FY26 Utah Behavioral Health Planning and Advisory Council (UBHPAC) - 2026/01/08 11:39 MST - Transcript

Attendees

Amy Campbell (DHHS), Andrew Riggle, Becks Logan, Bryan Addiel Martinez, Dan Braun, James Park, Jane Lepisto, Jason Jacobs, Jessica Makin (DHHS), Jules Martinez, KELLAND BREWER, Martha Lilia Soto Ceballos, Melissa Edgeworth, Michelle Knight, Peggy Hostetter, Randee Barriga, Robert Hall, Shanel Long (DHHS), sigrid nolte

Transcript

Amy Campbell (DHHS): is for people that want to get involved in vams. We're advocating for change with the mental health system where they're not being criminalized and as soon as they get treatment, they don't go to jail, we don't want them isolated or have that camp So they're all isolated from the community. I feel that strongly that that's not going to be beneficial for people with severe mental there is that Rally of the homeless at the castle and I think that's January 15th at 11 a.m. Awesome.

Amy Campbell (DHHS): Can there's another rally on the capital for disability? I can't remember the date. I think it's January 26th. Okay, Ruthie, can you send me any information about those after this? Yeah. And I'll share it with everybody. That would be awesome. And then if anybody wants to get involved in more advocacy efforts with the disability loss center, can they reach out to you directly? do that or I can send you Alison's that would be great and they contact her directly. Also, one of the things called Blue Shelter Utah there are volunteer opportunities there.

Amy Campbell (DHHS): And they'll be at the church only tomorrow night there'll be two locations where they need volunteers that supports Awesome. Yeah, if you guys can send all that information, we'll share it with everyone. I will. All right. I just got all this within the last week or so. That'd be great. Thank you for Anybody else have updates or announcements? it's been a while. A couple things from Alliance House just had the grand opening and of the new 1805 apartment complex.

Amy Campbell (DHHS): We spent a couple years of chairing down 10 unit as a 1940 motel and we reop into the 16 unit permanent housing for our members and we just moving in this month this finishing up this week last and then you alliance house is joining you that's called fountain house united it's a brand new advocacy group out of the fountain

Amy Campbell (DHHS): in New York. It's made up of 21 club houses and it's made up to share the data of all the successes of the clubhouse around the international program but is to bring the information to groups like this for the leaderships and we're trying to be That's awesome news. Thank you so much for sharing that. It's always good to hear about successes that are happening. Yeah. Okay. I think I see one update. But go ahead, Melissa. And…

Amy Campbell (DHHS): then we'll go you Amy.

Melissa Edgeworth: Yes, thank you.

Melissa Edgeworth: One of things that I'm so happy to facilitate at Valley is our advisory board of folks with lived experience. And we do currently have an opening for more board members. So I would love if anyone is interested to reach out. I sent a flyer to the office but if it's better I can send one to you Jules with the more information and my contact information but it's an advisory board of folks with lived experience and advise on valley's work to become a CCBHC. know Pete came to the last meeting and talked to y'all some about the stuff that people are doing for CCBHC and we've been working on that at Valley for the last three years. So, we'd love to have anyone with lived experience to come and…

Melissa Edgeworth: join our advisory board. So, I'll send the flyer out and please message me or email me if you have any desire to learn more or to become a part

Amy Campbell (DHHS): Thank you,…

Amy Campbell (DHHS): Melissa. So many great opportunities to get involved. yeah, my update or thing that's happening is next week we have our second cohort of our peer sport

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Amy Campbell (DHHS): supervisor training. so that's going to be three consecutive Thursdays. So that will be starting next week on the 15th and then it'll be again on Thursday the 22nd and then again on Thursday the 29th. So we still have about 10 spaces. and it's completely free and it's virtual. So if anyone has any employees or people are supervising peer support specialists, please send me an email and I can get you signed up for that. Awesome. Thank you, Put food in my mouth, but I have an update. Does anybody else have updates? We can give you 30 seconds. That was so fast. just a reminder, folks, the legislative session will be starting very soon. Andrew Wgle is not here today, but he provides many updates, but I also encourage you guys stay involved, stay informed.

Amy Campbell (DHHS): It's a quick and fast 45 days. there is also the USAVE but now called the policy review committee that does put out information related to bills that impact behavioral health. that information can be found on the SU website under the use tab. We will send that out in the notes. But just encourage you all to stay informed and stay involved. Thank you, Follow-up question. Andrew is on our agenda today. Is he coming? I have not heard anything from him. I just haven't seen him pop on. Okay, I'll text him just a second. Okay. But it sounds like did somebody pop on while There's a few people that popped on. Jason did and Randy.

Amy Campbell (DHHS): Okay, that Hi Jason,…

Jason Jacobs: Hi, sorry I'm late.

Amy Campbell (DHHS): thanks for joining. And hi Randy.

Jason Jacobs: Could I ask a question to Amy? I…

Amy Campbell (DHHS): Who are kind of that does everyone in here have their computers on mute?

Jason Jacobs: if it was you that mentioned about the peer support manager training. Is that strictly for people who are currently working professionally as a peer support manager or could someone join if they're doing kind of volunteer type work in kind of that?

Amy Campbell (DHHS): Someone said that there's an echo. so just make sure that you have both muted for whoever has computers in here for you speaking and your computer muted.

Amy Campbell (DHHS): Anyways, but yes, Jason, anyone can take that training whether they're working and being paid or if they're volunteering.

Jason Jacobs: Awesome. Thank you.

Amy Campbell (DHHS): Thank you.

Jason Jacobs: Is there a thing in chat or you can put in for how to link up with that or where do we go again for that?

Amy Campbell (DHHS): Yes, let me put my email in there. and then send me an email and I will send you the documents to sign up for the training next week.

Jason Jacobs: Perfect. Thank you.

Amy Campbell (DHHS): Any other updates or announcements, questions? Do we want to go back and vote on minutes since we have a quorum? Is that Can I get a motion to approve the minutes?

Jane Lepisto: I'll give a motion to approve the M minutes.

Jane Lepisto: Jane Lepto, I've got them in front of me.

Amy Campbell (DHHS): Thank you.

Amy Campbell (DHHS): Is there a second that. Thank you, Rina. I guess that we can move on to new member applications. That is I sent them over to the exec committee. are there any new members on right now who have applied to be a voting member of Ubek? I have a question. I haven't attended in a few years. I used to be a voting member. we're starting to come back now.

Amy Campbell (DHHS): So I don't know what process I stopped coming during when CO came and we did a few of the online meetings and stop doing the type and they were giving and Harry our staff quit and stop. So, Richard, you're in the queue for reviewing the membership today. So, do you want to just introduce yourself and just share a little bit about why you're here and what you hope to get out of this committee, what you hope to bring. Great. my name is Rich. I'm a member of Alliance House and I have taken my peer support certification expired. I currently work at Unsheltered Utah.

