



Utah Behavioral Health Commission Meeting Agenda

November 21, 2024

1:00 PM - 3:00 PM

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	Jordan Sorenson
Evan Done	Adam Cohen
Julie Hardle	Mike Deal
Elaine Navar	Jim Ashworth

Other Attendees:

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	1:00 - 1:05 pm: Ally Isom	Welcome Approval of November 7, 2024 meeting minutes (Action required: Vote)	<ul style="list-style-type: none">• Chair: Ally Isom opened the meeting in the E210 Senate Building Zoom Room.• Members were welcomed both in-person and online, with some logistical issues noted regarding Zoom participation.• The Chairwoman began by asking Commission members to review the minutes from the November 7th meeting, which summarized the discussion on the Commission's legislative priorities and actions. <p>Key Issues Identified in the November 7th Minutes</p>

		<ul style="list-style-type: none">• Omission Noted by Tammer:• Tammer highlighted that the fourth legislative priority was missing from the documented minutes.• The four priorities for the legislative report were meant to include:<ol style="list-style-type: none">1. An update on the Commission's progress.2. Recommendations for key behavioral health initiatives.3. Legislative funding priorities.4. Committee structure and realignment.• The minutes had documented the first three priorities but omitted the fourth: "committee structure and realignment." <p>Amendment and Motion to Approve</p> <ul style="list-style-type: none">• Amendment Proposal:<ul style="list-style-type: none">• Tammer recommended amending the minutes to reflect the fourth legislative priority.• The suggestion was acknowledged as critical to ensuring accuracy and completeness of the meeting record. <p>Procedural Steps:</p> <ul style="list-style-type: none">• A motion to amend the minutes was put forward by Tammer and seconded by Dr. Ashworth.• All members present and online approved the amendment unanimously. <p>Final Approval of Amended Minutes:</p> <ul style="list-style-type: none">• After the amendment was incorporated:• A motion was made to approve the amended minutes.• Dr. Ashworth moved to approve, seconded by Tammer.• A unanimous vote was cast, including affirmative votes from online participants (Evan and Elaine). <p>Significance:</p> <ul style="list-style-type: none">• The amendment ensured the Commission's legislative priorities were accurately documented and reflected in the public record.
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			<ul style="list-style-type: none"> This discussion demonstrated the importance of clarity and diligence in documenting Commission decisions, particularly when those decisions feed into the broader strategic and legislative framework.
2	1:05 - 1:15 pm: Mia Nafziger	Review work plan <i>(Action required: none)</i>	<p>Context</p> <ul style="list-style-type: none"> The Chairwoman acknowledged the challenges posed by the significant workload and tight deadlines since the Commission's inception. Mia was tasked with creating a structured plan to help the Commission prioritize tasks, establish clear timelines, and organize workflows to meet deliverables. <p>Overview of the Work Plan</p> <ul style="list-style-type: none"> Mia provided a comprehensive overview of the work plan designed to: <ul style="list-style-type: none"> Sequence the Commission's work effectively. Create tools to assess recommendations objectively. Prioritize Commission activities. She emphasized the need to stay focused and disciplined given the complexity of the tasks and the compressed timeline. <p>Requirements for the December Legislative Report</p> <ul style="list-style-type: none"> Mia outlined the four mandatory components that must be included in the report: <ol style="list-style-type: none"> Update on Commission Progress: A summary of activities and accomplishments to date. Recommendations for Behavioral Health Initiatives: Key recommendations from subcommittees and stakeholders. Legislative Funding Priorities: Identifying budgetary needs and allocations for behavioral health initiatives. Committee Restructuring Plan: Preliminary recommendations for realigning or consolidating existing committees and subcommittees. <p>Key Work Plan Activities by Meeting</p>

