Board of Health Meeting
Tuesday, December 14, 2021, 10:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the December 14, 2021 Board of Health meeting can be submitted at https://www.surveymonkey.com/r/BoH12142021 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, December 13, 2021.

***Meeting Format** : In-person attendance at the meeting will be limited. 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 channel.

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	
10:04		Roll Call	Vice-Chairman Kelly Aberasturi
10:07	A	Request for Additional Agenda items; Approval of Agenda	Vice-Chairman Kelly Aberasturi
10:10	A	Approval of Minutes – November 16, 2021	Vice-Chairman Kelly Aberasturi
10:15		In-Person Public Comment	
10:25	I	Open Discussion	SWDH Board Members
10:35		Introduction of New Employees	Division Administrators
10:45	I	November 2021 Expenditure and Revenue Report	Troy Cunningham
10:55	I	Quarterly Contract Update	Troy Cunningham
11:05	I	Signage Workgroup Update	Doug Doney, Ashley Anderson
11:10		Break	
11:25	I	Partnerships for Success: Upstream Substance Use Prevention	Tara Woodward
11:40	I	Groundwater Update	Stephen Fitzner
12:00	A	Review and Approval of Employee Handbook	Nikki Zogg
12:10	A	Behavioral Health Board Update	Nikki Zogg, Jennifer Burlage
12:20	I	Monoclonal Antibody Therapy (mAb) Update	Dr. Chuck Washington
12:35	G	Live Streaming of BoH meetings	Nikki Zogg
12:45	G	Risk Management	Nikki Zogg
12:50	I	Director's Report	Nikki Zogg
		Public Health Symposium Feedback	
1:00		Adjourn	

NEXT MEETING: Tuesday, January 25, 2022, 10:00* a.m.

*Winter hours in effect

BOARD OF HEALTH MEETING MINUTES
Tuesday, November 16, 2021

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

STAFF MEMBERS:
In person: Nikki Zogg, Katrina Williams, Sam Kenney, Jaime Aanensen, Mitch Kiester, Robin Doney

Via Zoom: Troy Cunningham, Rachel Pollreis, Ashley Anderson, Doug Doney, Chuck Washington

GUESTS: Members of the public attended the meeting.

CALL THE MEETING TO ORDER
Chairman Bryan Elliott called the meeting to order at 9:02 a.m.

PLEDGE OF ALLEGIANCE
Meeting attendees participated in the pledge of allegiance.

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

REQUEST FOR ADDITIONAL AGENDA ITEMS; APPROVAL OF AGENDA
MOTION: Commissioner Smith made a motion to accept the agenda as presented. Commissioner Haines seconded the motion. All in favor; motion carries.

APPROVAL OF MINUTES – OCTOBER 26, 2021
MOTION: Dr. Summers made a motion to approve the minutes from the October 26, 2021 Board of Health meeting as presented. Commissioner Haines seconded the motion. All in favor; motion passes.

IN-PERSON PUBLIC COMMENT
Eleven members of the public attended the meeting. Several provided in-person public comment. The topic of concern centered around SWDH mobile vaccination clinics administering vaccinations to children at school locations without their parents present.

Following public comment, Nikki communicated to the board members that processes are in place to ensure parental consent is obtained; however, given the sensitivity of this situation she proposed SWDH not run any COVID-19 vaccination clinics where parents or guardians are not present. SWDH staff can work to facilitate coordination with schools to allow after school hour vaccines. Board members supported this approach.

OPEN DISCUSSION AND SEPTIC FOLLOW UP

Board members participated in open discussion. Commissioner Purdy shared concerns regarding septic permits that were already approved being revoked or rescinded. Commissioner Purdy asked if a soil test can be taken to determine suitability to build. Mitch Kiester, SWDH Program Manager, asked for more information about the rescinded building permit. Mitch also explained that a soil test is an option to determine soil suitability and SWDH staff are willing to help facilitate soil testing when groundwater monitoring is not required. More information on groundwater monitoring will be presented at the December Board of Health meeting scheduled for Tuesday, December 14, 2021.

COVID-19 RESPONSE LETTER TO GOVERNOR

Nikki submitted a letter to the Governor requesting implementation of a structured response for the COVID-19 event. The director of Idaho Department of Health and Welfare (IDHW) and director of Idaho Office of Emergency Management (IOEM) responded requesting clarification. Nikki sent a response letter and following that, IDHW reached out to request a phone call be scheduled to further discuss.

Overall, it was a good conversation and IOEM and IDHW were interested in making some changes. Both agencies expect to have internal conversations and then follow up with Nikki.

As Board members requested, Nikki shared the letter with other health districts. While the letter is of interest to them and they appreciate being informed, at this point none have a desire to send a similar letter to the Governor.

INTRODUCTION OF NEW EMPLOYEES

Division administrators introduced new staff.

OCTOBER 2021 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, SWDH Financial Manager, presented the October 2021 Expenditure and Revenue Report.

ZWYGART JOHN AND ASSOCIATES LETTER OF ENGAGEMENT

Troy Cunningham presented a letter of engagement from Zwygart John and Associates regarding providing services for financial statement preparation. The intent of this request is to review how our financials are compiled. Eide Bailly has been compiling these reports. The letter of engagement from Zwygart John and Associates acknowledges that for financial report preparation to be created inside of an auditing agency there must be mitigating control. The letter also stipulates that Zwygart John and Associates staff will continue to maintain independence.

Troy asked for approval to set those mitigating factors in place as stated within the engagement letter. Board members expressed concerns about financial development and audits taking place within the same agency. Commissioner Smith suggested proceeding with a Request for Proposal (RFP) process to seek other service providers. Troy clarified that the cost of this service will not require a RFP but will just involve getting other bids. Nonetheless, the board's guidance was to follow a RFP process.

VAERS (VACCINE ADVERSE EVENT REPORTING SYSTEM)

Rachel Pollreis, SWDH Data Analyst, Sr., provided information on the Vaccine Adverse Event Reporting System (VAERS).

WESTERN IDAHO COMMUNITY CRISIS CENTER QUARTERLY UPDATE

Sam Kenney, SWDH Project Manager, presented the Western Idaho Community Crisis Center (WIDCCC) Quarterly Update. The second quarter for WIDCCC ended in September. She provided data

around summer census numbers noting a downward trend especially with those accessing the crisis center for housing needs. This is typical due to the availability of alternative housing solutions in the summer such as camping and sleeping in vehicles. Sam explained that 78% of those accessing WIDCCC services are from Canyon County.

YOUTH BEHAVIORAL HEALTH UPDATE
Sam Kenney provided an update on SWDH efforts to address gaps and needs in youth behavioral health access across our region. In August, Rachel provided data surrounding youth and families needing behavioral health support. Since then, options and resources for families for crisis services and behavioral health intervention have been being investigated.

An initial conversation with stakeholders was held last week. The group will meet again in January.

TRUSTEE AND EXECUTIVE COUNCIL UPDATE
Nikki Zogg provided an update on the recent Trustee and Executive Council Meeting. The trustees voted to change the funding formula for the home visiting funds received. The public health district directors had been working on this task due to a reduction in funding from the most recent legislative session.

Nikki also reported that she shared the letter to the Governor with the other health districts as Board members requested. The other health districts appreciated the information and the update on the initial correspondence and follow up correspondence received. At this point, other health districts do not express interest in drafting something similar to submit for consideration but are interested in continuing to be informed of how the conversations go.

OPIOID SETTLEMENT SIGN ON
At the last board meeting, Nikki shared information on the opioid settlement agreement and the requirements for SWDH to choose to receive the funds. Today, Nikki provided information for SWDH high priority areas for expending opioid settlement funds if the Board chooses to accept the settlement terms. Nikki asked for board member input on how to spend these funds that may be available in part by January 2022 with more coming in June 2022 or July 2022.

Board members discussed whether to prioritize education and prevention or treatment. Commissioner Purdy explained that the consensus from Adams County is that the time for talking and teaching about opioids is past and there is now a need for an actual treatment program for opioids and meth. Dr. Summers agrees there is a need for treatment programs.

Nikki will put together some thoughts and bring it back to the Board to review and react to.

MOTION: Commissioner Haines made a motion for Chairman Elliott to sign the opioid settlement agreement as presented. Commissioner Smith seconded the motion. All in favor; motion passes.

APPROVE 2022 BOARD OF HEALTH MEETING SCHEDULE
Nikki presented a 2022 Board of Health meeting schedule for board member review and approval.

MOTION: Commissioner Smith made a motion to approve the 2022 public meeting notice as presented. Commissioner Haines second the motion. All in favor; motion passes.

WASTE DISPOSAL SITES

Mitch Kiester, SWDH Program Manager, provided information to board members regarding a lack of places to dispose of FOG (fats, oils, and grease) waste. This waste is not licensed by SWDH and the only disposal site in our area that accepts FOG waste no longer accepts the pumpable waste from pumper trucks outside of its own company. This creates a challenge for disposal of this waste. Department of Environmental Quality (DEQ) is trying to expedite the process of approving additional disposal sites.

The concern is that if vendors are unable to find a place within the counties for disposal of this pumpable FOG waste there may be pushback against counties.

BEHAVIORAL HEALTH BOARD (BHB) CONTRACT

Nikki Zogg presented an overview of obligations for the contract between SWDH and the Division of Behavioral Health (DBH). She summarized the communication and events since May and explained the two options being considered for the contract: 1.) change the staffing model to support the BHB and still comply with the contract obligation we have and 2.) look toward terminating the contract.

Board members discussed the implications of early termination as well as the staff impact of continuing with the contract. Since May, the consensus of the SWDH BoH has been to move forward toward terminating the contract unless there is a BHB leadership change. If contract termination occurs, SWDH will help with that transition and allow the BHB to find an alternative solution and ensure there is continuity.

Board members directed Nikki to reach out to legal counsel to inquire about the process for causal termination of the contract with DBH and proceed with that process. Commissioner Haines has been recently appointed to the BHB and will advise if anything changes at the meeting on Wednesday, November 17. The termination process could be halted if Commissioner Haines reports back that there have been changes.

There being no further business the meeting adjourned at 12:07 p.m.

Respectfully submitted: Approved as written:

Nikole Zogg Secretary to the Board	Bryan Elliott Chairman	Date

Q1 Public comment

Answered: 11 Skipped: 0

#	RESPONSES	DATE
1	Please make masks a parent’s choice. - Kate Hart	12/13/2021 12:17 PM
2	NO CHILD SHOULD BE SEEN FOR MEDICAL PROCEDURES WITHOUT A PARENT OR LEGAL GUARDIAN PRESENT! This to me is a non negotiable. It is the parent's responsibility to oversee their child’s medical treatment and decisions.	12/13/2021 12:03 PM
3	As a parent of two kids in the Nampa district, I strongly oppose any sort of treatment of kids without parents being present or without parents giving very clear permission for any treatment. Furthermore, it is unethical to promote any treatment, such as vaccinations, to the kids directly. Any attempt at doing so should be communicated only to the parents or caregivers. I'm concerned that the "mobile clinics" will try to bypass these good practices.	12/13/2021 10:00 AM
4	Please take vaccine clinics out of schools. Parents should be present at medical procedures, and there are plenty of community resources that give access to the vaccine should families be interested.	12/13/2021 9:57 AM
5	Hello I am writing to comment that I believe its time to unmask the children in schools. Sitting for hours in a mask is detrimental to their physical and mental health. I am also writing to indicate that Vaccine clinics should not be in schools and the parents need to be the ones to decide if their child is given a non approved Extended Emergency Use shot. I do not believe the schools and the health districts need to be infringing on peoples personal choices Also if you have any power at all please end this ridiculous state of emergency to shut down our state Thanks Holly Reynolds	12/13/2021 8:55 AM
6	Children should not be given vaccines without their parents present. Please stop all vaccine clinics at schools during school hours.	12/13/2021 8:38 AM
7	Laura Louis, loulouis8@gmail.com, 12572 N. 10th Ave, Boise, ID 83714 208-841-0247 No child should be given ANY medical procedure, especially an injection that carries warnings on the label, without a parent present. My son has allergies that restrict him from getting vaccines because it could endanger his life. The school would be remiss to take on this liability. I am extremely distressed that this is even being considered. One of these vaccines has a black box warning on the label of increased risk of myocarditis for young people! None of the currently available COVID vaccines in the US are FDA approved (Comernity is not available). They are all under EUA use, which is experimental. No child should be given an experimental drug without a parent present and giving consent. There are international laws to protect against this. Do not allow vaccines into the schools.	12/13/2021 8:04 AM
8	Regarding On-site Vaccine Clinics being setup on school grounds, it's WRONG !! On every level. Nothing medically should be ever be done without Parent or Legal Guardian being present especially without consent. Medical Opt IN/Opt OUT consent forms can be forged by students to participate in a major life decision that children lack the capacity to understand the potential consequences. Maybe this is why they are being setup to begin with. PREYING ON THE INNOCENT. Medical procedures, such as Vaccination shall Only take place at a medical facility or clinic with a Parent present to give legal consent in writing, signed by an Adult and in a place where if such an adverse severe reactions were to take place, the proper equipment would be readily available. I Vehemently OPPOSE Vaccination Clinics on any school grounds within this Health District. Decisions such as this shall remain private between the Family and the Physician. Stay on your side of the Boundary line. Remember your place is to give a suggestion. Not encroach on Parental Rights and Consent to their child/children. Sometimes the Best Intention cause more Harm than Good. Self Reflection time. vote NO !	12/12/2021 11:37 PM
9	If we lose autonomy over our body and our children’s bodies we become enslaved by our government and are no longer free. Please help us maintain our basic freedoms and rights. I do not want vaccine clinics in our schools as medical treatments should be done under a doctors care. Also I do not want my children masked at school as they are not in danger nor	12/12/2021 8:16 PM

	are they endangering anyone else. My children will not attend schools that mask them or set up clinics on campus.	
10	As a taxpayer, parent, health educator. I approve a mask optional protocol for children and staff. #1 Burden of proof has never proven mask wearing is capable of reducing illness. #2 children can not use all of their senses to learn to enunciate, read, hear, spell. #3 facial cues are essential for proper social interaction. Especially for children who have not lived long enough to learn yet. #4 Inhalation is to give the body fresh oxygen #5 Exhalation is to eliminate toxins. #6 Masks get wet with nasal and mucosal fluids that concentrate toxins to breathe back in. Inhaling toxins increases a person's toxic load. Potential for illness increases. #7 Children do not have a high incidence of COVID. #8 Children without comorbidities do not die from COVID. If a family's child has a comorbidity, undoubtedly that family will continue to take precautions necessary to maintain the health of their child. #9 Our family honors an individual's right to make their own health care choices. #10 a mask is a medical device #11 Our primary Medical Doctor recommends not wearing a mask. #12 Teachers spend valuable class time disciplining uncomfortable children to raise their mask insteading of focusing on useful educational and socialization instruction. #13 The scope of the school board is to encourage a healthy learning environment. I am unable to find evidence that mask wearing is a healthy precaution. #14 Metrics provided for COVID are not based on mask compliance. #15 The CDH drastically changed the color category threshold. The district health administrators say we are still in the Red Category. If we were using the original metrics, we would actually be in the Yellow Category; Being in the red now does not mean what it did last school year. #16 The CDH public dashboard is more up to date than the CDC data e-mailed to the Board by CDH every week for the presentation. This data is accurate at the time of the e-mail, not at the time of policy decisions. Public dashboards are continually updated and are more accurate than the CDC data. Presenting data after the actual peak is disingenuous. https://public.tableau.com/app/profile/central.district.health/viz/UpdatedCDHPublicDataDashboard/CentralDistrictHealthCOVID-19Information #17 164 of 167 Idaho school districts are not mandating masks and are successfully keeping their schools open, in-person, 5 days a week. Provide evidence that supports the decision to have people wear masks. Really. Change my mind.	12/12/2021 7:49 PM
11	I am writing regarding livestreaming meetings and the Behavioral Health Board. Please continue to livestream your meetings. Continuing to share information with the public in this way allows us to be more informed about what you do as a board and about health issues we might not otherwise be aware of. Now that these meetings have been available in this way, I cannot see a reason to discontinue sharing them via YouTube. I admit I didn't know all the things this board oversees and makes decisions about prior to Covid-19. I have learned a lot about health issues and who makes decisions for our communities. This is a valuable resource for community members and voters to learn more about our county commissioners and what their jobs entail. I also want to encourage this board to put as much support as possible into behavioral health considerations in our communities. The mental health of many has taken a huge hit these past 2 years. Mental health concerns will likely continue to be a top priority for years to come as we all try to recover from many effects, losses, and stresses of the pandemic. Our children, teens, schools and health care workers especially need increased access to behavioral health support and care. Finally, though this isn’t on the agenda, I would encourage the local health departments to return to using the color-coded Covid-19 risk alert system. As we seem to be moving from Covid-19 being a health crisis to a lower-level risk due to increased vaccination rates and the ability for most ages to receive the vaccine, there may continue to be times when increased caution is important. A risk alert system would be helpful to the public to evaluate their risk and to make informed decisions about what level of precautions to take based on local case numbers/risk factors. I appreciate the frequent updates to the Covid-19 dashboard, especially the school district map. It is helpful in assessing the risk in our community when making choices for my family. Thank you, Jaci Johnson Nampa, Idaho	12/10/2021 10:50 AM

SOUTHWEST DISTRICT HEALTH

BUDGET REPORT FOR FY2022

Cash Basis | **Nov-21** | **Target 41.7%**

Fund Balances	FY Beginning	Month Ending	Change
General Operating Fund	$ 65,977	$ 256,314	$ 190,338
Millennium Fund	$ -	$ 89,986	$ 89,986
LGIP Operating	$ 3,187,262	$ 3,719,949	$ 532,687
LGIP Vehicle Replacement	$ 99,692	$ 99,746	$ 54
LGIP Capital	$ 1,299,174	$ 1,299,174	$ -
Total	**$ 4,652,106**	**$ 5,465,170**	**$ 813,064**

Income Statement Information	YTD	This month
Net Revenue:	**$ 4,629,158**	**$ 845,720**
Expenditures:	$ (4,252,694)	$ (814,766)
Net Income:	**$ 376,464**	**$ 30,954**

Revenue

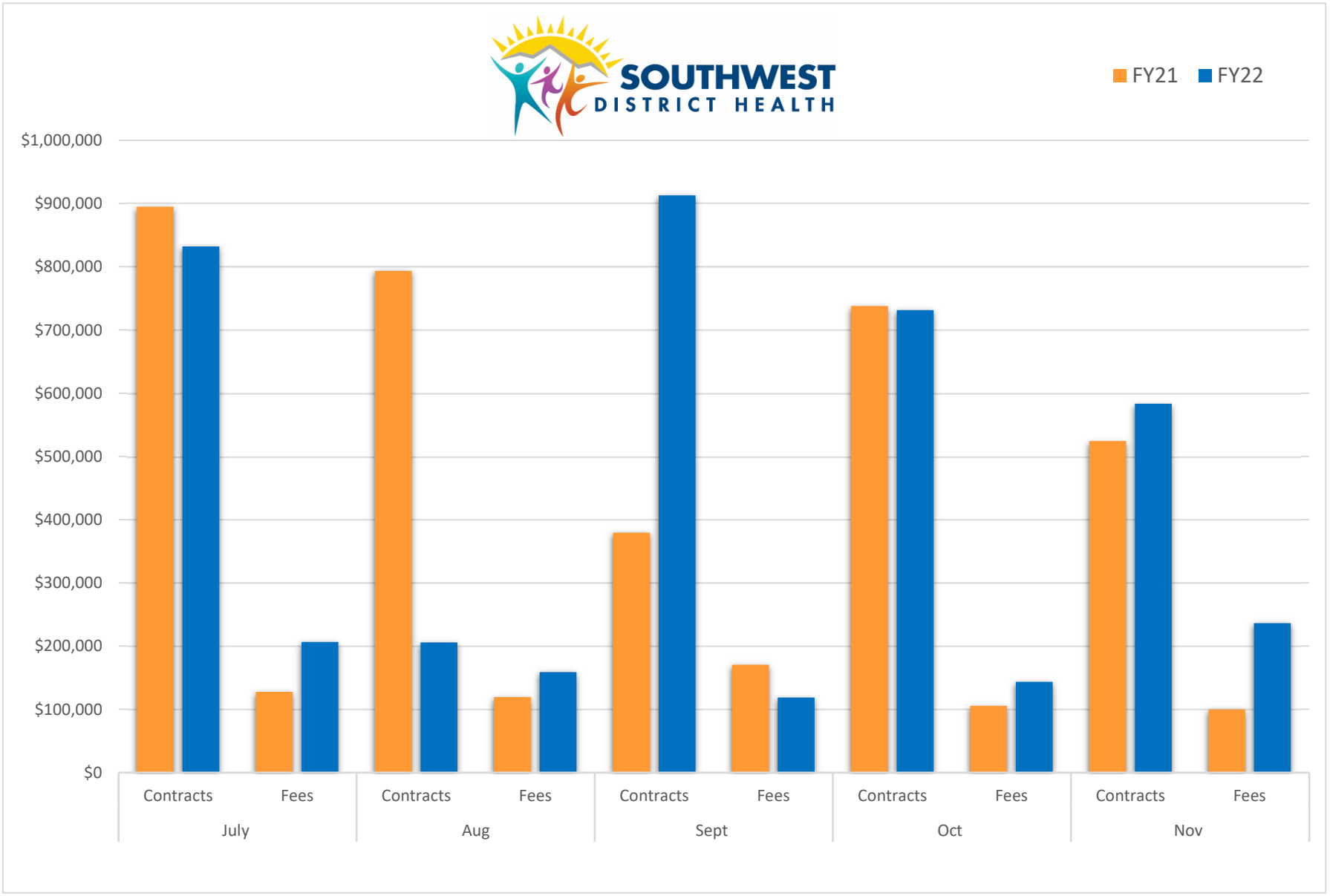
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
County Contributons	$ -	$ 25,493	$ -	$ -	$ -	$ -	$ -	$ 25,493	$ 494,739	$ 1,873,492	26%
Fees	$ -	$ -	$ 41,104	$ 194,919	$ -	$ 328	$ -	$ 236,351	$ 863,689	$ 1,874,852	46%
Contracts	$ -	$ -	$ 208,140	$ 308,713	$ -	$ -	$ 66,524	$ 583,377	$ 3,265,620	$ 6,407,764	51%
Sale of Assets	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 20,000	0%
Interest	$ -	$ 500	$ -	$ -	$ -	$ -	$ -	$ 500	$ 2,741	$ 50,000	5%
Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,370	$ 283,000	1%
Monthly Revenue	$ -	$ 25,993	$ 249,244	$ 503,632	$ -	$ 328	$ 66,524	$ 845,720	$ 4,629,158	$ 11,514,408	40.2%
Year-to-Date Revenue	$ -	$ 985,794	$ 1,112,082	$ 2,207,658	$ 1,207	$ 1,569	$ 320,848	$ 4,629,158	DIRECT BUDGET		
Budget	$ -	$ 379,246	$ 4,071,532	$ 4,222,436	$ 1,295,764	$ 462,141	$ 1,083,289	$ 11,514,408	DIRECT BUDGET		
			27.3%	**52.3%**	**0.1%**	**0.3%**	**29.6%**	**40.2%**			

