



**Board of Health Meeting**

Tuesday, July 28, 2020, 9:00 a.m.

13307 Miami Lane, Caldwell, ID 83607

The meeting will be available for live streaming at [the SWDH You Tube page](#)

Public comments will not be taken during the Board of Health meeting on Tuesday, July 28, 2020. Public comments specific to an agenda item for the July 28, 2020, meeting can be submitted at <https://www.surveymonkey.com/r/6LLV3MK>. The period to submit public comment will close at 9:00am on Monday, July 27, 2020.

**Agenda**

	<b>A = Board Action Required</b>	<b>G =Guidance</b>	<b>I = Information item</b>
9:00	A	Call the Meeting to Order	Chairman Elliott
9:02		Pledge of Allegiance	
9:03	I	Introduction of New Employees	SWDH Staff
9:05	A	Approve June 11, 2020 Board of Health Meeting Minutes	Chairman Elliott
9:08	A	Approve July 7, 2020 Special Board of Health Meeting Minutes	Chairman Elliott
9:10	A	Approve July 23, 2020 Special Board of Health Meeting Minutes	Chairman Elliott
9:12	A	Request to Amend January 2020 Minutes	Nikki Zogg
9:15	I	June 2020 Expenditure and Revenue Report	Troy Cunningham
9:20	I	COVID-19 Federal Subgrant Awards	Troy Cunningham
9:30	A	Audit Services Provider Selection	Troy Cunningham
9:40	A	Appointment of Board Physician Representative	Chairman Elliott
9:45	A	Review, Update and Approval of Board of Health Bylaws	Nikki Zogg
10:00	A	SWDH Line of Succession Policy	Nikki Zogg
10:20		Break	
10:30	I	COVID-19 Emergency Operations Center Update	SWDH Incident Command Team
11:00	I	Overview of Written Public Comment	Nikki Zogg
11:10	A	COVID-19 Health Alert Levels Public Advisory System	Nikki Zogg
11:30	A	Incident Management Support Team for the Six-County Region	Nikki Zogg
11:40	A	Frequency of Board of Health Meetings	Nikki Zogg
11:45	I	Director's Report	Nikki Zogg

Next meeting: **Tuesday, August 25th, 2020 at 9:00 a.m.**

**Healthier Together**

13307 Miami Lane ● Caldwell, ID 83607 ● (208) 455-5300 ● FAX (208) 454-7722



**BOARD OF HEALTH MEETING MINUTES**  
**Tuesday, June 11, 2020**

**BOARD MEMBERS:**

Georgia Hanigan, Commissioner, Payette County  
Nate Marvin, Commissioner, Washington County (telephonically)  
Tom Dale, Commissioner, Canyon County  
Kelly Aberasturi, Commissioner, Owyhee County  
Viki Purdy, Commissioner, Adams County  
Sam Summers, MD, Physician Representative  
Bryan Elliott, Commissioner, Gem County

**STAFF MEMBERS:**

Nikki Zogg, Jaime Aanensen, Doug Doney, Emily Geary, Katrina Williams, Troy Cunningham, Clay Roscoe

**GUESTS:** None

**MEETING CALLED TO ORDER -- CHAIR**

Chairman Elliott called the business meeting to order at 9:04

**REQUEST FOR ADDITIONAL AGENDA ITEMS**

Chairman Elliott asked for additional agenda items. No agenda items were added.

**INTRODUCTION OF NEW EMPLOYEES**

No new employees were introduced.

**REVIEW AND APPROVAL OF 05/19/2020 BOARD MEETING MINUTES**

Board members reviewed meeting minutes from May 19, 2020.

**MOTION:** Commissioner Dale made a motion to approve the May 19, 2020 minutes as presented. Dr. Summers seconded the motion. Motion passed unanimously.

**REVENUE AND EXPENDITURE REPORT:**

Troy Cunningham presented the May 2020 Expenditure and Revenue Report. Revenues are down slightly. This decrease is not completely unexpected due to the reduced clinic services level. The Board of Examiners approved payout of overtime approval due to the possibility of reimbursement of expenses actually paid out.

**COVID-19 FEDERAL SUBGRANT AWARDS**

Troy explained that there are still four funding sources for the COVID-19 response. The PPHR crisis response grant, the epidemiology grant, the CARES Act funding, and FEMA. Both FEMA and CARES are federally funded and both are considered to be the funding source of last resort.

**ACCOUNTS RECEIVABLE WRITEOFFS**

Troy presented a request for accounts receivable writeoff. The bulk of the revenue from the few accounts that are past due would be classified as uncollectible and totals less than \$1,500.

**MOTION:** Dr. Summers moved to approve the Accounts Receivable writeoffs as requested. Commissioner Hanigan seconded the motion. Motion passed unanimously.

### **ANNUAL BOARD OF HEALTH LEADERSHIP POSITIONS**

Board members agree current board leadership is effective.

**MOTION:** Commissioner Dale made a motion to reappoint current board leadership for Chair, Vice-Chair, and Trustee. Commissioner Hanigan seconded the motion. Motion passed unanimously.

### **BOARD MEMBER TERM EXPIRATIONS**

Board member term renewals are in process.

### **CLINIC SERVICES MODEL UPDATE**

Clinic services are gradually returning to face-to-face visits. Reproductive health visits have returned to two days a week with Mandy Renak providing care. Mandy works two days remotely. Molly Prengaman is available for primary care health focused appointments.

Immunizations are increasing and require face-to-face appointments. All on-site appointments are following protocols for COVID-19. Two dedicated staff are focused on this and next week there is a plan to open up one day in Payette for immunizations services. There also is an interest from schools for immunization clinics at schools in August in anticipation of schools opening up. Several schools have requested on-site immunizations to happen at their sites.

Dr. Roscoe also explained that a continued increase in demand for vaccinations should be anticipated. In addition, clinic staff is continuing to work through a latent tuberculosis appointment backlog. One active tuberculosis case is approaching the end of their treatment course.

A Licensed Practical Nurse (LPN), with a start date of June 15 has been hired to work in the immunizations program and focus on the immunization management subgrant.

Southwest District Health (SWDH) received two Abbott rapid testing machines from the state lab. One was provided to Weiser Memorial Hospital and the other is being used by SWDH. The Abbott machine provides point of care testing and is a low-volume machine. The machine is about the size of a toaster, is relatively easy to operate, and is capable of processing about four tests per hour.

Emily shared information about WIC. Home visiting services have all been working remotely and Emily reported that participation numbers have increased.

Board members discussed promoting community immunization campaigns as well for those parents who intend to continue homeschooling. This is a big role for the health department to play moving forward to ensure immunizations are widely available and help get as many children as possible back on track with their immunizations schedule.

### **COVID-19 UPDATE**

Doug Doney provided an update on the Southwest District Health COVID-19 response. For the safety of our staff we have installed safety glass partitions to provide a barrier between front line staff and clients. The final phase of the installation in our satellite offices in Emmett, Payette, and Weiser will have partitions next week.

The liaison team is actively developing guidance and messaging regarding guidelines, protocols and recommendations for large events, school districts, and businesses.

Staff have been working to increase our monitoring and investigating of active COVID-19 cases. Contingency plans for SWDH have also been developed for a resurgence or second wave of cases.

The Planning team has been working to develop biweekly incident action plans (IAPs). The team has also activated the Resource Unit and are developing a plan to identify and train backup personnel for most of the response positions. Community partners have provided some feedback regarding data included on the SWDH situations reports and positive feedback has been received regarding the information we are reporting.

The Planning team is working on a mid-point after action report. Jaime provided explanation about the after action report (AAR) to collect input, discussions about opportunities for improvement.

#### **CALDWELL FACILITY UPDATE**

The siding contractor completed the check list and the project manager did a professional job of ensuring deadlines were met. The painting of the fascia will be completed within the next few weeks. The exterior projects should be wrapped up by the end of June. Brian Mohr, SWDH Facilities Manager, did an exceptional job of managing and coordinating everything needed to complete these exterior projects.

The projects have remained on target for budget as well.

#### **WESTERN IDAHO COMMUNITY CRISIS CENTER UPDATE**

Cristina Froude provided an update on the Western Idaho Community Crisis Center (WICCC). The crisis center is working on marketing in both Spanish and English to help move the daily census numbers upward. One misconception the center is working to clarify is that there is an out of pocket cost that will be incurred. Some third party payer contracts are beginning to receive payments and these third party payments are anticipated to positively impact the sustainability. The crisis center group will begin to meet monthly again to continue addressing sustainability. Commissioner Dale shared that he joined the WICCC Advisory Committee yesterday and appreciated the encouraging updates.

