



**Utah Behavioral Health Commission  
Meeting Agenda  
January 15, 2026, 1:00 - 3:00 p.m.  
Utah State Capitol Complex  
Senate Building Room 210**

**Commission Chair:** Ally Isom  
**Vice Chair:** Tammer Attallah  
**Second Vice Chair:** Kyle Snow

**Commission Members:**

Jim Ashworth  
Mike Deal  
Tracy Gruber  
Jordan Sorenson

Adam Cohen  
Evan Done  
Elaine Navar  
Josie White - *Arrived during agenda item #2*

	<b>Time/Presenter</b>	<b>Discussion Notes</b>
<b>1</b>	<b>1:00 - 1:05 pm:</b> Chair Ally Isom	Chair Isom welcomed Commission members. Elaine Navar motioned to approve the minutes for the Commission’s meeting on December 18th. Jordan Sorenson seconded. The motion passed unanimously.
<b>Workstream 1: Strategic planning</b>		
<b>2</b>	<b>1:05 - 1:15 pm:</b> Darin Underwood, Andrew Poulter ( <i>Office of the Legislative Auditor General</i> )	<p>Darin Underwood and Andrew Poulter from the Office of the Legislative Auditor General presented the High-Risk List Audit. Behavioral health is one of the ten high-risk areas identified by the legislative auditors. Auditors particularly focused on behavioral health workforce and governance needs.</p> <p>Vice Chair Attallah stated that if we don’t have clarity with governance, and we don’t have the data infrastructure, it will be challenging to complete any of these initiatives. The auditors agreed, and noted that the question is, “How do you get the governance piece right?”</p> <p>Chair Isom thanked the legislative auditors for their work in advancing the conversation in a tangible way.</p>

3	<p><b>1:15 - 1:25 pm:</b> Eric Tadehara (<i>Office of Substance Use and Mental Health</i>); Tracy Gruber (<i>tentative</i>)</p>	<p>Eric Tadehara from the Office of Substance Use and Mental Health presented to the Commission on federal behavioral health grants. He shared that the Substance Abuse and Mental Health Services Administration (SAMHSA) suddenly terminated all discretionary behavioral health grants to states on Tuesday, January 13. SAMHSA reinstated the grants on Wednesday, January 14 and all grants will continue.</p> <p>Chair Isom asked if there was a rationale from SAMHSA on continuing the grants in notifications received. Eric responded no, it is difficult to predict what will happen.</p> <p>Evan Done asked how many grants and how much money in Utah were affected. Eric responded that there were five grants and \$2 million impacted at the Office of Substance Use and Mental Health, and other organizations were also impacted. Evan noted that Utah's Opioid Settlement Funds might benefit from greater spending flexibility, given the instability of federal funds.</p> <p>Director Gruber thanked the professionalism of DHHS staff in managing these sudden changes.</p>
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**Workstream 2: Legislative recommendations**

4	<p><b>1:25 - 1:30 pm:</b> Mia Nafziger</p>	<p>Mia Nafziger presented a review of the Commission's 2026 legislative process, which the Commission finalized during its December meeting. She also presented a set of decision trees for both the Policy Review Committee and the Commission, which describe the actions associated with each bill position that the groups may take.</p> <p>Chair Isom clarified that when a bill comes to a Commission, it has already gone through the Policy Review Committee's process.</p>
5	<p><b>1:30 - 2:55 pm:</b> Chair Isom, legislators</p>	<p><b>Rep. Hall - Removing noncompete contracts</b> Representative Hall shared information about her bill that removes noncompete agreements for health care providers and makes nonsolicitation agreements void in certain circumstances.</p> <p>Chair Isom clarified if the bill is for all healthcare providers, and Representative Hall stated yes, the bill includes all behavioral health providers.</p> <p>Representative Hall stated that a family practice physician shared this was a challenge for them, and that Representative Chevrier had a similar bill last year. Chair Isom clarified if an individual can waive their</p>

right to this prohibition, and Rep. Hall stated they cannot.

**Senator Kwan - Health Insurance Coverage Amendments**

Senator Kwan shared that Utah is restricting its workforce from providing care. University of Utah data shows a 12-month waiting list for autism diagnosis. Insurance companies are concerned about costs, and with this bill, she expects a 5% increase in autism diagnosis, which may cost millions of dollars. Currently the state is picking up these costs.

Chair Isom asked if any data is available that quantifies cost. Senator Kwan shared that approximately 20 percent of children currently receive applied behavior analysis services. There is a fear that if we increase the number of diagnoses, treatment costs will increase. She hopes that with pre-authorization provisions in the bill, insurance companies could control costs a bit more.

Elaine Navar expressed her appreciation for this bill. She sees many families who are trying to save up money to hit their deductible, and who hear it is better to go with an ADHD diagnosis.

**Representative Abbott, [HB 207](#) - Competency Amendments**

Representative Abbot shared that his bill cleans up the competency evaluation process, including a requirement courts to complete competency evaluations at the same time, rather than sequentially. Line 112 discusses that if clinically appropriate, a patient can be transferred to an inpatient setting to be evaluated. The biggest change is on line 467, which allows the results of a medication hearing to be portable under some circumstances. Clinicians at the new facility would still be required to review the order.

