



Sep 2, 2025

Brigham City Office 9 am-3 pm

## Board of Health Retreat

**In Attendance:** Alicia Toscano, Jordan Mathis, Estee Hunt, Spencer George, Joshua Greer, Linda Brown, Cade Palmer, Lee Perry, Sandi Goodlander, Yohana Vernon, Randy Williams, Cheryl Atwood, Farrin Weise, Holly Budge, Grant Koford, Mandi McBride, Rebecca Echols, Jared Bohman,

Attachments  Board of Health Retreat

Meeting records  Recording  BRHD BOH packet 09.02.25

### Summary

Jordan Mathis opened the meeting by outlining the health department's four strategic priorities and seeking board direction without formal votes, as items will return for consideration. Spencer presented findings from a salary assessment using Payscale, comparing public and private sector salaries and considering cost of living and staff turnover, and discussed recruitment challenges for unique positions. Rebecca gave a presentation on "One Health," emphasizing the interconnectedness of human, animal, and environmental health, its importance in addressing zoonotic diseases, and historical examples of its successful application. The main talking points were strategic priorities, salary assessment, and the One Health approach.

## Details

- **Meeting Structure and Strategic Priorities** Jordan Mathis opened the health department meeting, outlining a schedule focused on four strategic priorities: being a great organization, working with community partners, increasing access to opportunities, and helping people live the healthiest lives possible. They clarified that the meeting's purpose was to gather direction from the board rather than to take formal votes, with items to be brought back for formal consideration later. The strategic priorities are viewed as a virtuous cycle, continuously improving and enhancing one another.
- **Measuring Impact and Results-Based Accountability** Jordan Mathis discussed the importance of measuring the impact of their work, moving beyond just quantifying efforts (e.g., number of inspections or immunizations) to understanding the context and ultimate effect. They highlighted the challenge of linking activities to tangible improvements in people's lives and mentioned a partnership with the CDC Foundation to develop a dashboard that measures key performance indicators (KPIs) to demonstrate if individuals are better off due to their work. The goal is to connect individual team members' daily tasks to service area goals and the four strategic priorities, aiming for healthy people and thriving communities.
- **Salary Assessment and Market Comparison** Jordan Mathis introduced the topic of a salary assessment and merit system adjustment, turning time over to Spencer to discuss the salary survey. Spencer explained that they are using Payscale, a web-based database, for market analysis, comparing public and private industry salaries. This assessment considers the cost of living (CPI), market comparison, and staff turnover. The team seeks the board's input on additional factors to incorporate into the data gathering.
- **Geographic Market Considerations for Salary Comparison.** The discussion included determining the appropriate geographic market for salary comparisons, with Jordan Mathis noting that Payscale allows tailoring to specific areas like Logan or the greater Ogden market. Concerns were raised about comparing only within the health department's three counties, as nearby areas like Cache County could poach employees, emphasizing the need to be competitive within a broader market that includes both public and private sectors. Spencer clarified that most turnover is to the private sector, making it crucial to understand their standing in that area.

- **Staff Turnover Analysis** Spencer elaborated on staff turnover, categorizing terminations as "regrettable" or "non-regrettable" based on whether the departure was undesirable for the department. Retirement or performance-related terminations are non-regrettable, while good employees leaving for other opportunities are regrettable. They conduct exit surveys to understand reasons for regrettable turnover, though participation can be a challenge. It was suggested that personal conversations might yield more valuable insights, especially given the low turnover rate, to identify smaller, underlying issues.
- **Recruitment Challenges and Unique Positions** Jordan Mathis inquired about the number of applicants for open positions as a factor in salary adjustments, especially for unique roles. Spencer acknowledged that they haven't heavily emphasized this, partly due to the current rigid salary structure. They noted that positions like environmental scientists often receive few licensed applicants due to unique education and licensing requirements, while treatment counselor positions, due to a "glut" of counselors in the market, receive more applicants.
- **Recommendations for Salary Assessment Cadence** Spencer presented recommendations for the finance committee to review and refine the Payscale report, perform annual spot checks on positions with low applicant numbers or declined offers, and conduct a more in-depth review every three years. Spencer mentioned that Cache County performs annual checks, and the health department aims to tailor the assessment over time to specific industries or areas. An observation was made regarding the challenge of public sector salaries, which are funded by taxpayers who may not directly see the value of services, unlike private businesses with profit margins.
- **Merit System Revitalization** Jordan Mathis proposed revamping the merit system, identifying problems with the current rigid pay scale, where growth opportunities are limited, primarily to leadership roles. The current system, which applies a uniform increase across all positions and steps, lacks flexibility. They envision a new system with different pay tracks (e.g., Licensed Clinical Social Worker One, Two, and Three) within each service area, where employees have clear expectations and a shorter runway at lower levels, encouraging growth and advancement. This new system aims to provide opportunities for individuals to grow without necessarily becoming supervisors, rewarding merit, and encouraging development as public servants.
- **Implementation of the New Merit System** Jordan Mathis suggested that service area leads would define the expectations for each level within their respective

positions, emphasizing growth over time in position. The new system would allow for "micro adjustments" to salaries within specific service areas rather than a uniform increase across the entire workforce, enabling greater flexibility and responsiveness to market data. The proposed timeline for full implementation is approximately one year, with a target start date of January 2027, allowing time to define positions, align with Payscale data, and integrate new employees into the structure.