00:10:00

Amy Campbell (DHHS): I was my first paid job in 15 years. I was paralyzed and gone through a lot better surgeries to get to where I'm at. And I've been a member of Alliance House for 11 years. I do my peer support there. I engage the members and see how their days are doing are going. a member of the training base of Alliance Health for 10 years and what that is is we train the houses 388 clubous around the world. They send their club houses to members and staff to get trained. There's five training bases in the United States. club houses and club houses new staff. I love advocacy.

Amy Campbell (DHHS): anything advocacy. I go to at all capital days with Alliance House and I'm anything suicide I open my ears up to why I want to help. like I said, we just started a new advocacy group called

Fountain House It's been a three years I believe going, but it's made up of 21 club houses and me and Damon and Paige are the members starting our

Amy Campbell (DHHS): Yeah, that's about it. I just love that help, Amazing. it sounds like you would be an amazing fit, Richard, for this committee subcommittee. And I think we would love to have Can I get a motion to accept Richard's application for membership?

Dan Braun: This is Dan Braun and I'll make a motion to accept.

Amy Campbell (DHHS): Thank you, Don.

Amy Campbell (DHHS): I think he…

Dan Braun: Great to see you, Richard.

Amy Campbell (DHHS): but if you haven't come to so many meetings then you drop off the membership list. So you have to reapply. Thank you, Dan. Can I get a second to that motion? I would second that Is there anyone opposed to that motion? No. All right. welcome Richard. Thank you so much for joining. We're stoked to have you. question. Am I a member? Okay. I've never found out for So, voting member. I will. Yeah. I filled out my right. So, I have to wait three months again to be a voting member. No, I think because you were previously a member where you kind of get fasttracked in and you kind of know what's going on. Yeah.

Amy Campbell (DHHS): And that is all from the applications that we have received for people who are here. Thank you, You're welcome. Congrats, Richard. So stoked to have you. and if you need anything, just reach out to me or Brian is the master of logistics. and I can help orient you if you have any questions or anything like that. And Ruthina, I mean, She knows everything, too. So, yeah. going naked. It's working for you. That's the person for you. we can get you signed up. You need your man, so to speak, your woman. I mean, either one. Your person. Yeah. Okay.

Amy Campbell (DHHS): Man, we're five minutes ahead of schedule, but I think if you want to go ahead and start with your presentation. Robert is one of our mental health block grant recipients and so is just presenting on services and how those funds are being used to support the community in Utah. So, Robert is from Northeastern Counseling Center, one of the local authorities, right? Yes. You still there, Robert? Is he still with us?

Robert Hall: I am a lot of echo.

Amy Campbell (DHHS): Yeah. Great. You ready? is everyone on mute online? It looks like Robert's the only one who's not.

Robert Hall: right, let's try that.

Robert Hall: Okay, you fixed it.

Amy Campbell (DHHS): I'll all mute us when you're speaking.

Robert Hall: All So, I think I owe this opportunity to Chanel and so Leah, I'm going to put you on the spot a little bit since you've been following me around all morning on meetings. tell me what would be most useful for you to hear.

00:15:00

Amy Campbell (DHHS): So, I think this group would really like to hear a little bit about Northeastern. making sure you're covering more information about the multiple counties that you serve. I think it would be really helpful for this group to understand how you serve the SMI and any unique uses of the mental health block grants that you are doing. And I think it would also be really helpful Nor Eastern has a really great philosophical approach about supporting anyone…

Amy Campbell (DHHS): who comes to their doors from the community. And so I think that would probably be really helpful for this group as well.

Robert Hall: Okay, sounds good.

Robert Hall: So we serve Daget, which is a very tiny rural community out by Flaming Gorge. we also serve Yuan County, So that's where Merl is located and Duchain County and that's where Roosevelt is located. we are definitely rural. when you get outside of our towns or our cities, the population is spread out quite a bit.

Robert Hall: Like we have said, we have put a real emphasis over the past 25 years of making sure that our citizens in our counties have access. having said that, if you were to look at our state report card numbers, you will see that the number of people that we serve in our counties compared to our populations is extremely high compared to the other areas of the state. that also presents some challenges though because most people want access to therapy and the medication services. and so that gets harder and harder to give people the amount of therapy that they want. And a lot of that has really skyrocketed starting just before COVID and has continued as people access mental health services.

Robert Hall: So, just to give you an idea, mental healthwise, we're serving 3,00 350 people a year basically and, almost a thousand of those are youth. So, we provide a lot of services. Most of those are going to be therapy individuals, but of course just to give you an idea of our staff, we have about 25 therapists. That includes administration and two prescribers and about 12 case managers, a couple of peer support and a family peer support worker. So that's the size of our overall staff. we do obviously with our case managers provide a lot of core services to people to keep them in the communities.

Robert Hall: About because we're still finishing some 24 apartments for single individuals that are living with a serious mental illness. And for a lot of them, we are doing daily services to keep them in the community. making sure they're not evicted from an apartment, whether it's in ours or the community, giving them rides to the grocery store, doing all of those kind of supportive services. again, with the number one goal of keeping them in the community setting and off the streets. I would say everywhere else, we are seeing an increased problem with housing and an increased number.

Robert Hall: It used to be unheard of really that we had homeless people in our area. but we're now seeing that that hit us as well for a variety of reasons. when you talk about how the mental health grant is used, it's so small to be honest with the mental health portion of the block grant. obviously our biggest funer is Medicaid because we're also the managed care for Medicaid. also little unknown fact, we also help manage their Medicaid. So they're under a San Juan County even though they have their own separate center in San Juan counseling.

Robert Hall: I did want to mention a couple of things. school services are kind of interesting. We have one district that has hired I think it's up to eight or nine therapists now themselves. So, that's been a big

change to our system is they're providing those services inhouse. And yet, our youth numbers have not gone down. and we are still providing services in Daget County School District which again is very very small and also in Duchain County. one thing that might be a little bit different rural wise we up until recently go to both of our local hospitals and do the crisis services in those hospitals.

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Robert Hall: One of them has recently got a contract with an inpatient provider to do that and we're still going to the other hospital system. but when we do need to hospitalize somebody, those hospitals are u obviously on the Wasatch front and so that's about a three-hour drive to get someone out to an impatient setting. and the same holds true for any kind of residential setting. there are none of those located in our catchment area. So of course we always try to do everything possible to keep both our youth and our adults in the community. we would love to get more families engaged in family peer support. we offer of some engage and some of course just I think are a little bit nervous.

Robert Hall: a lot of them are involved with other systems and whether that's child welfare JGYS but we do hope to increase that kind of involvement one other thing I'll tell you this is kind of unique we have a receiving center which will be for adults but we don't have a receiving center so we received onetime money to build it but we did not receive any funding last year to operate it and who knows we're competing with everyone else in the state to see if we would get operating funding for that but we have a beautiful receiving center it's just completely empty. but we'll see what happens with this session. so we're hopeful that will help especially with adults.