Expenditures

	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	$ 449	$ 19,326	$ 188,929	$ 300,027	$ 75,458	$ 10,204	$ 5,027	$ 599,418	$ 3,220,281	$ 8,365,691	38%
Operating	$ 608	$ 3,146	$ 31,522	$ 29,368	$ 16,430	$ 15,584	$ 104,791	$ 201,448	$ 1,017,843	$ 2,826,817	36%
Capital Outlay	$ -	$ -	$ -	$ -	$ 6,950	$ -	$ -	$ 6,950	$ 14,570	$ 197,400	7%
Trustee & Benefits	$ -	$ -	$ -	$ -	$ 6,950	$ -	$ -	$ 6,950	$ -	$ 124,500	0%
Monthly Expenditures	$ 1,056	$ 22,471	$ 220,451	$ 329,395	$ 105,787	$ 25,788	$ 109,818	$ 814,766	$ 4,252,695	$ 11,514,408	36.9%
Year-to-Date Expenditures	$ 5,393	$ 117,905	$ 1,402,587	$ 1,745,235	$ 496,707	$ 171,784	$ 313,084	$ 4,252,694	DIRECT BUDGET		
Budget	$ 19,739	$ 359,507	$ 4,071,532	$ 4,237,848	$ 1,295,764	$ 462,141	$ 1,067,877	$ 11,514,408	DIRECT BUDGET		
	27.3%	**32.8%**	**34.4%**	**41.2%**	**38.3%**	**37.2%**	**29.3%**	**36.9%**			

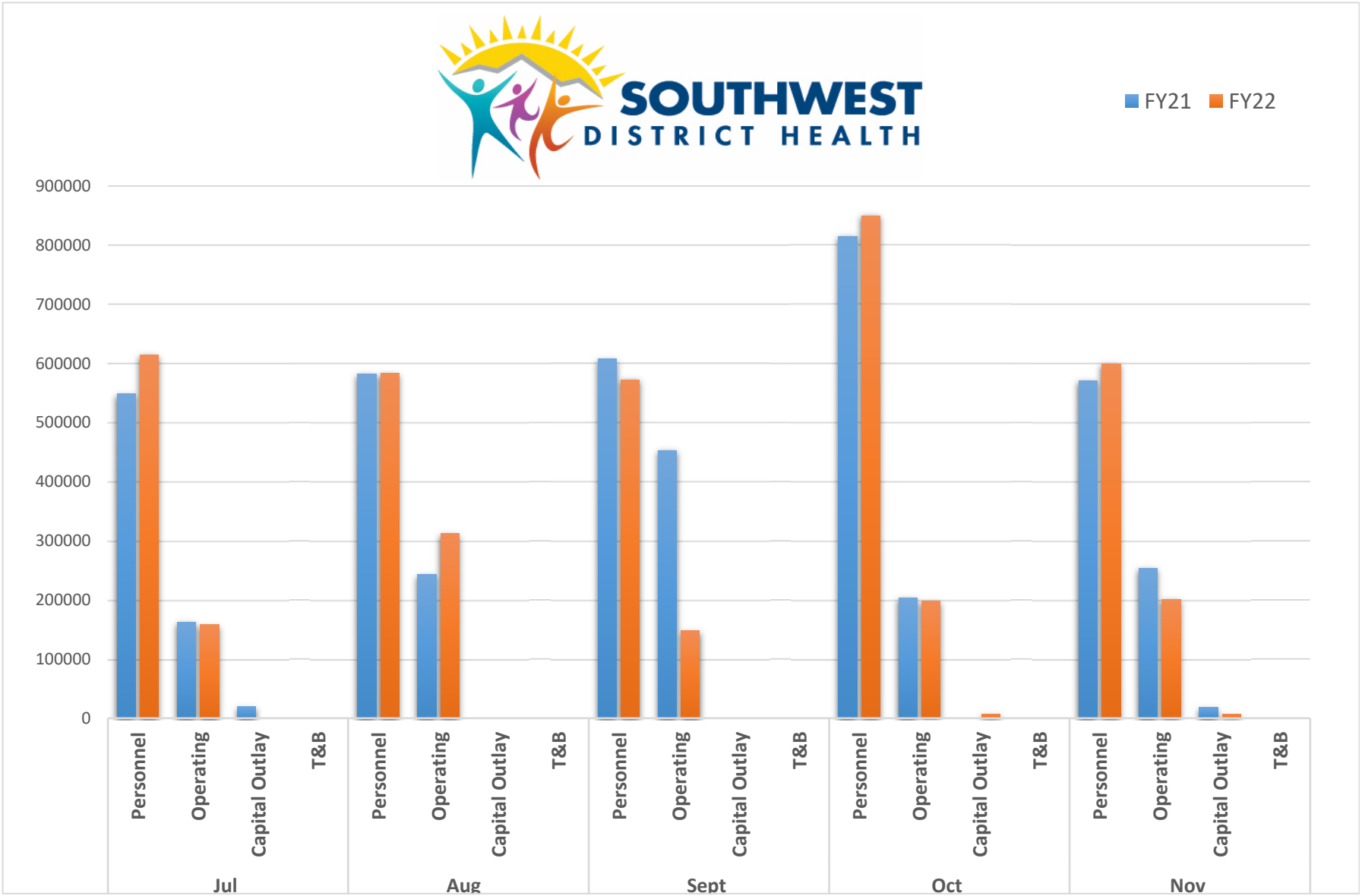
YTD REVENUES with Prior Year Comparison

Nov-21



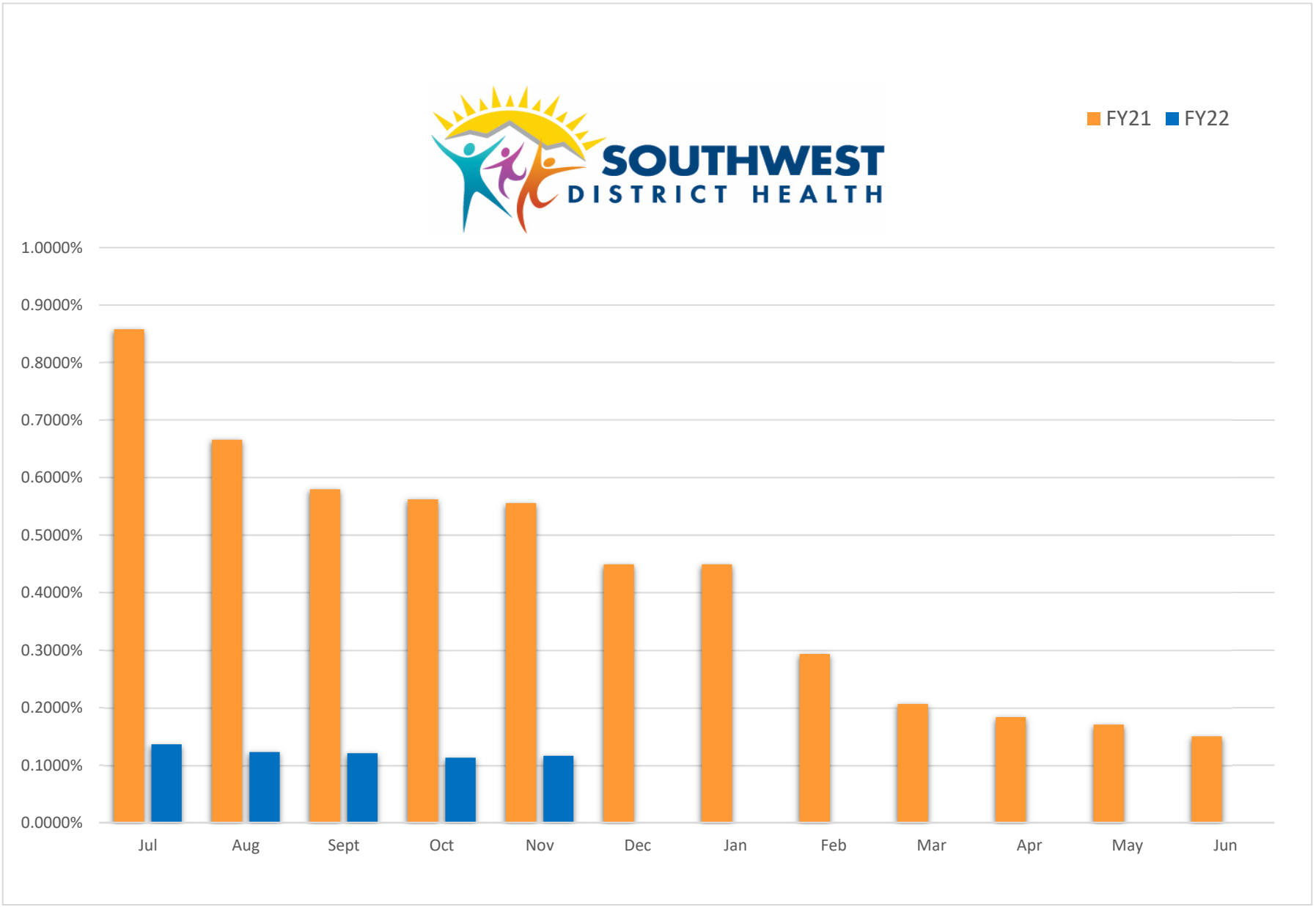
YTD EXPENDITURES with Prior Year Comparison

Nov-21



YTD Investment Yield with Prior Year Comparison

Nov-21



Southwest District Health
Summary of Restricted and Committed Funds - FY 2022

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	$4,206	
Parents as Teachers	$171,422	
Citizen's Review Panel	$28,122	
Kresge Grant (PH1)	$18,607	
COVID Incentive grant*	$95,170	
Crisis Center (CFAC)	$28,571	
Personnel Updates		$0
Weiser Project		$1,000
Clinic Medical Supplies/Equipment		$905
27th Pay Period		$51,500
EH Employee Training		$5,000
EH A/V Equipment		$2,380
EH Vehicle		$33,790
EH Security		$7,500
	$346,098	$102,075

**Not program funds and must be spent by Mar 1, 2022*

Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
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.	Federal Pass-through Sub-grant
Women's Health Check	$31,510	This subgrant will provide cancer prevention awareness through client reminders, provider referrals, small media, and collaboration with other community and non-profit organizations.	Federal Pass-through Sub-grant
State Supplied Immunizations and High Risk Seasonal Flu Vaccine	$60,955	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.	Federal/State Mix Pass-through Sub-grant
Immunizations	$12,200	This subgrant will provide site visits to immunization centers to assess their general knowledge, provide technical assistance, and education.	Federal Pass-through Sub-grant
Nurse Family Partnership	$515,000	This subgrant provides for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), nurse supervision and training.	Federal Pass-through Sub-grant
Parents as Teachers	$205,000	State funded home visiting program to improve outcomes and reduce justice involvement for low-income and high-risk families.	State Appropriation
Citizen's Review Panel	$19,500	State funded program to support the oversight of DHW's foster care program and improve outcomes of children entering the foster care system.	State Appropriation
Oral Health	$38,600	This subgrant provides dental screenings to school based clinics and parent education.	Federal Pass-through Sub-grant
State Actions to Improve Oral Health	$18,750	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.	Federal Pass-through Sub-grant
Women, Infants, and Children (WIC)	$1,151,521	This subgrant will provide general administration, clients services, breastfeeding promotion, nutrition education, and breastfeeding peer counseling to the WIC program.	Federal Pass-through Sub-grant

Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
Public Water Systems Contract	$114,453	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.	Federal Pass-through Sub-grant
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. Grant ended and working on No Cost Extension to be completed early 2023. Approximate remaining = $32,000	Direct Federal Grant
Regional Behavioral Health Board	$200,000	This subgrant will provide administrative services and support of the Regional Behavioral Health Board ($50,000 per year).	Federal/State Mix Pass-through Sub-grant
Regional Behavioral Health Board	$50,000	This subgrant is a one time subgrant to provide transportation surrouding opioid treatment.	Federal/State Mix Pass-through Sub-grant
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.	Federal Pass-through Sub-grant
Drug Overdose Prevention Program	$110,000	This subgrant will advance opioid prevention work through public and prescriber education, local capacity building, public safety partnerships, and the social determinants of health.	Federal Pass-through Sub-grant
Diabetes, Heart Disease, Stroke	$52,957	This subgrant will provide community-based diabetes/hypertension prevention and management education.	Federal Pass-through Sub-grant
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.	Federal Pass-through Sub-grant
Disease Reporting	$65,791	This subgrant will provide epidemiologic investigation and reporting on all reported cases of disease.	Federal Pass-through Sub-grant
HIV Surveillance	$9,164	This subgrant will provide activities to detect, securely investigate, and complete documented cases of reported HIV infection.	Federal Pass-through Sub-grant

Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
TB Elimination	$34,349	This subgrant will allow for directly observed therapy, contact investigations, RVCT reporting, EDN reporting, and attendance at tuberculosis-specific training.	Federal Pass-through Sub-grant
Perinatal Hep B	$7,050	This subgrant will provide Perinatal Hepatitis B surveillance and case management.	Federal Pass-through Sub-grant
NEDSS - National Electronic Disease Surveillance System	$65,408	This subgrant will provide vaccine preventable disease surveillance and disease investigation data entry.	Federal Pass-through Sub-grant
Adolescent Pregnancy Prevention - PREP and TANF	$55,952	This subgrant will conduct activities that support implementation of Reducing the Risk curriculum and Youth-Adult Partnership groups to aid in adolescent pregnancy prevention.	Federal Pass-through Sub-grant
Wise Guys	$20,969	This subgrant will provide activities to support implementation of Wise Guys curriculum/training and statutory rape presentations.	Federal Pass-through Sub-grant
Sexual Risk Avoidance Education	$17,074	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.	Federal Pass-through Sub-grant
Physical Activity & Nutrition	$72,400	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.	Federal/State Mix Pass-through Sub-grant
Cancer Prevention Activities	$22,000	This subgrant will implement evidence-based strategies to increase cancer screening and prevention (sun safety training, HPV vaccination reminders, breast and cervical cancer screening).	Federal Pass-through Sub-grant
Millennium Fund	$129,500	State appropriated funds 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.	State Appropriation
Tobacco Prevention Resource Program Activities	$81,500	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.	Federal Pass-through Sub-grant

Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
Cuidate	**$24,142**	This subgrant will provide support to the Adolescent Pregnancy Prevention program by providing Cuidate Curriculum, implementation, and education.	Federal Pass-through Sub-grant
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).	Federal Pass-through Sub-grant
Crisis Center	**$1,528,332**	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.	State General Fund
Crisis Center - CFAC Funding	**$28,571**	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.	Federal Pass-through Sub-grant
Preparedness - Preparedness Assessment, Cities Readiness Initiative	**$491,577**	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.	Federal Pass-through Sub-grant

Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
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.	Federal Pass-through Sub-grant
Kresge Foundation COVID-19 Phase 1	$35,000	Aims to decrease barriers to education, testing, and vaccine resources among the Hispanic/Latinx community.	Direct Private Foundation Grant
Kresge Foundation COVID-19 Phase 2	$50,000	Aims to decrease barriers to education, testing, and vaccine resources among the Hispanic/Latinx community.	Direct Private Foundation Grant
Vaccinations Subgrant-COVID-19	$587,602	This subgrant supports a range of COVID-19 vaccination activities. Through 6/30/2024	Federal Pass-through Sub-grant
Vaccinations DHW - COVID-19 Immunizations	$95,170	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). Ended April 2021 - Monies Remain unspent. Must be spent by 12/30/21	Federal Pass-through Sub-grant

Partnerships for Success: Upstream Substance Use Prevention

Project Coordinator: Tara Woodward
Program Planning & Development Specialist

Partnerships for Success Grant (PFS)

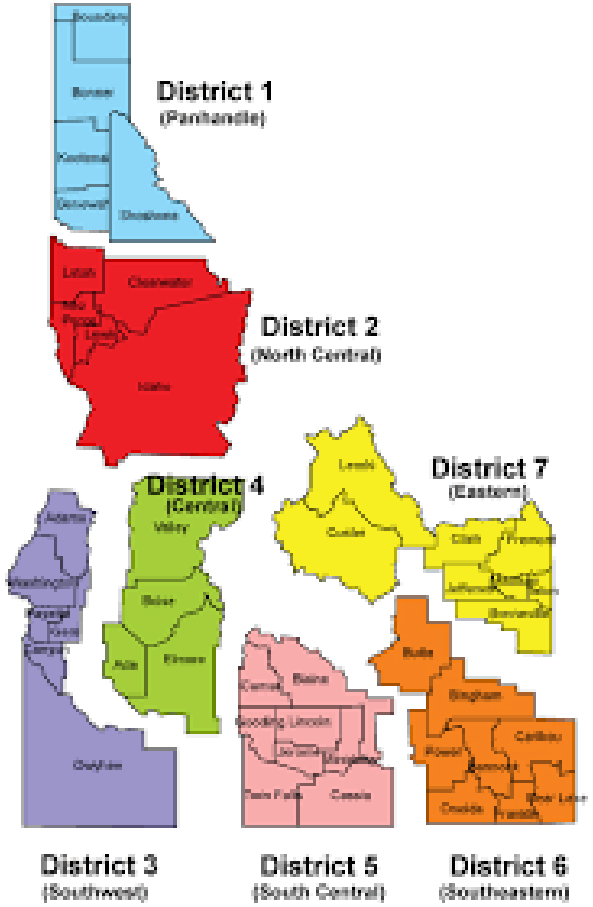
- **Goal:** Prevent **underage drinking, marijuana use, and methamphetamine** use in communities using evidence-based prevention programs and practices, especially among American Indians, **Hispanics/Latinos, veterans and their families**, and Idahoans living in rural communities, **while increasing capacity for prevention efforts in each district.**

IDAHO OFFICE OF DRUG POLICY

SAMHSA
Substance Abuse and Mental Health Services Administration

Region 3 Priorities & Purpose

- Underage Alcohol
- Marijuana
- Methamphetamines
- Veterans and their families
- Hispanic and Latinx populations



Southwestern Idaho Data

In 2019, youth in Western Idaho self-reported that...

- **41%** have had at least 1 drink of alcohol
- **19%** used marijuana
- **12%** misused prescription drugs
- **27%** used a vape pen or e-cigarette
- **.7%** used methamphetamines

Source: Idaho Healthy Youth Survey, 2019

Southwestern Idaho Data

Underage Alcohol Consumption

- Youth most often report drinking alcohol at home **(54%)**, and getting alcohol from a friend **(35%)**, or family member **(29%)** for free.

Marijuana

- Youth report smoking **(82%)**, vaporizing **(34%)**, or dabbing **(36%)** marijuana. They most often get it for free from a friend or family member **(43%)**. Others, report buying it **(30%)** or taking it **(13%)** from a family member or friend.

Source: Idaho Healthy Youth Survey, 2019

Southwestern Idaho Data

Methamphetamines

- Youth who misused prescriptions most often used them at home **(63%),** and either were given **(22%),** or took them **(20%)** from a family member or friend.

Source: Idaho Healthy Youth Survey, 2019

Southwestern Idaho Data

Risk Factors for Substance Use

- **15%** of youth reported that they felt depressed in the past month, and **17%** considered suicide in the past year.
- In the past year, youth reported that only **55%** had spoken with their parents/caregivers about the dangers of tobacco, alcohol, or drug use.

Source: Idaho Healthy Youth Survey, 2019

Projects

Information Dissemination

Social Norms Campaigns: Be the Parents campaign, Educational Information Dissemination, Outlast ID, Sticker Shock campaigns with Nampa Teen Council and Caldwell MYAC

Education

Botvin Lifeskills for Parents and Youth, Drug Impairment Recognition Training for Educational Professionals

Projects

Community-Based Processes

2C-Drug Free Coalition, Community Coalitions of Idaho, CHATs, Health Fairs, School Events

Alternate Activities

Sticker Shock events with Nampa Mayor's Teen Council, Caldwell MYAC

Projects

Problem Identification & Referrals

Youth Mental Health Trainings, Screenings and Referrals, 3rd Millennium Prevention & Intervention Program

Environmental

Distribution of Prescription Drug Disposal Pouches and Medication Lockboxes

Current FY Opportunities

- Evidence-based Youth, Parent and Family classes
- Drug Impairment Training for Educational Professionals (DITEP)
- Youth Mental Health First Aid Trainings
- Environmental Strategies: Lighting, Signs, Cameras
- Distribution of Drug Deactivation Pouches & Educational Materials
- 3rd Millennium Prevention & Intervention Program

Partnership

- How can I partner with your community?
- How can I best engage with and support your community?
- Who are the key individuals I should speak with?

Sources

- Idaho Office of Drug Policy. (2020, June.) *Idaho Health Youth Survey.* https://prevention.odp.idaho.gov/wp-content/uploads/sites/108/2020/06/IHYS-2019-State-Report.pdf
- Idaho Office of Drug Policy, (2021, March). *Strategic Prevention Framework Partnerships for Success Grant Manual.*
- Substance Abuse and Mental Health Services Administration. (2019, July). *Risk and Protective Factors*. https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf

Thank you!

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STRATEGIC PREVENTION FRAMEWORK
PARTNERSHIPS FOR SUCCESS
GRANT MANUAL

Fiscal Year 2019-2023

IDAHO OFFICE OF DRUG POLICY

policy • partnership • prevention

Updated March 2021
Effective July 1, 2021

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OFFICE OF DRUG POLICY

The Office of Drug Policy (ODP) was established as one of the Executive Offices of the Governor in 2007 by House Bill 106.

IDAHO CODE 67-821:

> *Coordination of policy and programs related to drug and substance abuse. (1) There is hereby established in the office of the governor the "Office of Drug Policy." The administrator of the office of drug policy shall be the official in the state designated to oversee and execute the coordination of all drug and substance abuse programs within the state of Idaho. The administrator shall be appointed by and shall serve at the pleasure of the governor, and shall be subject to confirmation by the state senate. (2) The office of drug policy shall: (a) Cooperate and consult with counties, cities and local law enforcement on programs, policies and issues in combating Idaho's illegal drug and substance abuse problem; (b) Serve as a repository of agreements, contracts and plans concerning programs for combating illegal drug and substance abuse from community organizations and other relevant local, state and federal agencies and shall facilitate the exchange of this information and data with relevant interstate and intrastate entities; (c) Provide input and comment on community, tribal and federal plans, agreements and policies relating to illegal drug and substance abuse; and (d) Coordinate public and private entities to develop, create and promote statewide campaigns to reduce or eliminate substance abuse.*

MISSION:

> *The Office of Drug Policy leads Idaho's substance abuse policy and prevention efforts by developing and implementing strategic action plans and collaborative partnerships to reduce drug use and related crime, thereby improving the health and safety of all Idahoans.*

VISION:

> *The Office of Drug Policy envisions an Idaho free from the devastating social, health, and economic consequences of substance abuse.*

ODP provides grants to communities; disseminates media campaigns; coordinates state-level, drug-related policy; facilitates multiple workgroups; and provides training to the prevention workforce.

