Utah Behavioral Health Commission
Meeting Agenda
July 17, 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 - Excused	Jordan Sorenson
Evan Done	Adam Cohen
Julie Hardle	Mike Deal
Jim Ashworth	Elaine Navar

Other Attendees: Patrice Nicholes, Nate Checketts,

	Time/Presenter	Discussion Topics	Notes
1	**1:00 - 1:05 pm**: Ally Isom	Welcome Approval of June 19, 2025 meeting minutes (*Action required: Vote*)	Ally welcomed Commission members and confirmed quorum. Evan made a motion, Kyle seconded, to approve the minutes from the June 19, 2025 meeting. No comments or revisions requested and vote passed.
Workstream 1: Strategic planning			

2	**1:05 - 1:25 pm:** Patrice Nicholes; Mia Nafziger; Nate Checketts	All-payers claims database: Private and public data to guide strategic planning (*Action required: None*)	Introduction to all-payers claims database (APCD)
			● The APCD was introduced as a core tool for tracking the Commission's strategic plan, monitoring outcomes, and understanding the impact of services and partnerships.
			
			Capabilities of the APCD
			● Described as a robust dataset capable of providing detailed insight into behavioral health care utilization, costs, and outcomes.
			● It can be used to:
			  ○ Identify gaps in care.
			  ○ Support policy-making with empirical evidence.

			○ Monitor strategic plan performance metrics over time. ● Seen as a powerful partnership opportunity for the Commission as it finalizes its strategic plan. Data Gaps & Limitations ● Coverage gaps exist because self-funded employers are not required to report to the APCD. ● This omission means data may be incomplete for certain insured populations. ● The Commission acknowledged these limitations but still emphasized the value of the database. Interim Data Access ● One Utah Health Collaborative possesses relevant Medicare data and has offered to share it in the short term. ● This offer would allow the Commission to incorporate missing information into dashboard efforts and reports while working to secure more comprehensive APCD access. Potential Uses & Next Steps ● Short-term: integrate Collaborative's data into dashboards and strategic plan monitoring tools. ● Long-term: pursue policy or operational changes that could improve reporting compliance and fill current gaps. ● Some members discussed whether the APCD data could also be used to analyze the financial impact of behavioral health interventions—for example, determining if investments in behavioral health reduce broader medical costs.
3	**1:25 - 2:00 pm:** Dr. Stacy Eddings, Mia Nafziger	Finalize strategic plan (*Action required: Vote*)	Immediate Post-Meeting Actions ● The Commission's plan is to make last-minute updates immediately after the current meeting. ● The goal is to publish the final strategic plan next week. ● These edits will incorporate any feedback, clarifications, or new information arising from the day's discussion. Implementation Rollout

			● As soon as the plan is published, staff will contact all responsible units named in the document. ● Purpose of outreach: 　○ Ensure each unit understands their assigned tactics and deliverables. 　○ Confirm awareness of deadlines. 　○ Communicate expected performance metrics for measuring progress. Timeline for Deliverables ● Some responsible units have tactics due in December. ● These units will report in January on their progress and outcomes. ● Commission members will review these January reports and provide feedback to be integrated into the ongoing plan execution. Data Review and Adjustment Cycle ● Next spring: Data appendices will be updated with the most current trends and figures. ● This update will be used to assess whether existing priorities still align with needs. ● Next summer: The Commission will discuss whether adjustments to the plan are necessary, based on the updated data and experience with implementation. Integration with Legislative Recommendations ● Strategic plan is positioned as both: 　○ The Commission's internal guiding plan for the year. 　○ An update to the Utah Behavioral Health Master Plan. ● A new section will be added to the document outlining recommendations to the Legislature. A motion was made by Tammer, seconded by Jordan, to accept the strategic plan. The vote passed.
Workstream 2: Budget and policy recommendations			
4	**2:00 - 2:50 pm:** Nate Checketts, Mia Nafziger	Discuss and rank policy recommendations ● Update on federal budget changes ● Overview of scores ● Adjust prioritization as	Led by Nate Checketts (Deputy Director, Department of Health and Human Services) and Mia Nafziger. The stated purpose:

