



**Utah Behavioral Health Commission
Meeting Agenda
December 18, 2025, 1:00 - 3:00 p.m.
Utah State Capitol Complex
Senate Building Room 110**

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

Commission Members:

Jim Ashworth	Adam Cohen
Mike Deal	Evan Done
Tracy Gruber	Elaine Navar
Jordan Sorenson	Josie White - <i>Not present</i>

	Time/Presenter	Notes on Discussion
1	1:00 - 1:05 pm: Chair Ally Isom	<p>Chair Ally Isom opened the meeting and confirmed the presence of commissioners in person and online.</p> <p>Chair Isom thanked staff Kimberlie Raymond for strong organizational skills and excellent work in supporting the Commission since its inception.</p> <p>Adam Cohen moved to approve the November 20, 2025 meeting minutes and Mike Deal seconded. The motion passed unanimously.</p>
2	1:05 - 1:10 pm: Julie Ewing (DHHS)	<p><i>Item 3 occurred before Item 2 during the meeting.</i></p> <p>Julie Ewing introduced herself as Utah's new Medicaid director at the Department of Health and Human Services. Chair Isom asked Julie what her top three areas of focus would be. Julie stated they would be:</p> <ol style="list-style-type: none"> 1) Getting a handle on budget and financing. 2) Figuring out how to integrate the Office of Substance Use and Mental Health with Medicaid operations. 3) Determining Medicaid timelines for capitation rates. <p>Chair Isom asked how the Commission could best work with Medicaid. Julie said they could start with keeping open lines of communication.</p>

Workstream 1: Strategic planning

	No items
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Workstream 2: Budget and policy recommendations

<p>3</p>	<p>1:10 - 1:15 pm: Chair Ally Isom; Nate Checketts</p>	<p>Nate Checketts, Senior Advisor with the Department of Health and Human Services, presented an overview of Governor Cox’s FY27 Budget Recommendations as related to behavioral health. The budget estimates new revenue of approximately \$362 million in ongoing funds and \$184 million in one-time funds.</p> <p>The Governor’s budget has two items related to behavioral health:</p> <ul style="list-style-type: none"> ● \$1.6 million in one-time funds for opioid grant programs through the Opioid Settlement Fund. ● \$30 million FY26 and \$20 million FY27 for homelessness & criminal justice high-utilizers. <p>Evan Done clarified whether any of the Commission’s recommendations had been included in the Governor’s budget, and Nate stated that they had not been included.</p> <p>Chair Isom asked whether the Commission could improve the strategic timing of their policy and budget recommendations for the Governor’s budget. Nate stated that the timing was right, but it was a difficult budget year.</p>
<p>4</p>	<p>1:15 - 1:25 pm: Brittney Okada (DHHS)</p>	<p>Brittney Okada, Director of the Rural Health Transformation Program at the Department of Health and Human Services, provided an update on the status of the Rural Health Transformation Program. The application for funding included seven initiatives:</p> <ol style="list-style-type: none"> 1) Preventive Action and Transformation for Health (PATH) <ol style="list-style-type: none"> a) Estimated funding: \$155,000,000 b) Includes focus on integrating behavioral health and primary care services 2) Rural Incentive and Skill Expansion (RISE) <ol style="list-style-type: none"> a) Estimated funding: \$187,000,000 b) Includes opportunities for rural behavioral health workforce needs 3) Sustaining Health Infrastructure for Transformation (SHIFT) <ol style="list-style-type: none"> a) Estimated funding: \$247,000,000 b) Includes building new models for innovative care related to behavioral health 4) Financial Approaches for Sustainable Transformation (FAST) <ol style="list-style-type: none"> a) Estimated funding: \$65,000,000 5) Leveraging Innovation for Facilitated Telehealth (LIFT) <ol style="list-style-type: none"> a) Estimated funding: \$125,000,000 b) Includes needs for behavioral health 6) Shared Utilities for Partnered Provider Operational Resources and Technology (SUPPORT) <ol style="list-style-type: none"> a) Estimated funding: \$80,000,000 7) Leveraging Interoperability Networks to Connect Services (LINCS) <ol style="list-style-type: none"> a) Estimated funding: \$110,000,000 <p>Chair Isom asked which items will be prioritized under each initiative, and Brittney Okada responded that there should be adequate funding for all items listed.</p> <p>Brittney Okada indicated that her team is determining how they will communicate the award notice, which is expected by December 31, 2025. She stated that they primarily use their website and listserv to communicate, and Chair Isom asked to</p>