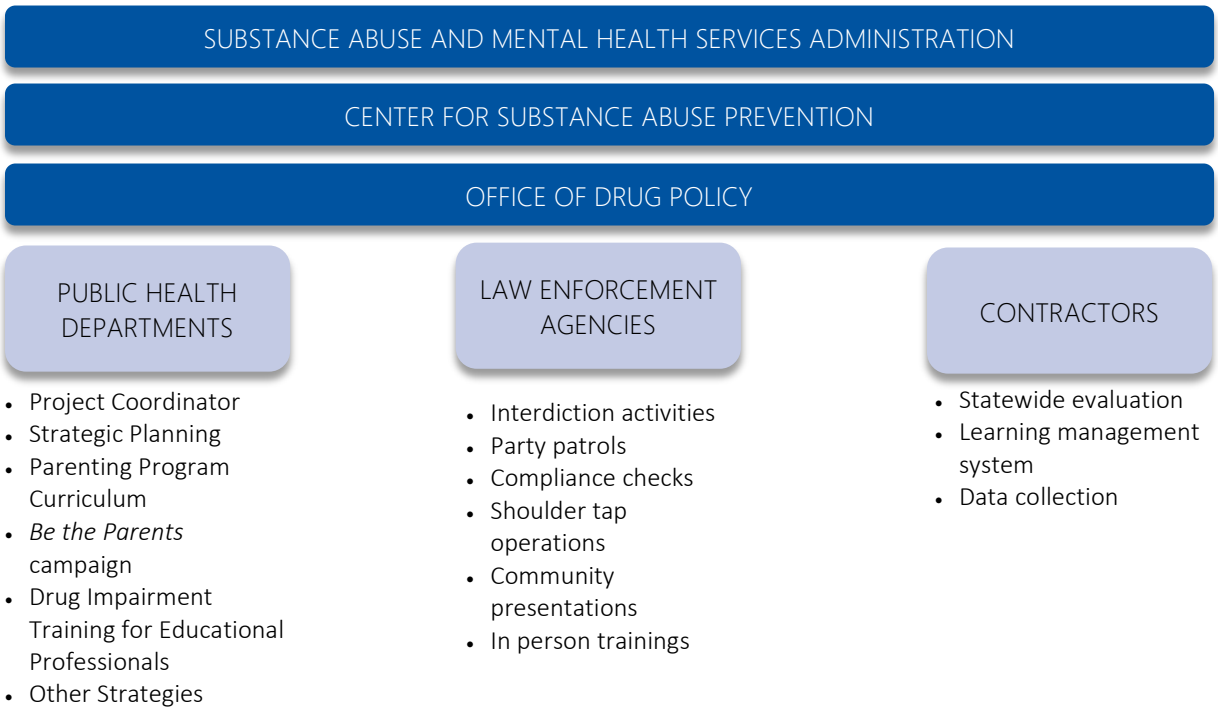
PARTNERSHIPS FOR SUCCESS GRANT

PURPOSE

The Partnerships for Success Grant (PFS) is the second generation of the five-year Strategic Prevention Framework State Incentive Grant (SPF SIG) awarded to ODP in fiscal year (FY) 2013. The goal of implementing the PFS grant is to prevent underage drinking, marijuana use, and methamphetamine use in communities using evidence-based prevention programs and practices, especially among American Indians, Hispanics/Latinos, veterans and their families, and Idahoans living in rural communities, while increasing capacity for prevention efforts in each district.

The funding for the PFS is administered through the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP). Funds are sub-granted to public health departments (PHD) and law enforcement (LE) agencies to implement local substance use disorder prevention work. Additionally, ODP will provide funds for training through a contracted learning management system (LMS) and in person for Project Coordinators (PC) at the public health departments, the Regional Behavioral Health Boards (RBHB) and law enforcement agencies as needs are identified. Finally, ODP will utilize PFS funds to contract for services for statewide evaluation to ensure that activities funded by the PFS are effective in preventing underage drinking, marijuana use, and methamphetamine use; and for data collection efforts to track change in consumption and consequences of substance use and abuse in Idaho, see Figure 1.

Figure 1: *Activities funded by the PFS.*



SPECIAL TERMS AND CONDITIONS

There are several special terms and conditions for public health departments and RBHBs to be aware of when accepting PFS funding outlined in the Notices of Award. Particular special terms and conditions especially relevant to PCs include:

SUPPLANTING

Funding from the PFS may not be used to supplant expenditures from other Federal, State, or local sources. It is also inappropriate to commingle funds on a program-to-program or project-to-project basis. If there is a potential presence of supplanting, ODP will call for documentation demonstrating proof of compliance with this policy.

LOBBYING

Funding from the PFS may not be used for lobbying activities. Unallowable activities include:

- Spending federal funds to influence an officer or employee of any agency or Congressional member/staff regarding federal awards;
- Using grants funds provided to non-profit organizations or institutions of higher education to influence an election, contribute to a partisan organization, or influence enactment or modification of any pending federal or state legislation; or
- Expending federal funds to influence federal, state, or local officials or legislation

PROTECTING VULNERABLE POPULATIONS

Although funds are available to prevent underage drinking, marijuana use, and methamphetamine use statewide, special considerations should be made for populations with identified health disparities including American Indians, Hispanics/Latinos, veterans and their families, and rural Idahoans. For more information about your region's identified subpopulations, see Figure 2. It is vital that all activities conducted with PFS grant funds be culturally competent; that parental consent is provided when programs are delivered to youth; and that background checks are administered to personnel directly interfacing with service recipients, especially if the service recipients include children, individuals who are incarcerated, the elderly, the unhoused, or individuals with mental illness. It is not the responsibility of the PC to

ensure facilitators have background checks if they are only being trained by PFS monies and they are facilitating classes with other funding sources. Background checks should be updated every three years.

FUNDING PREVENTION

Funding from the PFS may only be used to fund substance use prevention programs and strategies. Substance use prevention services allowable with grant funds aim to prevent the initiation of substance use and abuse and do not include treatment or recovery services. Problem identification and referral strategies including student assistance programs and mental health screenings are allowable, but actual services to treat individuals with behavioral health issues are not allowable. For more ideas about allowable prevention programs and strategies, see Appendix A.

CERTIFICATIONS

To ensure that prevention professionals are properly trained, ODP requires that all PCs who do not have their Certified Prevention Specialist (CPS) credential take approved courses in Ethics and Fundamentals of Prevention within four months of hire. To access these modules, visit the OPD Learning Management System. PCs without their CPS are required to complete two (2) courses per quarter, as courses are available. These courses fit into domains for the CPS; however, PCs are encouraged to look for other sources of training, discussed more on page 9. ODP will not assume responsibility for costs associated with certification outside of approved budget items submitted annually.

SITE VISITS

The PFS Grant Director will schedule site visits to each region to provide an opportunity to check in with grantees. PCs must make themselves available for scheduled visits. It is anticipated that each program will be visited twice per year. These site visits will take place in the Fall to observe programming and discuss progress on the current action plan and again in the Spring to discuss the upcoming years action plan and budget. Site visits will be scheduled at least 30 days in advance.

PARTNERSHIPS

Establishing and nourishing partnerships are essential activities of this grant. Although PCs are the direct contact for this grant and are ultimately responsible for deliverables of this grant, all planning and implementation must be carried out by a variety of partners. PCs are encouraged to consult with the RBHBs to choose prevention strategies (see Appendix A) and develop comprehensive and detailed action plans (see Appendix B) and budgets (see Appendix C) for each strategy annually. Additionally, due to the PFS grant's focus on subpopulations, at least one strategy must specifically target each subpopulation in the district, see Figure 2. To ensure that the action plans for targeted strategies are implemented with cultural competence, a member of that population must be consulted and listed on the approved action plan.

There are currently substance use disorder prevention programs and strategies being conducted throughout the state. Organizations implementing prevention programming are likely funded by ODP's Substance Abuse Block Grant (SABG) and/or are members of substance abuse prevention coalitions. For more information about prevention professionals in Idaho, visit Find a Direct Service Provider.

STRATEGIC PREVENTION FRAMEWORK

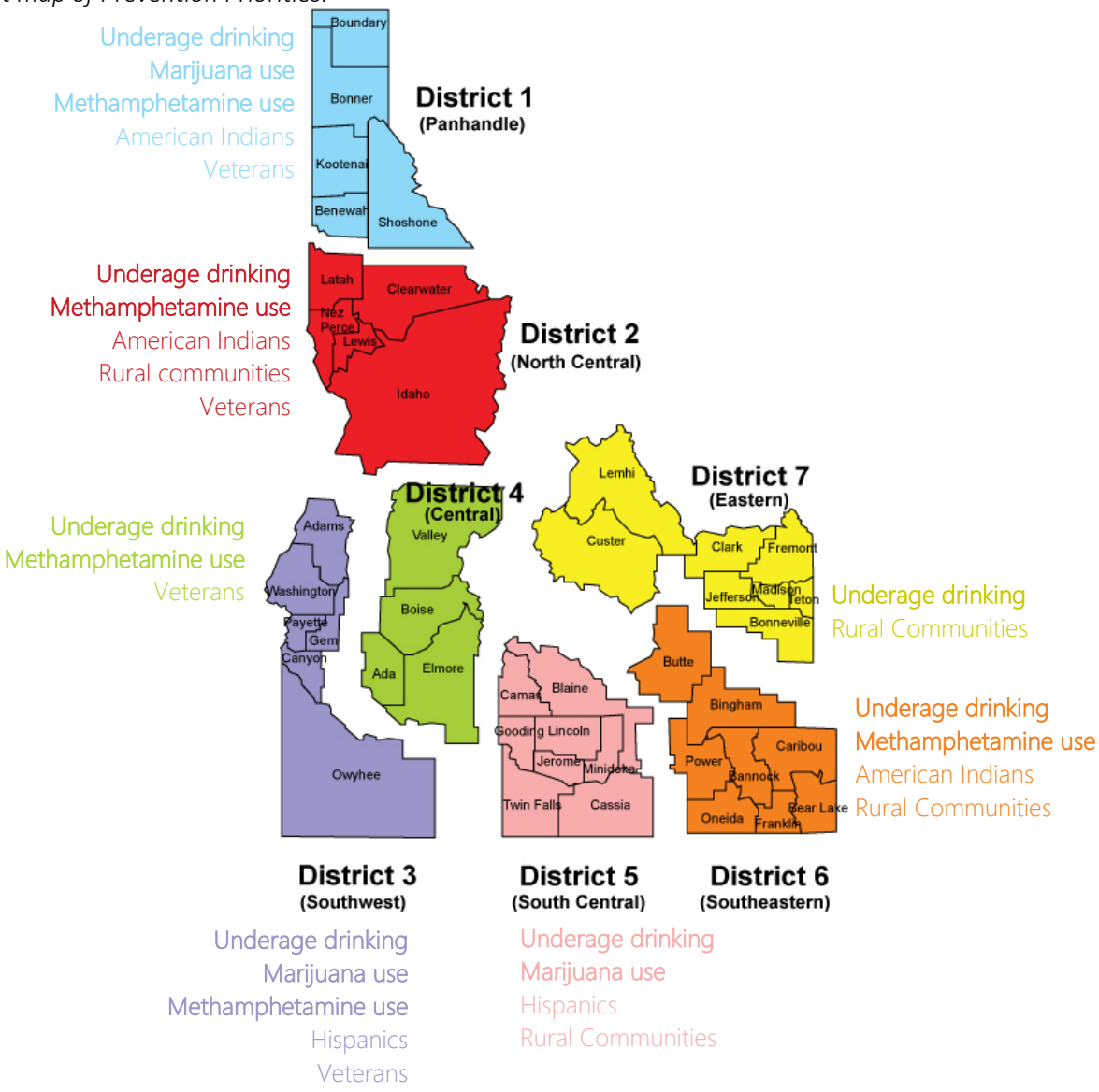
The PFS grant is the second generation of the SPF SIG which introduced states to the Strategic Prevention Framework (SPF). The SPF is a 5-step model for prevention that includes assessment, capacity, planning, implementation, and evaluation. Each step in the SPF should also include components to build improve cultural competence and ensure sustainability to the best of the grantees' abilities.

Each action and requirement of the PFS will be guided by (or developed under) the steps in the SPF.

ASSESSMENT

In anticipation of the PFS grant opportunity, ODP developed an assessment of underage drinking, marijuana use, and methamphetamine use and related consequences in Idaho:

Figure 2. *District map of Prevention Priorities.*



There are seven public health districts in Idaho all with unique local conditions that contribute to underage drinking. Over 38% of Idaho students aged 12 to 18 drank alcohol in their lifetimes, 14.7% drank and 6.8% binge drank in the past thirty days[8]. Among those that reported drinking alcohol, nearly 15% reported drinking ten or more drinks within a couple of hours in the past thirty days[8].

Because nearly 73% of Idaho's counties are considered rural[9], the most populated region of the state also has the highest percentage of veteran residents[11], females account for 49.9% of Idaho's population[1], 44% of Hispanics in Idaho live in southwest and central Idaho[1], and there are significantly more American Indians in Idaho compared to the national average[11], all districts are considered high need communities.

To mirror Idaho's needs, the proposed sub-recipient communities are the public health departments in each district who must hire one full-time PC to work with their RBHBs. RBHBs are 23-member, cross-agency, community-level boards whose membership is composed of county commissioners, parents, advocates,

treatment providers, physicians, and representatives from the Department of Health and Welfare, law enforcement, courts, adult and juvenile corrections, hospitals, schools, the recovery community, and a prevention specialist that operate in each of the districts. The RBHBs are tasked with advising the state on local behavioral health needs; promoting improvements in behavioral health service delivery and coordinating the exchange of information; identifying gaps in services and recommending enhancements; assisting with service system improvement planning; and reporting progress toward building a comprehensive community family support and recovery support system. Projects delivered in each RBHB will be directed by one PC in each district.

In addition to the Public Health Districts, law enforcement agencies in each district will receive funding to conduct prevention strategies including alcohol compliance checks, shoulder tap operations, party patrols, interdiction activities, and presentations on underage drinking, methamphetamine, and marijuana use in the community.

Although entities in all districts are funded, the funding amounts, other drugs addressed with funds, and priority populations differ, see Figure 2. In addition to underage drinking, funds from this grant will allow PHDs and law enforcement agencies to address marijuana and methamphetamine use among Idahoans aged 9 and older based on district-level data.

Between 2015 and 2016, nearly 7% of Idahoans aged 12 and older[10] and over 9% of youth reported using marijuana in the past month in 2017[6]. The proximity to states that have legalized marijuana impacts youth access and attitudes toward marijuana. Among Idaho students aged 12 to 18, nearly one in five in Northern Idaho (Districts 1 and 2) and one in six in Western Idaho (Districts 3 and 4) reported that getting marijuana would be "very easy[8]." Statewide, 10% of youth aged 12 to 18 that used marijuana in the past 30 days bought the marijuana they used in a dispensary[8]; nearly 20% of those in the Northern Idaho received their marijuana this way[8]. Those youth living in District 1 (14.5%), 3 (12.2%), and 5 (9.5%) had a higher prevalence of past month marijuana use than the state[8]. Among adults, those living in District 1 were significantly more likely than those in District 7 to use marijuana[11].

Changes in use and availability may, in part, cause perception of harm for using marijuana, an intervening variable for use, to be impacted. In 2017, nearly 15% of Idaho youth aged 12 to 18 reported that using marijuana once or twice per week carries no risk[8]. More than four times as many youths reported that weekly marijuana use carries no risk compared to weekly binge drinking[8].

Increases in marijuana access may be directly attributed to an increase in drug trafficking; arrests have increased since legalization. Between 2013 and 2017, the marijuana-related drug/narcotic arrest rate per 1,000 population increased by over 30%[7]. Marijuana-related arrest rates are highest in District 1 (4.4 per 1,000 population) and District 3 (3.9 per 1,000 population)[7].

Law enforcement agencies are also overburdened by crime related to methamphetamine. Although in recent years meth use in Idaho appears to be decreasing[6,10] consequences of use are impacting Idahoans at an escalating rate. The meth-related drug/narcotic arrest rate in 2017 was 2.1 per 1,000 population, which increased by 249% since 2008[11]. Although only 0.9% of Idahoans reported using meth in the past year[10], 34% of drug/narcotic arrests in Idaho were meth-related[11], second only to marijuana-related arrests. Compared to the other regions of the state, District 3 had the highest rate of meth-related drug/narcotic arrests in 2017 (2.7 arrests per 1,000 population)[7]. Adams County and Payette County, both in District 3, have the highest reliable rates, 5.1 and 4.0 per 1,000 population, respectively[7]. Meth-related drug/narcotic arrest rates in Adams County and Payette County have increased by more than 19.5 and 1.8 times, respectively, between 2014 and 2017[7].

Some offenders, or others in need, are offered treatment, funded through public dollars from the Department of Health and Welfare, Department of Corrections, Department of Juvenile Corrections, and the Idaho Supreme Court. Among this population, meth is the most often reported primary substance of abuse upon treatment

entry, representing 38% of all admissions[11]. The rate of treatment admissions for meth as a primary substance of abuse increased by 52% between 2014 and 2016[11].

Unfortunately, those that cannot seek help are at increased risk for overdose. In 2015, 93% of drug-induced deaths involving a psychostimulant with abuse potential reported meth specifically[4]. In 2016, both District 2 and District 4 had higher crude drug-induced death rates that reported a psychostimulant with abuse potential than the state rate[3].

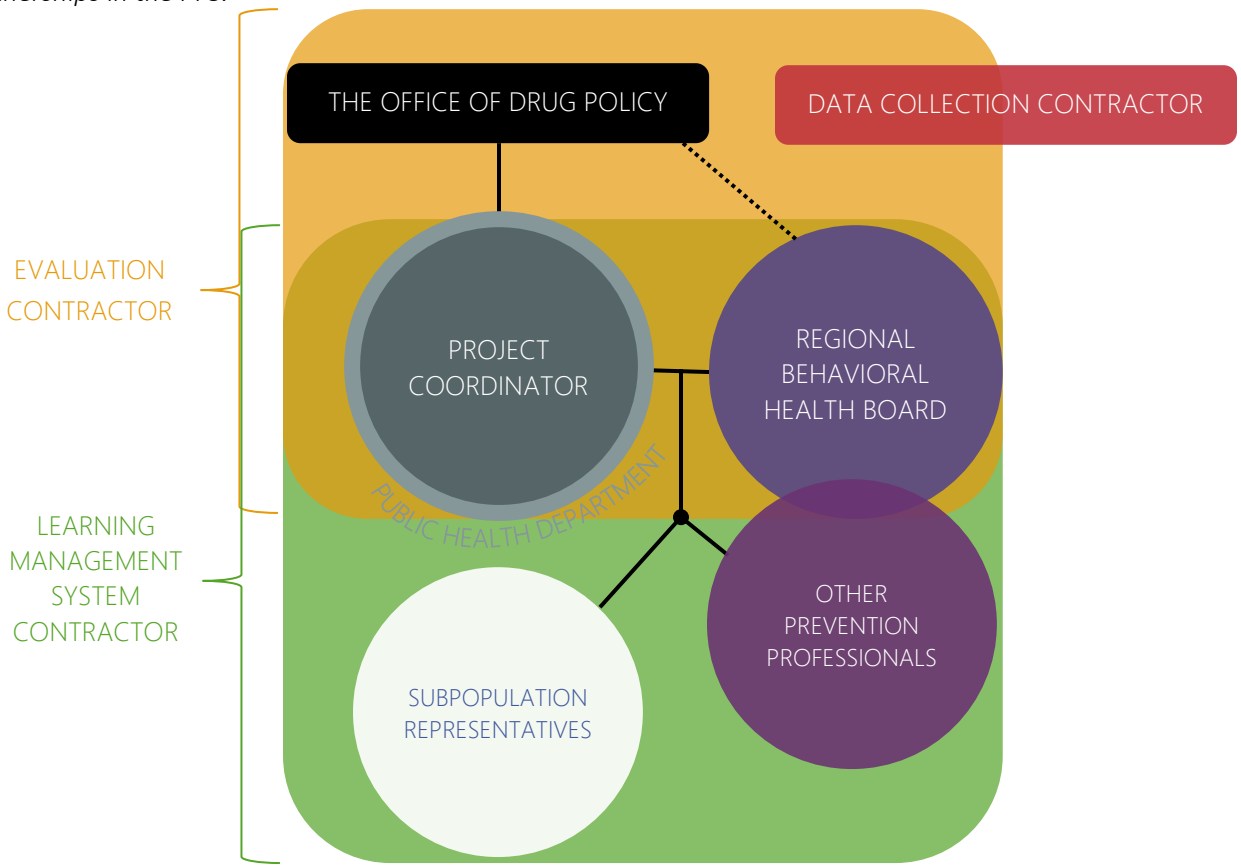
From this assessment, ODP established substance priority areas and subpopulations in each district. Funding in each region was also based on this assessment with the additional consideration of population size.

Assessment is an ongoing and although data may show changes the priority substances of the Idaho PFS program will not change during the five-year grant program.

CAPACITY

Building capacity is an essential step to ensure that planning and implementation of grant activities can be conducted effectively. There are several partnerships that must be forged, see Figure 3 below.

Figure 3. *Partnerships in the PFS.*



ROLES

Each partner has a critical role to play during the grant period. These roles are described in more detail below.

THE OFFICE OF DRUG POLICY

As the funder, ODP is responsible to provide funds, training, and technical assistance to the grantees. ODP will directly communicate with the PCs on grant-related matters such as compliance, reporting, training, budgets, timelines, etc. ODP

will also have some limited contact with representatives from the RBHBs to communicate relevant updates to the grant requirements, training opportunities, and evaluation results.

Outside of the relationship with the grantees, ODP will be working with contractors to aid in project implementation. Contractors will be funded to evaluate grant efforts, build a learning management system, and collect data through the Behavioral Risk Factor Surveillance System and the Idaho Healthy Youth Survey. ODP and the contracted evaluator will use data collected to track progress on preventing underage drinking, marijuana use, and methamphetamine use in Idaho.

PROJECT COORDINATORS

The PCs are responsible for the entire implementation of the grant including building partnerships, planning, and implementation. As previously mentioned, PCs will communicate directly with the PFS Grant Director at ODP on grant-related matters, such as compliance, reporting, training, budgets, timelines, etc., and confirm that all specified activities are planned and implemented as intended. If there are needed changes to the action plans or budgets, PCs will be responsible for requesting those changes, see page 14.

