

# Meeting Minutes

## Board of Health Mtg - Brigham City, UT

Wed, Dec 13, 2023 1:00PM • 1:36:02

### SUMMARY KEYWORDS

board, people, year, counties, cache, meeting, cache valley, steering committee, information, talk, started, capital, individuals, health, document, questions, community, logan, law enforcement, budget

### SPEAKERS

Cheryl Atwood, Dr. Yohanna Vernon, Josh Greer, Commissioner Lee Perry, David Zook, Mary Burbank, Kevin Hall, Dwight Whitaker, Randy Williams, Blake Rose, Fred Hayes, Kristi Jones, Commission Perry, Miranda Fower, Holly Budge, Cade Palmer, Jordan Mathis, Nathan Argyle

**Board Members Present:** Lee Perry, Cade Palmer, Kevin Hall, David Zook, Randy Williams, Dr. Yohanna Vernon, Blake Rose, Cheryl Atwood

**Not Present:** Bill Cox

### BRHD Staff Present:

- **Support Services** - Estee Hunt, Jordan Mathis, Josh Greer, Spencer George
- **Other Staff** - Farrin Wiese, Jordan Miller, Holly Budge, Miranda Fowler, Allena Pierce, Mitch Hansen

**Non-BRHD Present:** Fred Hayes (Box Elder County Citizen), Kristi Jones (Utah Association of Local Health Departments), Mary Burbank (Logan Regional Hospital), Nathan Argyle (Cache County Attorney's Office)

**Key Action Items:** Some of the key action items from this meeting include:

- Recommending that Cheryl Atwood and Blake Rose be renewed for another three-year term on the board
- Randy Williams volunteering to serve on the Utah Association of Local Boards of Health steering committee
- Providing feedback on the draft public health ethics review policy and process
- Approving the 2023 budget amendments, 2023 transfer authorization, and 2024 budget
- Discussing a chapter from the provided book at each future meeting

**Cheryl Atwood** 00:00

We have Dwight Whitaker, from the Cache humanitarian center online and he's going to start our meeting at the opening ceremony.

**Dwight Whitaker 00:47**

very good. Well, first of all, thank you very much for the opportunity to get better acquainted with the board and also to talk a little bit about some of the things that we've been doing as they've gotten fairly humanitarian senator. We're relatively new to the valley. We're only about two and a half years old now. And our main focus as you can see from the brochures and from the information that you have before you is that we are primarily wanting to be community based and needs centered. So we have a board of directors of 15 individuals from throughout Cache Valley, our definition of Cache Valley as well as built in Preston, and we've also reached over into Bear Lake and sent a few items to Salt Lake as well. But for the most part, our concentration is the surf Cache Valley. The second major focus is to be needs based and that is we don't want to be providing anything that's not needed. So we've networked with the three school districts in Cache Valley, Logan City School District, Cache County School District and Preston school district and also about three other nonprofit organizations within Cache Valley. The first thing that was identified as we began that was a need for back to school kits. And then the second thing was hygiene kits, and then coats and quilts during the winter months. And then the last thing that's been basically brought to our attention as a need was sleeping mats for the homeless. So, those are the main areas of focus that we are concentrating on. We are currently located in the old seminary building next to mount Logan Middle School. We started out initially in one of the temporary classrooms at Mount Logan Middle School and again, this is all courtesy of Logan city school district. So we're grateful to them for allowing us to get started there. They notified us that we will need to leave the building here in the near future. They're going to be starting a daycare center for their employees. And so we'll need to find another location. So that's something that we're looking for at this point in time. But we've really appreciated the support of our community. We are all volunteer organization. No one's paid for their efforts. And we are funded by individual private contributions, companies, grants. So that's how we were able to provide the things that we have been able to do so far. And just a brief update. In addition to the statistics that you have before you now was through June 30 of this year, and as of the end of November, we have provided an additional 325 back to school kits another 218 hygiene kits. Another 78 feminine hygiene kits, coats and belts. Just recently this last week, we've distributed probably over 300 coats and probably another 100 blankets and quilts, as well as over 100 sleeping mats. And as you can see from the statistics there it takes about 25 hours of direct labor to produce a sleeping mat. So it's through benefit and courtesy of all the volunteers that come in to help us that we're able to produce as many items. So that's a quick overview and we would be happy to answer any questions that you might have. We have really enjoyed our association with the Bear River Health Department. We've had great participation, most recently from by Quinn Jensen who serves on our board of directors and he's trying to identify any other needs that might come through the health department that we can provide to help you innovate as citizens of this great valley. So thank you for your help there and try to answer any questions you might have.

