Utah Behavioral Health Commission Meeting Minutes
March 20, 2025
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:

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

Other Attendees: Dr. Stacy Eddings

	Time/Presenter	Discussion Topics	Action Items/Notes
1	**1:00 - 1:05 pm**: Ally Isom	Welcome Approval of February 20, 2025 meeting minutes (*Action required: Vote*)	Ally opened the meeting welcoming everyone who has joined in person and virtually. Minutes from the February 20, 2025 meeting were reviewed. Mike made a motion, Julie seconded, to approve the minutes. The minutes were approved unanimously.
Workstream 1: Strategic planning			
2	**1:05 - 1:45 pm:** Dr. Stacy Eddings	Strategic plan development: ● Discuss population indicators ● Recommended edit to strategies ● Draft objectives ● Next steps (*Action required: Vote*)	• Dr. Stacy Eddings provided a comprehensive update on strategic planning. • The Commission's overarching strategic result is: *"All children, adults, families, and communities in Utah have the opportunity to experience quality behavioral health and well-being."* • Six population indicators were previously identified to monitor progress. • The Commission voted to change the wording of the strategy "Partner with people in recovery to expand effective recovery services" to "Expand effective recovery services." • The commissioners provided feedback on the initial draft objectives.

			• Community feedback is ongoing • Commissioners received a handout of all objectives for review during the session. Timeline for Strategic Plan Finalization • April: Continue discussions, update draft objectives, and consider a vote if ready. • May: Tentative vote on the draft plan. • June: Stakeholder engagement round for additional input. • July: Final plan approval. Prioritization and Sequencing • Discussion highlighted the importance of staggering objectives over the five-year plan. • Commissioners discussed whether to prioritize by urgency or by year. • Some objectives will initially only involve data collection and assessment if information is lacking. • A working session or working lunch before the April meeting was proposed to review objectives in more depth.
Workstream 2: Budget and policy recommendations			
3	**1:45 - 2:00 pm:** Mia Nafziger	Discuss policy recommendation form, scoresheet, and process *(Action required: Vote)*	• Mia presented a refined process for collecting and evaluating budget/policy proposals: • Standardized recommendation forms and scoring sheets. • Input deadlines set for May 7, with optional committee presentations in April or May. • Commissioners will review and score recommendations in June. • Final prioritization and adoption set for July submission to the Legislature. • A motion was made by Mike, seconded by Tracy to approve this process. The vote passed.

4	**2:00 - 2:10 pm**: Mia Nafziger	Legislative updates (USAAV+ bill tracker): (*Action required: None)*	• Focus was placed on HB 491, which passed and included several Commission recommendations:
			• 35% Medicaid rate increase for peer services.
			• 26% increase for Mobile Crisis Outreach Team services.
			• Ongoing funding for suicide prevention efforts (Live On campaign and trainings).
			• Creation of a receiving center license.
			• Statutory changes to support law enforcement in firearm storage practices.
			• Out of 14 Commission recommendations:
			    • 7 passed (some modified).
			    • 3 related to prevention, 2 to crisis, 1 to treatment/recovery, and 1 was cross-cutting.

			• There was discussion about how to communicate budget constraints and unmet asks from the Legislature. • Representative Eliason acknowledged the bill's passage, the challenges of a tight budget year, and expressed gratitude to the Commission.
Workstream 3: Engage with the private sector			
5	**2:10 - 2:25 pm:** Tammer Attallah	Updates: ● Currently engaging with employers, payers, and third-party administrators ● Next step: Develop plan and intended outcome of private sector convening *(Action required: None*)	• Dr. Stacy Eddings noted that private sector stakeholders had not yet been engaged in the strategic planning process but would be in upcoming phases. • She acknowledged the importance of including private sector partners (like private providers, insurance companies, and others) in the review of the draft strategic plan. • Their input is planned as part of the stakeholder engagement phase scheduled for June. • There was general consensus that including private sector voices would help ensure the strategic plan is representative and actionable across the entire behavioral health system, not just public sector entities.
Workstream 4: Consolidate committees			
6	**2:25 - 2:40 pm:** Mia Nafziger	Present initial structure to Commission *(Action required: None*)	• One commissioner suggested that, rather than maintaining multiple separate subcommittees, it might be beneficial to consolidate them—especially if the workload or focus areas overlap. • The rationale was to avoid duplication, streamline efforts, and make better use of the Commission members' time and expertise.
Workstream 5: County-based behavioral health services			
		No items to discuss	
Workstream 6: Communications			
7	**2:40 - 2:50 pm:** Mia Nafziger	Questions for development of a communications plan: ● Discuss the need for a standalone website. ● General communications needs for the Commission. ● Working on templates for materials.	Mia presented an update on the communications strategy, which is being developed to help the Commission better explain its purpose, processes, and accomplishments to the public and stakeholders. • Ally recommended creating a slide deck,a one-pager on the state of behavioral health, and a one-pager on the Commission's purpose.

