



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

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suicide to save. Focusing on reducing access to lethal means during moments of crisis, a proven 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, is 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

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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/1dEvRRJ8jvvJRpql3Sn9vsq_TcMreImN2/view

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.

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- **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 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-TTCC 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

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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 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

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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
 - QPR,
 - Mental Health First Aid
- Aaron Newman, Behavioral Health Director,
anewman@summitcountyutah.gov
 - Safe and Messaging for Suicide Prevention
 - QPR,
 - Mental Health First Aid

Huntsman Mental Health Institute:

- Cristie Frey, Clinical Director – Park City Clinic,
cristie.frey@hsc.utah.edu
 - QPR,
 - Counseling on Access to Lethal Means
 - Additional Suicide Prevention Trainings Provided to H

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.

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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.

Please note: The Behavioral Health Division is a part of the Summit County Health Department

Community Partners:

- Behavioral Health Division:

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:

The Behavioral Health Division is housed within the Summit County Health Department.

- Park City School District, South Summit School District, and Winter Sports School:

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:

Contracted school-based services provider, providing direct clinical care for intervention and postvention.

- Huntsman Mental Health Institute (HMHI):

Primary contracted provider, providing intervention and postvention clinical care. Additionally, participates in prevention programming.

- University of Utah Department of Psychiatry:

Provider of psychiatric care within Local Education Authorities for intervention and postvention. Additionally, participates in prevention programming.

- University of Utah College of Nursing, Gerontology:

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Provides specialization in prevention focused on addressing the needs of seniors in the community.

- **Summit County Mental Wellness Alliance:**

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:**

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:**

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:**

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:**

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).

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- **Jewish Family Service:**

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:**

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:**

Community non-profit supporting suicide prevention, intervention, and postvention services and programs through the generation of donor funding and cultivation.

- **Peace House:**

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:**

Provides support for suicide prevention programming and direct emergency department data.

- **Jacky's Recovery:**

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:**

Community non-profit providing suicide prevention and intervention services targeted at uninsured community members. Member of the Summit County

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Question, Persuade, Refer (QPR) community training team (Spanish & English).

- Live Like Sam Foundation:

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 their 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-centered manner. Gun safes are provided directly to residents, with an emphasis on

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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:**

Factors specific to the person, such as knowledge, attitudes, skills, and behavior.

- **Interpersonal**

Closest social circles, including family, friends, peers, and partners who shape behavior.

- **Organizational:**

Settings where social relationships occur, such as schools, workplaces,

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neighborhoods, and organizations.

- Societal:

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

By applying the Socio-Ecological 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?

☐ Yes

☒ No, not at this time.

If yes,

Please identify LA primary contact name and email

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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.

With regards to postvention investigations and the expanded role of the Utah Medical Examiners' authority to review a client's treatment records under a recent Utah law, a document from the Office of Substance Use and Mental Health providing guidance on how to maintain compliance with 42 CFR and HIPAA while cooperating with the Utah Medical Examiners' investigation would be appreciated. This has been discussed at Utah Behavioral Healthcare Committee (UBHC) meetings, with no clear consensus.

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.

Behavioral Health Crisis Services

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)

	Youth	Adult
Directly	☐	☐
Contracted	☒	☒

Link to or list of contracted providers:

Crisis Services are provided by contract with Huntsman Mental Health Institute, Wasatch Behavioral Health, Jackie's Recovery (formerly Latino Behavioral Health), and supported in the community by 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 Teams).

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), along with calls from community non-profits.

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.

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

Behavioral Health Crisis Services

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 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.

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

Behavioral Health Crisis Services

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?

- ☒ 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:

Behavioral Health Crisis Services

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

Summit County contracts with Wasatch Behavioral Health to provide all Mobile Crisis Outreach Team (MCOT) services within both Summit and Wasatch Counties. As such, the response is provided by Wasatch Behavioral Health's Area Plan.

Mobile Crisis Outreach Team Makeup:

- Licensed Clinical Social Worker,
- Licensed Clinical Mental Health Counselor,
- Licensed Marriage & Family Therapy,
- Certified Peer Support Specialist.

