

Jan 12, 2026





Bear River Board of Health Meeting

Location: Bear River Health Department, Bailey Building, 655 E 1300 N, Logan, Utah, 84341




Board of Health Attendees: Kevin Hall, Lee Perry, Sandi Goodlander, Cheryl Atwood, Rebecca Echols, Randy Williams, Cade Palmer, Yohanna Vernon

Bear River Health Department Attendees: Jordan Mathis, Josh Greer, Spencer George, Linda Brown, Alicia Toscano, Holly Budge, Jared Bohman, and Laura Oliverson

Attachments  Bear River Board of Health Meeting

 Bear River Board of Health Meeting - 2026/01/12 12:32 MST - Recording

 Bear River Board of Health Meeting - 2026/01/12 12:32 MST - Chat

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Summary

Jordan Mathis called the meeting to order with a quorum including Bill Cox, Cade Palmer, and Kevin Hall, and an in-person tour of the urine analysis program lab was scheduled following the opening ceremony led by Laura Oliverson. The board unanimously approved the Minimum Performance Standard Attestation, while also adopting a personnel policy addendum concerning employee health screening proposed by Spencer George. Jordan, Jared, Bill, Sandy, and Lee discussed the successful behavioral health integration plan and scheduled finance committee meetings for February 9th and May 6th to address financial impacts, including liabilities related to staff leave and the Electronic Health Record contract exit cost. Jordan Mathis presented concerns about legislative issues, including raw milk bills, a vehicle exemption proposal, and HB88, which potentially

impacts treating undocumented individuals with communicable diseases, and proposed developing a worst-case scenario plan for federal funding uncertainty to be reviewed in March and approved by May.

Call to Order & Adopt Agenda:

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

Meeting Minutes Approval:

- Lee Perry initiated the approval of the minutes from the December 8th meeting:
 - Motion for approval: Cheryl Atwood
 - 2nd: Sandi Goodlander

Details:

Opening Ceremony and Pledge of Allegiance

- Laura Oliverson led the meeting's opening ceremony, including the pledge of allegiance. Following the pledge, an in-person tour of the urine analysis program lab was scheduled.

Challenges of CLEA Certification and Lab Capacity

- Jordan Mathis discussed the exploration of running Medicaid samples in the local lab, which requires CLEA certification. He mentioned that attaining this certification requires a lab director who has served two years as a supervisor in a forensic CLEA-certified lab. Jordan noted the difficulty of finding someone with these credentials for only a few hours of work per month. Jordan also stated that running the Urine Analysis System (UAS) lab costs more than the charges received, due to a lack of economies of scale, although they are now receiving more Medicaid UAS.

Advocacy for Decentralized Public Health Labs

- Jordan Mathis advocated for the decentralization of public health labs to a regional capacity, suggesting partnerships with higher education institutions like USU and the University of Utah to utilize their existing equipment and certified staff. They argued that this would maximize public dollars and avoid duplicating

efforts, which they found problematic during the pandemic when a first positive test took seven days to return. Jordan suggested exploring a contract with a certified individual at Utah State and inquired if other states are already implementing such partnerships.

Public Comment:

- None

Minimum Performance Standard Attestation

- Jordan Mathis presented the minimum performance attestation checklist for R380-40, which the board is required to review and approve annually. Jordan Mathis noted that the state has restarted minimum performance audits, and its organization may be selected for one in the next three months. Jordan Mathis asserted that the department strives to exceed these minimum standards by pursuing public health accreditation. Key responsibilities covered by the attestation include overseeing the health officer's performance review, developing policy, monitoring the budget, ensuring compliance, and ongoing planning. Jordan Mathis confirmed that the department is addressing mental health and substance abuse, its top priority identified in the Community Health Assessment (CHA). He also confirmed compliance with federal, state, and local laws, although they noted the difficulty of meeting growing compliance requirements, such as data privacy legislation. Jordan Mathis confirmed the capacity for vital records, water lab services, contracts for other services, and public health emergency preparedness.
- Lee Perry initiated the approval of the Minimum Performance Standard Attestation:
 - Motion for approval: Randy Williams
 - 2nd: Cheryl Atwood

Personnel Policy Update

- Spencer George proposed an addendum to the personnel policy regarding employee tuberculosis (TB) screening and Hepatitis B vaccination requirements, which formalizes current practices. The policy requires a two-step TB skin test for all new employees and vaccination records or a titer test for dietitians and nurses due to potential exposure to bloodborne pathogens. Employees retain the option to decline the vaccination.
- Lee Perry initiated the approval of the Personal Policy Update:
 - Motion for approval: Sandi Goodlander
 - 2nd: Randy Williams

Health Officer Report

Update on Behavioral Health Integration

- Jordan provided an update on the behavioral health integration, noting two successful webinars with county elected leaders, where they recommended a full integrated model. This model would transition 20 employees and their services to Bear River Behavioral Health, allowing for full capitation under Medicaid for both mental health and substance abuse, establishing single entry points, and centralizing contact with justice-involved individuals. The Bear River Health Department would then focus on administrative oversight of contracts and health outcomes.

Implementation Challenges and Financial Implications of Integration

- Jared Bohman agreed that the integration is going well, but is complicated, requiring attention to details such as electronic health records, data migration, and service locations. They supported the move as the "right thing to do" for the community and clients, even if current employees, some with long tenure, are anxious about the change. Jordan planned to seek formal votes from the Cache County Council, the Box Elder County Commission, and the Rich County Commission to approve the fully integrated model. This transition will have financial impacts, notably the liability for earned leave for transitioning staff, which is anticipated to require a transfer of resources and will be discussed with the financial committee.