		(Action required: None)	Discussion on Website Branding: • A concern was raised about the Commission's webpage being nested within the Department of Health and Human Services (DHHS) site. • Some Commissioners felt this makes the Commission look like a DHHS program rather than an independent advisory body. • A suggestion was made to consider branding or web placement that better reflects the Commission's broader role, even if it remains hosted by DHHS. Public Input & Story Collection: • In response to public interest in engagement: • A comment form is already live on the website and has received a few submissions. • Monthly summaries of public feedback will now be sent to Commissioners. • A "story sharing form" is also being considered (modeled after NAMI's approach) to allow individuals to submit personal behavioral health experiences. • This was part of the larger communication effort to make the Commission's work more human-centered and accessible. Concerns Raised: • Several Commissioners raised concerns about: • Legal and privacy risks related to collecting personal stories. • The need for clear disclaimers, potential editing or moderation, and defined uses for those submissions. • Whether such a platform could be safely implemented given state affiliation and liability considerations.
8	**2:50 - 2:55 pm:** Mia Nafziger	Updates to the website: ● Opportunity for sharing community stories ● Directing people in a crisis ● Recent feedback received Website traffic (2/12 - 3/11): ● 312 total views ● 106 unique visitors *(Action required: None*)	• Mia explained that the Commission already has a public comment form available on the website. • So far, three submissions have been received through that form. • A new process was introduced: Commissioners will now receive a monthly spreadsheet summarizing all public input submitted via the website. Story Sharing Form Proposal: • Mia presented a draft of a proposed "Share Your Story" form, modeled in part on forms used by NAMI.

			• The form would allow individuals to submit personal experiences with the behavioral health system in Utah.
			• Prompts included:
			  • What happened
			  • What helped or would have helped
			  • What went well
			  • What part of the system the experience related to
			  • The outcome of the situation
			Concerns and Considerations Raised
			• Privacy and liability concerns were brought up by multiple Commissioners:
			• Whether collecting sensitive personal health stories posed a legal risk.
			• How such information would be used, displayed, and stored.
			• Whether stories should be moderated, edited, or kept private.
			• The need for a disclaimer about the limits of what the Commission could do with the information.
			• There was no decision to implement the form yet; instead, it was positioned as a concept still under review.
			
			Website Branding
			• A concern was expressed that the Commission’s webpage appears as just a sub-page of the Department of Health and Human Services (DHHS) website.
			• This might undermine the Commission’s independence or make it look like a state agency initiative rather than a cross-sector advisory body.
			• A suggestion was made to consider whether the website branding and layout could better reflect the Commission’s distinct identity and broad mandate.

Workstream 7: Legislative report			
		No items to discuss	
Project management			
9	**2:55 - 3:00 pm:** Ally Isom	Review priorities for next meeting *(Action required: None)*	Strategic plan: • Incorporate commissioners' feedback into objectives and continue developing tactics and performance measures • Develop definitions for terms used throughout the strategic plan

			• Schedule working session on strategic plan for commissioners, virtual or hybrid • Develop plan for stakeholder engagement in May - June Policy and legislation: • Share policy recommendation process with committees • Share overview of significant behavioral health legislation with commissioners • Begin planning legislative strategy Private sector engagement: • Mia to coordinate with Jordan, Tammer, and Dr. Ashworth on next steps for private sector workgroup • Outreach to Rep. Dunnigan • Outreach to other stakeholders on Jordan's compiled list of contacts Communications: • Share overview of recent questions and feedback from the Behavioral Health Commission website with commissioners (see spreadsheet) • Begin developing communications plan • Update BH Commission website URL/page Update committee structure proposal

Next Meeting: April 17, 2025
1 PM - 3 PM