Utah Behavioral Health Commission
Meeting Agenda
August 21, 2025, 1:00 - 3:00 p.m.
Utah State Capitol Complex
Senate Building Room 210

Commission Chair: Ally Isom
Vice Chair: Tammer Attallah
Second Vice Chair: Kyle Snow

Commission Members:

Tracy Gruber - virtual
Evan Done
Elaine Navar
Jim Ashworth - excused
Jordan Sorenson
Adam Cohen
Mike Deal

Staff: Mia Nafziger, Dr. Stacy Eddings, Kimberlie Raymond

	Time/Presenter	Discussion Topics	Notes
1	**1:00 - 1:05 pm**: Ally Isom	Welcome ● Approval of July 17, 2025 meeting minutes ● Reminder on open Commission position (*Action required: Vote*)	The meeting started with Kyle Snow opening. He acknowledged that Ally was running late and would be joining shortly. A Motion made by Jordan and seconded by Adam to approve the July 17, 2025 meeting minutes. All members approved and the motion passed. The Commission announced that Julie would no longer be serving, creating a vacancy. Mia explained that applications for the open seat had already been received — twenty-three in total at that point — and that applications were still being accepted through August 29. The position, she clarified, is appointed by the Governor and must be approved by the Senate. To guide the review, a matrix of qualifications and attributes would be used to ensure that the recommendation to the Governor would be as objective as possible.

Workstream 4: Consolidate committees			
2	**1:05 - 1:55 pm:** Jessica Makin; Shanel Long; Leah Colburn; Eric Tadehara; Mia Nafziger	Proposal to update committee structure ● Specific committee membership will be discussed during September meeting *(Action required: Vote)*	Attention then turned to the consolidation and restructuring of committees. The presenters explained that the goal was to better align the committees with the Commission's long-term objectives and strategic plan. An updated organizational chart was shared, showing a streamlined version of the structure. It was emphasized that subcommittees remain part of the proposal, but for clarity, not all were explicitly listed in the simplified chart. The group was told that the vote at this meeting would focus only on the structure itself — the names of committees and their responsibilities. Membership decisions would come later, in September, and statutory language changes would be presented to the Legislative Policy Committee in October. One specific item raised for discussion was the possibility of renaming the USAAV+ committee as the Policy Review Committee. **Prevention and Early Intervention** ● The first area of focus in the proposed structure was the creation of a Prevention and Early Intervention Committee. This group would serve as an umbrella over existing prevention efforts and function as something of an executive committee for the work already being done. Its role would be to develop policy recommendations, support the Commission's strategic plan, and coordinate across the various subcommittees involved in prevention. ● There were no proposed changes to the Utah Prevention Advisory Coalition or the Utah Suicide Prevention Committee, though they remain central parts of the prevention framework. **Youth and Young Adults Advisory Subcommittee** ● Jessica Makin, from the Office of Substance Use and Mental Health, presented the proposal for a new Youth and Young Adults Advisory Subcommittee. She explained that the purpose of the group would be to formalize youth and young adult feedback so it could directly shape mental health and substance use policy.

			• Jessica described how the subcommittee would also oversee focus groups with youth and young adults to gather broader perspectives. The membership would be composed of 10 to 15 young people, with representation from local mental health systems as well as private providers. Additionally, two to three older adult mentors would serve on the subcommittee to provide guidance. • As Jessica described the structure of the Youth and Young Adult Subcommittee, a significant debate arose over whether members with lived experience could be compensated. Staff noted that the existing statute prohibits paying individuals for lived experience in official Commission committees. However, they explained that other contracts already allow youth advocates to be paid for similar work outside formal structures. • Tracy Gruber responded, pointing out that compensation would require a statutory change and would automatically trigger a fiscal note. She emphasized the need to run any such proposal through the Governor's budget process. Other commissioners agreed that the issue was broader than the youth subcommittee alone, raising concerns about whether compensation should also apply to others who sacrifice income to serve. The group decided not to vote on this matter immediately, opting instead to return to it in September for a fuller discussion. • Jessica clarified again that the intended size of the subcommittee would be about 10 to 15 youth, with broad representation from local mental health systems, at least one private provider, and two to three adult mentors. The Commission acknowledged this plan but agreed to defer the compensation issue. **Crisis Response Committee** • The Crisis Response Committee was addressed next. At present, the committee is only just reconvening and does not have specific updates or changes to bring forward. It was noted that membership is in flux, as some individuals have indicated that the committee's current focus areas are no longer relevant to them.