Robert Hall: And of course we work with our local JJS shelter and detention programs as well to provide appropriate services for the th. so that's a really brief overview. any questions? can't hear you, Leo. So I would say that one of the most important things is and…

Amy Campbell (DHHS): Because Amy forgot to Unmute me. I just have a quick question. I think the group would love to hear what are you most proud of at Nor Eastern? So I

Robert Hall: when you're in a rural area, part of the challenge is that and what's especially true in Duchen County now, we are the resource that exists to help most people. There's not a large private market there the therapist wise. And again, we're taking sliding fee scale people. We're taking people that most of a lot of them don't pay the bill and so just again that we have access we have two MCO teams, that we're running 24/7, 365 days a year.

Robert Hall: So again, we are proud that people can get access to services regardless of what the funding is. If they're insurance, if they're underfunded, if they're Medicaid, again, no funding. we will do what we can for them within the resources that we have.

Amy Campbell (DHHS): Thank you, Robert. Anyone else have questions?

Robert Hall: Your bad

Amy Campbell (DHHS): Yeah, that's awesome work that you're doing, Robert. I'm just curious, what does your service delivery look like for folks…

Amy Campbell (DHHS): who are kind of underserved or under reppresented? I'm thinking about the Latino community specifically that I work with a lot.

Robert Hall: So that's a great question.

Robert Hall: And to be honest, probably our biggest group that we work with would be those associated with our youth tribe out here. so we see a lot of those individuals in both of our offices, but they also have options to get some treatment services at Indian Health Services on the tribe. we do not have a large Latino population. we certainly do have some and sometimes that's a challenge language wise.

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Robert Hall: we have to use video translation or phone translation services. I think as we all know it's very hard to find Spanish speaking therapists. we like everywhere else we have had Ukrainian refugees. We have had people from a variety of countries and again we really rely on our ability to call a language line and have a translator. but it's not a huge population.

Amy Campbell (DHHS): Thank you, Robert. Are there any other questions? thank you. When transportation for the people they have cars or all of them drive to appointment. Did you hear that, About transportation in your area.

Robert Hall: could you repeat that please? yes.

Amy Campbell (DHHS): Yeah. Get around. out.

Robert Hall: Yep. That's a great question. that is one of the things that may set us apart from an urban area and that transportation can be a real issue for some individuals. our case managers spend a lot of time providing some transportation services to the Medicaid we use a word called TAP. So those in our managed care, we bring a lot of people into our services from their homes, both adult and youth.

Robert Hall: Especially for those that are living with a serious mental illness, we again are doing a lot of transportations to stores and doctor's appointments. so yeah, transportation is a huge issue. If we were not able to fill that void, there would be an even bigger problem because obviously if you're out in a rural area and you don't have a car, that's a big challenge.

Robert Hall: Thank you very All right.

Amy Campbell (DHHS): Anyone Any questions or thoughts thank you for the work that you're doing out there, Robert. I know it's so tough in rural areas to get all the services that you need to all the people and all the providers and so we really appreciate the work you're doing. Thanks, Robert. We'll find a new volunteer for our next meeting. So, if you have any recommendations, if you'd like to volunteer for the local authority, send them our way.

Amy Campbell (DHHS): Okay, we are running about 10 minutes ahead of schedule and…

Amy Campbell (DHHS): luckily the wonderful Andrew WLE has popped on just in time. Andrew, how are you?

Andrew Riggle: I am doing wonderfully for about a week and…

Andrew Riggle: a half before the session. How are you doing Jules?

Amy Campbell (DHHS): Same same.

Andrew Riggle: I am ready as I will ever be.

Amy Campbell (DHHS): Andrew, you are up with an update about or a session preview for the 2026 legislative session. Are you ready?

Andrew Riggle: How's that?

Amy Campbell (DHHS): It's perfect.

Andrew Riggle: right. Hi everybody. I'm sorry couldn't be there in person with those who managed to make it today. it's a little snowy and cold for my taste. So, you'll have to u put up with me on your screens. I'm going to do the usual the whole dog and pony show here. I'm going to tell you a little bit about the budget and what we know of the budget which is basically the governor's recommendations so far.

Andrew Riggle: We don't have more than that. and then I'm going to talk a little bit about some of the bills that we know are out there that are relate that are related to mental health or substance use. and then finally, I'll wrap up with just a little bit about, where you can, find more information or get involved if you would like to do that. So, with that, let's get started.

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Andrew Riggle: In November, the governor and legislative leaders agreed it's going to be a tight budget year with only $85 million ongoing and 37 million in one-time general fund money to play with. there might be a little bit more in the income tax, but most of that will go to schools. all of this is before the tax cuts in the one big beautiful bill and another possible cut to Utah's income tax is taken into account. So, basically, there's not going to be a lot of money to do a lot of new cool things that we all would like to see happen is basically what we're looking at this year.

Andrew Riggle: Another big question is how the legislature will handle the estimated 20 plus million dollars it will cost to make the changes to Medicaid and food stamps required by the one big beautiful bill. another area of possible concern is any direction or guidance the legislature may give to the Department of Health and Human Services on changes to Medicaid expansion required by the one big beautiful bill, especially six-month eligibility reviews and the work requirement. add to this the governor's recommendation of 25 million one time and 20 million ongoing for services at the new homeless campus. Taken together, you can see why he might have chosen not to recommend funding any of the behavioral health commission's priorities.

Andrew Riggle: As we heard a couple months ago, many of many in the community have serious concerns about the homeless campus proposal itself. these include a lack of public transportation, the possible forced hospitalization of even more Utons with mental health or substance use needs, and less money for deeply affordable housing and community services now in the future. so those are the big picture issues that we know of right now and some of the challenges and opportunities that we might face. now I'm going to talk about a couple of the bills that we're going to be watching.

Andrew Riggle: And right now those are HB HB15 and HB70 from Representative Elison. HB15 says that Medicaid expansion can continue if the federal government doesn't pay less than 85% of the cost. unfortunately, even though, Representative Elison says the bill doesn't change current law, we think it's written in a way that could remind DHS, that the legislature wants Medicaid to ask for permission to limit

enrollment and costs for certain people. you may also remember that some of HB70 from last year, among other things, it requires the Department of Corrections and the

Andrew Riggle: division of correctional health services to come up with a plan for providing substance use treatment including medic medication assisted treatment to any inmate who needs it and requires any facility owned or operated by the department to be nationally accredited. similarly, Representative Wilcox's HB39 requires county jails to be regularly in inspected to make sure that they are operating according to independently administered standards. And I will just say those last two pieces we are likely to be supportive of those because our hope is that by requiring accreditation andor independent standards.

Andrew Riggle: It will result in u more consist more consistent treatment and higher quality and higher quality care for offenders who find themselves in jail or prison. and then representative Pitzamanu's HB98 HB98 might also sound a little bit familiar from last year. this year's version requires ntial ta use treatment providers to notify nearby neighbors and businesses before they begin operating.

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Andrew Riggle: And this includes sober living u homes or facilities as well. under representative Sawyers HB 100 children and youth won't be allowed to get electroconvulsive therapy or ect for those of you who know it that way. and don't know not exactly sure who brought that to him or who asked him to do that, but personally I think that's a step in the right direction.