#### **SARA ALERT DEMONSTRATION**

Paulette Velasquez, contact monitoring lead, manages the follow up of those exposed to COVID-19 and those who test positive for COVID-19. Paulette provided an update on the Sara Alert secure monitoring platform that enables the monitree the ability to self-report their symptoms daily. The platform automates the monitoring process and allows staff to prioritize those who are high risk. This platform automates the process and is a time saving tool.

Nikki clarified that no app is downloaded to the cell phones of those participating in Sara alert. The system is voluntary and is done by text messages to allow the monitree to self-report symptoms and status.

Nikki explained that one of the residents at Family Medical Residency of Idaho (FMRI) may be available to compile some of the data gathered through contact monitoring.

Board members discussed how in the future this same type of system may be used to help track and encourage immunizations.

#### **COVID-19 DATA DASHBOARD DEMONSTRATION**

Ricky Bowman, Public Health Preparedness and Response Program Manager, provided a brief demonstration of the new COVID-19 data dashboard available on the SWDH website. The dashboard is embedded on the SWDH website using the Tableau data vendor that is also used by the State and Central District Health.

The dashboard provides information on case characteristics including demographics, deaths by age group, cases by age group. The dashboard also shows information on emergency department utilization and date of COVID-19 disease onset. This dashboard will be updated weekly.

Counties with ten or more cases are included in the data visualization bar graphs.

**COVID-19 ALERT LEVELS VISUAL AID**

Nikki Zogg provided information on an COVID-19 alert level visual aid tool to help residents identify the risk level in the area they live or are visiting.

The tool encourages personal responsibility by allowing residents to see the level of risk for exposure associated with each area and corresponding recommendations to minimize the risk for disease transmission. Board members like the idea of supporting residents without encouraging fear. The risk of all kind of diseases is out there and always has been. Board members also discussed how the delineation of high risk versus low risk areas is difficult and may have some political ramifications.

**DIRECTOR'S REPORT**

**Legislative Council Presentation/Outside Audit Update**

Nikki provided an update on the recent request to the Legislative Council to allow SWDH to engage with an outside auditor to aid in receiving audit results in a timely manner. Nikki will be prepared for difficult questions at the Joint Finance Appropriations Committee (JFAC) meeting next year when making the budget request.

Troy will do a request for bids before the next Board of health meeting and then the Board can make a decision on which auditor to move forward with at the next Board meeting. Nikki asked for input on meeting the new provider at an upcoming board meeting.

**DHR Concerns – Meeting with Bobbie Jo Mueleman on June 16, 2020**

As a follow up to the last board meeting Nikki informed Board members of some of the concerns with Division of Human Resources who our agency goes through to get certain work done. As the Board recommended, Nikki reached out to Bobbie Jo Mueleman and also reached out to the other districts and several of them have similar concerns. Three of the district directors will meet with Bobbie Jo to represent the health districts in conveying their concerns.

There being no further business, the meeting adjourned at 12:18 p.m.

Respectfully submitted:

Approved as written:

\_\_\_\_\_  
Nikole Zogg  
Secretary to the Board

\_\_\_\_\_  
Bryan Elliott  
Chairman

\_\_\_\_\_  
Date

**SOUTHWEST DISTRICT HEALTH  
BUDGET REPORT FOR JUNE 2020**

Target **100.0%**

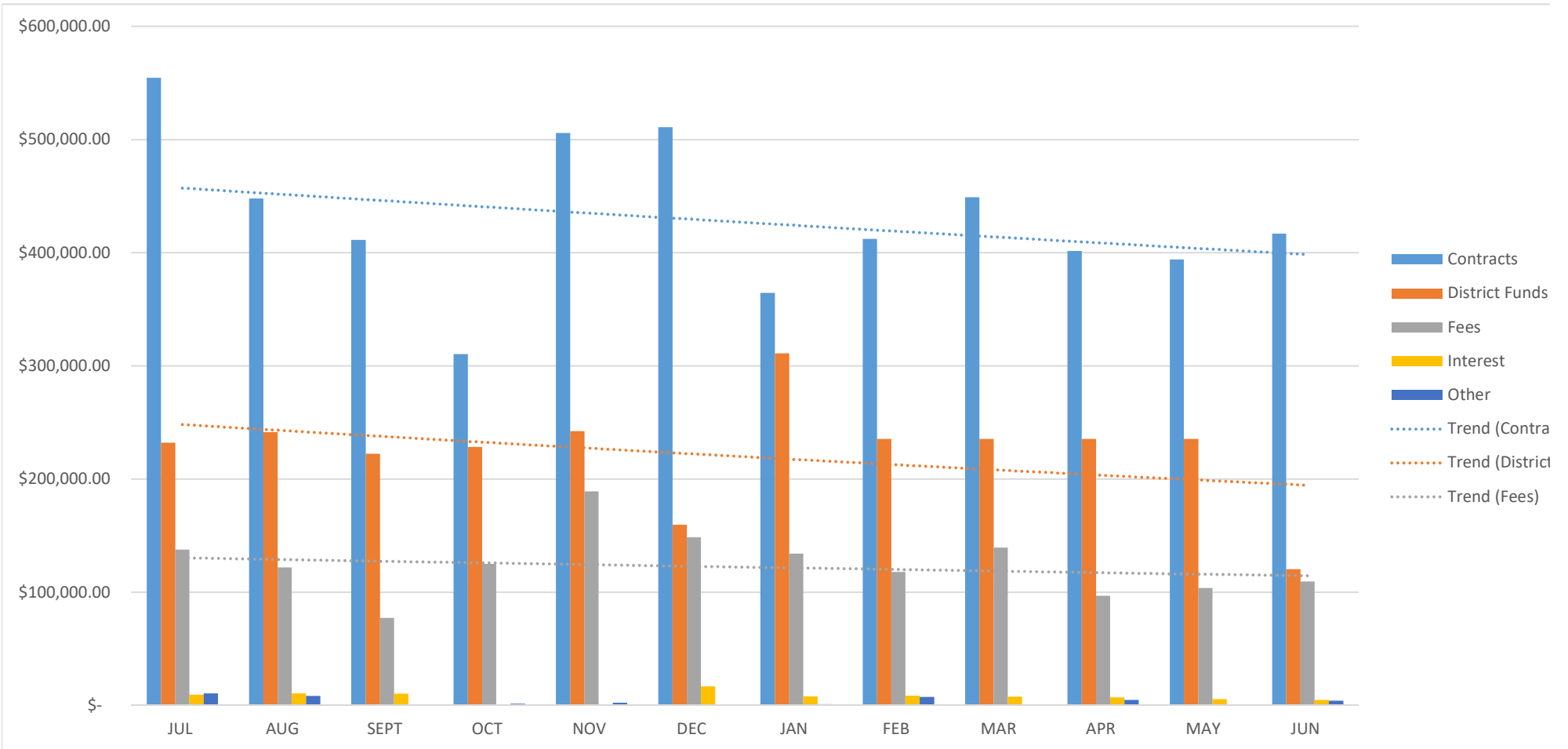
Fund Balances		
	Beginning Totals	Jun 30
General Operating Fund	\$ 16,486	\$ 66,114
Millennium Fund	\$ -	\$ -
LGIP Operating	\$ 3,093,142	\$ 2,630,723
LGIP Vehicle Replacement	\$ 97,225	\$ 99,207
LGIP Capital	\$ 1,299,127	\$ 1,299,174
<b>Total</b>	<b>\$ 4,505,979</b>	<b>\$ 4,095,218</b>

Year-to-Date Cash Position			CHANGE PPD
<b>Revenues:</b>		\$ 10,042,161	
Carry-Over:	Behavioral Health Board	\$ (29,310)	
	Parents as Teachers	\$ (494,825)	
<b>Net Revenue:</b>		<b>\$ 9,518,026</b>	\$ 656,519
<b>Expenditures:</b>		<b>\$ (9,991,296)</b>	<b>\$ (1,005,223)</b>
<b>Net Cash Position:</b>		<b>\$ (473,271)</b>	<b>\$ (348,706)</b>