			• Staff noted that the existing statute still contains outdated references to the launch of 988, which has already occurred. • For now, the Commission will wait for the Crisis Response Committee itself to review its statute and propose updates. **Treatment and Recovery** • The discussion then moved to the creation of a Treatment and Recovery Committee. It was acknowledged that there is currently no active group focused specifically on treatment and recovery, making the formation of such a committee an important step. • This committee would take responsibility for developing policy recommendations related to treatment and recovery, supporting and revising the relevant sections of the strategic plan, and coordinating across related subcommittees. These include the Utah Behavioral Health Advisory Subcommittee, which manages federal block grants; the Forensic Mental Health Coordinating Subcommittee; and the School-Based Behavioral Health Subcommittee. • Questions were raised about where the School-Based Behavioral Health Subcommittee should sit within the new structure. The recommendation was to place it under Treatment and Recovery rather than Youth and Young Adults. The reasoning offered was that the school-based group's primary focus is on policy and system implementation, rather than solely on youth perspective, making it a better fit for treatment and recovery. • Tracy Gruber suggested that the new committee should also help the Commission define outcome metrics for treatment and recovery providers. The chair agreed, recommending that this principle be adopted across all committees: not only to make policy recommendations but also to advise on specific performance metrics in line with best practices. • No statutory changes are currently proposed for this part of the structure.

			School-Based Behavioral Health Work Group ● Eric Tadehara then presented on the School-Based Behavioral Health Work Group, which would operate under the Treatment and Recovery Committee. The group's purpose would be to: ○ Develop a framework for school-based behavioral health services across the state. ○ Create data collection recommendations. ○ Clarify roles for local education agencies, local authorities, and other partners in screening, assessment, and care delivery. ○ Develop state and local plans for collaboration on youth behavioral health needs. ○ Standardize data collection, analysis, and application related to behavioral health in schools. ● Eric emphasized that this work would extend beyond school walls, including community-based services and events like back-to-school fairs, where youth behavioral health needs are often addressed. ● He also noted that this work responds to legislative audits highlighting the need for stronger collaboration among education, health, and local systems. He reminded the Commission that the Education and Mental Health Coordinating Committee sunsetted in December 2024. Some questioned whether creating this new work group would duplicate that body. Eric explained that the previous group had handed responsibility to the Commission, and the new subcommittee would focus more specifically on treatment and collaboration, ensuring coordination among state and local partners. ● Eric acknowledged that statutory clarity may be needed to formalize the group. However, they warned that codifying it too rigidly could create the impression of re-establishing a group that had just been sunset. Alternatives such as defining the group in administrative rule or bylaws were raised as potential middle-ground solutions.

Forensic Mental Health Coordinating Council

- After the discussion of school-based services, the Commission briefly reviewed the status of the Forensic Mental Health Coordinating Council, which is grouped under Treatment and Recovery. The council is currently updating its scope, membership, and even its name, with a proposal to rebrand as the Utah Forensic Behavioral Health Coordinating Council. The goal is to sharpen its focus on coordination between the justice system and behavioral health services. These changes do not require statutory adjustments, but the Commission will be asked to formally approve them once finalized.

USAAV+ and Policy Review Role

- The last committee matter centered on USAAV+. A proposal was introduced to rename the committee as the Policy Review Committee, in order to clarify its role. Staff explained that USAAV+ already provides annual analysis and assessment of behavioral health legislation, and the proposed change would formalize its function as a body for broader policy review and coordination.
- One issue raised was the size of USAAV+ — with 41 current members, it is considered too large. The proposal suggested reducing its size while ensuring representation from every other committee, so that USAVV+ can serve both as a legislative review group and as a coordinating body across all subcommittees.
- The Commission was reminded that USAAV+ is defined in statute, so any name or membership change would require legislative updates. The chair of USAAV+, Pat Fleming, was invited to comment. He acknowledged that a name change is reasonable, but stressed the importance of retaining recognition. He suggested using a transitional label like “Policy Review Committee (formerly USAAV+)” for the first couple of years to preserve the established identity. Pat also expressed support for adding a

			treatment subcommittee, noting that USAAVV once had one but it had been overtaken by workforce issues. ● Commission members agreed that clarifying the committee's purpose is valuable, and that statutory changes should be carefully crafted to reflect its revised role. **Vote on Committee Structure** Following the discussions, the Commission turned to a vote on adopting the new committee structure. The motion covered all elements of the proposed structure, including renaming USAAV, but excluded the unresolved issue of paying members with lived experience. A motion was made by Evan and seconded by Jordan and the proposal was passed unanimously. Commissioners thanked the staff for their extensive work in developing the plan. The chair reminded members that committee membership would be addressed at the September meeting, and encouraged Commissioners to share feedback on the proposed membership lists in the meantime. Stakeholders and community partners were also invited to provide input.
Workstream 1: Strategic planning			
3	**1:55 - 2:00 pm:** Dr. Stacy Eddings	Strategic plan posted to website ● Current activities and workplan *(Action required: None)*	The meeting then moved into the strategic planning workstream. Dr. Eddings reported that the update to the master plan, which includes the Commission's strategic plan, has been posted to the website. The plan has been revised to incorporate legislative recommendations. Committees have been asked to finalize their assigned tactics. Some committees requested additional guidance on the process, and Commission staff have been providing both written instructions and in-person assistance to support them.
Workstream 2: Budget and policy recommendations			
4	**2:00 - 2:25 pm:** Ronak Iqbal, Mia Nafziger Kyle Snow	Preparing recommendations for the Rural Health Transformation Program *(Action required: Vote)*	Dr. Iqbal began by explaining the legislative background. The One Big Beautiful Bill Act, signed into law on July 4, 2025, created a Rural Health Transformation Fund with $50 billion allocated nationally over five years. The purpose of the fund is to strengthen healthcare access, infrastructure, and workforce development in rural communities.

