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Public comment

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Board of Health Meeting
Tuesday, March 16, 2021, 10:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the March 16, 2021 meeting can be submitted at https://www.surveymonkey.com/r/YWRVBNB or by mail to: SWDH Board of Health, Attn: Administration Office, 13307 Miami Lane, Caldwell, ID, 83607. The period to submit public comments will close at 10:00 a.m. on Monday, March 15, 2021.

***Meeting Format** : In-person attendance at the meeting will be limited. Face coverings that fit close to the face and cover the nose and mouth will be required when physical distancing is not maintained. Acceptable face coverings include cloth masks made of tightly woven fabrics, such as cotton and cotton blends and medical and non-medical disposable masks.

Anyone unable to attend the meeting in-person is invited to view the meeting on their own device through live streaming available on the SWDH You Tube page.

Agenda

A = Board Action Required **G =Guidance** **I = Information item**

10:00	A	Call the Meeting to Order	Vice Chairman Kelly Aberasturi
10:02		Pledge of Allegiance	
10:03		Roll Call	Vice Chairman Kelly Aberasturi
10:04	A	Request for Additional Agenda items; Approval of Agenda	Vice Chairman Kelly Aberasturi
10:05		In-Person Public Comment	
10:20		Open Discussion	SWDH Board Members
10:35	A	Approve February 23, 2021 Board of Health Meeting Minutes	Vice Chairman Kelly Aberasturi
10:37	A	SWDH COVID-19 Health Alert Level Update	Nikki Zogg, Rachel Pollreis
11:00	I	February 2021 Expenditure and Revenue Report	Troy Cunningham
11:15	I	Contract Listing	Troy Cunningham
11:25	A	Spending Authority Request	Troy Cunningham
11:35	I	Break	
11:45	I	WIC Report	Emily Geary
12:00	G	Western Idaho Community Crisis Center Report	Sam Kenney
12:10	A	Fee Approval	Division Administrators
12:25	A	Employee Compensation	Nikki Zogg
12:45	I	IADBH Executive Council Update	Commissioner Georgia Hanigan, Nikki Zogg
12:50	G	Director's Report	Nikki Zogg
		Budget Committee	
		Legislative Update	
		IADBH Annual Meeting	

Next meeting: April 27, 2021, 9:00 a.m.

BOARD OF HEALTH MEETING MINUTES
Tuesday, February 23, 2021

BOARD MEMBERS:
Georgia Hanigan, Commissioner, Payette County – present via Zoom
Lyndon Haines, Commissioner, Washington County - present
Keri Smith, Commissioner, Canyon County - present
Kelly Aberasturi, Commissioner, Owyhee County – present via Zoom
Viki Purdy, Commissioner, Adams County –- present
Sam Summers, MD, Physician Representative – present
Bryan Elliott, Commissioner, Gem County - present

STAFF MEMBERS:
Nikki Zogg, Katrina Williams, Ricky Bowman, Cate Lewis, Surabhi Malesha, Mitch Kiester, Jaime Aanensen

Via Zoom: Doug Doney, Clay Roscoe, Troy Cunningham, Ashley Anderson, Rachel Pollreis, Carol Julius

GUESTS: No members of the public attending in person; Guests viewing live stream via SWDH You Tube page.

CALL THE MEETING TO ORDER
Chairman Elliott called the meeting to order at 10:07 a.m.

ROLL CALL
Kelly Aberasturi – present via Zoom; Dr. Summers - present; Chairman Elliott – present; Commissioner Hanigan – present via Zoom; Commissioner Purdy – present; Commissioner Haines – present; Commissioner Smith - present

APPROVAL OF AGENDA
Board members reviewed the agenda.

MOTION: Commissioner Haines moved to accept the agenda as presented. Dr. Summers seconded the motion. All in favor; motion carries.

APPROVE JANUARY 26, 2021 BOARD OF HEALTH MEETING MINUTES
Board members reviewed the January 26, 2021 Board of Health meeting minutes.

MOTION: Dr. Summers moved to accept the minutes as presented. Commissioner Smith seconded the motion. All in favor; motion carries.

OPEN DISCUSSION
Board members engaged in open discussion. Commissioner Smith asked for clarification regarding the World Health Organization's recent change in standards for COVID-19 case identification. Nikki Zogg explained reporting requirements for the State of Idaho have not changed and are based on test results rather than a clinical diagnosis.

Commissioner Smith also discussed septic permitting issues occurring in Canyon County. Rapid growth and increased demand have contributed to increased wait times. Gem County is also experiencing rapid growth and is having similar issues with long waits for permits and inspections. Commissioner Aberasturi discussed his recent interactions with Mitch Kiester regarding Owyhee County septic issues.

Board members asked about the agency's plans to onboard additional staff to help meet the demand for permits and inspections. Information about this will be provided later in the agenda.

Commissioner Purdy asked for an explanation for the decision to limit in-person attendance at the Board meetings and remove in-person public comment. Commissioner Elliott clarified that every building or room has a capacity limit for how many people can be safely accommodated and this capacity is lower as long as social distancing within those groups is needed. Commissioner Elliott asked for input on re-implementing a brief amount of time for in-person public comment during board meetings. Commissioner Smith would be supportive of public comment and is aware of past issues. Constituents have learned local government is the best place for them to have their voice heard. Dr. Summers also supports in-person public comments, but asked that the length for each person be limited and a timer be utilized.

Commissioner Elliott supports a brief portion of time for in-person public comment and directed staff to add in-person public comment portion to the March Board of Health agenda. Board members supported his direction.

Board members discussed negative feedback they have received regarding contact tracing. Nikki explained that part of the public health district's job is slowing the spread of disease including notifying close contacts and asking them to isolate themselves. Nikki acknowledged that these conversations should be professional and are not mandatory. There are members of the public who refuse to cooperate with public health efforts to slow the spread of disease and there is no consequence to their choice to not participate. She also asked Board members to please bring forward issues they may hear of regarding interactions between SWDH staff and members of the public that may need to be addressed.

INTRODUCTION OF NEW EMPLOYEES
Division administrators introduced new employees.

SWDH COVID-19 HEALTH ALERT LEVEL REVIEW
Nikki Zogg provided context regarding the review and approval of health alert levels during past meetings and how that process helps communicate to the public what the level of community spread is and what measures are advised to limit the spread of disease. There were questions at the last meeting about how the health alert level system was developed.

Rachel Pollreis provided a presentation explaining how the health alert system was developed and provided information regarding the health alert level dashboard. She also explained the graphics addressing the incidence rate. The dashboard shows weekly data and it is reviewed each week so there is overlap to provide information for a smooth trend. The dashboard graphs show the full year of data from March 8, 2020 to the current day showing trends throughout the pandemic.

Health alert levels are color-coded and use values specific to the two-week date range being evaluated. Rachel explained that metrics used when making the decisions for movement of counties between levels include both qualitative and quantitative data.

Board members had several questions regarding fatality rate, how it is calculated, and how it impacts the levels assigned to each county. Board members agree that fatality rate is one area they would support a change to in the metrics used. Chairman Smith asked for consideration to amend the fatality rate that put us into a pandemic.

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Board members discussed the information regarding the ranges for each of the color levels provided in the mitigation strategies document for movement between health alert levels as well as what would be needed to make changes to page 9 regarding who developed the system.

Chairman Elliott explained that board members can make recommendations for changes to the health alert level system; however, the decision rests with Nikki. The Board is ensuring the monies the counties expend are being properly utilized but this function is the District Director's responsibility. Chairman Elliott stated that Nikki and her staff have the responsibility to develop these strategies.

Nikki will work to developed a proposed change for the usage of mortality rate as a determining factor and bring back a recommendation for change for the board to review.

No motion for approval of the health alert levels was made.

FEBRUARY 2021 EXPENDITURE AND REVENUE REPORT
Troy Cunningham, Financial Manager, presented the February 2021 Expenditure and Revenue Report. Troy explained that the agency remains in a positive net cash position.

SYPHILIS CASE INCREASE REPORT
Cate Lewis, Epidemiologist, and Surabhi Malesha, Clinic Services Program Manager, provided board members with information on the recent increase in syphilis cases. The increase within our six-county region began to be noticed in fall 2020. Last calendar year, the six-county region SWDH serves had 38 cases. In years prior, there were 14-18 cases within a year.

Those individuals presenting with syphilis are mainly within the age group of 23-27. Two congenital syphilis cases in January were noted. The congenital syphilis cases are atypical and are a cause for concern.

Noted risk factors include anonymous sex partners, no condom usage, sex while intoxicated, and use of drugs. The majority of the cases are being seen in males.

To respond to this increase in cases numbers, Southwest District Health staff reached out to Idaho Department of Health and Welfare (IDHW) to request an outbreak number and developed a response plan that includes four main categories: interagency collaboration, provider education, community outreach, and increased testing.

EMERGENCY OPERATION PLAN DEVELOPMENT AND USE
This topic will be addressed by Ricky Bowman via email.

SUBSURFACE SEWAGE/SEPTIC AND APPEALS PROCESS
Mitch Kiester provided an update on subsurface sewage/septic programs. The program has two new staff members who will be starting within the next two weeks. These Environmental Health Specialist positions have been in the recruitment process for several months. The growth and development in our community is impacting applicants considering employment with SWDH as the cost of living and cost of housing escalates.

Jaime Aanensen has been working with Boise State University to begin an internship process. Mitch has also visited with Brigham Young University Idaho to coordinate internship opportunities.

Mitch offered insight into the backlog the septic program is currently experiencing. He explained that since last year there has been a 38% increase in subsurface sewage revenues. The program's goal is that all subdivisions, all city mylars from any county would come to one individual at the Caldwell office for review as the primary point of contact for individuals. This change will support consistency in the service delivered to customers.

APPROVAL OF ZWYGART JOHN AND ASSOCIATES AUDIT REPORT
Last month, Zwygart, John and Associates provided a summary of the recent audit report. Board members had an opportunity to review the full audit report.

MOTION: Commissioner Smith moved to accept the Zwygart John and Associates audit reports for Fiscal Years 2018 and 2019. Commissioner Purdy seconded the motion. All in favor; motion carries.

IADBH EXECUTIVE COUNCIL UPDATE
Commissioner Georgia Hanigan and Nikki Zogg provided an Idaho Association of District Boards of Health (IADBH) Executive Council Update. Commissioner Hanigan explained several Senate Bills to change the funding of health districts are moving through various stages in the legislative process.

DIRECTOR'S REPORT
Legislative Update
Nikki provided a legislative update in writing as part of the board packet.

IADBH Annual Meeting
The next annual IADBH meeting will be held on June 17, 2021. This year the meeting will be shortened from two days to one day. Options for both virtual and in-person attendance will be accommodated. More information will be made available. The Executive Council and Trustees often meet prior to the full business meeting.

Contracts Listing
At the Board of Health meeting in January, board members requested a contracts listing to help understand which contracts are in place. The document is being developed and will be shared at the March Board of Health meeting.

EXECUTIVE SESSION
At 12:32 p.m. Chairman Elliott made a motion to go into executive session pursuant to Idaho Code 74-206(1)(d). Commissioner Smith seconded the motion. Aberasturi – aye; Purdy – aye; Haines – aye; Summers – aye; Hanigan – aye. Motion was unanimous. No action was taken. Open session was resumed at 12:53 p.m.

At 12:56 p.m. Chairman Elliott made a motion to go into executive session pursuant to Idaho Code 74-206(1)(b). Commissioner XXX seconded the motion. Aberasturi – aye; Purdy – aye; Haines – aye; Summers – aye; Hanigan – aye. Motion was unanimous. No action was taken. Open session was resumed at 1:08 p.m.

There being no further business, the meeting adjourned at 1:09 p.m.

