, Director of Utah Division of Forestry, Fire, and State Lands, supporting restrictions on fireworks and open burning in the unincorporated areas served by North Summit Fire District, as contained in that letter. (4:58 PM). Tonja B Hanson seconded, and all voted in favor, (4-0). Absent: Christopher Robinson.

Council member Christopher Robinson joined the meeting. (4:59 PM)

Roger Armstrong	Shayne Scott
Christopher Robinson	Janna Young
Tonja B Hanson	Dave Thomas
Canice Harte	Dan Compton
Megan McKenna	Joe Frazier
	Amir Caus
	Carl Miller
	Madalyn McDonough
	Chase Black
	Laura Kuhrmeyer
	Eve Furse
	Stephanie Paice
	Amy Price
	Brian Craven

RECESS (4:59 PM)

- 3) ***Discussion and possible action regarding Ordinance No. 820-A, an Ordinance Approving and Adopting the 4th Amended Development Agreement (DA) for the Utah Olympic Park Specially Planned Area. Parcels PP-63-A, PP-62-3-UAF, KJS-6-1AM, PP-62-KJS, PP-62-4, and PP-62-KJS, located in Summit County, Utah. Applicant: Utah Olympic Legacy Foundation (UOLF); Laura Kuhrmeyer (5:08 PM)***

Attachment: Cover Page

Attachment: Summary of Proposed Modifications and Conditions

Attachment: Ordinance No. 820-A Amended and Restated DA for Utah Olympic Park

Laura Kuhrmeyer, *Planner*, summarized the modifications and conditions requested by Council members. Council Chair Harte clarified the information that was included by the Council. Chief Civil Deputy Attorney Dave Thomas provided further information to guide the discussion. (5:09 PM)

Applicants Colin Hilton, *President and CEO of Utah Olympic Legacy Foundation (UOLF)*, along with Jamie Kimball, *UOLF General Manager*, Christopher Conabee and Thomas Wadsworth with *Utah Development and Construction*, addressed the modifications and conditions requested by Council members from the last Council meeting held on March 18, 2026. (5:14 PM)

Council members commented and asked questions. Planner Kuhrmeyer, the applicants, along with Chief Civil Deputy Attorney Thomas, responded to the

concerns raised during the discussion. (5:17 PM)

4. **Public Input** (6:00 PM)

Council Chair Harte opened the meeting for public input. (6:00 PM)

Meta Haley was called to speak. (6:01 PM)

Dana Vanoy was called to speak (6:06 PM)

Chief Civil Deputy Attorney Thomas and Council Chair Harte responded to the questions raised during the public comment. (6:07 PM)

Council Chair Harte closed the meeting for public input. (6:12 PM)

Attachment: Sign-In Sheet 4-1-26

5. **Consideration of Approval Continued** (6:13 PM)

4) ***Discussion and approval of Proclamation 2026-02, a Proclamation Recognizing Evelyn Furse for Five Years of Service as the Summit County Clerk*** (6:13 PM)

Attachment: Cover Page

Attachment: Proclamation 2026-02 Evelyn Furse.docx

Amy Price, *Chief Deputy Clerk*, read Proclamation No. 2026-02 Recognizing Evelyn Furse for Five Years of Service as the Summit County Clerk. (6:13 PM)

Eve Furse, *Clerk*, thanked the Council for their recognition. (6:18 PM)

Janna Young, *Deputy County Manager*, presented Clerk Furse with a card; Council thanked Clerk Furse and stood for photos. (6:20 PM)

Attachment: Proclamations 2026-Executed

5) ***Continued Discussion and possible action regarding Ordinance No. 820-A, an Ordinance Approving and Adopting the 4th Amended Development Agreement (DA) for the Utah Olympic Park Specially Planned Area. Parcels PP-63-A, PP-62-3-UAF, KJS-6-1AM, PP-62-KJS, PP-62-4, and PP-62-KJS, located in Summit County, Utah. Applicant: Utah Olympic Legacy Foundation (UOLF); Laura Kuhrmeyer*** (6:22 PM)

Discussion of the modifications and conditions requested by Council members continued among Council, staff, and the applicants. (6:23 PM)

Council members provided final thoughts and comments. Planner Kuhrmeyer, applicants President Hilton, Principal Conebee, Manager Kimball, and Vice President Wadsworth, along with Chief Civil Deputy Attorney Thomas, responded. (7:33 PM)

Council member Christopher Robinson left the meeting. (7:41 PM)

Roger Armstrong

Tonja B Hanson

Canice Harte

Megan McKenna

Excused: Christopher Robinson

Shayne Scott

Janna Young

Dave Thomas

Dan Compton

Joe Frazier

Amir Caus

Carl Miller

Madalyn McDonough

Chase Black
Laura Kuhrmeyer
Eve Furse
Stephanie Paice
Amy Price
Brian Craven

Applicants provided final thoughts and comments to the County Council. (7:45 PM)

6. **Adjournment** (7:51 PM)

Tonja B Hanson made a motion to adjourn. 0 seconded.

Canice Harte, Chair

Eve Furse, Clerk

Meeting minutes and recordings appear at summitcountyutah.gov/meetings. When in the electronic version of the minutes, clicking on the hyperlinked times takes you to that spot in the meeting recording.