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

Summit County contracts with Wasatch Behavioral Health to provide all Mobile Crisis Outreach Team (MCOT) services within both Summit and Wasatch Counties. As such, the response is provided by Wasatch Behavioral Health's Area Plan.

The Mobile Crisis Outreach Team supports connection to ongoing care through follow-up outreach provided by Peer Support Specialists after a response. Peer Support Specialists are trained to contact individuals who received crisis services, assess for ongoing needs, and help identify appropriate resources and supports. The follow-up protocol includes outreach to the clients on the next business day. Staff are asked to make at least two outreach attempts if the initial attempt is unsuccessful. Individuals are seen within their corresponding county of residence, with Summit County providing designated space for both the Mobile Crisis Outreach Team and Wasatch Behavioral Health to provide follow-up care.

As part of this follow-up, Peer Support Specialists may provide a warm handoff to Huntsman Mental Health Institute, provide individuals with information needed to access care, and assist with linkage when additional support is needed. This may include helping individuals connect with outpatient behavioral health services, peer support, case management, substance use treatment, community resources, or other appropriate supports based on the individual's needs at the Huntsman Mental Health Institute's Park City Clinic.

Wasatch Behavioral Health is a paneled provider within the Healthy U. Behavioral Medicaid

Behavioral Health Crisis Services

Network and is able to bill for all crisis and follow-up services covered by Medicaid.

How the LA engages and educates first responders to MCOT services

Summit County contracts with Wasatch Behavioral Health to provide all Mobile Crisis Outreach Team (MCOT) services within both Summit and Wasatch Counties. As such, the response is provided by Wasatch Behavioral Health's Area Plan.

The LA engages and educates first responders about MCOT services through ongoing collaboration, training, and outreach. Outpatient providers and MCOT staff provide continuing education to law enforcement by invitation, which includes information about MCOT services as well as other topics intended to support officers in responding effectively to individuals in crisis.

Additionally, with Wasatch Behavioral Health, the Behavioral Health Division provides Crisis Intervention Team (CIT) training to all Summit County law enforcement agencies (Park City Police Department, Summit County Sheriff's Office, Utah Department of Natural Resources Law Enforcement, US Forest Service Law Enforcement and Investigations Officers, Utah Highway Patrol, and Summit County Search and Rescue). All trainings are free for Summit County Law Enforcement and is covered by the Behavioral Health Division. Agencies from outside of Summit County are able to attend, but are required to pay the registration fee.

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.

Receiving Centers (Contract 7.2.c)

Behavioral Health Crisis Services

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, and 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 state funding opportunities for a Stabilization and Mobile Response Team (SMR) to service Summit County, either part-time or full-time.

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:

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

Service Delivery Framework:

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

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client, at which 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>

Note: Treatment requiring single-case agreements are funded through alternative sources other than those funds provided by the Office of Substance Use and Mental Health (OSUMH), in order to remain in compliance with data reporting requirements. Only providers able to meet these data reporting requirements are allowed to access Office of Substance Use and Mental Health funds.

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 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:**

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- 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

Inpatient treatment outcomes are monitored by the outpatient team and there is a process of oversight, coordination of care between the two levels of treatment, a review process of the cases and the prioritization of transferring patients into outpatient care when in our internal hospital system. The outpatient team meets for 2.5 hours per week of staffing to monitor cases and coordinate care. The cases are reviewed through the EHR and treatment recommended beyond the inpatient stay. Quality of care is considered based on the placement, outcomes at time of discharge and patient feedback. When we are the referral source we choose placement in inpatient settings based on quality of care from previous experiences, oversight of process and treatment plans.

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

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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 care, 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.

Should space at Huntsman Mental Health Institute not be available, the case manager works with the Behavioral Health Director to identify a 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 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
- **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 Youth Residential Treatment:

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

One final note related to residential care for youth in Utah. Currently there is a general lack of

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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.