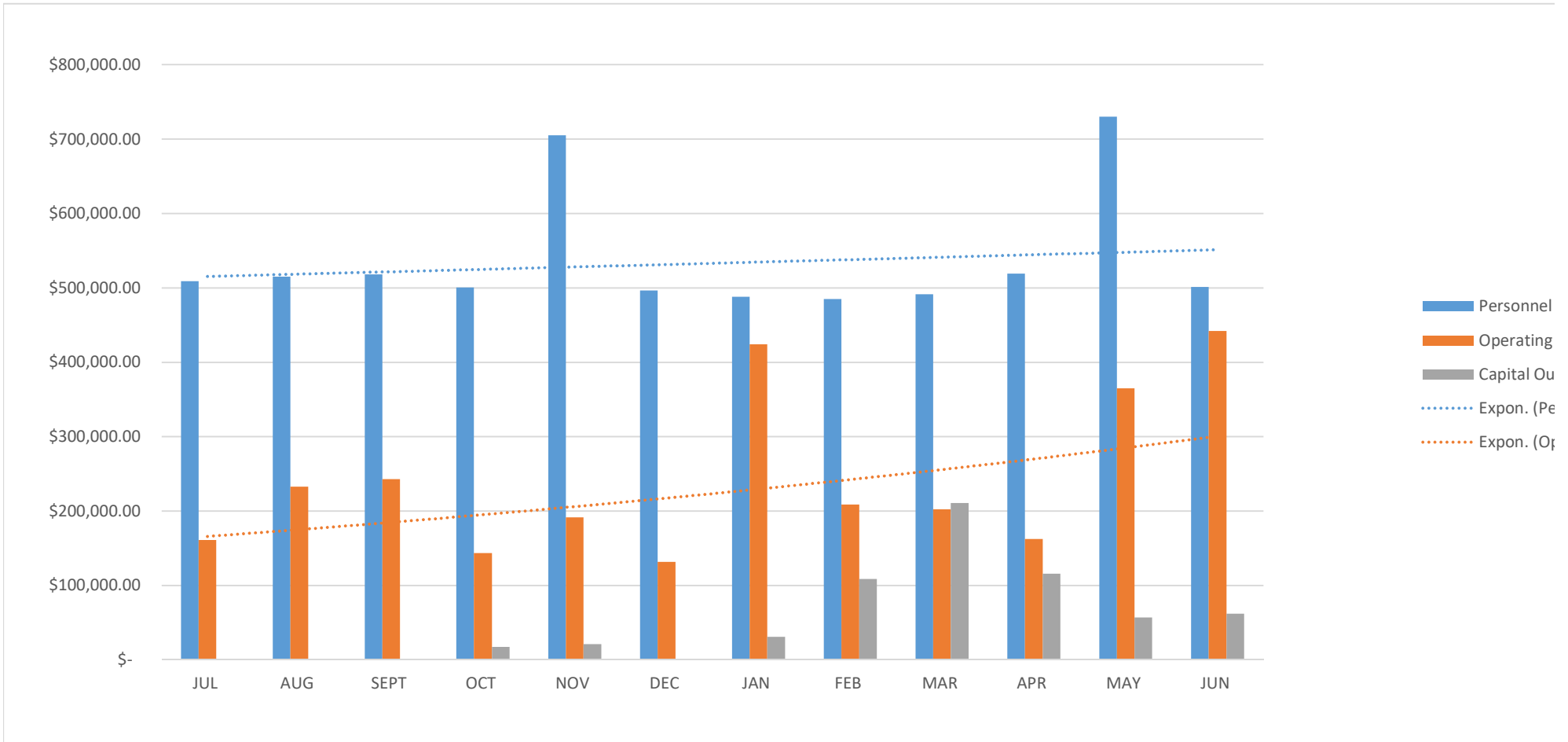
Revenue												
	Board of Health	Capital Projects	Administration	Clinic Services	Environmental & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Budget	Percent to Budget
Fees	\$ -	\$ -	\$ 25	\$ 18,255	\$ 91,376	\$ -	\$ -	\$ -	\$ 109,656	\$ 1,502,564	\$ 1,705,615	88%
Contracts	\$ -	\$ -	\$ -	\$ 211,431	\$ 86,325	\$ 13,994	\$ -	\$ 105,197	\$ 416,946	\$ 5,179,784	\$ 5,362,633	97%
Sale of Land or Buildings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,000	0%
Interest	\$ -	\$ 5,073	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,073	\$ 90,480	\$ 70,000	129%
District Funds	\$ 1,854	\$ 2,997	\$ 8,510	\$ 50,350	\$ 17,297	\$ 27,408	\$ 11,952	\$ -	\$ 120,367	\$ 2,700,420	\$ 4,210,225	64%
Carry-Over Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 524,135	\$ 476,416	
Other/Committed Funds	\$ -	\$ -	\$ -	\$ 3,077	\$ -	\$ -	\$ 1,400	\$ -	\$ 4,477	\$ 44,778	\$ 441,599	10%
Monthly Revenue	\$ 1,854	\$ 8,070	\$ 8,535	\$ 283,112	\$ 194,997	\$ 41,402	\$ 13,352	\$ 105,197	\$ 656,519	\$ 10,042,161	\$ 10,896,838	92.2%
Year-to-Date Revenue	\$ 41,586	\$ 157,720	\$ 198,894	\$ 4,055,442	\$ 3,075,515	\$ 752,330	\$ 273,127	\$ 1,487,545	\$ 10,042,161	Total Budget is less by \$1,384,650 for indirects		
Budget	\$ 64,638	\$ 189,906	\$ 297,752	\$ 4,143,173	\$ 2,667,839	\$ 1,182,109	\$ 842,570	\$ 1,508,851	\$ 10,896,838			
	<b>64.3%</b>	<b>83.1%</b>	<b>66.8%</b>	<b>97.9%</b>	<b>115.3%</b>	<b>63.6%</b>	<b>32.4%</b>	<b>98.6%</b>	<b>92.2%</b>	Based on Non-Cog Appropriation		

Expenditures												
	Board of Health	Capital Projects	Administration	Clinic Services	Environmental & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Budget	Percent to Budget
Personnel	\$ 1,023	\$ -	\$ 14,613	\$ 203,853	\$ 203,373	\$ 67,520	\$ 8,639	\$ 2,161	\$ 501,182	\$ 6,459,075	\$ 6,843,841	94%
Operating	\$ 551	\$ -	\$ 9,307	\$ 38,245	\$ 168,549	\$ 74,142	\$ 35,679	\$ 115,552	\$ 442,025	\$ 2,907,797	\$ 3,428,091	85%
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,730	\$ 59,286	\$ -	\$ 62,016	\$ 624,424	\$ 624,906	100%
Monthly Expenditures	\$ 1,574	\$ -	\$ 23,920	\$ 242,098	\$ 371,922	\$ 144,392	\$ 103,604	\$ 117,713	\$ 1,005,223	\$ 9,991,296	\$ 10,896,838	91.7%
Year-to-Date Expenditures	\$ 10,914	\$ -	\$ 274,531	\$ 3,360,794	\$ 3,002,104	\$ 1,045,482	\$ 1,009,138	\$ 1,285,603	\$ 9,988,566			
Budget	\$ 64,638	\$ -	\$ 297,752	\$ 4,143,173	\$ 2,800,039	\$ 1,182,109	\$ 900,276	\$ 1,508,851	\$ 10,896,838			
	<b>16.9%</b>	<b>0.0%</b>	<b>92.2%</b>	<b>81.1%</b>	<b>107.2%</b>	<b>88.4%</b>	<b>112.1%</b>	<b>85.2%</b>	<b>91.7%</b>			