MINUTES

SUMMIT COUNTY

County Council

SUMMIT COUNTY COURTHOUSE

60 NORTH MAIN STREET, COALVILLE, UTAH, 84017

WEDNESDAY, APRIL 8, 2026

Meeting also conducted via Zoom.

DRAFT

1. **Call to Order** (5:08 PM)

Roger Armstrong
Tonja B Hanson
Megan McKenna
Malena Stevens

Excused: Christopher Robinson
Canice Harte

Janna Young
Margaret Olson
Dave Thomas
Eve Furse
Amy Jones
Melissa Mendez
Ron Boyer

2. **Pledge of Allegiance** (5:09 PM)

3. **Discussion and approval of the recommendation from the Summit County Democratic Party to appoint an interim Summit County Clerk** (5:09 PM)

Clerk Eve Furse addressed the Council. Council member Armstrong responded. (5:12 PM)

Acting Chair and Council member Armstrong, serving as the presenter, read the Summit County Democratic Party's letter nominating Malena Stevens and endorsing her to fill the interim Summit County Clerk position until January 1, 2027. (5:13 PM)

Tonja B Hanson made a motion to appoint Malena Stevens as the interim Summit County Clerk, whose term will expire on December 31, 2026. (5:15 PM). Megan McKenna seconded, and all voted in favor, (3-0). Absent: Christopher Robinson, Canice Harte.

Attachment: Summit County Democrats Nomination Letter- Malena Stevens

4. **Appointment and Oath of Office for an interim Summit County Clerk with a term of expiration of January 1, 2027** (5:16 PM)

Summit County Attorney Margaret Olson administered the Oath of Office for the interim Summit County Clerk, Malena Stevens. (5:16 PM)

Council members thanked Eve Furse for her work as the County Clerk and welcomed Malena Stevens as the interim County Clerk. (5:17 PM)

5. **Adjournment** (5:19 PM)

Tonja B Hanson made a motion to adjourn. 0 seconded.

Canice Harte, Chair

Eve Furse, Clerk

Meeting minutes and recordings appear at summitcountyutah.gov/meetings. When in the electronic version of the minutes, clicking on the hyperlinked times takes you to that spot in the meeting recording.



Assessor
60 North Main
Coalville, UT 84017
summitcountyassessor.org

TO: Summit County Council

FROM: Property Tax Offices:

Summit County Assessor, Summit County Auditor, Summit County Treasurer

DATE: 6 May 2026

RE: Discussion and Possible Adoption of Ordinance No.787B. Amending Ordinance No.787A, Residential Property Tax Exemptions

Discussion

The Primary Residential Exemption (PRE) is a constitutionally authorized property tax exemption that reduces the taxable value of a qualifying primary residence to 55% of its fair market value. Since 1997, through adoption of Ordinance 319 and codified in Summit County Code as Title 1, Chapter 12, Article B, Summit County has had a standardized application process in place requiring property owners to apply for the PRE, given the County’s unusually high number of secondary residences. The County Council last adopted changes to the PRE process in 2020, which allows for an extended deadline of November 30th each year for a property owner to apply for the PRE (See [Exhibit A](#), Ordinance 787A).

Additional legislative amendments to **Utah Code § 59-2-103.5**, effective July 1, 2025, revised statutory language regarding a county’s authority to require a PRE application by ordinance. The revised statute no longer expressly references the need for a county ordinance in the same manner as prior versions of the code.

While this change removes specific ordinance-related wording, it does **not clearly prohibit** counties from maintaining or updating an ordinance related to the PRE. As such, staff interprets the change as requiring **updates for consistency**, rather than a repeal of Ordinance 787A. However, Utah Code §59-2-103.5 does state that a county board of equalization may not accept a PRE application filed after the later date of September 15th or the last day of the 45-day period after which the county auditor provides a property owner their property tax notice. This language is in conflict with Summit County’s November 30th deadline.

Several Utah counties with circumstances similar to Summit County, particularly a high proportion of secondary homeowners—have retained their ordinances but adjusted administrative practices to accommodate the new statutory deadline of September 15th.

Specifically, **Kane, Grand, Wasatch, and Washington Counties** are handling applications submitted **after the September 15 deadline but before the November 30 property tax payment deadline** through a **discretionary abatement process**. Utah Code §59-2-1347, upon application, allows the county’s legislative body to adjust taxes “where, in the judgment of the county legislative body, the best human interests and the interests of the state and the county are served.” This approach allows counties to provide limited relief in appropriate circumstances while still recognizing the statutory deadline established by the Legislature.



Assessor
60 North Main
Coalville, UT 84017
summitcountyassessor.org

Staff Recommendation

Staff suggest amendments to the PRE process is necessary to remain consistent with current Utah law. A county administrative process would be in place to handle the Council's approval of the abatement. The proposed amendment reflects best practices across similarly situated counties and supports fair and consistent application of the PRE.

