

Congregate Care Advisory Committee

Meeting Minutes

Wednesday, June 17, 2026

1:00pm - 4:00pm

Multi Agency State Office Building, Room 1045

195 N 1950 W, Salt Lake City, UT 84116

Public Virtual Attendance: <https://utah-gov.zoom.us/j/82342429468>

This meeting was recorded. An audio copy of this recording and all other meeting materials can be found on the Utah Public Notice Website ([Congregate Care Advisory Committee PNW](#)).

Attendees

Board members attending: Daniel Sanderson, Jessica Black, Cassandra Howell, Trina Packard, and Adam Pendleton.

Board members excused: Tony Mosier, Steven Demille

DHHS staff attending: Dustin Penman, Jada Stelmach

Agenda

1. Welcome - Trina Packard

- a. Intro Script
 - i. The meeting was called to order at approximately 1:00 PM by Trina Packard.
 - ii. Trina Packard read the introductory script, outlining that the meeting is being held in-person and virtually, hosted by the Utah Department of Health and Human Services (DHHS), and is being recorded.
- b. Call for attendance
 - i. Cassandra Howell motioned to begin the meeting, Daniel Sanderson seconded. The motion was passed unanimously.
- c. Approve minutes from May 2026
 - i. Approval of the April 2026 meeting minutes was moved by Jessica Black and seconded by Adam Pendleton. The motion passed unanimously.

2. New Business

- a. The Committee engaged in a comprehensive discussion reviewing, adjusting, and finalizing recommendations for the three pillars of the Intensive Residential Treatment (IRT) endorsement framework.
 - i. Advanced Training Topics & Hours
 1. New staff must complete 80 hours of initial training (40 classroom, 40 on-floor shadowing) and demonstrate hands-on competency before working unsupervised.
 2. Added mandatory training on "colleague intervention" so staff have clear permission to step in and tag a coworker out if a crisis is being handled unsafely.
 3. Shifted curriculum toward adolescent development and trauma-informed de-escalation.
 4. Mandated that advanced crisis holds and de-escalation must be taught by certified frameworks (e.g., QBS, Handle With Care), while suicide and trauma topics must be taught by licensed clinicians.
 - ii. Physical Facility Features
 1. Adopted intermediate secure structural rules, including non-exposed sprinkler heads, recessed lighting, and safety glass.
 2. Mandated continuous piano hinges on bathroom and bedroom doors to minimize ligature risks in private, unmonitored spaces.
 3. Required surveillance cameras in all common and permitted areas to accurately document and debrief critical incidents.
 4. Instead of blanket structural mandates, programs will submit a custom plant-mitigation plan (e.g., how they monitor a second-story balcony drop) to the Committee for approval.
 - iii. Staffing Requirements
 1. Moved a 1-to-5 ratio to a 1-to-4 baseline for intensive environments.
 2. Mandated an extra, non-ratioed shift supervisor or crisis responder on campus during high-risk hours (evenings and weekends) to immediately manage acute 1-on-1 crises.
 3. Programs must detail a scalable response plan (like calling trees or "Code Red" protocols) proportional to the facility's physical size and layout.

- b. The committee reviewed the remaining legislative minimum safety mandates (services, programming, policies, and procedures). The committee agreed to use the existing licensing text as their primary working document. Members will review independently to identify exactly what text needs to be added, modified, or subtracted specifically to accommodate the intensive tier.

3. DLBC Update

- a. DLBC informed the committee that their official legislative statute citation has changed.

4. Action Items:

- a. Committee members will review the electronic copy of Rule 501 and email their specific additions, structural modifications, or subtractions regarding intensive safety policies to the chair no later than July 13, 2026.
- b. The Committee established a goal to finalize the comprehensive proposal before August 19. The committee voted to double its session frequency for the upcoming month. The adjusted meeting schedule is as follows:
 - i. July 15, 2026 (1:00 PM – 4:00 PM): Review Rule 501 and service frameworks.
 - ii. July 29, 2026 (1:00 PM – 4:00 PM): Finalizing drafts and voting.
 - iii. August 26, 2026 (1:00 PM – 3:00 PM): Resuming general agenda tracks.

5. Public Comment

- a. The chair opened the floor for public comment. Cadon Sagendorf shared insights and emphasized that funding structures often pull foster youth into broader group home ratios rather than funding specialized individual support. He formally recommended that the board look into securing dedicated 1-on-1 staffing baselines specifically for foster youth, pursue an amendment to SB297 to permanently secure an active board seat for individuals with lived experience, and remain deeply intentional regarding trauma-sensitive language inside clinical rules.

6. Adjourn - Trina Packard

- a. Trina Packard called for a motion to adjourn the meeting.
- b. Adam Pendleton motioned to adjourn the meeting, and the motion was seconded by Jessica Black.
- c. The motion was passed unanimously. The meeting was adjourned at approximately 4:00 PM.