Note: Treatment requiring single-case agreements are funded through alternative sources other than those funds provided by the Office of Substance Use and Mental Health (OSUMH), in order to remain in compliance with data reporting requirements. Only providers able to meet these data reporting requirements are allowed to access Office of Substance Use and Mental Health funds.

Outcomes Framework:

Residential care outcomes are based on the following:

- **Successful Step-Down and Readmission Prevention:**
 - o 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:**
 - o 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):**
 - 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.

Residential treatment outcomes are monitored by the outpatient team and there is a process of oversight, coordination of care between the levels of treatment, a review process of the cases and the prioritization of transferring patients into outpatient care when in our internal hospital system. The outpatient team meets for 2.5 hours per week of staffing to monitor cases and coordinate care. The cases are reviewed through the EHR and treatment recommendations.

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Quality of care is considered based on the placement, outcomes at time of discharge and patient feedback. When HMHI is the referral source we choose placement in inpatient settings based on quality of care from previous experiences, oversight of process and treatment plan.

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,
- 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,

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depending 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):**
 - o 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:**
 - o 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:**

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- o 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:**

- o 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.

Outpatient treatment outcomes are monitored by the outpatient team and there is a process of oversight through supervision, coordination of care within the MDT, and a review process of the cases. The outpatient team meets for 2.5 hours per week of staffing to monitor cases and coordinate care. Quality of care is monitored through supervision at several levels. We also monitor quality and outcomes through screening/measurement based care tools within the EHR. We have both patient facing and clinical screening tools performed at intake and at 30-day intervals or as needed in the treatment course.

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:

Service Delivery Framework:

Adult:

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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. The Summit County Clubhouse, a local 501 (c) (3), provides psychoeducational and psychosocial rehabilitation to individuals referred by local clinicians and non-profits, who have a history of mental health and substance abuse disorders. Referrals are also made through the Summit County Recovery Court Program and Summit County Probation.

Youth:

The Behavioral Health Division, along with the Local Education Authorities, have 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:

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:

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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, 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.
 - Problem Solving
 - Resolves daily living problems and asks for clarification.
 - Family Relationships
 - Maintains positive relationships with family.

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- 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**
 - o 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)**
 - o 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

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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.

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):**
 - o Global Functional Gain
 - Increase in a client's composite score over a 6-month period.
 - o 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.
 - o Goal Attainment Rate
 - Client successfully completing at least two individualized goals identified in their treatment plan.
 - o 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:**
 - o 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.

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- o Benefit Acquisition Success
 - The client is able to attain or maintain federal/state benefits (through case management assistance).
- o 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.
- o 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.

Outpatient treatment outcomes, which include case management, are monitored by the outpatient team and there is a process of oversight through supervision, coordination of care within the MDT, and a review process of the cases. The outpatient team meets for 2.5 hours per week of staffing to monitor cases and coordinate care. Quality of care is monitored through supervision at several levels. We also monitor quality and outcomes through screening/measurement based care tools within the EHR. We have both patient facing and clinical screening tools performed at intake and at 30-day intervals or as needed in the treatment course. The case managers oversee SDOH and Daily Living Activities and are able to refer to community resources and connect patients to additional care beyond our scope. The case managers coordinate with the clinical staff to adhere to treatment plans and goals created specifically for CM.

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?

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- ☐ 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.

Due to the breadth of specialized non-profits providing community supports in Summit County, individuals in need of these services are generally referred to one of these local non-profits by Huntsman Mental Health Institute clinicians or case managers.

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.

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

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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/>
- **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.

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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, even with the addition of an increased reimbursement rate and retainer.

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:

- **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

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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.

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.

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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 Reefer (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)

Mental Health Office Directives

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

Summit County Behavioral Health Division

High Need and Civil Commitment Operations Plan

Purpose: To operationalize the *High Need Client Care Policy* by establishing workflows, roles, and defining measurable outcomes for the care of identified residents with Severe Mental Illness (SMI), complex behavioral health conditions, and those under civil commitments.

