

*****PENDING - SUBJECT TO CHANGE*****

**MINUTES
CENTRAL UTAH COUNSELING CENTER
AUTHORITY BOARD MEETING**

DATE: March 12, 2025

PLACE: Central Utah Counseling Center
282 S 100 E
Richfield, UT 84701

TIME: 4:30 PM

PRESENT: Commissioner Scott Bartholomew, Commissioner Dennis Blackburn, Commissioner Ralph Brown, Commissioner Vicki Lyman, Commissioner Marty Palmer, Commissioner Sam Steed, Nathan Strait, Richard Anderson, Chad Williams, Anna LaDamus, Jared Kummer, Lynnette Robinson, Holly Kunzler, Jace Ellsworth, Christian Matthews, Julie Lynn, Samantha Payne, Elizabeth Hinckley, Sheriff Jared Buchanan (virtual)

EXCUSED:

I. APPROVAL OF MINUTES:

A motion was made by Commissioner Ralph Brown to approve the minutes of the January 8th, 2025 Authority Board Meeting. The motion was seconded by Commissioner Scott Bartholomew. Votes by voice included Commissioner Scott Bartholomew, Commissioner Ralph Brown, Commissioner Sam Steed, Commissioner Dennis Blackburn, and Commissioner Marty Palmer. Motion carried. Commissioner Vicki Lyman was not yet present.

II. PUBLIC COMMENT PERIOD:

There was no public present in the meeting.

III. FINANCIAL REPORT:

A. FY2025

Richard Anderson presented the financial report, noting that 67% of the fiscal year is gone. He expressed concern regarding the receipt of only 55% of funding from substance use disorder (SUD) Medicaid, which is notably lagging. Medicaid's ongoing efforts to resolve issues with PRISM have resulted in frequent adjustments, where funds are allocated and subsequently withdrawn. Despite repeated attempts to understand and rationalize these processes, the reconciliation remains inconsistent and inaccurate. For instance, \$11 was received for SUD capitated (CAP) funding in February, while no SUD CAP funding has been received in March. Aside from this concern, things look about as

expected. With 67% of the fiscal year complete, 68% of funding has been received for mental health (MH) services. SUD funding remains low at 55%, but there are no other substantial concerns on the revenue side aside. Commissioner Marty Palmer asked about the payment schedule for county match. Richard stated the process was revised to avoid overlapping of fiscal and calendar years with the counties. In late November, an estimate of the county match was provided to assist with budgeting. Invoices will be sent to the counties in May with payment due by the end of June. Hopefully, this revised process will be easier by not having a two-year overlap. On the expenditure side, spending is up on both MH and SUD services. Travel expenses are lower overall. Concerns have been raised about wages and fringe benefits. Lynnette Robinson clarified that these line items include bonuses and two additional payrolls, due to the bi-weekly pay schedule. Richard noted that bonuses do come from other funding and were not included in the budget, which makes these numbers look high. On the expenses side, inpatient services are at 44%. Inpatient was under one million dollars last year, which was a decrease from the previous two years. This decrease was attributed to the Mobile Crisis Outreach Team (MCOT). Increased spending with American Rescue Plan Act (ARPA) funds are represented in Capital and Equipment expenditures. Medicaid reconciliation indicates \$863,000 is still owed, but Richard hopes this is closer to \$1.5 million. Eligibility has declined following the end of the pandemic. Fiscal Year (FY) 2024 began with approximately 13,000 eligible individuals and has decreased to approximately 9,000, which impacts funding. An economic lull typically causes eligibility numbers to increase, but that is not currently being seen. The Center previously relied on the electronic health record (EHR) Credible to process billing but has recently transitioned that process in-house. An encounter data validation audit was performed that presented with some discrepancies. As a prepaid provider for MH and SUD services, the Center receives funding in advance and subsequently reports on utilization. The cost report process remains unchanged, as encounter data continues to be submitted to verify the services provided. To date, the Center has received credit for all services rendered. The current encounter data validation audit aims to assess whether the records submitted by the Center align with the state's records and were successfully accepted. The Center's data originates from cost reports, and the audit serves as a mechanism to evaluate whether the Center's system reconciles with the state's records. A contributing factor to the discrepancies identified in the audit stems from changes within Credible. In April 2023, Credible underwent a staff transition, resulting in the absence of the typical fiscal year-end cleanup. As a result, the audit remains pending. The transition to in-house billing necessitated the hiring of a dedicated billing specialist. Tammy Arellano has been instrumental in this process, increasing the fee-for-service (FFS) collections by approximately 1000%. Moving forward, she will assume direct responsibility for the data cleanup efforts, ensuring that Center records align with state records. While the Center continues to receive credit for services rendered, the inconsistencies in data submissions originated from Credible.

