Utah Behavioral Health Commission Meeting Agenda
January 16, 2025
1:00 - 3:00 p.m.
Multi-Agency State Office Building
195 N 1950 W Salt Lake City
Room 1020 A&B

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

Commission Members:

Tracy Gruber
Evan Done
Julie Hardle
Jim Ashworth
Jordan Sorenson
Adam Cohen
Mike Deal
Elaine Navar

Commissioner's Excused:

Staff: Mia Nafziger, Brent Kelsey, Kimberlie Raymond, Tashelle Wright
Other Guests: Rep. Eliason, Rep. Dailey-Provost, Sen. Plumb

The purpose of the commission is to be the central authority for coordinating behavioral health initiatives between state and local governments, health systems, and other interested persons, to ensure that Utah's behavioral health systems are comprehensive, aligned, effective, and efficient.

	Time/Presenter	Discussion Topics	Action Items/Notes
1	**1:00 - 1:05 pm**: Ally Isom	Welcome Approval of December 19, 2024 meeting minutes (*Action required: Vote*)	The meeting began with Ally welcoming all attendees, acknowledging both those present in the room and those joining remotely. She emphasized the importance of today's meeting due to the full agenda, which included critical discussions on data-driven decision-making, refining the commission's vision and strategic priorities, and reviewing policy and budget recommendations. Before moving forward, she invited commission members to review and approve the minutes from the previous meeting. She asked if everyone had reviewed the document and whether there were any requested revisions or corrections.

			A motion to approve the minutes was proposed by Evan, seconded by Jordan. The vote was unanimous.
2	**1:05 - 1:50 pm:** Tracy Gruber, Dr. Stacy Eddings, Mia Nafziger	OSUMH presentation on strategic planning and behavioral health data, including: ● Proposed result or vision. ● Population indicators. ● Potential strategies. (*Action required: None*)	To gather insights, Commission members were asked to submit requests for behavioral health data that they considered essential for understanding current challenges and system gaps. The response was overwhelming, with over 100 different data metrics requested, covering a wide range of behavioral health topics, including: ● Treatment access and effectiveness ● Mental health crisis response times ● Substance use and overdose rates ● Suicide trends across different demographics ● Behavioral health outcomes by region and age group Dr. Eddings explained that while all of these data points were important, reviewing and discussing all 100+ metrics in a single meeting would be impossible. Instead, the presentation focused on identifying a core set of "headline population indicators" that would serve as the primary benchmarks for behavioral health progress in Utah. Dr. Eddings presented eight core indicators that would be the focus of future strategic planning: ● For Adults: ○ Prevalence of Substance Use Disorder (SUD) ○ Prevalence of Mental Illness (Both Any Mental Illness & Serious Mental Illness) ○ Rate of Serious Suicidal Ideation ● For Youth: ○ Need for Alcohol and Drug Treatment ○ Need for Mental Health Treatment ○ Percentage of Youth Who Have Seriously Considered Suicide Severe Outcomes for the General Population: ● Deaths Due to Drug Overdose ● Deaths Due to Suicide Each indicator was selected based on its ability to reflect population-wide trends and its usefulness in tracking progress. Substance Use Disorder (SUD) ● Utah has the lowest rate of SUD (14%) compared to the national average (18%).

			● However, only 4.5% of those needing treatment actually receive it. Major Barriers: ● Stigma ● Cost ● Insurance gaps ● Lack of awareness about available treatment Mental Illness Prevalence ● Utah has the highest rate of mental illness in the nation (29%). ● 8% of Utah adults suffer from serious mental illness. Treatment Gaps: ● Only 57% of those with any mental illness receive care. ● Only 73% of those with serious mental illness receive care. Suicide & Overdose Trends ● Suicide rates in Utah remain among the highest in the U.S. ● 25% of youth report high mental health treatment needs. ● Drug overdose deaths have stabilized in Utah, but are rising nationally. Following the presentation, several Commission members raised concerns that these indicators focused exclusively on negative behavioral health outcomes, such as addiction, crisis, and death. One member suggested that positive well-being indicators should also be included, such as: ● Mental wellness self-ratings ● Protective factors like social support and resilience ● Overall satisfaction with life and emotional health Dr. Eddings acknowledged this concern and noted that some national surveys, such as the Behavioral Risk Factor Surveillance System (BRFSS), do measure happiness and well-being, but this data may not be available at the state level in Utah. The next agenda item focused on finalizing the Commission's vision statement or result, which would serve as the foundation for all future behavioral health initiatives. Mia presented a draft vision statement, which read: "All children, adults, families, and communities in Utah receive effective care and have the opportunity to experience good behavioral health and well-being."

