Utah Behavioral Health Commission
Meeting Minutes
June 19, 2025, 1:00 - 3:00 p.m.
Utah State Capitol Complex
Senate Building Room 210

Commission Chair: Ally Isom - Excused due to traffic
Vice Chair: Tammer Attallah
Second Vice Chair: Kyle Snow

Commission Members:

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

Staff: Mia Nafziger, Dr. Stacy Eddings, Brent Kelsey, Kimberlie Raymond
Other Attendees: Ethan Stewart

	Time/Presenter	Discussion Topics	Action Items/Notes
1	**1:00 - 1:05 pm**: Ally Isom	Welcome Approval of: • April 17, 2025 working session minutes • May 15, 2025 meeting minutes • June 2, 2025 listening session minutes • June 9, 2025 listening session minutes (*Action required: Vote*)	The meeting was called to order with Kyle Snow leading as Ally Isom was delayed in traffic. A quorum was confirmed. Jordan made a motion, seconded by Adam, to approve the minutes from the April 17 Working Session, May 15 Meeting, June 2 Listening Session, and June 9 Listening Session. The motion passed unanimously.
Workstream 1: Strategic planning			
2	**1:05 - 1:45 pm:** Dr. Stacy Eddings, Mia Nafziger	Draft strategic plan: • Present overview of stakeholder input. • Proposed changes to strategic plan. • Commissioners discuss any additional changes needed. (*Action required: None*)	Mia Nafziger and Dr. Eddings presented a summary of public feedback collected through listening sessions and written responses on the strategic plan. Feedback was categorized by strategic areas and included specific proposals for improvement.

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			In the area of Prevention and Early Intervention, stakeholders expressed concern that prevention was underrepresented in the current draft and noted insufficient inclusion of prevention-focused partners. There was a call for age-inclusive approaches, better alignment with pediatric mental health activities at Intermountain Primary Children's. A lack of focus on school-based prevention, especially drug-free schools, was raised, as well as the need to standardize data collection around first episode psychosis and expand related treatment centers. Crisis response feedback emphasized the need to expand access to Mobile Crisis Outreach Teams (MCOTs), receiving centers, and Assertive Community Treatment (ACT) teams. Frustrations were noted around the complexity and inaccessibility of the crisis response system, particularly for families navigating care for loved ones. The importance of Crisis Intervention Team (CIT) training for law enforcement was highlighted. There were calls to improve the process of civil commitment assessments in emergency departments and better standardize such evaluations. In the Treatment section, stakeholders warned against potential rollback of federal parity enforcement and pointed out existing issues with coordination of care. A lack of emphasis on serious mental illness (SMI) was a recurring theme. The need to include objectives for increasing inpatient bed availability and developing a serious mental illness task force was noted. Stakeholders supported increased resources for Certified Community Behavioral Health Clinics (CCBHCs). Discussions around workforce challenges revealed diverse opinions; some providers denied workforce shortages, while others pointed to insurance reimbursement and

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			administrative burdens as significant barriers. The Commission received a suggestion to expand intensive training for behavioral health interventions. Integration feedback focused on sustainability challenges with collaborative care models funded by recent legislative grants. Suggestions were made to align better with the Children's Health Advisory Council and improve interoperability and data sharing across physical and behavioral health systems using Health Information Exchange infrastructure. Recovery feedback emphasized the role of peer services, both youth and parent support. There was strong interest in addressing social determinants like housing, with specific support for supportive housing programs. There was a call to incorporate culturally relevant community support models, including those used in non-Western cultures. Cross-cutting feedback addressed broader issues including questions about the security of youth survey data sources such as SHARP, the state's approach to adapting to changes in federal policy (Medicaid/Medicare), and the need to overhaul the competency restoration process. Emphasis was placed on ensuring that the plan reflects coordination with criminal justice systems, prioritizes services for vulnerable and underserved populations, and incorporates early childhood prevention across all strategies. Clarification was sought on the definition of inpatient care to ensure it includes not just short-term inpatient stays, but also subacute, state hospital, and intensive care beds. Consensus was reached that capacity needs to increase across the spectrum of care. Several structural changes to the strategic plan were proposed. These