- **Employee Pay Scale and Motivation** Jordan Mathis discussed a new pay scale system implemented for deputies, which includes three levels (one, two, and three) that require specific training, experience, and annual requirements to maintain, with a goal to prevent stagnation. This new system aims to motivate employees and has resulted in increased participation in training and certifications, leading to better-trained and more invested staff. The plan is to present this refined pay scale report to the board for approval, aligning it with the budget and rolling it out at the annual meeting.
- **Board Appointments and Elections** Jordan Mathis announced Sandy's official appointment to the board as the elected leader from Cache County, allowing them to have a vote after previously attending without one. Additionally, due to David Zook's retirement, the board will need to elect a new vice chair, as David was previously elected to that position.
- **Introduction to One Health** Rebecca provided a presentation on "One Health," explaining it as a collaborative approach that recognizes the interconnectedness and interdependence of human, animal, and environmental health systems. They highlighted that this approach is crucial for solving complex health problems, particularly zoonotic diseases, and requires multidisciplinary expertise. Rebecca also mentioned that while One Health is recognized at federal and international levels, it often doesn't filter down to the local level.
- **Historical Examples of One Health in Action** Rebecca presented historical examples of One Health, starting with James Steele's work during World War II, who advocated for stricter milk ordinances and developed control programs for diseases like brucellosis to ensure a safe food supply and benefit public health. They also discussed the successful rabies vaccination campaigns in the 1950s, which significantly reduced rabies deaths and led states to adopt widespread control programs.

- **Zoonotic Disease Dynamics and Risk Factors.** Rebecca explained that there has been a significant increase in zoonotic disease outbreaks and spillovers from wildlife to humans, which is not a rare occurrence but is increasing in frequency. Factors like changes at the human-animal-environmental interface, including habitat destruction, increased density of populations, and changes in weather and land use, trigger these outbreaks and facilitate their spread. They also noted that conditions such as animal stress and starvation can increase virus shedding, leading to higher transmission risks.
- **Minimizing Zoonotic Disease Risk through One Health.** Rebecca detailed how a One Health approach can minimize risks to human populations through biosecurity, understanding disease ecology to identify hot spots, and surveillance for quick detection and control. This comprehensive approach aims to reduce the amount of virus in the environment and lower the risk to human health. They also highlighted the importance of collaboration between different disciplines and organizations, as experts often operate in silos, making deliberate efforts necessary to foster inter-entity cooperation.
- **Challenges and Current Issues in One Health** Rebecca and Jordan Mathis discussed current challenges related to One Health, including the increase in rabies cases globally and locally, noting that while Utah has low exposure, cases can still arise unexpectedly, as seen with skunk rabies migrating in Colorado. Concerns were raised about the sale of raw milk in Utah, which is not consistently tested for diseases like *Campylobacter*, leading to potential outbreaks and highlighting a "consumer beware" situation that may persist until severe illnesses occur. Jordan Mathis also referenced Dr. Web's analysis of historical death records in Cache County, which links declines in certain diseases to advancements like potable water, refrigeration, and milk pasteurization.
- **West Nile Virus and Dry Years** Jordan Mathis explained that dry years are worse for the spread of West Nile virus to humans. This is because, despite having fewer mosquitoes, the concentration of the virus within the mosquito population is higher as they all feed on similar birds, leading to an increase in human infections. They also noted that Cash County had one horse death due to West Nile, which prompted increased abatement efforts in that area.
- **One Health Collaboration Challenges** Jordan Mathis discussed the challenges in coordinating efforts for issues like West Nile virus and avian influenza across multiple counties, particularly in integrating resources and funding. They shared an instance where a lack of established partnerships led to significant

uncompensated work hours in response to avian influenza outbreaks at Oakdale Farms, highlighting the need for continuous collaboration rather than only in crises. They emphasized the importance of a standing, formal One Health coordination to improve preparedness, communication, and surveillance, ultimately saving time and money and preserving both animal and human health.

