Utah Behavioral Health Commission
DRAFT Meeting Minutes
June 18, 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	Adam Cohen
Mike Deal	Evan Done
Tracy Gruber	Elaine Navar
Jordan Sorenson	Josie White

	Time/Presenter	Discussion Topics
1	**1:00 - 1:05 pm**: Chair Ally Isom	**Welcome** **Approval of May 21, 2026, meeting minutes** A quorum was officially declared by the Chair. • **Vote**: The meeting minutes from the May 21st meeting were reviewed, motioned for approval by Kyle, seconded by Jordan, and approved unanimously.
Workstream 1: Strategic planning		
2	**1:05 - 1:15 pm:** Megan West	**Approval and appointment of the Prevention and Early Intervention Committee and School-Based Behavioral Health Subcommittee seats** • **Prevention and Early Intervention Committee:** Megan presented the nomination of Alejandra Aguilar for the youth/young adult seat with lived mental health experience. • **Vote**: Motioned by Dr. Ashworth, seconded by Mike; approved unanimously. • **School-Based Behavioral Health Subcommittee:** Megan presented the nomination of Carolyn West for the parent of a youth with lived experience seat.

		• **Vote:** Motioned by Jordan, seconded by Josie; approved unanimously.
Workstream 2: Legislative recommendations		
3	**1:15 - 1:20 pm:** Megan West	**Approval and appointment of the Policy Review Committee Citizen Representative Seat** • **Policy Review Committee (PRC):** Megan presented the nomination of Tim Whalen for the Citizen Representative seat. • **Vote:** Motioned by Kyle, seconded by Jordan; approved unanimously.
4	**1:20 -1:25 pm:** Megan West	**Legislative Recommendation Process Review** Megan recrossed the strategic timeline voted on during the March 19th meeting. Finalized recommendations will be updated based on today's feedback and re-sent by July 3rd. Commissioners will have 13 days to review and score them before final ranking votes on July 16th. • **Action Item:** Staff directed to post the public-facing timeline slide on the official webpage landing page for structural transparency.
5	**1:25 - 1:50 pm:** Chair Heidi Baxley, Vice Chair Stephanie Stokes	**Prevention and Early Intervention Committee: Legislative Policy Recommendations** 1. ***Modernize DHHS data interoperability, linkage frameworks, and cross-system matching protocols*** a. **Intent & Scope**: The goal is to monitor the rollout of HB199 over the coming years and identify any future gaps. It is aimed at eliminating statutory obstructions to sharing existing datasets. b. **Data Restrictions**: Megan clarified that this does not require new data collection, particularly for the Office of the Medical Examiner (OME). Instead, it extends access to groups like Local Mental Health Authorities (LMHAs) for datasets OME already utilizes. c. **Resource Concerns**: Tammer highlighted potential funding and resource gaps, emphasizing

		that the staff time and resources required to access and review this data must be factored in. d. **Policy Nuance**: Kyle Snow and Ally Isom questioned what specific policy change was being requested and if enough direction existed for staff to monitor it. Heidi and Megan noted that while it may no longer require an immediate statute change, monitoring is a critical directive for commission staff in collaboration with the PEI and the Utah Suicide Prevention Coalition (USPCC). e. **Decision**: The committee agreed not to rank this recommendation for legislative action. Instead, it will be moved directly into the internal PEI Workplan for staff-led monitoring. 2. ***Limit class sizes for enrolled kindergarten students in public and charter schools*** a. **Scope & Alignment**: Adam and Mike Deal questioned if school-based class sizes fall within the core scope/lane of the behavioral health committee. Dr. Jennifer Mitchell defended the alignment, arguing that overcrowding prevents early self-regulation and that universal, early childhood environment interventions (ages 0–8) are fundamentally preventative for long-term behavioral health. b. **Class Size Ratios**: Jordan suggested analyzing the data/fiscal notes for caps at 20 or 25 students instead of the proposed 15. Dr. Mitchell noted that research shows a steep drop-off in positive outcomes once class sizes deviate significantly from 15. c. **Stakeholder** Engagement: Kyle Snow asked if the Utah State Board of Education (USBE) had weighed in. Megan confirmed that Dr. Amy Hunt