		needed (*Action required: Vote*)	- Share updates on federal budget changes impacting behavioral health. - Provide an overview of policy recommendation scores gathered so far. - Re-examine prioritization if necessary, based on new developments. **Federal Policy Changes** - The most notable change discussed was the introduction of a work requirement for program eligibility: - Adults on Medicaid expansion must meet the work requirement or qualify for an exemption before enrollment. - They must re-confirm compliance every six months. - This is expected to cause substantial enrollment reductions nationwide, with behavioral health programs seeing a major impact. - Concern was raised that individuals losing coverage would shift from insured to uninsured status unless they found alternative insurance — creating increased strain on Utah's behavioral health services. **Impact on Utah & Planning Considerations** - The enrollment losses could significantly affect: - Access to care for vulnerable populations. - Funding stability for providers dependent on insured patient volumes. - The Commission acknowledged that behavioral health policy priorities might need adjusting to respond to these federal shifts. **Block Grant Status Updates** - Brent Kelsey provided an update on substance use and mental health block grants. - Discussion included: - How federal budget pressures may affect the stability or availability of these grants. - Need to coordinate with local authorities, providers, and stakeholders to fully understand implications.

			Budget Principles for Cuts (If Needed)
			Nate outlined the guiding principles DHHS would follow if budget reductions become necessary: ● Alignment with the strategic plan — ensuring cuts don't undermine core Commission priorities. ● Stakeholder engagement — working with county/local authorities, providers, and the Commission before making cuts. ● Transparency — openly communicating about potential impacts and decisions. Integration with Governor's Budget Timeline ● The Commission's vote timeline was designed so recommendations could be: 　○ Delivered to the Department. 　○ Passed along to the Governor's office in time to influence the Governor's budget. ● This coordination ensures behavioral health priorities are represented in statewide funding proposals. A motion was made by Adam, seconded by Kyle, to accept the list in its entirety. The vote passed.

Workstream 3: Engage with the private sector

		No items to discuss	

Workstream 4: Consolidate committees

| 5 | **2:50 - 2:55 pm:** Mia Nafziger | Update on changes to committee structure *(Action required: None)* | Mia provided the update:
● A proposal for updating the committee structure is being developed, with a work group of commissioners giving feedback.
● The proposal has not yet been distributed for full review because they want to ensure all existing committees understand it and can give robust feedback.
● Target is to have it ready for review by the August meeting, with a vote at that meeting.
● Some changes would require statutory adjustments — for example:
　○ The Behavioral Health Crisis Response Committee likely has statutory changes to propose.
　○ USAAV+ is expected to request statutory adjustments as well.
　○ The aim is to move quickly enough to secure a legislator willing to |

			sponsor these updates in bill form.
			Commission members were urged to: ● Work with stakeholders in their networks to vet the proposed subcommittee structure. ● Ensure all life stages and areas of behavioral health are covered by at least one subcommittee. ● Examine whether any areas have been missed before finalizing.

Workstream 5: County-based behavioral health services

		No items to discuss	

Workstream 6: Communications

		No items to discuss	

Workstream 7: Legislative report

		No items to discuss	

Project management

5	**2:55 - 3:00 pm:** Ally Isom	Review priorities for next meeting *(Action required: None)*	Next steps to occur after meeting: Strategic plan ● Update the strategic plan with feedback and the policy/budget recommendations and post on our website ASAP. ○ This will include language on how the policy/budget recommendations link to the strategic plan and clarify that they are based on current information and subject to change. Policy/budget recommendations ● DHHS will conduct an analysis of how the top three policy/budget recommendations are impacted by HR 1. ● The executive committee will meet with legislative leadership in early August to discuss these priorities. Subcommittee structure ● Share a draft proposal on the subcommittee structure with commissioners by August 7. ● Commissioners will vote on the structure during the August 21 meeting. Communications

		● Develop a packet for legislative meetings that includes a cover letter, strategic plan, and policy/budget recommendations. ● Update the Commission's webpage to include a statement on its independence. Other ● Share a list of behavioral health metrics that staff have requested for the APCD behavioral health dashboard. ● Explore opportunities for expediting the timeline on the APCD behavioral health dashboard. ● Begin drafting our legislative report, due on September 30.
Next Meeting: August 21, 2025 **1 PM - 3 PM**		