



INTRO

Mar 12,
2025,
12:42 PM

Maddilyn Leth
<maddilyn@beeconrecoveryut
ah.com>

to

jmathis@brhdut.

gov

Good Morning Mr. Mathis,

I hope this message finds you well. We at Beecon Recovery are hoping you can help us understand something. When a person is referred to BRHD and has a diagnosis of Substance abuse disorder. Where is BRHD sending them for H-IOP (high intensity outpatient), formally known as PHP, as mandated by the ASAM?

Thank you,

Maddilyn Leth



Maddilyn Leth - Executive Director

Beecon Recovery

Office: (435) 239-8768

Mobile: (435) 339-0553

Fax: (435) 921-5938

Website: <https://beeconrecovery.com/>

Address: 60 S. Main St., Brigham City, UT 84302



Jordan Mathis

Mar 14, 2025,
10:36 AM (12 days
ago)

to me

Maddilyn,

Below is the response from our clinic director.

We of course have our own IOP level of care here at the Health Department. It is classified by the American Society of Addiction Medicine as a level 2.1 Intensive outpatient Program with a minimum of 9 hours weekly of treatment provided. This includes Assessment, Individual Psychotherapy, Group Psychotherapy, Urine screening, Integration of community and social resources, focus on housing and employment through Case management. I believe that what Maddilyn is referencing is PHP(Partial Hospitalization or H-IOP) which is ASAM level 2.5. While it is still outpatient, it provides a minimum of 20 hours per week of care. We have at times been able to provide levels of care of up to this many hours including some parital medication management through MAT, however,we have found that most who fall into this range we can accommodate with partners in the community and those we have had contracts with in Ogden or SLC. The numbers that actually need 2.5 vs 2.1 are small as we remain committed to the "least invasive level of care necessary" philosophy.

PHP Treatment Objectives for Drug and Alcohol Addiction

Partial hospitalization programs (PHPs) provide a host of benefits including psychosocial support and individual treatment, both of which can help patients develop coping and relapse-prevention and -management strategies.⁶ While each PHP is unique, the Substance Abuse and Mental Health Services Administration (SAMHSA) has established several goals for Level 2 programs such as IOPs and PHPs, including:¹

- Achieving abstinence.
- Fostering behavior changes that support a drug- and alcohol-free lifestyle.
- Improving coping and problem-solving skills.
- Facilitating participation in community-based support systems such as 12-step programs.
- Assisting patients in identifying and dealing with psychosocial issues (e.g., employment, housing, adherence to probation limitations).
- Aiding patients in developing a positive social network.

Hope this helps,

Jordan Mathis
Director/Health Officer

BRHD Main Line: (435) 792-6500
Office Phone: (435) 792-6593

<https://brhdut.gov>

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May 8, 2026

Dear Medicaid Fee-for-Service Provider

Currently, Bear River Mental Health Services (BRMHS) is a Medicaid prepaid mental health plan (PMHP) managed care plan that provides inpatient and outpatient mental health services to its enrollees.

Effective July 1, 2026, the BRMHS PMHP will also cover outpatient substance use disorder (SUD) services.. This means that Medicaid members in Box Elder, Cache, or Rich counties who are enrolled in the BRMHS PMHP for mental health services, will also be enrolled with BRMHS for outpatient SUD services.

Also, effective July 1, 2026, BRMHS will be known as Bear River Behavioral Health Services (BRBHS).

If you currently provide, or have previously provided, SUD services to Medicaid members living in Box Elder, Cache or Rich counties, you must request a single case agreement (SCA) from BRMHS in order to continue delivering outpatient SUD services on or after July 1, 2026.

To initiate a single case agreement, call us at 435-752-0750 or at 800-620-9949. Ask to speak to the corporate compliance officer who can assist you with questions regarding Medicaid SUD services and our contracting requirements.

Please note that failure to establish a single case agreement prior to July 1, 2026, may result in denial of payment from BRBHS for SUD services rendered on or after this date.

Additionally, an approved single case agreement is your authorization to provide SUD services on or after July 1, 2026 to BRBHS enrollees.

If you have any questions, contact us at 435-752-0750 or at 800-620-9949 and ask to talk with the corporate compliance officer.

Sincerely,

Bear River Mental Health Services



Utah Department of
Health & Human Services
Integrated Healthcare



Vea el otro lado para Español

Dear Medicaid Member:

You are getting this letter because you have Medicaid and you are enrolled with Bear River Mental Health Services (BRMHS) as your Medicaid mental health managed care plan.

Starting July 1, 2026, BRMHS will also be your Medicaid substance use disorder (SUD) services managed care plan. This means for Medicaid to pay for SUD services, you must get these services through BRMHS.

If you are now getting or want to get SUD services, call BRMHS at:

435-752-0750 or 800-620-9949.

Ask to talk to someone about SUD services. They will help you get the SUD services you need starting July 1, 2026.

This change does not affect you if:

- you are not getting or do not want SUD services.
- you are getting SUD services from a provider at the Bear River Health Department (BRHD). You can keep your BRHD provider.
- you are getting methadone from a methadone clinic. You can keep getting methadone from a methadone clinic. If you are getting other services from the methadone clinic, call BRMHS at one of the numbers above. Ask to talk to someone about the other services you are getting from the methadone clinic.
- you are getting SUD services from the federally qualified health center (FQHC) (such as Bear Lake Community Health Center). You can keep getting SUD services from an FQHC.

Also, effective July 1, 2026, BRMHS's name will change to Bear River Behavioral Health Services (BRBHS).

BRMHS (BRBHS, July 1) looks forward to helping you get SUD services, if you need them.