OPERATION 1: Standardized Clinical Intake & Service Matching

This phase establishes the baseline operational requirements for intake, assessment, and appropriate level-of-care matching across all network providers.

Mental Health Office Directives

Action Item	Implementation Steps	Responsible Party	Deliverable / Metric
1.1 Standardized Assessment	Contractors will utilize a standardized biopsychosocial assessment tool that has been approved by the Summit County Behavioral Health Director which identifies functional impairments, risk factors, and court-ordered stipulations upon entry.	Contracted Clinical Director/ Summit County Behavioral Health Director	New intakes complete the assessment within 7 days of beginning treatment.
1.2 Service Matching	Contractors will provide prompt service matching pathways (Therapy, Medical, Psych Testing, Case Management, Peer Support, Higher Levels of Care Refurl) based on assessment acuity scores.	Contracted Clinical Director / Primary Clinician / Treatment Team	Establishment of a client treatment plan.

Mental Health Office Directives

1.3 Transition Planning

Establish a weekly clinical review schedule to assess client progress, readiness for step-down, and need for ongoing psychiatric or case management.

Contracted Clinical Director / Primary Clinician / Case Manager / Justice Coordinator

Documentation of review reflected in clinical notes for all high-need clients at a minimum of every 30 days.

OPERATION 2: Adult High Need & Civil Commitment Execution

This phase focuses on the outreach, tracking, and engagement of adults with complex needs, particularly those under civil commitment orders.

Action Item	Implementation Steps	Responsible Party	Deliverable / Metric
2.1 Civil Commitment Identification	Contracted Clinical Director and the Summit County Behavioral Health Director will review the released 3 rd District Civil Commitment docket to identify known clients.	Contracted Clinical Director / Summit County Behavioral Health Director	Residents with a Civil Commitment Order identified.

Mental Health Office Directives

2.2 Outreach Protocol	Contractor will identify a dedicated staff member to engage clients under civil commitment orders immediately following court issuance or hospital discharge upon notification by the Court or discharging facility. Contractor will utilize known information to reach out to the individual for follow-up care.	Case Manager / Justice Coordinator / State Hospital Coordinator	Contact attempted within 24 hours of order receipt or discharge from inpatient care.
2.3 Failed Outreach	Contractor will notify the Summit County Behavioral Health Director of any individuals who can not be located or are no longer within Summit County.	Contracted Clinical Director / Justice Coordinator / State Hospital Coordinator	Attempts documented and sent to the Summit County Behavioral Health Director.
2.4 Engagement Review Cadence	Contractor will conduct weekly multidisciplinary team meeting to review the engagement levels of mandated clients, identifying those at risk of disengagement.	Contracted Clinical Director / Clinical Staff	Review conducted weekly.

Mental Health Office Directives

2.5 Intensive Case Management	Contractor will implement intensive case management specifically during the 90-day window post-inpatient discharge to stabilize community living.	Case Mangers	Reduction in 30-day and 90-day acute hospital readmissions.
2.6 Client Refusal of Treatment	When a client refuses care or misses initial appointments, Contractor staff shall document all engagement efforts, risk assessments, and non-compliance details and notify the Summit County Behavioral Health Director.	Case Manager / Justice Coordinator / State Hospital Coordinator	Refusal documented and sent to the Summit County Behavioral Health Director.
2.7 Client Refusal of Treatment, at Risk	When a client refusal poses an imminent risk of harm or severe deterioration, Contractor shall immediately contact the Mobile Crisis Outreach Team (MCOT) or law enforcement for judicial re-evaluation, along with notifying the Summit County	Contracted Clinical Director / Case Manager / Justice Coordinator / State Hospital Coordinator / Summit County Behavioral Health Director	Appropriate emergency response recourses dispatched to last known location.

Mental Health Office Directives

	Behavioral Health Director.		
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OPERATION 3: Youth High Need & Multi-System Coordination

This phase operationalizes strategies to engage youth, their families, and the broader community systems involved in their care.