- **Proposal for One Health Collaborative** Jordan Mathis expressed a desire to present a plan to the board for establishing a local One Health collaborative, integrating existing funds and resources. They also suggested that this initiative might require some county resources to supplement existing funding, noting that they had previously advocated for a veterinarian on the board to support such partnerships.
- **Mass Gathering Fee Philosophy** Jordan Mathis initiated a discussion on the health department's philosophy regarding regulating and instituting fees for mass gatherings, especially concerning other government agencies. They highlighted the inconsistency of not charging fees to government-hosted events like Peach Days, while charging other organizations for similar gatherings. They also noted that current practice allows for waivers based on historical compliance, which means providing documented guidance without issuing a permit, charging a fee, or performing inspections.
- **Challenges and Liability of Mass Gathering Waivers** Jordan Mathis and other participants discussed the challenges of granting waivers for mass gatherings, particularly regarding public risk and the health department's liability if incidents occur. They noted that while a waiver means no fee or inspection, the event is still subject to state law requirements regarding sanitation, water, and emergency services. Concerns were raised about inconsistencies in standards when waivers are granted, and the potential for public pushback from cities that have historically operated without issues.
- **Justification for Fees and Consistency** Jordan Mathis argued that the health department should be compensated for the work involved in reviewing plans and potentially inspecting events, even if a waiver is granted. They emphasized the importance of consistency in applying fees and standards to all organizations, including other government agencies, to maintain the health department's good reputation and ensure public safety. They also suggested that an education campaign could help municipalities understand the rationale behind charging fees and enforcing state laws.

- **Proposed Future Direction for Fees** Jordan Mathis proposed a clear direction for Grant and their team to implement an education campaign beginning in 2026, aiming to assess the same fees across all entities, regardless of whether they are government agencies. They argued that there is no clear reason to treat government agencies differently regarding fees and inspections for services rendered.
- **Hyrum Property Development Discussion** Jordan Mathis presented data regarding a piece of property in Hyrum that the board owns, suggesting its potential development into a building to provide health services to the catchment area. They sought the board's input on whether there is sufficient justification and data to move forward with engaging an architect for planning, emphasizing the need for the new facility to be a "net-neutral proposition" in terms of staffing, meaning it would not require an increase in payroll.
- **Data Analysis and Service Expansion for Hyrum Property** Jordan Mathis presented data on current service utilization in the Hyrum catchment area, including behavioral health, WIC, immunizations, and STI services. They questioned what additional data, such as work locations or shopping habits, would be needed to make an informed decision on development. They also discussed potential service expansions to include environmental health and community health services, acknowledging that some services, like vaccinations, would still require in-person visits despite the growing trend of telehealth.
- **Hyrum Property Location and Accessibility** Jordan Mathis discussed the Hyrum property's location, noting its potential to benefit excluded groups and its proximity to a bus stop. They mentioned that while a bus stop could be planned for the property, a return stop on the opposite side of the busy road is problematic due to safety concerns, making it difficult for those coming from Providence to return by bus. Jordan Mathis also highlighted the area's growth in housing and the strategic placement of their office in relation to poverty levels and access to pharmacies and hospitals, which aligns with patient-centered medical home principles.
- **Collaborative Space Utilization and Community Access** Jordan Mathis presented a theoretical concept for the Bailey building and a new Hyrum building, suggesting that shifting 25% of staff to the Hyrum building would create 25% vacancy in the Bailey building. This vacancy could then be offered to partners like BRAG, enabling co-located services to increase public health and access to opportunities, such as addressing housing needs. Jordan Mathis emphasized

that this approach would decrease costs and utilize existing paid-for buildings by having partners cover utilities, making services more accessible to individuals by co-locating resources.

- **Cross-Training and Service Delivery Models** Mandi McBride elaborated on a successful modeling approach in Tremonton, which could serve as a model for Hyrum. They explained that nurses have been cross-trained in various services like WIC, immunizations, and STI care, allowing one nurse to potentially provide multiple services during scheduled visits. While this cross-training has been highly beneficial for maximizing services with fewer staff, challenges remain with front office staff needing cross-training in behavioral health services.
- **Medicaid Capitation and Service Expansion** Jordan Mathis provided an update on Medicaid capitation, explaining that it involves a per-person dollar figure for Medicaid recipients, with the Bear River Health Department overseeing eligible providers and ensuring service delivery to the Medicaid-eligible population. They noted that this model offers more control and visibility over treatment necessity, potentially reducing unnecessary charges to Medicaid and associated county match requirements. While acknowledging the risk of the Health Department assuming all financial risk, Jordan Mathis shared that Medicaid has historically been willing to adjust rates, and this model could expand the ability to provide services to the community. Cache and Box Elder counties have approved exploring capitation, with Rich County expected to follow, aiming for implementation by July of next year.
- **Discussion on Medicaid Capitation Implications** Jordan Mathis addressed concerns about whether the capitated model would limit services to non-Medicaid patients, differentiating their approach from a mental health provider who primarily serves Medicaid recipients. They affirmed the board's mandate not to limit services to non-Medicaid individuals and stated that their substance use side already serves a 50/50 mix of Medicaid and non-Medicaid patients. Jordan Mathis also offered to have Kyle Snow, President of the Utah Behavioral Health Centers Association, explain the capitation model to the board for better understanding.
- **Future Building Utilization and Partnership Opportunities** Jordan Mathis discussed the criteria for a new building, explaining that utilization rates and patient loads per service area are being assessed to determine the need for space. They clarified that the purpose of the new building is to increase access to opportunities rather than simply expanding current services due to being at

capacity. Jordan Mathis suggested building out the Hyrum property with potential for future expansion, possibly leaving some sections unfinished, and emphasized exploring partnerships with other organizations like BRAG and SNAP to share costs and fill the building with complementary services.