Respectfully submitted:

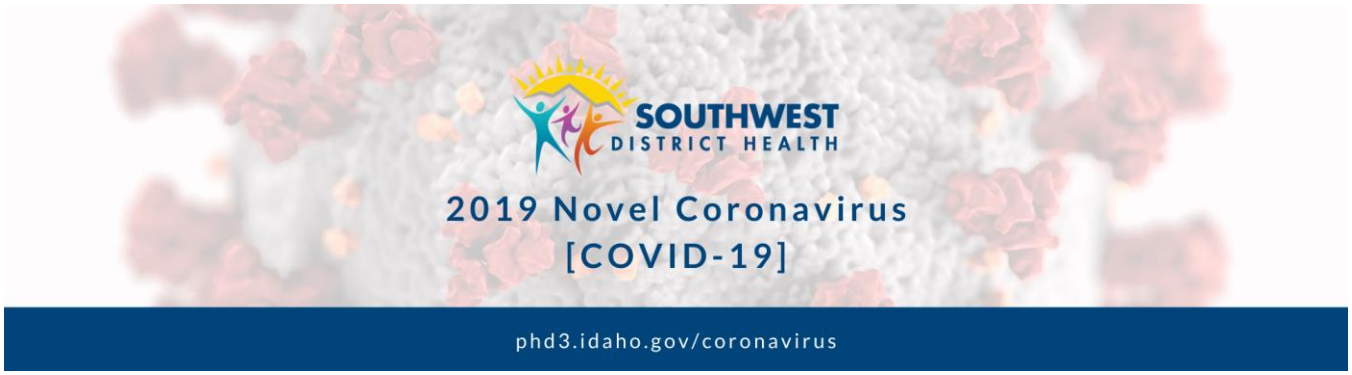
Nikole Zogg
Secretary to the Board

Approved as written:

Bryan Elliott
Chairman

Date

DRAFT



COVID-19 Health Alert Levels:

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

GOAL

Southwest District Health (SWDH) aims to:

Mitigate the rapid spread of COVID-19 disease and related morbidity and mortality by:

- Reducing or maintaining the the basic reproduction number of the virus (R0) to well below 1.0. The R0 is the expected number of cases directly generated by one case in a population susceptible to infection.
- Preventing first responders, healthcare workers, and healthcare systems from being overwhelmed by surges.
- Maintaining personal protective equipment (PPE) supplies for our region.

DETERMINING HEALTH ALERT LEVELS

QUANTITATIVE DATA

Syndromic

- Emergency room utilization by individuals with COVID-like illness

Epidemiologic

- Confirmed and probable new daily cases per 10,000 population (seven-day rolling average)
- Number of congregate care facilities with COVID-19 cases currently under investigation, monitoring, or testing
- Preliminary cumulative case fatality ratio attributed to COVID-19 and mortality rate of individuals infected with COVID-19
- Percent of new COVID-19 cases that have been contacted by SWDH investigators

Healthcare

- Cumulative hospitalization rate of individuals with COVID-19
- Positive Test Ratio (number of positive tests / number of tests administered)
- Number of healthcare workers sick with COVID-19; number of workers not working due to illness and quarantine
- Local Information on vaccination availability- including current priority group, number of locations where one could receive a vaccine if they so choose, and percent of the population that has been vaccinated

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, and/or ability to secure necessary PPE or other medical resources.

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

Educators: Close contacts, cases and cluster outbreaks associated with schools and/or school-related-activities.

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 level to a county are described on pages 4-5.

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

COVID-19 METRICS TO INFORM SWDH HEALTH ALERT LEVELS

Indicator	Gray	Yellow	Orange	Red
Number of new cases (confirmed and probable): Newly daily cases per 10,000 population*	<1 daily new cases per 10,000 pop. OR Number of new cases occur sporadically (>14 days apart)	1 – 2.5 daily new cases per 10,000 pop. OR Number of new cases occur sporadically.	2.5 – 5 daily new cases per 10,000 pop. OR Number of new cases occur < 14 days apart	> 5 daily new cases per 10,000 pop. OR Number of new cases occur < 7 days apart.
Cumulative hospitalization rate of individuals with COVID-19*	<5% of individuals with COVID-19 require hospitalization	<10% of individuals with COVID-19 require hospitalization	10-15% of individuals with COVID-19 require hospitalization	>15% of individuals with COVID-19 require hospitalization
Emergency department (ED) utilization by individuals with COVID-like illness	No reported ED utilization data from the population, OR sporadic visits (>14 days apart), AND visits are imported or associated with an exposure within a household	Low-volume visits (day(s) between visits or <5 visits/day), OR visits are imported or associated with an exposure within a household or shared living space	Elevated ED visits (daily visits or <10 visits/day)	Elevated ED visits (daily visits or >10 visits/day)
Cumulative preliminary case fatality ratio attributed to COVID-19 and mortality rate of individuals infected with COVID-19*	<1.5% of COVID-19 cases result in death.	<2.0% of COVID-19 cases result in death.	<2.5% of COVID-19 cases result in death.	>2.5% of COVID-19 cases result in death.
Number of congregate care facilities with COVID-19 cases currently under investigation, monitoring, or testing. (*Congregate Care Facilities include LTCFs, correctional institutions, foster homes, treatment facilities).*	No long-term care facilities have cases under investigation, monitoring, or testing OR A case is imported, but no additional cases are reported within the facility following 14 days since last exposure	No long-term care facilities have cases under investigation, monitoring, or testing OR A case is imported, but no additional cases are reported within the facility following 14 days since last exposure	One or more long-term care facilities have a case(s) under investigation, monitoring, or testing OR Disease transmission is occurring within a facility but contained to one area/unit/hall	One or more long-term care facilities have a case(s) under investigation, monitoring, or testing OR Uncontained disease transmission is occurring within a facility
Number of healthcare workers sick with COVID-19*	No reported cases in healthcare workers, OR confirmed imported case in a healthcare worker, OR healthcare worker was exposed to a household member that imported the disease	< 1 reported case/day in healthcare workers	< 2 reported cases/day in healthcare workers	> 2 reported cases/day in healthcare workers, OR consideration being given to implement Crisis Standards of care due to healthcare worker shortage

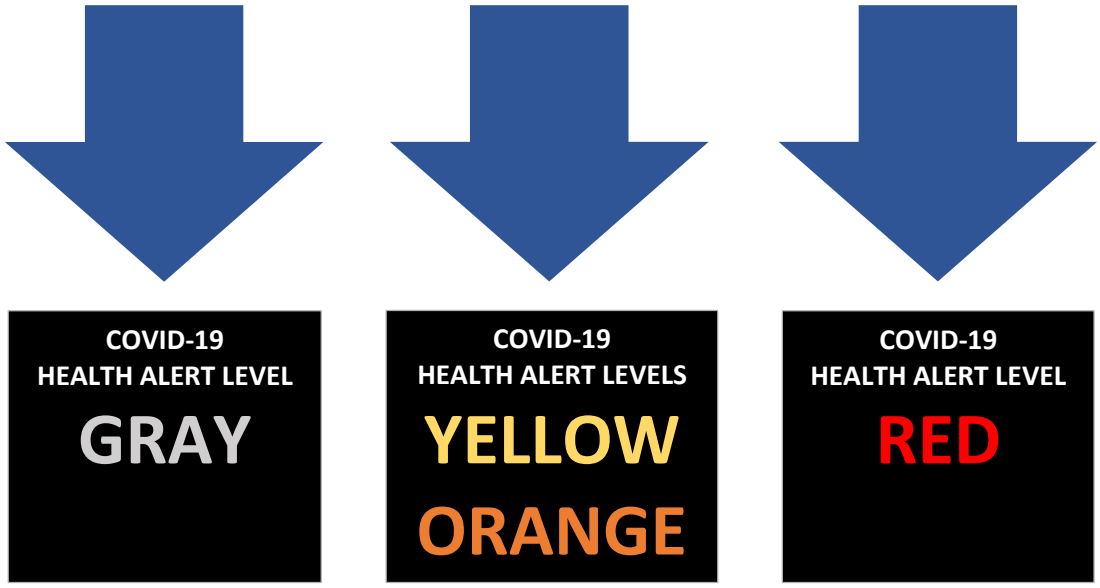
Indicator	Gray	Yellow	Orange	Red
Percent of cases that have been interviewed	>90%	>75%	>60%	<60%
Positive test ratio (number of positive tests / number of tests administered)*	<5%	5-8%	8-10%	>10%
Healthcare industry input*	No concerns raised by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.	Minor 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.	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	Healthcare industry (e.g., long-term care facilities, hospitals, or first responders) are enacting Crisis Standards of Care (or) are unable to respond or secure necessary PPE or other medical resources
Epidemiologists' input*	descriptive data indicate limited risk of importing COVID-19 to a specific geographic area or sporadic cases are identified with no clusters reported.	descriptive data indicate sporadic imported cases, occasional close contact transmission, and/or single or isolated cluster outbreaks. Citizens are actively taking precautions to mitigate the spread of COVID-19	Descriptive data indicate sporadic community spread, occurring at lesser rates. Some cluster outbreaks occur in workplace or in essential social settings (grocery stores, within households, etc.).	Descriptive data indicate sustained community spread and/or widespread outbreaks. Large social events resulting in cluster outbreaks are reported.
Educator's Input*	No schools have cases under investigation or monitoring	No schools have cases under investigation or monitoring OR a case is imported, but no additional cases are reported within the facility following 14 days since last exposure.	One or more schools have a case(s) under investigation or monitoring OR recommended safety measure and PPE are not being utilized	One or more schools have a case(s) under investigation or monitoring OR one or more schools has uncontained COVID-19 transmission.

* Indicates a primary metric used to determine a health alert level. Other secondary metrics are taken into consideration when assigning a health alert level.

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.

"Identify Level of Transmission Risk"			
	Category 1: No Community Transmission	Category 2: Minimal to Moderate Community Transmission	Category 3: Substantial Community Transmission
Definitions	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.
Level of Operations	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.



MOVEMENT BETWEEN HEALTH ALERT LEVELS

The *Movement Between Health Alert Levels* is used in conjunction with *Determining Health Alert Levels.* Southwest District Health 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% case 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 through Friday, by 5pm (MST).

Health Alert Level assessments will be made on Wednesdays 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 gray 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 viral spread tends to have more velocity.

COVID Health Alert Level	Corresponding Community Mitigation Strategies
Red (High) >5 daily new cases per 10,000 people OR Other indications of high risk to the community	At the red level, communities have reached a tipping point for uncontrolled spread. Southwest District Health *may* institute: • education, information, and messages • recommendations for use of face coverings • recommendations for 1 person per 64 square feet of space at events • recommendations for remote work when available • recommendations for all populations to limit participation in high-risk 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 • recommendations limited visitation to long term care and correctional facilities.
Orange (Medium) 2.5-5 daily new cases per 10,000 people OR other indications of medium risk to the community	At orange levels, community spread has accelerated. Southwest District Health *may* institute: • education, information, and messages • recommendations for 1 person per 64 square feet of space at events • recommendations for use of face coverings • 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.
Yellow (Low) 1-2.5 daily new cases per 10,000 people OR other indications of low risk to the community	At yellow levels, there may be sporadic imported cases, uptick in close contact transmission, or isolated cluster outbreaks. Southwest District Health *may* institute: • education, information, and messages • recommendations for 1 person per 64 square feet of space at events, AND/OR • recommendations for use of face coverings.
Gray (Routine) <1 daily new cases per 10,000 people OR other indications of minimal risk to the community	At the gray 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.

REFERENCES

An Approach for Monitoring and Evaluating Community Mitigation Strategies for COVID-19. CDC. June 20, 2020. https://www.cdc.gov/coronavirus/2019-ncov/php/monitoring-evaluating-community-mitigation-strategies.html

Community Mitigiation Resources. CDC. June 29, 2020. https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/community-mitigation-concepts.html

Idaho Back to School Framework. Idaho State Board of Education. July 9, 2020. https://boardofed.idaho.gov/resources/idaho-back-to-school-framework-2020/

Key Metrics for COVID Suppression: A framework for policy makers and the public. Harvard Global Health Institute. July 1, 2020. https://globalepidemics.org/wp-content/uploads/2020/06/key_metrics_and_indicators_v4.pdf

Health Alert Levels and Beyond

- **Pandemic:** an outbreak occurring worldwide, or over a very wide area, crossing international boundaries, and usually affecting a large number of people.
- **Epidemic (Outbreak)**: The occurrence in a community or region of cases of illness, specific health-related behavior, or other health related events clearly in excess of normal expectancy.
- **Endemic**: The constant presence of a disease or infectious agent within a given geographic area or population group.
- **Cluster Outbreak**: refers to an aggregation of cases grouped in place and time that are suspected to be greater than the expected.

Source: Last, J. (2001). A Dictionary of Epidemiology,4th ed.