**Kevin Hall 07:32**

Pledge of Allegiance led by Kevin Hall

**Cheryl Atwood** 07:49

Any changes to the agenda?

**David Zook** 08:07

Motion to approve the agenda

**Randy Williams** 08:09

2nd the approval of the agenda.

**Commission Perry** 08:14

Motion to approve BOH minutes from October 11, 2023.

**Blake Rose** 08:53

2nd the approval of BOH minutes from October 11, 2023.

**Cheryl Atwood** 09:11

Public Comment Opened up

**Fred Hayes** 09:18

Commissioner Perry and Board of Health thanks for accomodating my comments. I wrote to the Bear River on the 30th of September 2024 Regarding the capture me already so that I get it right the government by the pharmaceutical industry and the resulting locally familiar, diverse events. I also present it to various charts at the last board meeting on October 11. Which document shockingly erratic blocked a lot variability of COVID vaccines to two orders of magnitude difference and adverse event numbers by vaccine type which held the vaccines at 10 times more events than any other figures vaccine. Our founding documents are based on the context and desire to create a government to serve the people in such form as most likely to affect their safety and happiness. I might add that the effect should be interpreted to be a positive factor in both safety and happens. Remarkably, I received a letter in the health department saying on October 2016, that we feel that providing the public with easily accessible information published by the agencies that recommended regulate vaccine is entirely the contrary. Not everyone on the board of vrsg carried upon this it's incumbent on those who are or should we have that courage to take time. To stay abreast of all the research ongoing, politically correct or not and to ensure that there is a healthy discussion of the same at all levels of the organization. Furthermore, some of the board beginning with the elected official have sworn oaths to preserve and protect the constitution of the US when tracking information presented to the Board related to issues immediately dangerous to life and health. There should be an immediate cessation of activities associated with report. As for any occupational safety alarm, you've been noticed previously by letter by public comment on the subject. moorhen informed here that you're getting an organization involved in promulgating practices that are associated with well documented adverse effects. Have you examined the various reports for your zip codes? In conclusion, please circulate and read my letter for September

which is characterized by easy to assimilate cartoons that each are worth 1000s of words make available to all the staff are very very up district and report back to the people through this forum of the discussions training, employee suggestions, website alterations, etc, that it fosters. I look forward to an alteration of the behavior of BRHD with respect to cost acquiescence to pressures from government, government farming industry on farms addressing these issues starting with regular river health district board reports and discussions.

**Kristi Jones 12:07**

I had the pleasure of meeting some of you at the symposium earlier this year. I'm Kristie Jones. I work for the Utah association of local health department as well as the association of local boards of health. And if you don't know a lot about you UALBOH that's the abbreviation for the Utah association of local boards of health. But we have representation from 12 of the 13 local health departments across the state. Bear River is one of the ones that does need to be replaced. The main purpose of the organization is to provide training opportunities, networking opportunities, and then also I'm advocacy for public health across the state of Utah. And we have a steering committee that comes from all of the participating participating health departments. So we do have one for each local board of health that sits on the steering committee and the steering committees main responsibility is to help plan the symposium every year. So we bring all the boards together once a year for about a day and a half to provide training and networking opportunities and that is kind of the main purpose of the steering committee as well as providing information for other trainings that it would be relevant to board members. We meet quarterly three times virtually one time in person and then also at the symposium. We do have our steering committee help with some of the announcements and activities that kind of participate through that. Sarah Sinclair resigned her position on the board. We have a vacancy on the steering committee from the Bear River health department's BOH. Jordon has asked if I can talk a little bit about the steering committee What the what it entails and see if anyone is interested in participating. Any questions about UALBOH or what we do? Save the dates are going to go out in January, but it'll be an April 17 and 18th. So April 17.

**Cheryl Atwood 17:17**

So if someone is interested or when someone's interested you want us to contact you or Jordan.

**Kristi Jones 17:26**

Yeah, I think that for Jordan probably.

**Jordan Mathis 17:30**

Is there any interest from anyone?

**Randy Williams 17:33**

I'll do it. Unless somebody else wants to?

**Dr. Yohanna Vernon 17:37**

Believe me, I was actually gonna nominate you.

**Dr. Yohanna Vernon 18:41**

I nominate Randy to serve on UALBOH.

**Jordan Mathis 18:47**

Just so the board knows, we pay for the lodging and travel expenses if you want to go to that symposium. It's just your time as a volunteer board member to.

**Cheryl Atwood 19:00**

Time to hear from Cache Unified support team update from Miranda Fower.