B-1

Maddilyn Leth <maddilyn@beeconrecoveryutah.com>

Concerns Regarding Utah Medicaid, Managed Care & Addiction Recovery Access

1 message

Fatima Abbas <fabbas@scfasolutions.com>
To: contact@oliveiraentertainment.com
Bcc: maddilyn@beeconrecoveryutah.com

Sun, May 24, 2026 at 6:24 AM

Hi Tyler,

My name is Fatima Abbas and I'm the founder of SCFA Solutions, a healthcare operations and Medicaid consulting firm that works closely with behavioral health, addiction recovery, and healthcare providers across multiple states. I follow your work and watched your interview with Tucker. I am very impressed with what you are doing and uncovering fraud in places in Kryas Joel, Monsey etc.

I'm reaching out because I believe there is a serious story unfolding in Utah around Medicaid-funded addiction recovery services, managed care, and the way independent substance abuse recovery providers are being financially pushed out despite helping vulnerable populations.

One provider we work closely with is Tony Poole, owner of Beecon Recovery in Utah. Beecon is a substance use disorder (SUD) recovery organization focused on helping individuals struggling with addiction, behavioral health challenges, and recovery stabilization. From everything we have seen operationally, Tony genuinely cares about recovery outcomes and helping people rebuild their lives. He has a 70% success rate which is unheard of in this space.

To give some context, Utah Medicaid historically allowed many addiction recovery providers to bill for medically necessary behavioral health and substance abuse services more directly. Over time, however, the state has increasingly shifted these patients into "managed care" systems, where private insurance organizations manage Medicaid behavioral health benefits, authorizations, and payments.

In practice, what we are seeing is that this has created major barriers for independent recovery providers like Beecon. Claims are delayed or denied, authorizations become difficult, reimbursement is inconsistent, and providers are forced into endless administrative hurdles that make it extremely difficult to survive financially even when they are properly documenting and treating patients.

At the same time, there are growing concerns surrounding Bear River Mental Health (a provider). From what we have uncovered, there are allegations that substance use disorder services may have been provided at certain points without proper licensing oversight, yet despite that, Bear River appears to now have expanded managed care positioning with the State and influence over access to behavioral health and recovery services in the region.

What concerns many people locally is that the same systems that appear to influence access to care and being a payer of mental health services may also be connected to service delivery itself. From the outside, it creates the appearance of a major conflict of interest where patients and funding are being directed toward larger entities while independent recovery providers are slowly being squeezed out.

Meanwhile, organizations like Beecon Recovery which are actively trying to help addicts recover and reduce relapse rates are struggling to stay operational under the pressure of Utah Medicaid managed care structures. I am not sending this to make accusations I cannot prove, but I do believe there are enough concerning patterns here that the situation deserves attention and transparency. Tony has been trying to speak up about what is happening because he believes the current system is hurting both ethical providers and the patients who need addiction recovery services the most.

The reason I'm reaching out specifically to you is because I believe Tony deserves an opportunity to tell his story publicly and explain what providers on the ground in Utah are experiencing. I truly believe there is something important here worth uncovering regarding behavioral health access, managed care influence, and the future of addiction recovery services in Utah.

If you would ever be open to speaking with Tony or hearing more about what providers are experiencing firsthand, I'd be happy to connect you both.

Best Regards,
Fatima Abbas
Founder
Cell:832-661-7983
SCFA Solutions
<https://scfasolutions.com/>



Tony Pool <tony@beeconrecoveryutah.com>

Fwd: QAZ: Bear River Mental Health Transition

2 messages

Fatima Abbas <fabbas@scfasolutions.com>

Mon, Jun 1, 2026 at 9:55 AM

To: Tony Pool <tony@beeconrecoveryutah.com>, Maddilyn Leth <maddilyn@beeconrecoveryutah.com>, "Ryan B. Hancey" <rhancey@keslerrust.com>

See below

Best Regards,
Fatima Abbas
Founder
Cell:832-661-7983
SCFA Solutions
<https://scfasolutions.com/>

----- Forwarded message -----

From: Karen Ford (DHHS) <kford@utah.gov>

Date: Mon, Jun 1, 2026 at 11:23 AM

Subject: QAZ: Bear River Mental Health Transition

To: <fabbas@scfasolutions.com>

CC: Sarah Miles (DHHS) <smiles@utah.gov>, Kim Davis (DHHS) <kdavis@utah.gov>, Jennifer Meyer-smart (DHHS) <jmeyersmart@utah.gov>, Gregory Trollan (DHHS) <gtrollan@utah.gov>, Maya Jensen (DHHS) <mayajensen@utah.gov>

Dear Mr Abbas,

Thank you for your inquiry. Our policy team forwarded your email to me. See the response under each question.

Dear Utah Medicaid Team,

I hope you are doing well.

We recently received the attached letter from Bear River Mental Health Services indicating that, effective July 1, 2026, Bear River will assume responsibility for outpatient substance use disorder (SUD) services for Medicaid members residing in Box Elder, Cache, and Rich Counties.

As the billing and revenue cycle management partner for Beecon Recovery, a licensed substance use disorder treatment provider in Utah, we are seeking clarification regarding how this transition will affect our current billing and operational workflows.

Specifically, we would appreciate guidance on the following:

1. Will Beecon Recovery continue to submit claims directly to Utah Medicaid Fee-for-Service for affected members, or will all claims need to be submitted to Bear River Behavioral Health Services beginning July 1, 2026?

Answer:

Beecon Recovery will continue to submit claims for H0020, methadone and its administration, to Medicaid fee-for-service. If Beecon Recovery has been billing Medicaid FFS for therapy services, those services will now fall under the Bear River Behavioral Health Services (BRBHS) Prepaid Mental Health Plan (PMHP) contract effective 7/1/2026. For dates of service on or after 7/1/2026, claims would be submitted to BRBHS based on a single case agreement.

2. The letter states that providers must obtain a Single Case Agreement (SCA) in order to continue providing services.

Could you please clarify:

- What the SCA process entails;

Answer:

BRBHS will email the SCA packet that will include the single case agreement along with all the information and

the single case agreement, along with the other required documentation, back to BRBHS.

- Whether this is a temporary or ongoing arrangement;

Answer:

Each SCA will be for a 90-day transition period and during the 90-day period each SCA will be re-evaluated and a determination for future services will be made based on medical necessity for continued services.