		be added to the listserv.
5	1:25 - 1:50 pm: Mia Nafziger; Pat Fleming (<i>Policy Review Committee</i>)	<p>Policy Review Committee chairs:</p> <p>The chair (Pat Fleming), vice chair (Santiago Cortez), and the second vice chair (Ross VanVranken) presented their perspective on the Policy Review Committee’s legislative process. They emphasized the Policy Review Committee is very careful in voting and taking positions on bills and the Committee is careful not to oppose bills without talking to the sponsor. They support having a new position of “request revisions,” but would like to maintain their ability to oppose bills.</p> <p>Dr. Ashworth asked if the commissioners can share their perspectives on bills with the Committee through staff, and Pat Fleming indicated yes.</p> <p>Director Tracy Gruber recommended that the Policy Review Committee engage with bill sponsors earlier in the process, and Pat Fleming strongly agreed.</p> <p>Evan Done stated that the Policy Review Committee has existed since 1990 and has had a key voice in the legislative process. He recommended creating a decision tree to outline the steps associated with each of the Committee’s bill positions.</p> <p>Behavioral Health Commission 2026 General Session draft process (prior to amendments from commissioners):</p> <p>Mia Nafziger then presented a draft process for the Behavioral Health Commission to follow during the legislative session. She outlined how the Policy Review Committee and the Commission will communicate throughout the session, with the support of staff. The process included several key items:</p> <ul style="list-style-type: none"> ● Legislators can present legislation to the Commission at 1/15/2026 meeting. ● Staff will email commissioners to flag high-priority bills ● The Commission conducts two - three votes on high-priority legislation. ● Commissioners testify on high-priority legislation. ● Staff may communicate with legislators on behalf of the Commission. <p>Commissioner discussion on the process:</p> <ul style="list-style-type: none"> ● Evan Done noted that the Commission should be above the political fray and only weigh in on bills as a last resort. ● Jordan Sorenson noted that the Commission should endorse legislation that advances their recommendations. ● Mike Deal stated that the Commission should share their concerns on bills running counter to their strategic plan, even if they do not explicitly oppose bills. ● Chair Isom stated that the Commission can review pertinent bills and respond with a request that the legislator work with the Policy Review Committee. ● Adam Cohen stressed that the Commission may need to oppose certain problematic bills. ● Commissioners made a number of other comments on adjustments they’d like to see to the process. <p>Overview of the Behavioral Health Commission’s 2026 General Session</p>

		<p>process (as voted on):</p> <p>Mia Nafziger summarized the updated process for the 2026 General Session, based on the discussion during the meeting.</p> <ol style="list-style-type: none"> 1. The Policy Review Committee will work with staff to elevate high-priority bills to the Commission. These bills would: <ol style="list-style-type: none"> a. Relate directly to the Commission’s policy and budget recommendations; b. Relate to the Commission’s structure; or c. Substantially impact the Commission’s strategic plan. 2. Staff will alert the Legislative Policy Committee when bills are elevated to the Commission. 3. If the Policy Review Committee has voted to oppose a high-priority bill, commissioners and staff will reach out directly to bill sponsors to express their concerns before the Commission conducts a vote on the relevant bill. <ol style="list-style-type: none"> a. Note that the Policy Review Committee will first vote to “request revisions” and contact bill sponsors before the Policy Review Committee votes to oppose any bill. 4. The Commission will take positions on high-priority bills during their two scheduled meetings in January and February. <ol style="list-style-type: none"> a. The executive committee will determine whether an additional impromptu meeting needs to be scheduled to conduct a third vote. b. The Commission will only oppose bills that the Policy Review Committee has already voted to oppose (which requires substantial communication and outreach to legislators in advance of the Committee’s vote). 5. Staff will communicate the Commission’s bill positions to legislators and other stakeholders in the policymaking process via email and other methods as appropriate. 6. Commissioners may testify in support of or against high-priority bills as needed. <p>Vice Chair Tammer Attallah made a motion to approve the 2026 General Session legislative process, as summarized by Mia Nafziger. Jordan Sorenson seconded. The motion passed unanimously.</p>
<p>6</p>	<p>1:50 - 2:10 pm: Chair Ally Isom</p>	<p>Chair Isom explained that the Commission is considering whether to adjust any of their original ten budget and policy recommendations for the 2026 General Session.</p> <p>Comments from commissioners:</p> <ul style="list-style-type: none"> ● Evan Done stated that the Commission should present what they think is needed, and then allow legislators to make adjustments as needed. ● Dr. Ashworth said that it will be better for the Commission in the long run if they do not change their original recommendations after they are finalized. ● Second Vice Chair Kyle Snow said he saw both sides of the issue, but does think they should keep the recommendations the same and support legislators in their negotiations, understanding items may need to change. <p>Representative Steve Eliason came up to speak before the Commission and stated that the Legislative Policy Committee will meet and whittle down the list of recommendations from the Commission. They may pivot to opening up beds at the</p>