# YTD REVENUES

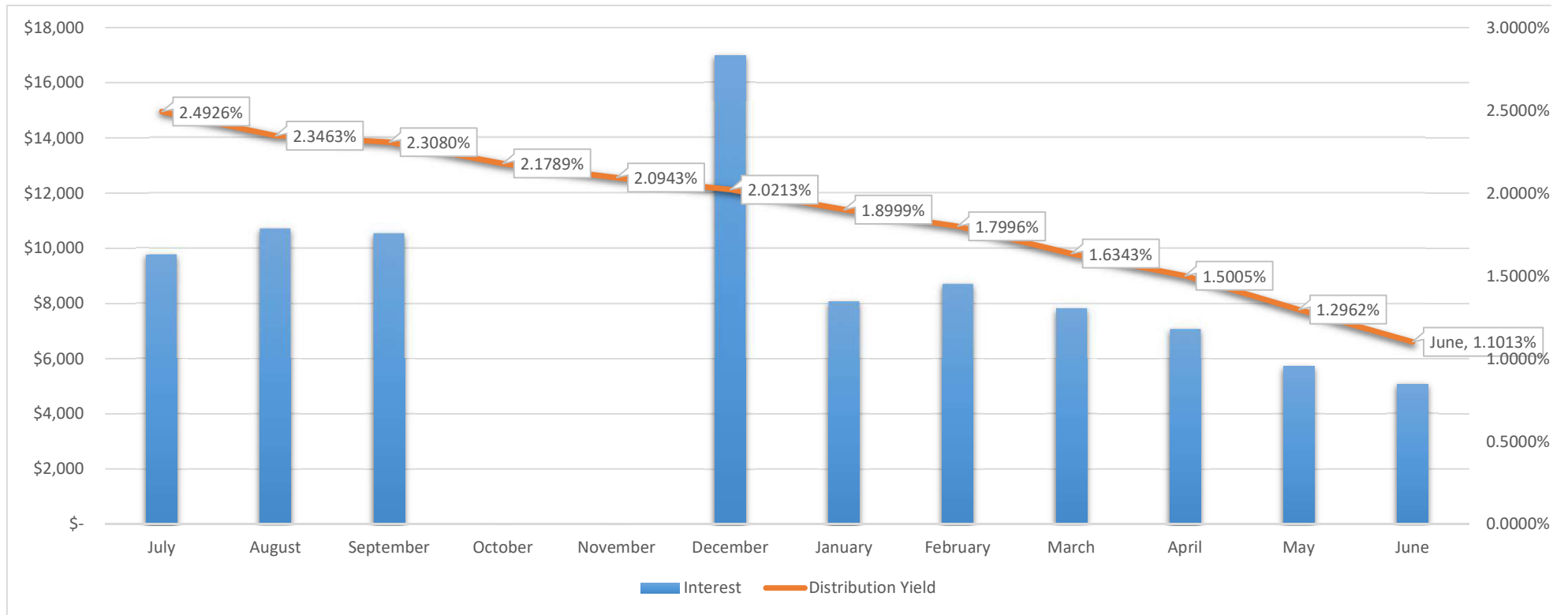


# YTD EXPENDITURES





# YTD INVESTMENT YIELD TRENDS



SWDH (HD3) COVID Billing

		Expires 7/31/2020	Not received yet	Expires 6/30/2021	Expires 6/3/2021	Expires 7/31/2020	Expires 6/30/2021	Not received yet		
Total Grant	\$ 360,000.00	\$ 200,000.00	\$ 324,818.00	\$ 108,421.76	\$ 475,395.00	\$ 25,644.61	\$ 65,982.00	\$ 4,700,000.00		\$ 993,239.76
Remaining	\$ 12,347.61	\$ <del>68.69</del>	\$ 324,818.00	\$ 5.28	\$ 475,395.00	\$ <del>226.40</del>	\$ 65,982.00	\$ 4,700,000.00		\$ 379,049.88

Bill Month	Description	CRISIS 10% Ind	NEDDS (EPI) Pre-Award 10% Ind	NEDDS (EPI) Prime 10% Ind	PHEP BP1 10% Ind	PHEP BP2 10% Ind	NEDSS FY20 Full Ind	NEDSS FY21 Full Ind	ELC Funding Full Ind	Total Billed	Total Direct Costs
July	Mar - May COVID costs (\$415,161.44 Direct)	\$ 256,746.27	\$ 199,931.31		\$ -					\$ 456,677.58	\$ 415,161.44
July	June COVID (\$199,028.45 Direct)	\$ 90,906.12			\$ 108,416.48		\$ 25,418.21			\$ 224,740.81	\$ 199,028.45
IN0003	Desc 3									\$ -	\$ -
IN0004	Desc 4									\$ -	\$ -
IN0005	Desc 5									\$ -	\$ -
IN0006	Desc 6									\$ -	\$ -
IN0007	Desc 7									\$ -	\$ -
IN0008	Desc 8									\$ -	\$ -
IN0009	Desc 9									\$ -	\$ -
IN0010	Desc 10									\$ -	\$ -
IN0011	Desc 11									\$ -	\$ -
IN0012	Desc 12									\$ -	\$ -
IN0013	Desc 13									\$ -	\$ -

## FY20 Costs PER DAFR 8290

<u>PCA</u>	<u>YTD COST</u>
28359	\$16,530.31
34319	\$13,753.10
34519	\$9,324.20
34719	\$238.25
37219	\$4,644.09
37319	\$2,189.06
37359	\$1,369.07
37419	\$1,199.97
37519	\$7,102.17
37659	\$869.95
37719	\$2,716.73
37819	\$5,732.15
38200	\$135,991.79
38300	\$2,938.40
39019	\$3,295.40
39100	<u>\$406,295.28</u>
	<u><u>\$614,189.92</u></u>

Billed \$415,161.44 Through May (Not including 10% indirect)  
\$199,028.48

Billed \$199,028.45 Through June (Not including indirects)  
\$0.00 Rounding issue by .03



## Request to Legislative Council for permission to use private audit firm

### Goal

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To use a private auditing firm for Southwest District Health's audit needs

### Reasons for Request

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- Move from bi-annual to annual audits
  - Annual audits are often requested by government and foundation organizations
  - Board of Health provided direction to move to annual audits
- Consistent, timely reports
- Enhanced scheduling flexibility
- Competitive cost options in the private sector
- Direction from the Board of Health on April 28, 2020 to request permission to use a private auditing firm

### Legislative Services Office Audit Timelines

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- FY13 audit
  - On-site work: Summer 2014
  - Report issued: July 2015
- FY14 and FY15 audit
  - On-site work: Summer 2016
  - Report issued: November 2017
- FY16 and FY17 audit
  - On-site work: Summer 2018
  - Report issued November 2019

### Audit Cost Comparisons

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- Legislative Services Office
  - FY16-FY18 = \$21,000 per year
  - FY19-FY20 = \$22,000 per year
- Private Estimates:
  - Zwygart John & Associates, PLLC = \$10,000 per year
  - Bailey CPAs = \$9,000 per year
  - Harris CPAs = \$18,000 per year



## REFERENCES

# Zwygart John & Associates, PLCC | 04.15.20

### Canyon County Ambulance District

**Cindy Fullerton, Office Administrator**

*Associated with Zwygart approximately 10 years*

- “Exceptional,” “amazing,” “full trust and faith in them”
- Provide good guidance, able to contact them at any time
- Timely, professional
- Meet with district board to review/explain audit report

### Owyhee County

**Angie Barkell, County Clerk**

*Associated with Zwygart since 1990s*

- Very affordable, very helpful
- Advise on various issues throughout the year
- Timely, professional, pleasant
- Highly recommend



## GOVERNMENT CLIENTS

# Zwygart John & Associates, PLCC

- Ada Soil & Water Conservation District
- Bancroft, City of
- Black Canyon Irrigation District
- Boise Project Board of Control
- Boise River Flood Control District 10
- Boise Warm Springs Water District
- Boise-Kuna Irrigation District
- Bruneau River Soil Conservation District
- Caldwell Housing Authority
- Caldwell Rural Fire
- Canyon County Ambulance District
- Canyon County Mosquito Abatement
- Canyon Highway District
- Cascade Rural Fire
- Cascade, City of
- Cassia County
- Clearwater County Free Library District
- Cottonwood, City of
- Council, City of
- Deer Creek Highway District
- Donnelly Rural Fire Protection
- Donnelly, City of
- Edwards Mosquito Abatement District
- Emmett School District #221
- Emmett, City of
- Falcon Ridge Charter School
- Flood Control District 11
- Garden City Urban Renewal Agency
- Garden City, City of
- Garden Valley Fire Protection
- Garden Valley Hospital District
- Garden Valley Library
- Garden Valley School District #71
- Gem County
- Gem County Fair Board
- Gem County Fire Protection District
- Gem County Mosquito Abatement District
- Gem Irrigation District
- Grand View Rural Fire Protection District
- Grand View, City of
- Grangeville, City of
- Greenleaf, City of
- Harney County, Oregon
- Heritage Community Charter School
- Highway District #1
- Homedale Rural Fire Dist
- Horseshoe Bend School Dist #73
- Horseshoe Bend, City of
- Idaho - Eastern Oregon Onion Committee
- Idaho Barley Commission
- Idaho Bean Commission
- Idaho College and Career Readiness
- Idaho County
- Idaho Digital Learning Academy
- Idaho Grape Growers & Wine Producers
- Idaho Potato Commission
- Idaho Science & Technology Charter School
- Idaho Virtual Academy
- Idaho Virtual High School
- Idaho Wheat Commission
- iSucceed Virtual High School, Inc
- Kuna Rural Fire District
- Lake Irrigation District
- Lewis County
- LHTAC
- Lizard Butte Library District
- Malad, City of
- Malheur County
- Marsing, City of
- McCall Fire District
- Melba Rural Fire
- Meridian Rural Fire
- Middleton Rural Fire District
- Middleton, City of
- MOJO
- Mores Creek Rim Rural Water Dist
- Mountain Home Rural Fire
- Nampa Housing Authority
- New Meadows, City of
- New York Irrigation District
- North Ada County Fire
- North Lake Rec Sewer & Water
- North Star Charter School
- Notus Parma Highway District
- Notus, City of
- Owyhee County
- Parma, City of
- Pioneer Nursing Home Health District
- Prairie School District #191
- Reynolds Irrigation District
- Ridgeview Irrigation
- Riggins, City of
- Riverside Manor, Inc.
- Settlers Irrigation District
- South Board of Control
- Southwestern Idaho Cooperative Housing
- Star Joint Fire Protection District
- Star Sewer & Water District
- Star, City of
- Upper Deerflat Fire District
- Valley County
- Valley County EMS
- Warm Springs Irrigation District
- Weippe, City of
- Western Elmore County Recreation District
- Whitney Fire Protection District
- Wilder Irrigation District
- Wilder, City of
- Wilderness Ranch Fire Protection District