Action Item	Implementation Steps	Responsible Party	Deliverable / Metric
3.1 Engagement Review Cadence	Contractor will conduct a weekly multidisciplinary team meeting to review the engagement levels of mandated clients, identifying those at risk of disengagement. Meetings may include school-based providers, Local Education Authority staff, or Children's Justice Center staff.	Contracted Clinical Director / Case Manager / Justice Coordinator / State Hospital Coordinator / Other Engaged Agencies	Review conducted weekly.
3.2 Family Engagement	Contractor, where applicable, will integrate family/caregiver into the service array for youth identified as high need.	Clinician Lead / Case Manager	80% of high-need youth have active family/caregiver participation documented.

Mental Health Office Directives

3.3 Service Matching

Contractor will utilize a youth acuity tool, that has been approved by the Summit County Behavioral Health Director, to objectively determine and adjust the necessary intensity and level of clinical care.

Clinician Lead /
Case Manager

Establishment of
a client treatment
plan.

OPERATION 4: Data Analytics and Outcomes Monitoring

To ensure the High Need Client Care Plan meets annual Area Plan requirements, this operation establishes the outcomes metrics. The Summit County Behavioral Health Director will evaluate metrics and pivot strategies yearly, or as needed.

- **Adult Metrics:**

- Recidivism:
 - Rate of acute psychiatric hospital readmissions within 30, 90, and 180 days.
 - Rate of recurring justice involvement, including new Civil Commitment hearings.
- Length of Stay:
 - Average number of days spent in an acute hospital setting per admission.
- Commitment Attrition:
 - Total count and percentage of civil commitments categorized as "dropped" or "unable to locate."
- Attend Treatment:
 - Average number of days spent in outpatient treatment.

Mental Health Office Directives

- **Youth Metrics:**

- Recidivism:
 - Rate of acute psychiatric hospital readmissions for youth.
- Length of Stay:
 - Average number of days spent in a youth acute hospital setting.
- Discharge Barriers:
 - Tracking of identified barriers to discharge (e.g., lack of placement, family refusal) and the measured reduction of these barriers.
- Ability to Return to School:
 - Rate of youth able to return to their previous educational setting.

- END OF PLAN -

Utah State Hospital (USH) Coordination

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

Adult

Susi Rodriguez Patino, susi.rodriguez@utah.edu

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?

Mental Health Office Directives

- ☐ 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 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

Mental Health Office Directives

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.

- **Duration of Untreated Psychosis (DUP) Reduction:**

- o The average time from the first onset of psychotic symptoms to the initiation of specialty care at Huntsman Mental Health Institute 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.

Mental Health Office Directives

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 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 Huntsman Mental Health Institute and their respective Local Education Authority (LEA).
- **Hospitalization Diversion:**
 - o Rate of psychiatric re-hospitalization within the first year of 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:**

Mental Health Office Directives

- 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:**
 - 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 Prevention and Recovery from Early Psychosis (PREP) 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.

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

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:

Mental Health Office Directives

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.

Currently, the Huntsman Mental Health Institute's Perinatal Mental Health Clinic does not provide Infant and Early Childhood Mental Health services for youth aged 0-6. Should a client be determined by their Huntsman Mental Health Institute treatment team to require this specific service, the case manager will work with the Behavioral Health Director to identify a service provider for the client, at which point the Behavioral Health Director will enter into a single-case agreement for the treatment. While treatment is ongoing, 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 provider to arrange aftercare at Huntsman Mental Health Institute.

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:.

Mental Health Office Directives

Summit County does not receive Behavioral Health Home funds.

Outcomes Framework:

Summit County does not receive Behavioral Health Home funds.

Intellectual and Developmental Disabilities (IDD)

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

Cristie Frey, Cristie.Frey@hsc.utah.edu

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.

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

Mental Health Office Directives

- 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.

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

Mental Health Early Intervention (Service Code: EIM)

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:

Please note that Summit County does not use Early Intervention (EIM) funds. All school-based services are provided directly through a multiyear service contract, funded through County dollars, with supplementation by Local Education Authorities.

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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.

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.

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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.

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.

