

Utah Behavioral Health Commission Meeting Agenda

October 17, 2024

12:30 PM - 2:30 PM

Utah State Capitol Complex

Senate Building Room 210

Commission Chair: Ally Isom

Commission Members:

Tracy Gruber

Evan Done

Julie Hardle

Kyle Snow

Elaine Navar

Jordan Sorenson

Adam Cohen

Mike Deal

Jim Ashworth

Tammer Attallah

Other Attendees: Tanner Taguchi, Madison Hoover, Leah Belvins, Jenny Johnson, Ian McDonald, Carol Ruddell, Binee Larsen, Deondra Brown

The purpose of the commission is to be the central authority for coordinating behavioral health initiatives between state and local governments, health systems, and other interested persons, to ensure that Utah's behavioral health systems are comprehensive, aligned, effective, and efficient.

	Time/Presenter	Discussion Topics	Action Items/Notes
1	12:30 pm - 12:35 pm: Ally Isom	Welcome Approval of September Meeting Minutes	The meeting started with a review of the minutes from the previous meeting held in September 2024. The commission moved quickly to approve these minutes after confirming a quorum.
2	12:35- 12:40 pm: Ally Isom	Proposed bylaw change to create a second vice chair	Background: The proposal was driven by the need for better administrative balance within the commission and to ensure representation from both public and private sectors as well as urban and rural communities. Rationale: The current structure with only one vice-chair sometimes delayed decision-making due to conflicting schedules. Adding a second vice-chair aimed to improve

			efficiency and inclusivity.
3	12:40 - 12:50 pm: Ally Isom	Election of a second vice chair	Outcome: The bylaw change was approved by vote, with Kyle Snow nominated and elected as the second vice-chair due to his extensive background in public behavioral health and representation of rural communities.
4	12:50 - 1:20 pm: Tanner Taguchi, Madison Hoover, Leah Belvins from Office of Legislative Auditor General	A performance audit of Utah’s Behavioral Health System - A case for Governance, Strategic Planning, and Accountability	<p>Scope of Audit: This audit was commissioned by legislative leaders and undertaken by the Office of the Legislative Auditor General, aiming to examine the governance and accountability structures within Utah’s behavioral health system.</p> <p>Key Findings:</p> <p>Governance Fragmentation: The system suffers from fragmentation across multiple agencies and local authorities, making coordination and accountability challenging.</p> <p>Need for a Central Authority: The audit suggested various options for establishing a central authority to oversee and unify behavioral health services. Possible solutions included empowering the DHHS, enhancing the role of the commission itself, or creating a new position akin to the State Homeless Coordinator.</p> <p>Strategic Planning Gaps: The audit highlighted the existence of multiple overlapping plans, each with numerous recommendations (over 500 collectively, including 200 from the Behavioral Health Master Plan alone). The audit recommended converting the master plan into a more structured, actionable strategic plan.</p> <p>Local Authority Compliance: The audit revealed that local mental health authorities often failed to meet required service standards, even when identified in consecutive audits. This issue was partially attributed to the lack of intermediate enforcement measures by the Office of Substance Use and Mental Health (OSUMH), which mainly had “nuclear options” (e.g., canceling contracts or withholding funds)</p>

			<p>that were rarely used.</p> <p>Audit Recommendations:</p> <ul style="list-style-type: none"> • Establish a central governance authority for behavioral health. • Convert the Behavioral Health Master Plan into a strategic plan with clear priorities and actionable steps. • Introduce intermediate enforcement actions for non-compliance by local authorities. • Enhance collaboration between state and local agencies and develop a more proactive approach to enforcement. <p>Presentation of Other States' Models: Examples from other states were discussed, though no single model was deemed directly applicable to Utah. The audit team refrained from recommending a specific model, leaving this decision to legislative leaders and the commission.</p> <p>Response from DHHS and OSUMH: Agreement with Findings: Representatives from DHHS, including Brent Kelsey (Director of OSUMH) and Nate Checketts (Deputy Director of DHHS), expressed support for the audit findings and agreed on the importance of reform.</p> <p>Planned Improvements: New Audit Team: OSUMH plans to create a dedicated audit team to enforce compliance and improve oversight, separating this role from program staff.</p> <p>Corrective Action Plans: Plans to enhance the quality and follow-up of corrective action plans and integrate root cause analysis to prevent recurring deficiencies.</p> <p>Enhanced Communication: The DHHS committed to better communication with local authority boards and elected officials, aiming to increase accountability and transparency.</p> <p>Intermediate Enforcement Mechanisms: The OSUMH intends to develop mechanisms for addressing multi-year findings without relying on drastic measures.</p>
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<p>5</p>	<p>1:20 - 1:40 pm: Brent Kelsey, Dave Wilde</p>	<p>Commission Scorecard</p>	<p>Master Plan Alignment and Adoption Framework Discussion: There was an extended discussion on using the Behavioral Health Master Plan as a guiding framework for the commission’s work. The Master Plan, developed previously, provides a high-level vision and guiding principles but lacks detailed, actionable strategies and clear objectives.</p> <p>Formal Adoption of Guiding Elements: After discussion, the commission voted to formally adopt the mission and guiding principles from the Master Plan to guide their work, while leaving room for developing more specific strategies.</p> <p>Establishment of Objectives: Commissioners recognized the need for clear, measurable objectives, as recommended by the audit. A subcommittee structure was proposed to help with reviewing the Master Plan’s 200 recommendations, establishing strategic priorities, and determining which recommendations should be prioritized in the upcoming legislative session.</p>
<p>6</p>	<p>1:40 - 1:50 pm: Joe Dougherty, Jenny Johnson</p>	<p>Media Protocol and Communications</p>	<p>Presentation by Public Information Officers: Jenny Johnson and Josh Lofton from DHHS’s Public Affairs and Education Division (PAE) provided a briefing on media protocol. Their key points included:</p> <p>Coordination with PIOs: Commission members are encouraged to contact DHHS PIOs (specifically Jenny Johnson for the BHC) before responding to any media inquiries to ensure consistent messaging and proper context.</p> <p>Guidelines for Speaking on Behalf of the Commission: Only the commission chair or an officially designated spokesperson should speak on behalf of the commission. Individual members can express their views but should clarify when they are not representing the commission’s official stance.</p> <p>Possible Bylaw for Media Statements: For cases requiring quick public responses, the commission discussed the potential of establishing a bylaw allowing the chair to</p>