SUMMIT COUNTY, UTAH

ORDINANCE NO. 787-B

AN ORDINANCE AMENDING ORDINANCE 787

RESIDENTIAL PROPERTY TAX EXEMPTIONS

WHEREAS, the Utah Constitution, Article XIII, Section 3 and Utah Code §§59-2-102 and 59-2-103 allows for an exemption equal to a 45% reduction in the fair market value of residential property that is used as a “primary residence;” and

WHEREAS, the Utah Legislature enacted Utah Code §59-2-103.5 establishing procedures for property owners to obtain a tax exemption for residential property and authorizing a county legislative body to adopt an ordinance for the allowance of a residential property tax exemption.

WHEREAS, Summit County has previously adopted such an ordinance, which is codified in Title 1, Chapter 12B, “Residential Property Tax Exemptions,” of the Summit County Code setting forth the application process and procedures for allowing a primary residential property tax exemption;

WHEREAS, the Summit County Council last adopted changes to Title 1, Chapter 12, Article B by way of Ordinance No. 787-A, adopted on August 26, 2020; and

WHEREAS, the Summit County Council has determined that additional amendments are needed to Title 1, Chapter 12, Article B based on changes made to Utah Code §59-2-103.5; and

WHEREAS, this Ordinance accordingly amends Summit County Code, Title 1, Chapter 12, Article B.

NOW THEREFORE, the County Legislative Body of the County of Summit, State of Utah, hereby ordains as follows:

Section 1: The Council hereby amends the Summit County Code, Title 1, Chapter 12, Article B in accordance with Exhibit A herein

Section 2: Effective Date: This Ordinance shall take effect fifteen (15) days after the date of its publication.

APPROVED, ADOPTED, AND PASSED and ordered published by the Summit County Council, this 6th day of May, 2026.

SUMMIT COUNTY COUNCIL, SUMMIT COUNTY, UTAH

By Council Chair

Hanson voted____
McKenna voted____
Armstrong voted____
Harte voted____
Robinson voted ____

APPROVED AS TO FORM

Deputy County Attorney

ATTEST:

SUMMIT COUNTY CLERK

Date of Publication _____, 2026.

EXHIBIT A

ARTICLE B. RESIDENTIAL PROPERTY TAX EXEMPTIONS

1-12B-1: AUTHORITY AND PURPOSE

1-12B-2: DEFINITIONS

1-12B-3: APPLICATION

1-12B-4: CRITERIA FOR RESIDENTIAL EXEMPTIONS

1-12B-5: PROCEDURE

**1-12B-6: PRIMARY RESIDENTIAL EXEMPTION ADJUSTMENTS AFTER
SEPTEMBER 15th**

1-12B-7: CONFLICTS

1-12B-1: AUTHORITY AND PURPOSE:

The Utah Constitution, Article XIII, Section 3 and Utah Code Annotated §§59-2-102 and 59-2-103, allows for an exemption equal to a 45% reduction in the fair market value of residential property that is used as a “primary residence.” The Utah Legislature enacted Utah Code Annotated §59-2-103.5 establishing procedures for property owners to obtain a tax exemption for residential property and authorizing a county legislative body to adopt an ordinance for the allowance of a residential property tax exemption.

1-12B-2: DEFINITIONS:

A. "Domicile" means the place where a person has a true, fixed, permanent home and principal establishment, and to which place he/she has, when absent, the intention of returning. It is the place in which a person has voluntarily fixed the habitation of himself/herself and family, not for a mere special or temporary purpose, but with the present intention of making a permanent home.

B. "Household" means an association of persons who live in the same dwelling sharing its furnishings, facilities, accommodations, and expenses, and includes married individuals, who are not legally separated, who have established Domiciles at separate locations within the state. Married couples may only claim one property as a primary residence except where separate residences are maintained and occupied under a court approved separation agreement.

C. “Part-Year Residential Property” means property that is not residential property on January 1 of a calendar year but becomes residential property after January 1 of the calendar year.

D. "Primary Residence" means the location where Domicile has been established. It is the principal place where one (property owner or inhabitant) actually lives for one hundred eighty-three (183) or more consecutive calendar days during the calendar year as distinguished from a place of temporary sojourn.

1-12B-3: APPLICATION:

A. Application Required: An application for Primary Residence tax exemption is required when:

1. The specific residential property was ineligible for the tax exemption during the calendar year immediately preceding the calendar year for which the owner is seeking to have the tax exemption applied to the value of the residential property; or
2. An ownership interest in the residential property changes; or
3. The County Board of Equalization or County Assessor determines that there is reason to believe that the property no longer qualifies for the tax exemption in accordance with this Article and Utah Code Annotated §59-2-103 et. seq.

B. Time Limits for Filing Application: An applicant(s), who is the record owner or his/her representative, shall submit an application for a Primary Residence tax exemption on a form provided by the County Assessor no later than September 15th of the calendar year for which the owner seeks to obtain the residential exemption. The application shall be signed and dated by all owner(s) of record. Any misrepresentation on the application subjects the owner(s) to a penalty equal to the tax on the property's value.

C. Failure to File Timely Application: Except as provided for in 1-12B-6, below, all applications for a residential exemption received after November 30th shall be denied for that tax year.

