Utah Behavioral Health Commission
Draft Meeting Minutes
October 16, 2025, 1:00 - 3:00 p.m.
Utah State Capitol Complex
Senate Building Room 210

Commission Chair: Ally Isom
Vice Chair: Tammer Attallah - virtual
Second Vice Chair: Kyle Snow

Commission Members:

Jim Ashworth	Evan Done
Mike Deal	Elaine Navar - virtual
Tracy Gruber - Excused	Josie White (*pending confirmation on 10/15*)
Jordan Sorenson - virtual	
Adam Cohen	

Other Attendees:

	Time/Presenter	Discussion Topics	Action Items/Notes
1	**1:00 - 1:05 pm**: Ally Isom	Welcome Approval of September 18, 2025 meeting minutes (*Action required: Vote*)	Chair Ally Isom opened the meeting a few minutes after the scheduled start, noting that the Commission had held for the arrival of its newest member so she could be sworn in at the start of the meeting. Ally welcomed Commissioners joining both in person and remotely, and she thanked staff for coordinating logistics for another hybrid session. Ally opened the formal agenda and requested a motion to approve the minutes from the previous meeting. Dr. James Ashworth moved to approve the minutes, and Mike Deal seconded. The motion passed unanimously.
2	**1:05 - 1:15 pm** Blaine Thomas (*Office of the Attorney General*), Josie White	Swear in Josie White as new commissioner Josie White introduces herself (*Action required: None*)	Before moving into formal business, Ally invited Josie White to participate in the oath of office. The Commission paused while the oath was administered, after which Josie was formally seated as a voting member. The Chair welcomed her again, and several Commissioners expressed their appreciation for her willingness to serve.

| 3 | **1:15 - 1:30 pm:** Blaine Thomas (*Office of the Attorney General*) | Public meetings training (*Action required: None*) | Following the swearing-in, Blaine Thomas, AAG, provided the annual required review of Utah's Open and Public Meetings Act. Blaine walked through the core provisions: public notice requirements limitations on discussing Commission business outside publicly noticed meetings circumstances in which a meeting may be closed what may and may not be discussed during a closed session and the strict prohibition against voting while a meeting is closed. He emphasized that closing a meeting is rare for this body and should be limited to specific statutory reasons, such as discussing an individual's character or competency, pending litigation, or sensitive security issues.

He also noted that the Commission, as a public body, must ensure that any closed meeting is properly noticed in the minutes, including the reason for closure and the vote to enter and exit the closed session.

Blaine concluded the OPMA portion by acknowledging that emergency meetings are possible but unlikely for this Commission, adding that even emergency meetings still require notification to all Commissioners and majority approval to proceed. He thanked everyone for their attention to the requirements and reminded them that compliance protects both the Commission and the public they serve. |

Workstream 1: Strategic planning

| 3 | **1:30 - 1:55 pm:** Leah Blevins, Madison Hoover (*Office of the Legislative Auditor General)* | A Performance Audit of the Funding of Utah's Behavioral Health System (*Action required: None*) | Leah Blevins and Madison Hoover from the Office of the Legislative Auditor General gave an extensive presentation on their latest performance audit focused on behavioral health funding, system structure, and program accountability across state and local agencies.

They noted that this is the fourth audit their office has produced in the behavioral health space and explained that this review was specifically intended to answer three central questions: what the State of Utah funds, how those funds flow through the system, and how effectively the State measures the impact of the services being funded.

To make sense of what they described as an increasingly complex and decentralized system, the |

| | | | auditors developed a comprehensive system map illustrating how federal, state, and local dollars move through agencies, local authorities, correctional systems, and education entities. They emphasized that most policymakers, administrators, and even service providers see only a portion of the system, and that without a full understanding of the network as a whole, decision-making is often fragmented. They explained that the interactive map included in the report illustrates overlapping responsibilities, duplicate funding streams, and gaps in cross-agency coordination. The map also highlights the extent to which programs rely on multiple types of funding and how those streams intersect with each other.

The auditors pointed to several concrete examples of fragmentation. They noted that beginning in 2018, public schools began receiving approximately $27 million annually in state funds to hire mental health professionals. While this investment is significant, they explained that many local mental health authorities had been providing similar school-based services for years, creating parallel service systems without coordinated oversight. They further reported that, unlike the local authorities, schools and local education agencies do not track outcomes for the students they serve with these new funds. The auditors explained that this lack of basic evaluation means the State cannot determine whether the substantial annual investment is improving student mental health or reducing crisis utilization.

Another example of fragmentation involved behavioral health services in the prison system. Mental health treatment in prisons is overseen by the Division of Correctional Health Care within DHHS, while substance use treatment is operated separately through the Reentry and Rehabilitation Division under the Department of Corrections. The auditors noted that this split in responsibility occurs in a population that requires an integrated approach, and that one of the two entities does not track outcomes in a meaningful way. They emphasized that while the structure was not created with negative intent, the separation complicates efforts to evaluate performance and ensure that treatment is both effective and coordinated.

The auditors then turned to the second chapter of their report, which examined whether programs across the system evaluate their own effectiveness. They explained that they sampled nine programs across multiple agencies—Public Safety, the State Board of Education, Corrections, and several others—and found |
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that none of the programs performed basic cost-benefit analyses or outcome evaluations. They noted that most programs were unable to demonstrate whether the services they provide are successful, cost-effective, or aligned with the needs of Utah residents. Many programs lacked even simple output measures, such as counting the number of individuals served, which made oversight and data-informed decision-making difficult for both the Legislature and the Commission.