- What documentation and credentialing requirements are involved;

Answer:

Under BRBHS's credentialing process, BRBHS will verify current Beecon Recovery providers' DOPL licensure and confirm that the provider is in good standing with DOPL. Since Beecon Recovery has been billing Medicaid directly for the services of the providers involved in the 90-day transition, it is understood that the providers are enrolled with Utah Medicaid but BRBHS will also just confirm this. There are some additional documentation requirements that are included in BRBHS' SCA packet.

- Whether there are any rate or reimbursement differences compared to standard Utah Medicaid reimbursement.

Answer:

BRBHS plans to pay the same rates as the Medicaid FFS rates and follow any rate increases Medicaid gives to behavioral health services.

3. Our understanding is that Bear River Mental Health Services is also a direct provider of behavioral health and substance use disorder services. Given that they may function both as the payer and as a provider, we would appreciate any guidance Utah Medicaid can provide regarding provider participation and continuity of care.

Answer:

To ensure continuity of care, SCAs will be in place as stated in the answer to #2 above. Yes, correct, BRBHS is both the managed care plan (a PMHP) and a behavioral health center that has its own providers. Under the federal managed care regulations, managed care plans must have a sufficient network of providers to meet the needs of enrollees, have the right to manage their networks, and are not required to contract with more providers than necessary to meet the needs of their enrollees. Please contact Gary Ryan at BRBHS for additional information garyryanb@brmh.com.

4. Are there any additional operational or billing requirements that providers should prepare for, including prior authorizations, referrals, or changes to claim submission procedures?

Answer:

The SCA for each enrollee is the prior authorization. Claims are the same as FFS claims and will be submitted on the CMS 1500 claim form. Claims must be submitted to BRBHS via email to jenniferf@brmh.com. Claims must be emailed to BRBHS a minimum of at least once a month or they can be submitted more routinely as well.

For questions regarding the billing/reimbursement process, please submit questions to jenniferf@brmh.com

This represents a significant change for our recovery center from both a revenue and operations perspective. We want to ensure there is no interruption in services to Medicaid members and no disruption in reimbursement.

Answer:

BRBHS will work with Beecon Recovery to ensure continued service delivery on and after July 1, 2026. BRBHS will also ensure reimbursement follows the Medicaid managed care contract requirements for timely claims payment.

For additional information on any of the above, please contact Gary Ryan (garyryanb@brmh.com) at BRBHS for more detailed information.

Let me know if you have any additional questions.

Thank you,
Karen

If your department is not the appropriate point of contact for these questions, we would greatly appreciate it if you could direct us to the correct team or individuals within Utah Medicaid or the Utah Department of Health and Human Services.

Thank you in advance for your assistance and guidance.

Sincerely,

Fatima Abbas
CEO
SCFA Technology Group LLC
Revenue Cycle Management Partner for Beecon Recovery



Beecon Recovery INC.

60 South Main Street, Suite B001

PO Box 827

Brigham City, Utah 84302

Subject: Urgent Concern Regarding Inappropriate Substance Abuse Treatment Referrals in Judge Maynard's Drug Court

To Whom It May Concern,

I am writing to formally express a significant concern regarding the referral practices for substance abuse treatment within Judge Maynard's drug court program. This issue raises serious implications, including potential violations of human rights and concerns for the wellbeing of individuals involved in the program.

Beecon Recovery is a licensed dual-diagnosis outpatient treatment facility that has been proudly serving the Box Elder community since 2019. Over the years, we have encountered a troubling trend: individuals in Judge Maynard's drug court are being exclusively directed to Bear River Mental Health for their treatment services. This raises significant concerns regarding the clinical appropriateness and compliance with state licensing standards.

At Beecon Recovery, we firmly believe that individuals seeking treatment for substance use disorders (SUD) should have the right to choose their treatment provider. The current practice of mandating treatment at Bear River Mental Health in order to participate in drug court appears to infringe upon this fundamental right to choose, potentially forcing individuals into environments that are not equipped to adequately address their clinical needs.

Numerous individuals have reported to us that they were told by the court that, in order to be considered for the drug court program, they must attend treatment at Bear River Mental Health. These are individuals who, in many cases, have achieved sobriety for the first time while receiving treatment at Beecon Recovery—some of whom are also at risk of becoming homeless due to Bear River's lack of safe sober living accommodations. In contrast, Beecon Recovery does offer a supportive, sober living environment.

Moreover, many of these individuals have also shared that they have attended treatment at Bear River previously, only to relapse during their time there. Some have reported being under the influence while attending Bear River, further highlighting the lack of an effective and safe

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Beecon Recovery INC.

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Brigham City, Utah 84302

treatment environment. These reports raise alarms about the adequacy of care being provided to individuals with SUD diagnoses at Bear River.

According to the American Society of Addiction Medicine (ASAM), there are three levels of outpatient care for individuals seeking treatment for SUD: Level 1—Outpatient Services (OP), Level 2.1—Intensive Outpatient (IOP), and Level 2.5—High-Intensity Outpatient (HIOP). Based on our knowledge, Bear River Mental Health is not licensed to treat individuals diagnosed with SUD at the appropriate level of care. Specifically, Bear River is only licensed to provide treatment at the IOP and OP levels for mental health conditions, not for substance use disorders.

Given that approximately 90-95% of individuals entering outpatient treatment for SUD meet the criteria for HIOP, referring these individuals to Bear River creates a significant clinical mismatch. This misalignment not only compromises the quality of care being provided but also increases the likelihood of relapse, which in many cases leads to tragic, even fatal, outcomes. By failing to provide the appropriate level of care, we risk violating the rights of individuals to receive effective treatment, putting their recovery—and potentially their lives—at risk.

We respectfully urge the appropriate state oversight body to investigate these referral practices. It is critical that drug court participants be referred to providers who are properly licensed and capable of offering the necessary level of care for their specific diagnoses. Such an investigation would help to ensure that individuals involved in drug court programs receive the appropriate, evidence-based care they deserve.