			While members largely agreed with the overall intent, there were several suggestions for improvement: ● The term “good” was seen as too vague. Some suggested “quality” or “comprehensive” instead. ● Affordability and cost-effectiveness should be addressed, since financial barriers prevent many Utahns from getting care. ● The vision should explicitly acknowledge equity issues to ensure underserved communities are included. ● The phrase “human-centered” was suggested to reflect the importance of lived experience in behavioral health care design. Mia confirmed that the Commission would finalize the vision statement in February. Members were encouraged to submit additional feedback via email. Mia presented on proposed strategies and cross-cutting principles for the strategic plan, which the Commission will vote on in February.
3	**1:50 - 1:55 pm**: Mia Nafziger	Communications update: Commission webpage (*Action required: None*)	Mia informed the Commission that a temporary landing page had been created, which serves as a basic hub for Commission materials and resources. The current website includes: ● Meeting materials (agendas, minutes, presentations). ● Information about the Commission’s mandate and structure. ● List of Commission members and subcommittees. ● Reports and legislative updates related to behavioral health initiatives. She clarified that this was not a final version of the website and that further improvements were needed before the next meeting. Several Commission members and stakeholders provided input on what should be added or refined to enhance the website’s functionality and usefulness. One Commission member noted that individuals in the community want to provide feedback to the Commission but currently lack a way to do so. ● Proposed Solution: Add a public comment form or email submission box that allows Utah residents to share concerns,

			suggestions, or personal experiences with behavioral health services. ● Mia agreed that having a clear and structured way for public input was essential. The Commission also discussed how best to provide virtual access to meetings, ensuring that: ● Meeting links are easy to find. ● Recordings and transcripts are available after meetings.
4	**1:55 - 2:00 pm:** Mia Nafziger	Finalize work plan *(Action required: Vote*)	The next agenda item focused on finalizing and approving the Commission's work plan for the coming year. Mia explained that this work plan is intended to serve as a structured roadmap for organizing and prioritizing the Commission's efforts throughout the year. It was developed based on input from past meetings and reflects key areas of focus for 2024. She reminded members that this plan is a living document, meaning that if necessary, it can be modified based on emerging priorities or new information. The proposed work streams included: ● Strategic Plan Development ● Committee Consolidation ○ Reviewing existing behavioral health subcommittees. ○ Ensuring efficiency and collaboration between different working groups. ● County-Based Behavioral Health Services Review ○ Evaluating how behavioral health services are delivered at the county level. ○ Identifying best practices and gaps in access. ● Legislative Policy & Budget Recommendations ○ Developing formal recommendations for state policymakers. ● Private Sector Engagement ○ Increasing collaboration with employers, insurers, and healthcare providers.

			○ Exploring public-private partnerships to expand service access. ● Public Communication Strategy ● Annual Legislative Report ○ Compiling a formal report summarizing the Commission's work in 2025 One member raised a concern about committee consolidation, noting that some existing committees have specific mandates under state law and should not be merged without careful review. A question was raised about how the work plan would incorporate lived experience voices, particularly in the public communication strategy. After discussion, a motion to approve the work plan as presented was made by Jordan and seconded by Adam. The vote was unanimous.
5	**2:00 - 2:55 pm:** Legislators	Policy and budget recommendations from legislators: ● Priority bill file for the Commission's recommendations - Rep. Eliason (20 minutes) ● HB 63 - Rep. Dailey-Provost (5 minutes) ● SB 65 - Senator Plumb (5 minutes) ● SB 78 - Senator Plumb (5 minutes) ● SB 115 - Senator Plumb (5 minutes) ● HB 39 - Rep. Eliason (5 minutes) ● HB 56 - Rep. Eliason (5 minutes) (*Action required: None*)	Following the approval of the work plan, the Commission moved on to a review of key behavioral health legislation being proposed in the current legislative session. Legislative Presentation by Rep. Steve Eliason Rep. Steve Eliason provided an overview of three critical funding proposals and requested the Commission's endorsement. ● 26% Medicaid Rate Increase for Mobile Crisis Outreach Teams (MCOT) (instead of evaluating MCOT rates, just move forward with a rate increase) ● Currently, Salt Lake County receives a higher reimbursement rate ($476 per visit) than other counties ($377 per visit). Increase Medicaid reimbursement rates statewide to match Salt Lake County's rate. ● Ensure financial sustainability of MCOT programs across the state. ● Allow 24/7 crisis teams to be fully staffed, especially during nights, weekends, and holidays. $3.8M Ongoing + $1M One-Time Funding for Utah State Hospital ● Costs for staffing, utilities, and food have risen significantly due to inflation. ● Without additional funding, services could be impacted, leading to longer wait times for psychiatric beds. Allowance of state-owned psychiatric hospitals (permissive language but not mandatory) to receive directed payments.