During planning and implementation, PCs will work with the RBHBs, or designated subcommittee, to determine which strategies and action steps are appropriate to execute based on regional priorities (Figure 2) to achieve the goals of the PFS. Budgets must be developed based on these action plans. Due to the different structures, relationships, and protocols of the RBHBs, strategic planning may look different from district to district. PCs will have the responsibility of coordinating those activities as they see fit to achieve the goal. During the strategic planning process, PCs will likely gain relevant insight on behavioral health issues from the RBHB and will likely appreciate the expert opinion from the RBHB's Prevention Specialist representative. It is required that action plans and budgets be submitted annually. Other prevention specialists or providers and representatives from regional-specific populations (Figure 2) should also be consulted before finalizing relevant action plans.

The intent of the grant is to have two separate experts in prevention, the Prevention Specialist on the RBHB and the Project Coordinator at the public health department. Other prevention specialists or providers and representatives from regional-specific subpopulations (Figure 2) should also be consulted before finalizing relevant action plans.

From time-to-time, PCs may be asked to communicate directly with ODP's evaluation contractor to gain additional information that will determine whether the delivery of the PFS is helping ODP achieve its mission. Additional data collection efforts may also include short interviews.

The PCs will not necessarily have direct communication with ODP's Learning Management System (LMS) contractor, but they will be able to take full advantage of the training courses offered on the platform.

REGIONAL BEHAVIORAL HEALTH BOARDS

RBHBs bring a wealth of regional-specific behavioral health knowledge, including expertise in substance use disorder prevention through their appointed Prevention Specialist representative. The PC and RHBH are encouraged to work together on the strategic planning process and implementation of specific tasks. RBHBs may have regional subpopulation representation (Figure 2), which could help PCs ensure action plans are developed with cultural competence. If RBHBs do not have representation from the appropriate subpopulations, they could be asked to help find a representative to participate in the strategic planning process.

TRAINING

PCs may include 1) up to $5,000 or 2) costs associated with one in-state and one out-of-state training, whichever is more, in the annual budget for their own professional development. These costs may include flights, mileage, per diem, hotel, and registration. Car rental, tuition, exam preparatory materials, or fee for the CPS exam are not allowable. Additional funds up to $2,500 may be include in order to allow RBHB members to attend prevention related trainings. Up to $1,500 per year can be used for prevention related training cost related to the PCs supervisor. All funds, including those for trainings, are subject to advanced approval.

IN-STATE and OUT-OF-STATE CONFERENCES AND WORKSHOPS

There are a variety of in-state trainings opportunities available including the Idaho Conference on Alcohol and Drug Dependency (ICADD), The Northwest Alcohol Conference, Idaho Drug Symposium, and Boise State's Prevention Training Institute.

At the national level trainings include the National Cocaine, Meth & Stimulant Summit, Community Anti-Drug Coalitions of American (CADCA) Trainings, and the National Prevention Network Conference.

Use of PFS funding to attend any training must be included in the approved action plan. Explicit approval is required to attend trainings outside of the opportunities list above. When requesting to attend a conference not included above, please include an agenda and outline of how attendance will support prevention work within the PHD.

ODP'S LEARNING MANAGEMENT SYSTEM

ODP has contracted with Tovuti to support an online LMS as a one-stop-shop for all supported courses. Currently free courses are available in Fundamentals of Prevention and Prevention Ethics. Additionally, free courses will be added as they become available including: The Strategic Prevention Framework; Planning and Evaluation; Identifying Evidence-based Policies, and Environmental Strategies; Implementing Direct Service Programs with Fidelity; Principles of Community Organization; Principles of the Environmental Approach; Capacity and Readiness for Prevention; and Sustainability. These courses fit within CPS domains to assist PCs in obtaining their credential.

Within the first four months of hire, PCs who do not have their CPS must take approved courses in Ethics and Fundamentals of Prevention. After that time PCs who do not have their CPS must take at least two (2) courses hosted on the LMS per quarter, as courses are available. All PCs are encouraged to obtain their CPS credential. All courses hosted on ODP's LMS are requested to be completed by the PCs without their CPS. To access the LMS visit odplms.tovuti.io

PREVENTION TECHNOLOGY TRANSFER CENTER NETWORK (PTTC)

The PTTC is a network of regional training hubs funded by SAMHSA. Idaho's PTTC is the Northwest PTTC, but resources, including webinars and podcasts, are available from a variety of PTTC's. To view training resources, visit pttcnetwork.org

PLANNING

Planning for the PFS will involve consulting with partners and developing action plans using a template, see Appendix B, for each strategy PC may chosen from the approved Menu of Strategies, see Appendix A, or propose a strategy based on the needs of their region. Developing a budget based on these action plans will also occur during the planning process, see Appendix C. Annual actions plans are due to the Grant Directory by the first Friday in June.

CENTERS FOR SUBSTANCE ABUSE PREVENTION STRATEGIES

All approved strategies fall into a set of prevention strategies divided into six categories developed by the Centers for Substance Abuse Prevention (CSAP). The potential for the strongest positive outcomes in prevention occurs when strategies in all six categories are conducted in concert, as a comprehensive array of community-level efforts. The six CSAP Strategies are:

INFORMATION DISSEMINATION

DEFINITION:

One-way communication from the source to the audience. The goal of information dissemination is to increase awareness and knowledge related to drug and alcohol abuse, use, effects, and availability for prevention and treatment.

EXAMPLES:

- Media campaigns
- Lunch-and-learns
- Public service announcements
- Health fairs
- Presentations/speaking engagements
- Town halls

EDUCATION

DEFINITION:

Two-way communication that facilitates learning between the educator and the participants. Education aims to affect critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

EXAMPLES:

- Parent/family management classes
- Peer leader/helper programs
- Classroom/small group sessions
- Groups for children of substance abusers
- Responsible beverage service training

COMMUNITY-BASED PROCESSES

DEFINITION:

Enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders.

EXAMPLES:

- Systematic planning
- Multi-agency coordination and collaboration
- Assessment services and funding
- Community team building

ALTERNATIVE ACTIVITIES (see below for additional guidance)

DEFINITION:

Participating in activities that exclude drug use and promote healthy lifestyles. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the social or coping needs filled by, alcohol, tobacco and other drugs.

EXAMPLES:

- Drug free social and recreational activities
- Youth and adult leadership activities
- Mentoring programs
- Afterschool activities
- Drop-in recreational centers
- Community service activities

ENVIRONMENTAL

DEFINITION:

Seeks to establish or change community standards, codes, laws, policies, procedure, norms, and attitudes thereby influencing drug and alcohol consumption in communities.

EXAMPLES:

- Modify physical design, such as adding signage, lighting, or cameras, to discourage alcohol and other drug use
- Modify availability and distribution of alcohol or other drugs

PROBLEM IDENTIFICATION AND REFERRAL

DEFINITION:

Identify those who engaged in illegal/age-inappropriate behavior or those at risk to engage in those behaviors in order to assess if their behavior can be reversed through education.

EXAMPLES:

- Mental health screenings
- Student assistance programs
- Employee assistance programs
- DUI/DWI educational programs

INSTITUTE OF MEDICINE CATEGORIES

The Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academy of Medicine, developed population categories to classify prevention. IOM Categories are:

UNIVERSAL INDIRECT

DEFINITION:
Interventions that support population-based programs, including environmental strategies.

EXAMPLE:

- Community at large

UNIVERSAL DIRECT

DEFINITION:
Interventions that directly serve a group of participants without any risk factors for substance abuse.

EXAMPLES:

- Youth in school
- Parents
- General population

SELECTIVE

DEFINITION:
Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average because of an underlying risk factor.

EXAMPLES:

- Individuals with low-incomes
- Individuals with limited community resources
- Veterans
- Minority populations

INDICATED

DEFINITION:
Activities targeted to individuals who engage in high risk behaviors to prevent heavy or chronic substance abuse. Prevention activities for indicated populations are problem identification and referral strategies.

EXAMPLES:

- Individuals involved in the criminal justice system or other disciplinary action
- Individuals who have experimented with drugs

PCs must identify the CSAP Strategy on each action plan, see Appendix B.

If conducting an alternative activity, this must be implemented in connection with an evidence-based curriculum. <u>One-time events or activities will seldom be approved for funding.</u>

MENU OF APPROVED STRATEGIES

For the Menu of Approved Strategies, see Appendix A. Based on the Six CSAP Strategies, a menu of approved activities/programs was compiled for regions to choose from to implement with grant funds.

REQUIRED STRATEGIES

On the Menu, one will see that there are three required strategies and an additional list of optional strategies. The required strategies include:

1) IMPLEMENTING AN EVIDENCE-BASED PARENT/FAMILY MANAGEMENT CLASS
   It is required for each region to offer their selected program, with fidelity, once per year. PCs should work with their RBHB in identifying the evidence-based curriculum that best fits the needs of the select population to be

served. Attention must be given in order to not duplicate services being offered by the Substance Abuse Prevention Block Grant recipients or other local organizations.

PCs may use the following websites to identify evidence-based strategies:

- Blueprints For Health Youth Development
- Idaho Approved Evidence-Based Practice List
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- Evidence-Based Practices Resource Center (SAMHSA)

If the PC wishes to implement a program that is not listed on the above websites as an evidence-based program a process has been put in place for these programs be reviewed for approval. Details of this process are provided on the State Epidemiological Outcomes Workgroup (SEOW) website.

2) COORDINATE DRUG IMPAIRMENT TRAINING FOR EDUCATIONAL PROFESSIONALS

Drug Impairment Training for Educational Professionals (DITEP) is a free training program conducted by the Idaho State Police. The goal of the training is to equip educational professionals with the skills to identify alcohol- or drug-impaired students and ensure a safe learning environment. Participants will learn how to identify the signs of impairment by drug type. PCs and RBHBs are encouraged to discuss next steps with participating schools; mandatory student assistance programs or family-based programs such as SFP are encouraged over out-of-school suspension techniques.

It is required that DITEP be implemented in at least two schools in each region. Schools should be chosen based on some evidence of need, if available.

3) DISSEMINATION OF A SOCIAL NORMS CAMPAIGN OR BE THE PARENTS MATERIALS

Social Norms Campaigns implemented at the local level can have a positive impact on substance misuse. If PC elect to implement a program, they may work with the RBHB members, or other community partners, in designing and implementing their plan. All activities must be included in the yearly action plan and approved prior to implantation.

The *Be the Parents* (BTP) campaign has been administered through ODP for several years. BTP is designed to equip parents with strategies and resources to help prevent their children from drinking alcohol. Through the website, parents have access to educational materials regarding the effects of alcohol on the developing brain, information about how to talk to their children about underage drinking, information about how to help children find their passion, and links to local resources and professional help. To engage parents, the campaign maintains several social media accounts, including a Facebook page and Twitter account. If programs elected to implement the BTP campaign the following activities and materials will be made available.

- Print materials
- Billboards and transit advertisements
- Local print newspaper advertisements

In addition, programs may share social media posts from the ODP accounts. Other activities as proposed and approved in the annual action plan.

Program will be required to sign a Usage Agreement outlining all allowable activities with BTP.

OPTIONAL STRATEGIES

Based on funding in each region after action plans are developed for the required strategies, monies should be dedicated to the optional strategies, chosen based on a district's priority substances and subpopulations. PCs are encouraged to

choose strategies below; however, other strategies may be conducted with appropriate justification and explicit approval. Optional strategies include:

INFORMATION DISSEMINATION:

- Parent lunch-and-learns
- Social norms marketing campaigns
- Town hall meetings
- Sticker shock campaigns
- Developing materials for prescribers regarding stimulant use

EDUCATION:

- Botvin LifeSkills Training (LST) Program for youth
- Responsible Beverage Service training for alcohol retailer

COMMUNITY-BASED PROCESSES

- Systematic planning
- Multi-agency coordination and collaboration
- Coalition building

ALTERNATIVE ACTIVITIES:

- Community service activities
- Recreational activities
- Youth leadership activities

PROBLEM IDENTIFICATION AND REFERRAL:

- Student assistance programs
- Mental health screenings and referrals
- Tetrahydrocannabinol (THC) testing strips

ENVIRONMENTAL:

- Adding signage (e.g., "Alcohol Prohibited") in public places where alcohol or drug use is common
- Adding lighting in public places where alcohol or drug use is common
- Installing cameras in public places where alcohol or drug use is common
- Disseminating drug deactivation pouches with messaging specific to stimulants

For a thorough description of each strategy, see Appendix A.

ACTION PLANS

Each strategy much have an associated, detailed action plan developed by the PC with consultation from the RBHB, other prevention specialists and subpopulation representatives in the district. Templates for action plans in Appendix B must be used. After action plans are developed, they must be submitted to the Grant Director at ODP for approval. No funding can be spent on strategies prior to approval.

An action plan will be developed for each strategy, and the PC will be required to specifically target strategies to each priority subpopulation, see Figure 2. For example, at least two strategies will specifically target efforts to District 1's subpopulations, one for American Indians and one for veterans and their families.

When compiled, action plans must:

- Demonstrate a comprehensive array of strategies

- Show that strategies are implemented throughout the district or with attention to areas with no current funding for substance abuse prevention activities
- Show that at least one strategy specifically addresses each district's subpopulations.

BUDGETS

Please see your Notice of Award for the total budget for this grant. You will need to deduct your personnel and 20% administrative cost to determine the remainder of the budget for prevention activities. The budgets for prevention activities use funding outside of personnel and administrative costs. Budgets for prevention activities will be developed during the strategic planning process and be specific to each action plan. It is the responsibility of PCs and RBHBs to develop the most accurate budget estimates. For a budget template, see Appendix C.

BUDGET CATEGORIES

Partnerships for Success funds are governed by the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Health and Human Services (HHS) Awards, 45 CFR Part 75. Full guidelines can be found at the Electronic Code of Federal Regulations. Sub-recipients are responsible to follow all funding requirements of 45 CFR Part 75. If you have questions about whether costs are allowable, please contact the Grant Director.

Budgets will be divided into categories including:

PERSONNEL

Personnel funding is intended to cover the PC's salary and benefits. Supervisors may code their time to the grant if activities are necessary to accomplish grant-funding tasks up to 0.1 FTE. Other public health department staff may code to the grant if activities are necessary to accomplish grant-funded tasks up to 0.1 FTE combined.

MILEAGE

Mileage reimbursement will be based on the current federal mileage rate, currently $0.56 as of January 2021.

EQUIPMENT

Permanent equipment may be charged to the grant only if the applicant can demonstrate that purchase will be less expensive than rental. Permanent equipment is defined as an article of tangible, nonexpendable, personal property having a useful life of more than one year. All items must be directly tied to the activities of this grant

SUPPLIES

Supplies are typically used up within one year. All items must be directly tied to activities of this grant.

CONTRACTUAL

Contractual costs include all contractual arrangements with third-party contractors or consultants for the acquisition of goods or services under the grant, including partnerships with other prevention providers or agencies. Such arrangements may be in the form of consortium agreements or contracts. If there is more than one contractor, each must be budgeted separately. A consultant is a non-employee retained to provide advice and expertise in a specific program area for a fee. The grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions are required to be conducted in a manner to provide the maximum extent practical, open, and free competition. The grantee will be required to be alert to organizational conflicts of interest as well as noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade.

OTHER

This can include any other cost directly tied to grant activities which fall outside of the categories previously listed.

INDIRECT

Indirect costs are capped at 20% of the entire expended grant award per year.

UNALLOWABLE COSTS

The list below represents unallowable costs for the PFS grant:

- Food or beverage purchases. Only light refreshments under $2.50 per person are allowable. All purchases of light refreshments must be accompanied by a list of attendees for reimbursement.
- Sporting events, promotional swag items (e.g., t-shirts, keychains, items to give to the public, etc.), or other forms of entertainment.
- Salary in excess of $192,300
- Leasing beyond the project period
- Equipment purchases over $5,000
- Detox, treatment or recovery services
- Purchase or construction of any building or structure
- Housing or other residential mental health and/or substance use treatment
- Direct payments to individuals to induce them to enter services or encourage attendance and/or attainment of prevention goals
- Alcohol, tobacco, drugs, sterile needles, syringes, or pharmaceuticals

This is not an exhaustive list and all costs are subject to approval by the Grant Director. If you have questions about whether costs are allowable, please contact the Grant Director.

REIMBURSEMENT REQUESTS

Funding will be distributed on a reimbursement basis; no funds will be provided after the grant period. Reimbursement requests can be made as needed, but it is required that a minimum of one request for reimbursement be sent in before the deadline for each quarter, see Table 1. The last day to submit requests for reimbursements is July 15 of each fiscal year. Requests for reimbursements must be made through interagency billing.

Table 1. *Reporting Deadlines*

Quarters	Months	Reporting Deadlines
Q1	July-September	October 15
Q2	October-December	January 15
Q3	January-March	April 15
Q4	April-June	July 15

IMPLEMENTATION

PROJECT ADJUSTMENT REQUEST

Thorough planning reduces the likelihood of issues during implementation; however, once action plans and associated budgets are approved by the PFS Grant Director, there may be a need for adjustments in the future. To do this, PCs will be required to fill out a Project Adjustment Request online. The Grant Director will review that request within five business days of receipt. Any funds spent in anticipation of a project adjustment prior to approval will not be reimbursed to the grantee.

In addition to potential modifications in the action plans or budget, ODP will be available as a resource for training and technical assistance throughout the grant period. The LMS will be available to PCs and other prevention partners, and PCs may contact the PFS Grant Director with implementation questions.

Programs must be implemented with fidelity in order to have the intended impact and outcomes.

EVALUATION

PFS OUTCOME FORM

As previously mentioned, ODP has a contracted state-level evaluator that will determine whether the PFS is achieving desired outcomes. For the evaluator to obtain the data needed to make these determinations, PCs must submit data quarterly using the online PFS Outcomes Form.

ADULT AND YOUTH CURRICULUM SURVEYS

In addition to the PFS Outcome Form, PCs will be required to ensure surveys are administered for all curriculum-based programs. The ODP Research Analyst will provide all surveys and instructions.

EVALUATION REPORTS

From a combination of data including the PFS Outcome Forms, statewide administrative and survey data, and interviews with grantees, ODP's evaluation contractor will develop two relevant evaluation reports for grantees including:

QUARTERLY PROGRESS REPORTS

Data from the online quarterly progress report system will be available for PFS Coordinators to download and make available to their RBHBs and community partners.

The PFS Grant Director will review this information to determine if grantees are implementing activities as written in action plans and if there are resources that can be provided to satisfy any technical assistance needs. These quarterly progress reports will also enlighten all partners in the region to the progress of grant-funded activities.

ANNUAL GRANTEE EVALUATION REPORTS

After data for the final quarterly progress report is enter for the fiscal year the PFS Coordinators will be able to download a report aggregate across all four quarters for the year.

APPENDIX A: MENU OF STRATEGIES

DISSEMINATE *BE THE PARENTS* CAMPAIGN MATERIALS

CSAP STRATEGY:
Information Dissemination

REGIONS:
All

DESCRIPTION:
Be the Parents is a multimedia campaign designed to equip parents and caregivers with strategies and resources to help prevent their children from drinking alcohol. Through the website, parents have access to educational materials regarding the effects of alcohol on the developing brain, information about how to talk to their children about underage drinking, information about how to help children find their passion, and links to local resources and professional help. To engage parents, the campaign maintains several social media accounts, including a Facebook page and a Twitter account. There are several developed materials including: a website, social media accounts, newsletters, short videos that feature Idaho youth engaging in activities, radio public service announcements, television public service announcements, billboards, rack cards, posters, window clings, parent guides with 30-day challenges to help build engagement with their children, and Convo Cards which a card game that is used to spark conversation between parents and their children.

When implementing this strategy, all printed materials are required to be printed at a professional print shop or ordered directly from ODP at https://prevention.odp.idaho.gov/order-resource-materials/. Although materials ordered from ODP's website will be available while supplies last for free, printing additional materials such as Convo Cards or Parent Guides may incur cost. Contact the PFS Grant Director for questions. Modification, including cobranding, is not permitted.

PLANNING STEPS:
1) Review *Be the Parents* materials provided and available to order online.
2) Determine which types of media (billboards, transit ads or newspaper) will be most effective in your region.
3) Write a dissemination plan to detail the best methods for distribution to reach the target audience.
4) If using printed materials, contact local print shops to determine best rates.
5) Print or order printed materials.

ITEMS YOU WILL NEED:
- *Be the Parents* materials supplied by ODP
- *Be the Parents* order form
- Contact information to purchase billboards
- Dissemination plan

SOCIAL NORMS CAMPAIGN

CSAP STRATEGY:
Information Dissemination

REGIONS:
All

DESCRIPTION:
A social norm campaign is based on the concept that an individual's behavior is influenced by their perception of what is "normal." For example, if students believe the majority of their peers drink alcohol, then they are more likely to drink alcohol because that's a normal thing to do. Social norms can lead students to act in a more positive way by creating an environment in which they strive to emulate what they believe is typical of their peers. A

sample message may look like this: "_% of (School Name) students choose to be alcohol-free." Social norms messaging is usually disseminated in newspaper ads, flyers, posters, electronic media, and informational signage.

PLANNING STEPS:

1) Review the Idaho Healthy Youth Survey 2019 results. The social norms approach is a data-driven process. Use survey data to provide information for your social norms message.
2) Identify sample campaign messages. Research existing campaigns and ask your student stakeholders to determine which campaign messages resonate with them and why. Have them help customize the message to your school and goals.
3) Create your materials. Engage students to help create posters, flyers, mailers, classroom presentations, screen savers, window/mirror clings, and/or messaging for morning announcements. Take advantage of key times and events (e.g., Red Ribbon Week in October, the holidays, spring vacation, and prom/graduation season) to raise awareness and promote positive social norms and behaviors.
4) Display materials around your campus. Have students hang the posters and flyers, set up booths during lunch and breaks, and promote your message during morning announcements.

ITEMS YOU WILL NEED:

- Data
- Media development, including messages and graphics
- Involvement of stakeholders, including students
- Dissemination plan

STRENGTHENING FAMILIES PROGRAM or other EVIDENCE-BASED PARENT/FAMILY MANAGEMENT CLASS

CSAP STRATEGY:

Education

REGIONS:

All

DESCRIPTION:

Strengthening Families Program (SFP) is a family-based program that has been shown to improve parenting skills and family relationships, reduce problem behaviors, reduce delinquency and substance use in children, and improve social competencies and school performance. It is a recognized evidence-based program that has been rigorously studied over the course of several decades. In Idaho, prevention providers have been implementing SFP for several years. Using submitted survey data from these grantees, providers in Idaho saw a large and significant improvement in consistent discipline, inductive reasoning, anger management, involving children in family activities, substance use rules and consequences, and negative and positive parent-child affective quality. The program also significantly improved drug health impact perceptions of parents.