Health Alert Levels and Beyond

Idaho: over 70 reportable disease

Recent Examples in District 3:

Pandemic: 2009 H1N1

Public health relevance: greatest risk to children, pregnant women, elderly, and medically fragile

Estimated cost of a hospital stay: $11,000 per person[1]

Outbreak: 2015 & 2018 Pertussis (whooping cough)

Public health relevance: potentially fatal to infants (those less than 1 year of age account for 90% of pertussis hospital admissions[2])

Estimated cost of a hospital stay: $9,130 per person[2]

Cluster Outbreak: 2018 *E. coli O157* (Nampa sub-division)

Public health relevance: greatest risk to children and the elderly

Estimated cost per case: $6,510 (range $26 to $6.2 million)[3]

1. Uscher-Pines, L. & Elixhauser, A. (2013). Emergency department visits and hospital inpatient stays for seasonal and 2009 H1N1 influenza, 2008-2009. Agency for Healthcare Research and Quality.
2. O'Brien, J.A. & Caro, J.J. (2005). Hospitalization for pertussis: profiles and case costs by age. BMC Infectious Diseases.
3. Frenzen, P.D., Drake, A., Angulo, F.J. (2005). Economic cost of illness due to Escherichia coli O157 infections in the United States. Journal of Food Protection.

Health Alert Levels and Beyond

Metric Change Recommendations:

- Vaccination rate by county: add
- Access to testing: remove
- Case fatality rate: change
- Hospitalization rate: change
- Known source: remove
- Elected officials input: remove

Indicator	Gray	Yellow	Orange	Red
Cumulative hospitalization Rate of individuals with COVID-19*	<5% of individuals with COVID-19 require hospitalization	<10% of individuals with COVID-19 require hospitalization	10-15% of individuals with COVID-19 require hospitalization	>15% of individuals with COVID-19 require hospitalization
Cumulative preliminary case fatality ratio attributed to COVID-19 and mortality rate of individuals infected with COVID-19*	<1.5% of COVID-19 cases result in death.	<2.0% of COVID-19 cases result in death.	<2.5% of COVID-19 cases result in death.	>2.5% of COVID-19 cases result in death.

Health Alert Levels and Beyond

Beyond:

- Once all counties in gray for at least a month – SWDH will bring a proposal forward to the Board to replace the Health Alert Levels
- Likely remove the tiered system and use a different method to communicate risk or warnings to the public
- Less frequent updates
- Consider returning to the health alert level system if the district-wide daily incidence rate exceeds 2.5 daily cases per 10,000 (Orange)

SOUTHWEST DISTRICT HEALTH
BUDGET REPORT FOR FEBRUARY 2021 (FY21)

Target	**66.7%**

Fund Balances	Beginning Total	Feb 28
General Operating Fund	$ 66,114	$ 222,104
Millennium Fund	$ -	$ 85,702
LGIP Operating	$ 2,630,723	$ 3,546,098
LGIP Vehicle Replacement	$ 99,207	$ 99,628
LGIP Capital	$ 1,299,174	$ 1,299,174
Total	**$ 4,095,218**	**$ 5,252,706**

Year-to-Date Cash Position			This month CHANGE
	Revenues:	$ 8,115,275	
Carry Over:	Behavioral Health Board	$ (10,793)	
	CRP	$ (7,102)	
	Parents As Teacher	$ (190,760)	
	Net Revenue:	**$ 7,906,620**	$ 850,825
	Expenditures:	$ (7,079,860)	$ (830,738)
	Net Cash Position:	**$ 826,760**	**$ 20,087**

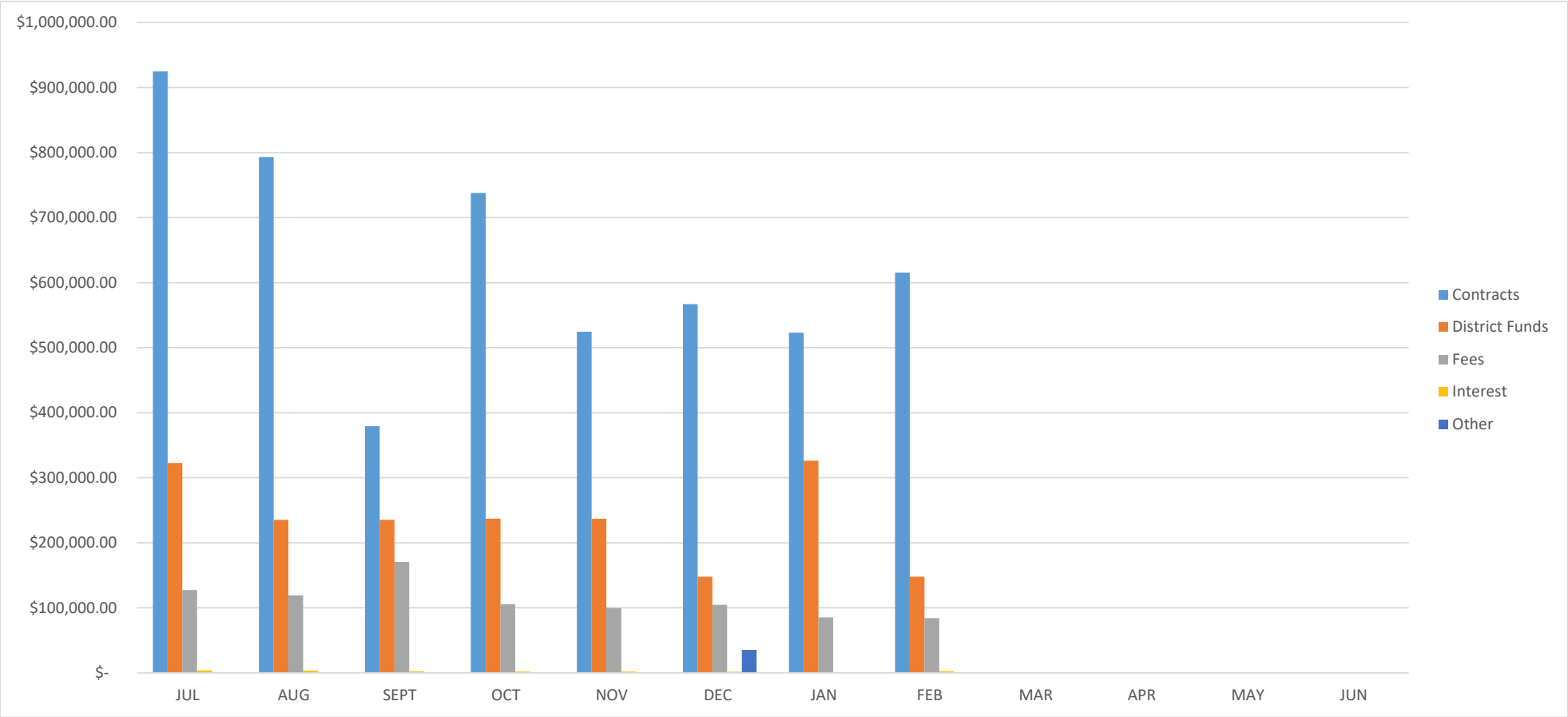
Revenue

	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Direct Budget	Total Budget	Percent of Direct
Fees	$ -	$ -	$ 17,780	$ 66,194	$ -	$ 299	$ -	$ 84,273	$ 896,238	$ 1,499,542	$ 1,715,979	60%
Contracts	$ -	$ -	$ 175,112	$ 361,331	$ 16,094	$ -	$ 63,055	$ 615,592	$ 5,065,571	$ 5,070,051	$ 5,801,838	100%
Sale of Assets	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 17,477	$ 20,000	0%
Interest	$ -	$ 2,812	$ -	$ -	$ -	$ -	$ -	$ 2,812	$ 18,796	$ 69,910	$ 80,000	27%
District Funds	$ 503	$ 7,355	$ 62,537	$ 24,146	$ 33,181	$ 20,276	$ -	$ 147,998	$ 1,889,639	$ 3,817,978	$ 4,369,047	
Carry-Over Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 208,655	$ 61,195	$ 70,027	
Other/Committed Funds	$ -	$ -	$ 150	$ -	$ 0	$ -	$ -	$ 150	$ 36,376	$ 24,369	$ 27,886	149%
Monthly Revenue	$ 503	$ 10,167	$ 255,579	$ 451,672	$ 49,275	$ 20,575	$ 63,055	$ 850,825	$ 8,115,275	$ 10,560,522	$ 12,084,777	76.8%
Year-to-Date Revenue	$ 6,425	$ 112,798	$ 2,702,389	$ 3,726,227	$ 600,381	$ 261,240	$ 705,814	$ 8,115,275	Total Direct budget is $10,560,522 + $1,524,255 indirects= $12,084,777			
Direct Budget	$ 15,043	$ 299,905	$ 3,878,817	$ 3,036,833	$ 1,219,147	$ 602,422	$ 1,508,355	$ 10,560,522				
Budget	$ 15,043	$ 299,905	$ 4,724,791	$ 3,682,696	$ 1,238,534	$ 602,422	$ 1,521,386	$ 12,084,777				
	42.7%	**37.6%**	**69.7%**	**122.7%**	**49.2%**	**43.4%**	**46.8%**	**76.8%**				

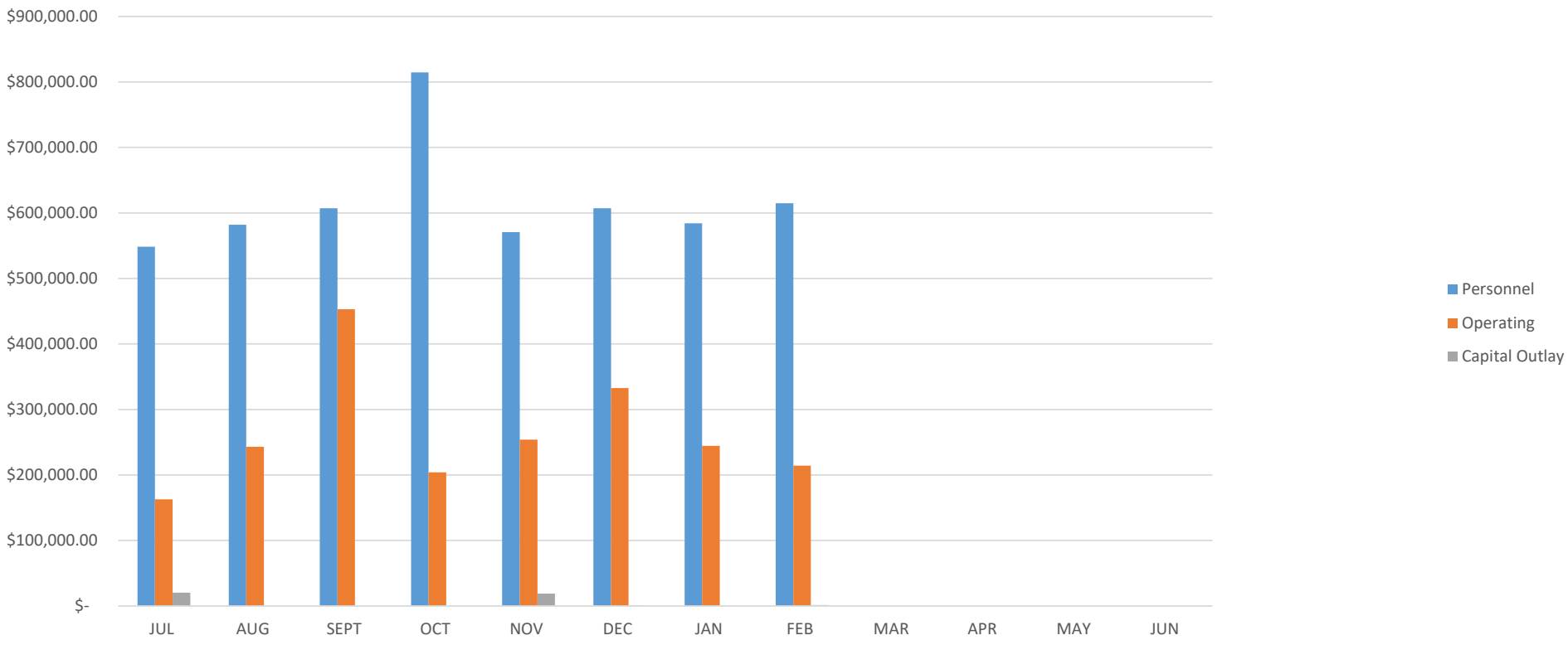
Expenditures

Personnel	$ 7,553	$ 14,642	$ 231,085	$ 282,663	$ 68,513	$ 9,240	$ 1,224	$ 614,920	$ 4,929,715	$ 5,920,623	$ 6,775,177	83%
Operating	$ 368	$ 5,305	$ 40,261	$ 99,628	$ 3,901	$ 21,558	$ 43,342	$ 214,363	$ 2,108,590	$ 4,478,408	$ 5,124,800	47%
Capital Outlay	$ -	$ -	$ -	$ -	$ -	$ 1,455	$ -	$ 1,455	$ 41,554	$ 161,491	$ 184,800	26%
Monthly Expenditures	$ 7,922	$ 19,947	$ 271,346	$ 382,291	$ 72,414	$ 32,253	$ 44,566	$ 830,738	$ 7,079,860	$ 10,560,522	$ 12,084,777	67.0%
Year-to-Date Expenditures	$ 13,351	$ 139,557	$ 2,024,908	$ 3,314,576	$ 678,980	$ 295,016	$ 613,472	$ 7,079,860	Total Direct budget is $10,560,522 + $1,524,255 indirects= $12,084,777			
Direct Budget	$ 15,043	$ 299,905	$ 3,878,817	$ 3,036,833	$ 1,219,147	$ 602,422	$ 1,508,355	$ 10,560,522				
Budget	$ 15,043	$ 299,905	$ 4,724,791	$ 3,682,696	$ 1,238,534	$ 602,422	$ 1,521,386	$ 12,084,777				
	88.8%	**46.5%**	**42.9%**	**90.0%**	**54.8%**	**49.0%**	**40.3%**	**58.6%**				