**Miranda Fower 19:39**

I thought I would just start by kind of explain what our program is and what do you don't know. I also invite a few of our team members to come as well. So we have Mary Burbank with Logan Regional and Nathan Argyle with Cache County Attorney's office. I just wanted to kind of come up and share kind of what we've been working on and what we're currently working on and what we're hoping to achieve in the future for our program. So to start off just kind of explaining what we are. Our mission statement is that we are a multidisciplinary team of community agencies that focus on streamlining, coordination, identification and referrals to respond appropriately to individuals affected by mental health and or substance use and thereby maximizing your available resources. So to kind of summarize that, basically what we are is that we are a multidisciplinary team that aims to connect individuals to community resources, who are struggling with mental health or substance abuse. We work with the Cache county area so anyone who lives in Cache County, we work with any age individual that includes children as long as we have parent or guardian consent. So I invited some of our team members to kind of give a little bit of background information on our program. I kind of came in late in games when the program was already established. If you have background information you want to share with the rest of the group

**Nathan Argyle 21:40**

So my name is Nathan Argyle. I'm Lieutenant with Cache county attorney's office. So my role I was involved in this from the very beginning, and I guess in some ways instigated I would refer to my role as getting people much smarter than me in the same way that I attended a QPR training, and they handed out a booklet full of resources. And I said to myself, well, was this my whole life? As a patrol officer, something I would have used to hand out but it was a big booklet. And I got this idea in my head that we create a little hot sheet for law enforcement resources that they can hand out. So that just that's what kind of started and then grew to much more after that. We brought in a Lieutenant from the Cache County Sheriff's Office, one from the Logan City Police Department, Mary from IHC their mental health the health department. Staff at the health department has been amazing to work with some retired but still amazing to work with. And we started from there. They needed a case manager somebody to help them walk through that. Somebody where law enforcement could give referrals to other community partners to get referrals to. We started working on a federal grant to pay for a case manager and some training. So obviously, Miranda as a case manager is going to be part of that. But the other part is, I

think the biggest success is just the relationships we've built with community partners. Being able to have a forum where we can communicate and get to know each other has been a great thing. I don't probably know as much individual success as Miranda does because of the challenge. Law enforcement can kind of give information but doesn't always flow back. So we don't know much as much about the successes. However, there have been specific times where there's been things that have been deemed to be emergent and we have been able to communicate and I think that has been very beneficial. And then there have been times with using a release of information for me that I will communicate that's kind of the background of how it came to be just pretty organic, just getting people together in a room and we decided we needed a case manager to not be a case manager but also a team coordinator to kind of be a spoke or the hub to hold us all together and keep us all meeting prepared. In questions for you?

**Randy Williams** 24:18

how long have you been together?

**Nathan Argyle** 24:20

So we started about 2019. And I don't know for sure I should have looked when we actually the grant was 2020 when we got a federal grant and state grant and they're both winding down. Both the state grant and federal grant are winding down in September. So they are

**David Zook** 24:46

looking at the future. Do you see this effort rolling into the receiving center for our region?

**Nathan Argyle** 24:56

You probably have a better idea than I do. I don't know what's best. Yet receiving center I will say was part of one of the goals of our group we started there was a need for that law enforcement felt there was a need. I will say as a patrol officer you respond you deal with somebody who's not on Medicaid, so you can't refer him to bear of mental health. They don't really qualify for a pink sheet. I can't say their immediate danger to themselves or others, but they're clearly struggling. I can't convince them to go to the hospital because last time they went they got stuck with \$2,000 ER bill, and they don't that just make things worse and they don't want to go through them. So law enforcement felt there was a need for somewhere else to take people that didn't qualify for a pink sheet. But needed to go somewhere and refuse to go to the hospital to seek help. So that's been part of it. So yeah, I think it could be part of it. Exactly how that works.

**David Zook** 26:14

I want to thank them for their work on this multidisciplinary team. I think it's one of the best things going on as far as the cooperation and collaboration agencies with data sharing information. I think that's something we need to work on as agencies because when agencies don't share information, it limits their ability to serve the people who are in need. They're all trying to work together to serve. I actually attended a training earlier this year back in Kansas as part of the National Association of Counties. We talked about that. We talked about some of the best practices and some of the ways that they figured

out how to share information between agencies. I think we have a lot of work to do still to get to where we need to be and just want to thank them. I am concerned about on going funding for this program and want to make sure we identify areas for this multidisciplinary team to remain active and stay funded. Also, I would like us to make sure that we provide the tools that they might not already have. So I think that needs to be a discussion with each of us, especially those who might be providing financial support.