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			included adding a clearer summary of gaps and needs informed by internal analysis and the Master Plan, incorporating final policy and budget recommendations directly in the plan, and clarifying responsible units in an appendix. This appendix would distinguish Commission subcommittees from external advisory groups. Commission subcommittees would be tasked with developing tactics and objectives, while outside groups could offer recommendations that would be vetted and approved by the Commission before integration. A new cross-cutting principle was proposed to prioritize use of data for identifying populations with the greatest needs. There was debate over whether to expand this principle to explicitly include evaluation and effectiveness. Tammer Attallah emphasized the importance of measuring program effectiveness in addition to targeting. Language updates to the prevention objectives were proposed to better reflect a focus on reducing risk factors and promoting protective factors related to youth mental health, replacing prior references to vague metrics such as “positive childhood experiences.” The tactic referencing collaboration with the Governor’s workgroup on childhood success metrics would be updated accordingly. An additional tactic was proposed for Prevention to align with work being done by Intermountain’s pediatric mental health initiative. Under Treatment, a new objective was proposed to coordinate with the Governor’s work group on increasing behavioral health bed capacity. Another objective focused on criminal justice coordination was introduced, with the Forensic Mental Health Coordinating Council identified as the

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			initial responsible entity. There was support for renaming this council to reflect a broader scope beyond just forensic mental health—suggested names included Behavioral Health Justice Council. Commissioners also discussed expanding membership to include those involved in civil commitment, substance use, and diversion. System infrastructure proposals included revising the tactic on HEDIS dashboards to instead reflect efforts to develop a public dashboard using Utah's all-payer claims database. Another tactic would focus on improving information-sharing between physical and behavioral health systems. In light of the federal closure of the NSDUH stigma data program, a new tactic was proposed to explore state-level data collection on behavioral health. Commissioners discussed the extent to which crisis and serious mental illness (SMI) feedback had been incorporated into the draft plan. They emphasized the importance of making these efforts more visible and addressing access gaps for individuals who may not qualify for involuntary treatment but still need support. The system's complexity and inaccessibility were major themes. Suggestions included assigning the Crisis Response Committee to evaluate model fidelity and service outcomes; measuring efficacy from a user perspective; ensuring solutions are inclusive of rural and underserved areas; and improving system navigation without building entirely new, redundant structures.
Workstream 2: Budget and policy recommendations			
3	**1:45 - 2:45 pm**: Ally Isom, Evan Done, Mia Nafziger	Discussion of recommendations: ● Presentation of peer proposal. ● Staff present initial	Evan Done from USARA introduced a revised funding proposal for peer recovery support services, prepared in partnership with NAMI Utah and Alliance House. The proposal requested

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		scores and ranking of recommendation. ● Commissioners discuss and amend rankings as needed. ● Discuss any requested changes to scoring sheet and process for July meeting. *(Action required: Vote)*	$3 million in ongoing state funds to create a competitive grant program, administered by OSUMH, for community-based peer organizations offering non-clinical recovery support. The rationale was that federal funding was ending, and Medicaid reimbursement does not cover many non-clinical peer services. Ethan Stewart shared a personal story of how Alliance House supported his recovery after hospitalization. He emphasized the role of peer-led programs in workforce development and reducing emergency department reliance. Commissioners widely supported the proposal, and several suggested increasing the funding request to $10 million to reflect the statewide need and allow for negotiation with the legislature. Discussions highlighted the importance of equitable access, accountability, data collection on outcomes (such as reduced ED visits and increased workforce integration), and ensuring the process is competitive and inclusive of grassroots organizations. Commissioners asked questions to each of the entities that had submitted proposals to clarify their recommendations. Commissioners also provided feedback on ways to improve the scoring process for July's meeting.
Workstream 3: Engage with the private sector			
4	**2:45 - 2:50 pm:** Mia Nafziger	One Utah Health Collaborative: Intersection in priorities *(Action required: None)*	This topic will be discussed at the next meeting due to time constraints.
Workstream 4: Consolidate committees			
		No items to discuss	
Workstream 5: County-based behavioral health services			
		No items to discuss	

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Workstream 6: Communications			
5	**2:50 - 2:55 pm:** Mia Nafziger	Website: Update on sharing stories form *(Action required: None)*	This topic will be discussed at the next meeting due to time constraints.
Workstream 7: Legislative report			
		No items to discuss	
Project management			
6	**2:55 - 3:00 pm:** Ally Isom	Review priorities for next meeting *(Action required: None)*	Staff will update the strategic plan based on discussion and send back out to commissioners by Thursday, July 3: ● Adjust language for new cross-cutting principle. ● Update youth-focused tactic to use language related to risk and protective factors. ● Develop a new crisis objective focused on quality/efficacy: Staff may workshop language with commissioners. Commissioners will receive updated recommendation forms to review on Thursday, July 3. (If you're interested, here is the ranking from our meeting). ● Subcommittees will update their proposals based on commissioners' feedback and questions. Staff will update the recommendation scoresheet based on commissioner feedback. Commissioners agreed to recommend renaming the Forensic Mental Health Coordinating Council to be inclusive of substance use disorder and refer more explicitly to justice.
Next Meeting: July 17, 2025 **1 PM - 3 PM**			

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