- B. **MOT Funding** - The Center's MCOT is fully funded by the state, with additional funds secured from various agencies. The funding structure is undergoing changes that have an anticipated decrease in allocated funds by \$750,000 to \$780,000. MCOT costs approximately \$1.2 million to operate. Despite the anticipated shortfall, Medicaid billings

closely align with the gap, which leads Richard to believe that the Center will maintain financial stability. There has been ongoing debate regarding the appropriate method for distributing funds. Larger centers have advocated for allocation strictly based on population size, whereas Richard continues to argue for a distribution model that considers geographic coverage. An example of the geographic challenges is MCOT covering Hanksville to Callio, which is a six hour drive. MCOT is FFS, which differs from capitated.

C. RCS Funding - The state has allocated \$500,000 for receiving center services (RCS) to be utilized this current fiscal year.

D. Delta Furnace Replacement - Following the carbon monoxide (CO) incident in Ephraim, testers were purchased for each furnace to prevent future problems. The Delta office has a furnace that is the exact make and model of one of the failed furnaces in Ephraim, although it is newer. While the indoor air quality remained unaffected, testing showed the flue gases were showing early warning signs that the unit could be at risk of failure in the future. To avoid this potential hazard, an emergency repair was done to replace it at a cost of \$4,500 in APRA funds. Richard stated the CO monitors in the building never showed any indication of a CO leak.

A motion was made by Commissioner Scott Bartholomew to approve the financial report as presented. The motion was seconded by Commissioner Vicki Lyman. Votes by voice included Commissioner Vicki Lyman, Commissioner Scott Bartholomew, Commissioner Ralph Brown, Commissioner Sam Steed, Commissioner Dennis Blackburn, and Commissioner Marty Palmer. Motion carried.

IV. RECEIVING CENTER DISCUSSION:

Nathan Strait presented on the continuum of behavioral health services, emphasizing the role of MCOT across the entire spectrum. Key components of the continuum include Residential Supportive Living, Receiving Centers (RCs), Social Detox (for SUD cases), and Inpatient Hospitalization. While the RC/SUD detox component has been absent, efforts are underway to establish these services, recognizing their importance in addressing gaps within the system. Physical health services also play a significant role in this continuum. Utah's Coordinated Crisis System operates as a funnel, with the 988 crisis hotline aiming to stabilize 90% of calls. Of the remaining 10% referred to MCOT, 75% of those cases are stabilized, with the rest requiring higher levels of care. For cases directed to RCs, short-term observation/stabilization results in 55–70% being stabilized, while 30–45% require subacute care. From there, 80–90% are stabilized at subacute hospitalization or short-term residential care, with the remaining cases transitioning to inpatient hospitalization. In areas without RCs, cases often progress directly from MCOT to hospitalization. Regarding follow-up care, Anna LaDamus explained that MCOT provides a minimum of 90 days of follow-up for all clients, ensuring continued engagement, monitoring, and coordination with outpatient teams. Approximately half of shared clients are supported by outpatient teams, ensuring adherence to treatment plans and intervening when necessary. In Sevier County, a van has been repurposed as an ambulance for client transportation. Without an RC, emergency rooms (ERs) effectively serve as RCs, which poses challenges due to a lack of security in local ERs. Law enforcement often steps in to monitor patients until hospitalization occurs. Currently, approximately 25 cases proceed to inpatient hospitalization,