Thank you for your time and consideration. Beecon Recovery is committed to working collaboratively with state authorities to ensure that the rights and wellbeing of individuals in treatment are prioritized and that the highest standards of care are upheld across all programs.

Sincerely,
Anthony Pool
President
Beecon Recovery
Tony@beeconrecoveryutah.com

www.BeeconRecovery.com

Office: (435) 239 - 8768

Text: (435) 393 - 8240

Fax: (435) 001 - 5022



Alex G. Peterson
Executive Director

State of Utah

JUDICIAL CONDUCT COMMISSION

1385 South State Street, Suite #401
Salt Lake City, Utah 84115
Telephone: 801-468-0021

January 7, 2025

Anthony Pool
60 South Main Street, Suite B001
Brigham City, Utah 84302

re: Hon. Brandon Maynard, Case No. 26-1D-013

Dear Anthony Pool:

The investigation of your complaint included: a review of the complaint and accompanying materials; review of the electronic dockets; interview with clerk; review of drug court referrals; interview with complainant. Prior to the Judicial Conduct Commission meeting held January 6, 2026 a copy of your complaint, together with a copy of the investigation report and other related materials, was distributed to every Commissioner, and every Commissioner thoroughly reviewed those materials before the meeting. Enclosed is a copy of Informal Opinion 25.1 that pertains to your complaint.

At the meeting, the Commission discussed your complaint and the results of the investigation. The Commission then voted to dismiss your complaint.

You may request that the Commission reinstate these proceedings. Any such request must: (1) be in writing; (2) be mailed or delivered to the Commission's office at the above address; (3) be received by the Commission within 30 days of the date of this letter; and (4) include the specific grounds upon which you seek to have these proceedings reinstated. Requests that do not meet all four of these criteria will not be considered.

Thank you for submitting this matter to the Commission.

Sincerely,

A. G. Peterson
Executive Director

Enc: Informal Opinion 25-1

To: Utah Judicial Conduct Commission; Utah State Courts Problem-Solving Court Oversight
(Judicial Council / Administrative Office of the Courts)

From: Anthony Pool, President, Beecon Recovery

Date: 02-03-2026

Re: Request for Review/Audit – Drug Court Referral Practices and Compliance with UCJA Rule 4-409 Certification Criteria; Related Judicial Ethics Concerns (Informal Opinion 25-1)

I. Purpose of Submission

I submit this formal request for review following Informal Opinion 25-1 (Dec. 23, 2025), which explains that judges in problem-solving courts do not normally make treatment decisions and may require completion of a treatment plan recommended by others, provided it is based on reasonable, unbiased criteria and directly related to participant and court needs.

While the opinion addresses an ethics framework, it also assumes that problem-solving courts operate within established certification standards and that treatment decisions are driven by qualified professionals and appropriate licensing. This request asks the appropriate oversight bodies to verify whether the [Judge Maynard] Drug Court's current referral practice is compliant with:

1. UCJA Rule 4-409 certification criteria problem-solving courts.
2. Utah outpatient program licensing requirements (Utah Admin. Code R501-21) as applied to the services being required; and
3. The Utah Code of Judicial Conduct obligations to avoid impropriety/appearance of impropriety and avoid using the prestige of office to advance others' economic interests (Rules 1.2 and 1.3).

II. Core Factual Concern

Beecon Recovery is a licensed dual-diagnosis outpatient treatment provider serving Box Elder County since 2019. Beecon has received repeated reports from individuals seeking to participate in drug court that they were told participation requires treatment exclusively through Bear River Mental Health.

Beecon's concern is not that the court prefers efficiency or county coordination, but that the current "single-provider only" practice appears to:

~~restrict access to clinically appropriate levels of care for substance use disorders when higher intensity services are indicated; and/or~~
restrict access to supportive sober-living resources necessary for safe stabilization and relapse prevention; and

create the appearance that the court is endorsing one provider irrespective of licensure scope and clinical fit.

III. Requested Review – UCJA Rule 4-409 Certification Compliance

UCJA Rule 4-409 requires each problem-solving court to adhere to the Judicial Council's applicable certification Criteria** (and presumed criteria unless an exception is documented).

Request: Please conduct an audit/review to confirm that the Drug Court's referral practice and provider selection process complies with the court's certification checklist requirements, including (at minimum):

1. Whether the court's mandated referral arrangement ensures participants receive treatment delivered by appropriately licensed or certified providers for the services being required; and
2. Whether the court's practices ensure access to a continuum of care consistent with problem-solving court standards described in the materials underlying Informal Opinion 25-1.

IV. Requested Review – Provider Licensing Scope and Program Requirements (R501-21)

Utah Admin. Code R501-21 governs licensing standards for outpatient treatment programs.

Concern: Based on information available to Beecon and participant reports, the mandated provider may not be licensed to deliver the intensity/type of substance use disorder services that a significant portion of drug court participants clinically require. Beecon can provide a de-identified summary of recent clinical assessments of drug-court-referred individuals (ASAM dimensions, recommended level of care, and service needs) upon request.

Request: Please verify whether services being required as a condition of drug court participation are matched to provider licensure capacity, and whether participants are being required to receive services that exceed the provider's licensed authority or clinical capabilities.

V. Requested Review – Judicial Ethics / Appearance Concerns (Rules 1.2 and 1.3)

The Utah Code of Judicial Conduct requires judges to act in a manner that promotes public confidence and avoids impropriety and its appearance (Rule 1.2) and prohibits abuse of the prestige of judicial office to advance the economic interests of others (Rule 1.3).

Concern: If the court team or court policies effectively compel participants to use one provider regardless of clinical match or licensure scope—especially where alternative licensed providers exist—this may create an appearance that the court is endorsing or advancing a specific provider's economic interests, contrary to Rules 1.2 and 1.3.

Request: Please review whether the Drug Court's referral practices, communications, and participation conditions (including statements such as "you must use [provider] to be in drug court") create an appearance of bias or endorsement and whether safeguards exist to ensure "reasonable, unbiased criteria" consistent with Informal Opinion 25-1.