		(USBE) has been included in discussions, as funding would route through their budget. d. **Fiscal & Space Logistics**: Tammer and Ally raised concerns about space premiums, the cost of physical facilities, and where displaced children would go. Megan noted the estimated $112 million fiscal note was sourced from a bill proposed by Rep. Teuscher last session and does include both building structures and staffing. e. **Alternative Strategy**: Dr. Ashworth proposed running a smaller-scale pilot study in Utah to gather localized return-on-investment (ROI) data before requesting such a large fiscal appropriation. **f. Action Items** i. Heidi to follow up on data justifying why kindergarten specifically should be targeted for this intervention over other early grades. ii. PEI Committee to review and follow up on member feedback regarding localized piloting and ratio adjustments. ***3. Require commercial health benefit plans to cover early intervention behavioral health services (children age 0-21) without formal DSM-5 or ICD-10 diagnoses*** a. **ROI & Lifetime Savings**: Ally requested data on long-term cost savings associated with early intervention. b. **Research Evidence**: Dr. Mitchell noted that while research data varies based on the level of care and point of entry, early childhood trauma interventions show a highly compelling $10 to $13 return for every $1 spent, presenting a strong argument for long-term lifetime cost savings. **c. Outcome**

		i. The recommendation moves forward supported by early childhood ROI data. **4. *Implement ongoing funding for firearms and lethal means safety materials, locking mechanisms, and secure storage tools*** a. **Distribution Channels**: Ally questioned how and by whom these materials would be distributed. The committee confirmed distribution would continue through the Utah Suicide Prevention Coalition (USPCC). b. **Program Effectiveness**: Kyle Snow voiced strong support for the initiative, noting that prior programs handing out safes and lockboxes have demonstrated measurable success. **c. Outcome** i. The recommendation moves forward with unanimous committee support based on proven programmatic success.
6	**1:50 - 2:20 pm:** Chair Dave Eldredge, Vice Chair Deondra Brown, Second Vice Chair Shawn Guzman	**Crisis Response Committee: Legislative Policy Recommendations** **1. *Establish case management and post-crisis follow-up teams*** a. **Team Composition**: In response to a query from Jordan, Jennifer clarified that these teams would consist of case managers and peer support specialists. Chair Eldredge noted that this framework mirrors successful elements of Mobile Crisis Outreach Teams (MCOT). b. **System Integration**: Mike Deal questioned whether these teams would coexist with or replace MCOTs. Chair Eldredge and Jennifer confirmed they will work in tandem with both MCOT and receiving centers, providing transitional support depending on where a patient is discharging from. c. **Adult vs. Pediatric Models**: Tammer inquired if Stabilization and Mobile Response (SMR) team data could back this initiative. Jennifer noted that

		SMR is uniquely localized to youth and in-home care over longer periods; this new model focuses strictly on broader case management, resource connection, and follow-up. Tammer recommended using the pediatric success of SMR as a historical business case to advocate for expanding adult services. d. **Duration & Voluntary Engagement**: Dr. Ashworth asked about long-term follow-through. Chair Eldredge stated care will be evaluated case-by-case based on individual needs. Regarding Ally's concern about patients who refuse follow-up, Chair Eldredge emphasized that participation is entirely voluntary. The program relies on targeted case management and peer relationships to lower barriers, recognizing that patients in crisis struggle to navigate next steps independently. Jennifer added that discharge benchmarks will borrow established guidelines from the University of Utah's UMatter program. e. **Resource Constraints**: Josie White pointed out that the current proposal for two crisis managers is drastically insufficient to handle hospital-level volume, asking how patients would be triaged. Chair Eldredge answered that the initial target population will be "high-utilizers"—individuals who consistently cycle through emergency services in active crisis. Data tracking will focus on whether this specialized intervention successfully reduces recidivism and stabilizes individuals over time. 2. ***Improve law enforcement utilization of 988 by integrating required module content into the Crisis Intervention Team (CIT) training academy*** a. I**mplementation Pathways**: Ally asked if CIT leadership had been consulted. Leanne responded that while this can be easily implemented under their existing contract for internal teams, a portion of state teams operate outside of it. Consequently, the CRC aims to recommend embedding this training directly into