**Jordan Mathis 29:13**

Historically, I guess my question is, is there a reason out there the federal grant that it was just restricted to Cache County?

**Nathan Argyle 29:28**

Really we just did it for Cache County because everyone involved was there. That's just where we started, was kind of driven by Cache Valley law enforcement. Mary might be able to speak to some more successes and stuff too.

**Mary Burbank 30:12**

I'm Mary Burbank I manage the adult inpatient psychiatric unit at Logan Regional Hospital behavioral health unit. And the detective that he's talking about from the sheriff's department is also one of our security officers at the hospital. And so he stopped by wondering and he says, What do you think about this? I said, this sounds like a great idea. What help do you need? So we all kind of just started meeting and pulling it together. We've had a lot of major successes. Mental health was very siloed. So it was almost like even though Bear River mental health and Logan Regional and the health department, it's like when we were coming together, it was more coming together as butting heads or not understanding the issues that other people had or the rules and laws and regulations that they have to function and so by all of us coming together and sitting down in the same room, we build a lot of good relationships to how do we problem solve this? How do we work together? What resources do you have to I don't, what resources do I know about? We had several law enforcement that were really frustrated because they would be bringing patients to the hospital that then would be discharged. What they were seeing that looks like why are you discharging them? Why are you discharging them? We identified that are pink sheets have like four lines on them. So officers are putting just the bare minimum. Well a patient has to meet certain criteria to be admitted to the hospital. Just because you are seeing it doesn't mean that it's going to meet our criteria. And so we've worked on a project together we brought law enforcement in we've done training with officers both Cache County and the sheriff's department. We know they have a process if they just put enough information on those four lines. You know now they are handing in another piece of paper with everything they can to get it to where we're keeping the people. They also now leave their cards with them. So if the crisis workers kind of like on the fence about whether this patient will qualify to be admitted or not, they'll actually contact the officer to say hey, what are you seeing because I don't feel that I have enough so working together to partner in some of those communities. The civil side of the courts and the criminal side of the court don't always talk and so criminal court went ahead and would discharge this patient even though they were on a white sheet awaiting civil commitment. And so it's one of those things he shows back up at the hospital and we're

like we don't have a place to put him how are we going to handle this? And so Archie was actually able to coordinate it like 10 o'clock at night with myself and with Bear River Mental health, Scott's assignments to get emergency commitment so they could actually keep him in the safest place which was with jail. I mean, there's been tons of successes like that Danny Major and I talk all the time about patients that are going to be committed or not going to be committed or things that come up so I think their relationship has been huge.

**Cheryl Atwood 34:56**

Thank you so much. This is the great work going on in our County. Holly is back with the Public health ethics review

**Holly Budge 35:21**

You probably all had access to standard operating procedure or the outlet and what we are calling our ethics, our ethics guiding principles. This document was put together primarily based on the public health code of ethics, which is a document from public health. So why does public health community standard operating procedures are about ethics was first and foremost if you looked at that, that document we want to make sure that we are supporting a culture of ethical awareness decisions, and that we'd have a transparent way to do so. So why are we bringing it to the board? What what are we hoping for today? We just really wanted your input on the section that talks about this ethics review committee. We're hopeful that as we have employees read through this policy and it will be a part of the onboarding process as long as we have in place review on a regular basis. We're hoping that most decisions that are made permanent can be made either maybe on an employee level or an employee with their supervisor or that it would be brought to the health officer. But there will be those times that maybe this situation is large enough that needs to come before an ethics committee. So we wanted your input first. We wanted to kind of bring to your attention what kind of issues we think those would equal that would be brought before the committee and on page four of this document. If you have access to it, there are some bullet points to say what those issues would be basically it is there going to be a practice change that would impact the public. Would there be a policy that needs to change? And we need to maybe get some public comments on that. So we wanted your thoughts as to how could we engage the public in that before it came to like a public hearing and then we wanted your thoughts on what this committee committee proposed and what we have written so far that we would have at least two members of that leadership team. I'm going to have one staff member, our HIPAA privacy officer any outside expertise if needed, legal counsel, and perhaps a board member. So I need your thoughts on that before we went ahead and finalize this standard operating procedure.

**Jordan Mathis 35:24**

I think trying to really define like when the board if we want. The bylaws allow for ad hoc committees, this would be one of those ad hoc committees. We need some guidance from the board. If this is an ethical issue that would potentially impact a policy changed the board change that we want to make sure that we have a process right where we bring it to the board. We don't want to go through the process and then have the board say we need you to consider this, this, this, and then have to go back through, particularly if it's a kind of an emergent issue that needs needs to be rectified sooner than later.