			issue statements on behalf of the commission after consulting with members via email. This practice would help address timely issues without requiring a full commission meeting.
7	1:50- 2:05 pm: Benee Larsen, Carol Ruddell	Utah Suicide Prevention Committee and Coalition	<p>The presentation by the Utah Suicide Prevention Committee and Coalition at the Behavioral Health Commission meeting included the following points:</p> <p>Organizational Structure and Background: The committee, a combined effort between public and private sectors, evolved from a coalition to an official committee. This change reflects its longstanding collaborative nature, bringing together various stakeholders, including public health officials and private sector partners, to address suicide prevention across Utah. Leadership includes co-chairs from both sectors, illustrating a unified approach toward suicide prevention.</p> <p>Key Work Groups and Areas of Focus: Originally, the coalition operated with work groups focused on specific populations, like the military, LGBTQ+ communities, and faith groups. Currently, it has five active work groups. These groups are critical for targeted initiatives and include diverse areas such as faith communities, workplace prevention, and clinical and community support.</p> <p>Training and Outreach Initiatives: The committee has developed several resources, including safe messaging training, the LGBTQ+ State Plan, and workplace suicide prevention toolkits. Community education and training are ongoing through partnerships with local organizations like the University of Utah and Zions Bank, as well as major community institutions, including the Church of Jesus Christ of Latter-day Saints and the State Board of Education.</p> <p>Legislative Priorities: The committee’s legislative goals include securing ongoing funding for the “Live On” suicide prevention campaign, enhancing support for the Medical Examiner’s Office, and advocating for safe firearm storage laws.</p>

			<p>They also highlighted the need to restore funding to school-based suicide prevention programs and emphasized post-treatment support following mental health discharges.</p> <p>Collaboration with Zero Suicide Program: The committee discussed its connection with the Zero Suicide framework, which is integrated into hospital systems like University Health and Intermountain Healthcare. This collaboration aims to reduce suicide within clinical settings through shared resources and clinical training.</p> <p>This presentation underscored the coalition’s role as a multi-stakeholder entity committed to proactive suicide prevention strategies statewide, including legislative advocacy, community training, and coalition building.</p>
8	<p>2:05 - 2:20 pm: Ian McDonald, Deondra Brown</p>	<p>Behavioral Health Crisis Response Committee</p>	<p>The presentation by the Behavioral Health Crisis Response Committee highlighted recent developments and priorities within Utah’s behavioral health crisis infrastructure. Here are the main points covered:</p> <p>Committee Restructuring and Leadership Changes: The committee, formerly a commission, recently transitioned to a committee structure. Leadership also changed, with Ian McDonald currently serving as the acting chair, replacing Ross Van Franken.</p> <p>Alignment with Master Plan: The committee has focused its efforts on Priority Section 5 of the Utah Behavioral Health Master Plan, which emphasizes building out crisis response and stabilization systems across the state.</p> <p>Top Priorities: The committee has identified four major priorities, two of which are formal requests:</p> <ul style="list-style-type: none"> ● New Receiving Centers: Up to two additional receiving centers are proposed to expand service capacity, especially in rural areas. This decision follows the Crisis Now model, which uses demographic and social factors to project regional service needs

			<ul style="list-style-type: none"> ● Expansion of Mobile Crisis Outreach Teams (MCOTs): A request for additional mobile teams to improve response capabilities. ● Evaluation of MCOT and Receiving Center Rates: The committee seeks an analysis of the service rates at these centers. ● Licensure Review: There's a request to reevaluate the licensure process for receiving centers, aiming to reduce operational and regulatory challenges. <p>This presentation underscored the committee's commitment to enhancing the crisis response framework in Utah through targeted investments, expanded outreach, and improved regulatory alignment, all within the context of the Behavioral Health Master Plan.</p>
9	2:20 - 2:30 pm: Ally Isom	Priorities for next Commission Meeting	The meeting concluded with agreement on the need for further planning and coordination through subcommittees and the adoption of guiding principles, aligning the commission's work closely with the Master Plan's mission and goals.
Next Meeting: November 7, 2024			1 PM - 3 PM