D. Part-Time Residential Property:

1. Before a tax exemption may be applied to the value of Part-Time Residential Property, owner(s) of the property shall file an application described in Section 1-12B-3 (A) above with the County Assessor prior to September 15th. The application shall include a statement that certifies:

- a. the date the Part-Time Residential Property became residential property; and
- b. that the Part-Time Residential Property will be used as residential property for one hundred eighty-three (183) or more consecutive calendar days during the calendar year for which the owner seeks to obtain the tax exemption.

E. No Longer Qualifying: If an owner no longer qualifies to receive a residential exemption authorized by this Article or Utah Code §59-2-103 et. seq. for the property owner's Primary Residence, the property owner shall file a written notification with the County Assessor that the property owner no longer qualifies to receive a residential exemption for the property owner's Primary Residence.

F. Ownership Change: When an ownership interest in residential property changes, the County Assessor will send out a courtesy notice to the new owner(s) (using the mailing address provided

on the recorded instrument that changed ownership) notifying the new owner that they must apply and no longer qualify for the Primary Residence tax exemption. A new application as required under Section 1-12B-3(A) along with instructions will be included. Notwithstanding this subsection, the burden to file a timely application requesting a Primary Residence tax exemption always remains with the property owner and failure of the County Assessor to send a courtesy notice in no way relieves a property owner of their burden.

G. Audits: As part of the County Assessor's statutory duty to become fully acquainted with all property in the county, the County Assessor may periodically audit those properties which have been granted a Primary Residence tax exemption.

1. Audits Prior to May 22: Where the County Assessor determines, prior to May 22nd (the date on which the assessment roll closes), that sufficient evidence exists that a property no longer qualifies for the Primary Residence tax exemption, he/she shall make necessary changes to the tax roll prior to May 22nd of each year. The County Assessor will send a courtesy notice to the owner notifying them that the Primary Residence tax exemption has been removed from their property. A new application as required under Section 1-12B-3(A) along with instructions will be included.

2. Audits on May 22 and After: Where the County Assessor determines, on May 22nd (the date on which the assessment roll closes) or after, that sufficient evidence exists that property no longer qualifies for the Primary Residence tax exemption, he/she shall send a courtesy notice to the owner notifying them that their Primary Residence tax exemption status will be removed. A new application as required under Section 1-12B-3(A) along with instructions will be included. Any changes to the primary exemption status after the May 22nd assessment roll close date, shall be approved by the Board of Equalization.

H. Grandfather Provision: Property owners whose property was listed as of September 22, 1997, by the County Assessor as having a Primary Residence tax exemption shall not be required to file an application to continue its status. However, should ownership or the property inhabitant's status change or the property is otherwise discovered to not be used as a Primary Residence, the property shall no longer be considered exempt and an application under the provisions of this Article shall apply.

1-12B-4: CRITERIA FOR RESIDENTIAL EXEMPTIONS:

A. Primary Residence: In order to be considered for a Primary Residence tax exemption for the current tax year, the property must be used in the current calendar year as a Primary Residence.

B. Factors In Determining Primary Residence: The County Assessor and the Summit County Board of Equalization may refer to the Administrative Rules of the Utah State Tax Commission for guidance in reviewing the factors and evidence for determining whether an owner qualifies for a tax exemption based on Primary Residence.

C. Additional Information: The County Assessor or the Summit County Board of Equalization may request or collect information sufficient to verify the Primary Residence status of a

property, including information related to qualification of tenants who may occupy the property, to determine if the property is entitled to the residential exemption.

D. Owner Occupied Property Not Required: To qualify for the Primary Residence tax exemption, a property need not be owner occupied. Apartments and other rental housing used as a Primary Residence of the occupant(s) may qualify for the Primary Residence tax exemption. Property used for transient residential use (motels, nightly rentals, condominiums used in rental pools, etc.) may not. Evidence that the property is regularly utilized for "nightly rentals", as that term is defined in Title 3 of this code, for a period greater than fourteen (14) calendar days in any calendar year, raises a rebuttable presumption that the property no longer qualifies for the Primary Residence tax exemption.

E. One Acre Limitation: No more than one (1) acre of land per residential dwelling unit on a single property parcel identification may qualify for a Primary Residence tax exemption.

F. One Exemption per Household: Except as provided in subsection G below, the residential property tax exemption is limited to one Primary Residence per Household.

G. Ownership Of More Than One Residence: An owner of multiple Primary Residences within Utah is allowed a residential exemption for: i) the Primary Residence of the owner; ii) each residential property that is the Primary Residence of a tenant; and iii) each residential property determined to be under construction per subsection H below.

H. Residential Property Under Construction: Before residential property under construction is allowed a residential exemption, owner(s) of the residential property shall sign and file with the County Assessor a written declaration that states under penalty of perjury that, to the best of each owner's knowledge, upon completion of construction or occupancy of residential property, the residential property will be used for residential purposes as a Primary Residence.

I. Multiple Use Property: A property with multiple uses such as a mix of residential and commercial may receive a partial exemption but it is presumed that the entire property is for non-residential purposes. This presumption may be rebutted by the filing of an application in 1-12B-3(A) annually, which includes evidence of Primary Residence of each qualifying resident. The County Assessor may require additional information as necessary to make a determination of the percentage of the property qualifying for the Primary Residence tax exemption.