So we want to get some guidance because some of these would be more related issues. So are those board related issues? What's the direction from the board on this ethics committee and making that make up and that's, I guess what we're trying to figure out. Does that make sense?

**Randy Williams 39:18**

I have a question. First of all, this is amazing. So this is the group that would be the ethical order subcommittee or whatever it's called. One of the things that kept talking about is you know having a person representing a specific point of view, but if you don't know what the ethical concern is, and how would you know, so when people would be added to that if let's say something I noticed you had things of tribal like some of the information came from. So let's say there was something that had an issue with a tribal concerns were that it'd be someone maybe even if there wasn't somebody on the board, or remember the staff, would that be someone from the community and be asked to come on? How does that work?

**Holly Budge 40:27**

Yes, I think that would qualify as as the outside and outside experts. But it could be dependent on what the circumstance that person and it's ad hoc, so it's ad hoc.

**Jordan Mathis 40:55**

Two questions. How do we engage the board? What should be the makeup of the board representation with with issues historically in the past? So many of these probably we can address internally. So I'm just trying to figure out what the problem would look like and the process when we review it and then when we look at how the board wants to be engaged in that process. That makes sense?

**David Zook 42:28**

I think it's a good idea that some board members involved.

**Jordan Mathis 42:43**

we were just trying to get some direction and then Holly and I were going to go back and work on this for our accreditation efforts. We did want to have some progress to be able to put forward in March. So we have until our March meeting we were hoping to bring it back and say based off your input this is how we changed this draft. Anything else? By March hopefully we'll have a finished product. So January and March you will see it on the agenda.

**Randy Williams 43:21**

So just to be clear, if ethics committees are ad hoc, always within dependent let's say a board member I agree with that. I think that seems like a really you know, a lot of different perspectives on a board to sit appointed to whatever the situation might be. Different people on this board might have be better suited at different times depending on what the situation is. So like a community member coming in based on their expertise. So it's not like you're saying Who would that person be it just maybe one or two or do we think it's a good idea to have a board member to on it? And then if that's the case, then you don't

flush out what you think. But nobody would be on it for a year. Just be like, Oh, we have this situation. And you have that expertise and so that would be a great idea for that makes.

**Holly Budge 44:21**

Makes a lot of sense. To me. Like maybe an example that, you know, we've read through as examples of things that had to go to ethics committee for something like during the pandemic, we had directives to how the vaccine was going to be distributed. But what if we wouldn't have had that directive, and that really that action was limited and that decision needed to be made for our community? How are we going to get that back? So now that perhaps we rely on you as a physician, that you would be engaged in that committee, and we would make sure that your input would help guide us before we actually have to bring it to a board for your final decision. So we have really good guidance and input on that process. Does that make it more clear? Does the county have an ethics policy?

**David Zook 46:16**

Yes, they are currently work on that.

**Jordan Mathis 46:39**

Thanks. I think the other thing to think about between now and January March is better. As you read through that document from the American Association, American Public Health Association and the accreditation is how do we give the voice of the community that we're serving to be heard in that committee? These are obviously public meetings. But the ethics committee wouldn't be subject to public meeting, and I don't know that you really want it to be subject. But you still need to be able to get that voice of the community there. So that you're not just creating an echo chamber inside

**Randy Williams 47:29**

one thing, and I thought that the document was great. But I know institutional review board at USU. We have been reading a lot on ethics more recently. And one of the interesting things that is the documents themselves that you put pair to your question, Jordan, they are like one of these ad hoc committees is making sure the literature is inclusive enough, that when you ask someone to participate in and you show them your documentation, it doesn't exclude them because that language is too narrow. And I think, Dr. Gandhi, this book, talks a little bit about that as well. You know, making sure that no harm will be done. And sometimes language we're finding, let's do that. I think you're doing great, but that would be one door closer, if you're trying to get into especially in a more closed community, and you share them some documents and they don't see themselves there.

**Holly Budge 48:40**

Thank you all for your time.

**Jordan Mathis 49:01**

We have two individuals whose terms end if you'd like to see what the terms are, you can click on that document. But Blake took over Sara Sinclair's term, and so he served faithfully to the end of her term but his term technically ends. Cheryl's term ends. We just need according to the agreement, a

recommendation from this board if you're willing all those individuals to continue their service on the board. I'd recommend that we make a recommendation to the Cache county council to renew their term for another three years according to state statute.

**Randy Williams 50:01**

I move that we make a motion to the Cache county council to retain two years of going forward Cheryl and Blake to fill those positions.

**Kevin Hall 50:15**

I second that motion.