		<ul style="list-style-type: none">• Mia detailed the activities scheduled for each meeting leading up to the report submission:• Today's Meeting (November 21):<ul style="list-style-type: none">• Review subcommittee recommendations and discuss their integration into the legislative report.• Vote on initial options and processes related to the report.• December 5th Meeting:<ul style="list-style-type: none">• Discuss and evaluate subcommittee recommendations.• Review scoring results submitted by members to prioritize recommendations.• December 19th Meeting:<ul style="list-style-type: none">• Finalize and vote on the legislative report.• The Legislative Policy Committee attends to review and discuss recommendations.• Homework for Members:<ul style="list-style-type: none">• Review recommendations submitted by subcommittees.• Complete scoring sheets and submit them by December 3rd.• Provide any questions or feedback using a provided form, enabling staff to address issues ahead of the December 5th meeting.• Staff Preparations:<ul style="list-style-type: none">• Compile submitted scores to identify top priorities.• Summarize member feedback and prepare final materials for the December meetings. <p>Objectives of the Work Plan</p> <ul style="list-style-type: none">• Ensure the legislative report meets all statutory requirements.• Provide clarity and transparency in prioritizing behavioral health initiatives.• Prepare the Commission to meet end-of-year deadlines effectively. <p>Member Feedback and Discussion</p> <ul style="list-style-type: none">• Several members commended Mia's efforts in organizing the work plan.• Questions Raised:• Prioritization Mechanism: Members sought
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			<p>clarification on whether scoring would dictate final prioritization or merely inform discussions.</p> <ul style="list-style-type: none"> • Mia clarified that scoring would serve as a tool to facilitate discussions but would not be the sole determinant of priorities. • Timeline Adjustments: Suggestions were made to accelerate certain components to align with state fiscal year deadlines. • Members expressed gratitude for the detailed structure and tools provided to navigate the complex tasks. <p>Strategic Takeaways</p> <ul style="list-style-type: none"> • Acknowledgment of the ambitious scope of work. • Consensus on the importance of focused and disciplined efforts. • Agreement on the role of the work plan as a guiding framework to ensure timely and effective delivery of the Commission's obligations. <p>This review set the stage for the Commission to effectively tackle the complex challenges ahead and provided clear direction to achieve the immediate objective of delivering a comprehensive and actionable legislative report.</p>
3	1:15 - 2:05 pm: Brent Kelsey, Mia Nafziger	<p>Legislative Report:</p> <ul style="list-style-type: none"> • OSUMH staff present process for development of a strategic plan with measures and targets (<i>Action required: vote</i>) • OSUMH staff present preliminary recommendations and potential process for committee consolidation in 2025 (<i>Action required: vote</i>) • OSUMH staff 	<p>Strategic Plan Development</p> <ul style="list-style-type: none"> • Framework Overview: <ul style="list-style-type: none"> • Strategies: Broad goals (e.g., prevention and early intervention for substance use and mental health disorders). • Objectives: Measurable goals (e.g., reducing overdose deaths). • Indicators: Performance measures (e.g., overdose death statistics and Naloxone kit distributions). • Tactics: Specific actions (e.g., partnering with organizations for Naloxone distribution). • Assigned Responsibilities: Accountability was emphasized, with roles and leaders designated for each objective. • Timeline Adjustment: <ul style="list-style-type: none"> • Initial timeline extended, but