VI. Public Service Context (County Duty to Provide Services)

Utah Code § 17-77-103 provides that each county shall provide mental health and substance use services in accordance with Title 26B.

Request: To the extent county contracting is driving provider limitation, please evaluate whether county service planning and contracting practices ensure access to clinically appropriate services and do not inadvertently force participants into inadequate care pathways.

VII. Requested Outcomes

Beecon respectfully requests:

1. A formal compliance review/audit of the Drug Court's certification adherence under UCJA 4-409, including provider qualification/licensure alignment and continuum-of-care access;
2. Confirmation of a participant-facing policy allowing access to appropriate licensed providers based on clinical need, and prohibiting blanket "single-provider only" requirements where alternative qualified providers exist; and
3. Because Beecon Recovery is the only provider in Box Elder County offering addiction treatment services appropriate for Drug Court participants, Beecon requests that Drug Court participants in Box Elder County who require substance use disorder treatment be referred to Beecon Recovery as the appropriate local addiction treatment provider.

Beecon Recovery remains willing to provide de-identified clinical summaries, participant declarations (where permitted), and documentation of services/capacity to support an objective review.

Sincerely,
Anthony Pool
President, Beecon Recovery
435-239-8768



Alex G. Peterson
Executive Director

State of Utah

JUDICIAL CONDUCT COMMISSION

1385 S State St., Suite #401
Salt Lake City, Utah 84115
Telephone: (801) 468-0021

F

March 11, 2026

Anthony Pool
60 South Main Street, Suite B001
Brigham City, Utah 84302

re: Hon. Brandon Maynard, Case No. 26-1D-013

Dear Anthony Pool:

Prior to the Judicial Conduct Commission meeting held March 10, 2026 a copy of your request to re-open this investigation was distributed to every Commissioner, and every Commissioner thoroughly reviewed your request before the meeting.

At the meeting, the Commission considered but denied your request. There is **no further appeal**.

The Commission appreciates your time and effort in bringing this matter to its attention.

Sincerely,

A. G. Peterson
Executive Director

Text Between Tony Pool And Senator Sandal

Jan 21 2025

From Sen. Sandal: Tony. Senator Sandall here. I reached out to the sheriff and received this response. Apparently it is a judicial issue. I'll work with Senator Weiler "the problem is law enforcement has absolutely nothing to with sentencing, zero. It it's 100 percent a judge's decision. I have no problem With private probation operating in my county. A bill passed a few years ago that allowed sheriff's to start a probation department. I choose not to do that because it's not a funding priority with me or the commission or our taxpayers. So I'm not competing with him for customers but I also can't help him with getting more referrals."

Jan 21 2025

From Tony Pool: Thank you for all your efforts Senator.

I'm not interested in getting referrals from the sheriff. The last time I was at the jail, when I met with Mr. Riser, I was informed that everyone leaving the jail must go to bear river mental health. Am I to believe that the sheriff is following a mandate from a judge when he is telling people they must go to Bear River?

What I'm hoping for is that they stop telling people, they must go to bear river mental health for drug related issues, or at all...

I'm asking that people leaving his jail, get to decide where to get treatment.

That shouldn't be anything a judge would sentence. Right?

When a judge is "sentencing" someone, I don't think he should be able to dictate where they get treatment. Just that they should get the treatment.

Jan 21 2025

From Tony Pool: The individuals I'm looking to treat, suffer from substance use disorder. Bear River Mental Health, does not treat SUD, they only treat mental health.

At Beecon Recovery, we are a dual diagnosis facility and do both. It's imperative to address the SUD issues, as this is a major factor when dealing with our dismal recidivism rates...

My recidivism rate is currently 26%.

Jan 22 2025

From Tony Pool: Hello Senator Sandal, I'm on my way to the capital again and thought you'd be interested in what I've learned since we last spoke. I'm having my attorney draft a few letters and I wanted to bring you up to speed on what is about to happen.
If you can't meet today, is another day that would work for you?

Jan 22 2025

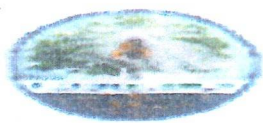
From Sen. Sandal: Apologies. I am completely scheduled

Jan 28 2025

From Tony Pool: Hello Senator Sandal,

You asked that I contact you today about resolving these human rights violations up in Box Elder county.

Can we schedule an appointment to discuss where we are?



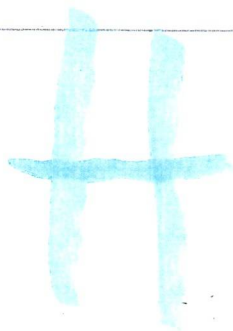
Patrick Gallagher <patrick@beeconrecoveryutah.com>

Fwd: Beecon Recovery

1 message

Maddilyn Leth <maddilyn@beeconrecoveryutah.com>
To: Patrick Gallagher <patrick@beeconrecoveryutah.com>

Tue, May 19, 2026 at 1:49 PM



Maddilyn Leth - Executive Director

Beecon Recovery

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Mobile: (435) 339-0553

Fax: (435) 921-5938

Website: <https://beeconrecovery.com/>

Address: 60 S. Main St., Brigham City, UT 84302



----- Forwarded message -----

From: **Maddilyn Leth** <maddilyn@beeconrecoveryutah.com>
Date: Fri, May 15, 2026 at 3:12 PM
Subject: Re: Beecon Recovery
To: GaryRyan Bayles <garyryanb@brmh.com>

GaryRyan,

I will serve as the point of contact for Beecon Recovery moving forward.

We expected to receive a copy of the Single Case Agreement today so that we could properly prepare for the upcoming changes. Being informed that this will now not be available until June 1 significantly limits our ability to review requirements and ensure timely compliance.

This creates a very short operational window for our organization to meet your entity's expectations. We cannot do so effectively without clear guidance and the necessary documentation.