1-12B-5: PROCEDURE:

A. Burden Of Proof: The residential exemption shall not be granted without (a) clear and convincing evidence that the property serves as a Primary Residence; (b) the requirements outlined in Utah Code Annotated 59-2-103.5(1) have been met; and (c) the factors or objective evidence supplied by the applicant are sufficient to make a determination of Domicile. The burden of proof shall remain at all times with the applicant.

B. Determination by the County Assessor: After review of the application set forth in Section 1-12B-3(A), the County Assessor shall make a determination of whether the requirements for a Primary Residence exemption have been met and whether the factors or objective evidence determinative of Domicile are sufficient to approve the applicant's request. The County Assessor shall then make any necessary changes in granting or removing the exemption prior to the assessment roll close on May 22nd of each calendar year. Any such determinations made after the roll close will require the approval of the Summit County Board of Equalization for any changes made to the tax roll.

C. Appeal: Taxpayers may appeal determinations of the Summit County Board of Equalization regarding the Primary Residential exemption within thirty (30) days of notification to the Utah State Tax Commission, as provided by state law.

1-12B-6: PRIMARY RESIDENTIAL EXEMPTION ADJUSTMENTS AFTER SEPTEMBER 15th:

A. In the event an applicant fails to apply for the Primary Residence tax exemption by September 15th, the applicant may apply for an adjustment of their taxes pursuant to Utah Code §59-2-1347 to the Summit County Council on or before November 30th. Said application shall be on the same form as required per Section 1-12B-3(B), above, shall be subject to the same criteria as outlined in Section 1-12B-4, above, and shall be subject to the same burden of proof as outlined in Section 1-12B-5, above. Upon receipt of the application and applicable the applicable fee per the countywide fee schedule, the application shall be forwarded to the County Assessor for a recommendation as to whether the factors or objective evidence determinative of Domicile are sufficient to approve the applicant's request. The County Assessor's recommendation shall be submitted to the Summit County Council who shall make the final decision. The Summit County Council's decision may not be appealed.

1-12B-7: CONFLICTS: In the event of any conflict between this Article and state or federal law, the provisions of the latter shall be controlling.

COUNTY ATTORNEY
MARGARET H. OLSON

Criminal Division

BRAD BLOODWORTH
Chief Prosecutor

JOSEPH S. HILL
Prosecutor

FRED BURMESTER
Prosecutor

LINDSAY CHERVENAK
Prosecutor

WENDY CROSSLAND
Prosecutor



Civil Division

DAVID L. THOMAS
Chief Deputy

HELEN E. STRACHAN
Deputy County Attorney

RYAN P.C. STACK
Deputy County Attorney

LYNDA VITI
Deputy County Attorney

To: Summit County Council

From: Helen Strachan, Deputy Summit County Attorney

Date: May 6, 2026

Re: *Public Hearing and Possible Adoption re Amendments to the Summit County Fee Schedule*

Attached are proposed amendments to the Countywide Fee Schedule. It includes changes to the surveyor and recorder fees (County Recorder, Greg Wolbach, has included his own staff report), the addition of a fee for tax abatement requests (in the event the County Council adopts changes to the Primary Residential Tax Exemption process) as well as the addition of a new process for the County Manager and County Council to consider fee waivers.

Civil Division: PO BOX 128 · 60 North Main Street · Coalville Utah 84017 · Telephone (435) 336-3206 · Facsimile (435) 336-3287

Criminal Division: 6300 Justice Center Road · Park City Utah 84098 · Telephone (435) 615-3828 · Facsimile (435) 608-4462

Email: (first initial)(last name)@summitcountyutah.gov



STAFF REPORT

To: Summit County Council
From: Greg Wolbach, PLS
County Recorder-Surveyor
Date of Meeting: May 6, 2026
Items: Amend ORDINANCE 834-O, COUNTY-WIDE FEE SCHEDULE FOR SUMMIT COUNTY
Process: Legislative

Recommendation

Staff requests that the Summit County Council review the proposed amendment to ORDINANCE 834-O, Exhibit "A", Page 24, "SUMMIT COUNTY RECORDER AND SURVEYOR FEES", and adopt the attached ordinance per the proposal stated in this staff report.

Background

In December of 2022, the County Council approved the addition of Surveyor Review fees for proposed Subdivision Plats, Condominium Plats, Amended Subdivision Plats, Amended Condominium Plats and Boundary Adjustments. The County Survey Manager currently acts as the county-wide reviewing agency (service provider) to review all proposed Subdivision Plats, Condominium Plats, Amended Subdivision Plats, Amended Condominium Plats and Boundary Adjustments. The County Recorder-Surveyor currently acts as the county-wide reviewing agency (service provider) to review all proposed Final Local Entity Plats for Annexations of Municipalities and Special Service Districts, Public Infrastructure Districts and Infrastructure Financing Districts. The County-wide fee schedule is defined by County Ordinance pursuant to Utah Code 17-63-707. Previous amendment to ORDINANCE 834-O, was approved, adopted, and passed on December 10, 2025.

Proposal

Revise and Amend ORDINANCE 834-O, COUNTY-WIDE FEE SCHEDULE FOR SUMMIT COUNTY.