Leah and Madison explained that the Governor's Office of Planning and Budget (GOPB) has developed strong agency-level strategic planning tools, but those tools have not been meaningfully adopted at the program level. They recommended that GOPB work directly with agencies to help programs establish measurable performance metrics that align with statewide priorities and that can be rolled up into larger strategic plans. They also recommended that, until a permanent statewide behavioral health authority is established pursuant to previous audit recommendations, the Legislature consider creating an interim central authority focused specifically on funding accountability. Madison emphasized that programs seeking additional funding will make a stronger case when they can demonstrate success, and that an interim authority could begin organizing the system and tracking funding flows in a coordinated way.

During the discussion that followed, commissioners asked questions about fragmentation, evaluation practices, the feasibility of establishing uniform performance metrics, the risk of bias in cost-benefit analyses, and the practical challenges of coordinating programs across multiple departments. The auditors acknowledged that a central authority is a difficult and long-term undertaking, but reiterated that without statutory authority requiring collaboration, agencies such as USBE will continue operating behavioral health programs independently, even when significant taxpayer dollars are involved. They stated that their office has observed similar governance challenges in other sectors, noting that without clear statutory governance, even well-intentioned agencies struggle to coordinate.

Leah and Madison concluded by stating that their findings continue to support the need for a statewide behavioral health central authority—whether housed within DHHS, built around the Commission with expanded authority, or structured as a new administrative body. They stressed that true

			accountability, integration, and outcome measurement require both statutory alignment and centralized oversight. Commissioners expressed appreciation for the depth and clarity of the audit, noting the value of the system mapping and the importance of the data gaps identified.
Workstream 2: Budget and policy recommendations			
		No items to discuss	
Workstream 3: Engage with the private sector			
		No items to discuss	
Workstream 4: Consolidate committees			
4	**1:55 - 2:25 pm:** Mia Nafziger	Committee structure and membership proposal and discussion	The Commission returned to the committee structure work that had been under development for several months. Mia Nafziger walked Commissioners through the updated membership drafts, explaining that these revisions were based on prior Commission direction, staff review, and stakeholder feedback. She emphasized that the intent of the new structure was to simplify committee functions, eliminate unnecessary overlap, and ensure each committee had a clear charge aligned with the statewide strategic plan. The Commission considered two separate questions: 1) Moving the membership of all committees out of statute and into administrative rule. 2) The membership of each of the four committees. The discussion then moved to the **Crisis Response Committee**. Mia explained that this group was not ready to propose membership changes during this meeting. Mia next presented the revised **Treatment and Recovery Committee** membership. She noted that previous drafts had included a very large and varied group of stakeholders, which raised concerns about functionality. The updated structure created a core membership group with the ability to bring in additional stakeholders on an ad-hoc basis depending on the topic. Commissioners agreed that this approach would

		keep the committee manageable while still ensuring specialist input when needed.
		The Commission then reviewed the updated **Behavioral Health Policy Review Committee** (formerly USAAV+). Mia explained that the proposed structure reduced the size of the committee considerably by removing outdated seats and aligning the committee with the Commission's broader governance framework. She emphasized that the revised structure was intended to make the group more effective and allow membership to reflect current systems rather than legacy statutory design.
		One commenter expressed appreciation for the Commission's efforts to streamline its committees, noting that the previous system had been difficult for community members to navigate.
		A third commenter emphasized the importance of lived experience representation across all committees and urged the Commission to continue expanding opportunities for individuals with lived experience to contribute outside of formal committee seats.
2:25 - 2:35 pm: Ally Isom	Public comment: Each individual may speak for two minutes	During the public comment period an individual encouraged the Commission to continue prioritizing youth voice in prevention work, even if a formal youth subcommittee was delayed.
		The Chair thanked all commenters for their input and reaffirmed the Commission's commitment to transparency and accessible governance.
2:35 - 2:45 pm: Ally Isom	Commission votes on proposal	Before moving to formal action, the Commission discussed whether a vote should occur during the current meeting or be deferred until members had reviewed the fully consolidated draft containing all final revisions. Several Commissioners noted that they preferred to see the complete package in writing—committee structure, membership, and the rule-versus-statute alignment—before taking final action.
		This led to a discussion about whether an additional meeting would be needed. Commissioners acknowledged that an emergency meeting would not be appropriate under OPMA, as the situation did not meet the statutory definition of an emergency. Instead, they agreed that staff should attempt to schedule a short interim electronic meeting, provided that public notice requirements were met. The Commission discussed the logistical challenges of finding a 30-minute window that all members could attend, especially given the number of concurrent meetings

		involving the Legislative Policy Committee and other state workgroups. Nevertheless, there was consensus that if a workable date could be identified, an interim meeting would allow members to vote on the finalized structure sooner than waiting for the Commission's next full meeting. Several commissioners reiterated that no formal vote was needed in order to postpone action. The Chair noted that the Commission could simply wait for the finalized materials and then convene when ready to vote.
Workstream 5: County-based behavioral health services		
	No items to discuss	
Workstream 6: Communications		
	No items to discuss	
Workstream 7: Legislative report		
	No items to discuss	
Project management		
5	**2:45 - 2:50 pm:** Ally Isom	Review priorities for next meeting *(Action required: None)*	
Next Meeting: November 20, 2025 **1 PM - 3 PM**		