We specifically request the following:

- A copy of the Single Case Agreement
- Updated Medicaid requirements and operational expectations
- Clarification regarding what providers are expected to comply with and by what timelines
- Any policy, billing, credentialing, or authorization changes impacting Beecon Recovery

A compliance notice was distributed indicating providers must prepare for changes, yet the standards and requirements we are expected to comply with have not been provided. This places providers in a difficult position operationally.



Maddilyn Leth <maddilyn@beeconrecoveryutah.com>

Beecon Recovery

4 messages

Maddilyn Leth <maddilyn@beeconrecoveryutah.com>
To: "garyryanb@brmh.com" <garyryanb@brmh.com>

Wed, May 13, 2026 at 2:38 PM

Hi Garyryan,

Thank you for taking the time to take my call. Please send me the single case agreement. Also, when the new Medicaid Handbook is ready to review can you send that to me as well?

Best Regards,
Maddilyn Leth



Maddilyn Leth - Executive Director

Beecon Recovery

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GaryRyan Bayles <garyryanb@brmh.com>
To: Maddilyn Leth <maddilyn@beeconrecoveryutah.com>

Fri, May 15, 2026 at 2:15 PM

Madi,

Thank you for the phone call and the email regarding the Single Case Agreement for Medicaid clients. I am new in this role and at times do not have all the answers, I will however get the answers to your questions and respond as quickly as possible.

I expressed in my conversation that I should be able to provide the SCA contract by this weekend, I was wrong in the timing and availability of the contract. That contract will be sent via email on June 1, 2026. This contract will include the information necessary to enter in an agreement to continue services with Medicaid clients who are currently seeking treatment through Beecon Recovery.

Any further questions that you might have can be sent to me via email. Also to ensure that the correct information is shared, I ask that I have one point of contact for your center/agency, that will help me to streamline the flow of information.

Kindly,

Gary Ryan Bayles

Corporate Compliance Officer
Bear River Mental Health Services, Inc.
90 E 200 N
Logan, Utah 84321
(435) 752-0750 ext. 623

From: Maddilyn Leth <maddilyn@beeconrecoveryutah.com>
Sent: Wednesday, May 13, 2026 2:38 PM
To: GaryRyan Bayles <garyryanb@brmh.com>
Subject: Beecon Recovery

You don't often get email from maddilyn@beeconrecoveryutah.com. Learn why this is important

[Quoted text hidden]

Maddilyn Leth <maddilyn@beeconrecoveryutah.com>
To: GaryRyan Bayles <garyryanb@brmh.com>

Fri, May 15, 2026 at 3:12 PM

GaryRyan,

I will serve as the point of contact for Beecon Recovery moving forward.

We expected to receive a copy of the Single Case Agreement today so that we could properly prepare for the upcoming changes. Being informed that this will now not be available until June 1 significantly limits our ability to review requirements and ensure timely compliance.

This creates a very short operational window for our organization to meet your entity's expectations. We cannot do so effectively without clear guidance and the necessary documentation.

We specifically request the following:

- A copy of the Single Case Agreement
- Updated Medicaid requirements and operational expectations
- Clarification regarding what providers are expected to comply with and by what timelines
- Any policy, billing, credentialing, or authorization changes impacting Beecon Recovery

A compliance notice was distributed indicating providers must prepare for changes, yet the standards and requirements we are expected to comply with have not been provided. This places providers in a difficult position operationally, administratively, and more importantly, regarding continuity of care for those we serve.

Please advise why these materials are not currently available and when we can realistically expect to receive the information needed to prepare appropriately.

We appreciate your prompt attention to this matter and look forward to receiving clarification as soon as possible.

Sincerely,
Maddilyn Leth
Point of Contact
Beecon Recovery



Maddilyn Leth - Executive Director

Beecon Recovery

Office: (435) 239-8768



NOTICE OF SINGLE SOURCE PROCUREMENT

I

MEMO

March 25, 2026

To: Bear River Board of Health & General Public

From: Jordan D. Mathis

Subject:

Decision to Proceed with Single Source Procurement of Substance Abuse Services to Support an Integrated Behavioral Health Service Delivery Model in Box Elder, Cache, and Rich Counties

WHEREAS, Utah Code 11-13, Interlocal Cooperation Act (the "Interlocal Act") permits the Counties to cooperate with each other to create interlocal entities to more efficiently provide governmental facilities, services, and improvements to the general public;

WHEREAS, the Bear River Health Department was created by the Counties as a local health department created, organized, and validly existing pursuant to state law;

WHEREAS, the Health Authorities Act requires a multicounty united local health department to administer the programs and services of a local health department, mental health authority, and substance abuse authority

WHEREAS, the Counties desire to monitor, review, and evaluate the performance of and compliance with all contracts for funding of mental health and substance abuse services through the Bear River Health Department;

WHEREAS, in accordance with Utah Code 17-77-202, each local substance abuse authority shall award all public funds in accordance with Title 63G, Chapter 6a, Utah Procurement Code, or a county procurement ordinance adopted under Section 17-63-506.

WHEREAS, in accordance with Title 63G, Chapter 6a, Utah Procurement Code, and the Multicounty United Local Health Department Interlocal Agreement, a procurement policy for the Bear River Health Department has been developed, reviewed by legal counsel, and adopted by the Bear River Board of Health; and

WHEREAS, in accordance with the adopted procurement policy of the Bear River Health Department, single source procurement is allowed with a minimum of: (1) a description of the procurement item, (2) the total dollar value of the item, (3) the duration of the contract, and (4) research completed documenting that there are no other competing sources for the procurement.

Description:

The Bear River Health Department is looking for **contracted services** to provide substance abuse treatment that will support the fully **integrated delivery** of behavioral health services—encompassing both **substance abuse** and mental health—across Box Elder, Cache, and Rich Counties. Transitioning to this integrated model is crucial for improving care coordination and enhancing behavioral health outcomes for our community members. Additionally, adopting this model will align our counties with other Substance Abuse and Mental Health Authorities throughout the state.