If this strategy will be adapted to other subpopulations, the grantees should consider cultural modifications appropriate for the target population while maintaining fidelity. These modifications should reflect sensitivity to the degree of influence of specific cultural family risk and protective factors; level of acculturation, identity, and lifestyle preferences; differential family member acculturation leading to family conflict; family migration and relocation history; levels of trauma, loss, and possible posttraumatic stress disorder (PTSD) related to war experiences or relocation; family work and financial stressors; language preferences and impediments due to English as a second language; and level of literacy in native language.

PLANNING STEPS:

1) Visit the programs website to familiarize yourself with the program.

2) Ensure the program is a fit for the intended audience, this can be done by conducting interviews and surveys with the intended audience to find out their needs. Is the program evidence-based? Are you able to implement it with fidelity or do modifications need to be made?
3) Recruit individuals who are interested in delivering the program.
4) Contact the program developer to schedule trainings for facilitators and arrange logistics for training
5) Confirm training sites and dates.
6) Develop a method of referral for the program and the target audience.
7) Advertise the program. Send emails and flyers to parents and include information in parent newsletters and school social media. Provide an overview of the topic, why parents should attend, and 3 to 4 bullet points about what they'll learn. Include event details.
8) Implement the program and monitor fidelity. Implementing parenting education curricula with fidelity, as it was intended by developers, assures program quality, program effectiveness, and positive outcomes. The flexibility for adaptation will depend on the program. If you have questions about a program's fidelity measures or adaptability, contact the program developer.

ITEMS YOU WILL NEED:

- Classroom time
- Program facilitators
- Facilitator training
- Target population
- Program materials and supplies (facilitator manuals, participant workbooks, etc.)

DRUG IMPAIRMENT TRAINING FOR EDUCATION PROFESSIONALS

CSAP STRATEGY:

Education

REGIONS:

All

DESCRIPTION:

The Drug Impairment Training for Educational Professionals (DITEP) helps school resource officers, counselors, teachers, and other staff identify impaired youth. Being able to recognize the signs and symptoms of alcohol and/or other drug impairment in students can 1) prevent an impaired student from driving away from campus and 2) serve as an intervention tool in order to provide resources and refer on to treatment if necessary. DITEP is a one- or two-day training. Day one is for anyone (affiliated with the school) interested in general drug education and policies. Day two is best suited for those who will actually conduct the hands-on evaluation, such as school nurses and school resource officers.

PLANNING STEPS:

1) Schedule a training by contacting Sgt. Chris Glenn of the Idaho State Police at (208) 884-7212. ISP conducts DITEP training at no cost.
2) Secure space and presentation equipment.
3) Advertise training to school staff. Recruit staff members such as counselors, teachers, and school resource officers. Training a variety of staff members increases the likelihood that an impaired student will be noticed.
4) Meet with stakeholders to write a policy. After the training, meet with stakeholders, including principals, school resource officers, counselors, nurses, teachers, and parents, to define protocols that will be followed when an impaired student is identified.

ITEMS YOU WILL NEED:

- Idaho State Police DITEP certified instructor
- School staff
- Meeting space, computer, TV/video screen

- Written protocol to address students deemed to be impaired

PARENT LUNCH-AND-LEARNS

CSAP STRATEGY:
Information Dissemination

REGIONS:
All

DESCRIPTION:
Lunch-and-learn events provide opportunities to discuss helpful topics related to underage drinking or other drug use. When well-designed, these events guide parents or other stakeholders through a structured agenda with ample time allotted for discussion.

PLANNING STEPS:
1) Establish a place and time for your event. Pick a location that will accommodate your participants comfortably as they eat and interact. Your venue could also be virtual. Consider conducting your lunch-and-learn event online as a webinar for those who cannot attend in person.
2) Plan the presentation. Create an agenda that begins with an introduction of the topic and why it's important.
3) Provide relevant examples from your school. (Don't forget to prepare an introduction of your presenter(s).)
4) Market your event. Send emails, post flyers, and use other communications to improve attendance. Provide an overview of the topic, why parents should attend, and 3 to 4 bullet points about what they'll learn. Include event details.
5) Plan your menu. Decide whether you'll provide food or whether participants should bring their own lunch and refreshments. If you are providing food, you must have a sponsor cover these costs above the allowable limit of $2.50 per person. Have participants RSVP so you have a reliable headcount and can accommodate dietary restrictions.
6) Secure needed supplies. Gather a computer and TV/video screen, flip chart, markers, adhesive notes, paper, pens, sign-in sheets, etc.
7) Provide tangible takeaways. Consider what handouts, practical tips, and tools you can give participants (e.g., BeTheParents.org Convo Cards).
8) Follow up. Send parents a note of thanks for attending, a summary of the questions and answers from the session, an event evaluation, or a resource guide with a copy of the presentation materials.

ITEMS YOU WILL NEED:
- Venue and supplies
- Presenter(s)
- Marketing plan
- Tangible takeaways
- Lunch sponsor

TOWN HALL MEETINGS

CSAP STRATEGY:
Information Dissemination

REGIONS:
All

DESCRIPTION:
Gathering the community via town hall meetings is an effective way to provide information to a large but intimate group of people. Town halls allow for greater collaboration and discussion on topics that impact the community. For the purposes of the PFS grant, all topics should be related to preventing underage drinking, marijuana use, or methamphetamine use, depending on your region.

PLANNING STEPS:

1) Based on your priority substances, determine which topics would both generate interest and be useful in your region's prevention goals.
2) Find one or more experts that can speak on the topic.
3) Estimate the number of people that will attend.
4) Determine a location.
5) Find out if streaming is available at that location.
6) Set up a means for registration. This will allow you to determine how much advertising needs to occur with the topic.
7) Advertise your event.
8) Make any reasonable accommodations for people to attend.
9) Hold your event.

ITEMS YOU WILL NEED:

- Access to high quality, local speakers
- Space
- Online registration platform
- Effective means to disseminate information for your event

STICKER SHOCK CAMPAIGN

CSAP STRATEGY:

Information Dissemination

REGIONS:

All

DESCRIPTION:

Sticker Shock community awareness campaigns alert adults 21 and older—who potentially could purchase alcohol for minors—about the consequences they could face if they serve alcohol to minors. With the cooperation of local alcohol retail outlets, youth and community members place stickers on store bags (or packs of alcohol) to remind clerks and those purchasing the alcohol about the laws surrounding providing alcohol to minors.

PLANNING STEPS:

1) Recruit youth. This activity is perfect for community service hours, youth leadership activities, or team building. Implement with organizations like the Police Activities League, Boys & Girls Club, Scouts, YMCA, 4-H, faith groups, youth athletic teams, school service clubs, or student government.
2) Connect with alcohol retailers in your community. Explain the project goals, describe the event you have planned, and show examples of the sticker. Ask how many liquor bags the store would typically use during your campaign period to determine the number of stickers you need.
3) Plan your event. Establish a date, time, and place to put the stickers on the bags. Have the stickers designed and printed and gather the liquor store bags ahead of the event.
4) Invite community leaders to join you. Invite local government officials, law enforcement agencies, and other community stakeholders to attend.
5) Develop a media plan. Create a media information packet that includes a news release, fact sheets, the event description, and a sample sticker. Send out media advisories in advance of the event date to local newspapers, radio and television stations, newspaper supplements, community bulletin boards, and other appropriate media sources.
6) Hold the event. Meet and greet all participants, facilitate introductions, apply the stickers, and have fun and take pictures!
7) Drop the bags off at the participating outlets.

ITEMS YOU WILL NEED:

- Adult facilitators
- Interested youth
- Project materials (stickers, store bags)
- Partnership with local alcohol retailers

PRESCRIBER EDUCATION ON PRESCRIPTION STIMULANT USE

CSAP STRATEGY:

Information Dissemination

REGIONS:

Region 1, Region 2, Region 3, Region 4, Region 6

DESCRIPTION:

There may be a potential for individuals misusing amphetamine prescriptions to be at risk for later or simultaneous methamphetamine use. Additionally, the odds of methamphetamine use are higher among youth with Attention Deficit Hyperactivity Disorder[14]. Because the chemical structure of amphetamines and methamphetamine are so similar, and because the retail distribution of amphetamines has nearly tripled between 2006 and 2017[13], prescriber education may be warranted.

PLANNING STEPS:

1) Find an expert that can speak to the effects of overprescribing stimulants or stimulant diversion.
2) Develop a toolkit for resources for prescribers.
3) Schedule meetings with prescribers.

ITEMS YOU WILL NEED:

- Materials that show the increase burden of stimulant prescribing
- Resources for prescribers
- Credible health educators, prescribers, or other professionals that can provide information

BOTVIN LIFESKILLS TRAINING PROGRAM

CSAP STRATEGY:

Education

REGIONS:

All

DESCRIPTION:

Botvin LifeSkills Training (LST) is a classroom-based universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, and violence. LST contains 30 sessions to be taught over three years (15, 10, and 5 sessions). Three major program components teach students: (1) personal self-management skills, (2) social skills, and (3) information and resistance skills specifically related to drug use.

LST is a recognized evidence-based program that has been rigorously studied over the course of several decades. In Idaho, prevention providers have been implementing LST for several years. Using submitted survey data from these grantees, providers in Idaho significant improvement in anti-drug knowledge and attitudes and significantly less problem behaviors among participants.

If this strategy will be adapted to other subpopulations, the grantees should consider cultural modifications appropriate for the target population while maintaining fidelity. These modifications should reflect sensitivity to the degree of influence of specific cultural family risk and protective factors; level of acculturation, identity, and lifestyle preferences; differential family member acculturation leading to family conflict; family migration and relocation history; levels of trauma, loss, and possible posttraumatic stress disorder (PTSD) related to war

experiences or relocation; family work and financial stressors; language preferences and impediments due to English as a second language; and level of literacy in native language.

PLANNING STEPS:

1) Visit www.lifeskillstraining.com to familiarize yourself with the curriculum.
2) Recruit and train program facilitators. Contact the program developer to schedule trainings for facilitators.
3) Schedule classroom time.
4) Implement the program and monitor fidelity. Implementing student education curricula with fidelity, as it was intended by developers, assures program quality, effectiveness, and positive outcomes. The flexibility for adaptation will depend on the program. If you have questions about a program's fidelity measures or adaptability, contact the program developer.

ITEMS YOU WILL NEED:

- Classroom time
- Program facilitators
- Facilitator training
- Target population
- Program materials and supplies (facilitator manuals, participant workbooks, etc.)

RESPONSIBLE BEVERAGE SERVICE TRAINING

CSAP STRATEGY:

Education

REGIONS:

All

DESCRIPTION:

Responsible Beverage Service (RBS) training educates servers and merchants about their legal responsibilities to eliminate sales to minors and intoxicated individuals. Topics include laws and penalties, the importance of avoiding sales to minors to protect the health and well-being of the entire community, proper management techniques, recognizing fake IDs, and ways to refuse a sale safely and comfortably. This education is especially effective when used in conjunction with compliance checks. Special young adult server training includes tips for young people who may feel intimidated by their friends or by older, intoxicated customers. Topics include avoiding confrontation, resisting peer pressure, management skills, and responsible alcohol service.

PLANNING STEPS:

1) Establish business owner buy-in. Schedule a meeting with business owners of grocery stores, convenience stores, restaurants, or other alcohol outlets to explain to them the importance of responsible beverage service and penalties for serving minors and overserving.
2) Call Alcohol Beverage Control, part of Idaho State Police, to set up RBS training. You can reach them at (208) 884-7060.
3) Invite all employees or alcohol outlets to attend.
4) Encourage alcohol-relaters to write a RBS policy.

ITEMS YOU WILL NEED:

- Business owner buy-in
- Audience
- Alcohol Beverage Control training personnel

COMMUNITY SERVICE ACTIVITIES, RECREATIONAL ACTIVITIES, OR YOUTH LEADERSHIP ACTIVITIES

CSAP STRATEGY:
Alternative Activities

REGIONS:
All

DESCRIPTION:
Offering students a variety of attractive, alcohol-free activities helps them understand that alcohol is not a necessary component for fun. Additionally, the hours between 3 p.m. and 6 p.m., when students are out of school and before parents come home, is considered a high-risk time for alcohol and other drug use. Providing alternative activities after school helps limit the risk.

The best alternative activities promote skill building or group bonding. Participation in alternative activities may also provide youth with opportunities to contribute to their community. Community activities help youth feel connected to the community at large and see how their actions, such as underage drinking, can negatively impact others.

All activities provided with grant funds must include an evidence-base curriculum addressing substance misuse and prevention. Example: Afterschool program taking place all school year, at least once a week for 30 minutes.

EXAMPLES:
- Afterschool program
- Recreational: community, cultural, and faith-based school events; community center activities; sporting activities; open gym; summer camp; and outdoor wilderness activities
- Youth leadership: youth groups, Friday Night Live chapter activities, youth development activities, and skill development activities.

PLANNING STEPS:
1) Decide on an activity. Facilitate a brainstorming session with youth, parents, and community members.
2) Consider transportation and venue and capacity.
3) Identify resources. Recruit and train personnel such as activity leads and chaperones.
4) Promote and publicize the events. Let students, parents, and community members know about your program via email, flyers, and social media. Implement your activity.

ITEMS YOU WILL NEED:
- Stakeholder involvement to determine the what, when, and where of alternative activities
- Program materials and supplies
- Adult supervision
- Location/facilities and transportation

STUDENT ASSISTANCE PROGRAMS

CSAP STRATEGY:
Problem Identification and Referral

REGIONS:
All

DESCRIPTION:
A Student Assistance Program (SAP) is an evidence-based framework that can help identify K-12 students who are engaging in risky behaviors and refer them to appropriate programming. SAPs help school personnel recognize and address factors that pose a barrier to a student's success related to alcohol, tobacco, other drugs, and mental

health. The primary goal is to help students overcome these barriers so they can achieve, advance, and remain in school. SAPs assist students and their families minimize risk factors and increase protective factors that will positively influence their academic, social, and emotional well-being.

PLANNING STEPS:

1) Reach out of school personnel to determine interest.
2) Convene a meeting with stakeholders such as the principal, school counselors, school resource officers, nurses, and teachers to research and plan integration of SAP principles.
3) Encourage schools to write a standardized policy to identify student who have learning barriers related to alcohol and drugs.
4) Make a list of appropriate referral services and resources.
5) Create a customized evidence-based intervention plan for students identified as needing assistance.
6) Use appropriate SAP services and service delivery model to tailor the intervention to the individual.

ITEMS YOU WILL NEED:

- Interested school personnel
- A tool or standardized way to assess students once they've been identified
- Drug and alcohol education/treatment resources
- School counselor
- Appropriate referral locations

MENTAL HEALTH SCREENINGS AND REFERRALS

CSAP STRATEGY:

Problem Identification and Referral

REGIONS:

All

DESCRIPTION:

There are many shared risk and protective factors between mental health and substance use and abuse and the odds of using methamphetamine were higher for youth with any psychiatric disorder or ADHD[14]. Contracting with professionals to conduct mental health screenings using validated screening tools and referring to treatment may allow for the prevention of substance use and abuse later in life.

PLANNING STEPS:

1) Find an appropriate professional to conduct screenings.
2) Ensure that the professionals are using appropriate clinical protocol.
3) Determine a time and location for screenings that allow for the largest utilization for the target population.
4) Develop a list of appropriate locations and programs for referrals and ensure that those locations have adequate capacity.

ITEMS YOU WILL NEED:

- Trained professional
- List of referral agencies with openings
- Appropriate venue

ADD SIGNAGE

CSAP STRATEGY:

Environmental

REGIONS:

All

DESCRIPTION:

Signs placed in parking lots, nearby parks, and other areas let people know that drinking alcohol is not tolerated on the property. Additionally, adding information about legal consequences might help raise awareness about the issue.

PLANNING STEPS:

1) Partner with your city for help in developing signage. City departments, like Parks and Recreation, will already have city-approved signage templates. Many may even be able to handle the printing for you.
2) Use a simple and concise message. These types of signs are typically red and white, with warnings such as:
   - ALCOHOLIC BEVERAGES PROHIBITED
   - NO DRINKING ALLOWED ON THESE PREMISES
   - WARNING: It's a criminal offense to consume alcohol in this area
3) Identify specific locations to place signs. Based on your data and what you and other stakeholders know about your community, you will probably have several ideas. Begin with one location and partner with law enforcement to increase presence at that location, if resources are available. Once students identify that the signs actually mean enforcement, expand your signage to additional areas.

ITEMS YOU WILL NEED:

- A simple and concise message
- City partnership
- Specific locations to place signs
- Partnerships with other entities, such as law enforcement agencies

ADD LIGHTING

CSAP STRATEGY:

Environmental

REGIONS:

All

DESCRIPTION:

Lights can be placed in school parking lots, parks, event centers, or other areas to decrease the allure of popular locations for illegal activity.

PLANNING STEPS:

1) Identify specific locations to place lights. Brainstorm locations based on your data and what you and others know about your community.
2) Encourage feedback on locations from homeowners or users of the given space. Adding lights that shine into windows or otherwise impact neighborhood aesthetics should be avoided. Some neighbors may encourage lighting if it impacts illegal activity. In any case, it's best to solicit comments from area residents and business owners.
3) Check with the city to determine lighting regulations. Some communities have lighting restrictions or may have restrictions on the style of the lights.
4) Determine appropriate lighting apparatus. As most city governments purchase lights for parks and other areas, they may be able to offer information about reputable lighting manufacturers and installation contractors.
5) Install lighting. If funds are available, add lighting to all areas of interest in a relatively short timeframe. Doing so will create a burden to users to attempt to find another locale.

ITEMS YOU WILL NEED:

- Specific locations to place lights

- Appropriate lighting apparatuses
- Partnerships with other entities

INSTALL CAMERAS

CSAP STRATEGY:
Environmental

REGIONS:
All

DESCRIPTION:
Cameras can act as both a deterrence and enforcement strategy to prevent and identify those using alcohol of other drugs on public property. These can be especially effective on school grounds.

PLANNING STEPS:
1) Identify specific locations to place cameras. Based on your data and what you and other stakeholders know about your school, you will probably have several ideas. Ensure that proposed sites are not near restrooms, locker rooms, or any other location in which students might undress.
2) Purchase cameras and contract for installation.
3) If cameras are installed in schools, encourage the administration to write a clear policy to establish consequences for students caught using alcohol or drugs. Writing policy provides standardized consequences for all students, unchanged by auxiliary factors such as administration turnover. Various stakeholders, including school resource officers, principals, parents, teachers, counselors, and school nurses should be consulted in policy development. Referring students to treatment programs and evidence-based student assistance programs or family-based programs is encouraged.
4) If cameras are installed in schools, encourage school administration to inform students and parents of the camera policy. For cameras to act as a deterrence, it is important for students and parents to recognize the new policy and its consequences. Providing information to parents can prompt a discussion with their child related to the consequences of underage alcohol use, especially on school property.

ITEMS YOU WILL NEED:
- Relationship with school administration
- Specific locations to place cameras
- Cameras
- Installation services

DISTRIBUTE DRUG DEACTIVATION POUCHES WITH SPECIFIC REFERENCES TO STIMULANTS

CSAP STRATEGY:
Environmental

REGIONS:
All

DESCRIPTION:
Drug deactivation pouches are used to properly dispose of medications. Although other types are allowable for purchase, Deterra Drug Deactivation pouches have been used effectively in Idaho communities. They work by simply placing unused medications into the bag and adding water; the carbon core within the bags renders the medications inert and the user can simply seal the bag and toss it in the trash. The Deterra pouches are made from biodegradable materials that actively break down in the presence of microbes, making them ideal for the landfill. Medications, including opioids, stimulants, or other controlled substances in the form of pills, liquids, or patches can be disposed of in Deterra pouches. Along with disseminating pouches, it is important for associated messaging to specifically address prescription stimulant disposal to be funded by this grant.

PLANNING STEPS:

1) Determine the best location to disseminate bags (e.g., pharmacies, emergency departments, hospice, community events, etc.).
2) Contact Verde Technologies and/or other companies to get pricing and set up your order.
3) Develop educational materials that specifically address prescription stimulant disposal.
4) Order and disseminate pouches and educational materials.

ITEMS YOU WILL NEED:

- Drug deactivation pouches
- Dissemination plan
- Relationships with stakeholders

This list is not all encompassing and other evidence-based activities may be proposed for approval using the approved processes.

APPENDIX B: ACTION PLAN TEMPLATE

The Strategic Prevention Framework – Partnerships for Succuss grant program is intended to prevent the onset and reduce the progression of substance abuse and its related problems while strengthening prevention capacity and infrastructure at the state, tribal, and community levels.
~Funding Opportunity Announcement No. SP-18-008

Please fill out one action plan per strategy in your district with as much detail as possible. At least one of your action plans must specifically target each subpopulation in your district. If this action plan is one that addresses your subpopulation you MUST consult a representative from this subpopulation during strategic planning. Once completed, your packet of action plans MUST have a comprehensive array of strategies; be implemented in areas throughout the region or with particular attention to areas with no current funding for substance abuse prevention; and have at least one strategy specifically address each subpopulation.

Region: 1 2 3 4 5 6 7

Priority Substance(s)/Goals Pertaining to this Strategy: All Underage Drinking Marijuana Methamphetamine

What is the intermediate outcome you are targeting, e.g. intervening variables* or risk and protective factors? _____

How did you know this was issue (Assessment)? _____

Is one of your priority subpopulations addressed with this action plan? Yes No

If so, which one (please see Figure 2 for your subpopulations)? American Indians/Alaska Natives Hispanics/Latinos Veterans and/or their families Rural

If so, who is your designated subpopulation representative? _____

Strategy: _____

CSAP Category: Information Dissemination Education Community-Based Processes Alternative Activities Environmental Problem Identification & Referral

What is the estimated number of participants reached, served, or trained?** _____

Outline how the planned strategy addresses all five of the SAMHSA Strategic Prevention Framework steps and the two cross-cutting principles⁺.
For details view https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf.

Action Steps	Responsible Person	Partners Involved	Timeline	Location(s) / County / City

If this strategy is being adapted for a subpopulation in your region, discuss considerations or adaptations:

* Social access, Retail access, Perception of risk, Attitudes / Norms, Policy, Promotion, and Law enforcement

**Numbers reached, served, or trained will be reported by demographics on the quarterly reports. See Appendix E in grant manual.

[+]Five Steps: Assessment (How did you know this was an issue?), Capacity, Planning, Implementation and Evaluation; Cross-cutting principles: Cultural competence and Sustainability.

APPENDIX C: BUDGET TEMPLATES

Program budgets will be submitted using the provided Excel workbook.

APPENDIX D: FREQUENTLY ASKED QUESTIONS

Are we required to coordinate with law enforcement with their PFS grant?

The Office of Drug Policy is simultaneously releasing one-year grants for law enforcement agencies. These awards will be available to law enforcement annually until FY2023. Allowable activities include interdiction, shoulder tap operations, compliance checks, party patrols, and presentations on underage drinking, marijuana use, and methamphetamine use. These grants are separate from the grants that fund the public health departments and the Regional Behavioral Health Boards. Although it is encouraged to work together and understand other prevention strategies occurring in one's region, coordination with law enforcement is not required.