		<p>present process for how the commission will review state law and program options regarding county-based behavioral health services (<i>Action required: vote</i>)</p>	<p>streamlined for efficiency.</p> <ul style="list-style-type: none"> • January–February 2025: Establish strategic priorities. • March–June 2025: Define objectives, performance measures, and targets. • July–December 2025: Finalize strategies and refine implementation tactics. <p>• Goals:</p> <ul style="list-style-type: none"> • Alignment with legislative funding cycles. • Measurable outcomes with target baselines for accountability. • Integrated data and feedback from stakeholders. <p>Committee Structure and Consolidation</p> <p>• Identified Gaps:</p> <ul style="list-style-type: none"> • Youth and children: Lack of comprehensive representation across behavioral health age ranges. • Integration of behavioral and physical health: Need for a committee to address this strategic priority. • Data and evaluation: No group currently supports systematic data-sharing or tracking. <p>Process Recommendation:</p> <ul style="list-style-type: none"> • Gather input from existing subcommittees and stakeholders throughout early 2025. • Use insights from the strategic plan to propose restructuring options. • Align final committee structure with strategic priorities by Fall 2025. • Highlighted importance of avoiding premature adjustments before planning is complete.
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4	<p>2:05 - 2:25 pm: Brent Kelsey, Mia Nafziger</p>	<p>OSUMH staff provide summary of all budget and legislative policies recommended by subcommittees, and distribute subcommittee forms</p> <p><i>(Action required: none)</i></p>	<p>County-Based Behavioral Health Services Review</p> <ul style="list-style-type: none"> Recommendations: <ul style="list-style-type: none"> Reporting Requirements: State Office of Substance Use and Mental Health to present annual monitoring findings to local authority boards. Medicaid Consensus Funding: Align with the broader behavioral health Medicaid funding consensus process. Proposed Timeline: <ul style="list-style-type: none"> 2025: Focused review of county-based services, data collection, and stakeholder engagement. 2026: Development and alignment of legislative policy options. Concerns Discussed: <ul style="list-style-type: none"> Iterative adjustments may be needed during the 2025 review period. Need for transparency on funding breakdowns across county, state, and private sources. <p>Subcommittee Recommendations</p> <ul style="list-style-type: none"> Behavioral Health Crisis Response Committee: <ul style="list-style-type: none"> Four prioritized recommendations: <ol style="list-style-type: none"> Rural behavioral health receiving centers. Mobile crisis outreach teams. Global crisis outreach team rates. Receiving center licensure. Forensic Mental Health Coordinating Council: <ul style="list-style-type: none"> Development of a 60-bed low-acuity treatment unit at the State Hospital to address serious mental illness. Statewide Suicide Prevention Committee: <ul style="list-style-type: none"> Six recommendations (unprioritized): <p>Advocacy and Training Initiatives:</p> <ul style="list-style-type: none"> Objective: To bolster community engagement and equip individuals with the skills necessary to identify and respond to suicide risk factors. Actions: <ul style="list-style-type: none"> Implement widespread training programs for community members, educators, and healthcare professionals. Develop advocacy campaigns to raise
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		<p>awareness about suicide prevention and mental health resources.</p> <p>Enhanced Funding for Prevention Programs:</p> <ul style="list-style-type: none"> • Objective: To ensure the sustainability and expansion of effective suicide prevention initiatives. • Actions: <ul style="list-style-type: none"> • Secure increased funding for existing programs demonstrating success in reducing suicide rates. • Allocate resources to develop new initiatives targeting high-risk populations. <p>Integration of Suicide Prevention into Healthcare Settings:</p> <ul style="list-style-type: none"> • Objective: To embed suicide prevention strategies within primary and behavioral healthcare services. • Actions: <ul style="list-style-type: none"> • Train healthcare providers to screen for suicide risk factors during routine visits. • Establish protocols for immediate intervention and referral to specialized care when necessary. <p>Support for Crisis Intervention Services:</p> <ul style="list-style-type: none"> • Objective: To strengthen the infrastructure and accessibility of crisis response services. • Actions: <ul style="list-style-type: none"> • Expand the availability of crisis hotlines and mobile crisis units. • Ensure that crisis intervention services are adequately staffed and funded to meet community needs. <p>Postvention Support for Affected Individuals and Communities:</p> <ul style="list-style-type: none"> • Objective: To provide comprehensive support to individuals and communities impacted by suicide. • Actions: <ul style="list-style-type: none"> • Develop and disseminate resources for survivors of suicide loss. • Facilitate support groups and counseling services to aid in the healing process. <p>Data Collection and Research Enhancement:</p>
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		<p>or the continuum of care (prevention, intervention, treatment, and recovery) for youth.</p> <p>Gaps Identified</p> <ul style="list-style-type: none">• Fragmentation:<ul style="list-style-type: none">• Multiple groups address youth behavioral health, but coordination is lacking.• Examples include the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee, youth advisory councils, and private-sector initiatives like the Utah Early Childhood Mental Health Working Group. <p>Focus on Transition-Age Youth:</p> <ul style="list-style-type: none">• Youth aged 16–26 often fall through the cracks, with insufficient support as they transition to adulthood and navigate systems like housing, education, and employment. <p>Scope:</p> <ul style="list-style-type: none">• Limited representation of youth and youth-specific issues across behavioral health policy discussions. <p>Best Practices from Other States</p> <p>The Commission reviewed examples of youth-focused behavioral health structures from Colorado and Illinois, highlighting key strategies:</p> <p>Colorado:</p> <ul style="list-style-type: none">• Approach:<ul style="list-style-type: none">• Established a Behavioral Health Task Force in 2019 with a specific subcommittee on children's behavioral health.• Released a blueprint for a Behavioral Health Administration in 2022, followed by an implementation plan focusing on children and youth behavioral health.• Key Features:• Children's Behavioral Health Implementation Plan:<ul style="list-style-type: none">• Documented all existing advisory groups to identify overlaps and gaps.• Proposed an Advisory Council to coordinate efforts and address gaps in areas like juvenile justice and school-based behavioral health.