		Peace Officer Standards and Training (POST) requirements. b. **Fiscal Impact**: Because this initiative utilizes existing contract frameworks and training structures, it may be leveraged without an explicit legislative funding ask. ***3. Mandate private sector commercial insurance to reimburse for crisis services*** a. **Payer Dialogue**: Tammer and Dr. Ashworth asked if payers had been actively engaged on a mandate. Jordan noted that past efforts to dialogue with commercial insurers were largely unsuccessful without the leverage of a mandate. Dr. Ashworth stressed that the goal remains simple: securing reasonable coverage for critical crisis services. b. **The Business Case for Employers**: Tammer noted that behavioral health spending across all categories is accelerating rapidly. He advised reframing the dialogue toward employers (the actual purchasers of these insurance plans) to demonstrate how coverage of early crisis services stabilizes outcomes and ultimately lowers downstream healthcare costs for businesses. c. **Current Billing Realities**: Ally asked about current billing mechanics and the percentage of billable claims. Jennifer stated that billing is currently operationalized for Medicaid utilizing a bundled rate. Tim Whalen noted that while SelectHealth acts as a current payer for receiving centers due to recognized cost offsets, the crisis service demographic remains heavily skewed toward Medicaid or completely unfunded populations. Exact commercial billable percentages were unavailable, and Chair Eldredge committed to pulling further data to continue negotiations with commercial payers. ***4. Amend the Current "Temporary Commitment - Requirements and procedures", Utah Code 26 B-5-331*** a. **Standardize PSAP Protocols**: Establish standardized Public Safety Answering Point (PSAP)

protocols for 911 to 988 transfers. (Passed without further comment or question).

   b. **First Responder Substance Use Training**: Require substance use training for all first responders to reduce overdose mortality, improve recovery pathways, and protect public safety.

5. ***Establish Standardized Public Safety Answering Point Protocols 911 to 988 Transfers***
   a. No questions or comments
6. ***Reduce the risk of overdose death, improve recovery, and protect public safety by requiring substance use training for all first responders***
   a. No questions or comments

Additional Comments and Discussion:
A significant debate occurred regarding the explicit omission of ongoing funding for rural receiving centers from the formal recommendation list.

- **CRC Staff Rationale**: Jennifer stated that the baseline utilization data from rural areas—frequently averaging less than one person per day—failed to justify the high ongoing operational costs of a dedicated receiving center. Therefore, staff determined it was not a viable legislative funding request.
- **Commission Pushback**: Kyle Snow strongly disagreed with dismissing rural funding entirely based on low initial numbers. Josie White and Adam robustly advocated for re-inserting rural receiving centers into the priorities. Josie stated, "If you don't ask, the answer will always be no," arguing the Commission should let the legislature make the final determination. Adam echoed her stance, emphasizing that rural infrastructure is a long-standing, unresolved gap that shouldn't be ignored in favor of building out urban MCOTs.

Action Items:

- Jennifer & CRC Staff will formally present the Commission's recommendation to add ongoing funding for two rural receiving centers back onto the legislative priority list during the upcoming committee meeting on

		Monday.
7	**2:20 - 2:50 pm:** Chair Dr. Amanda Rapacz, Vice Chair Dr. Lena Gustafson, Second Vice Chair Brayden Robinson	**Treatment and Recovery Committee: Legislative Policy Recommendations** 1. ***Expand county supportive housing services*** a. **Target Population & Evidence**: Second Vice Chair Brayden Robinson reported that the recent Point-in-Time (PIT) count showed a stark increase in homelessness, particularly among youth and seniors. He emphasized that permanent supportive housing (PSH) has proven data demonstrating long-term stability and success. b. **Request Specifics & Targets**: Multiple members called for more concrete parameters to make the recommendation viable for the legislature. Josie clarified that the focus is explicitly on permanent rather than transitional housing. Ally and Dr. Ashworth advised setting a firm target (e.g., a specific percentage increase or a targeted number of beds) and outlining exactly how that target yields cost savings. c. **County Engagement**: Megan reported that she and Mia presented this concept at a Utah Association of Counties (UAC) meeting to gauge interest. Financial estimates and target capacity numbers are currently trickling in from county teams, and the recommendation will be updated once finalized. d. **Funding Mechanisms**: Tim Whalen shared a successful funding framework from Salt Lake County (SLCo) that could serve as a state model. Last year, SLCo utilized a dollar-for-dollar match ($2.8 million) to purchase and renovate group homes, paired with a $1 million state-to-county Medicaid match. Replicating this could bring on 90 additional beds alongside Assertive Community Treatment (ACT) support services. Whalen cautioned that while this matching framework is ideal, smaller rural counties face severe budget constraints and may lack the resources to meet a dollar-for-dollar state match.

e. **State Alignment**: Kyle Snow noted that this initiative is fully aligned with and supported by the Homeless Board, representing a compromised, cost-effective model that successfully transitions individuals from short-term campus stays into permanent stability.