The funding is split into two parts:

- The first $25 billion is distributed evenly among states. Utah is expected to receive about $100 million annually through 2030 once its application is approved.
- The second $25 billion will be allocated competitively, based on several criteria, including the size of the rural population, the number of rural facilities, financial condition of hospitals serving low-income patients, and other factors defined by CMS.

Dr. Iqbal emphasized that Utah faces challenges because it is ranked as the seventh least rural state under federal criteria, which count population outside metro areas rather than geographic scale. This ranking could limit Utah's share of the competitive funds.

Nonetheless, the state must still submit an application by December 31, 2025, and CMS will issue approval or denial on the same day.

To qualify, states must commit to at least three out of nine focus areas, such as:

- Chronic disease prevention and management.
- Direct provider payments.
- Telehealth and advanced technologies.
- Recruitment and retention of rural health workers.
- IT upgrades and cybersecurity.
- Opioid and substance use disorder treatment.
- Value-based and alternative payment models.

Dr. Iqbal reported that Utah has already begun outreach. On August 13, the Department hosted an informational webinar and launched a stakeholder survey via the Rural Health Transformation website. The site has seen 370 visits and 66 survey responses so far. Listening sessions are being planned in Brigham City, Moab, and Cedar City, chosen to represent northern, central, and southern regions.

These will allow local officials, rural hospitals, clinics, and advocates to provide direct input. The timeline is tight, however — with CMS guidelines expected in September and applications due by October, Utah will have only six to eight weeks to finalize its submission.

			Commission members responded with concern about Utah's low rural ranking. Kyle expressed surprise at the methodology, pointing out that it seems biased toward eastern states by counting suburban populations as rural, while excluding vast tracts of public lands. He cautioned against repeating similar oversights at the state level and stressed the importance of ensuring that the money truly transforms rural healthcare rather than being absorbed by hospitals filling budget gaps. Tracy Gruber echoed these concerns, noting that CMS administrators may have discretion in defining criteria. She suggested the Commission consider sending a formal letter to CMS urging them to account for geography and travel distances, not just population size, when allocating competitive funds. Tracy explained that Utah's Department of Health and Human Services had already raised this point internally, but believed additional advocacy from the Commission could strengthen the state's position. Commissioners discussed the need to ensure rural communities — such as Daggett County, which has almost no local services — are prioritized. Members agreed that while the funding is substantial, it must be directed thoughtfully to create lasting transformation. After Dr. Iqbal's presentation, discussion turned to whether the Commission should draft a formal letter to CMS advocating for Utah's unique rural challenges to be considered in the second tranche of competitive funding. Tracy Gruber acknowledged the Commission's influence at the federal level might be limited but felt a letter could strengthen Utah's position. Others suggested illustrating the vast geographic size of rural Utah counties compared to small eastern states as a way of highlighting the inadequacy of population-only criteria. The chair asked whether there was appetite for a motion, but no immediate decision was made. Instead, attention shifted to staff recommendations on how Utah might prioritize use of Rural Health Transformation funds. Staff reminded Commissioners that while the program provides five years of funding, it is still time-limited. Therefore, projects with ongoing costs could create sustainability challenges once the federal dollars expire. Moreover, they