**Jordan Mathis 50:42**

According to our bylaws, we set the schedule for next year during this meeting. This is how we tentatively had or this how we've had it for the last little bit the schedule up here where we go January March May. We did put a half a day board retreat on July. That's up for question and then August, October, December. One of my questions to the board is I know everyone's busy are we feeling there are some times where I do feel like we have an agenda and I don't want to go past the two hours that you get to do this in person. One of my question is, do we want to put a couple of virtual meetings on the agenda or on the calendar? My thought would be those would be no more than an hour and they would be able to be addressed (things in financial updates that don't necessarily sound the alarm as as critical). I just don't want to create additional travel and burden on individuals or do we just pull those together as we needed to pull a few of them together? So what is is it better? my recommendation maybe somewhere maybe between January and May and then somewhere between August and December and still try to keep those busy summer months fairly free. Whatever months we want you to get there

**Dr. Yohanna Vernon 53:35**

We had a virtual meeting this year and it was nice it was just address the pressing issues but then it was on the books.

**Jordan Mathis 54:07**

I've tried to see if there is a rare occurrence during the legislative session to get direction from the board, legislatively issues. But it's not regular. So I can see where February would be nice. But that might be one where I can just say the direction. Here's what's going on. Oftentimes I would be you may want to speak to your legislators about this issue and let them know they're concerned about it. So I don't know if that's the better option or April being a better option. What are your thoughts? May is always held sacred for our audit. So we always have a chunk of time scheduled out there.

**Josh Greer 55:07**

I think it's hard to say it probably differs year to year what we've got going on. Yeah. Executive legislative, he's speaking in February, you could talk about things going on and then maybe we can talk about things done and

**Cheryl Atwood** 55:32

I think it's worked okay to try to call the meeting as well though historically that has worked fine when we needed an extra meeting. I would rather go 15 minutes over a scheduled meeting than schedule another meeting. Also, whenever we do a board retreat, the sooner we know like by January would be nice. We have a meeting in January. Can we say this is what we want for the strategic plan in January?

**Jordan Mathis** 1:00:14

Yeah. We'll look at September I'll work with the elected leaders to see what when if that will work for them.

**Cade Palmer** 1:01:32

Motion to adopt the 2024 schedule.

**David Zook** 1:01:33

I second that motion

**Josh Greer** 1:01:25

It looks like we have a public hearing scheduled at 2:30 PM for this budget, so I am happy to go over it now answer any questions. I guess theoretically just couldn't have a motion to approve or anything like that. We've got three budgets we're looking at. We've got an adopted budget for an adopted operating budget for 2023. We've got a proposed operating budget for 2024 on the website and then you have the capital budget as well. And the capital, you kind of see both years on the same budget. So a couple things I want to point out that kind of merge in between all things. We did complete the sale of the south building, which definitely increased the money in our capital fund. One of the things that we've been able to do as well in both accounts is shift where our money is located. And we're getting a much better interest rate now than we have in the past. So if you look at the capital budget you have an influx of over \$2 million for the sale of the self building and quite a substantial increase in the amount of interest we're getting on that account. With these items, and even with a withdrawal from the capital account to help pay for construction projects. We're going into the end of 2023 with almost 5 million in our capital account, which is an incredible amount of money. Obviously, a good chunk of that money is earmarked for our future Hyrum building. So that is noted on there. So what you see on the capital that then comes over to the operating budget, we've got an amount of \$990,000 coming from capital back to our operating account. To finish off our construction to help pay for that. As you're probably aware a couple years ago, we moved a lot of money from our operating account to our capital account earmarked for this purpose. Construction just took a little bit longer than we anticipated. And so it stayed there for a year or two but it's coming back now. That's why you have that line item. So on the budget Jordan has pulled up the 2023 budget. Section 1.7 or line 1.7. We showed that \$990,000 revenue source from our capital account. But then if you look down to line 2.11 We've got about \$2.9 million going into capital. So all these construction projects, the parking lot the floors we had to replace an AC unit, all those kinds of things went into that. Obviously next year, we're not going to see number anywhere close to that. But

that's really why that budget looks so different. Our adopted budget last year at this time was \$15.7 and our budget now was almost \$17.4 really due to that that capital project that came over. One of the other things I will bring to your attention. We had this discussion when we started talking opioid dollars, where we've requested certain opioid dollars from the counties. We bring those over to fund prevention to fund treatment. And if you look at the allocations from the counties, the counties and unfortunately that's not on here, but we know that counties are getting a bigger influx of dollars for the opioid money. The first couple of years, and then it tapers off pretty good. And so what we had anticipated is collecting our rate based on our agreement with the counties for those opioid dollars knowing those first couple of years give us a little more than we needed, that we can help float the lean years. And so if you look at line, 2.12 You see this transfer to the capital fund. This would be any opioid dollars that we've collected this year that we weren't able to spend this year, but then we could take to us during those nine years. That's a conservative number that likely won't be as high. We are spending those dollars on really good things. So that number might be lower, but that's why you see transfer going into capitol and one coming from Capitol to designate those.