Andrew Riggle: And then that we've got a couple bills from Senator Plum and the first one is SB96 or Senate Bill 96 which would give the medical examiner authority to investigate and make recommendations to prevent overdose deaths. and then she also has SB98 which creates an optional recovery ready workplace certification program. the program would recognize employers who take steps to educate their employees on substance use.

Andrew Riggle: make changes to reduce the likelihood of developing or making a substance use disorder worse and help make getting treatment easier. that's it for the legislation that we know of that would be of direct interest to this group right now. but I'm going to give you a few places that you can keep up with those if you are interested or also also add new things as they pop up along the way if you really would really want to get deep into the weeds with the rest of us.

Andrew Riggle: And that is of course the legislator's website at le.utah.gov. this is where you can go to see what bills are out there and read them to if they're important to you. is also where you can go to watch or watch and listen to the different committees. including and if you want to through the website you can also comment on bill comment on build in committees by clicking on a zoom link on the committee's page.

Andrew Riggle: So you don't even have to go up to the cap to make your voice heard anymore. And that's a wonder a wonderful thing is it encourages more participation by folks who might not otherwise have an opportunity to share their perspective. and then of course as usual the DLC's hour tracker along with a session calendar which I will try my darnest to keep updated with with bills that are of interest that are going to be coming up in committees in the next

Andrew Riggle: day or two so that you can be aware of that. it will also have information on different meetings that are happening either that organizations are holding or that advocates are having talking about the legisl and strategizing about different bills and budget requests and things like that. And anything that is on there you are more than welcome to join. there is usually a virtual option on most of those. but sometimes it can be easier to be in the room at the capital that you can make sure that you hear everything.

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Andrew Riggle: Because most of the time, we're all small nonprofits and and so we can't really afford fancy AV stuff and often it is either the computer audio trying to pick people up in the room or if we're lucky somebody has managed to bring an owl with them and that can be a little bit better but it's still but we most folks try to make them as available as we can for folks who can't make it to the capital on a weekly basis.

Andrew Riggle: On that note as hopefully you all know by now our stuff the bill and the budget tracker the calendar and that I mentioned and also information on how the legislative process works and how to be a strong advocate for things that matter to you are able on our website at disabilitylawcenter.p policy.

Andrew Riggle: And when I'm finished, I will drop that into the chat for folks cuz I know it's a nasty address and even I have trouble remembering it. So, it's helpful to see it written out. let's see. one last thing is while I'm always happy to show you around and help you visit with your senator or representative at any time.

Andrew Riggle: NAMI and USA's rally for recovery is February 26th from 4 to 6:00 p.m. in the rotunda of the capital. and as some of you probably know, cuz some of you probably done it in the past, a ton of folks show up for that for the rally. because a ton of folks show up for that, quite a few legislators also come to that not only if they are speaking but just to see what's going on and also quite if we'll spend a few minutes u shaking hands and talking to folks and learning about why they're there.

Andrew Riggle: and their story and what they can do as policy makers to try to improve mental health and substance use treatment in Utah. So for those of you who've been before, you know what I'm talking about. for those of you who haven't come up and join us. it's quite an event and it's quite a way to get introduced. I think I've heard Evan say before that it is one of the ways that he first got involved and we all know what Evan's doing these days and what a difference he's making in so many ways.

Andrew Riggle: So, follow in Evan's footsteps and, join us and get started. And, unless folks have, questions or want to bring up specific things that they are interested in. that's all I've got, Jules.

Amy Campbell (DHHS): Thank so much, Thank you, rew. That was wonderfully succinct, thorough, very well balanced. does anyone have questions or comments for Andrew?

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Dan Braun: Thanks, you're brilliant. I was wondering your thoughts on what are the chances that we're going to be able to keep Medicaid funding in its current form. I know certain legislators talk about they have a backup plan,…

Dan Braun: but yet as you lay out the finances of it, geez, where the heck is that going to come from?

Andrew Riggle: that is going to that as you probably picked up from you probably picked up way before…

Andrew Riggle: but you correctly identified from the numbers I shared at the beginning that is a major question that we all have. and no and nobody seems to have a real good answer to yet. for those of you who were not last year, cuz they were kind of waiting to see what the feds would do with Medicaid in the one big beautiful bill.

Andrew Riggle: But the year before that Senator Rammer introduced a bill that said if Medid funding dropped below the federal funding from Medicaid dropped below a certain level. It had a whole list of things that the department was going to be required to do to compensate for this theoretical drop. the drop may not be we don't know yet because we don't know exactly what it's going to look like, but the drop may not be so theoretical anymore, unfortunately.

Andrew Riggle: And it's not out there yet and it may and it may not come and I certainly hope it doesn't but I wonder if we may see another version of that bill from Senate from Senator Brema or some or somebody else that says given our financial

Andrew Riggle: given the state's financial situation because of the economy and because of the changes that the federal government is making to Medicaid and SNAP and other and other things because because we don't know a lot about what the finances are going to look like going down the road. We bet we better make a plan for it. And I'm all for plans, and planning and planning for the future that we know what our choices are and what our options are.

Andrew Riggle: But I'm not a big fan of plans that are not very well thought through. and I think we might be at risk of seeing one or more proposals that are less well thought through than I would like them to be. I know that wasn't very helpful, but that's the best I got at the moment.

Dan Braun: Thanks, Andrew.

Amy Campbell (DHHS): Dan, your sad voice. I feel you.

Dan Braun: She totally

Amy Campbell (DHHS): It's going to be rough perhaps. Peggy,…

Andrew Riggle: Hey, Biggy.

Amy Campbell (DHHS): we can't hear you. let me see…

Amy Campbell (DHHS): if I can There. gets.

Peggy Hostetter: Can you hear me?

Andrew Riggle: We can.

Andrew Riggle: Yeah. Mhm.

Peggy Hostetter: Yeah. Dan, honestly, I'm aching because there are several things that you just listed in all of these various interventions that take money and we don't have money for them now. such as treatment

providers that are nationally certified. we have very few and it makes such a difference and I could and so my concern is it sounds as though there are a lot of things that people have sorted out that we need and that in order to move forward we need to imp implement and start doing but I'm hearing we don't have money for it

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Peggy Hostetter: I mean people knew these things previously and we are suffering because we do not have funds. So does anybody ever talk about what's going to happen to us if we don't find the funds because it sounds as though it's what happens is that was a good idea…

Peggy Hostetter: but we can't afford it. And so it gently goes by the wayside until it gets raised next year, kicked around, and never funded again. Does this sound familiar?

Peggy Hostetter: And do people talk about this, which is why I'm bringing it up?

Andrew Riggle: …

Andrew Riggle: at least people in my world are in my world and…

Peggy Hostetter: What they say

Andrew Riggle: I would suspect in the world of most folks around the table and on the call are talking about this and two folks about this and two policy makers about this very thing all the time. but the trouble is for reasons that I don't fully understand.

Andrew Riggle: We haven't been able to get a lot of traction with the argument with the arguments that if you build a strong prevention focused system up front you will not only have the better results on the back end, but you will also save money and h and have more money to put back into the system to make it even better. or you could, not what I would recommend, but you could take the savings and spend and spend it other places or do other things with it.

