Utah Behavioral Health Commission
Draft Meeting Minutes
November 20, 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	Adam Cohen
Mike Deal	Evan Done
Tracy Gruber	Elaine Navar
Jordan Sorenson - Excused	Josie White

	Time/Presenter	Discussion Topics	Action Items/Notes
1	**1:00 - 1:05 pm**: Ally Isom	Welcome and approval of meeting minutes for: • October 16, 2025 • October 28, 2025 Introduce new staff member (*Action required: Vote*)	Chair Ally Isom opened the meeting and confirmed the presence of members both in person and online. Ally then invited approval of the minutes from the October 16 and October 28 meetings. Mike Deal moved to approve both sets of minutes, and Adam Cohen seconded. The motion passed unanimously. Ally confirmed no online attendees required separate recognition for the vote. Mia Nafziger introduced Megan West as the Commission's second full-time staff member. Megan shared that she previously served for six years at the Office of Substance Use and Mental Health, and was returning to support the Commission's work. Commissioners present welcomed her.
Workstream 1: Strategic planning			
2	**1:05 - 1:45 pm:** Brian Dean, Brendon Ressler (*Office of the Legislative Auditor*	Behavioral health audits of Utah's correctional system • Response from DHHS	Ally recognized the presence of the Legislative Auditor General before transitioning into the first agenda item. Brian Dean and Brendan Ressler provided a joint presentation summarizing two coordinated audits: one focused on behavioral health services delivered by the

	General) Director Tracy Gruber	(*Action required: None*)	Division of Correctional Health Services (CHS) within DHHS, and a second addressing security-related issues under the Department of Corrections (UDC). They explained that the audits were separated due to distinct areas of responsibility but were investigated as part of a unified review. They emphasized strong cooperation from both agencies during the audit process. Key findings included: ● Auditors reported significant concerns in the psychiatric infirmary, where inmates with acute psychiatric symptoms—severe depression, psychosis, suicidal ideation—are temporarily housed. ● Observation level discrepancies: In 26 cases, inmates classified as acutely suicidal were placed on a lower level of observation than policy allowed, and three attempts occurred during intervals when staff checks were delayed. ● Insufficient step-down follow-up: Required follow-up visits after suicide watch discharge were often not completed. ● Lack of suicide attempt tracking: CHS was not receiving or analyzing suicide attempt data from UDC. Auditors identified 26 attempts with notable risk patterns that could inform prevention. ● Clinical concerns from independent psychiatric review: A contracted forensic psychiatrist reviewed 50 inmate charts and found inadequate medication management in 20% of cases, inadequate follow-up in 40%, delayed care in 54%, and missing documentation in nearly half the charts reviewed. ● Staffing limitations: CHS had operated for over a year without a psychiatrist on staff, relying heavily on APRNs for high-acuity psychiatric care. ● Concerns with involuntary medication: Among a sample of 22 inmates, 77% missed multiple doses of involuntary medication; in one case, an inmate missed nearly 30% of doses over six months and was repeatedly admitted to the infirmary. ● Triage inconsistencies: 47% of health requests involving homicidal or suicidal statements were incorrectly triaged as routine, including one inmate expressing homicidal ideation who waited over three weeks for clinical contact until the audit team alerted CHS. ● Lack of treatment planning: Only 5% of reviewed cases had a required treatment plan despite high rates of repeated psychiatric infirmary admissions. Auditors emphasized repeatedly that operational improvements—not only additional resources—were

			necessary, and that CHS concurred with all recommendations. Brendan detailed concerns with safety procedures and conditions under UDC: ● Inconsistent Q15 checks: Officers were recorded marking observation logs without looking into cells, and 42% of badge scans fell outside required 15-minute intervals, with some checks occurring an hour apart. ● Past suicide case: In one example, an inmate who died by suicide was not discovered for over an hour despite multiple recorded checks. ● Physical environment risks: Multiple protrusions in step-down units and infirmary fixtures created opportunities for self-harm despite design improvements in the newer facility. ● Contraband concerns: At least four instances were identified where inmates brought prohibited items into the infirmary, including razors; UDC-issued items were also used in 16 self-harm attempts. ● Trash accumulation: Audit photos showed significant trash buildup in cells, including one case in which trash was used for self-harm. Auditors noted meaningful cultural and operational improvements within UDC leadership in recent years, particularly around accountability, communication, and policy implementation. Commissioners asked questions about accreditation standards, staffing shortages, follow-up processes, documentation failures, triage practices, liability risks, and the challenges of implementing consistent safety protocols. Auditors explained the role of NCCHC certification, resource constraints, and UDC's emerging cultural reforms. Executive Director Tracy Gruber responded on behalf of DHHS. She thanked the auditors and described ongoing reforms, including: ● Hiring a full-time forensic psychiatrist and psychiatric fellows. ● More than a year without a suicide in the prison. ● Implementing standardized suicide risk protocols, CAMS, and participation in the Zero Suicide Initiative. ● Improving medication administration processes, documentation, and integration between medical and behavioral health staff. ● Preparing for NCCHC accreditation in December.