**ZWYGART JOHN**  
CERTIFIED PUBLIC ACCOUNTANTS

Zwygart John & Associates CPAs, PLLC

16130 North Merchant Way, Suite 120 ♦ Nampa, Idaho 83687

Phone: 208-459-4649 ♦ FAX: 208-229-0404

Southwest District Health (III)

We are pleased to provide a bid to perform your annual financial audit for the year ended June 30, 2019. Below is a brief description of our firm, related audits we have performed, and our proposal for work done.

Qualification and Experience

Zwygart John and Associates CPAs specializes in audits of state and local governments. The firm is located in Nampa, Idaho. The auditing department consists of three CPAs and four audit staff members. All audit staff members meet requirements to be engaged in governmental audits.

Our firm has over 40 years of governmental audit experience between all of the audit staff and partners. All individuals working on the engagement are current on governmental accounting standards.

Jared Zwygart, CPA and Jordan Zwygart, CPA are the audit partners that will oversee the audit. Both are licensed to practice as certified public accountants in the state of Idaho. Jared Zwygart has over 30 years of experience auditing state and local governments. Jordan Zwygart has 6 years of experience auditing state and local governments.

Independence

All audit staff that will participate in the audit are independent in respect to Southwest District Health Department

Proposed Fees

We would anticipate that the fee for the 2019 audit would consist of \$10,000 for the financial audit and federal single audit.

Contact Information

Jordan Zwygart, CPA would act as the engagement partner and be the main point of contact. His can be contacted by e-mail at [jordan@myidahotax.com](mailto:jordan@myidahotax.com) or phone at (208)459-4649.

Thank you for giving us the opportunity to provide a bid for your annual audit. If you have any questions please feel free to contact us.

Sincerely,

*Zwygart John and Associates PLLC*

**BY-LAWS**  
**SOUTHWEST DISTRICT HEALTH**  
**BOARD OF HEALTH**  
**Amended January 24, 2017**

**ARTICLE 1**

- 1.1.1 The name of this organization shall be the Board of Health (BOH) of the Southwest District Health (SWDH).
- 1.1.2 The environmental protection and physical health responsibility of the BOH shall be to the southwest region of the State of Idaho, specifically that territory which includes the following counties: Adams, Canyon, Gem, Owyhee, Payette, and Washington.
- 1.1.3 The headquarters of the BOH shall be located in the most populous county in the district at a location selected by the Board.

**ARTICLE 2**

- 2.1 The BOH is organized pursuant to Title 39, Chapter 4, Sections 39-408 to 39-426 of the Idaho Code and shall have environmental protection and physical health authority within the designated area of these by-laws, after July 1, 1971.
- 2.2 The BOH shall adopt and implement, where applicable, Sections 39-408 through 39-426, Title 39, Chapter 4 of the Idaho Code as well as the articles specified in these by-laws.

**ARTICLE 3**

The general purpose of the BOH will be to organize a district department of health and to oversee the administration of the department, determining and adopting policies that are harmonious with the practice of public health. SWDH shall provide the basic health services of public health education, physical health, environmental health, and public health administration and all other aspects of public health that may be delegated by the State Board of Health.

**ARTICLE 4**

- 4.1 The BOH shall consist of seven (7) members to be appointed by the boards of county commissioners within the district acting jointly. All provisions of Section 39-411 of the Idaho Code relative to the composition, qualifications, appointments and terms of appointment shall be observed in the selection of members to the [District Board BOH](#).
- 4.2 The county commissioners shall be informed at least one month prior to the expiration of the term of a BOH member. Terms of appointment shall begin on July 1 and expire June 30 in the last year of the term.

- 4.3 The Chairman and Vice-Chairman of the BOH shall be elected by a majority vote of the members and serve a term of one year beginning July 1 and ending twelve months later on June 30. The Chairman shall preside over and conduct all meetings and act as the legal representative of all ~~District Board-BOH~~ transactions. In the absence of the Chairman, the Vice-Chairman shall preside. In the absence of the Chairman and Vice-Chairman, the Trustee shall preside. In the absence of Chairman, Vice-Chairman and Trustee, the longest standing board member shall preside. The Chairman, ~~and~~ Vice-Chairman and Trustee shall perform such other duties as may be prescribed by the BOH.
- 4.4 The BOH shall select and appoint a director of the district health department. The Director shall serve as the chief administrative officer to the department and shall be the secretary to the BOH.
- 4.5 The District Director and the division ~~directors-administrators~~ of SWDH shall be non-voting ex-officio members of the District Board.<sup>[ZN1]</sup>
- 4.6 By majority vote of all members of the BOH, additional non-voting ex-officio members may be appointed. These members shall serve only at the pleasure of the District Board; their term of appointment can be terminated by the majority vote of all members of the District Board.<sup>[ZN2]</sup>
- 4.7 A BOH member can be removed by majority vote of all County Commissioners in the District, EXCEPT: A Board member may resign by a written letter of resignation to the Chair of the County Commissioners of their resident county; copies to the Chair of the BOH and the Secretary of the Board.
- 4.8 Any member of the BOH who shall be absent from three consecutive meetings for reasons not deemed reasonable by the Board will be construed as a resignation from the BOH. The Secretary of Board shall notify the County Commissioners and request a replacement be nominated.

## ARTICLE 5

- 5.1 The BOH shall meet at least once every three months on the fourth Tuesday of the month. Meetings will be held at SWDH, 13307 Miami Lane, Caldwell, Idaho unless notification is given by the Chairman to each member of the BOH of the change in time or place.
- 5.2 Additional meetings may be called by the Chairman or by a majority of the members of the Board upon 72 hours notice.
- 5.3 Public announcement of time and place shall be given by posting the annual notice of meeting dates in a public place and on the SWDH website.
- 5.4 Four members shall be necessary to constitute a quorum and the action of the majority of the members present shall be the action of the BOH.
- 5.5 The July meeting of the BOH shall be designated the Annual Meeting of the Board.<sup>[ZN3]</sup>



- 5.6 Under conditions of bad weather or disasters, the BOH Chairman or his designee may secure action approval by a telephone poll of all available members. The action of the majority of those polled shall be the action of the BOH.[ZN4]

## ARTICLE 6

Roberts Rules of Order (revised) shall be the governing authority for the order of business and conduct of all meetings of the BOH when not in conflict with the by-laws.

## ARTICLE 7

- 7.1 BOH members shall acknowledge and understand that SWDH is a governmental organization and that in order to maintain its federal and state tax exemption, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.
- 7.2 BOH members shall not use positions to promote any personal or professional business relationships, contracts, or financial gain.
- 7.3 BOH members shall promptly disclose the existence of an actual or possible conflict of interest including any potential financial interest and all material facts to the BOH or the SWDH Director.
- 7.4 BOH members shall promptly notify the BOH or the SWDH Director should any interest become potentially detrimental to SWDH.
- 7.5 BOH members shall not have not been convicted of a felony or criminal offense related to the delivery of health care.
- 7.6 BOH members shall acknowledge that each member of the BOH has a fiduciary duty to SWDH, and as part of that duty each member is to maintain absolute confidentiality as to all non-public information to which access is available by reason of BOH membership. BOH members shall disclose and discuss such information only with appropriate officers, employees, agents, and advisors of SWDH and only for valid SWDH purposes or as otherwise required by law.
- 7.7 BOH members shall serve on the BOH as active participants and shall contribute ideas, perspectives, and feedback.
- 7.8 BOH members shall strive to conduct themselves in an ethical manner at all times and shall consult with SWDH leadership regarding any concerns, grievances, or issues that must be resolved.