Andrew Riggle: But it does for whatever reason that conversation or that line of logic doesn't seem to get a lot of traction year after year. I don't know if other folks on the call have other perspectives, other takes or other thoughts on that or suggest or suggestions for Peggy. But I think you've pegged an issue that we've have all experienced and…

Andrew Riggle: all experienced for far too many years.

Peggy Hostetter: And so…

Peggy Hostetter: if I understand you correctly, Andrew, it's like, yeah, this is what happens and we know about it and that's as far as we've gotten with it…

Andrew Riggle: Anybody else…

Peggy Hostetter: because it's a recurring event with v various legislatures.

Andrew Riggle: who can want to chime in? Yeah.

Peggy Hostetter: Yes, somebody thank you Andrew.

Peggy Hostetter: Thank you very much.

Amy Campbell (DHHS): I'm not sure.

Amy Campbell (DHHS): I don't think that I know more about this than Andrew or some other folks who are on here, but what it makes me think of is just political will. I think oftentimes the knowledge is out there even among legislators. For example, the behavioral health commission put together all of those recommendations and they were a committee or a commission that was created by the legislative body, With good intention and yet none of their recommendations got passed through. There are a few. I'm going to show you guys the

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Andrew Riggle: We got pier Braden got peer support something from peer supports last year.

Amy Campbell (DHHS): Right.

Andrew Riggle: But I think that's about it so far.

Amy Campbell (DHHS): And so I think that's what's really hard about this work is that we have to create and maintain relationships with our legislature and develop not only the conscientiousness but the will around it in a really competitive space like competitive for dollars right and…

Amy Campbell (DHHS): for attention on topics and that's a really complicated topic

Andrew Riggle: Yeah. Yeah.

Amy Campbell (DHHS): But it's I think it's a Peggy I think you touch on a point that is across the board no matter…

Amy Campbell (DHHS): what field you are in. I think there's a lot of knowledge that we know but yet we do not implement it.

Peggy Hostetter: And the reason I brought it up is and…

Peggy Hostetter: what do we say to ourselves about it? And I don't hear much about that, but we're all sensitive to it.

Andrew Riggle: taking when you say and…

Andrew Riggle: what do we say to ourselves about it? what do you mean? What are you thinking?

Peggy Hostetter: What I mean is the things we fail in providing adequate resources to solve our real problems. And then my question is…

Andrew Riggle: Mhm.

Peggy Hostetter: what do we say to ourselves after we fail except next year maybe and the problem gets bigger. That's what I'm concerned about. And I've been here long enough to have been gone around on this now for about 15 years.

Peggy Hostetter: So it's like and I think human services suffers the most from some of the other concerns and…

Andrew Riggle: And the only Yeah.

Peggy Hostetter: and activity is much more successful. That's true.

Amy Campbell (DHHS): I just want to say Peggy like what else can we say though? We have to just keep trying.

Peggy Hostetter: But I don't hear us talking about our failure. We're not going to get better…

Peggy Hostetter: until we recognize what we're doing. become otherwise this just becomes an easy out for people who disagree with spending money this way. And that's a thing we're kind against, which is not everybody agrees that all this money should go into various human services,…

Amy Campbell (DHHS): I Hey,…

Peggy Hostetter: particularly when it's about addictions and so forth.

Amy Campbell (DHHS): Leah and then Jason.

Amy Campbell (DHHS): So I think there is a lot happening into regards of what's working well and where the barriers and failures are. I think that there was the behavioral health master plan that really identified major system gaps across our state and that was a huge collaborative effort. The behavioral health commission was developed in response to not only the master plan but also our legislaturator's desire to look at behavioral health broadly within our state. I think we do have to recognize that the behavioral health commission is still in its infancy and we've never had something like this in our state before and so we do have to allow time for that work which the subcommittees are starting to get going and working on items to help the strategic plan and the priorities that have been outlined.

Amy Campbell (DHHS): I think additionally when we're looking at systemic issues luckily the office of the legislative auditor has really invested time in behavioral health system and has completed what feels like 3,000 but I think is only five audits and I say that lovingly because five audits is a lot of audits on the behavioral health system and that continues and so I think there are pockets in which there is attention to those change makers and for those change makers to make impacts in behavioral health. And I will agree. I've been in the behavioral health space for a long time and it can be very exhausting and very irritating especially when the change isn't making it to the people on the ground doing the work.

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Amy Campbell (DHHS): But I think that's one of the beautiful parts of Yubipac in that there are people…

Andrew Riggle: Yeah.

Amy Campbell (DHHS): who are invested in this can put that energy into spaces in which us state folks cannot and so I think there is a lot of happening and there is a far way to go just like every state in the nation but I will share that we are very tied into a lot of other states nationally who are doing work and I don't want on polyiana in this but there are some pockets of things happening in Utah that other states are very jealous of and they wish that could happen. our crisis system is one that other states are looking

at us for the answers on and how we are collecting data and how we are moving things forward. And that's just one I highlighted but I think more often than not we're on calls and they're like wait you're doing this in your states.

Amy Campbell (DHHS): So yes, it feels like not a lot's happening because change, especially at the policy level to the boots on the ground,…

Andrew Riggle: Okay. Hey, Dock.

Amy Campbell (DHHS): is slower than mud. So I don't want to, I want to just give Jason has had his hand up for a bit and then we can come back to Andrew.

Jason Jacobs: And not being familiar with how conversations go with legislature. Is it mostly like we're making a pitch to them or are we getting much feedback from them as to what they feel like their constraints and priorities are and why certain things aren't being passed the way it feels like they need to be for us…

Andrew Riggle: Yeah. Yeah.

Jason Jacobs: because I mean I think and maybe you are doing this but if we're not like I mean they might be in kind of a tough spot in knowing how to meet the demands

Jason Jacobs: of everyone in Utah to, everyone screaming, " We need funding." And so, knowing what they need and want as legislators to, what their thought processes and why they prioritize what might be helpful in knowing how to formulate a pitch that's more persuasive. Is it they want things to be more efficient? Is it I don't know. I'm just curious how much feedback we get from them or are they kind of tight-lipped about their thought process?

Andrew Riggle: I Jules if I can take a crack at this one. I think Jason your last conjecture about are they tight lipped about their process and do they not like to share it publicly? an I think the answer to that is and especially when it comes down to The budget is the budget which is the money and that's what we're really talking about here. I think policy change is important but the money is the harder part of the policy change right now.

Andrew Riggle: And legislative leadership one is basically the group that decide that decides on the budget and they are notoriously hard to get to. and so we do, and I'll let others speak to their experience if they haven't, but we get feedback and we can share information with, certain legislators and if we have a good relationship with them, they will tell us their perspective on on what is going on or what's happening or what needs to happen.