		<p>State Hospital. Representative Eliason also stressed that he supports the Commission taking positions on bills, which is common among many groups.</p> <p>Director Tracy Gruber flagged that the Executive Appropriations Committee has required all agencies to put together a plan for a 5% cut.</p>
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Workstream 3: Engage with the private sector

7	<p>2:10 - 2:15 pm: Vice Chair Tammer Attallah</p>	<p>Vice Chair Tammer Attallah provided an update on the Commission’s collaboration with the One Utah Health Collaborative, who are focusing on behavioral health in their most recent initiative and have years of experience in bringing together private sector health care stakeholders. The Collaborative is working with Vice Chair Attallah and Commission staff to assemble behavioral health data to bring to the private sector, with the strong support of the Collaborative’s new executive director, Scott Barlow.</p>
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Workstream 4: Consolidate committees

8	<p>2:15 - 2:35 pm: Megan West, Mia Nafziger</p>	<p>Prevention and Early Intervention Committee:</p> <p>Megan West presented the nominations for the Prevention and Early Intervention Committee:</p> <ul style="list-style-type: none"> • Technical expertise in behavioral health prevention for ages 0-8: Jennifer Mitchell • Parent or guardian of a child with behavioral health challenges: Stephanie Stokes • Representative of mental health promotion or mental illness prevention: Andrea Hood <p>Chair Isom clarified whether nominees knew that the Commission was voting on their nomination today. Megan West stated that they were not, but they knew that their application was being reviewed, and staff would alert them as soon as possible after the meeting.</p> <p>Jordan Sorenson made a motion to approve the seat nominations for the Prevention and Early Intervention Committee. Adam Cohen seconded. The motion passed unanimously.</p> <p>Treatment and Recovery Committee:</p> <p>Megan West presented the nominations for the Treatment and Recovery Committee:</p> <ul style="list-style-type: none"> • Behavioral health pediatric representative who serves up to age 17: Brent Westover • Primary care provider: Dr. Omar Syed • Private provider for mental health treatment or recovery services: Dr. Karla Arroyo • Private provider for substance use treatment or recovery services: Dr. Robert Mendenhall • Person with lived experience with mental illness: Brayden Robinson • Person with lived experience with substance use: Roy Parker • Parent of an individual with a mental illness or substance use disorder who is
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		<p>under age 25: Jacinta Taylor</p> <p>Mike Deal made a motion to approve the seat nominations for the Treatment and Recovery Committee. Second Vice Chair Kyle Snow seconded. The motion passed unanimously.</p> <p>Mia Nafziger presented the membership of the School-Based Behavioral Health Subcommittee for the Commission's vote. Staff had met with Utah State Board of Education leadership, who provided input on the membership and recommended the removal of a specific seat for charter schools. Commissioners asked that language for local education agency seats clarify that those seats could also be for charter schools.</p> <p>Jordan Sorenson made a motion to approve the membership of the School-Based Behavioral Health Subcommittee. Mike Deal seconded. The motion passed unanimously.</p>
9	<p>2:35 - 2:40 pm: Chair Ally Isom</p>	<p>Chair Isom explained that the executive committee felt that appointing committee sponsors or liaisons would support dialogue and communication between the committees and the Commissions, and also provide stewardship over the committee. The executive committee and staff developed the following list for Commission approval:</p> <p>Committee sponsors:</p> <ul style="list-style-type: none"> ● Prevention and Early Intervention - Mike Deal ● Crisis Response - Jordan Sorenson/Josie White ● Treatment - Adam Cohen/Elaine Navar ● Policy Review - Evan Done <p>Elaine Navar made a motion to approve the appointment of committee sponsors. Second Vice Chair Kyle Snow seconded. The motion passed unanimously.</p>
<p>Workstreams 5 - 7: County-based behavioral health services, communications, and legislative report</p>		
		No items
<p>Project management</p>		
10	<p>2:40 - 2:55 pm: Mia Nafziger</p>	<p>Mia Nafziger presented the 2026 workplan and messaging timeline to the Behavioral Health Commission. Mia outlined key activities that will occur through 2026 and highlighted planned communications with major partners.</p> <p>Vice Chair Tammer Attallah clarified that the committees will need to receive data elements from the data dashboards early on. Mia concurred.</p> <p>Jordan Sorenson made a motion to adopt the 2026 workplan. Dr. Ashworth seconded. The motion passed unanimously.</p>
11	<p>2:55 - 3:00 pm: Chair Ally Isom</p>	<p>Mike Deal made a motion to adjourn the meeting. Jordan Sorenson seconded. The motion passed unanimously.</p>

**Next Meeting: January 15, 2026
1 PM - 3 PM**