Dr. Ashworth asked if the bill has anything to do with the timing of the medication hearing. Representative Abbott said they have toyed with this in the past, and that medication hearings could benefit from more clarity. It's a fairly complicated issue, so we don't do that in this bill.

Representative Abbott wanted to get the Commission's input on assisted outpatient treatment and how we can better use this treatment to help patients in the gap between no civil commitment and full civil commitment.

Second Vice Chair Kyle Snow asked what would be the teeth to it? When you commit someone to a hospital, there is some teeth, but if not, how do you force that? Representative Abbott says that is probably why we don't see it utilized as much, because there is no

teeth to it.

Dr. Ashworth said he loves the idea, but who does it and makes sure patients get their medication? How would the mechanics of the treatment work?

Adam Cohen noted that assertive community treatment (ACT) teams are a part of this system, and Dr. Ashworth asked if we have enough ACT teams, and that we could meet this problem with more robust ACT teams.

Josie White recommended reaching out to Salt Lake County about the Miami Dade model. As an individual with lived experience, she said that when you are hospitalized, you can be released onto the streets, so the issue goes beyond treatment.

Tim Whalen from Salt Lake County came up to speak, and noted that when you go through civil commitment, you can be in outpatient treatment in the community. If you are civilly committed, it is a status, and they cannot hold you without a pink sheet. He noted that we have plenty of treatment, but we don't have permanent housing.

Representative Abbott asked that commissioners send him any additional comments via email.

**Representative Eliason**

Representative Eliason noted that he is working with the Legislative Policy Committee on the Commission's bill, and he will share that bill when it is drafted.

Representative Eliason has drafted [HB 15](#), Medicaid Expansion Amendments, which is focused on the expansion community. If the first version of HR 1 had passed, Medicaid Expansion would have sunsetted in Utah last year. So the bill addresses these things proactively so we aren't just at the mercy of Congress.

He then discussed [HB 70](#), Correctional Health Services Amendments, which is an Interim bill. This bill largely builds on a bill from last session and several audit recommendations. Among other provisions the bill requires the Utah Department of Corrections and Correctional Health Services to adhere to national best practices. The representative noted that Utah has one psychiatrist to serve 2,000 patients in prisons with behavioral health needs, and this bill addresses those resource needs.

Representative Eliason also presented [HB 71](#), Health Plan Provider

		<p>Directory Amendments, which he noted has made both insurance companies and providers upset. The bill came out of the legislative audit on Utah’s behavioral health workforce and seeks to address issues with ghost providers. He plans to strike a compromise with stakeholders.</p> <p>Representative Eliason is working on a bill that comes from the Leifman Group’s work with Salt Lake County on criminal justice reform, which will help Utah implement the Miami-Dade model. Chair Isom asked how Miami-Dade County kept policymakers engaged on this issue for 25 years, and Representative Eliason noted that Utah is already ahead on many pieces of this model.</p> <p>Representative Eliason noted the Legislative Policy Committee is meeting next week, and that the budget this year is not good. Agencies are being asked to propose 5% budget cuts. The representative noted that last year’s Commission bill had to significantly cut the funding amounts requested, and this year’s bill will die on arrival if it has the full fiscal note of the Commission’s recommendations. He plans to be clear on what the Commission actually recommended. He said that dollars from the Rural Health Transformation Program may be an option, and he hopes to tap into some of that.</p> <p><b>Representative Sawyer, <a href="#">HB 100</a> - Electroconvulsive Therapy Prohibition Amendments</b></p> <p>Representative Sawyer shared that this bill started out as a ban on electroconvulsive therapy for youth under age 25. He is substituting the bill to remove the ban and instead include a very intensive informed consent process that will become the industry standard. This will make sure individuals exhaust other options and create a better structure.</p> <p>Jordan Sorenson thanked the representative for being open-minded, and Adam Cohen echoed these sentiments. Tammer Attallah appreciated the representative’s position, and Evan Done thanked him for sharing his lived experience.</p>
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**Workstream 3: Data analysis**

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**Workstream 4: Communications**

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**Project management**

<p><b>6</b></p>	<p><b>2:55 - 3:00 pm:</b> Chair Isom</p>	<p>Chair Isom informed the Commission that the leadership team is meeting with the House and Senate leadership teams next week and speaking with them about data and governance.</p> <p>Chair Isom noted that the Commission’s next meeting will be a hybrid meeting at the Utah State Hospital. The agenda will include ongoing legislative items. Mia Nafziger added that the State Hospital will present their master plan to the commissioners. Time is also allocated for discussion on the Suicide Prevention Committee’s recommended tactics, and then the Commission will take positions on bills. Commissioners may stay after the meeting to join a tour of the State Hospital.</p> <p>Jordan Sorenson motioned to adjourn, and Kyle Snow seconded. The motion passed unanimously.</p>
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**Next Meeting: February 19, 2025  
1 PM - 3 PM**

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