Andrew Riggle: But for the most part it is individual legislators rather and usually unfortunately for us legislators who are not in the best position to influence the conversations that really matter. but the other thing I was thinking about and is that maybe I think one of the things that this group could be helpful at is maybe we should come up with some sort of a

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Andrew Riggle: come up with some sort of a group of a group from the council who is interested in trying to push things forward, whatever those things are. and coming together and de and talking about

proposals, talking about strategies, talking about how we can build the relationships that we need try to push these things forward. and as Peggy said, really ask oursel

Andrew Riggle: the hard question of what why aren't we successful and what can we as a group do that will give us a better chance of success moving forward I just paraphrased you Peggy No. Okay.

Peggy Hostetter: Andrew, that was so It's but listen, dealing with the le with the legislature on this is not the problem. It's dealing with the Senate. and you painted why that is and how it works so well. And thank you

Amy Campbell (DHHS): This has been a great discussion you guys and I love that idea Andrew about finding a meaningful way to get more involved in policy work and building relationships and pushing issues that we care about forward and it's a really good segue to our next presentation. are you guys okay if we move forward? Are there other comments or questions for Andrew before our next piece? Yes. No. Thank you so much Andrew as always for keeping us informed.

Andrew Riggle: Yeah, I ap I apologize, guys. I've got meetings all day all day today,…

Andrew Riggle: I've got to drop off for the next one. But miss y'all. Yep.

Amy Campbell (DHHS): Thank you for your time,…

Amy Campbell (DHHS): Have a great day. Where am I here? You're in the canon. Hey.

Amy Campbell (DHHS): It's very simple. And Google Slides has this new AI that made all these really pretty for me. So, it only took me 10 minutes. so I just wanted to talk a little bit about some of this really connects to what we were just talking about with Andrew. Just the way that we as a committee or a subcommittee are tasked to really advise the Utah Office of Substance Use and Mental Health about the mental health block grant. We're also a subcommittee of the behavioral health commission and we have been talking a little bit about doing some advocacy in homelessness. So I want to touch on that. But really these first two pieces, how do we want to and what do we want to communicate with these partners particularly about our recommendations for the behavioral health system in the state.

Amy Campbell (DHHS): So I just wanted to have a discussion with you guys about some things that are coming up. So every year we make a letter for the block grant application to SAMA that supports the state's application for block grant funds. And I just wanted to connect with you guys first about how we want to work together on that piece this year. you're submitting full application this year. we did this full application September 1st and so the next round will be The mini. Okay. And that's also in Yep. Okay.

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Amy Campbell (DHHS): So, I just wanted to kind of connect with folks about that process and some of you have been really involved over multiple years and just what do we want to do this last year we just kind of copied recommendations from the year before. but in past years, we've done a lot of workg groups to get information from everybody about what's wanted and needed. We've done surveys. We've done all kinds of things. And I'm just wondering from you guys what would feel good. Also keeping in mind that we're meeting every other month for this year's recommendations to the state. Anybody?

Amy Campbell (DHHS): crickets. I'm trying to remember.

Martha Lilia Soto Ceballos: I would suggest remember we would get emails and a poll sometimes so we can submit our ideas and thoughts in between meetings. That was helpful for me. I don't know if for anybody

Amy Campbell (DHHS): Thank you, Martha. I'm gonna take notes. other thoughts. So, what progress was being matched here based on our letter? That's a good question for you guys. let me just summarize our three main recommendations.

Amy Campbell (DHHS): So our first was really about our process of working together with the state and that really centered on improving our communication two ways. So we're sharing recommendations with the state and they're talking back with us about what they're doing and sharing information about the system. and then increasing representation on this council. So, I do feel like Leah has done an incredible job of getting more local authorities involved and increasing our peer representation a little bit in the last few months. we have a little bit of rural representation. I think our minority populations are still lacking quite a bit in the committee. Tribal and tribal is zero, right?

Amy Campbell (DHHS): So we have some work to do on that. But how do you guys feel like communication has been going? You can't say, Richard, you're like, I don't know. For me, only because I was living in Utah County, difficult for me to try to be involved. I felt, kind of on the outside of a deck. But now I'm in Salt Lake County. I feel more involved in going up. I don't know if I know what it's going. Yeah, that's a good point that being outside of Salt Lake, outside of the Wasatch Front makes it hard. It did.

Amy Campbell (DHHS): It really mean Takes a lot of energy though, Yes. And now the shelter needs a lot. Yeah. thank you for sharing that. Are there other thoughts on how communication has been going between Yuba of substance use and mental health? Dan's leaving. Bye, Dan. We'll call on you though, Dan. Yeah.

Amy Campbell (DHHS): So I think I just want to give that a little poke to you guys to me and our chairs and our executive committee that it feels like sometimes you guys as member our membership doesn't necessarily know how our recommendations are going what's happening in terms of action plan and so I wonder if we could make that just meeting item updates on recommendations. What do you guys think about that? I don't think that I have to mute my hand in charge over there. I don't think that would be a problem. I think that, we want to be intentional about sharing with you guys what's going on in our larger system, which is why we've started having our locals come and present. That was one of the requests that you guys have had to learn more about our local system.

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Amy Campbell (DHHS): And so yeah, I think that would be really easy to do is just do a brief update in the portions of what your letter that's the word I'm looking for. The caffeine has kicked in great over here. Keep going. So yeah. Okay. that would be awesome. I think that'd be really helpful to just kind of reorient everybody over and over again. like sometimes folks are lost. Sometimes I feel lost. It's okay. I feel lost, too. Yeah, it's a lot. What would you be able to offer us? that's a good question. Going to suggest takeaway items, action items for the current. I love that question.

Amy Campbell (DHHS): I think we share more often than not or had presentations talking about some of the content on our SUM website like the data portal. We had Ryan Carrier come and present about the data portal. we have new things happening pretty often there. And so if there's any opportunity in which

you guys can explore our web page, recognizing it's a work in progress. but take the time and kind of explore and find questions that you want to inquire with us about the public behavioral health system is huge.

Amy Campbell (DHHS): me the mental health block grant and the substance use block grants supports a lot of things and so we don't know what you guys want to know unless you're inquiring with us hey what are you doing for kids or what are you doing for the pure community or what are you doing in this acre area okay that's important to Now our other two recommendations were improving the infrastructure in the behavioral health system for the state to do that and to improve direct services.

Amy Campbell (DHHS): So specifically we talked about data collection and making that something that was easy for even small agencies to do easier to collect and report on data to know about and access grants health insurance for employees. Braden actually had a lot of suggestions here about this. This was just a few examples from the letter. And then in direct services, it was mostly about improving services and access for underserved populations in peer support and more equitable access. And so I'm not sure if you guys want to give a tiny brief update on how those things have been going. So I can just speak briefly and Chanel jump in when you want to.

Amy Campbell (DHHS): regating improving infrastructure in the behavioral health system and data collection. Our office has really been intentional over the past few years to really look at how do we reduce the administrative burden for those who we contract with. and I think we're really looking at recognizing our public mental health system reports more data than commercial providers or those who do not take insurance. And so trying to balance this out because there are some federal requirements in which they have to report because they're receiving federal dollars. so we've been really intentional with that.