whereas RCs could potentially reduce this number to 1–2 cases. Nathan presented floor plans for the proposed RC in Gunnison, which will include a 23-hour stay for stabilization and short-term stays (up to 7 days) for cases requiring further care before transitioning to inpatient services if stabilization is not achieved. Concerns regarding transportation and resource allocation were raised during the discussion. Nathan clarified that transportation responsibilities would ideally be tied to the originating area, ensuring clients are transported by their respective counties. Provisions for clients lacking transportation will include coordination with case managers (CMs) at the facility. Additionally, law enforcement transportation practices were addressed, with efforts to avoid stigmatizing mentally ill patients. Private insurance does not typically cover RC services, while Medicaid does. Outcome data for RC stays indicate 49% of clients return home post-stay, 5% transition to street living, 9% proceed to homeless shelters, 7% are referred to ERs, and 6% utilize residential services. For cases without available services 38% are hospitalized or referred to ERs, 34% remain at home, 9% move to emergency/homeless shelters, and 4% face detention/incarceration. Law enforcement involvement in services is minimal, occurring only in 4% of cases. The average law enforcement drop-off time at RCs is approximately five minutes. Sheriff Jared Buchanan emphasized the importance of maintaining MCOT services alongside RCs, expressing concern over potential funding shifts. Anna was encouraged to attend state-level LEEDS meetings to strengthen collaboration between MCOT, RCs, and law enforcement. Security measures at RCs will include locked doors to prevent unauthorized entry, while clients can leave voluntarily. The facility will operate 24/7, staffed to manage short-term stays effectively. Clients seeking help will be admitted willingly following screening procedures. Lastly, Nathan addressed concerns about rural versus urban RC utilization, highlighting disparities in transportation and homelessness rates. Urban RCs see greater numbers due to higher prevalence of homelessness, whereas rural RCs face challenges associated with geographic coverage. Nathan reiterated that this meeting was recorded and is publicly accessible on the state website.

V. OVERDOSE DATA REPORT:

Nathan presented overdose data from the Central Utah Public Health Department, covering the period from October 2019 through September 2024. The data, which is calculated based on a population of 100,000, shows a concerning upward trend in overdose rates. Although the actual number of overdoses in 2019-2020 was 10, the rate was reported as 12.7 to account for population scaling. The substances most commonly associated with overdoses include methamphetamine, which is the leading substance associated with overdose, followed by fentanyl. Fentanyl usage has increased significantly, while heroin rates have decreased. Kratom, a legal drug sold in smoke shops, acts as a depressant mimicking opiates. Gabapentin is a prescription anti-seizure medication that is used for pain but is frequently misused. During the discussion, it was noted that fentanyl is both cheaper and more accessible than other substances, making it a significant contributor to the rising overdose rates. Jared Kummer expressed surprise at the prevalence of methamphetamine use, particularly given that much of the methamphetamine in the area is laced with fentanyl. Elizabeth Hinckley noted that often users are not aware that it is laced. Harm reduction measures were discussed. Fentanyl test strips allow a person to test substances for the presence of fentanyl before use. Naloxone can be given to clients who are actively using opiates. There is a heightened risk for individuals who have been in recovery and relapse. It can be deadly.

VI. FRAUD RISK ASSESSMENT:

Richard presented the annual fraud risk assessment, noting that the questionnaire remains unchanged from previous years with the same score of 375 out of 395. The only deduction comes from the absence of a licensed, certified public accountant (CPA). A score above 355 is considered very low risk. Richard and the board chair, Commissioner Marty Palmer, will sign and submit the assessment to the state auditor as part of the standard requirements. This submission is important to ensure compliance and avoid any findings during the audit process.

A motion was made by Commissioner Dennis Blackburn to accept the Fraud Risk Assessment and Richard Anderson and Commissioner Marty Palmer to sign it for submission. The motion was seconded by Commissioner Vicki Lyman. Votes by voice included Commissioner Vicki Lyman, Commissioner Scott Bartholomew, Commissioner Ralph Brown, Commissioner Sam Steed, Commissioner Dennis Blackburn, and Commissioner Marty Palmer. Motion carried.

VII. PERSONNEL ACTIONS:

Jace Ellsworth stated a Richfield case manager and peer support specialist resigned at the end of January. They have been interviewing to fill this position and have a candidate they are prepared to extend an offer to, pending the completion of background checks.