**Josh Greer 1:07:28**

So with the the 2023 amended budget then you'll notice that most of these items are very similar to where they were. Salary line item is exactly where it was last year. Fringe has gone down just a little bit. Everything else has shifted just a little with our biggest increase being that capital account. As we look at 2024 there is a significant decrease in the overall budget. So our budget this year that we're looking at is about \$17.4 million budget going into 2024 is just shy of \$15 million, mostly due to that capital. Over the last couple years our our staff has decreased because of COVID. We also had the retirement incentive that we had seven people take advantage of. And so what we're seeing there is actually a lower salary line item because of that. So overall you're seeing lesser amounts for 2024. Any questions on the overall the line items, anything you want me to dig deeper in to there? So with with the 2024 budget, then we did reach out to the counties we did some investigation with the other local health departments as well to determine what would be a responsible amount in a COLA to be able to offer and what we're bringing to you for your consideration as part of the 2024 budget would match really close to what I know Box Elder is doing, and a lot of the counties, is this 4%. We've built in a 4% to that budgeted amount. And then the other thing that I do want to bring up this was discussed at our previous meeting as well. With our capital account, being where it is - it's a very healthy account. We've also got our fund balance which is our rainy day fund, if you will. We we can only hold 35% of our anticipated or revenues for the year in that account. So right now if we're looking at anticipated revenues for 2024 and the amount of money in that fund balance, we're at almost 5 million in that fund balance as well, which is 33%. We are getting pretty close. So any excess funds that we have in 2023 we really don't have a lot of room to put it back into fund balance. And like I said we did have a pretty healthy capital account. So with that and staying within the budget we had talked about last time the opportunity to give back some of that difference in that salary line item to our employees as a one time increase that would not increase their overall wage. It would just be a one time and so that would be built into this 2023 budget as well.

**Jordan Mathis 1:11:29**

As we talked about last time, we would just simply divide that it would be prorated based off of all time and the amount of months that an individual has worked here but if you've worked here 12 months, full time like everyone gets the same amount. As we discussed last time our lower paid employees, the COLA doesn't benefit them as much as our higher wage earners. So this strategy to me is a way to bring a little bit more equity to that issue. So that's our proposal of how to take that excess and make it work equally.

**Josh Greer** 1:12:20

Yeah, so with that, like I said, that that fits into our current adopted budget. And it prevents us from having to try and move in any excess we might have into either capital, or our fund balance allows us to take care of our employees a little bit. Um, we're looking at a discrepancy, our salaries right now are trending just over \$7 million. And so we do have that discrepancy in there have just shy of \$300,000. Ballpark there. It was. Well before the proration you'd be looking at about \$3,500.

**Cheryl Atwood** 1:13:39

Will this set of precedent for next year?

**Jordan Mathis** 1:13:57

I don't know how people can have expectations but we could be very clear with them. Whatever Of course, the board approves we will announce tomorrow is the fact that we're in a fortunate situation this year.

**Randy Williams** 1:14:23

Just coming out of a bunch of really hard years and having this excess fund. I just think it's such a beautiful way to show everybody likes something but money really makes a difference in people's lives. Ensure your message is delivered in a way that people don't have that expectation which would be very unfortunate somebody did that but I think it is really awesome.

**Commissioner Lee Perry** 1:14:57

When would it actually be paid out?

**Josh Greer** 1:15:01

We can have it out by the last paycheck of the year. So it hit their paycheck and two and a half weeks.

**Blake Rose** 1:15:12

Are there any other uses of the money needed?

**Josh Greer** 1:15:15

Yeah, it has to go it has to go to capital or it has to go to our fund balance. The only other thing we could do is just buy stuff and that's kind of the point we're at right now. Buying stuff

**Randy Williams** 1:15:38

At the end of the day, the biggest capital any organization has are it's people and so that is an expenditure of the capital investment people.

**Cheryl Atwood** 1:16:02

Health office update and then we can approve budget after the hearing.