- A. Revise line item 2) Utah State Code reference from 17-23-2 to **17-73-103(2)(a)**; AND
- B. Revise line item 3) Utah State Code reference from 17-21-18.5 to **17-71-407**; AND
- C. Increase Surveyor Review fees for all proposed Subdivision Plats, Condominium Plats, Amended Subdivision Plats, Amended Condominium Plats and Boundary Adjustments; AND
- D. Add Surveyor Review Fees for Final Local Entity Plats; AND
- E. Add Surveyor Review Fees for Road Dedication Plats.

SUMMIT COUNTY RECORDER AND SURVEYOR FEES

- 1) The Premium Access Data Portal Subscription fee shall be:
 - a. \$4,800.00 per year
 - b. One-time installation fee of \$250.00
 - c. One-time licensing fee of \$750.00
- 2) Filing fee for surveys pursuant to Utah State Code, Section ~~17-23-2~~ **17-73-103(2)(a)**: \$40
- 3) All other Recorder Fees are set forth in Utah State Code, Section ~~17-21-18.5~~ **17-71-407**, as amended.
- 4) Surveyor Review Fees:
 - a. New Subdivision Plat: ~~\$50~~ **\$100** / Lot or Parcel.
 - b. New Condominium Plat: ~~\$50~~ **\$100** / Unit, Lot, or Parcel.
 - c. Amended Subdivision Plat: ~~\$50~~ **\$100** / Affected Lot or Parcel.
 - d. Amended Condominium Plat: ~~\$50~~ **\$100** / Affected Unit, Lot, or Parcel.
 - e. Boundary Adjustment (not in a subdivision): ~~\$50~~ **\$100** / Affected Parcel.
 - f. **Final Local Entity Plat Review: \$100 / Affected Unit, Lot, or Parcel with a minimum charge of \$300.**
 - g. **Road Dedication Plat Review: \$100 / Affected Unit, Lot, or Parcel with a minimum charge of \$300.**

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Analysis and Findings

Surveyor review fees are intended to ensure that the proposed drawings and documents meet State and County Codes and contain complete and accurate information. Surveyor review fees are collected at the time the application is made for projects not located in a municipality. Projects that are located within the boundary of a municipality pay review fees at the time of recording. These revised fees will continue to provide income to the general and assessing & collecting funds and are intended to help offset ongoing employment costs associated with the Survey Manager position. New development will continue to bear the majority of these fees. The County Survey Manager works full-time (40 hours per week) reviewing subdivision plats, condominium plats, amended plats, boundary adjustments and their associated legal descriptions and declarations. A detailed, written review is prepared and provided to the staff planner, project surveyor, project developer, city engineer, city planner, etc. Multiple reviews are generally required from the preliminary review to the final review and recording. Typically, the entire subdivision boundary, lots, parcels, and roads are drawn using CAD software to check closures, areas, and incorrect or missing bearing, distance, or curve labels. This review is crucial in ensuring the complete and accurate creation of subdivisions with residential lots, commercial lots or condominium units that will ultimately limit conflicts between owners due to plating errors. More importantly, it provides the county with accurate legal documentation that is used to help assess property for fair and equitable taxation.

- (i) Tooele County Survey Department charges Subdivision Review Fees of \$300.00/Plat Page + \$75.00/Lot, Parcel and road shown on the plat.
- (ii) Weber County Survey Department charges a review fee of \$400.00/Plat + \$25.00/Lot or \$50.00/Condominium Unit. Additionally, at the Survey Departments discretion, a \$75.00 fee may be charged if the number of reviews exceed two.
- (iii) Washington County Charges a Surveyor Review Fee of \$10/Lot, Parcel or Unit with a minimum charge of \$300/map.

Attachments

Exhibit - Proposed Amended Ordinance 834-P

SUMMIT COUNTY, UTAH
ORDINANCE NO. 834-P
AN ORDINANCE AMENDING ORDINANCE 834
COUNTY-WIDE FEE SCHEDULE FOR SUMMIT COUNTY

WHEREAS, pursuant to Utah Code §17-53-211, the legislative body of each county shall adopt an ordinance establishing fees for services provided by each county officer except for fees for the recorder, sheriff, and county constables and fees established by statute; and

WHEREAS, on December 10, 2014, the Summit County Council adopted Ordinance 834, a county-wide fee schedule; and

WHEREAS, the Utah State Legislature made certain changes in the 2026 general legislative session with respect to recorder and surveyor fees and the Summit County Council desires to make changes to its fee schedule consistent with those changes; and

WHEREAS, the County Council desires to add a fee related to the filing of certain discretionary tax abatement applications; and

WHEREAS, the existing fee schedule does not provide a process for the waiver of fees, and the County Manager and Summit County Council wish to include a process by which they may consider the waiver of County fees.

NOW THEREFORE, the County Legislative Body of the County of Summit, State of Utah, hereby ordains as follows:

Section 2: The Council hereby amends the County-wide Fee Schedule as attached hereto as **Exhibit A**. All other portions of the County-wide Fee Schedule shall remain the same.

Section 3: Effective Date: This Ordinance shall take effect fifteen (15) days after the date of its publication.

APPROVED, ADOPTED, AND PASSED and ordered published by the Summit County Council, this 6th day of May, 2026.