2. ***Expand the bed capacity at the Utah State Hospital***
    a. **Escalating Construction Costs**: The committee reviewed a baseline cost estimate of $88.8 million. Ally cautioned that due to high market costs for concrete and lumber, this figure likely needs an upward adjustment. She requested that Department of Health and Human Services (DHHS) staff immediately coordinate with the Division of Facilities Construction and Management (DFCM) to secure an updated assessment.
    b. **Phasing & Alternative Strategies**: To make the fiscal request more palatable, Adam and Ally suggested breaking the project down into a multi-year construction timeframe. Committee members discussed intermediate pathways, such as a phase-two treatment mall estimated between $35.7 million and $37.9 million. This phase-one plan includes a critical kitchen infrastructure expansion necessary to feed the entire campus, allowing them to free up existing spaces.
3. ***Establish and implement an involuntary medication process for all 29 jails***
    a. **Staffing & Bandwidth**: Josie raised concerns regarding whether on-site jail psychiatric staff possess the bandwidth to execute this process. Chair Dr. Rapacz clarified that because this process operates separately from the Department of Corrections (DOC), existing on-site bandwidth should be sufficient to absorb the workflow.
    b. **Fiscal Impact**: Ally noted that the committee's fiscal analysis indicates this program is highly cost-effective, ultimately paying for itself and generating downstream savings.

		4. ***Address ghost network elimination and network adequacy enforcement***
		    a. **Defining Care Quality**: Tammer commended the recommendation but strongly advised adding an explicit quality component to the commercial insurance framework. He warned that across the country, insurers are using massive networks of virtual health entities to technically satisfy state coverage requirements on paper, without ensuring patients actually improve. He recommended shifting the legislative target from simple "access" to "access to effective care."
		    b. **Current Statutory Penalties (HB71):** Ally asked for clarification regarding existing enforcement mechanisms and penalties. Cara (representing Inseparable) confirmed that under HB71, carrier penalties for network inadequacy do exist. Crucially, the bill mandates that if a patient cannot find an in-network provider within 10 days, they are legally permitted to go out-of-network, forcing the insurer to issue a single-case agreement so the patient can access timely care.
		Next Steps & Action Items:
		• **TRC Staff / Brayden Robinson**: Update the Permanent Supportive Housing recommendation with specific bed targets and final cost estimates once all county numbers are submitted by UAC partners.
		• **DHHS Staff/USH Staff**: Contact DFCM to obtain an updated construction cost assessment for the Utah State Hospital expansion and request a potential two-year phased construction timeline.

Workstream 3: Data analysis		
		No items to discuss
Workstream 4: Communications		
		No items to discuss
Project management		

<table>
<tr><td>8</td><td>2:50 - 3:00 pm:
Chair Ally Isom</td><td>Thank the outgoing Commissioner for their service
Chair Isom expressed deep appreciation for retiring Commissioner Dr. James Ashworth, celebrating his clinical expertise, guidance, and character.
Second term beginning for Commissioners
The Commission confirmed four-year term renewals for Adam Cohen, Evan Doan, Josie White, and Jordan Sorensen. Commissioner Elaine's confirmation is currently in process and expected prior to the next session.
Review priorities for next meeting
Next Meeting: July 16, 2026, from 1:00 PM – 3:00 PM. Note: The meeting will move downstairs to Room 110 due to system upgrades.
Motion to Adjourn: Moved by Dr. Ashworth, seconded by Adam Cohen. Approved unanimously.</td></tr>
<tr><td colspan="3" align="center">Next Meeting: July 16, 2026
1:00 PM - 3:00 PM
Senate Building Room 110</td></tr>
</table>