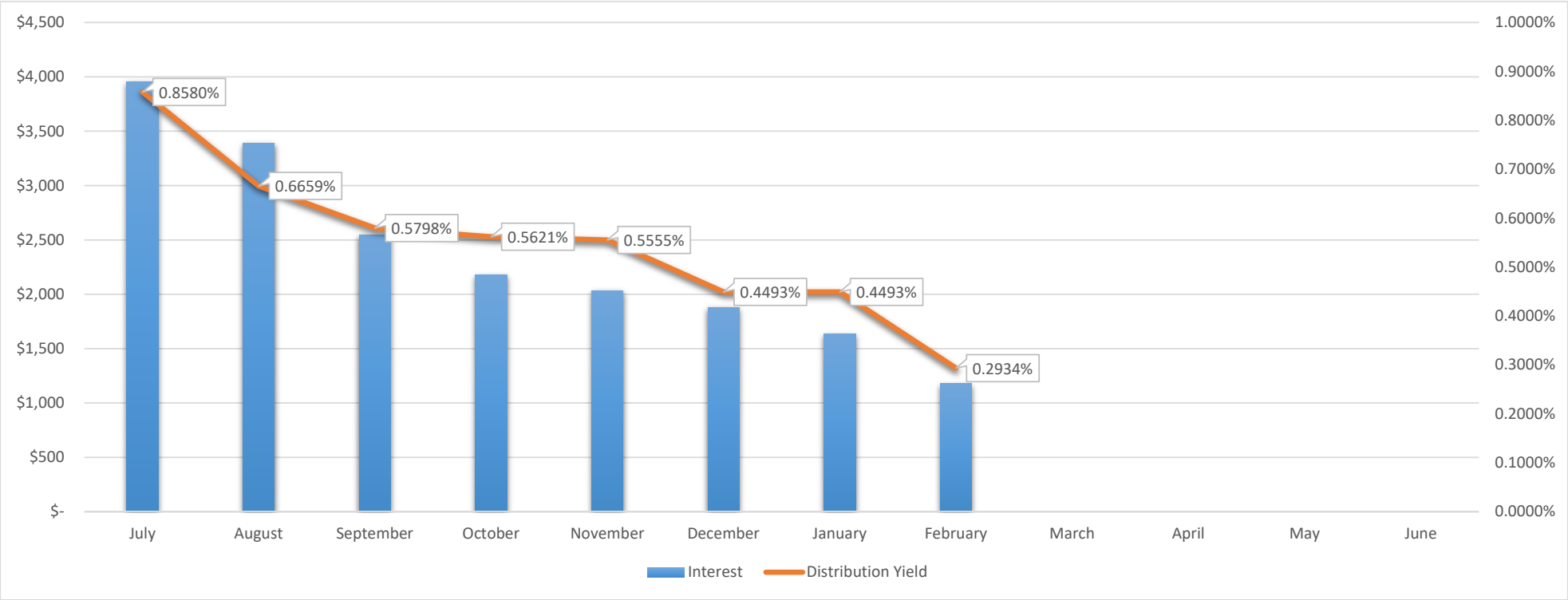
YTD REVENUES



YTD EXPENDITURES



YTD INVESTMENT YIELD TRENDS



Southwest District Health
Summary of Restricted and Committed Funds - FY 2021

Restricted Funds - Third party restricted by contract, grant, or donation terms
Committed Funds - Committed by the Board of Health for a specific purpose

Fund Balances as of last prior month reported

	Restricted Funds	**Committed Funds**
Behavioral Health Board	$6,669.35	
Parents as Teachers	$218,397.18	
Citizen's Review Panel	$3,784.53	
Medical Equipment & Training		$75,000.00
Computer/EMR Replacements		$138,760.00
Capital Projects		$143,246.05
27th Payperiod		$51,500.00
Website Upgrade		$17,230.00
Vehicles		$99,628.00
	$228,851.06	$525,364.05

SOUTHWEST DISTRICT HEALTH
BUDGET REPORT FOR FEBRUARY 2021 (FY21)

Target	**66.7%**

Fund Balances	Beginning Total	Feb 28
General Operating Fund	$ 66,114	$ 222,104
Millennium Fund	$ -	$ 85,702
LGIP Operating	$ 2,630,723	$ 3,546,098
LGIP Vehicle Replacement	$ 99,207	$ 99,628
LGIP Capital	$ 1,299,174	$ 1,299,174
Total	**$ 4,095,218**	**$ 5,252,706**

Year-to-Date Cash Position			This month CHANGE
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Contracts	$ -	$ -	$ 175,112	$ 361,331	$ 16,094	$ -	$ 63,055	$ 615,592	$ 5,065,571	$ 5,070,051	$ 5,801,838	100%
Sale of Assets	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 17,477	$ 20,000	0%
Interest	$ -	$ 2,812	$ -	$ -	$ -	$ -	$ -	$ 2,812	$ 18,796	$ 69,910	$ 80,000	27%
District Funds	$ 503	$ 7,355	$ 62,537	$ 24,146	$ 33,181	$ 20,276	$ -	$ 147,998	$ 1,889,639	$ 3,817,978	$ 4,369,047	
Carry-Over Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 208,655	$ 61,195	$ 70,027	
Other/Committed Funds	$ -	$ -	$ 150	$ -	$ 0	$ -	$ -	$ 150	$ 36,376	$ 24,369	$ 27,886	149%
Monthly Revenue	$ 503	$ 10,167	$ 255,579	$ 451,672	$ 49,275	$ 20,575	$ 63,055	$ 850,825	$ 8,115,275	$ 10,560,522	$ 12,084,777	76.8%
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Direct Budget	$ 15,043	$ 299,905	$ 3,878,817	$ 3,036,833	$ 1,219,147	$ 602,422	$ 1,508,355	$ 10,560,522				
Budget	$ 15,043	$ 299,905	$ 4,724,791	$ 3,682,696	$ 1,238,534	$ 602,422	$ 1,521,386	$ 12,084,777				
	42.7%	**37.6%**	**69.7%**	**122.7%**	**49.2%**	**43.4%**	**46.8%**	**76.8%**				

Expenditures

Personnel	$ 7,553	$ 14,642	$ 231,085	$ 282,663	$ 68,513	$ 9,240	$ 1,224	$ 614,920	$ 4,929,715	**$ 6,824,641**	**$ 7,809,677**	72%
Operating	$ 368	$ 5,305	$ 40,261	$ 99,628	$ 3,901	$ 21,558	$ 43,342	$ 214,363	$ 2,108,590	**$ 3,574,390**	**$ 4,090,300**	59%
Capital Outlay	$ -	$ -	$ -	$ -	$ -	$ 1,455	$ -	$ 1,455	$ 41,554	$ 161,491	$ 184,800	26%
Monthly Expenditures	$ 7,922	$ 19,947	$ 271,346	$ 382,291	$ 72,414	$ 32,253	$ 44,566	$ 830,738	$ 7,079,860	$ 10,560,522	$ 12,084,777	67.0%
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Direct Budget	$ 15,043	$ 299,905	$ 3,878,817	$ 3,036,833	$ 1,219,147	$ 602,422	$ 1,508,355	$ 10,560,522				
Budget	$ 15,043	$ 299,905	$ 4,724,791	$ 3,682,696	$ 1,238,534	$ 602,422	$ 1,521,386	$ 12,084,777				
	88.8%	**46.5%**	**42.9%**	**90.0%**	**54.8%**	**49.0%**	**40.3%**	**58.6%**				

Request: Move **$1,034,500** from operating to personnel to cover increased costs in personnel due to COVID-19. Calculation: $320,000 Estimated per pay period x 9 remaining pay periods = $2,880,000 - $1,845,500 (still available) = $1,034,500 Potential shortfall FY21.

Title	Amount	Brief Description
STD/HIV Prevention Activities	**$84,431**	This subgrant provides access to clinical services, HIV testing, partner services, linkage to care, PrEP/PEP, and STD Testing.
Women's Health Check	**$28,625**	This subgrant will provide cancer prevention awareness through client reminders, provider referrals, small media, and collaboration with other community and non-profit organizations.
State Supplied Immunizations and High Risk Seasonal Flu Vaccine	**$82,285**	This subgrant will conduct activities (marketing, promotion, education, etc.) in direct support of increasing immunization rates in Idaho, and conduct other activities with a focus on high risk adult populations for influenza.
Immunizations	**$12,200**	This subgrant will provide site visits to immunization centers to assess their general knowledge, provide technical assistance, and education.
Healthcare School Project	**$12,967**	Collaborative project with partners to bring preventative health services to schools.
Nurse Family Partnership	**$515,000**	This subgrant provides for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), nurse supervision and training.
Parents as Teachers	**$206,206**	State funded home visiting program to improve outcomes and reduce justice involvement for low-income and high-risk families.
Citizen's Review Panel	**$19,000**	State funded program to support the oversight of DHW's foster care program and improve outcomes of children entering the foster care system.
Oral Health	**$38,150**	This subgrant provides dental screenings to school based clinics and parent education.

Title	Amount	Brief Description
State Actions to Improve Oral Health	$18,500	This subgrant will plan and coordinate School-Based/Linked Dental Sealant Clinics to children and adolescents in elementary and middle schools to improve oral health.
Oral Health Workforce *HRSA	$22,982	This subgrant will provide increased access to oral health services by developing projects in Dental Health Professional Shortage Areas and employing the utilization of Silver Diamine Fluoride.
Women, Infants, and Children (WIC)	$1,209,122	This subgrant will provide general administration, clients services, breastfeeding promotion, nutrition education, and breastfeeding peer counseling to the WIC program.
Public Water Systems Contract	$228,906	This subgrant provides funding for the oversight, inspection, and related activities to ensure that public drinking water systems comply with applicable state and federal regulations.
RIBHHN - Rural Integrated Behavioral Health Hub Network * HRSA	$199,999	This grant will provide funding to replicate and implement the Regional Hub for Integrated Behavioral Health in additional Health Districts across Idaho.
Regional Behavioral Health Board	$200,000	This subgrant will provide administrative services and support of the Regional Behavioral Health Board ($50,000 per year).
Suicide Prevention	$35,000	This subgrant will organize and coordinate a Districtwide Collective of individuals, businesses, community members, and survivors, whose purpose is to develop a plan with strategies consistent with the Idaho State Suicide Prevention Plan to reduce deaths by suicide.
Drug Overdose Prevention Program	$108,055	This subgrant will advance opioid prevention work through public and prescriber education, local capacity building, public safety partnerships, and the social determinants of health.
Diabetes, Heart Disease, Stroke	$42,000	This subgrant will provide community-based diabetes/hypertension prevention and management education.

Title	Amount	Brief Description
Child Care Health/Safety Program and Child Care Complaints	$550,000	This subgrant will provide guidance to outline the respective roles of the public health districts in implementing the Child Care Health and Safety Program throughout Idaho and help ensure that all children in child care settings are in a health and safe environment while receiving care.
Disease Reporting	$65,982	This subgrant will provide epidemiologic investigation and reporting on all reported cases of disease.
HIV Surveillance	$9,164	This subgrant will provide activities to detect, securely investigate, and complete documented cases of reported HIV infection.
TB Elimination	$55,734	This subgrant will allow for directly observed therapy, contact investigations, RVCT reporting, EDN reporting, and attendance at tuberculosis-specific training.
Perinatal Hep B	$21,150	This subgrant will provide Perinatal Hepatitis B surveillance and case management.
NEDSS - National Electronic Disease Surveillance System	$356,435	This subgrant will provide vaccine preventable disease surveillance and disease investigation data entry.
Adolescent Pregnancy Prevention - PREP and TANF	$54,289	This subgrant will conduct activities that support implementation of Reducing the Risk curriculum and Youth-Adult Partnership groups to aid in adolescent pregnancy prevention.
Wise Guys	$13,163	This subgrant will provide activities to support implementation of Wise Guys curriculum/training and statutory rape presentations.
Sexual Risk Avoidance Education	$17,455	This subgrant will provide activities that support implementation of the State Sexual Risk Avoidance Education curriculum to Idaho students ages ten to fourteen (10-14) at schools, community sites, youth centers, sports leagues, faith groups, and juvenile justice centers.