Total Value:

The total contracted amount is estimated at \$2,130,000 annually, but will be dependent on the annual allocation letter provided by the Utah Department of Health and Human Services. In addition, any revenue from approved Medicaid services, other fees for services billed to other insurers, or individual patients.

Duration of Contract:

The Contract terms shall begin on July 1, **2026**, and end on December 31, **2033**.

Completed Research:

Integrated Care Model

The behavioral health services provided under the formal Substance Abuse and Mental Health Authorities of the counties have historically been **siloed** between mental health treatment and substance abuse treatment. The need for an integrated approach that simultaneously addresses mental health and substance abuse issues is crucial, especially for individuals with dual diagnoses. This model promotes better coordination of care, leading to improved health outcomes and a more comprehensive treatment experience for clients. However, this integrated model must comply with the requirements of Utah Code 17-77, Parts 2 and 3. Therefore, the contractor is preferred to have experience working with and providing contractual behavioral health services in accordance with Utah Code 17-77.

Expertise in Medicaid Management

Behavioral health services offered to eligible Medicaid enrollees in the counties have also been siloed. For decades, mental health services have been provided under a capitated model managed by a Medicaid Prepaid Mental Health Plan (PMHP), while substance abuse services have been delivered on a fee-for-service basis by any willing provider. As we move toward integrated behavioral health services in our area, it makes sense to adopt a unified model for Medicaid enrollees. This would involve shifting substance abuse treatment to a capitated model managed by a PMHP. Therefore, the selected contracted provider must have expertise as a PMHP, enabling them to effectively oversee Medicaid capitation for substance abuse treatment. Their experience ensures compliance with regulatory requirements and optimizes the use of funds to support integrated care initiatives.

Streamlined Oversight and Efficiency:

Consolidating to a single provider of behavioral health services will streamline programs and oversight, maximizing efficiencies in funding, staffing, and resource distribution. This move will improve government efficiency by reducing overlapping responsibilities, ultimately freeing up more resources for those in need. Additionally, it will reduce confusion in the community and make it easier for both the partner and the public to access the resources they or their clients need.

Support for Current Employees:

Part of the integration and streamlining efforts will involve transferring 21 employees from the Bear River Health Department to a new provider. One key requirement for the new provider is the ability to offer these transitioning employees the same stability in their income, benefits, and retirement as they currently have. The new provider must be eligible to provide employees access to the Utah Retirement System benefits. This will ensure that current employees' retirement benefits are preserved. This stability is vital for maintaining a skilled workforce dedicated to providing high-quality integrated behavioral health services.

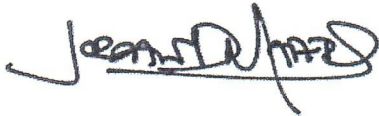
Conclusion:

In summary, pursuing procurement for substance abuse treatment services in Box Elder, Cache, and Rich Counties is a strategic initiative to improve community health outcomes and enhance operational efficiency. This approach demonstrates our commitment to providing integrated, comprehensive, and effective behavioral health services for those in need.

Given the unique requirements outlined in the research section, the Bear River Health Department intends to establish a single-source contract with Bear River Mental Health Services, Inc. They are currently the only licensed behavioral health provider capable of meeting the Bear River Health Department's specific needs.

Furthermore, the current contract for mental health services and shared facilities in two counties will facilitate a smoother transition and enhance service integration, ultimately saving taxpayers both time and resources.

Regards,



Jordan D. Mathis
Health Officer

United States Corrections Costs and Substance-Use Involvement

2023 national avoided-cost projection using a 70% successful-treatment model

\$98.4B	\$40.0B - \$43.4B	Up to \$58.6B
2023 state, local, and district corrections spending nationwide	Potential avoided-cost exposure using conservative prison/jail SUD estimates	Potential avoided-cost exposure using broader substance-involved estimate

Plain-language summary

In 2023, state, local, and district governments in the United States spent approximately **\$98.4 billion** on corrections. Substance use disorders are heavily overrepresented in jails and prisons. A conservative national estimate places substance use disorder prevalence at **58%** in prisons and **63%** in sentenced jails. A broader National Institute on Drug Abuse estimate states that **85%** of the prison population has an active substance use disorder or was incarcerated for a crime involving drugs or drug use.

Using a 70% successful-treatment model, the national avoided-cost exposure is approximately **\$40.0 billion to \$43.4 billion per year** under conservative substance-use-disorder estimates. Under the broader substance-involved estimate, the avoided-cost exposure could reach approximately **\$58.6 billion per year**. These figures should be described as **potential avoided-cost exposure**, not guaranteed immediate budget savings, because some corrections costs are fixed in the short term.

Calculation table

Estimate	Formula	Potential avoided-cost exposure
Conservative prison SUD estimate	$\$98.428B \times 58\% \times 70\%$	\$40.0B
Sentenced jail SUD estimate	$\$98.428B \times 63\% \times 70\%$	\$43.4B
Broad substance-involved prison estimate	$\$98.428B \times 85\% \times 70\%$	\$58.6B

Send-ready paragraph

Nationally, corrections spending represents a major taxpayer cost connected to untreated addiction, relapse, and reincarceration. In 2023, state, local, and district governments spent about **\$98.4 billion** on corrections. Because substance use disorders are highly concentrated among incarcerated populations, effective community-based treatment can be viewed as both a public-health strategy and a fiscal strategy. If a treatment model achieved a **70% success rate** and prevented a comparable share of substance-related incarceration or reincarceration, the potential avoided-cost exposure would be approximately **\$40.0 billion to \$43.4 billion per year** under conservative estimates, and could reach approximately **\$58.6 billion per year** under broader substance-involvement estimates.

Source Trail and Calculation Notes

This page keeps the projection defensible. It separates verified spending numbers from estimates and explains how the math should be presented.