How do I track hours to be eligible for the Certified Prevention Specialist credential?

It will be the responsibility of the Project Coordinators to track their progress with the Certified Prevention Specialist credential. Although some training will be available through the Office of Drug Policy, it is likely that additional training will be needed. Check with the Idaho Board of Alcohol/Drug Counselor Certification to determine whether courses will satisfy the designated domains for the CPS. In terms of tracking hours of experience supervised by a CPS, all hours worked will count.

Are there alternatives to the Certified Prevention Specialist that would satisfy the requirement?

Yes. Currently, ODP will accept the Certified Health Education Specialist credential in place of the CPS. Please direct any alternative certifications to ODP for approval.

Do action plans reflect this fiscal year or the whole grant period?

Action plans should be developed for the fiscal year and updated and revised each year after. Because it is likely that action steps may change and unforeseen issues may occur, it will be important for PCs to continue to consult their RBHBs. Planning this way will also make budgeting easier as well, as PCs will receive a consistent amount per year. Strategies should also build on each other year after year. Grantees should not feel that they have to start over each year.

APPENDIX E: DEMOGRAPHICS BY DISTRICT

		District 1		District 2		District 3		District 4		District 5		District 6		District 7	
Total Population		**245,861**		**109,777**		**298,223**		**528,321**		**201,031**		**176,584**		**227,268**	
Sex	Male	49.72%	122,239	50.84%	55,814	49.79%	148,490	50.26%	265,535	50.09%	100,706	49.99%	88,266	50.55%	114,878
	Female	50.28%	123,622	49.16%	53,963	50.21%	149,733	49.74%	262,786	49.91%	100,325	50.01%	88,318	49.45%	112,390
Age	Under 5	5.77%	14,179	5.23%	5,744	7.00%	20,882	5.71%	30,189	7.09%	14,261	7.06%	12,468	8.13%	18,477
	5 to 9	6.07%	14,928	5.48%	6,018	7.48%	22,313	6.28%	33,186	7.74%	15,561	7.79%	13,757	7.72%	17,554
	10 to 14	6.28%	15,447	5.44%	5,974	7.88%	23,510	6.96%	36,775	8.21%	16,505	8.25%	14,571	8.22%	18,689
	15 to 19	5.88%	14,465	6.95%	7,631	7.31%	21,810	6.67%	35,224	7.06%	14,183	7.72%	13,625	8.03%	18,247
	20 to 24	4.97%	12,218	9.60%	10,541	6.27%	18,699	6.06%	32,019	5.73%	11,511	6.35%	11,213	8.90%	20,233
	25 to 34	11.89%	29,223	12.58%	13,809	12.97%	38,684	14.25%	75,287	12.97%	26,073	13.01%	22,965	13.40%	30,449
	35 to 44	11.77%	28,949	10.82%	11,876	12.42%	37,044	13.99%	73,891	12.47%	25,077	12.73%	22,481	12.26%	27,854
	45 to 54	11.77%	28,944	10.53%	11,555	11.36%	33,887	12.47%	65,900	10.76%	21,629	10.16%	17,933	9.64%	21,918
	55 to 59	7.05%	17,333	6.42%	7,051	5.95%	17,730	6.28%	33,169	6.07%	12,205	5.72%	10,098	5.26%	11,955
	60 to 64	7.50%	18,444	6.84%	7,505	5.68%	16,943	6.02%	31,830	5.92%	11,891	5.95%	10,513	5.15%	11,693
	65 to 74	12.94%	31,820	11.57%	12,702	9.42%	28,093	9.52%	50,276	9.25%	18,602	9.17%	16,197	8.00%	18,176
	75 to 84	6.10%	15,005	6.09%	6,688	4.74%	14,131	4.27%	22,564	4.95%	9,949	4.45%	7,858	3.89%	8,835
	85 or older	2.00%	4,906	2.44%	2,683	1.51%	4,497	1.52%	8,011	1.78%	3,584	1.65%	2,905	1.40%	3,188
Race	African American/ Black	0.43%	1,061	0.76%	831	0.76%	2,260	1.43%	7,566	0.82%	1,641	0.81%	1,431	0.68%	1,556
	American Indian/ Alaska Native	1.58%	3,882	3.45%	3,791	1.82%	5,413	0.88%	4,647	1.70%	3,410	4.16%	7,346	1.16%	2,631
	Asian	0.87%	2,129	1.37%	1,509	1.05%	3,120	2.67%	14,126	1.22%	2,452	1.18%	2,083	1.01%	2,292
	Native Hawaiian/ Pacific Islander	0.14%	354	0.15%	163	0.31%	927	0.23%	1,210	0.24%	477	0.22%	394	0.18%	419
	White	94.36%	232,005	91.48%	100,423	93.35%	278,387	91.81%	485,032	94.14%	189,260	91.45%	161,490	94.94%	215,768
	Some other race not available currently.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
	Two or more races	2.62%	6,430	2.79%	3,060	2.72%	8,116	2.98%	15,740	1.89%	3,791	2.17%	3,840	2.02%	4,602
Ethnicity	Hispanic or Latino	4.55%	11,180	4.18%	4,587	23.34%	69,613	8.87%	46,868	24.70%	49,648	11.82%	20,864	11.76%	26,730
	Not Hispanic or Latino	95.45%	234,681	95.82%	105,190	76.66%	228,610	91.13%	481,453	75.30%	151,383	88.18%	155,720	88.24%	200,538
***Veterans (among civilian population >18)**		11.40%	20,766	9.59%	8,366	9.31%	19,053	9.48%	35,879	8.26%	11,692	7.70%	9,507	7.03%	10,894
Rural (Non-metro counties)		32.61%	80,164	63.19%	69,369	12.89%	38,439	7.36%	38,903	100.00%	201,031	38.07%	67,219	34.47%	78,335

Sources: American Community Survey 5-Year Estimates, 2014-2019, USDA County Rural Definitions

APPENDIX F: LIST OF ACRONYMS

CPS:	Certified Prevention Specialist
CSAP:	Center for Substance Abuse Prevention
FY:	Fiscal Year
IHYS	Idaho Health Youth Survey
IOM:	Institute of Medicine
LMS:	Learning Management System
LST:	LifeSkills Training
ODP:	Office of Drug Policy
PC:	Project Coordinator
PFS:	Partnerships for Success
POST:	Peace Officers Standards and Training
RBHB:	Regional Behavioral Health Board
SABG:	Substance Abuse Block Grant
SAMHSA:	Substance Abuse and Mental Health Services Administration
SFP:	Strengthening Families Program
SPF:	Strategic Prevention Framework
SPF SIG:	Strategic Prevention Framework State Incentive Grant

APPENDIX G: REFERENCES

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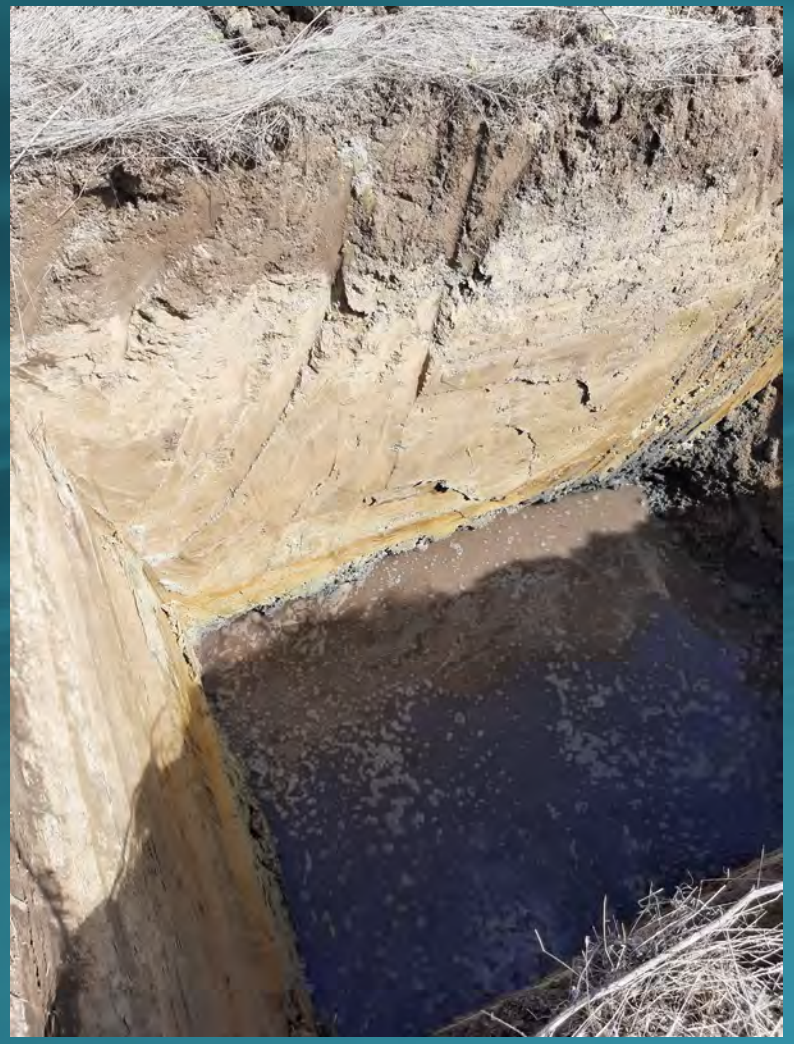
SWDH Groundwater Update

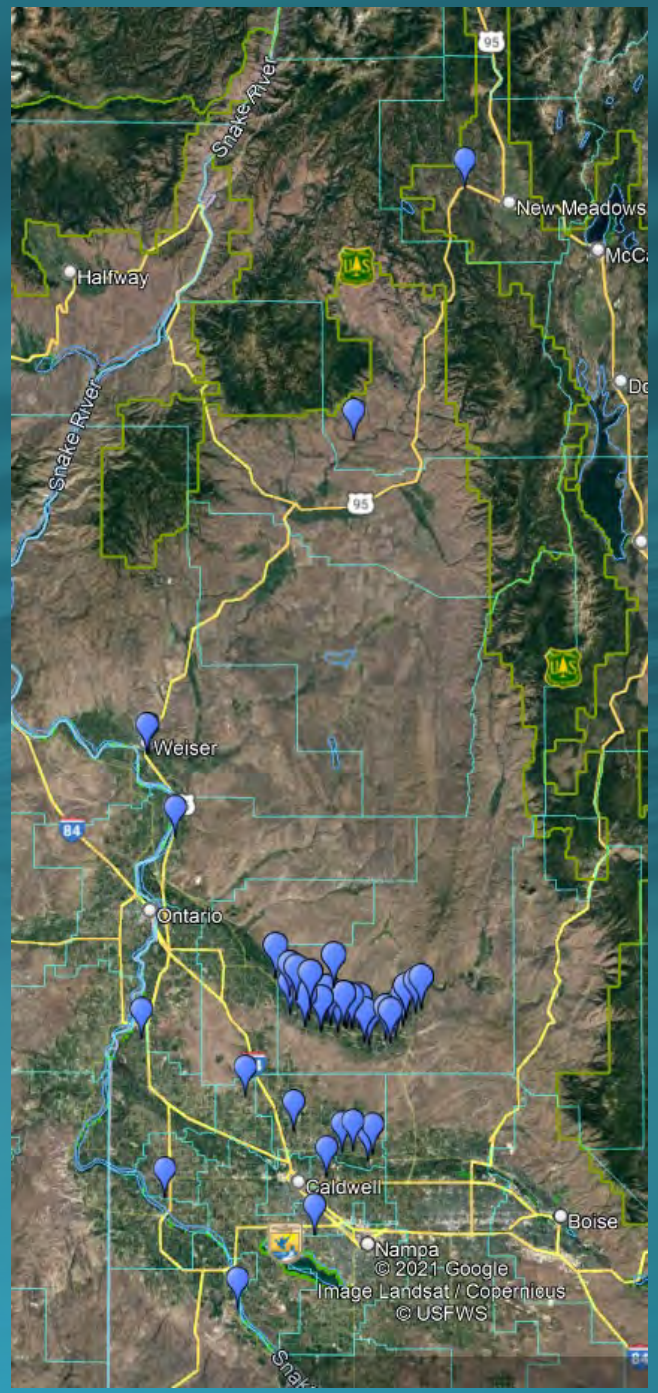
Stephen Fitzner, REHS

Groundwater On-site



SWDH Groundwater Monitoring Wells

- More than 50 locations have installed wells throughout our six counties this year



Reasons for Monitoring

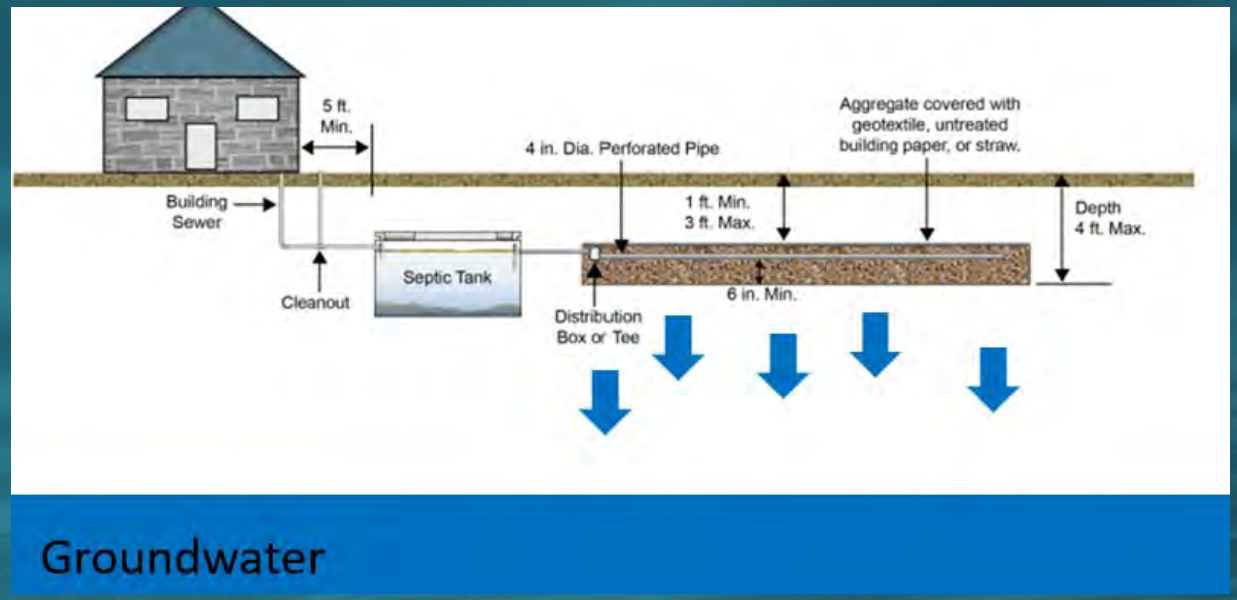
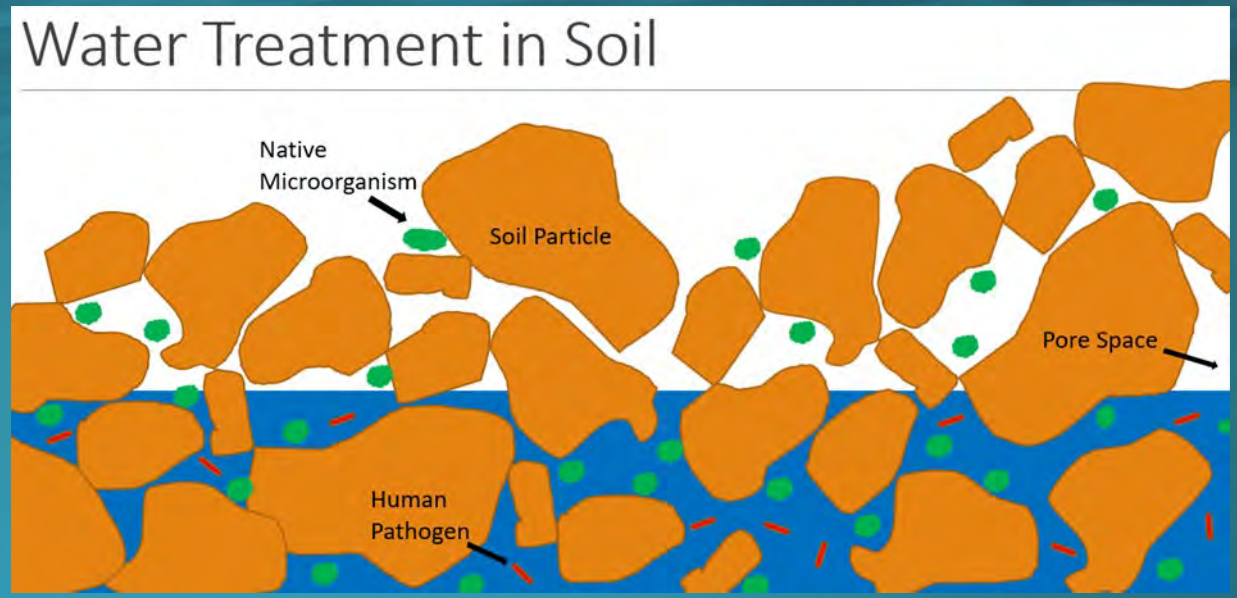


TABLE 5.1 Examples of Pathogens Associated With Raw Domestic Sewage and Sewage Solids

Pathogen Class	Examples	Disease
Bacteria	*Shigella sp.*	Bacillary dysentery
	Salmonella sp.	Salmonellosis (gastroenteritis)
	Salmonella typhi	Typhoid fever
	Vibrio cholerae	Cholera
	Enteropathogenic-*Escherichia coli*	A variety of gastroenteric diseases
	Yersinia sp.	Yersiniosis (gastroenteritis)
	Campylobacter jejuni	Campylobacteriosis (gastroenteritis)
Viruses	Hepatitis A virus	Infectious hepatitis
	Norwalk viruses	Acute gastroenteritis
	Rotaviruses	Acute gastroenteritis
	Polioviruses	Poliomyelitis
	Coxsackie viruses	"flu-like" symptoms
	Echoviruses	"flu-like" symptoms
Protozoa	*Entamoeba histolytica*	Amebiasis (amoebic dysentery)
	Giardia lamblia	Giardiasis (gastroenteritis)
	Cryptosporidium sp.	Cryptosporidiosis (gastroenteritis)
	Balantidium coli	Balantidiasis (gastroenteritis)
Helminths	*Ascaris sp.*	Ascariasis (roundworm infection)
	Taenia sp.	Taeniasis (tapeworm infection)
	Necator americanus	Ancylostomiasis (hookworm infection)
	Trichuris trichuria	Trichuriasis (whipworm infection)

Ions such as: NO_3^-, PO_4^{3-}



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Setback distances between small biological wastewater treatment systems and drinking water wells against virus contamination in alluvial aquifers

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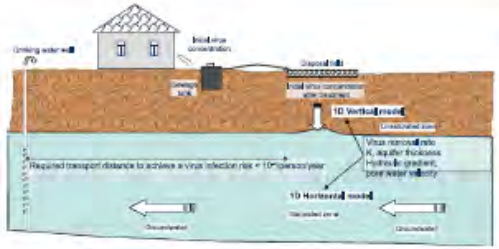
HIGHLIGHTS

- To ensure $< 10^{-4}$ enteric virus infection/year/person, it needs a 12-log reduction.
- This would need a horizontal setback distance of 39–144 m in sand aquifers.
- It increases to 66–289 m in gravel aquifers and 1–2.5 km in coarse gravel aquifers.
- For unsuitably large setback distance, extra treatment is needed before disposal.
- Using on-site information, results help to guide decision making in rural planning.

GRAPHICAL ABSTRACT



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ABSTRACT

Contamination of groundwater by pathogenic viruses from small biological wastewater treatment system discharges in remote areas is a major concern. To protect drinking water wells against virus contamination, safe setback distances are required between wastewater disposal fields and water supply wells. In this study, setback distances are calculated for alluvial sand and gravel aquifers for different vadose zone and aquifer thicknesses and horizontal groundwater gradients. This study applies to individual households and small settlements (1–20 persons) in decentralized locations without access to receiving surface waters but with the legal obligation of biological wastewater treatment. The calculations are based on Monte Carlo simulations using an analytical model that couples vertical unsaturated and horizontal saturated flow with virus transport.

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et al., 2003; Frost et al., 2002; LeChevallier, 1996). In a survey of 448 groundwater sites in 35 US states, 31.5% sites were positive for at least one pathogenic virus type (Borchardt et al., 2003). Enteric viruses have

Leaching of pathogens from human and animal effluent and wastes through subsurface media is a major contributor to groundwater contamination. This has increased the need to establish safe setback dis-

using a travel time of 50–60 days. Some faecal pathogens and in particular enteric viruses, however, were found to survive several months in groundwater. For example, Rotavirus can persist in groundwater up to seven months (Espinosa et al., 2008), and Adenovirus can remain infectious for at least one year in groundwater (Charles et al., 2009). Thus, re-

Table 7
Simulated 95th percentile setback distances from a small biological wastewater treatment system (1–20 persons) required for a 12 $\log_{10}$ viral reduction. See Table 3 for the input parameters; the aquifer thickness was set to 3 m.

Vadose zone thickness [m]	Groundwater gradient [−]	Setback distance [m]		
		Sand	Gravel	Coarse gravel
1	0.001	58	90	1039
	0.005	100	152	1744
	0.010	116	194	2064
	0.050	144	289	2521
10	0.001	50	76	1030
	0.005	84	125	1786
	0.010	99	184	2105
	0.050	119	259	2496
20	0.001	39	66	984
	0.005	69	124	1699
	0.010	77	163	2121
	0.050	94	249	2367

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Vulnerability of unconfined aquifers to virus contamination

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ABSTRACT

An empirical formula was developed for determining the vulnerability of unconfined sandy aquifers to virus contamination, expressed as a dimensionless setback distance r_s^*. The formula can be used to calculate the setback distance required for the protection of drinking water production wells against virus contamination. This empirical formula takes into account the intrinsic properties of the virus and the unconfined sandy aquifer. Virus removal is described by a rate coefficient that accounts for virus inactivation and attachment to sand grains. The formula also includes pumping rate, saturated thickness of the aquifer, depth of the screen of the pumping well, and anisotropy of the aquifer. This means that it accounts also for dilution effects as well as horizontal and vertical virus transport. Because the empirical model includes virus source concentration it can be used as an integral part of a quantitative viral risk assessment.

1. Introduction

The use of groundwater as a source for drinking water production is often preferred because of its generally good microbial quality in its natural state as compared with for instance fresh surface water. Nevertheless, it may be readily contaminated and outbreaks of disease from contaminated groundwater sources are reported in countries at all levels of economic development (Howard et al., 2006). The contribution of groundwater to the global and significant incidence of waterborne disease cannot be assessed easily because of many competing transmission routes (Howard et al., 2006). In this regard, viruses are considered to be the most critical pathogens for groundwater contamination, because of their ability to travel through the subsurface and their high infectivity (Schijven and Hassanizadeh, 2000).