			cautioned that infrastructure and building projects may not be allowable expenses under CMS rules. Instead, staff suggested aligning the application with existing Commission priorities that could be framed as rural initiatives, such as: ● The state hospital, which supports both rural and urban needs. ● Receiving centers located in rural areas. ● The crisis transport pilot program. ● Suicide prevention initiatives, given higher suicide rates in rural Utah. These, staff argued, could be justified within CMS's criteria and demonstrate clear behavioral health impact. Commissioners expressed both optimism and caution. Some favored moving quickly to vote on recommendations, while others worried that acting before the September listening sessions would be premature. Tracy Gruber reiterated her opposition to endorsing any proposals with ongoing costs, reminding the group that once the five years of funding ended, the state would either have to backfill or let programs lapse. Other members pushed back gently, noting that even short-term funding could save lives and that the legislature might later choose to sustain successful programs. One Commissioner likened the federal funding to "seed dollars" that could jumpstart initiatives and ease negotiations with lawmakers. Dr. Iqbal added that other opportunities might include creating a uniform statewide electronic medical record system and investing in rural workforce recruitment. These, he explained, would help rural hospitals sustain themselves long after the federal funds expire. Carol Ruddell of the Office of Substance Use and Mental Health, was invited to comment on suicide prevention funding. She noted that the Live On Utah campaign had successfully operated with both one-time and ongoing funds for six years, adapting as necessary. She assured the Commission that suicide prevention work would continue regardless of funding source, though the scope of activities might fluctuate. After extended discussion, consensus emerged that it was too soon to finalize recommendations. Commissioners worried that

			acting now might lock them into priorities before the September listening sessions and before CMS clarified its guidelines. A motion was made by Mike, seconded by Evan, to postpone the vote on recommendations for the Rural Health Transformation Program until the September agenda. The motion was by unanimous voice vote. The chair thanked Dr. Iqbal, staff, and Commissioners for their thoughtful engagement. Members were reminded of the urgency of the timeline but also the importance of gathering broad stakeholder input. With no further comments raised, the meeting was adjourned.
5	**2:25 - 2:50 pm:** Dave Wilde, Mia Nafziger	Analysis of HR 1 impact on policy recommendations *(Action required: None)*	The Commission held a focused discussion on the federal HR1 legislation and how its changes would affect Utah's behavioral health priorities. Dave Wilde from the Office of Substance Use and Mental Health presented a high-level analysis of HR1's impact on the Commission's recommendations. The conversation turned toward mitigation: ● Commissioners asked how state Medicaid could help keep people enrolled despite the new federal requirements. ● Questions were raised about what state-level policy adjustments could offset coverage losses. ● It was noted that Representative Eliason had already opened a bill file to address Medicaid in light of HR1. Tracy and others pointed to the importance of public communication, with one suggestion being the creation of a one-pager to educate the public and stakeholders about HR1's impacts.
Workstream 3: Engage with the private sector			
		No items to discuss	
Workstream 5: County-based behavioral health services			
		No items to discuss	

Workstream 6: Communications			
6	**2:50 - 2:55 pm:** Mia Nafziger	Need for communications liaison Communications plan in development *(Action required: None)*	The discussion shifted to communications capacity. A commissioner recalled that the Commission benefited greatly from having a member(Julie Hardle, before she stepped down) with a professional communications background serve as a liaison. It was noted that the Commission's communications plan remains unfinished and in need of finalization. Members agreed that having a dedicated communications liaison would help sharpen messaging, coordinate public updates, and serve as a bridge between the Commission and external audiences. Participants were encouraged to suggest or volunteer individuals with the right skills to take on this role. The importance of improving communications was emphasized in light of current challenges, including explaining policy changes like HR1 to both legislators and the public.
Workstream 7: Legislative report			
7	*If time allows*	Discuss draft outline for legislative report *(Action required: None)*	With about 25 minutes left in the meeting, the chair asked whether to adjourn early or move forward with a discussion of the draft legislative report. Commissioners agreed it would be useful to review the outline. Mia explained that the next legislative report is due September 30. Unlike the December 31 submission, which was extensive, this one is simpler in scope: the primary requirement is to summarize what the Commission has accomplished in the past year. The outline included: ● Updates on committee restructuring. ● Progress on the strategic plan and implementation steps. ● Budget and policy recommendations. There was interest in including any preliminary direction or feedback received about HR1's impact on state policy. The session concluded with a commitment to refine the outline quickly, so the report could be

			drafted, circulated, and finalized ahead of the statutory deadline.
Project management			
8	**2:55 - 3:00 pm:** Ally Isom	Review priorities for next meeting *(Action required: None)*	Decisions ● Approved the Behavioral Health Commission committee structure proposal. (With a few minor adjustments.) We will vote on committee membership and the question of paying for lived experience during our September meeting. ● Postponed the vote on recommendations for the Rural Health Transformation Program for our September meeting. Next steps ● Continue sharing the Behavioral Health Commission open position with networks, posted on our website. ● Share the committee structure proposal with subcommittees to solicit their input. ● Update the analysis of HR 1 impacts based on additional information from the Medicaid team and legislative fiscal analysts, and also develop general talking points for commissioners. ● Develop the draft legislative report due September 30th. ● Invite the legislative auditors to present on their all-payers claims database behavioral health audit during the September meeting. ● Identify a communications liaison for the Commission.
Next Meeting: September 18, 2025 **1 PM - 3 PM**			