Title	Amount	Brief Description
Physical Activity & Nutrition	$75,500	This subgrant will provide programmatic activities to the public. This includes but is not limited to the following: Fit and Fall Proof fall prevention training and coordination; age friendly park assessments; childhood obesity prevention; child and family health.
Cancer Prevention Activities	$27,000	This subgrant will implement evidence-based strategies to increase cancer screening and prevention (sun safety training, HPV vaccination reminders, breast and cervical cancer screening).
Tobacco Prevention Resource Program Activities	$84,000	This subgrant will provide activities to: prevent tobacco use among youth and young adults, eliminate secondhand smoke, promote quitting among youths and adults, and identify and eliminate tobacco related disparities among population groups.
Healthy Store Initiative	$21,000	This subgrant will support the goals and objectives of Idaho's Supplemental Nutrition Assistance Program State Plan (SNAP-Ed) to improve the likelihood that Food Stamp Program participants have access to and will purchase healthy food choices within a limited budget.
Cuidate	$41,280	This subgrant will provide support to the Adolescent Pregnancy Prevention program by providing Cuidate Curriculum, implementation, and education.
Partnership for Success	$215,271	This subgrant will provide activities for the Be the Parents campaign (parent learning sessions, youth leadership activities), and Youth Mental Health (training, screening, referrals).
Crisis Center	$3,240,000	This subgrant allows for the Behavioral Health Community Crisis Center to deliver crisis intervention and services to the Region 3 community. $1,520,000 per year.
Crisis Center - CFAC Funding	$30,000	This subgrant allows for the Behavioral Health Community Crisis Center to deliver crisis intervention and services to the Region 3 community specifically targeted to COVID-19 barriers.

Title	Amount	Brief Description
Preparedness COVID-19 Response - Preparedness Assessment, Cities Readiness Initiative	**$475,395**	This subgrant will provide support to Public Health Emergency Preparedness in the following areas: community preparedness and recovery, incident management and emergency operations coordination, emergency public information and warning management, medical countermeasures dispensing and administration, mass care, fatality management, and public health surveillance and epidemiologic investigation.
Preparedness COVID-19 Supplemental	**$360,753**	This subgrant provides supplemental funding for the COVID-19 response specific to preparedness as it relates to the district's emergency operations and epidemiological response.
ELC Cares Enhancing Support COVID-19	**$3,238,721**	This subgrant will support the rapid establishment and monitoring of key activities related to responding to COVID-19 in the areas of epidemiology, laboratory, and informatics.
Coronavirus Relief (Schools) - COVID-19	**$477,500**	This subgrants allows for the COVID-19 school response and testing in the following areas: Public Health COVID-19 School Point of Contact, school testing, isolation, and contact tracing.
Kresge Foundation COVID-19	**$35,000**	Aims to decrease barriers to education, testing, and vaccine resources among the Hispanic/Latinx community.
Vaccinations Subgrant- COVID-19	**$65,379**	This subgrant supports a range of COVID-19 vaccination activities.
Vaccinations DHW - COVID-19 Immunizations	**Reimbursement for 1st and 2nd doses**	This grant is to support increased COVID-19 vaccination capacity, safe storage and handling of COVID-19 vaccines, ensure equitable distribution and administration, and improve timely reporting into the Immunization Reminder Information System (IRIS). Ends April 2021

SOUTHWEST DISTRICT HEALTH

Food Protection Program

Effective January 1, 2021 | **Effective January 1, 2022**

Service Description	Charges	Proposed Fee Change	Per Idaho Code 39-1607
Temporary 1 day event	$35		
Temporary 2-3 day event	$45		
Temporary 4 or more days/Multiple	$72	$80	X
Food License - Intermittent	$65	$80	X
Food License - Mobile without Commissary	$65	$80	X
Food License - Mobile with Commissary	$85	$100	X
Food Establishments	$160	$200	X
Food Establishments With More Than Two Licenses	$200	$250	X
Plan Review and Pre-Opening Inspection	$100		
Late Fee, from January 1st through January 15th	$35		
Late Fee, after January 16th	$70		
Request for Variance	$50 hourly		
Compliance Conference	$100 hourly		
License Re-Instatement	$18		
Enforcement and Legal Fees	$150 hourly		
Food Class Fee	$35		
Food Plan Review	$100		
Federal USDA School Inspection	$267		
Food Safety Manager Training	$125		
Food Safety Manager Proctor Test	$50		

Child Care Inspections

Effective July 1, 2021

Service Description	Charges	Proposed Fee Change	Description
Licensing Fee - Center (more than 25 children)	$325		
Licensing Fee - Center (13-25 children)	$250		
Licensing Fee - Group (7-12 children)	$100		
Licensing Fee - Family (Voluntary)	$100		

Swimming Pools

Effective July 1, 2021

Service Description	Charges	Proposed Fee Change	Description
Inspection (per Administrative Procedures Act)	$50		
Plan Review	$100		

Drinking Water Sample Collection

Effective July 1, 2021

Service Description	Charges	Proposed Fee Change	Description
Courier Service	$10		
Drinking Water Sample Collection	$75	$100	
Other	Lab Cost		

Mortgage Survey Inspection

Effective July 1, 2021

Service Description	Charges	Proposed Fee Change	Description
Mortgage Survey Inspection	$240		
Repeat Inspection	$75		
Nitrate - Additional	$19		
Nitrite - Additional	$19		
Lead	$21		
Arsenic	$21		
Fluoride	$19		
Uranium	$44		

Subsurface Sewage Disposal Program

Effective July 1, 2021

Service Description	Charges	Proposed Fee Change	Description
Installer License - Basic	$103	$130	
Installer License - Complex	$155	$195	
New Fee: Installer Late Fee - After December 31	$0	$25 per month; maximum of $100	
Accessory Use - Office Review	$52	$55	
Accessory Use - Field Review	$150		
Individual System Permit - New	$824	$850	
Central/LSAS - New	$1,000 + $100 per 250 gpd		
New Fee: Administrative Fee - (Scheduled Meeting)	$0	$25	Customers wanting to schedule time with administrative staff for extensive septic application assistance
Individual System Permit - Replacement/Repair	$824	$850	
New Fee: Pre-development site evaluation for commercial or engineered lots (includes multiple test holes and evaluation results)	$0	$850	This is to review or assess multiple lots or parcels that will be split or developed into a subdivision. This will include up to five test holes on one application and will allow for on-site review of the land and development proposal before the applicant actually purchases the property. Justification: Excavating multiple test holes on a large piece of land requires substantially more time in the field and in the office compared to one test hole on a small parcel. Time spent completing the site-evaluation review and corresponding office time is at least double the amount of time spent on a one-lot site evaluation
New Fee: Pre Development Meeting (Fee to apply toward SER application if within 12-months of pre-development meeting)	$0	$100	Pre-development meeting for individuals wanting to sub-divide their property
New Fee: EH Consulting Fee - Per hour	$0	$75	Extensive consultation work with SWDH REHS/RS staff
Site Evaluation Charge (Single Family Dwelling - Fee to apply toward a septic permit if application is made within one year)	$412	$450	
Tank Only & Vault Privy	$412	$425	
Permit Renewal Charge	$50	$100	
Technical Guidance Manual	$25		
Installer - Basic & Complex, Video Review	$30	$30	
Pumper License Permit Fee (Includes 1 truck or tank)	$123	$130	
Pumper License Fee for each additional truck or tank	$20	$30	
New Fee: Pumper on-site inspection (in addition to permit fee)	$0	$75	Rather than bringing pumper trucks to SWDH Caldwell office, this is a travel fee for companies requesting an inspection at their business location
Permit Transfer Charge	$50	$100	
Administration Fee per Policy 3-003	$50		

Land Development

		Effective July 1, 2021	
Service Description	**Charges**	**Proposed Fee Change**	**Description**
Subdivision Application - Served by Septic and/or Individual Wells	$250		
Each Lot - Served by Septic and/or Individual Wells	$300		
Plat Redesign w/o review	$50		
Plan Redesign with site review	$100		
Subdivision Application - City Services (Requires DEQ Approval)	$100	$150	
Subdivision Application - Served by LSAS	$150 per lot		
Subdivision Application - Cemetery	$50		

Solid Waste Inspections

Effective October 1, 2019		Effective July 1, 2021	
Service Description	**Charges**	**Proposed Fee Change**	**Description**
Tier 1, Rural Drop Box	$487		
Tier 2, Transfer Station	$974		
New Fee: Tier 2, No solid waste stored on-site	$0	$350	
Tier 3, Construction & Demolition Landfill	$1,461		
Tier 4, Municipal Landfill	$1,948		

☑ **Fee Schedule ~~Change~~ update Approval Form**

☑ **Athena Change Request Form** (*only Division Director and Supervisor signature required*)

Carol Julius — 3-5-2021

Person requesting change — Date

Add fee/charge & cpt code for Johnson & Johnson COVID vaccine

SEE ATTACHED

Signature of Supervisor — Date 3-5-2021

Signature of Division Director — Date 3-5-21

Signature of Financial Manager — Date 3/8/21

District Director — Date

Board Approval ☒ No Board Approval ☐

Once all signatures are obtained, return form to Program Information Coordinator so updates can be made.

Billing Department corrections made — Date

AMA adds CPT codes for J&J COVID-19 vaccine

Katie Adams - Tuesday, January 19th, 2021 Print | Email

Share Tweet Share 0

The American Medical Association on Jan. 19 published three Current Procedural Terminology codes for th COVID-19 vaccine being developed by Johnson & Johnson.

The codes allow for better tracking and data reporting by distinguishing the vaccine from others.The AMA published the new CPT codes so that electronic systems throughout the country can be prepared should Johnson & Johnson's vaccine receive the FDA's emergency use authorization soon.

The new Category I CPT code for Johnson & Johnson's vaccine is 91303. The vaccine was also issued a vaccine administration CPT code that is specific to its one-dose immunization schedule, and it is 0031A.

91303	SARSCOV2 VAC AD26 .5ML IM	Janssen	Janssen Covid-19 Vaccine	$0.010*	02/27/2021 – TBD
0031A	ADM SARSCOV2 VAC AD26 .5ML	Janssen	Janssen Covid-19 Vaccine Administration	$28.390**	02/27/2021 – TBD

* Since we anticipate that providers initially will not incur a cost for the product CMS will update the payment allowance at a later

☑ **Fee Schedule Update/Change Approval Form**

☑ **Athena Change Request Form** (*only Division Director and Supervisor signature required*)

Tamara Martinez
Person requesting change

03-09-2021
Date

Update Athena and Fee Schedule with Poverty Guidelines 2021

Signature of Supervisor — Date: 3-9-21

Signature of Division Director — Date: 3-9-21

Signature of Financial Manager — Date: 3-9-21

District Director — Date: 3/9/21

Board Approval ☒

No Board Approval ☐

Once all signatures are obtained, return form to Program Information Coordinator so updates can be made.