Mental Health Office Directives

- 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
- 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)

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- 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

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.

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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
- 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

Mental Health Office Directives

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.

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

- Jessica Babbitt, PA-C
- Carlie Benson, MD
- Christina Elmore, CNM, MSN, PMHNP
- Laura Gimbel, MD, MSCI
- Jamie Hales, LCSW
- Jessica Howsley, MD
- Rana Jawish, MD
- Arthurine Zakama, MD, FACO

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

Mental Health Office Directives

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 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

Mental Health Office Directives

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 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 or single-case agreements 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.

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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.

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):**

- 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

Substance Use - Adults

addiction.

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

- 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

- The University of Rhode Island Change Assessment is used to match treatment intensity to the client's current level of motivation. It is 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.

- The results guide clinicians in establishing the appropriate level of care, ranging from outpatient to inpatient.

- **Substance Use Recovery Evaluator (SURE):**

Substance Use - Adults

- 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 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):**

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

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

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

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

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

Substance Use - Adults

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

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.

Substance Use - Adults

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.

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 individuals to continue to work while taking this medication.

Outcomes Framework:

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

- **Rapid Access:**
 - Minimize the time between opioid crisis (ED visit) and Suboxone induction.
- **Clinical Safety:**
 - 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:**
 - Has the client been successfully transitioned to outpatient or intensive outpatient treatment with Huntsman Mental Health Institute or Wasatch Crest
- **Functional Stability:**
 - Has the client maintained compliance with their established treatment plan, including any Medically Assisted Treatments (MAT) and case management support to maintain employment and social roles during treatment.

Substance Use - Adults

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

Inpatient treatment outcomes at various ASAM residential care levels are monitored by the outpatient team and there is a process of oversight, coordination of care between the two levels of treatment, a review process of the cases and the prioritization of transferring patients into

Substance Use - Adults

outpatient care when in our internal hospital system. The outpatient team meets for 2.5 hours per week of staffing to monitor cases and coordinate care. The cases are reviewed through the EHR and treatment recommended beyond the inpatient stay. Quality of care is considered based on the placement, outcomes at time of discharge and patient feedback. When we are the referral source we choose placement in inpatient settings based on quality of care from previous experiences, oversight of process and treatment plans.

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
- ☒ 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

Substance Use - Adults

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 the facility's treatment staff 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.
- **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:**

Substance Use - Adults

- o Maintain consistent communication 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 transition 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.
- **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:
 - Sustained abstinence or reduction in harmful use following the initial detox intervention.
 - o Social Reintegration:

Substance Use - Adults

- 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).

Outpatient treatment outcomes are monitored by the outpatient team and there is a process of oversight through supervision, coordination of care within the MDT, and a review process of the cases. The outpatient team meets for 2.5 hours per week of staffing to monitor cases and coordinate care. Quality of care is monitored through supervision at several levels. We also monitor quality and outcomes through screening/measurement based care tools within the EHR. We have both patient facing and clinical screening tools performed at intake and at 30-day intervals or as needed in the treatment course.

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:

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.

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:

Substance Use - Adults

- **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 service 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.
- **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.

Substance Use - Adults

- **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.
- 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.

Substance Use - Adults

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 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 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.

Substance Use - Adults

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.

Substance Use - Adults

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

- o Step-Down Success:
 - Seamless transition from ASAM 2.5 (PHP) to ASAM 2.1 (IOP) or standard outpatient care without relapse.
- o Recidivism Reduction:
 - Decreased legal involvement for judicial system referrals, specifically those completing the MRT curriculum.
- o 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:**

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

- **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 treatment outcomes are monitored by the outpatient team and there is a process of oversight through supervision, coordination of care within the MDT, and a review process of the cases. The outpatient team meets for 2.5 hours per week of staffing to monitor cases and coordinate care. Quality of care is monitored through supervision at several levels. We also monitor quality and outcomes through screening/measurement based care tools within the EHR. We have both patient facing and clinical screening tools performed at intake and at 30-day intervals or as needed in the treatment course.