Amy Campbell (DHHS): I think additionally as we are talking about that our DHS broadly department of health and human services has really looked at how we can have more consistency within our contracts to contracted providers and how we are really looking at asking about data and so we use a resultsbased accountability model or RDA for short and that's really looking at how well did we do it is anyone better off and how many I did that the wrong way, but those are the three areas. And so we're really trying to be stick to answering those questions when we're looking at contracting out the behavioral health commission which is not of course attached necessarily with block grants how do we pull in and they look at the insurance component.

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Amy Campbell (DHHS): One of those legislative audits that I mentioned was really looking at payers and insurance and ghost providers. Representative Elison does have some legislation this session related to insurance and commercial insurance and so that's something to pay attention to. Janelle, did I miss anything in that section?

Shanel Long (DHHS): You covered a lot. I don't think so.

Amy Campbell (DHHS): Improving direct services within the behavioral health service system. our mental health block grants is designed to support Smi or serious individuals with serious mental illness and indiv and children with serious emotional disturbance. Not my favorite classification, but that's how the feds call it sed.

Amy Campbell (DHHS): And that is designed for those individuals who do not have insurance or are underserved in their insurance. And so we are really continually looking at how do we support access to services for that population. I think that we are really working to ensure that any individual who is seeking services who fit within that those categories are able to access services within communities and that I'm trying to careful of my words here that will meet their specific

Amy Campbell (DHHS): needs for support when they do enter services. Yes. Okay. Thank you. You're welcome. It's a tricky subject. and peer support we fund as you guys we've talked about all of peer support certification is funded through the mental health law grant. Amy over here, I will just turn it over to her for a quick snapshot of the amazing things that have happened in peer support in the past year. No pressure. Yeah, I mean there's been a lot of changes I guess to talk about this point specifically.

Amy Campbell (DHHS): We've also been trying to implement some new trainings to reach various populations specifically that youth and young adult which Jackie's recovery support services is the trainer for that. we're still in the process of getting a Spanishspeaking family peer support training up and running. and yeah, so I think those are some of the different things that we're trying to reach to different populations. We do offer a variety of trainings whether that's virtual, hybrid, fully person, to be able to allow people who don't live in the Wasatch Front and maybe can't travel to still attend those trainings. I know in some of the scope of works and contracts that we're writing and creating, we're trying to get to or increase rural participants because, most of our folks do live in the Wasatch

Amy Campbell (DHHS): front considering most of the population lives here, but there are people who do work and live or rural that we want to be involved and make sure that they have access to training and more education and all these types of things. So, those are some of the things that we've been working on and specific to this point. But yes, a lot of changes overall with peer support, and maybe that would be something, Jules, for this group. Maybe can do a brief peer support program update at an upcoming meeting. Yeah, I think that that's one of the areas related to our letter that has seen the strongest improvement. Some of the things in our letter have been really hard this year because of other things.

Amy Campbell (DHHS): And some things are always hard, like we were just talking about when Andrew was talking about policy and systems change. and so I just want to acknowledge I know you guys are working really hard on this all the time. That's your whole job. And I think that to Ruth's point, sometimes we just don't have enough communication about it. or sometimes I'm not sure what Yeah. And so I think I could do a better job of providing a little more structure around that piece. We are here to support you guys in learning what you want to know. So just ask and we'll make it happen. Wow, that's cool. That's a very big promise, I mean, I can't promise I'm going to change the world here, but we will get you the information you want to know. At least the information or we'll find out who does know, right?

01:25:00

Amy Campbell (DHHS): Okay, So, I want to talk about a couple more points and then I want to come back to this idea or discussion about process and how we want to move forward together because there's some connecting pieces here. so we are also a subcommittee of the behavioral health commission. So, I know the behavioral health commission is, let me see if I can switch my screens for a second here. It's this one. This.

Amy Campbell (DHHS): So this is the way that the behavioral health commission is restructuring its subcommittees. So there are four and prevention and early intervention, crisis response, treatment and

recovery and policy review. And where Yuba is going to be located now is under treatment and recovery. And so we're a subcommittee of this. And because of that, we need to send one representative from Yubipac to sit on the treatment and recovery committee and to be a kind of a liaison to bring our recommendations to that committee which will then bring them to the commission. and so we are hoping to have a vote about who that liaison will be during the next meeting in March.

Amy Campbell (DHHS): I had a message I respond to work. So I was just saying in March or maybe sooner, we hope to vote on who's going to be the liaison for the treatment and review commit Under the behavioral health commission. I see. So this kind of fits in the category of how are we going to be communicating with the partners that we work with. Any questions? So, what are the require or commitments that this person would have to do? That would be my question. I am lucky enough to be the staff person assigned to the treatment and recovery committee. So, I got you guys. so the treatment and recovery committee is going to be meeting twice monthly for one hour.

Amy Campbell (DHHS): The treatment and recovery subcommittee has been charged with really looking at addressing the work plan that the behavioral health commission has on behavioral health. they have a number of objectives and tactics in which they are looking for policy recommendations and movements for the work that the behavioral health commission has committed to. I will just say that this treatment and recovery committee is going to be in its infancy for some time as they form but they have a very large task list in front of them to address.

Amy Campbell (DHHS): So It's being able to attend the meetings. They will be hybrid. making sure that you can loop back with Ubac on what's happening. being able to pass information up to bac as back and forth. I don't know how that goes, but just making sure that you're present and a good representate representative for this committee is probably the largest ask that there will be. Chanel, anything to add as you also get to play in this space?

Shanel Long (DHHS): No, I just know that there's going to be a heavy load for this committee with what's going on within the behavioral health system.

Shanel Long (DHHS): So it's probably going to take many people advising and contributing to what's going on under this committee whether they hold a seat or whether they are just a participating individual. yeah, that's kind of all I have.

Amy Campbell (DHHS): And I will just add in so UMPAC does have an assigned seat in this committee,…

Amy Campbell (DHHS): but this membership is made up of so many folks. behavioral health representation, representatives from a number of the subcommittees listed on the screen, as well as local authorities, Medicaid representatives, people with lived experience with mental illness, substance use, private providers, really a large mix of folks, and we're very intentional that we are requiring rural representative as well.

Amy Campbell (DHHS): So it's a large group of folks who have a vested interest in the behavioral health system and substance use system. Can't forget about the substance use system. Yes, thank you for that overview, Leah and Chanel. So, it's going to be a lot to take on, but one of us needs to be that liaison for the treatment. Do you need it to be a voting member? I don know I don't think it says voting specifically in this. Know what Ay's trying to do over here. Yeah, I see your face. I'm just waiting to be vol and told. I mean, I will if I have to. It's fine. It's interesting. I mean, I did sit in on one of present at the meeting, right? That was a different meeting. okay. There's too many meetings. There's way too many.

01:30:00

Amy Campbell (DHHS): But I think Jules, we can also look at a destiny and a backup. I think that's important because life That's a great point. Yeah, that's how things work in most other positions in these committees. Life happens. and just again, this really speaks to what Peggy was saying, are these conversations happening? And these are the venues in which they happen and these are the venues in which we're notified of additional opportunities to have those conversations. And when we can speak with a unified collective voice, I think we have much more power in the state system. And so that's why we're trying to really coordinate with state staff, with the commission, and the subcommittees to make sure that we're all kind of on the same page. And so much, lots of overlap.

