

Oct 15, 2025




**Location:** Bear River Health Department, Bailey Building, 655 E. 1300 N. Logan, Utah

**Board of Health Attendees:** Lee Perry, Kevin Hall, Bill Cox, Randy Williams, Yohanna Vernon, Cheryl Atwood, Rebecca Echols, Sandi Goodlander, Cade Palmer (virtual)

**Bear River Health Department Attendees:** Jordan Mathis, Josh Greer, Linda Brown, Estee Hunt, Spencer George, Tim Mitchell, Alex Hutchinson, Jon Robison, Eric Ripplinger, Grant Koford, Jacqui Shelton, Koby Bennett, Holly Budge, Jared Bohman

**Other Attendees:** Kyle Snow

Attachments:  BRHD BOH packet 10.15.25

Meeting records:  Bear River Board of Health - Fee Hearing - 2025/10/15 16:25 M...

## Summary

Lee Perry initiated the meeting where Jonathan Robison presented the Beehive Emissions Reduction Plan (EV-RAP), which is a \$75 million grant to Utah to replace vehicles with electric alternatives. Jonathan Robison also presented the Vehicle Repair and Replacement Assistance Program (VRRAP) and proposed to revive the vehicle repair assistance program using excess funds from Cache County's Air Pollution Control (APC) fees. Kyle Snow, a finance expert, discussed the benefits and challenges of Medicaid capitation for substance abuse services, highlighting its potential to expand services and improve cost recovery. The board discussed the proposed utilisation of APC fees for the repair assistance program, and a motion was made, seconded, and passed to recommend to the Cache County Council that they consider using these funds for the program. The meeting also included updates on public health communication, nicotine and tobacco trends, and a successful measles response, along with financial and operational updates and strategic planning timelines. Lastly,

the board discussed proposed fee adoptions and adjustments for environmental health services.

## Details

### Call to Order & Adopt Agenda:

- Lee Perry initiated the meeting by asking for the adoption of the agenda:
  - Motion to adopt: Bill Cox
  - 2nd: Randy Williams

### Opening Ceremonies & Program Report (Beehive Emissions Reduction Plan)

- Jonathan Robinson then led the Pledge of Allegiance before presenting a report on vehicle emissions assistance programs.
- Jonathan Robinson introduced the Beehive Emissions Reduction Plan, funded by a \$75 million grant to Utah through the Department of Environmental Quality, allocated from the reduction act signed by President Biden in August 2022. The EV-RAP program, which constitutes approximately 13% of this funding, focuses on replacing vehicles with electric alternatives and is expected to run until October 16, 2029. The program offers tiered assistance for new or used electric vehicles based on federal poverty guidelines, with \$10,000 for those at 300% or below, \$7,000 for 300-400%, and \$4,000 for 400-500% of the poverty line..
  - **EV-RAP Eligibility and Vehicle Requirements** Jonathan Robinson outlined the eligibility requirements for the EV-RAP program: applicants must be at least 18 years old and Utah residents, and they may use a co-signer for a loan. The vehicles being replaced must be gas or diesel-powered, registered in Utah for at least 12 months, and either eight years old or older or have failed an emissions test within the last 30 days. The new vehicle purchased must be all-electric, an 8-year-old model year or newer, cost no more than \$48,125 before taxes, and be purchased from a participating dealer.
  - **Vehicle Repair and Replacement Assistance Program (VRRAP) Successes** Jonathan Robinson reported on the success of the Vehicle Repair and Replacement Assistance Program, which operated from 2017 to 2023. During this period, 1,265 repairs were completed in Cache County, totaling nearly \$1.2 million, with the health department assisting with almost \$1 million through airship grants. Additionally, 273 vehicle replacements were completed, totaling over \$4 million, with the health

department providing nearly \$1.1 million in assistance, leading to substantial reductions in air pollutants.