Substance Use - Adults

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 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

Substance Use - Adults

- 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:

- **Treatment Retention and Engagement Rate:**
 - 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:**
 - 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:**
 - 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:**
 - 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.

Substance Use - Adults

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>

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

Substance Use - Adults

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.

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):**

Substance Use - Adults

- 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).

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:

Substance Use - Adults

- **Buprenorphine**
 - o 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**
 - o A prescription, once-monthly injectable medication designed to prevent relapse in people recovering from alcohol or opioid dependence. It acts as an opioid antagonist, blocking brain receptors to prevent the "high" from opioids and reduce alcohol cravings. It is non-addictive and used with counseling

- **Naltrexone**
 - o 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:

Substance Use - Adults

- **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)

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:

Substance Use - Adults

- **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.
 - **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:

Substance Use - Adults

- **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 is securing basic case management services, physical healthcare access, and (if applicable) consistent prenatal care within the first 30 days of admission.

Outpatient treatment outcomes are monitored by the outpatient team and there is a process of oversight through supervision, coordination of care within the MDT, and a review process of the cases. The outpatient team meets for 2.5 hours per week of staffing to monitor cases and coordinate care. Quality of care is monitored through supervision at several levels. We also monitor quality and outcomes through screening/measurement based care tools within the EHR. We have both patient facing and clinical screening tools performed at intake and at 30-day intervals or as needed in the treatment course.

Pregnant Women and Women with Dependent Children - SAMHSA Priority Population

(Contract 5.2d a & 45 CFR Part 96 Subpart L)

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.

Substance Use - Adults

- ☒ 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.

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

Substance Use - Adults

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 at one of the Huntsman Mental Health Institute's 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 and The Joint Commission (TJC) certified. 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 (similar to taking an Uber).

<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:**
 - 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:**
 - 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:**
 - 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 (rbarnett@utah.gov) for more information.

To date, Summit has not had anyone who needed this service. Should it be necessary, we would work with the treatment team to set up a single-case agreement, as it is likely that such a provider will not be able to meet the data requirements.

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

Substance Use - Adults

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

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)

Substance Use - Adults

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 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 via telehealth.

- ☒ 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.

Substance Use - Adults

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

Substance Use - Youth

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.
- **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:

Substance Use - Youth

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

- Motivational Progression and Readiness to Change:

- 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:

- 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:

- 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:

- 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

Substance Use - Youth

- ☒ 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?

If a mandated service is not available through Huntsman Mental Health Institute, the County will enter into a single case agreement with the provider to provide care, with funding coming directly from the county or community scholarship, ensuring no Office of Substance Use and Mental Health funds are utilized for treatment, to ensure compliance with current data reporting prescriptions, unless the provider is able to comply with the Office of Substance Use and mental Health reporting requirements.

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

Substance Use - Youth

treatment, the case manager will coordinate with the facility's treatment staff 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.

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 for 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)

Substance Use - Youth

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 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 multidisciplinary team of psychiatrists, psychologists, social workers, and education specialists that provides therapy and, in some cases, clarifies diagnoses. Children who have a co-occurring substance use diagnosis are able to receive care through this program.
- **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:**

Substance Use - Youth

- 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.
 - o 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:**
 - o 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:

Substance Use - Youth

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.

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 - Youth

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 reconnection as outlined in the Moral Reconnection 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.
- **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

Substance Use - Youth

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

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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)

Huntsman Mental Health Institute and the University of Utah Healthcare System contract with AverHealth for all drug testing.

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

Substance Use - Quality Improvement

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

2024

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.
- **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)

Substance Use - Quality Improvement

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 accordance with the Office of Substance Use and Mental Health requirements and, when available, best practices. 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 Summit County Council for final ratification, specifically applied to Local Authority operations, and will not supersede any existing County policies.