Billing Department corrections made

Date

FEE SCHEDULE

SLIDING FEE SCALE - BASED ON 2021 HHS POVERTY GUIDELINES

MONTHLY GROSS INCOME				
Family Size:	A	B	C	D
	25% of fee	50% of fee	75% of fee	100% of fee
1	$0 - $1,610	$1,611 - $2,146	$2,147- $2,683	$2,684 & over
2	$0 - $2,178	$2,179 - $2,904	$2,905 - $3,630	$3,631 & over
3	$0 - $2,745	$2,746 - $3,660	$3,661 - $4,575	$4,576 & over
4	$0 - $3,312	$3,313 - $4,416	$4,417 - $5,520	$5,366 & over
5	$0 - $3,881	$3,882 - $5,174	$5,175 - $6,468	$6,469 & over
6	$0 - $4,448	$4,449 - $5,930	$5,931 - $7,413	$7,414 & over
7	$0 - $5,015	$5,016 - $6,686	$6,687 - $8,358	$8,359 & over
8	$0 - $5,583	$5,584 - $7,444	$7,445 - $9,305	$9,306 & over
For family units with more than 8 members, add $369 for each additional member				

ANNUAL GROSS INCOME				
Family Size:	A	B	C	D
	25% of fee	50% of fee	75% of fee	100% of fee
1	$0 - $18,735	$18,736 - $24,980	$24,981 - $31,225	$31,226 & over
2	$0 - $25,365	$25,366 - $33,820	$33,821 - $42,275	$42,275 & over
3	$0 - $31,170	$31,171 - $41,560	$41,561 - $51,950	$51,951 & over
4	$0 - $38,625	$38,626 - $51,500	$51,501 - $64,375	$64,376 & over
5	$0 - $45,255	$45,256 - $60,340	$60,341 - $75,425	$75,426 & over
6	$0 - $51,885	$51,886 - $69,180	$69,181 - $86,475	$86,476 & over
7	$0 - $58,515	$58,516 - $78,020	$78,021 - $97,525	$97,526 & over
8	$0 - $65,145	$65,146 - $86,860	$86,861 - $108,575	$108,576 & over
For family units with more than 8 members, add $4,540 for each additional member				

Origination Date: 1971
Revision Date: 02/01/2019
Review Date: 03/16/2021

U.S. Department of Health & Human Services

ASPE

OFFICE OF THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION

POVERTY GUIDELINES

01/15/2021

HOME • TOPICS • POVERTY • POVERTY GUIDELINES

U.S. FEDERAL POVERTY GUIDELINES USED TO DETERMINE FINANCIAL ELIGIBILITY FOR CERTAIN FEDERAL PROGRAMS

HHS POVERTY GUIDELINES FOR 2021

The 2021 poverty guidelines are in effect as of January 13, 2021
Federal Register Notice, February 1, 2021 - Full text.

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add $4,540 for each additional person.	
1	$12,880
2	$17,420
3	$21,960
4	$26,500
5	$31,040
6	$35,580
7	$40,120
8	$44,660

2021 POVERTY GUIDELINES FOR ALASKA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add $5,680 for each additional person.	
1	$16,090
2	$21,770
3	$27,450
4	$33,130
5	$38,810
6	$44,490
7	$50,170
8	$55,850

2021 POVERTY GUIDELINES FOR HAWAII	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add $5,220 for each additional person.	
1	$14,820
2	$20,040
3	$25,260
4	$30,480
5	$35,700
6	$40,920
7	$46,140
8	$51,360

RESOURCES

- Prior Poverty Guidelines and Federal Register References Since 1982
- A chart with percentages (e.g., 125 percent) of the guidelines (PDF)
- Frequently Asked Questions (FAQs) on the Poverty Guidelines and Poverty
    - Poverty guidelines — gross or net income
    - The poverty line for a state or city
    - The number of poor people in a state or city
    - How the poverty line was developed
- Further Resources on Poverty Measurement, Poverty Lines, and Their History
- Mollie Orshansky's career, achievements, and publications
- ASPE research on poverty
- The Census Bureau's Poverty Home Page

The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds — the original version of the poverty measure — have never had separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office which administers the program is responsible for deciding whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow some other procedure.

The poverty guidelines apply to both aged and non-aged units. The guidelines have never had an aged/non-aged distinction; only the Census Bureau (statistical) poverty thresholds have separate figures for aged and non-aged one-person and two-person units.

Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Supplemental Nutition Assistance Program (SNAP), the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children's Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility. The Earned Income Tax Credit program also does NOT use the poverty guidelines to determine eligibility. For a more detailed list of programs that do and don't use the guidelines, see the Frequently Asked Questions (FAQs).

The poverty guidelines (unlike the poverty thresholds) are designated by the year in which they are issued. For instance, the guidelines issued in January 2021 are designated the 2021 poverty guidelines. However, the 2021 HHS poverty guidelines only reflect price changes through calendar year 2020; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 2020. (The 2020 thresholds are expected to be issued in final form in September 2021; a preliminary version of the 2020 thresholds is now available from the Census Bureau.)

The poverty guidelines may be formally referenced as "the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)."

ere are two slightly different versions of the federal poverty measure: poverty thresholds and poverty guidelines.

e **poverty thresholds** are the original version of the federal poverty measure. They are updated each year by the **Census ıreau**. The thresholds are used mainly for **statistical** purposes — for instance, preparing estimates of the number of Americans poverty each year. (In other words, all official poverty population figures are calculated using the poverty thresholds, not the

idelines). Poverty thresholds since 1973 (and for selected earlier years) and weighted average poverty thresholds since 1959 e available on the Census Bureau's Web site. For an example of how the Census Bureau applies the thresholds to a family's come to determine its poverty status, see "How the Census Bureau Measures Poverty" on the Census Bureau's web site.

e **poverty guidelines** are the other version of the federal poverty measure. They are issued each year in the Federal Register the **Department of Health and Human Services** (HHS). The guidelines are a simplification of the poverty thresholds for use **administrative** purposes — for instance, determining financial eligibility for certain federal programs.

e poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL), but that phrase is ambiguous and ould be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

y differences between poverty thresholds and poverty guidelines are outlined in a table under Frequently Asked Questions AQs). See also the discussion of this topic on the Institute for Research on Poverty's web site.

e January 2021 poverty guidelines are calculated by taking the 2019 Census Bureau's poverty thresholds and adjusting them price changes between 2019 and 2020 using the Consumer Price Index (CPI-U). The poverty thresholds used by the Census reau for statistical purposes are complex and are not composed of standardized increments between family sizes. Since many ogram officials prefer to use guidelines with uniform increments across family sizes, the poverty guidelines include rounding d standardizing adjustments.

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Employee Compensation Discussion - FY22

- No merit-based pay increases approved by the Board of Health in FY21
- Governor recommendation FY21 2% merit-based CEC increase
- Governor recommendation FY22 2% merit-based CEC increase
- Recruiting and retention challenges:
  - Wages not keeping up with private sector
    - Ex. Human resources opening – only entry-level candidates applied although needing experienced professional
  - Entry-level positions do not pay enough to cover the cost of living
    - Ex. Environmental health specialist 1 openings – made 4 job offers due to housing prices
  - Salary compression and inequities created when pay increases are not provided, but the legislature approves pay schedule increases and pay line exceptions for some hard-to-fill positions
    - Ex. RN (Nurse Family Partnership) – accepted a new public sector job paying several dollars more an hour. At SWDH, she was making $0.75 more an hour than entry-level nurses despite having 4+ years at SWDH and over 10+ years of prior nursing experience

Employee Compensation Discussion - FY22

County	2019 Median Home Value	10 Year Percent Increase
Ada	$334,300	42.30%
Adams	$215,500	4.83%
Canyon	$227,300	39.24%
Gem	$168,700	4.15%
Owyhee	$147,800	9.68%
Payette	$165,600	18.60%
Washington	$148,900	5.84%

Source: https://www.noradarealestate.com/blog/boise-real-estate/

The Consumer Price Index is the most widely used measure of inflation and is often referred to as the cost of living index. The national CPI-U is typically used to measure inflation in Idaho because it more closely represents our cost of living.

CPI-U: % Change Dec. '19 to Dec. '20 = **1.4% and 2.3% the prior year**

Source: https://lmi.idaho.gov/cpi

Employee Compensation Discussion - FY22

COUNTY							
FISCAL YEAR	SWDH	ADAMS	CANYON	GEM	OWYHEE	PAYETTE	WASHINGTON
FY-21	No increases approved	1.5% COLA and Up to 3% Merit Increases on individual basis	Zero (0) COLA approved however the step increase for qualifying personnel was approved resulting in an avg salary increase of 1.8%	3% increase was budgeted, all employees received 2% of that with 1% being held back, it may be given later in the fiscal year	No Increase given until 2/1/21. Average increase 4% across the board beginning 2/1/21	3% COLA with exception of Sheriff's office. They implemented a new step and grade system which resulted in a 3% to 17% increase for the first year. The Sheriff cut other areas of his budget to implement this as the overall county budget did not increase from FY20 to FY21. Merit and promotion wages have ranged from 1% to 17% .	Up to 3% at the dept heads discretion
FY-20	$550 per year increase for permanent state employees and an average of 3% merit-based CEC based on rating with awards being 2.25% to 3.50%	3% COLA and Up to 3% Merit Increases on individual basis	2% COLA and step increases for qualifying personnel which resulted in an avg salary increase of 4.1%	$2500 increase for all full-time employees, part-time employees received prorated amount	Average 3.5% across the board	3% COLA. Merit and promotion wages 3% to 21% increase	Up to 3% at the dept heads discretion
FY-19	Avg of 3% Merit Based CEC based on rating from a minimum of 80% compa-ratio baseline for eligible employees with awards being 1.70% to 3.90%	3% COLA and Up to 3% Merit Increases on individual basis	2% COLA and step increases for qualifying personnel which resulted in an avg salary increase of 4.3%	5% increase for all employees	Average Increase 3% - 4% with emphasis on correcting pay scale deficiencies	4% COLA. Merit and promotion wages 3% to 13% increase	Up to 2% at the dept heads discretion

Employee Compensation Recommendation - FY22*

REQUEST	BUDGET IMPACT
• FY21 2% merit-based increase for staff hired prior to July 1, 2020 (89.27 FTE)	• $73,037
AND	
• FY22 3% merit-based increase for all staff who have successfully passed entrance probation (93.7 FTE)	• $168,520
	Total: $241,557

* Complete a salary equity and compression study in FY22 and make adjustments as needed

Employee Compensation Alternate Recommendations - FY22*

ALTERNATE RECOMMENDATIONS	BUDGET IMPACT
• 3% merit-based increase for all staff	• $168,520
• 2% merit-based increase for all staff	• $112,346
• 1% merit-based increase for all staff	• $56,173

* Complete a salary equity and compression study in FY22 and make adjustments as needed

Idaho Public Health District Update

Week 8

Suicide Prevention

Earlier this session, SB 1125 was introduced with the support of the Idaho Suicide Prevention Action Collective to move Idaho's Suicide Prevention Hotline into compliance with the National Suicide Hotline Designation Act of 2020 that designates 988 as the three-digit number for suicide prevention and mental health crisis needs across the country. That bill has been held. Instead, that alignment is addressed in HCR011 sponsored by Rep. Laurie Lickley (R-Jerome). The resolution supports that alignment but acknowledges that funding is not provided and will be needed from a variety of sources based on probable increased demand. The resolution is scheduled for a vote in the House on Monday, 3/8.

Child Custody

On Wednesday, March 3, the House unanimously approved HB233, a bill carried by Rep. Marco Erickson (R-Idaho Falls) and supported by several parents. The bill adds a new section to Idaho's child protection act that establishes provisions that prevent parents from being charged with CPS violations if they are not able to have their child in the home because of the child's behavior due to their serious emotional disturbance. The bill is now in the Senate Health and Welfare Committee.

Local Teacher Certification

On Thursday, House Bill 221 passed 54-13, which would allow local school districts to certify teachers as long as they met locally set requirements. Some of these qualifications include being 18 years old, being able to pass a background check, not having an infectious disease, and having a bachelor's degree. According to Charlie Shepherd (R-Riggins), the purpose of this bill is to address the teacher shortage in Idaho. Every year Idaho is about 600 teachers short, with next year predicted to be worse due to the impacts of COVID. Under this bill, school districts or charter schools would be required to provide mentoring and professional development, or introduce any additional qualifications they saw fit. Some of those who oppose the bill stressed the need to pay teachers more to keep them in Idaho instead of leaving to neighboring states with better pay scales. The bill is now in the Senate Education Committee.

Boise State Budget Cuts

The Joint Finance Appropriations Committee (JFAC) has cut $409k from Boise State's budget, citing the use of taxpayer money to enforce a social justice agenda. Many lawmakers such as Sen. Carl Crabtree (R-Grangeville), feel like their voices have gone unheard by the University over the past few years, and there was no other option. Others have expressed frustration that this budget cut was not enough, and does not send a strong message. By January, Boise State as well as Idaho State, the University of Idaho, and Lewis-Clark State College would need to report to JFAC that no money from the general fund was used to "to support social justice ideology student activities, clubs, events and organizations on campus."