- **Proposed Cache County Air Pollution Control (APC) Fee Program**  
Jonathan Robinson discussed a proposal to revive the vehicle repair assistance program using excess funds from Cache County's Air Pollution Control (APC) fees. This program would be exclusively for Cache County residents and would potentially invest between \$75,000 and \$125,000 annually to assist vulnerable individuals, marginalized community members, and local businesses. The goal is to run this program in tandem with the EV-RAP for approximately another four years, contingent on a formal request to the Cache County Council.
- **Vote to Recommend APC Fee Utilisation** The board discussed the proposed utilisation of APC fees for the repair assistance program, noting that approximately \$600,000 is available in the fund.
  - Motion to recommend to the Cache County Council that they consider using these funds for APC utilisation: Bill Cox
  - Second: Kevin Hall, and passed, with the board expressing support for this utilisation given the program's past success.

### **Substance Abuse Medicaid Capitation Discussion**

- Jordan Mathis introduced Kyle, a finance expert, to provide an overview of Medicaid capitation, specifically for substance abuse services.
- Kyle explained that capitation involves Medicaid paying a premium per person to a managed care organisation, which then covers all necessary mental health and substance use disorder (SUD) services, excluding medications. The Bear River area is currently the only place in Utah not capitalised for SUD services, a model Kyle believes offers distinct advantages like greater flexibility in service provision and better cost recovery for certain services.
  - **Benefits of Capitation and Service Expansion** Kyle highlighted that capitation allows for the expansion of services, including optional "B3 services" such as case management to connect clients with housing, food pantries, or medical appointments. He also addressed concerns about only serving Medicaid clients, stating that their centre serves a roughly equal number of Medicaid and non-Medicaid clients, with profits from capitation enabling them to serve the uninsured or underinsured on a sliding fee scale. This model ensures that no one is turned away due to cost, making services accessible to those in need.

- **Challenges and Oversight with Capitation** Kyle acknowledged that moving to capitation might lead to complaints from providers who can no longer directly bill Medicaid, as the system centralises management to control costs. He noted that this oversight is a "feature, not a bug," as it introduces scrutiny to providers who previously operated with little audit, ensuring that services are appropriate and effective for clients. Kyle cited an example where capitation significantly reduced hospitalisation costs for mental health services, demonstrating its financial benefits and ability to facilitate local, integrated care.
- **Medicaid Capitation Implementation and Future** Kyle discussed the potential for the Bear River Health Department to move towards SUD capitation, with a positive meeting indicating cooperation. He clarified that while Bear River Health Department would oversee both substance abuse and mental health services under capitation, they could contract with other providers in the valley. This would require external providers to contract with the health department and adhere to their oversight, but allows for flexible rates to incentivise cooperation.

**Meeting Minutes & Public Comment** The meeting proceeded to the approval of minutes from the August 11th, Garden City, meeting and the September 2nd, Brigham City, meeting.

- Motion to approve the minutes for both meetings: Cheryl Atwood
- Second: Bill Cox
- There were no public comments from attendees present or online.

#### **NALBOH Update and Conference Report**

- Dr Yohanna Vernon detailed a conference attended by board members. Attendees noted that many other local boards of health share similar concerns regarding funding cuts and that the conference provided opportunities for collaboration. A keynote speaker from the WK Kellogg Foundation discussed the future of public health, highlighting a national need for 80,000 more full-time equivalent positions in state and local health departments to provide basic community services, representing an 80% increase. The conference also emphasised engaging community partners and board members' individual passions to bridge these gaps.
- **Communicating Public Health Information:** Dr. Vernon shared insights on improving public health communication and addressing misinformation, highlighting courses from Change Lab Solutions. She also mentioned a key speaker who emphasised starting with small projects with achievable goals for

policy changes, citing an example of focusing on mental health support in schools. Furthermore, they discussed utilising community resources, such as school nurses for vaccine administration, and incorporating local businesses, hospitals, and faith-based organisations into public health initiatives.