These by-laws may be amended at any regular meeting of the BOH by a two-thirds vote of the members present provided that a written copy of the proposed amendments shall be presented at the previous meeting of the Board to each member or mailed to those not in attendance at

the meeting and that adoption of amendments be stated in the agenda of the meeting at which the proposed amendments will be voted upon.

[Adopted: 09/12/1972](#)

[Amended: 12/09/1980, 01/24/2017](#)

## EXECUTIVE POLICY AND PROCEDURES



**Policy No:** Policy 1-070  
**Title:** Line of Succession

**Objective:** To outline lines of succession for key positions of Southwest District Health (SWDH) and to ensure immediate continuity during temporary unavailability (e.g., a medical or family emergency) or after an unexpected vacancy.

**Policy Statement:** Positions essential to the leadership and operations of SWDH include the director, division administrators, and finance manager.

**Procedures:** Lines of succession are temporary and are established by the Board of Health. The line of succession for each essential position is defined as follows:

### Director

- General Support Division Administrator, then
- Division Administrator with most seniority (i.e., time with SWDH), then
- Division Administrator with least seniority, then
- Finance Manager

A person acting as Director serves as the administrative officer of the Board of Health and has the authority to approve purchases, sign binding contracts and non-binding agreements, fill vacancies, address disciplinary matters up to administrative leave with or without pay, and issue legal orders, including trespass of persons from SWDH premises.

Regarding issuing a trespass order, the order to leave should be done in the presence of a police officer if at all possible. It should be recorded, if possible. The order should be something like the following:

*"I am [title] and have the authority to order you to immediately leave the premises. I am ordering you to leave the building, sidewalks, and parking area of Southwest District Health immediately and not return for a period of one year."*

### General Support Division Administrator

- Finance Manager, then
- IT Manager, then
- Project Manager, then
- Human Resources Manager, then
- Facilities Manager

### Clinic Services Division Administrator

- Program Manager 2, then
- Office Services Supervisor, then
- Registered Nurse, Senior

### Environmental and Community Health Division Administrator

- Environmental Health Program Manager 2, then
- Public Health Preparedness and Response/Epidemiology Program Manager, then
- Environmental Health Supervisor, then
- Community Health Program Manager

### Finance Manager

- General Support Division Administrator, then
- Financial Specialist

Origination Date: July 22, 2020



## COVID-19 Health Alert Levels:

### Criteria for Determining Health Alert Levels and Movement between Health Alert Levels

#### GOAL

Southwest District Health aims to:

Mitigate the rapid spread of COVID-19 disease and related morbidity and mortality by reducing or maintaining the rate of R (the reproduction number of the virus), to prevent overwhelming first responders, the healthcare system, and personal protective equipment (PPE) supplies in our region.

#### DETERMINING HEALTH ALERT LEVELS

##### QUANTITATIVE DATA

###### Syndromic

- Emergency room utilization by individuals with COVID-like illness
- Number of persons under monitoring (these are people who have been exposed to COVID-19, but not yet developed symptoms)

###### Epidemiologic

- Number of new case trend (confirmed and probable): Newly daily cases per 10,000 population (seven-day rolling average)
- Number of long-term care facilities with COVID-19 cases currently under investigation, monitoring, or testing

###### Healthcare

- Number of hospitalizations of individuals diagnosed with COVID-19
- 10-day supply of personal protective equipment (PPE) in hospitals
- Number of healthcare workers sick with COVID-19

##### QUALITATIVE DATA

*Healthcare:* Concerns raised by organizations (e.g., long-term care facilities, hospitals, or first responders) regarding COVID-19 observations and trends, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.

*Local Elected Officials:* Concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being and community vitality.

*Epidemiologic:* Descriptive data on incidence of new cases, cluster outbreaks, and levels of community transmission within defined geographic areas (e.g., city, sub-region, county).

***Healthier Together***

13307 Miami Lane ● Caldwell, ID 83607 ● (208) 455-5300 ● FAX (208) 454-7722

**GEOGRAPHIC BOUNDARIES**

Health Alert Levels will be established for each county. The current rate per 10,000 population will also be established using census tract data. Southwest District Health includes:

- Adams County
- Canyon County
- Gem County
- Owyhee County
- Payette County
- Washington County

**COVID-19 HEALTH ALERT LEVELS**

COVID-19 Health Alert Levels are intended to be an education tool to inform the public of activities that increase risk for exposure to disease and to communicate what the risk for exposure is in the local community (i.e., hot spots) across the six-county region. Criteria for assigning a health alert levels to a specific geographic area (e.g., census tract or county) are described on pages 4-7.

COVID-19 HEALTH ALERT LEVEL	COVID-19 HEALTH ALERT LEVEL	COVID-19 HEALTH ALERT LEVEL	COVID-19 HEALTH ALERT LEVEL
<b>RED</b>	<b>ORANGE</b>	<b>YELLOW</b>	<b>GRAY</b>
<b>HIGH RISK OF EXPOSURE</b>	<b>MEDIUM RISK OF EXPOSURE</b>	<b>LOW RISK OF EXPOSURE</b>	<b>ROUTINE RISK OF EXPOSURE</b>

**CROSSWALK FOR SCHOOLS**

[Idaho Back to School Framework](#) has identified three categories for determining transmission risk (table below). To assist schools located in the six-county region, Southwest District Health has cross-walked the *Idaho Back to School Framework* with the COVID-19 Health Alert Level advisory system.

<b>“Identify Level of Transmission Risk”</b>			
	Category 1: No Community Transmission	Category 2: Minimal to Moderate Community Transmission	Category 3: Substantial Community Transmission
<b>Definitions</b>	Evidence of isolated cases, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.	Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings, with potential for rapid increase in suspected cases.	Large-scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings, etc.
<b>Level of Operations</b>	School buildings open with physical distancing and sanitation.	School buildings open but option of limited/staggered use of school buildings with physical distancing and sanitation.	Targeted, short-term, or extended building closure.



COVID-19  
HEALTH ALERT LEVEL  
**GRAY**



COVID-19  
HEALTH ALERT LEVELS  
**YELLOW**  
**ORANGE**



COVID-19  
HEALTH ALERT LEVEL  
**RED**

**HEALTH ALERT LEVEL GREY - ROUTINE**

Health Alert Level Grey is determined when some or all of the following COVID-19 thresholds are met.

Data Point	Threshold
Emergency department (ED) utilization by individuals with COVID-like illness	<ul style="list-style-type: none"> <li>• no reported ED utilization data from the population, OR</li> <li>• sporadic visits (&gt;14 days apart), AND</li> <li>• visits are imported or associated with an exposure within a household</li> </ul>
Number of persons under monitoring	<ul style="list-style-type: none"> <li>• no reported close contacts under monitoring, OR</li> <li>• close contacts under monitoring are associated with imported cases<sup>1</sup> or exposures within a household</li> </ul>
Number of new cases (confirmed and probable): Newly daily cases per 10,000 population (seven-day rolling average)	<ul style="list-style-type: none"> <li>• in rural/frontier communities<sup>2</sup>: number of new cases occur sporadically (&gt;14 days apart), OR</li> <li>• in suburban/urban communities<sup>3</sup>: number of new cases are primarily imported or associated with an exposure within a household, OR</li> <li>• &lt;1 daily new case per 10,000 people</li> </ul>
Number of long-term care facilities with COVID-19 cases currently under investigation, monitoring, or testing	<ul style="list-style-type: none"> <li>• no long-term care facilities have cases under investigation, monitoring, or testing, OR</li> <li>• a case is imported, but no additional cases are reported within the facility following 14 days since last exposure</li> </ul>
Number of hospitalizations of individuals diagnosed with COVID-19	<ul style="list-style-type: none"> <li>• no hospitalizations from the population, OR</li> <li>• hospitalizations are due to imported cases, OR</li> <li>• hospitalizations are due to household transmission associated with an imported case</li> </ul>
10-day supply of personal protective equipment (PPE) in hospitals	<ul style="list-style-type: none"> <li>• 10 days of PPE available to local area hospital(s)</li> </ul>
Number of healthcare workers sick with COVID-19	<ul style="list-style-type: none"> <li>• no reported cases in healthcare workers, OR</li> <li>• confirmed imported case in a healthcare worker, OR</li> <li>• healthcare worker was exposed to a household member that imported the disease</li> </ul>
Healthcare industry input	no concerns raised by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.
Local elected official input	no concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.
Epidemiologists' input	descriptive data indicate limited risk of importing COVID-19 to a specific geographic area or sporadic cases are identified.