Special Sessions

The Senate has voted 24-11 in favor of SJR 102, which would introduce a Constitutional amendment allowing the Idaho Legislature to call itself into a special session if 60% of members of each house agree. Additionally, 60% of members of each house would have to agree on the topics for the special session, and only agreed upon topics could advance. This legislation would not limit the number of special sessions or their length, and lawmakers would not receive a per diem for their expenses during a self-called special session. Currently under the Idaho Constitution, only the Governor has the power to call a special session.

Absentee Ballot Assistance

On Friday, Senate bill 1167 was introduced, which would establish provisions regarding absentee ballot assistance in some residential care homes. According to Sen. Mary Souza (R-Coeur d'Alene), the bill's sponsor, the role of absentee ballot assistance for seniors in long term care facilities has been a neglected part of the secure voting process. This bill would help care facilities by designating three authorized sources of voter assistance, and would utilize volunteers as authorized assistants. References in the bill to having assistants from major political party central committees, may raise political concern. This bill seems at odds with House Bill 223, Rep. Mike Moyle's bill to prevent "ballot harvesting" that makes it a felony for someone to gather more than 6 ballots to submit to the county clerk.

Sexual Education

House Bill 249 has passed 56-12 on a party-line vote, with all House Republicans supporting the bill and all House Democrats opposing it. This legislation would require parents to give support in writing two weeks before their child received any instruction in school regarding human sexuality, other than "the study of the anatomy and the physiology of human reproduction." An alternative will be provided for students whose parents don't "opt in." The bill is now headed to the Senate where it will probably be assigned to the Education committee.

Wrongful Conviction Act

On February 23, the House unanimously voted to pass Senate Bill 1027 that would compensate Idahoans who have been wrongfully convicted of a crime. Compared to the previous wrongful conviction act that Governor Little vetoed, the biggest difference with this bill is how claimants would be compensated. The new legislation would give claimants $62,000 for each year in which they were wrongfully sentenced, and $75,000 per year if they were on death row. The previous legislation allowed for $60,000/year, but Governor Little's contention with the bill had to do with non-monetary relief for health insurance and counseling, hence the additional $2,000 per year. Like last year's bill, claimants are also eligible for $25,000 per year spent on parole. Having unanimously passed the Senate, the bill is now on the Governor's desk.

Tobacco Bill

Senate Bill 1087 passed 25-10 on Tuesday, which would raise the minimum age to 21 to purchase tobacco. Sen. Kelly Anthon (R-Burley), the bill's sponsor, said that it is more about the consistency in policy and how it benefits retailers and grocers who sell tobacco products than it is about the age. Those

who oppose the bill, such as Sen. Grant Burgoyne (D-Boise), are concerned that it would subject Idahoans under the age 21 to unnecessary "stop and search" measures.

Protests at the Capitol

On Saturday, about 100 protesters gathered at the Idaho Capitol to burn masks as a statement against pandemic restrictions. While the organizers had permits, the rally is under review because of the use of open flame on Capitol grounds. There are also photos and videos of children present and participating, in what has been described as a coordinated effort that took place across the state. Darr Moon, a conservative activist and husband of Rep. Dorothy Moon (R-Stanley), was the point person for the demonstration.

Medicaid Stabilization Fund

House Bill 209 was defeated 25-42-3. This legislation proposed the creation of a Medicaid Stabilization fund to offset future shortfalls in the Medicaid budget with money that was freed up from the state General Fund, due to an increase in Federal funds for Medicaid (FMAP). Rep. Fred Wood (R-Burley) and Sen. Fred Martin (R-Boise) had proposed $55 million for the fund for this fiscal year.

The House narrowly passed (37-31-2) HB216 which authorizes the supplemental Medicaid appropriation for State Fiscal Year 2021. Typically, these appropriation bills pass with little debate or opposition. The opponents of HB216 likely carried over to help defeat HB209.

Role of Health & Welfare

Senate bill 1139, sponsored by Sen. Peter Riggs (R-Coeur d'Alene), seeks to clarify the definitions of "quarantine" and "isolation", as well as add definitions for "biological agent", "chemical agent", "medically unknown symptoms", and "restricted access." The bill also clarifies the power of the Director of Health & Welfare as it relates to issuing orders isolation, quarantine, and restricted access, and would allow for the courts to review an order issued by the Director. This bill is in the Senate Health and Welfare committee; a hearing is not yet scheduled.

Abortions

SB 1085, the bill that would prohibit abortions after a fetal heartbeat is detected, was scheduled for a vote on the floor of the Senate this past week. The vote was postponed, and it has now been returned to the Senate State Affairs Committee.

Meanwhile HB220, which prohibits public funds being used for abortions, is on 2nd reading in the House. This bill prohibits any unit of government in Idaho from using any public asset or employee to procure, counsel in favor of, refer to, or perform an abortion. Medicaid is exempt from this bill.

SB1060 – Public Health Districts – House Floor

This legislation requires county wide or district wide orders of a Public Health District to be approved or denied by the County Commission in the county in which those orders are to take effect. This would also reduce the penalty for violating these orders from a misdemeanor to an infraction.

HB67 – School Health Ordinances – Law

This legislation reduces the number of government entities with the authority to close K-12 schools, or otherwise limit any aspect of school programs or activities to prevent the spread of contagious or infectious disease. Duly elected school boards representing the parents in a community, including charter school boards of directors are authorized to close schools. Department of Health and Welfare, district boards of health, and cities shall not have this authority.

HB68 – Higher Ed. Health Ordinances – Law

This legislation reduces the number of governmental entities who have the authority to close higher education institutions, or otherwise limit any aspect of school programs or activities to prevent the spread of contagious or infectious disease.

HB74 – City Health Ordinances – Headed to Governor

The proposed legislation would limit city health ordinances to the city limits. Currently, these ordinances would allow for those ordinances to cover up to 5 miles outside the city limits.

HB38 – Telehealth: Prescribing – Senate 3rd Reading

This bill clarifies the requirements necessary for prescribing medications via telehealth, expanding beyond the current limitations of the act. This is in alignment with the allowances made during the COVID-19 pandemic response.

HB42 – Medical Debt Collection – Law

This legislation adds a new section of code to the Idaho Patient Act that provides for a time extension for the requirements for extraordinary collection actions on medical debts for all goods and services provided to a patient prior to July 1, 2021.

HB316 – Public Health Districts, Aid

This legislation adds to and amends existing law to provide for additional county aid to public health districts and to revise provisions regarding health districts.

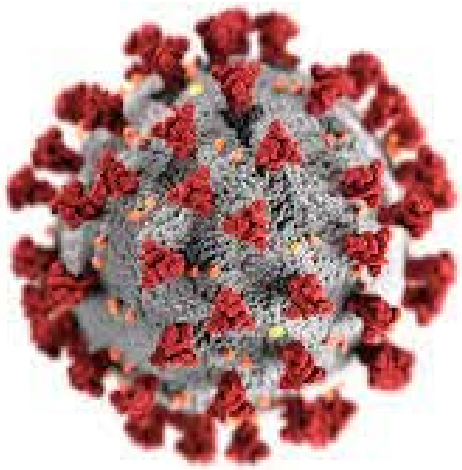
Western Idaho COMMUNITY CRISIS CENTER

Region 3 Community Crisis Center

Serving Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

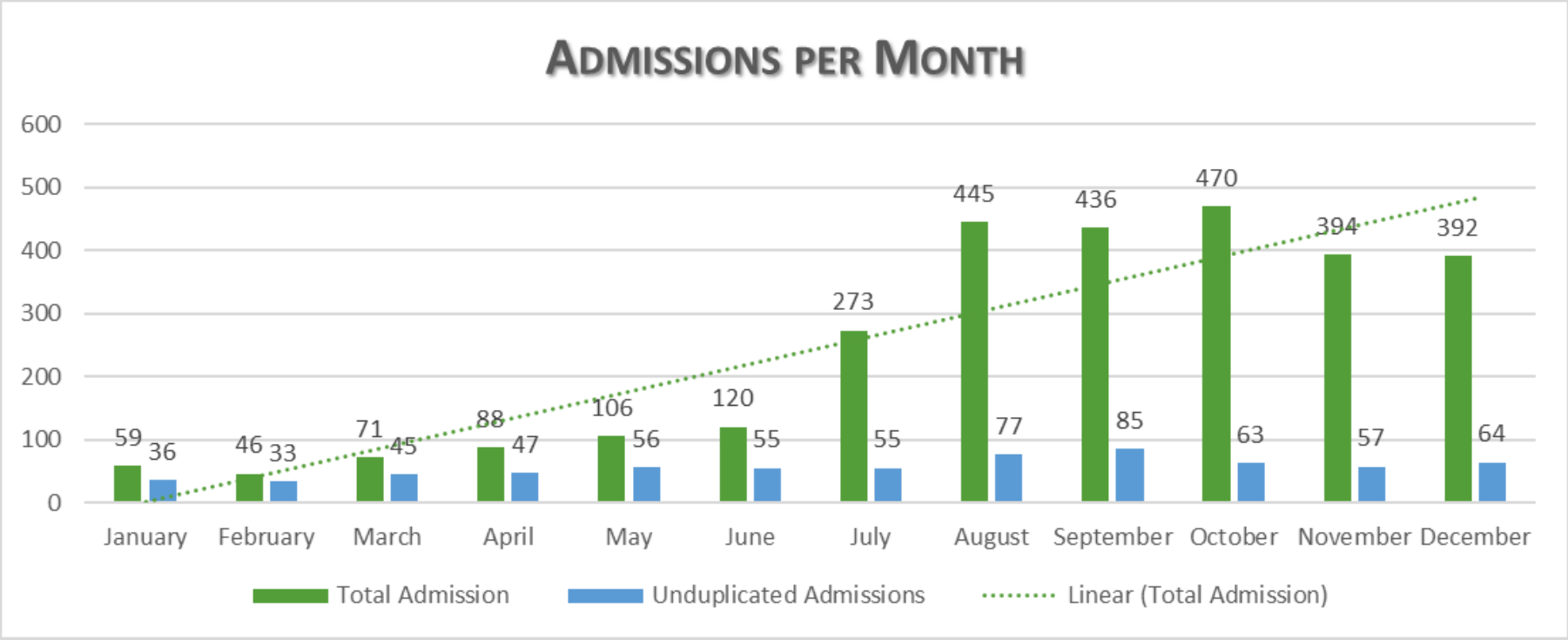
Samantha Kenney
Project Manager
March 16, 2021