- **Collaborative Public Health Models** Dr Vernon discussed various models of public health collaboration, including how cities and villages in Massachusetts combine resources for shared services like social media personnel due to having numerous local health boards. She also mentioned a program in Nashua, New Hampshire, where the CEO of a medical group worked to pass legislation to combat homelessness among veterans, highlighting that their board was composed of only three individuals.
- **Engaging Communities and Combating Misinformation** Dr Vernon noted a recurring theme of community engagement and combating misinformation throughout the sessions, including partnering with libraries in San Diego to disseminate public health information and promote resilience against misinformation.
- **Nicotine and Tobacco Trends:** A breakout session focused on the changing landscape of tobacco and nicotine use, noting a decline in cigarette use but a rise in products like pouches and vaping. The discussion highlighted that these products are often promoted as cessation aids but can deliver higher nicotine doses, with concerns raised about their promotion on platforms like TikTok and the increasing use among young children, some as young as six.
- **Shadowing Health Department Employees** An example from Kentucky, where a judge, who was a Board of Health member, shadowed health department staff who were refilling Narcan boxes in the community, was shared. This practice allowed the board member to see firsthand the community's needs and the health department's operations, and it was encouraged for other Board of Health members to shadow employees to get more involved and understand local health department activities.
- **Sustainability and Adaptability in Public Health Funding** During a roundtable discussion with Dr Bonso, a key takeaway was the fortunate position of Utah's public health system compared to other states, particularly concerning the composition and functionality of their board. The conversation also explored concepts for sustainable and adaptable funding models for public health, with efforts to present these ideas to federal legislators and other boards.

## **Board Appointments and Consideration of Recommendations for Reappointments: Recognitions**

- Jordan addressed the reappointments of Kade Palmer and Randy Williams to the board, with a motion and vote to recommend their reappointments to the respective county councils. Dr Vernon was also recognised for being elected as a director-at-large for NALBOH, and Randy Williams for UALBOH, highlighting the board's national and state-level representation.
  - Motion for Kade and Randy to be reappointed and presented to the Cache County Council and the Box Elder Commission for approval: Bill Cox
  - Second: Kevin Hall

## **Health Officer Report**

- **Measles Response and Mitigation** Jordan Mathis provided an update on a measles response, noting a positive wastewater sample in Cache County followed by a confirmed individual case in September. The team successfully mitigated potential widespread exposure by administering immunoglobulins to 11 high-risk individuals, leading to only four close-contact cases and no further spread in a highly vaccinated population. The state's stockpile of immunoglobulins was crucial for this effort, and there are ongoing efforts to bill insurance and secure more doses to maintain the stockpile.
- **Financial and Operational Updates** Significant financial news included a five-year award for suicide prevention funding, totalling \$103,000 annually, which was partly attributed to the board's engagement in suicide fatality reviews. The department is also transitioning to a level-funded health insurance plan, anticipating no cost increase in the next year, which translates to substantial savings equivalent to a 2.5% cost-of-living adjustment.
- **Strategic Planning and Timelines** Updates were provided on strategic initiatives with set timelines, including a pay scale salary assessment to be presented to the board by May 2026, leading to merit system improvements by 2027. Fair regulation practices are set to change in January 2026, and a OneHealth collaborative is aimed at development by the end of 2026. A conceptual plan for a new facility in Hyrum is targeted for May 2027, driven by local service and demographic data.

## **Schedule Finance Committee Meeting**

- Josh Greer requests a time to meet with the Finance Committee before December's meeting.

- Finance Committee meeting scheduled for Monday, November 10, 2025, right before the Board Meeting. Meeting scheduled for 11:30 am on November 10th.

### **Proposed Fee Adoption and Adjustment Process**

- The board discussed proposed fee adoptions and adjustments, particularly for environmental health services, which rely heavily on direct service fees. The proposed increases, ranging from \$50 to \$100 for most services and higher for complex plan reviews like risk levels 2, 3, 4, and mobile facilities, reflect the true cost of providing these services. The department has engaged in extensive outreach to impacted entities regarding these changes.

### **Public Hearing for Proposed Fee Adoption & Adjustment**

- Motion to open hearing: Bill Cox
- Second: Sandi Goodlander
- The public hearing for fee adoption was opened and closed without public comment.
- Motion to close hearing: Sandi Goodlander
- Second: Bill Cox
- Motion to adopt the proposed fee: Bill Cox
- Second: Cheryl Atwood