SUMMIT COUNTY COUNCIL, SUMMIT COUNTY, UTAH

By Council Chair

Hanson voted ____
McKenna voted ____
Armstrong voted ____
Harte voted ____
Robinson voted ____

APPROVED AS TO FORM

Deputy County Attorney

ATTEST:

SUMMIT COUNTY CLERK

Date of Publication _____, 2026.

EXHIBIT A

SUMMIT COUNTY RECORDER AND SURVEYOR FEES

1) The Premium Access Data Portal Subscription Fee shall be:

- a. \$4,800.00 per year
- b. One-time installation fee of \$250.00
- c. One-time licensing fee of \$750.00

2) Filing fee for surveys pursuant to Utah State Code, Section ~~17-23-217-73-103(2)(a)~~: _____\$40/sheet

3) All other Recorder Fees are set forth in Utah State Code, Section ~~17-21-18.5~~17-71-407, as amended.

4) Surveyor Review Fees:

- a. New Subdivision Plat - ~~Surveyor Review fee: \$50-100 /per~~ Lot or Parcel.
- b. New Condominium Plat - ~~Surveyor Review fee: \$50-100 /per~~ Unit, Lot, or Parcel.
- c. Amended Subdivision Plat - ~~Surveyor Review fee: \$50-100 /per~~ Affected Lot or Parcel.
- d. Amended Condominium Plat - ~~Surveyor Review fee: \$50-100 per/~~ Affected Unit, Lot or Parcel.
- e. Boundary Adjustment (not in a subdivision) - ~~Surveyor Review fee: \$50-100 per/~~ Affected Parcel.
- f. Final Local Entity Plat Review - \$100 per Affected Unit, Lot or Parcel with a minimum charge of \$300.
- g. Road Dedication Plat Review - \$100 per Affected Unit, Lot or Parcel with a minimum charge of \$300.

SUMMIT COUNTY ASSESSOR

Application for a Tax Adjustment or Deferral per Utah Code §59-2-1347: \$150.00

WAIVER OF COUNTY FEES POLICY

1. PURPOSES:

- a. To provide for the uniform application of County fee waivers and to provide for a reasonable, non-discriminatory basis for determining those entities eligible and qualified for the waiver of fees.
- b. To recognize that many non-profit entities and government entities provide public benefit to the citizens of Summit County and that the cost of the County providing services should normally be paid by the organization as a cost of conducting the activity.
- c. To establish policies and procedures regarding consideration of requests for waiver of County fees, permit charges, and other administrative costs.
- d. To give special consideration for emergency projects by public agencies, and for life threatening safety needs being addressed for the public.
- e. County fees are established to cover costs in exchange for providing a service that directly benefit the user. When the fees are not collected, the cost of providing the service must then be born by County-wide resources provided by those not receiving the service. In addition, costs of providing the service are contemplated in setting the fee rate. When estimating the cost of providing the service the County does not contemplate fee waivers. Such must be considered in the context of fee waivers.

2. POLICY:

- a. Except as otherwise provided herein, County departments and offices shall charge all non-profit organizations and government entities the same filing fees and other costs as those charged to private citizens, where those fees are levied to offset the County's costs to provide related services.
- b. The proposed project contemplated under the fee waiver request is not for the purpose of fund raising.
- c. Fees shall not be waived or refunded for completed projects.
- d. This policy does not apply to annual operating permits or licenses. Fee waivers will not be granted to individuals or businesses responsible for the payment of an annual permit to operate or license.
- e. Fee waiver applications shall only be accepted and considered from non-profit organizations and other governmental entities (i.e. cities, towns, special service districts, and state agencies).
- f. A fee associated with an appeal of a decision of the approving authority may not be waived.
- g. Except as otherwise provided herein, County fees may be waived only if the County Manager makes any one of the affirmative findings as specified below:

- i. The applicant's financial resources are such that, without waiver of fees, the project would not go forward and the proposed project provides a demonstrated public benefit to the citizens of Summit County;
- ii. The facility or project proposed by a non-profit organization or other government entity will provide a public benefit to the citizens of Summit County;
- iii. The applicant provides emergency and/or first responder services which are of public benefit;
- iv. There is no actual cost to the County for the expense in question; or
- v. The project is being carried out by a nonprofit organization or other government entity and is an emergency project and primarily to address unresolved life threatening and/or safety issues for the public.

3. PROCEDURE:

a. Applicant:

i. Application Submittal Process

- 1. An applicant applying for a fee waiver shall submit a completed Summit County Application for Waiver of County Fees to the department that charges the fee(s) in question. If requesting a fee waiver involving more than one County department, submit a separate form for each department.
- 2. The request shall contain a description of the project and associated fees, along with documentation necessary to establish eligibility for a waiver.
- 3. The application shall be signed by an authorized signer.
- ii. An applicant applying for a fee waiver based upon non-profit status shall submit the necessary documentation to verify such status. Non-profit status alone shall not be justification for waiving County fees.

b. County:

i. Application Processing

- 1. The department that charges the fee in question shall review the application, determine eligibility and make recommendation(s) in writing to the County Manager. Determinations shall be made in accordance with all applicable laws, regulations and policies. Determinations shall also be made in consideration of the fiscal impacts on the County as a result of waiving any fees. Lost revenues related to fee waivers shall be reported to the Chief Financial Officer (CFO) for tracking and reporting purposes, not necessarily for the determination of waiving any fees.
- 2. The County Manager will approve or deny the request for fee waiver in accordance with provisions set forth in this policy and report said waivers to the County Council at the next regularly scheduled County Council meeting.
- 3. The County Manager shall have the discretion and authority to waive all or a portion of the fees for projects that meet these criteria up to \$2,500 total (not per department fee).
- 4. Fee waivers over \$2,500 shall require the approval of the County Council. For fee waivers over \$2,500, the County Manager, or designated staff, will notify the

applicant of the scheduled date for any fee waiver being sent to the County Council for consideration.