Human pathogenic viruses, such as enterovirus, adenovirus, norovirus, reovirus, rotavirus, and hepatitis A viruses, have been detected in groundwater with molecular and/or cell culture techniques with prevalence rates varying from 8% to 23% (Fout et al., 2003; Borchardt et al., 2003, 2007). Contamination of drinking water from groundwater with human pathogenic viruses may lead to epidemics that cause severe illness and even death (Maurer and Stürchler, 2000; Parshionikar et al., 2003; Kim et al., 2005; Jean et al., 2006; Gallay et al., 2006). Note that in cases of outbreaks and/or where high prevalence rates of viruses in groundwater samples were found, it often concerned vulnerable geologic settings. Examples of such situations are fractured rock aquifers, cross-connecting well bores, or leaking well cases in sandstone and shale aquifers (Powell et al., 2003; Borchardt et al., 2007) in combination with the presence of significant sources of

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this regard, viruses are considered to be the most critical pathogens for groundwater contamination, because of their ability to travel through the subsurface and their high infectivity (Schijven and Hassanizadeh, 2000).

(CBW, 1980). However, it is known that pathogenic viruses and protozoa as well as bacteria can survive much longer than 60 days in soil and groundwater (Pedley et al., 2006). Given the

calculated protection zones for shallow unconfined sandy aquifers that would allow protection against virus contamination to the level that the infection risk of one per 10 000 persons per year is not exceeded with a 95% certainty. In those cases, instead of 60 days, one to two years of travel time were needed, corresponding to setback distances of about 200–400 m. As only horizontal transport was considered in that

Idaho Regulations

- IDAPA 58.01.03.003

14. Ground Water. Any water of the state which occurs beneath the surface of the earth in a saturated geological formation of rock or soil. (5-7-93)

15. High Groundwater Level -- Normal, Seasonal. High ground water level may be established by the presence of low chroma mottles, actual ground water monitoring or historic records. (5-7-93)
a. The normal high groundwater level is the highest elevation of ground water that is maintained or exceeded for a continuous period of six (6) weeks a year. (5-7-93)
b. The seasonal high groundwater level is the highest elevation of ground water that is maintained or exceeded for a continuous period of one (1) week a year.

21. Limiting Layer. A characteristic subsurface layer or material which will severely limit the capability of the soil to treat or absorb wastewater including, but not limited to, water tables, fractured bedrock, fissured bedrock, excessively permeable material and relatively impermeable material. (10-1-90)

Idaho Regulations

- IDAPA 58.01.03.008.02.c

Effective Soil Depths. Effective soil depths, in feet, below the bottom of the drainfield must be equal to or greater than those values listed in the following table.

EFFECTIVE SOIL DEPTHS TABLE			
Site Conditions	Design	Soil	Group
Limiting Layer	A	B	C
Impermeable Layer	4	4	4
Fractured Bedrock, Fissured Bedrock or Extremely Permeable Material	6	4	3
Normal High Groundwater Level	6	4	3
Seasonal High Groundwater Level	1	1	1

(5-7-93)

Method of 72

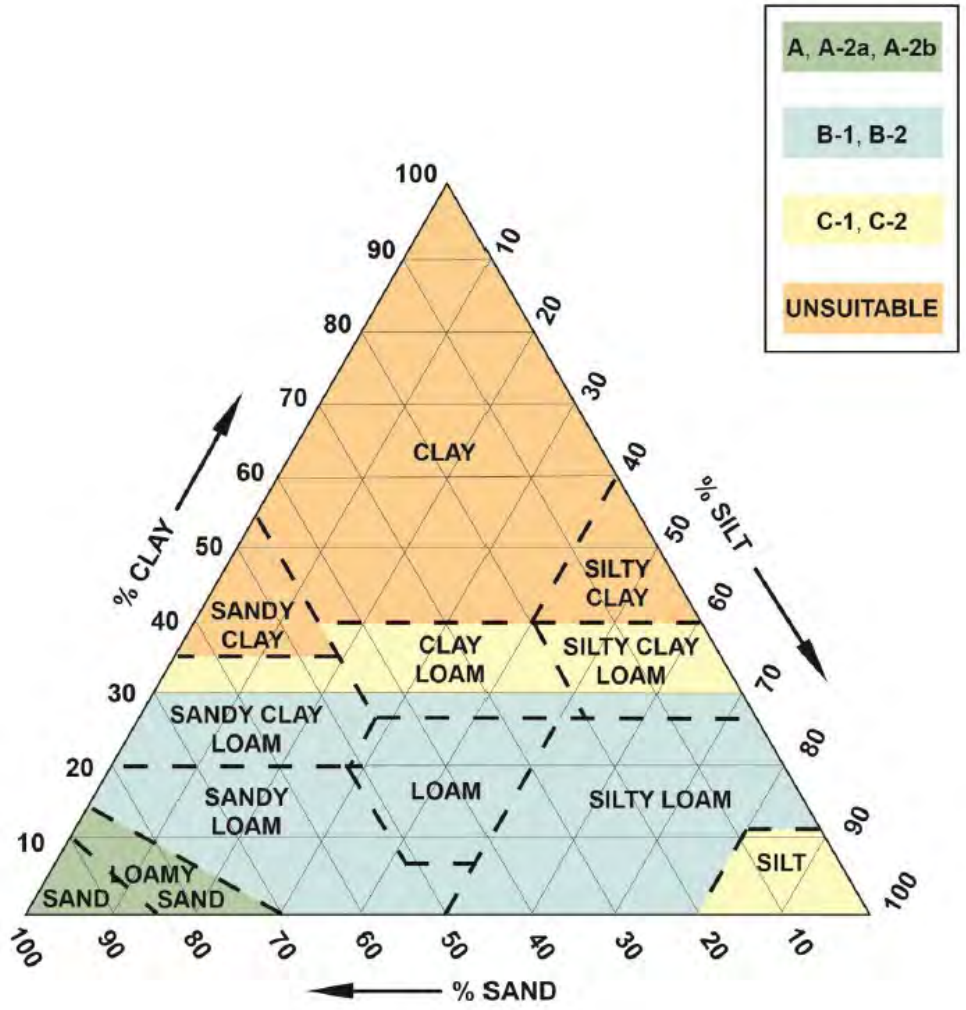
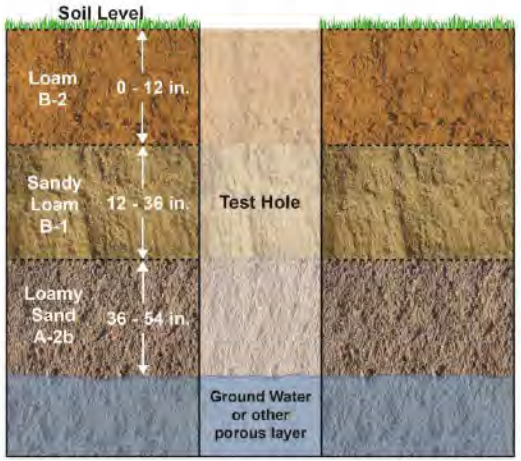


Table 2-8. Treatment units assigned to each soil design subgroup per foot and per inch.

Soil Design Subgroup	Manufactured Medium Sand	A-1	A-2	B-1	B-2	C-1	C-2
Treatment units per 12 inches of soil	24	12	14.4	18	24	24	28.8
Treatment units per inch of soil	2	1	1.2	1.5	2	2	2.4

2.2.5.1 Native Soil Profiles and the Method of 72

When the soil profile contains multiple suitable layers, but no layer is thick enough to meet the separation guidance provided in IDAPA 58.01.03.008.02.c or Table 2-5, use the method of 72 to determine the suitable separation distance for the proposed drainfield site. The following example is based on the soil profile identified in Figure 2-3.



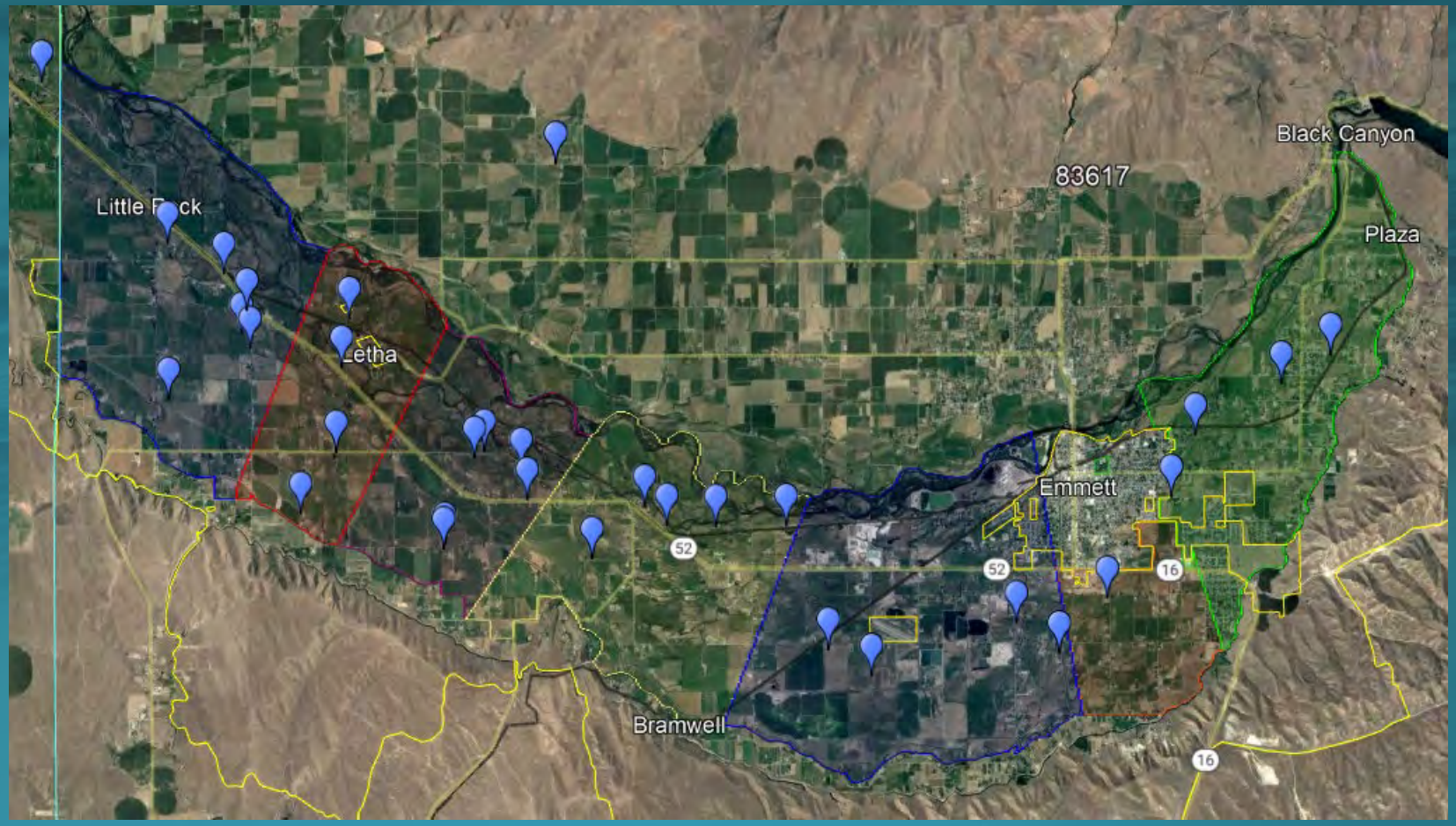
System type & Water Depth

- The use of Secondary Biological Treatment Systems reduce separation to the normal high water lever to 12”
  - Allows for effluent to spend a longer time in an aerobic environment before leaching into the soil
- System options become more limited as the groundwater rises
- No approved systems for groundwater higher than 12”

Available Systems			
Normal High Groundwater Level (feet below surface)	Soil Type		
	A	B	C
0			
1	No approved system	No approved system	No approved system
1.25	At-grade Engineered Sand Mound or Oscar II system only	At-grade Engineered Sand Mound or Oscar II system only	At-grade Engineered Sand Mound or Oscar II system only
2	**Max install depth of 3".** Above-Grade Capping Fill with Secondary Biological Treatment	**Max install depth of 3".** Above-Grade Capping Fill with Secondary Biological Treatment	**Max install depth of 3".** Above-Grade Capping Fill with Secondary Biological Treatment
3	**Max install depth of 12".** Below-Grade Capping Fill with Secondary Biological Treatment	**Max install depth of 12".** Below-Grade Capping Fill with Secondary Biological Treatment	**Max install depth of 12".** Below-Grade Capping Fill with Secondary Biological Treatment
3.25	**Max install depth of 2'.** Secondary Biological Treatment	**Max install depth of 2'.** Secondary Biological Treatment	**Max install depth of 2'.** Secondary Biological Treatment
4			**Max install depth of 3".** Above-Grade Capping Fill
4.25	**Max install depth of 3'.** Secondary Biological Treatment	**Max install depth of 3'.** Secondary Biological Treatment	**Max install depth of 12".** Below-Grade Capping Fill or **3' install with Secondary Biological Treatment**
5		**Max install depth of 3".** Above-Grade Capping Fill	
6	**Max install depth of 4'.** Secondary Biological Treatment	**Max install depth of 12".** Below-Grade Capping Fill or **4' install with Secondary Biological Treatment**	**Max install depth of 2'.** All available approved systems or **4' install with Secondary Biological Treatment**
6.25		**Max install depth of 2'.** All available approved systems	**Max install depth of 3'.** All available approved systems
7	**Max install depth of 3".** Above-Grade Capping Fill		
8	**Max install depth of 12".** Below-Grade Capping Fill	**Max install depth of 3'.** All available approved systems	All available approved systems
9	**Max install depth of 2'.** All available approved systems	All available approved systems	All available approved systems
10	**Max install depth of 3'.** All available approved systems	All available approved systems	All available approved systems
	All available approved systems	All available approved systems	All available approved systems

Shallow Wells in Gem County

- 30 SWDH project locations
  - 108 individual wells
  - 1,992 measurements
- 4 IDWR wells
  - Shallows wells
  - Data collected since the 1960's
- A combined total of 6,504 data points