Finance Committee Meeting Scheduling

- Jordan requested scheduling finance committee meetings for February and May to address financial impacts, including liabilities related to staff leave and the cost of exiting the current Electronic Health Record (EHR) contract, which is a high-anxiety point for team members. The February 9th meeting at noon was confirmed by Bill Cox and Sandi Goodlander, with Lee Perry making it work. The May meeting was set for the 6th at noon, with a note that the May meeting will include the auditor.

Financial and Operational Impacts of Behavioral Health Integration

- Jordan explained that the loss of the largest substance use contract due to integration means losing a significant portion of administrative costs funded through contract allocations, requiring a strategy to make up for this loss. The new Bear River Behavioral Health will rent the current space, including the lab, which will help cover some of the cost.

- **Planning for Federal Uncertainty** Jordan raised the issue of planning for federal uncertainty, recalling the successful handling of severance from the current contract by getting advance approval. He noted that 65% of the overall budget relies on contracts primarily influenced at the federal level, and the ongoing public health cuts are a concern, unlike the previous COVID-related cuts. Jordan proposed a "worst-case scenario planning" effort, using three principles: adaptability, allowing time for win-win options, and preserving existing, trained team members.

Discussion on Advocacy as a Planning Principle

- The board discussed adding "advocacy" as a planning principle for dealing with federal uncertainty, specifically concerning transparency and communication with the public about potential changes and the reasons behind them. Randy Williams suggested that advocacy for transparency about the organization's needs when tough times arise should be a key part of the planning principles. Jordan agreed that communication and transparency, potentially mixed with public relations, are important, and confirmed they will add advocacy as a principle.

Worst-Case Scenario Planning for Federal Funding Uncertainty

- Jordan Mathis proposed that the leadership team develop a worst-case scenario plan in case of potential uncertainties regarding federal funding. This plan would be brought to the board for review and input in March and possibly May, to have it approved by the board no later than May, and ready for execution between May and October 2026 if necessary. The proposal aims to prepare for circumstances outside of the board's control that might impact the ability to meet mandated minimum performance standards.

Funding and Regulatory Landscape of Public Health

- Jordan Mathis discussed the funding mechanisms and regulatory obligations for the local health department, noting that minimum performance standards are mandated by the state, but the majority of those standards are fulfilled through federal contracts. The department receives approximately half a million dollars from the state legislature to meet some minimum performance standards, with additional county dollars used to backfill areas like tuberculosis control. Jordan expressed concern that losing federal contracts could jeopardize the ability to fully meet these standards and might necessitate looking into a fee-based model as one of the three primary funding mechanisms, alongside contracts and county property taxes.

Federal Involvement and State Reliance on Public Health Funding

- Jordan Mathis emphasized the historical over-reliance on the federal government for funding the public health system in Utah, both at the local and state levels. Jordan acknowledged the role of the federal government in setting uniform standards, similar to interstate roads, but suggested that a vigorous debate could be had about the extent of that role, opposing a complete withdrawal from public health funding. In response to a concern about potential property tax cuts impacting county funding, Jordan reiterated that if federal funding is drastically cut, they will need to find a way to maintain a system providing minimum standards for communities.

Legislative Bill Tracker and Concerns

- Jordan Mathis raised the board's awareness of the current legislative bill tracker, with the biggest concern being HB88, sponsored by Representative Lee. This bill, which amends provisions regarding exceptions to verification of lawful presence for public assistance benefits, could potentially prevent the health department from treating individuals with active communicable diseases like TB who may be undocumented. Jordan noted that this is problematic because communicable diseases do not respect patient status, and while resources are expended on individuals without legal status, it is done to protect the community as a whole.

Raw Milk Legislation and Opioid Funding Advocacy

- Jordan Mathis provided updates on a couple of raw milk bills, noting the department is considering supporting one and is concerned about the other, particularly Chevrier's bill, due to a lack of input sought from public health officials. Additionally, Jordan discussed tracking state opioid funding, which is not a formal bill but an appropriation issue, and plans to advocate for the continuation of \$2 million in ongoing prevention funding before the Social Services Appropriation Committee. The goal of this funding is to move resources upstream toward prevention and has been critical in fostering new coalitions across the county.

Data Privacy Law Compliance

- Jordan Mathis brought House Bill 491, the data privacy law, to the board's attention, noting the significant amount of staff work required for compliance, particularly for Josh and their team. Compliance requires the board's review and approval of related policies by this spring, no later than May. Josh Greer noted

that a significant challenge is purging data once the retention period is over, as existing databases were not built to identify and purge information.

Upcoming Events and Board Retreat Discussion

- Jordan Mathis announced the save the dates for the UALHD 2026 Annual Symposium, April 28th to 29th at the Davis Conference Center. Randy Williams, part of the planning committee, encouraged attendance, highlighting the goal of improving public health advocacy and communication.
- Jordan also requested input from the board on whether to hold a board retreat this year, which has typically been held in September, suggesting a minimal cost option like meeting in Brigham City. Nothing was decided at this time.

National Public Health Meeting and Federal Funding Strategy

- Dr. Vernon informed the board that she will be attending the national meeting on the Hill in Washington, D.C., next month and will report back on the NALBOH issues in March. Jordan Mathis suggested meeting with Dr. Vern beforehand to share the infographic about potentially changing the way the federal government funds public health and to discuss talking points for the meeting.

Future Agenda Items and Ongoing Health Updates

- Jordan Mathis mentioned the upcoming NALBOH conference in San Antonio, Texas, on October 12-14, which is a potential opportunity for one board member to attend. Jordan also addressed the request for future agenda items and agreed to include the entire board in the monthly respiratory and measles updates that are currently being sent to hospitals, schools, and county elected leaders during the respiratory season.

Motion to Close Session

- Lee Perry initiated a motion to close the meeting
 - Motion to close: Sandy Goodlander
 - 2nd: Chery Atwood