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		<p>Illinois:</p> <ul style="list-style-type: none">• Approach:<ul style="list-style-type: none">• Began a Children's Behavioral Health Transformation Initiative in 2022.• Engaged with community stakeholders to develop a blueprint for behavioral health reform.• Key Features:<ul style="list-style-type: none">• Created five workgroups, one of which focused on schools and community behavioral health needs.• Adopted a more fluid structure compared to Colorado, without creating a specific subcommittee for youth. <p>Principles for Structuring Youth Behavioral Health Policy</p> <p>The discussion identified foundational principles to guide Utah's approach:</p> <ul style="list-style-type: none">• Engagement with Youth Voices:<ul style="list-style-type: none">• Prioritize the inclusion of youth with lived experience in policy development processes.• Use youth advisory councils to ensure representation across diverse populations.• Sustainability Through Legislation:<ul style="list-style-type: none">• Establish committee structures in statute to maintain long-term focus on youth behavioral health.• Integration Across Committees:<ul style="list-style-type: none">• Embed youth-focused stakeholders and perspectives throughout all committees to ensure comprehensive representation.• Flexibility for Youth-Specific Needs:<ul style="list-style-type: none">• Create separate youth-specific advisory councils to accommodate youth availability and schedules while ensuring meaningful input. <p>Recommendations</p> <p>The Commission made preliminary recommendations to address youth behavioral health:</p> <p>Short-Term Actions:</p> <ul style="list-style-type: none">• Youth and Transition Policy Summit:<ul style="list-style-type: none">• Continue convening this event to gather feedback from youth on mental
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		<p>health policies.</p> <ul style="list-style-type: none">• Use the summit to guide decision-making and align with lived experiences. <p>• Strategic Plan Engagement:</p> <ul style="list-style-type: none">• Ensure youth stakeholders are consulted during the development of the Commission's strategic plan in 2025. <p>Long-Term Actions:</p> <ul style="list-style-type: none">• Committee Structure:<ul style="list-style-type: none">• Delay decisions on creating new youth-focused committees until the strategic plan is finalized.• Use insights from strategic planning to determine whether a standalone youth behavioral health committee is needed or if existing committees can be expanded to address gaps. <p>Member Feedback</p> <ul style="list-style-type: none">• Tammer's Comments:<ul style="list-style-type: none">• Highlighted the importance of incorporating early childhood behavioral health and maternal mental health into discussions of prevention and intervention.• Stressed the need to address upstream issues to reduce prevalence rates later in life.• Other Feedback:<ul style="list-style-type: none">• Agreement on the importance of prioritizing youth behavioral health within the strategic plan.• Recognition that fragmentation across existing advisory councils and committees poses a challenge to implementing effective solutions. <p>Next Steps</p> <ul style="list-style-type: none">• Further Research:<ul style="list-style-type: none">• Staff will continue reviewing national best practices and assessing gaps in Utah's current system.• Implementation of Principles:<ul style="list-style-type: none">• Begin engaging youth stakeholders and advisory groups to align with the strategic planning process in early 2025.• Delayed Action:<ul style="list-style-type: none">• Structural changes, including potential
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			creation of a youth-specific committee, will be postponed until strategic priorities are clearly defined.
5	2:25 - 2:40 pm: OSUMH staff	Best practices on structures to develop effective youth behavioral health policy <i>(Action required: none)</i>	<ul style="list-style-type: none"> • Best Practices from Other States: • Colorado: <ul style="list-style-type: none"> • Established a Behavioral Health Administration with a children's implementation plan. • Created an advisory council for coordination and gap analysis. • Illinois: <ul style="list-style-type: none"> • Focused workgroups targeting schools and community engagement within a larger behavioral health transformation initiative. • Recommendations: <ul style="list-style-type: none"> • Continue youth and transition policy summits. • Engage youth stakeholders in strategic planning. • Defer committee structural changes until the strategic plan is finalized.
6	2:40 - 2:50 pm: Ally Isom	Planning for December meetings: <ul style="list-style-type: none"> • Gaps will remain that the Commission can address in 2025 • How to effectively use the Commission's time during 12/5 meeting • Subcommittee co-chairs will attend on 12/5 and 12/19. • Need to develop a list of prioritized recommendations for the Legislative Policy Committee <i>(Action required: none)</i>	<p>Preparation for December Meetings</p> <ul style="list-style-type: none"> • Scoring Recommendations: <ul style="list-style-type: none"> • Commissioners were tasked with reviewing all recommendations and submitting scores by December 3rd. • December 5th Meeting: <ul style="list-style-type: none"> • Priority-setting based on scored recommendations. • Legislative Policy Committee members invited for collaborative discussions. • December 19th Meeting: <ul style="list-style-type: none"> • Final review and approval of the 2024 Legislative Report. <p>Staff Announcements</p> <ul style="list-style-type: none"> • New Team Member: <ul style="list-style-type: none"> • Dr. Tashelle Wright was introduced as a research consultant, bringing expertise in public health and data analysis.
8	2:50 - 3:00 pm: Ally Isom	2025 meeting locations, dates, and times <i>(Action required: none)</i>	<p>2025 Meetings</p> <ul style="list-style-type: none"> • Locations: <ul style="list-style-type: none"> • January–March: Multi-Agency State



			<p>Office Building (to avoid legislative session disruptions).</p> <ul style="list-style-type: none">• April–December: E210 Senate Building• Participation:<ul style="list-style-type: none">• Encouragement for in-person attendance with continued online access for flexibility.
<p>Next Meeting: December 5, 2024 1 PM - 3 PM</p>			

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