In situations in which an Office of Substance Use and Mental Health policy is required to replace or supersede an existing County policy, the public hearing and comment requirement outlined in state code will be applied as follows:

- **Notice of Policy Change and Consideration:**
 - Per Utah Code, all proposed policy changes must first be posted on the Utah Public Notice Website: pmn.utah.gov,
- **Public Hearings:**

Substance Use - Quality Improvement

- After noticing the change, Utah law requires any legislative action related to policy changes to be preceded by a public hearing, allowing citizens to speak directly to the council.
- **Public Comment:**
 - Public comment will be solicited at a regular County Council meeting, where the proposed policy change will be presented and allow for questions from the County Council. After all questions from the Council have been responded to, the public is then able to make comments on the proposed change, and the Council may, though not required, answer any questions from the public.
- **Written Input:**
 - After the Council meeting, the public will have 113 days to provide additional written comments on the proposed change.
- **Legislative Action:**
 - Once all steps in Utah code have been met, the Council may then consider for possible action any new policies or proposed policy changes. For the changes to become official, an affirming vote must be taken.

How often are policies reviewed and updated?

Behavioral health-specific policies are updated as outlined by the Office of Substance Use and Mental Health through their annual directives.

Policies that impact overall County operations fall outside of this process.

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

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Substance Use - Quality Improvement

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 are 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 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 has 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 and can be found here: <https://summitcountyhealth.org/alliance/>

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 that guides the initiatives and objectives for behavioral healthcare in Summit County. Each updated 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 Reconation Therapy (MRT):**

- o Moral Reconnection 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 Reconnection 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 a 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:**

- o 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:**
 - o 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:**
 - o 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:**
 - o 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):**
 - o Using Moral Reconciliation Therapy (MRT), track a measurable reduction in the client's criminal thinking patterns and improvements in moral reasoning.
 - o The client demonstrates measurable improvements in accountability and decision-making, as reported by clinicians and Summit County Probation.
- **Recovery Capital and Social Reintegration:**
 - o 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) as outlined in this Area Plan.

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 (to be reviewed Fall 2026):

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.
 - o

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

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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.

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 for Medically Assisted Treatment in the Summit County Jail and housing support (rent/mortgage) for individuals with an Opioid Use Disorder (OUD) diagnosis.

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?

Mental Health and Substance Use Recovery Supports

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:

- **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/>

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- **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
- **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>
[n](#)
- **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:**

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- o Peer Support Specialists (PSS) are certified professionals who use 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.

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

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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:

- ☒ 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

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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 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**

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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:

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)

Wasatch Crest: <https://wasatchcresttreatment.com/>

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

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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/>
 - o Facilities in both Summit and Wasatch Counties.
- **Odyssey House:**
 - o <https://www.odysseyhouse.org/services/sober-housing>
 - o 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:**
 - o 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:**

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- o 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:**
 - o 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
- ☒ No, not at this time
- ☐ Contracted provider (provide link or list contractor(s) below)

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.*

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

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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:

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

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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).

Service Satisfaction and Outcome Data

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 the utilization of the Outcome Questionnaire/Youth Outcome Questionnaire (OQ).

☒ Yes

☐ No, not at this time

If applicable, briefly describe information on training, implementation, oversight, data analysis, and associated quality improvement.

Huntsman Mental Health Institute staff who see Office of Substance Use and Mental Health clients, along with Medicaid clients, are trained on the administration and utilization of the Outcome Questionnaire/Youth Outcome Questionnaire. Group trainings are provided annually.

Note: Outcome Questionnaire/Youth Outcome Questionnaires are only utilized for Office of Substance Use and Mental Health, or Medicaid clients.

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 a 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.

Service Satisfaction and Outcome Data

- **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:
 - Acute intoxication/withdrawal potential.
 - Biomedical conditions.
 - Emotional, behavioral, or cognitive conditions.
 - Readiness to change.
 - Relapse, continued use, or continued problem potential.
 - Recovery/living environment.
 - o In addition, the results guide clinicians in establishing the appropriate level of care, ranging from outpatient to inpatient.
- **Substance Use Recovery Evaluator (SURE),**
 - o 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

Service Satisfaction and Outcome Data

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.

☐ Yes

☒ No, not at this time.

Please indicate sections requested