Source trail

Item	Number used	Source / note
National corrections spending	\$98,428,306,000	Council of State Governments Justice Center national data snapshot, based on U.S. Census Bureau Annual Survey of State and Local Government Finances; state, local, and district corrections expenditures, 2023.
Conservative prison SUD estimate	58%	Bureau of Justice Statistics and SAMHSA-referenced estimate for people in prison with substance use disorder / drug dependence or abuse.
Conservative sentenced jail SUD estimate	63%	Bureau of Justice Statistics and SAMHSA-referenced estimate for people in sentenced jail with substance use disorder / drug dependence or abuse.
Broad substance-involved prison estimate	85%	National Institute on Drug Abuse estimate: active substance use disorder or incarceration for a crime involving drugs or drug use.
Success-rate assumption	70%	Used as a model assumption for successful treatment outcomes and related avoided incarceration or reincarceration exposure.

How to present this accurately

Do say	Do not say
This is a potential avoided-cost projection based on national corrections spending and substance-use estimates.	The United States would immediately save this exact amount in cash.
The \$98.4B base is 2023 state, local, and district corrections spending nationwide.	This includes every federal corrections cost unless federal spending is separately added.
The 58%, 63%, and 85% figures are national substance-use estimates, not exact budget categories.	Corrections agencies officially classify this exact share of spending as addiction-related.
A 70% successful-treatment model could represent a large taxpayer-cost avoidance opportunity.	Every successful treatment case automatically removes a full annual incarceration cost.

Citation list

- [1] Council of State Governments Justice Center, Justice Data Snapshots, United States: 2023 corrections expenditures based on U.S. Census Bureau Annual Survey of State and Local Government Finances. <https://projects.csgjusticecenter.org/justice-data-snapshots/>
- [2] U.S. Census Bureau, Annual Survey of State and Local Government Finances. <https://www.census.gov/programs-surveys/gov-finances.html>
- [3] Bureau of Justice Statistics, Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009, NCJ 250546. <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>
- [4] SAMHSA, About Criminal and Juvenile Justice and Behavioral Health. <https://www.samhsa.gov/communities/criminal-juvenile-justice/about>
- [5] National Institute on Drug Abuse, Criminal Justice DrugFacts. <https://nida.nih.gov/publications/drugfacts/criminal-justice>

Final explanation line

This projection should be used to show the scale of taxpayer cost tied to substance-involved incarceration and the fiscal value of effective treatment. It is not an official government savings claim, but it is a defensible estimate based on verified national spending data and published federal public-health/criminal-justice estimates.

Utah Corrections Cost Projection

What a 70% successful treatment model could mean for taxpayer cost exposure

\$515.9M

Utah FY 2023 state corrections spending

\$341.0M

Operations-only corrections estimate

37.24%

Utah inmates with Alcohol/Drug Problems as top assessed need

70%

Success-rate projection used for this scenario

Plain-English summary

Utah spent about **\$515.9 million** on state corrections in FY 2023. Utah also reported that **37.24%** of inmates had **Alcohol/Drug Problems** as their top assessed correctional need. If a community-based treatment model achieved a **70% success rate** and prevented a comparable share of future incarceration or reincarceration, the potential avoided corrections-cost exposure could be approximately **\$134.5 million** using the all-in state corrections estimate, or **\$88.9 million** using the more conservative operations-only estimate.

Use the phrase potential avoided-cost exposure, not guaranteed savings. Some jail and prison costs are fixed in the short term, but these projections show how much taxpayer spending is tied to addiction, relapse, and reincarceration.

Simple projection table

Scenario	What it measures	All-in estimate	Operations-only estimate
Narrow	Primary drug/alcohol offense category only: 8.98% of inmates	\$32.4M	\$21.4M
Stronger Utah-specific estimate	Alcohol/Drug Problems as top assessed need: 37.24% of inmates	\$134.5M	\$88.9M

Best public wording

Using Utah-specific corrections data, a 70% successful treatment model could represent approximately **\$88.9 million to \$134.5 million per year** in potential corrections-cost exposure tied to alcohol/drug needs, depending on whether the conservative operations-only estimate or the broader all-in state corrections estimate is used.

Calculation page

Kept simple for lawmakers, county officials, families, and community partners

Step-by-step math

Step	Calculation	Result
1. All-in corrections exposure	$\$515.9\text{M} \times 37.24\% \times 70\%$	\$134.5M
2. Conservative operations exposure	$\$341.0\text{M} \times 37.24\% \times 70\%$	\$88.9M
3. Narrow offense-only all-in exposure	$\$515.9\text{M} \times 8.98\% \times 70\%$	\$32.4M
4. Narrow offense-only operations exposure	$\$341.0\text{M} \times 8.98\% \times 70\%$	\$21.4M

How to explain the two Utah measures

Measure	Meaning	Best use
8.98%	Inmates listed under a primary drug/alcohol offense category.	Use as the narrow, conviction-category number. It likely understates the addiction connection.
37.24%	Inmates whose top assessed correctional need was Alcohol/Drug Problems.	Use as the stronger Utah-specific estimate for substance-involved incarceration exposure.

Ready-to-send statement

Utah does not publish a direct budget line for drug/alcohol incarceration costs, so these figures should be presented as estimates. The projection is still useful because it applies verified Utah corrections spending to Utah DOC inmate need data. Under the stronger Utah-specific alcohol/drug need measure, a 70% successful treatment model could represent roughly **\$88.9 million to \$134.5 million per year** in potential corrections-cost exposure.

Do not say: "Utah would automatically save this amount." Say: "This is potential avoided-cost exposure if treatment success prevents a comparable share of future incarceration or reincarceration."

Sources

U.S. Census Bureau, 2023 Annual Survey of State Government Finances: Utah direct correction expenditure, \$515,892,000.

Bureau of Justice Statistics, Prisoners in 2023 - Statistical Tables: Utah state prisoner population at year-end 2023, 6,402.

Utah Department of Corrections, Inmate Population Profile, June 16, 2023: Alcohol/Drug Problems as CAP Priority #1, 2,282 of 6,127 inmates, 37.24%.

Utah Legislature COBI, Corrections Programs and Operations, FY 2023 revised appropriation: \$341,041,300.