			• Bill from 2023 inadvertently excluded Utah State Hospital & Huntsman Mental Health Institute. • Proposal would fix this error. Several members expressed strong support for the proposals, particularly the MCOT increase. One member asked why a full year study was originally proposed for MCOT instead of an immediate increase. Rep. Eliason explained that data had already been gathered, and a study was unnecessary. All three proposals were put to a vote. A motion was made by Mike, to approve the proposals, seconded by Jordan, Tracy abstained. The vote passed. Rep. Jen Dailey-Provost presented a bill aimed at creating a Mental Health Crisis Response Task Force. Purpose: • Develop a pilot program to identify early warning signs of mental health crises. • Improve access to guardianship and conservatorship for those in crisis. • Ensure civil commitment examiners receive consistent training across the state. Discussion: • One Commission member asked why a new task force was needed rather than placing this effort under the Behavioral Health Crisis Response Commission. • Rep. Dailey-Provost explained that this bill had been in development before the Commission was established but was open to revising the structure Sen. Jennifer Plumb presented three bills focused on homeless protections, substance use disorder screening in jails, and medication-assisted treatment (MAT) access. SB 65: Homeless Individuals Protections • Establishes a statewide ombudsman for individuals experiencing homelessness. • Creates a formal complaint system for those who experience mistreatment in shelters or services. • Requires data collection and annual reporting to track common issues. Discussion: • A Commission member asked how individuals experiencing homelessness

			would be made aware of the ombudsman service. ● Sen. Plumb acknowledged this challenge and said community outreach efforts would be developed. Substance Use Disorder Screening in Jails ● Requires all Utah jails and prisons to conduct substance use screenings upon intake. ● Standardized data collection on substance use disorders among inmates. ● Helps identify individuals who would benefit from treatment programs. Medication-Assisted Treatment (MAT) Protections ● Prohibits recovery centers and sober living homes from banning MAT (e.g., Suboxone, Methadone). ● Prevents providers from forcing individuals off MAT as a condition of participation. ● Ensures Utah's regulations align with federal best practices. Discussion: ● A Commission member noted that some treatment centers still view MAT as substituting one addiction for another. ● Sen. Plumb emphasized that MAT is a proven, life-saving treatment and should not be restricted.
6	**2:55 - 3:00 pm:** Ally Isom	Review priorities for next meeting	Next steps for commissioners: ● Send additional feedback on the proposed result, population indicators, or strategies to Mia before our next meeting. ● Send additional feedback on the process for receiving policy recommendations to Mia before our next meeting. ● Private sector working group to meet and determine next steps. Next steps for OSUMH staff: ● Strategic planning ○ Update result language. ○ Add a measure for wellness or protective factors to the population indicators data. ○ Circulate overdose report for the commissioners to review. ○ Update strategies and cross-cutting principles based on feedback. ● Communications ○ Add feedback form to the Commission website.

			○ Develop template form and standard policy for speaking requests with Julie. ○ Develop generic talking points for commissioners. ● Send out travel reimbursement information to commissioners. Decisions: ● Adopted 2025 work plan. ● Voted to support all three of Representative Eliason's proposed additions to his Commission bill. ● Determined that Julie will screen speaking requests for the Commission.
Next Meeting: February 20, 2025 1 PM - 3 PM			