VIII. PREVENTION REPORT:

Elizabeth Hinkley (Libbie) provided an update on the prevention team and their current focus, which is centered on addressing suicide ideation within the rodeo community. Following the loss of an individual from the area in January, Snow College approached Libbie seeking data and resources specific to the rodeo community. Despite extensive efforts to locate information, including outreach to the state, the American Foundation for Suicide Prevention, other states, and the World Health Organization, no targeted data for this community was found. Since mid-January, two losses and seven suicide attempts have been reported in Utah's rodeo community. Libbie emphasized the urgency of addressing this crisis and shared insights from the Student Health and Risk Prevention (SHARP) Survey, which collects data from high school students in central Utah. Key findings include 58.2% of respondents reported eating dinner with family, which positively impacts mental health. 77.2% of students spend over two hours daily on social media, which is directly correlated with increased depression risk. Only 41.3% of students receive eight hours of sleep per night. 17% reported feeling isolated. 28.4% experienced prolonged sadness for over two weeks. 17% engaged in self-harm acts. 19.8% talked to an adult about suicidal feelings. 14.9% seriously considered suicide. 5.5% attempted suicide.

Commissioner Scott Bartholomew shared the story of a county clerk who lost her son to suicide and now displays signs of kindness to raise awareness. Similar initiatives are active in Sevier County. Commissioner Vicki Lyman inquired whether suicide rates were higher during COVID, and Libbie confirmed 2021 was the peak year. The SHARP survey requires parental consent and asks detailed questions. Areas targeted through the survey have reported declines in suicide-related behaviors. North Sanpete High School had the highest participation rates, with Juab recently joining the initiative. The discussion addressed methods of suicide, noting that the rodeo community primarily uses hanging, while firearms are more common locally. Concerns

were raised regarding firearm safety. Gun locks were identified as an effective preventative measure. Historically, women are more likely to use drugs, while men are more likely to use firearms. Impulsive actions with easy access to lethal means often result in success. Libbie then offered to share SHARP survey results with commissioners and went into detail regarding the readiness assessments initiated within the rodeo community. Prevention strategies include collaboration with Utah High School Rodeo to provide information to parents and leaders, gatekeeper training for rodeo leaders, announcing mental health resources during rodeo events, displaying banners about mental health at rodeos, partnerships with the National High School Association of Rodeo, Snow College Rodeo, and high school team ambassadors, developing a rodeo-specific mental health campaign with the state, including patches for participants, information distribution, advertisements, billboards (Sevier and Millard), and sponsorship of the Days of 47 Rodeo, and identifying successful rodeo athletes to promote mental health awareness. Commissioners provided suggestions for outreach contacts, and Nathan highlighted Libbie's commendable efforts, noting that her work addressing this crisis could have statewide and national effects.

IX. DIRECT SERVICE POLICY REVIEW:

Nathan presented a proposed direct service hours policy and outlined four key reasons for the consideration. The last consideration is team differences. There is variation in workloads across the teams, with Richfield being highly active, Nephi following closely, and Sanpete lagging behind. The third consideration is to set clear expectations to ensure all teams understand performance standards and service expectations. The second consideration is consequences and rewards by establishing structured incentives and accountability measures. The last consideration is cost study analysis. Data from the annual cost study highlights how increased service provisions reduce costs per provider. Ideally, providers should generate more revenue than their employment costs. The proposed policy is structured to where office managers' bonuses would be based on the average of their team. The threshold would start at 700 direct service hours annually and would be paid quarterly. Commissioner Sam Steed asked if this was an incentive to get clinicians more engaged with clients. Nathan confirmed that the goal is to sustain client engagement, reduce hospitalizations, and maintain service continuity. Jared noted that quarterly payouts would be motivating for clinicians, reinforcing the importance of consistent service provision. Commissioner Scott Bartholomew raised concerns about potential financial manipulation, questioning whether employees might seek to increase earnings unethically. Nathan reassured the group that multiple oversight layers, including audits, ethical review, and leadership monitoring, would ensure integrity. Direct service hours are reviewed monthly, with annual audits verifying service accuracy through client confirmation. Sanpete's ongoing performance issues were discussed. Commissioner Scott Bartholomew questioned whether clients felt unsafe or had concerns about current providers, with Chris Matthews affirming that both factors played a role. Some clients disengaged entirely, while others lost Medicaid coverage, and lingering negative perceptions in the community may be affecting engagement. Despite these challenges, Chris reported that in the last quarter, therapists met direct service hour targets for the first time in two years, an achievement attributed to recent momentum-building efforts. The Sanpete team, although least experienced in terms of licensed clinicians, remains aware of their performance gap. The discussion moved to whether outreach to disengaged clients would be appropriate, with some team members acknowledging past resentment among clients