**Jordan Mathis** 1:17:42

All right. So there's just a couple of things that I have. We do not own the south building anymore. Fully operating out of this building and and our Bailey building now. Construction so things are moving forward there any questions on the south? I just wanted to remind you all that you're invited to our annual reunion. Those people RSVP that's tomorrow at the river woods. Part of the board have been involved at lunchtime is really to be involved with the staff recognition through years of service, staff recognition for outstanding service. We really want the board to be involved. You guys get to interact with us. But you don't get to see the great work that goes on from our staff all the time. So I want to invite you to come and be part of that. I realized that this is a volunteer board and state statute doesn't allow for much. We haven't done a good job of offering what it does allow which is mileage reimbursement. So if you want mileage reimbursement for your travel to the meetings we have a form. If you want mileage reimbursements, we will be doing that for now. If you can email me for today, your mileage we'll get that reimbursed and taken care of. So we haven't done a good job of making that available to you. And I know that it's a commitment and want to thank you do anything you can. Everyone likes a little money right. And then this was the book everyone has a book that I discussed last time, and I just wanted to talk to you about how to facilitate some discussion around this. If you open the table of contents, it's about chapter 3 that we are going to want to discuss this. So my thought was maybe setting aside 15-20 minutes each board meeting to discuss the book. That will get us all the way to the October meeting. I think chapter one and chapter two tried to provide some good content. So maybe get all the way through chapter three. That is all I have unless you have something else.

**David Zook** 1:25:55

I don't know the information that presented earlier by Fred about the VAERS report. It would be interesting to see the presentation maybe at our next board meeting about this.

**Randy Williams** 1:26:27

When I was listening to the book, I thought this gentleman (referring to Fred Hayes) quite a bit. And I thought, Gosh, I wish I could give him this book. But I don't know where his his sir I would I would love for you to read this book. Fascinating. Especially the social context. You shared with us quite a few memes last timebut not necessarily rigorous research. But Dr. Gandhi talks about the positivity of the news and sunshiny sharing pieces that highlighted. It's about whole world, different countries how they rolled out. I think you'll find it quite fascinating. I think you could get it for free on Libby. Also, if you have a reader, you could read it for free and not have to wait.

**Cheryl Atwood** 1:27:40

Let's open the public hearing. It is now 2:30.

**Commissioner Lee Perry** 1:28:43

I'll make a motion to move into the public hearing.

**Randy Williams** 1:29:47

I'll second that.

**Fred Hayes** 1:30:06

Thank you for having me again. Appreciate you serving commissioner and board members. I just on the subject of specifically the COVID vaccine synthesis capital budget. I'm not sure exactly how this all fits in your discussions. But I was just thinking maybe one way to address the issues of having a Tri County group administrating the serums to people is that part of the program could be defunded it will be a simple thing for the agency and the people involved with they just can say I'd like to help you but I can't. we're finding more and more out all the time just this last month. Some record level data coming out for the record as individual health records that are anonymized. And this is from a country that claimed to have before COVID deaths in the last several years. And from this data, it appears that about one and 1000 people were died. And that amounts to about 37,000 deaths. And so there's a good deal of misinformation out there. As this data was coming out the US reacted and hurriedly started loading data from that country into the very system that they've been sitting on. So anyway, now a lot of us are very skeptical on right they sold them a lot of information. We can spread the love and I don't want anybody to get hurt. I know a lot of people have been hurt even very recently in the last couple of weeks. And for the very for those of you that aren't familiar with bears, if you go on just just various, dogmatic thing it's easy to download information and bottle it up and look at it. Go to open VAERS if you want some people who can process that data as well as various websites called VAERSaware.com. You can look at all this data and yes, you're going to get princip codes. There's there's a lot of different ways to look at and if you use common sense. Look at the charts I showed in the last meeting. You don't expect to have variations under fold difference from blocks a lot of manufacturing process those kinds of things, you know surely some people you know, that's

**Cheryl Atwood** 1:33:19

Three minutes is over. Thank you.

**David Zook** 1:33:34

Motion to close public hearing.

**Cheryl Atwood** 1:33:42

We need a motion to approve the budgets.

**Kevin Hall** 1:33:44

Motion to approve the 2023 Budget Amendments (General & Capital).

**Dr. Yohanna Vernon** 1:33:48

I second that.

**Kevin Hall** 1:33:59

Motion to approve 2023 Transfer Authorization of Excess Funds including not to exceed 35%.

**Blake Rose** 1:34:00

Second. Motion to approve the 2024 Budget (General & Capital).

**David Zook** 1:34:14

Second that.

**Kevin Hall** 1:34:15

Motion to go in closed session. Second by David Zook.

**Meeting Adjourned.**

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[Letter distributed to Board of Health during Public Comment Period by Fred Hayes](#)