COVID IMPACTS

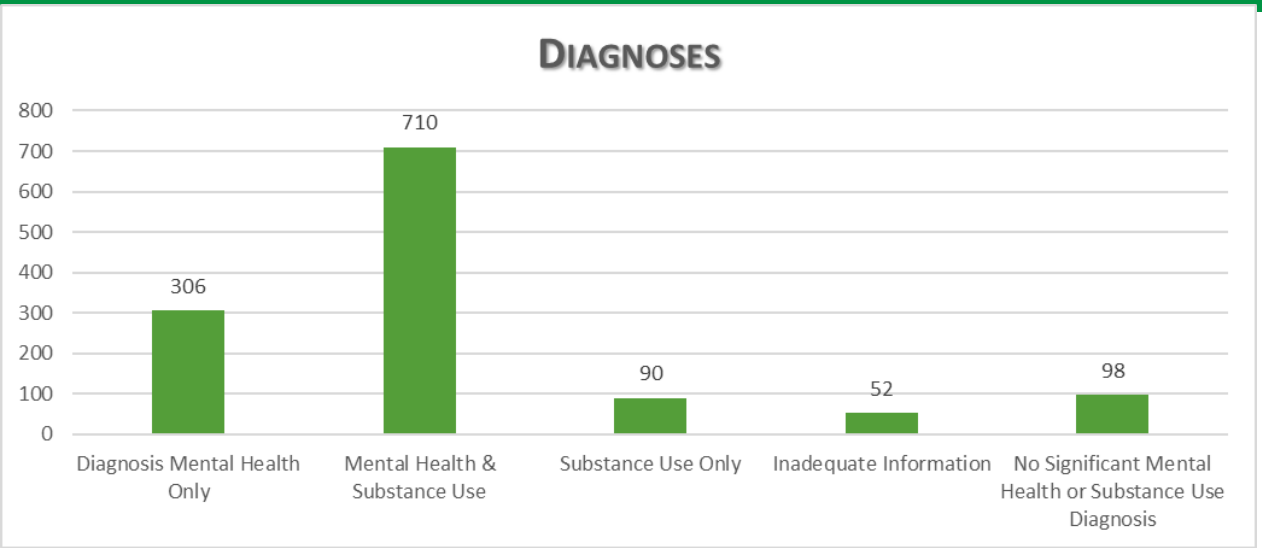


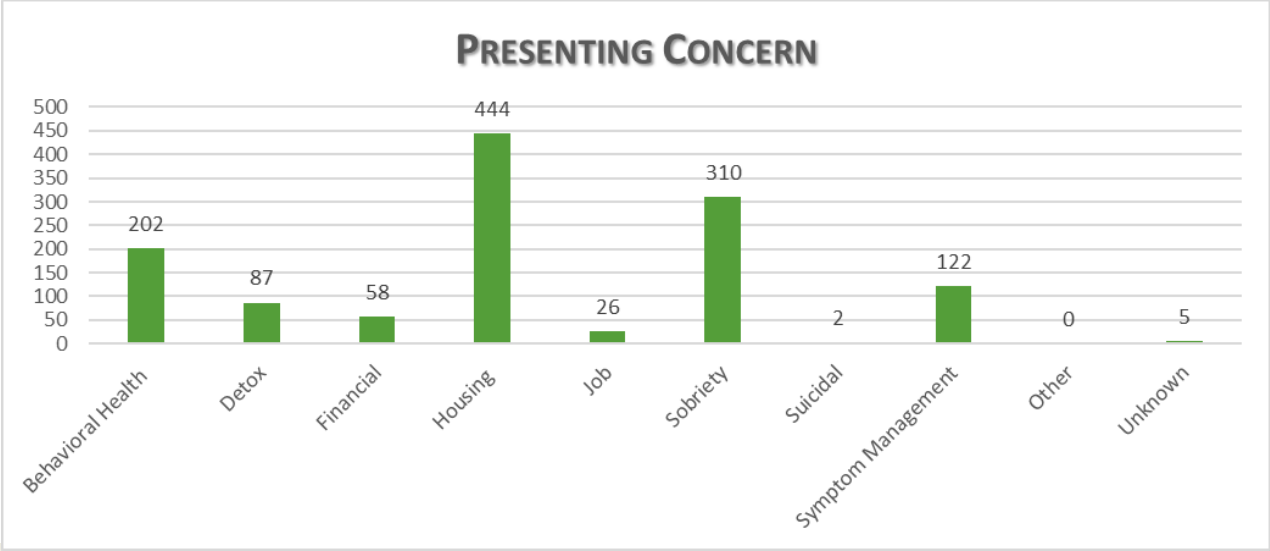
- Outreach disrupted
- Housing issues/closed shelters
- Higher Census
- Access to local emergency rooms
- Modifications to clinic protocol
- Staffing impacts
- Exposures

Census Trends 2020



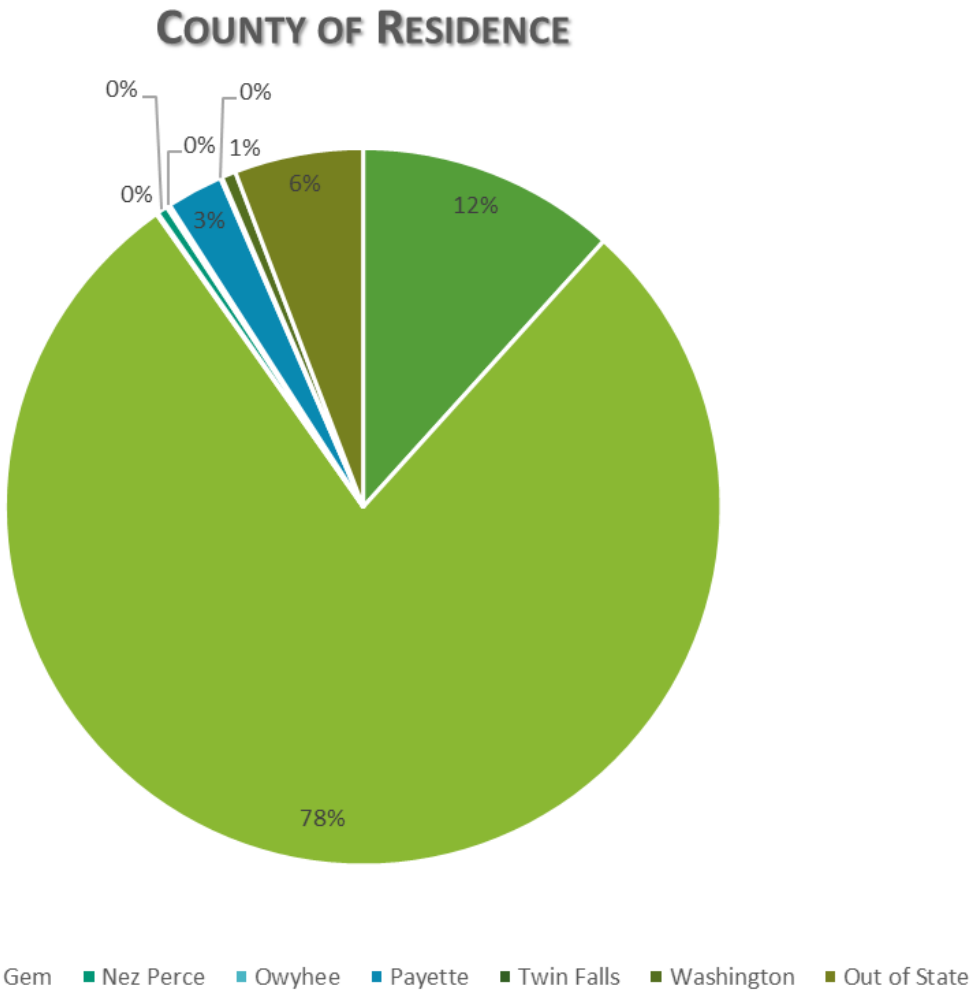
Diagnoses and Presenting Concerns





Census Trends Q3

- 1,256 admits – up 202
- Average daily census 13.65
- Average stay 16 hours
- 78% from Canyon County



Q3 Incoming Referrals

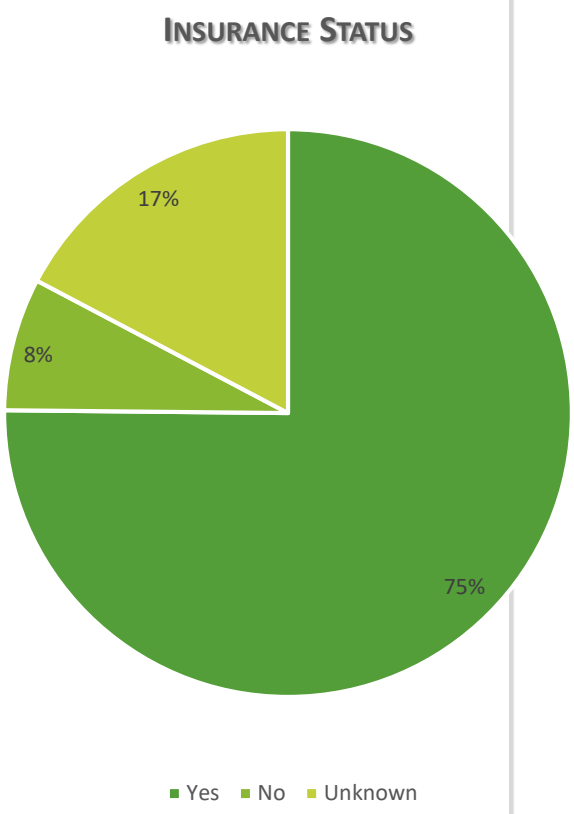
Referral Source			
Community Mental Health Agency	194	Police (except court or correction agency)	43
District Health Service	35	Probation/Parole	16
Family/Friend	64	Self Help Group	0
Hospital	69	Self/Guardian	758
Jail	0	Shelter for Homeless	46
Legal Counsel	0	SUD Provider	5
Other Community Organizations	13	Unknown	6
Physician	7		

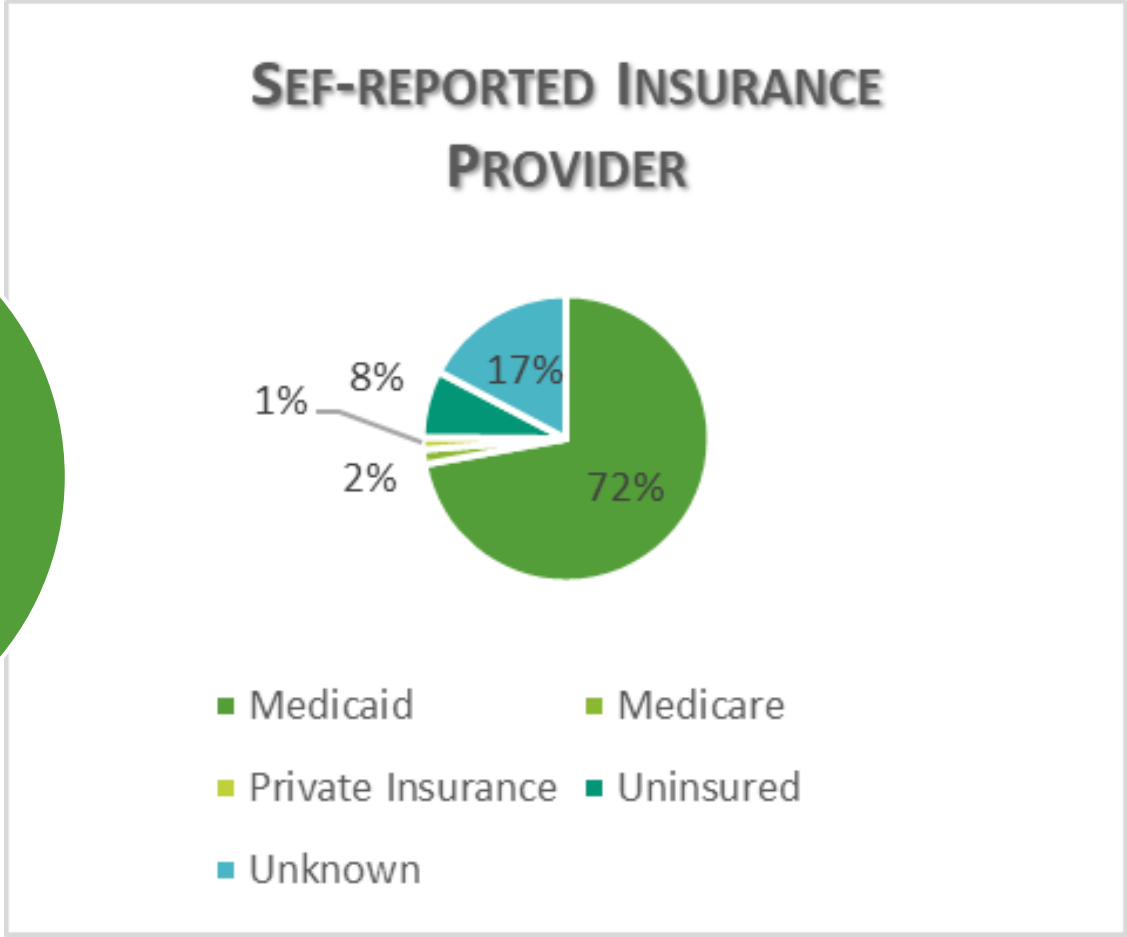
Q3 Diversions and Cost Savings

Diversions	Visits	Cost/Visit	Total Cost
From Hospital	69	$2,600	$179,400
From Jail	16	$82/day x 15 days	$19,680
Law Enforcement	43	$1,000	$43,000
		Total:	**$242,080**

Source: Information is pulled from number of drop-offs by law enforcement and self-reported Individual surveys.

Q3 Insurance and Sustainability





Addressing Gaps and Needs

- Secured a transportation grant through IDHW for WIDCCC with help from the Reg. 3 Behavioral Health Board – will provide monies to pay for transport to and from the Crisis Center
- Acquired funds for supplies to adapt to COVID protocols, purchase gloves, masks, and sanitization products
- St. Luke's continues to give $10K annually in support of Crisis Center
- Regular private donations

Community Answering the Call

- Amazon giving through NNU student project to supply the crisis center with material needs
- Masks made from local women's group
- Thanksgiving Dinner – 15 year old Xander
- Clothing drives
  - Job interviews
  - Clean clothes for the family

Early view on 2021

- New Crisis Center site Manager: Caroline Bell
- New Project Manager: Sam Kenney
- Advisory Committee Updates
  - Vacant Chair position
  - Update bylaws to include committee member nomination and appointment processes
- Censuses:
  - January average daily census 8.2
  - January total intake 254
  - February average daily census 10.6
  - February total intake 296

Questions & Discussion

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