who have since re-engaged. The proposed policy aims to formalize performance expectations and defines consequences for noncompliance. Chad Williams and Holly Kunzler expressed support for rewarding high-performing providers, highlighting its potential to improve morale and prevent burnout. It was clarified that county funds would not be allocated for this policy; instead, Center funds would cover costs. Increased direct service hours would result in higher Medicaid reimbursements, allowing the initiative to be financially self-sustaining.

A motion was made by Commissioner Dennis Blackburn to approve the Direct Service Policy. The motion was seconded by Commissioner Scott Bartholomew. Votes by voice included Commissioner Vicki Lyman, Commissioner Scott Bartholomew, Commissioner Ralph Brown, Commissioner Sam Steed, Commissioner Dennis Blackburn, and Commissioner Marty Palmer. Motion carried

X. LEGISLATIVE REPORT:

Nathan reported on two legislative bills that will impact the center. H.B. 491 Behavioral Health Modifications initially included funding allocations for RCs and two additional MCOT. The RCs were excluded when the bill passed, which resulted in a \$250,000 loss this legislative session. The \$500,000 previously allocated by the office will be used to support the RC building project in Gunnison. The project is slated to begin next year after the delayed start of the legislative session. Although the governor had expressed support, the timeline remains uncertain. This bill also establishes a registry for law enforcement agencies to indicate their willingness to accept voluntarily committed firearms. This allows individuals who feel unsafe to temporarily surrender their firearms for safekeeping until they regain stability. It also increases MCOT billing rates, providing financial relief, and directs payments to the Huntsman Mental Health Institute for inpatient psychiatric hospital services. H.B. 281 Health Curriculum and Procedure Amendments gives parents a voice in therapy. It allows the parent to specify topics that may or may not be discussed during therapy sessions. However, if the child brings up a restricted topic, the therapist can inquire about it. In response to concerns about firearm safety, the legislature passed a law mandating gun safety classes.

XI. CLOSED SESSION:

A motion was made by Commissioner Ralph Brown to move into Closed Session for the purpose of discussing pending or threatened litigation and/or the character, professional competence of employee(s), property, or strategy session as provided by Utah Code Annotated §52-4-205. The motion was seconded by Commissioner Vicki Lyman. Votes by voice included Commissioner Vicki Lyman, Commissioner Scott Bartholomew, Commissioner Ralph Brown, Commissioner Sam Steed, Commissioner Dennis Blackburn, and Commissioner Marty Palmer. Motion carried. Roll call of those in attendance included Commissioner Vicki Lyman, Commissioner Scott Bartholomew, Commissioner Ralph Brown, Commissioner Sam Steed, Commissioner Dennis Blackburn, Commissioner Marty Palmer, Lynnette Robinson, Jared Kummer, Nathan Strait, Richard Anderson, and Samantha Payne.

A motion was made by Commissioner Sam Steed to move out of Closed Session. The motion was seconded by Commissioner Scott Bartholomew. Votes by voice included

Commissioner Vicki Lyman, Commissioner Scott Bartholomew, Commissioner Ralph Brown, Commissioner Sam Steed, Commissioner Dennis Blackburn, and Commissioner Marty Palmer. Motion carried.

XII. CLOSED SESSION ACTION:

No action needed.

XIII. MEETING SCHEDULE:

The next Authority Board Meeting is scheduled for Wednesday, May 14th, 2025 at 4:30 p.m., location to be determined.

XIV. OTHER:

Nothing to report.

XV. MATTERS FROM THE BOARD:

Nothing to report.

The meeting was adjourned at approximately 7:29 PM.

Samantha Payne, AP Clerk