<sup>1</sup> Imported case(s) refer to individuals exposed to COVID-19 outside of the defined jurisdiction (e.g., city, sub-region, county, state)

<sup>2</sup> Populations less than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

<sup>3</sup> Populations greater than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

**HEALTH ALERT LEVEL YELLOW – LOW**

Health Alert Level Yellow is determined when some or all of the following COVID-19 thresholds are met.

<b>Data Point</b>	<b>Threshold</b>
Emergency department (ED) utilization by individuals with COVID-like illness	<ul style="list-style-type: none"> <li>• low-volume visits (day(s) between visits or &lt;5 visits/day), OR</li> <li>• visits are imported or associated with an exposure within a household or shared living space</li> </ul>
Number of persons under monitoring	<ul style="list-style-type: none"> <li>• &lt; 10 close contacts under monitoring/day, OR</li> <li>• close contacts under monitoring are associated with imported cases<sup>1</sup> or exposures within a household</li> </ul>
Number of new cases (confirmed and probable): Newly daily cases per 10,000 population (seven-day rolling average)	<ul style="list-style-type: none"> <li>• in rural/frontier communities<sup>2</sup>: number of new cases occur sporadically, OR</li> <li>• in suburban/urban communities<sup>3</sup>: number of new cases/day 1-2.5 daily new cases per 10,000 people, OR</li> <li>• new cases are associated with a single or isolated cluster outbreak</li> </ul>
Number of long-term care facilities with COVID-19 cases currently under investigation, monitoring, or testing	<ul style="list-style-type: none"> <li>• no long-term care facilities have cases under investigation, monitoring, or testing, OR</li> <li>• a case is imported, but no additional cases are reported within the facility following 14 days since last exposure</li> </ul>
Number of hospitalizations of individuals diagnosed with COVID-19	<ul style="list-style-type: none"> <li>• &lt; 5 hospitalizations from the population, OR</li> <li>• hospitalizations are due to imported cases, OR</li> <li>• hospitalizations are due to household transmission associated with an imported case</li> </ul>
10-day supply of personal protective equipment (PPE) in hospitals	<ul style="list-style-type: none"> <li>• more than 10 days of PPE available to local area hospital(s)</li> </ul>
Number of healthcare workers sick with COVID-19	<ul style="list-style-type: none"> <li>• &lt; 1 reported case/day in healthcare workers</li> </ul>
Healthcare industry input	no concerns raised by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.
Local elected official input	no concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.
Epidemiologists' input	descriptive data indicate sporadic imported cases within a specific geographic, occasional close contact transmission, and/or single or isolated cluster outbreaks.

<sup>1</sup> Imported case(s) refer to individuals exposed to COVID-19 outside of the defined jurisdiction (e.g., city, sub-region, county, state)

<sup>2</sup> Populations less than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

<sup>3</sup> Populations greater than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties



**HEALTH ALERT LEVEL ORANGE - MEDIUM**

Health Alert Level Orange is determined when some or all of the following COVID-19 thresholds are met.

<b>Data Point</b>	<b>Threshold</b>
Emergency department (ED) utilization by individuals with COVID-like illness	<ul style="list-style-type: none"> <li>elevated ED visits (daily visits or &lt;10 visits/day)</li> </ul>
Number of persons under monitoring	<ul style="list-style-type: none"> <li>&lt; 20 close contacts under monitoring/day, OR</li> <li>close contacts under monitoring are associated with social gatherings/events</li> </ul>
Number of new cases (confirmed and probable): Newly daily cases per 10,000 population (seven-day rolling average)	<ul style="list-style-type: none"> <li>in rural/frontier communities<sup>2</sup>: number of new cases occur &lt; 14 days apart, OR</li> <li>in suburban/urban communities<sup>3</sup>: number of new cases/day 2.5-5 daily new cases per 10,000 people, OR</li> <li>community spread is identified, OR</li> <li>multiple cluster outbreaks</li> </ul>
Number of long-term care facilities with COVID-19 cases currently under investigation, monitoring, or testing	<ul style="list-style-type: none"> <li>one or more long-term care facilities have a case(s) under investigation, monitoring, or testing, OR</li> <li>disease transmission is occurring within a facility but contained to one area/unit/hall</li> </ul>
Number of hospitalizations of individuals diagnosed with COVID-19	<ul style="list-style-type: none"> <li>&lt; 10 hospitalizations from the population</li> </ul>
10-day supply of personal protective equipment (PPE) in hospitals	<ul style="list-style-type: none"> <li>current supply or ability to reorder PPE may be at risk</li> </ul>
Number of healthcare workers sick with COVID-19	<ul style="list-style-type: none"> <li>&lt; 2 reported cases/day in healthcare workers</li> </ul>
Healthcare industry input	elevated concern by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.
Local elected official input	elevated concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.
Epidemiologists' input	descriptive data indicate community spread, meaning confirmed cases are uncertain of where they were exposed to the disease.

<sup>1</sup> Imported case(s) refer to individuals exposed to COVID-19 outside of the defined jurisdiction (e.g., city, sub-region, county, state)

<sup>2</sup> Populations less than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

<sup>3</sup> Populations greater than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

**HEALTH ALERT LEVEL RED - HIGH**

Health Alert Level Red is determined when some or all of the following COVID-19 thresholds are met.

Data Point	Threshold
Emergency department (ED) utilization by individuals with COVID-like illness	<ul style="list-style-type: none"> <li>elevated ED visits (daily visits or &gt;10 visits/day)</li> </ul>
Number of persons under monitoring	<ul style="list-style-type: none"> <li>&gt; 20 new close contacts under monitoring/day</li> </ul>
Number of new cases (confirmed and probable): Newly daily cases per 10,000 population (seven-day rolling average)	<ul style="list-style-type: none"> <li>in rural/frontier communities<sup>2</sup>: number of new cases occur &lt; 7 days apart, OR</li> <li>in suburban/urban communities<sup>3</sup>: number of new cases/day &gt; 5 daily new cases per 10,000 people, OR</li> <li>sustained community spread, OR</li> <li>widespread outbreaks</li> </ul>
Number of long-term care facilities with COVID-19 cases currently under investigation, monitoring, or testing	<ul style="list-style-type: none"> <li>one or more long-term care facilities have a case(s) under investigation, monitoring, or testing, OR</li> <li>uncontained disease transmission is occurring within a facility</li> </ul>
Number of hospitalizations of individuals diagnosed with COVID-19	<ul style="list-style-type: none"> <li>&gt; 10 hospitalizations in a defined population, OR</li> <li>increasing trend or predictive modeling indicates possible implementation of Crisis Standards of Care Plans</li> </ul>
10-day supply of personal protective equipment (PPE) in hospitals	<ul style="list-style-type: none"> <li>current supply or ability to reorder PPE may be at risk, OR</li> <li>consideration being given to implement Crisis Standards of Care due to lack of PPE</li> </ul>
Number of healthcare workers sick with COVID-19	<ul style="list-style-type: none"> <li>&gt; 2 reported cases/day in healthcare workers, OR</li> <li>consideration being given to implement Crisis Standards of care due to healthcare worker shortage</li> </ul>
Healthcare industry input	concern by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.
Local elected official input	concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.
Epidemiologists' input	descriptive data indicate sustained community spread and/or widespread outbreaks.

<sup>1</sup> Imported case(s) refer to individuals exposed to COVID-19 outside of the defined jurisdiction (e.g., city, sub-region, county, state)

<sup>2</sup> Populations less than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

<sup>3</sup> Populations greater than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

## MOVEMENT BETWEEN HEALTH ALERT LEVELS

The *Movement Between Health Alert Levels* is used in conjunction with *Determining Health Alert Levels*. Southwest District Health (SWDH) will use these data points to establish Health Alert Levels, determine when to move from one Health Alert Level to another, and provide information, guidance, and recommendations to the residents and businesses of the six-county region.