Amy Campbell (DHHS): overlap guys are saying what? Yeah. Nice. Right. Yeah. And the more voices we can get in that mix, the better, more powerful it is. Jules, would you want anyone interested maybe to email you? Such a great idea. Yeah. If anyone's interested in this role, will you please email me or talk to me, text me, whatever. Give me the bat signal. Send the pigeon. Yeah. I know how you feel, Rosina. I would heartbeat.

Amy Campbell (DHHS): So with that in mind, I just wanted also just to touch on this communication piece one more time. These are the recommendations that came out of the commission in 2025. They ranked them top 10. and again we did get that bump in peer support services reimbursement rate which was number four here related to number four thanks to Braden in a large part to Braden. He really rallied for that.

Amy Campbell (DHHS): But I popped this in the chat. This goes over everything in a lot of detail and you guys can find this is their update and their report. So, it goes over the strategic plan and it talks about kind of what has happened in the last year, what's changed. Right here, it talks about what passed and didn't pass related to their recommendations. So, we did get a couple here. That's awesome. Yeah, there's some good little things. Yes. Where will we find that again? I'll send this to you guys. let me make myself a note. And for online folks, I popped it in the chat slides. And the behavioral health commission meetings are open to the public. They're online as well as at the capitol.

Amy Campbell (DHHS): It's I think it's the Thursday. Don't quote me on that. It'll be in what Joel sends you, but I believe it's the third Thursday. I'll put a little blurb in there about that too. And I'll add your stuff too, Ruthina, that she sent. And Melissa sent something too. So, it's going to be a blast month because of the legislature calendar. We have something. I was gonna look, but I don't see it.

Amy Campbell (DHHS): Apparently didn't get the invite. Okay, where are we at, guys? check all that stuff out. And the commission, just one other thing to point out that they've asked all of their subcommittees to give them feedback by a certain date, which I can't remember what it is. Do you guys remember? I feel I feel like it's soon. So, we need to kind of get on that right away. in order for them to include that in their feedback to the legislature for 26 for the next round of feedback. so I'll find that date and make sure we include that in our process.

01:35:00

Amy Campbell (DHHS): But the reason that I am really bringing all of this up is just how do we want to co decide what is our feedback? What are we going to share with the state and with the commission? Do you guys I feel like in the past when I've asked everyone for feedback via email, I have gotten very little back.

Right. and I think one thing that maybe worked better in the past is when we met in workg groups and I'm wondering if that's something that we could Could we do that online Brian where we had little workg groupoups online on Google? We sure can. Does that seem like a better venue to you guys or is everyone okay with that? So let me ask a follow-up question. In the past we've organized that in different ways.

Amy Campbell (DHHS): We've organized that by block grant priorities. we've organized that we could organize that prevention, treatment and recovery, crisis supports. What's the other one? Policy support. That's the one you want to be in. Look at that. Or we could organize it by population like rural, we could do different things. What are you guys? probably topics. Just give me an example, what you like the crisis when you're talking about that to me makes the most sense. But by the behavioral health work group topics the recommendations I would use called it. Okay. Any other ideas?

Amy Campbell (DHHS): Not yet until I read. I want to encourage folks to keep in mind as they're thinking about this that there is the Smi and SED population. You cannot lose kids in the conversation. because our block grants are com are combined, we also want to make sure that we're thinking about our substance use and prevention block grant as well. That's a lot of topics. One person per group. Basically, love it. Great.

Amy Campbell (DHHS): Okay, I will come up with something and maybe with the executive committee next week and see if we can do some work groups in March. Started this conversation. I was thinking when you're asking about jump, but I don't know what I'm doing. So, okay.

Amy Campbell (DHHS): So I'm going to volunteer you and we know I'll be like Richard every group the way you explain it like the coming together at that I think I would be supportive like that because I want to all staff with all this stuff they have me do I rely on them to help me with it when they show them what we're talking about kind of like you're doing good I'm lost in that explaining group in groups. And then we can also send out some emails and stuff too for folks for whom that works better. we can do a little mix because I know Martha was saying that helpful anxiety part of computers and stuff like that.

Amy Campbell (DHHS): That's what it's always I keep lost doing that stuff but I worked on that for the last two years and I'm getting better. That makes sense. I think you're not alone. Yeah, that's been my struggle over the last little while as technology get better. Yeah. So, we got to have options for both. Totally. Okay. like I like that. I don't feel like we have time to talk about homelessness services. I think this is going to be a big issue in the legislature this session as both Rutha and Andrew have mentioned there's some bills coming up around this. So, let's just keep our eyes and ears on it and how we can get involved. I'll keep you posted.

01:40:00

Amy Campbell (DHHS): Yeah, it's sanity can keep my eyes open. Yeah. So, keep us posted, Ruina, whenever you hear anything or there's a way that we can show up and support, right? Yeah. because they just program to continue on keep this on going all year long. They were asked to do a grant last two weeks ago deadines. Nice. Yeah.

Amy Campbell (DHHS): So, anything that you guys want me to share with the whole membership, just send me. So, thanks, one last quick little order of business is next meeting in March, we are likely going to vote on chair positions. So again with the behavioral health commission they're asking all of their subcommittees to have a chair and two chairs to facilitate kind of development into leadership roles so

that every three years you could rotate through those positions. and Javier's term is coming to a close as chair and so we need to vote on a couple of new chairs next month.

Amy Campbell (DHHS): So again, if you are interested, will you please email me come chat with me and I can help talk you through it and answer any questions or anything like that. And if you're not certain about it, I think talk to Jules, but also recognize you don't have to know everything and how to do it all right out of the bat. It's a learning process. Yeah, that's why they want to do the three chairs thing. So when you first start, you have really two years until you're in the role of being the chair. you have two years of mentorship and learning as you move through that structure. that's the idea. come chat with me if you're interested or curious. And I think that's all I have. Let's stop sharing.

Amy Campbell (DHHS): Every other month will be next month. we just in person and virtual every other month. Nothing in between unless we decide to do one of those subcommittees. That'll help. maybe the legislature or someone who wasn't doing it yourself. So yeah, I'll just toss out to folks if you know someone who wants to join Yuba, please have them join Yubac.

Amy Campbell (DHHS): Even though I haven't been advocate last time when I came to say that we're white but we don't want to be that kind of still something where I was advocating get to join I've been doing that even though I haven't nice yeah I'm so glad you're here Richard staff over staff last two weeks. She was there one week. I'm sorry. That's heavy. And then anybody know Sue Hans, she was the director of Alliance House three years, but she just passed away.

Amy Campbell (DHHS): So you guys have been going through it. Yeah. I'm sorry. that is a sad note to end. That was like I'm glad you guys are on the up and up and you've been able to make it in. And I will see you all in March. They'll send out an email with all of the resources that were shared and the resources that I was talking about in that last little PowerPoint. Okay. I'll see you guys all in March. Thanks everyone.

Meeting ended after 01:45:37 👋