- ii. If a previous waiver was granted for the same project, no additional waiver will be granted, unless approved by the County Council.
- iii. Fee waivers will be monitored per fiscal year and reviewed along with County operations, staffing and revenue status. The County relies on fees, permit charges, and other administrative charges for cost recovery. Consideration is given to the impacts of pro-bono work to ensure no delay is caused in meeting internal goals for timely plan review/inspections.

4. NO APPEAL RIGHTS

- a. The decision of the County Manager or County Council to waive a County fee is entirely discretionary and the applicant has no right to appeal the decision to waive or not waive a fee.

SUMMIT COUNTY APPLICATION FOR WAIVER OF COUNTY FEES

Pursuant to County Fee Waiver Policy

1. Eligible entities shall include public entities and private non-profit entities that meet the criteria listed in Section 2.

2. Fees may be waived for building permits, encroachment permits, variances, zone reclassifications, administrative permits, use permits, administrative hearings or other County permits, only if the County Manager makes any one of the affirmative findings as specified below (check all that apply to your request and attach supporting documentation, if applicable).

The applicant's financial resources are such that, without waiver of fees, the project would not go forward and the proposed project provides a demonstrated public benefit to the citizens of Summit County;

The facility or project proposed by a non-profit organization or other government entity will provide a public benefit to the citizens of Summit County;

The applicant provides emergency and/or first responder services which are of public benefit;

There is no actual cost to the County for the expense in question;

The project is being carried out by a nonprofit organization or other government entity and is an emergency project and primarily to address unresolved life threatening and/or safety issues for the public.

Please provide a written explanation/justification for all checked above items and include any supporting documentation, if applicable:

All applications for fee waivers shall be made in writing, signed by a duly authorized officer or individual representing the Entity, and submitted directly to the Department Head of the County Department that applicant is requesting a fee waiver.

Name of Applicant:

Mailing Address, phone number and email address of Applicant:

County Department(s) Processing Application or Permit Requiring Fee:

Amount and Type of Fee(s):

<u>Type of Fee</u>	<u>Amount of Fee</u>

Description of Project (attach separate sheet if needed):

Signature of Applicant: _____

Date: _____

FOR COUNTY USE ONLY:

Department Head Recommendation:

Approve as submitted
 Deny as submitted
 Approve in part/deny in part (explanation): _____

Signature of Department Head: _____

Date: _____

County Manager Decision:

Approve as submitted
 Deny as submitted
 Sent to County Council for decision

Signature of County Manager: _____

Date: _____



Community Development Department
P.O. Box 128
60 North Main Street
Coalville, Utah 84017
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MEMORANDUM

April 29, 2026

May 6th, 2026 Joint meeting County Council and ESPC

The last joint meeting between County Council and the Eastern Summit County Planning Commission was held on 28th August, 2024. At that time ESPC were engaged in deliberations on the Cedar Crest Village Overlay Zone in Hoytsville. During the joint meeting conversations included the implications of, and policies surrounding the implementation of the Moderate Income Housing Plan. Another issue was the increasing number of larger Conditional Use Permit projects and how the imposition of conditions might impact code enforcement.

Earlier this month ESPC were asked by staff to identify areas of concern that each commissioner might want to bring forward to the Council during the May 6th joint session. The resulting list of topics is offered as a series of prompts with no intended emphasis on order for discussion or relative importance.

Protect and promote **small town, rural values**

Coordination and integration of **General Plans**

Water, are we guaranteeing future downstream supply, needed locally in the future

Protect meaningful **open spaces** as buffer between developed areas. **Greenbelts**.

VOZ code modifications to include '**guardrails**' limiting size and intensity of future projects

Affordable and Attainable housing, public outreach and education.

Integrate **affordable housing**, infill rather than isolated zones (ghettoes)

Incentivize production of **affordable housing**. Streamline and reduce cost of process.

Clarify and where possible eliminate certain submission requirements (examples offered were, Geotech, Floodplain, Wetland delineation, limits on lot size for septic systems).

*(Follow up comment subsequent to ESPC discussion- consider **preapproved plans** for ADU's and homes)*

Encourage development in **existing municipalities** and settlements.

Impacts of 'bleed over' from **Wasatch County**.

Current position on **code enforcement** (*since 2024 team has been expanded from 2 to 3. New software and complaint tracking systems in place*)

If you have any questions, please feel free to contact me at (435) 336 3129 or by email, pbarnes@summitcountyutah.gov

Peter Barnes
Community Development Director