			• Partnerships with the Office of the Medical Examiner to conduct joint fatality reviews. Tracy also noted that a new electronic medication administration system with barcode scanning only recently became functional. Commissioners asked follow-up questions regarding involuntary medication orders upon release, language access services, population demographics, and resource needs.
Workstream 2: Budget and policy recommendations			
3	**1:45 - 2:00 pm:** Representative Steve Eliason	Update on Miami-Dade County Case Study (*Action required: None*)	Representative Eliason briefed the Commission on a recent two-day convening led by Judge Steven Leifman and partners evaluating sequential intercept improvements in Salt Lake County. He reported high engagement from local leaders, judges, law enforcement, healthcare providers, and community stakeholders. He noted that Utah's crisis system is further along than other jurisdictions the team has evaluated, though several gaps remain. Representative Eliason highlighted two emerging policy directions: 1. Statewide electronic civil commitment tracking system – to eliminate fragmented, paper-based processes that prevent clinicians and law enforcement from recognizing behavioral health crises as recurring patterns. 2. Adoption of structured jail diversion protocols, modeled after Florida's Tristan Murphy Act, establishing criteria and procedures for diverting individuals with behavioral health needs away from jail and into treatment. He also discussed budget constraints for the coming legislative session, noted ongoing bill file development, and shared implications for Commission recommendations. The Commission engaged in extensive dialogue, including reflections on crisis center utilization, diversion barriers, privacy considerations, and housing as a critical systemic gap. Lived experience perspectives were also shared during the discussion. Representative Eliason concluded with additional observations about legislative recommendations, potential funding for unused state hospital beds, continuation of the SafeUT National Guard program, and adjustments to peer support funding requests given fiscal limitations. He also encouraged the Commission to consider

			recommendations related to integrated care and collaborative care reimbursement.
Workstream 3: Engage with the private sector			
4	**2:00 - 2:10 pm:** Tammer Attallah	Status update on recent activities (*Action required: None*)	Postponed until the Dec. 18, 2025 meeting.
Workstream 4: Consolidate committees			
4	**2:10 - 2:30 pm:** Mia Nafziger	Committee structure statutory language for the Legislative Policy Committee (*Action required: Vote*)	Mia presented draft statutory language reflecting the committee restructuring work undertaken throughout the year. The amendments: ● Move committee membership definitions into administrative rule. ● Transfer some USAAV+ responsibilities to the Commission while allowing delegation. ● Rename USAAV+ as the Behavioral Health Policy Review Committee. ● Update committee charges and remove outdated statutory references. ● Adjust the Crisis Response Committee structure so that the Huntsman Mental Health Institute's executive director is not automatically appointed as chair. Commissioners discussed membership guidelines, administrative rule alignment, and sunset date references. After discussion, Tammer moved to approve the proposed statutory language for submission to the Legislative Policy Committee; Evan seconded. The motion passed unanimously.
Workstream 5: County-based behavioral health services			
		No update	
Workstream 6: Communications			
		No update	
Workstream 7: Legislative report			
		No update	
Project management/ad hoc			

5	**2:30 - 2:40 pm:** Tracy Gruber	Update on DHHS and Medicaid staffing *(Action required: None*)	Tracy Gruber provided an update on leadership transitions within the Department of Health and Human Services, including: ● Appointment of Julie Ewing as the new Medicaid Director. ● Continuation of Nate Checketts as interim director through the legislative session and then as senior advisor until spring. ● Ongoing vacancies within Integrated Healthcare. Commissioners acknowledged Nate's longstanding service and leadership.
6	**2:40 - 2:55 pm:** Mia Nafziger	Review workplan priorities for 2026 *(Action required: None*)	Mia began a review of statutory duties and how each is being addressed through current Commission processes, identifying items to revisit at the next meeting. Commissioners discussed collaboration expectations, committee delegation, engagement with higher education and workforce entities, and agenda planning for the legislative session. A follow-up discussion will continue in December.
7	**2:55 - 3:00 pm:** Ally Isom	Review priorities for next meeting *(Action required: None*)	**Meeting preparations:** ● Discuss recommendations from Rep. Eliason during December meeting ● Consider options for conducting a future meeting at the State Hospital ● Send draft workplan out to commissioners before next meeting ● Invite HWAC to present annually at Commission meetings **Legislative Policy Committee:** ● Invite Legislative Policy Committee (and other legislators) to present bills to the Behavioral Health Commission ● Send committee structure statutory language to Legislative Policy Committee **Other items:** ● Check patients' access to translation services through Correctional Health Services and the Department of Corrections ● Update strategic plan/Update to Master Plan name on Commission website
Next Meeting: December 18, 2025 1 PM - 3 PM			