### CRITERIA FOR MOVING BETWEEN LEVELS

#### Epidemiology:

- New confirmed case trend: using calculated new daily cases per 10,000 population (seven-day rolling average); + trend direction and rate (stratified by census tract and county)
- Estimated death trend: New daily deaths per 10,000 population \*100 (assuming benchmark 1-1.5% infection fatality rate) (seven-day rolling average); + trend direction and rate (stratified by census tract and county)
- New daily hospitalizations per 10,000 population (seven-day rolling average); + trend direction and rate (stratified by census tract and county)

#### Response Capacity:

- Testing, tracing, and monitoring (TTM)
- Use of other non-pharmaceutical interventions (e.g., social/physical distancing, face covers)
- Therapeutic capacity (e.g., hospital beds, ICU beds, ventilators, healthcare workforce)
- Protection capacity (capacity to identify and meet the needs of vulnerable populations (e.g., homeless, elderly, first responders))
- Disease surveillance capacity (e.g., funding and staffing for epidemiologists, contract tracers, and health monitors)

### TIMELINE FOR MEASUREMENTS

Data will be posted to the SWDH Tableau Dashboard each Monday and Thursday, by 12 noon.

Health Alert Level assessments will be made on Mondays based on the prior two weeks' data (assessing 7-day averages of quantitative data points), starting on a Sunday and ending on a Saturday. At least two full weeks will be spent in a Health Alert Level before determinations to move to a lower less severe level (e.g., from High to Medium).

### DETERMINATIONS TO MOVE TO A HIGHER ALERT LEVEL MAY BE MADE AT ANY TIME IF ANY OF THE CRITERIA BELOW ARE MET:

- Crisis standards of care are implemented
- Senior leadership at a local hospital indicates that further increases in cases in the community will overwhelm local hospital capacity
- Epidemiologic evidence of a new or emerging significant risk to the public's health

These COVID levels (see table below) provide a roadmap that helps decision-makers and community members know where they are and what mitigation strategies may be appropriate based on their community’s level of disease spread. The grey level aligns with the CDC’s low incidence plateau threshold. The levels communicate the intensity of effort needed for control of COVID at varying levels of community spread. In addition to paying attention to the levels, decision-makers should pay close attention to direction of trend and rate of change. While jurisdictions may plateau in yellow, in the orange level spread tends to have more velocity.

COVID Health Alert Level	Corresponding Community Mitigation Strategies
<p><b>Red (High)</b>                      &gt;5 daily new cases per 10,000 people*</p>	<p>At the red level, communities have reached a tipping point for uncontrolled spread. Southwest District Health <i>may</i> institute:</p> <ul style="list-style-type: none"> <li>• education, information, and messages, AND/OR</li> <li>• recommendations for use of face coverings, AND/OR</li> <li>• recommendations for 1 person per 64 square feet of space at events, AND/OR</li> <li>• recommendations for remote work when available, AND/OR</li> <li>• recommendations to vulnerable populations to limit participation in high-risk for exposure activities like some team sports or activities requiring close contact (e.g., football, basketball, dancing, choir), attending events where physical distancing cannot be maintained (e.g., general admission concerts and other public entertainment events), family or social gatherings that bring people together from different households, AND/OR</li> <li>• recommendations limited visitation to long term care and correctional facilities.</li> </ul>
<p><b>Orange (Medium)</b>                      2.5-5 daily new cases per 10,000 people*</p>	<p>At orange levels, community spread has accelerated. Southwest District Health <i>may</i> institute:</p> <ul style="list-style-type: none"> <li>• education, information, and messages, AND/OR</li> <li>• recommendations for 1 person per 64 square feet of space at events, AND/OR</li> <li>• recommendations for use of face coverings, AND/OR</li> <li>• recommendations to vulnerable populations to limit participation in high-risk for exposure activities like some team sports or activities requiring close contact (e.g., football, basketball, dancing, choir), attending events where physical distancing cannot be maintained (e.g., general admission concerts and other public entertainment events), family or social gatherings that bring people together from different households.</li> </ul>
<p><b>Yellow (Low)</b>                      1-2.5 daily new cases per 10,000 people*</p>	<p>At yellow levels, there may be sporadic imported cases, uptick in close contact transmission, or isolated cluster outbreaks. Southwest District Health <i>may</i> institute:</p> <ul style="list-style-type: none"> <li>• education, information, and messages</li> <li>• recommendations for 1 person per 64 square feet of space at events, AND/OR</li> <li>• recommendations for use of face coverings.</li> </ul>
<p><b>Grey (Routine)</b>                      &lt;1 daily new cases per 10,000 people*</p>	<p>At the grey level, communities are on track for containment so long as they maintain routine levels of viral testing (i.e., this is not a reference to antibody testing) and contact tracing, sufficient to control spikes and outbreaks. Viral testing should be used both for symptomatic and asymptomatic individuals, with the latter needed to detect cases flowing from exposure, and to routinely screen for infections in congregate settings and other critical context scenarios (e.g., elective surgery, hospital admission without symptoms suggestive of COVID-19, etc.), or as requirements of disease surveillance programs.</p>

\* The 7-day daily average incidence of new case range will be used along with other data thresholds to make decisions when considering moving between health alert levels and will not be used as a single indicator/cutoff/trigger to move to a higher or lower level.

**TESTING, TRACING, AND MONITORING (TTM) KEY PERFORMANCE INDICATORS**

**Routine level** of TTM resources are used in communities that are grey to contain spikes and outbreaks. For communities at the grey level, the goal is to have adequate TTM resources to stop community spread. It continues to be important to measure communities along all capability measures: TTM capability, other NPI capability, protection capability, treatment capability, and surveillance capability.

**Surge levels** of TTM resources are needed once there is community spread. Communities at the yellow level have spikes that may also indicate community spread. Jurisdictions at Orange and Red levels are experiencing higher community spread. These jurisdictions at Orange or Red need “surge” levels of TTM resources to drive the disease back. Once a community has progressed along the path toward zero and returned to grey level status, the levels of testing capacity and contact tracing it needed should dramatically decline.

A **mitigation surge** targets efforts and resources to broad and accessible testing, lowering the test positivity rate to <10%, and for 60% of positives not coming from critical context testing (e.g., congregate settings, elective surgeries, hospital admissions without symptoms suggestive of COVID-19, etc.).

A surge of testing and tracing resources is a temporary need; only the resources needed at the routine level are permanent until a vaccine becomes widely available, presuming effective and durable immunity.

Key Performance Indicators for Contact Tracing are as follows:

	<b>Routine/Grey</b>	<b>Mitigations/Yellow, Orange or Red</b>	<b>Data Source</b>
<b>Contact Tracing Capacity</b>			
Number of Tracers	1 tracers per 10k population (includes epidemiologists, contract tracers, and monitors)	2 tracers per 10k population with use of SaraAlert	Operations Section Chief/Epi Branch
<b>Performance</b>			
New COVID-19 cases with and without a known source	>90%	>80%	NBS
Percent of cases with follow up initiated within 24 hours	95%	95%	NBS
New COVID-19 cases and time to follow up	24 hours	24 hours	NBS
Percent of COVID-19 cases not traced to a known source	10%	30%	NBS
Percent of contacts with symptoms at time of trace (i.e., first contact by epi)	Close to zero	Close to zero	SaraAlert & Phone only database
Percent traced contacts in quarantine, isolation, or active monitoring	90%	90%	SaraAlert & Phone only database
Percent of symptomatic traced contacts tested*	90%	90%	SaraAlert, phone only database, NBS, & Epi Team Lead
*asymptomatic screening may be recommended when resources and reliable testing is available			

**VIRAL (PCR) TESTING KEY PERFORMANCE INDICATORS**

Key Performance Indicators for Viral (PCR) Testing are as follows:

	Maintenance/ Grey Level	Mitigation/Yellow, Orange, Red Levels	Data Source
Viral Testing			
Capacity			
Access	Anyone should be able to access a test regardless of symptoms	Anyone should be able to access a test regardless of symptoms	Testing Branch or County Emergency Manager
Supply	Sufficient to test for therapeutic purposes; hot spot testing purposes; contact tracing purposes for several links of the chain following from an index case to further positives to their contacts, and so on; surveillance purposes; and critical context purposes.	Sufficient to test for therapeutic purposes, hot spot testing purposes, surveillance purposes, and critical context purposes.	Testing Branch or County Emergency Manager
Performance			
Turnaround time	24 hours	24 hours	NBS
Positive Test Ratio	<1%	Less than 10%	DHW

**REFERENCES**

Idaho Stay Open Plan (Draft)

Key Metrics for COVID Suppression: A framework for policy makers and the public. July 1, 2020. [https://globalepidemics.org/wp-content/uploads/2020/06/key\\_metrics\\_and\\_indicators\\_v4.pdf](https://globalepidemics.org/wp-content/uploads/2020/06/key_metrics_and_indicators_v4.pdf)