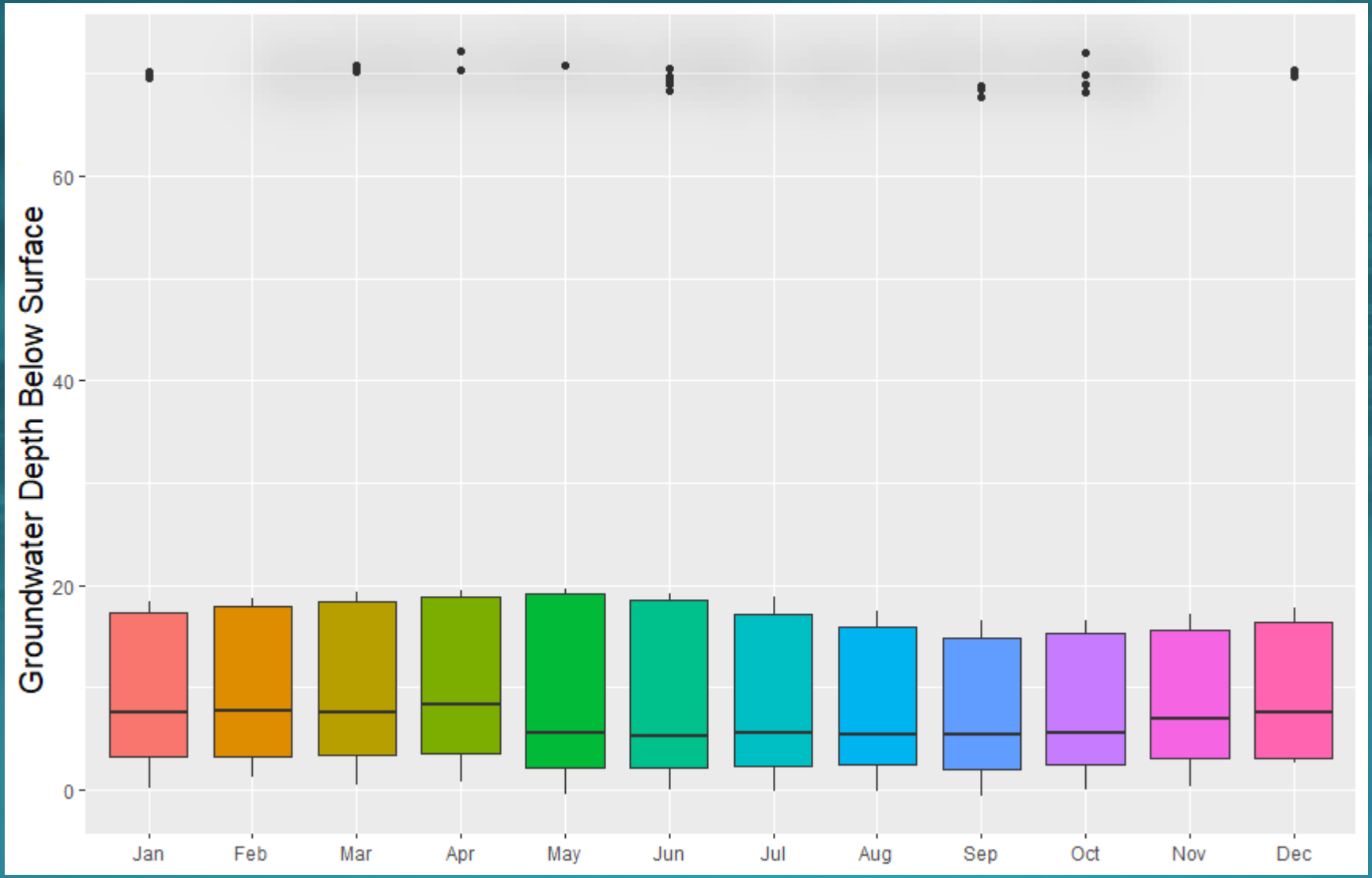
Investigation Process

Compare SWDH and IDWR wells

Identify hyperlocal groundwater trend

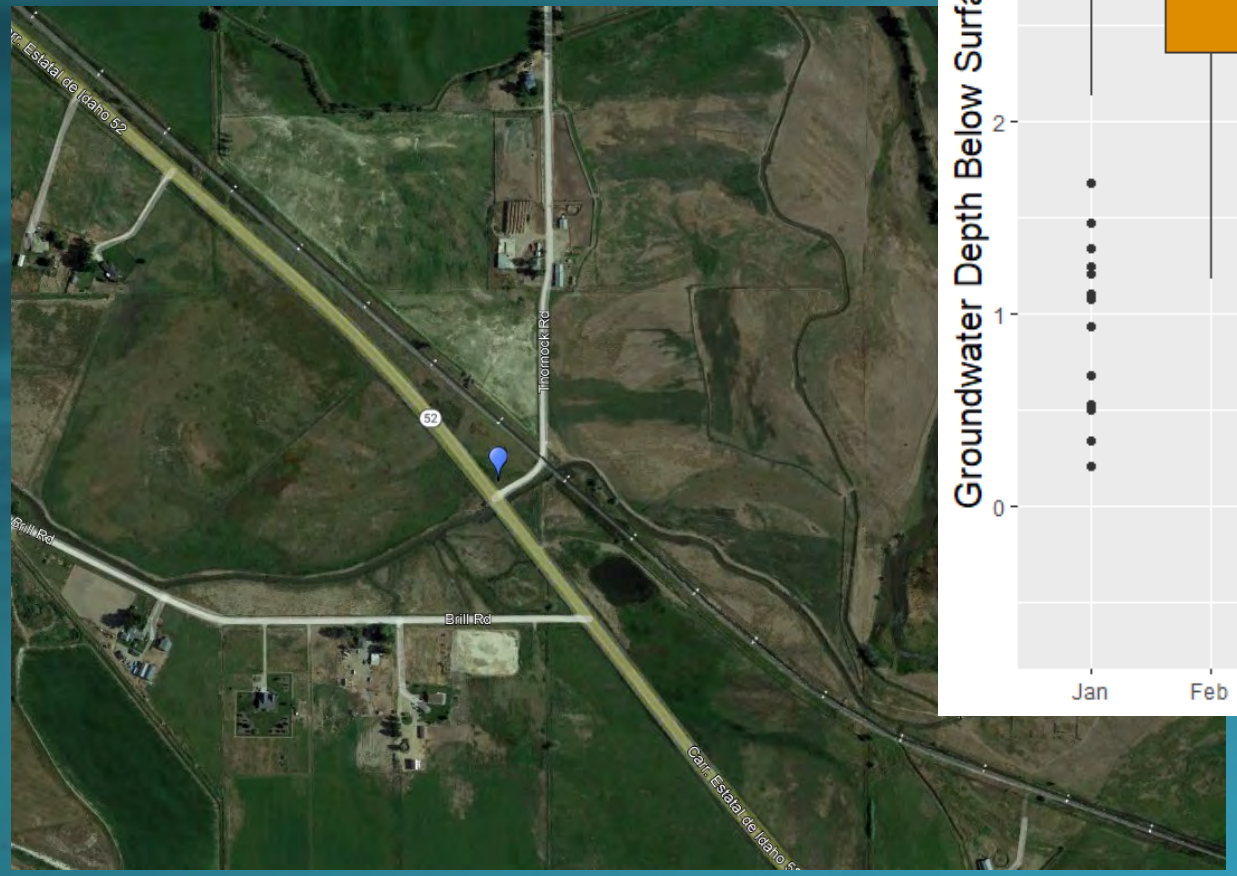
Determine if more data is needed

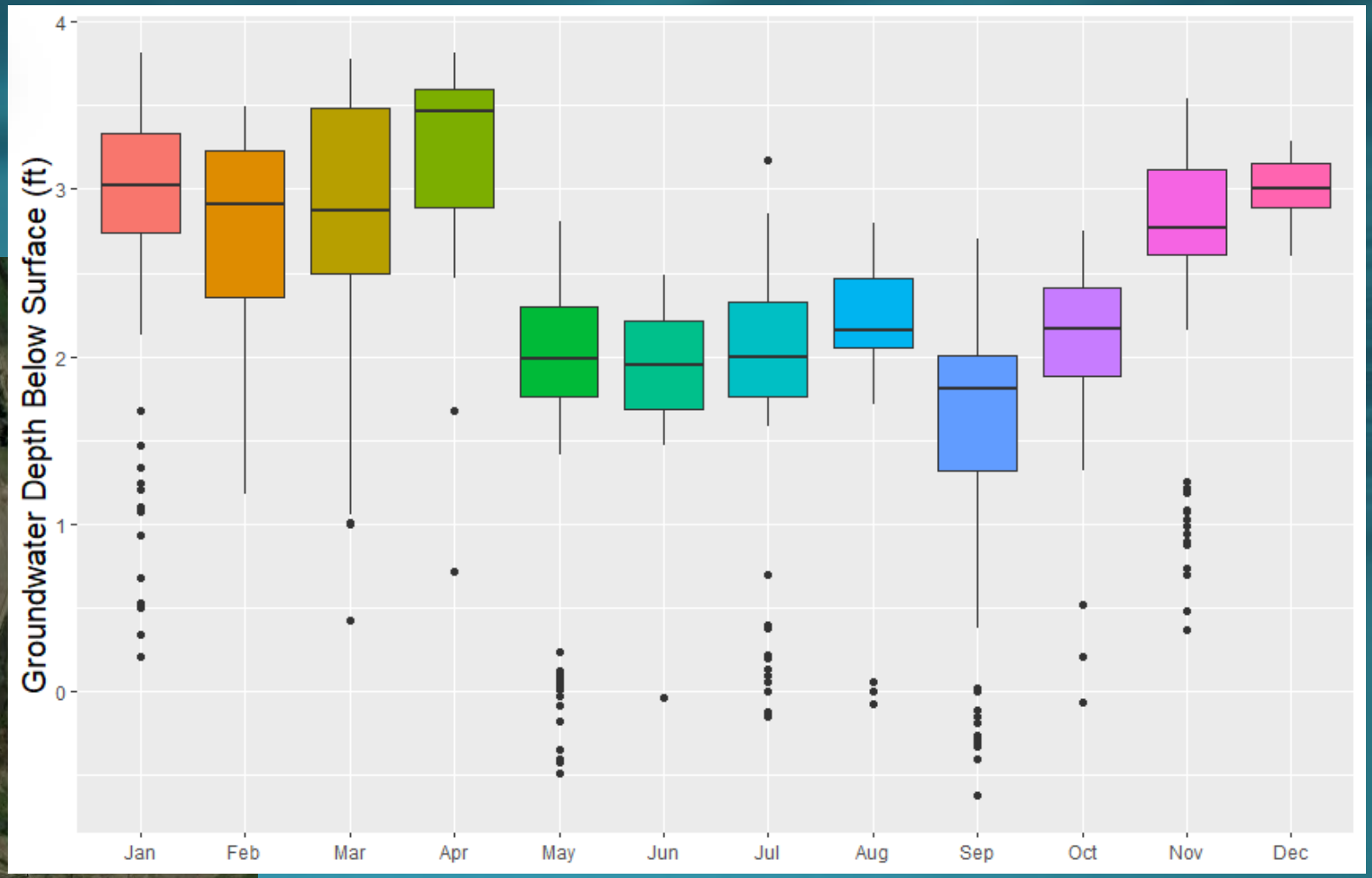
General Trend



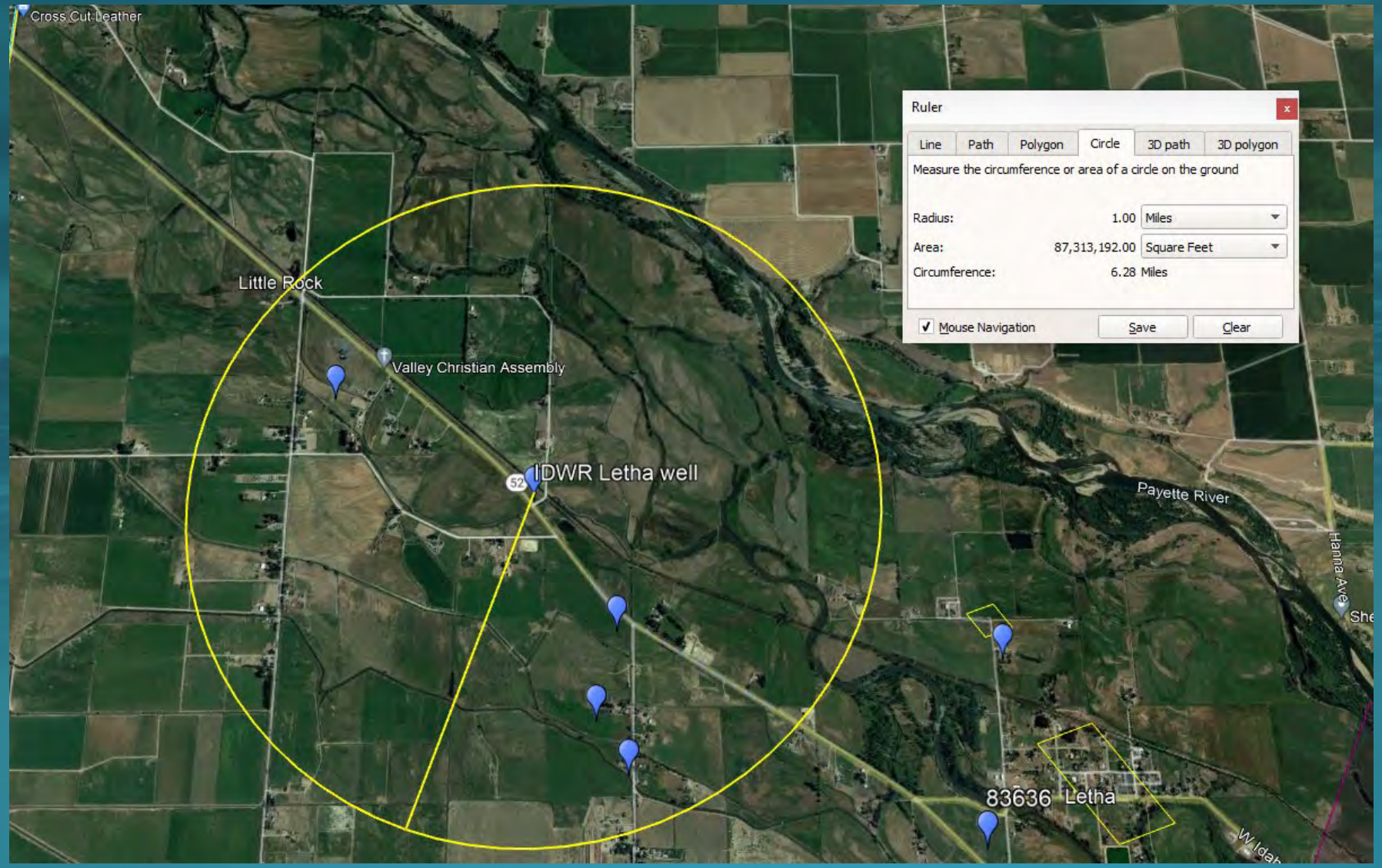
IDWR Well

- Located ~1.3 miles NW of Letha
- Data from 1999 to 2019

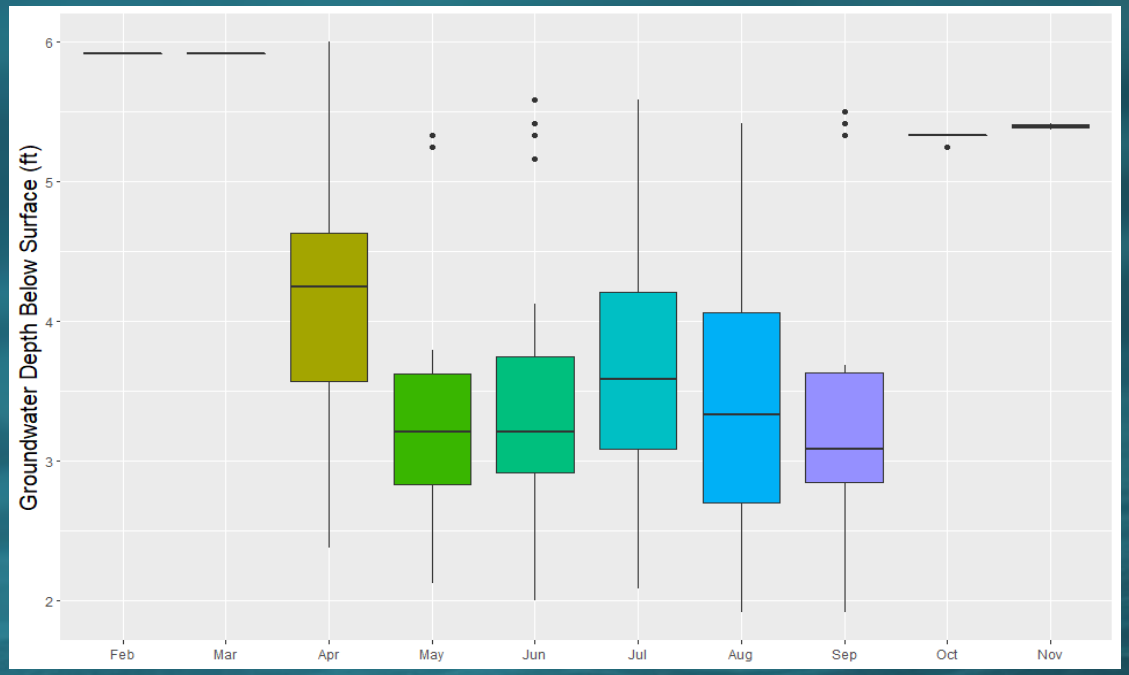


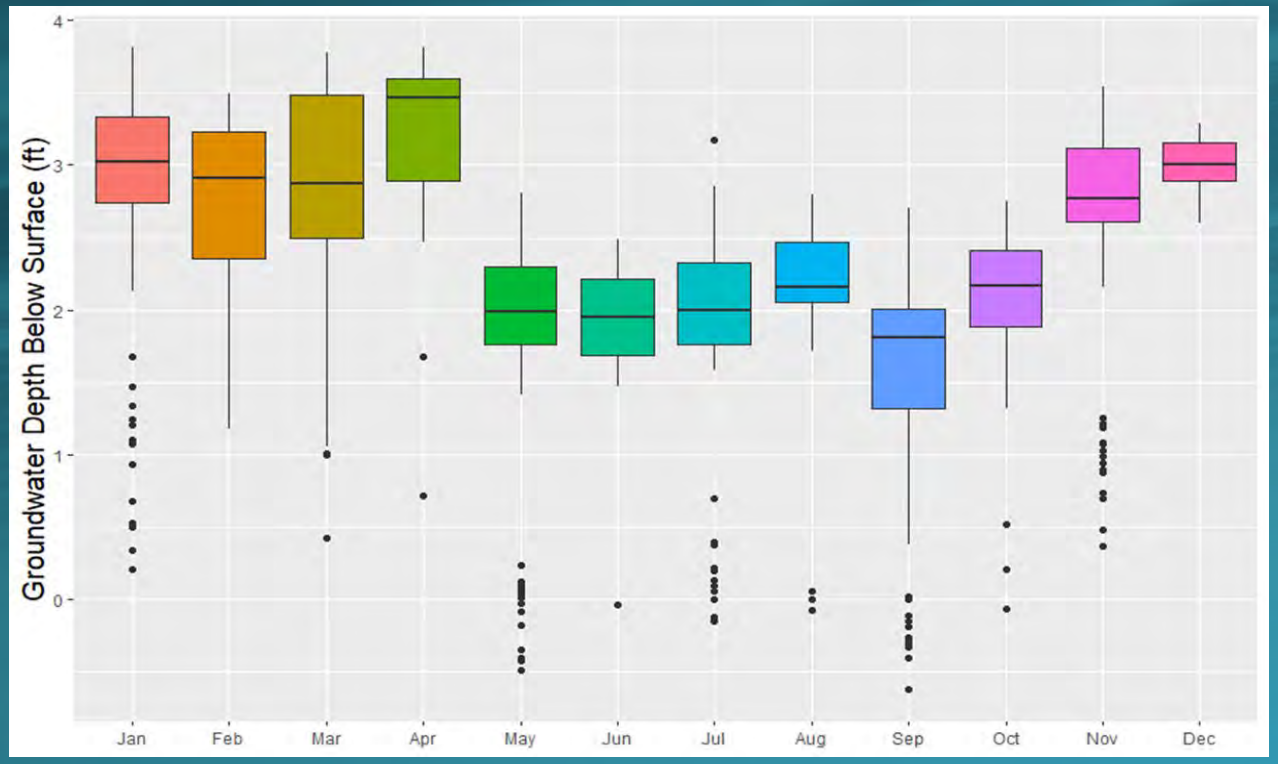


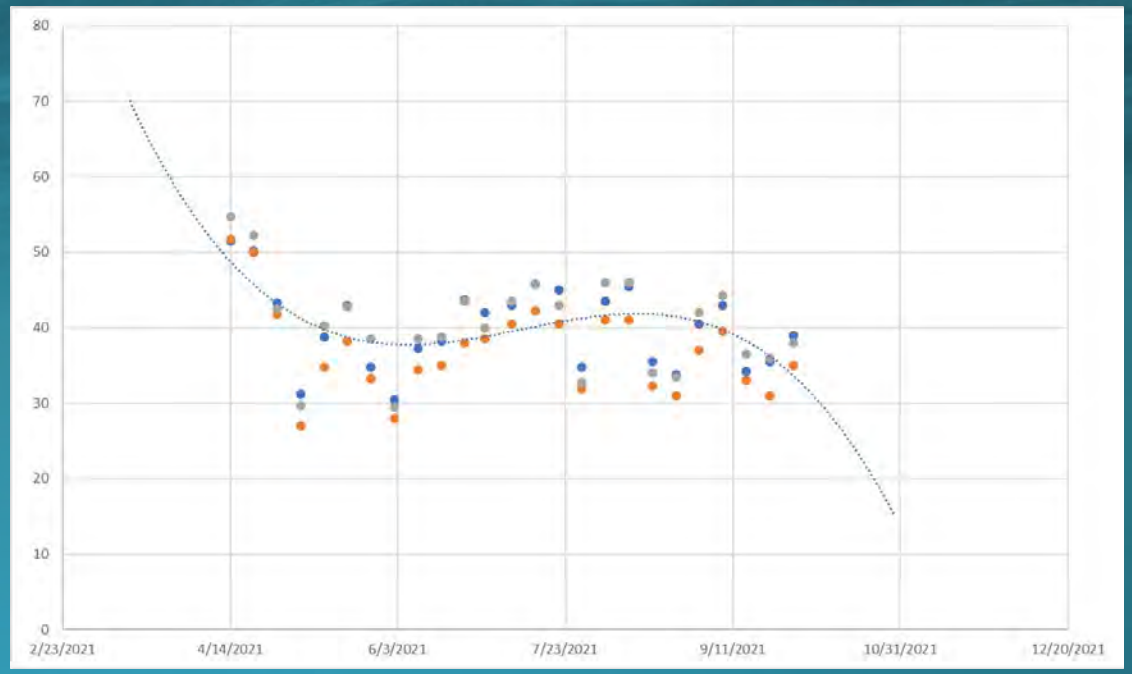
Identify Nearest Wells



Comparing Data





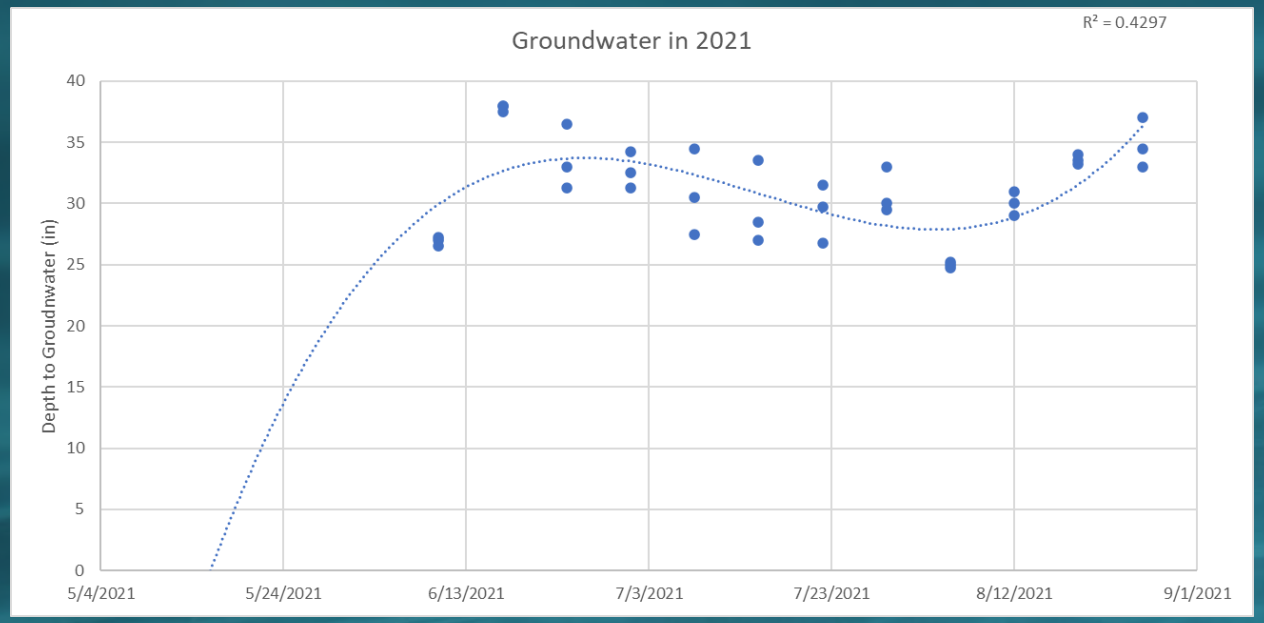


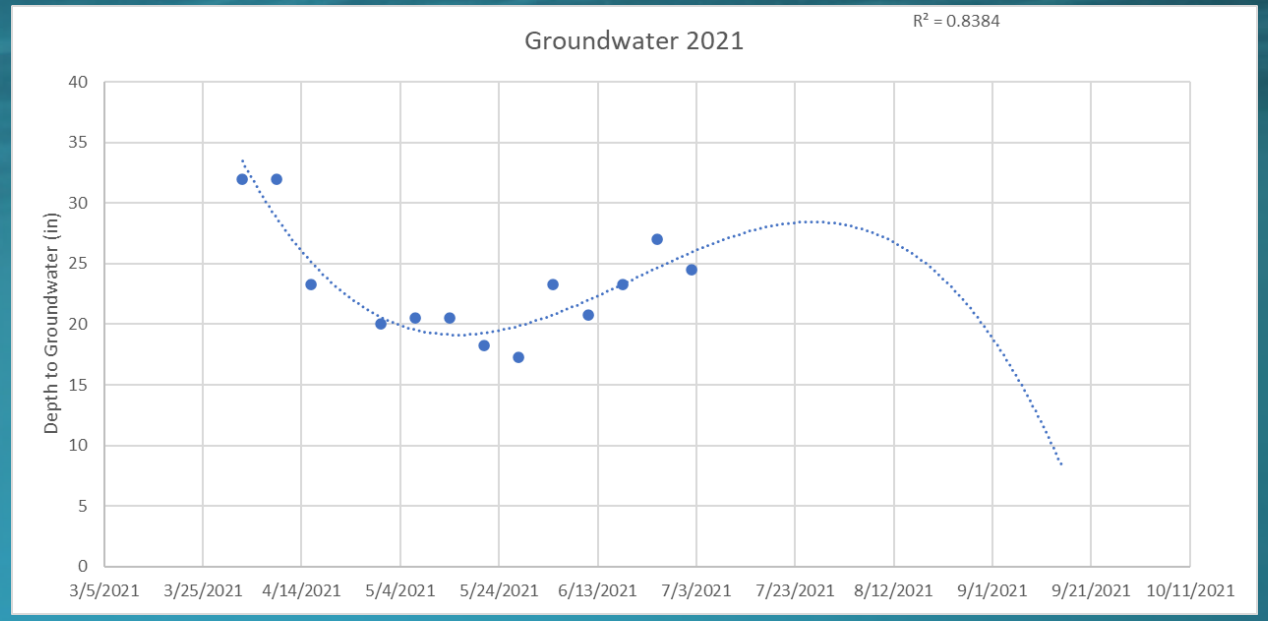
Reasons for Continued Monitoring

- Incomplete data
  - Groundwater monitoring was not conducted for the required duration
    - TGM section 2.4.2.3 requires the following groundwater monitoring timeframes:
      - Seasonal runoff and spring rain events: February 15 through June 30
      - Irrigation: April 15 through October 31

- Atypical Data
  - Data that doesn't fit the area's general trend
  - Raises red flag to further investigate local groundwater fluctuations
    - Review individual wells logs within the immediate area
    - Reexamine soil profile from test pit
  - Does not necessarily lead to continued groundwater monitoring

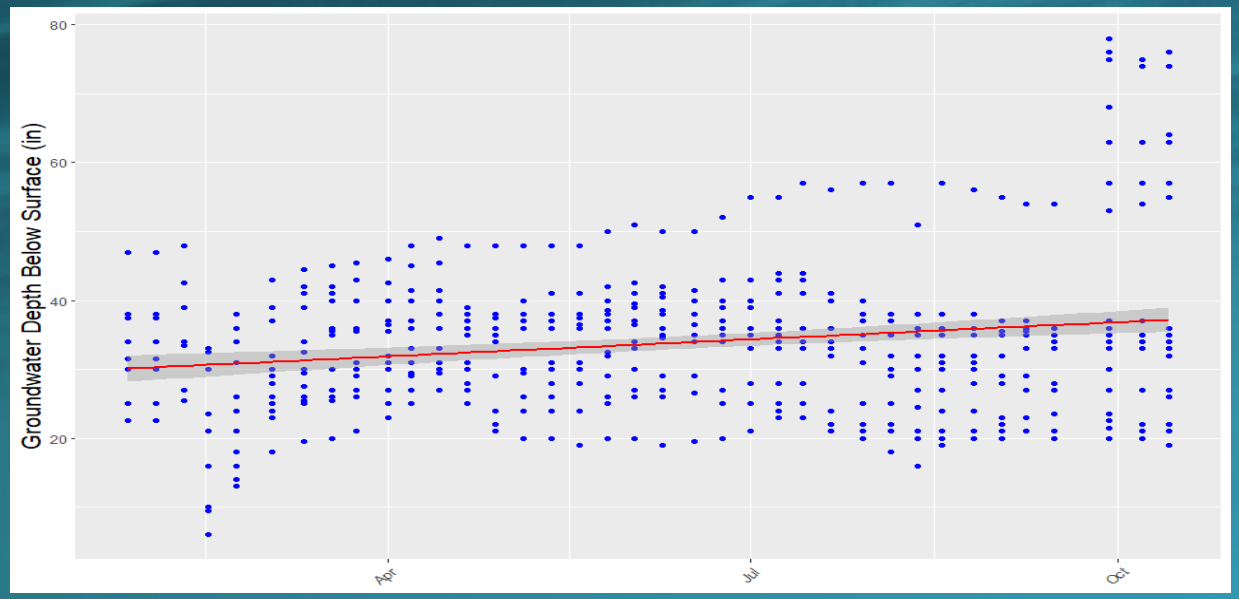
Incomplete Data

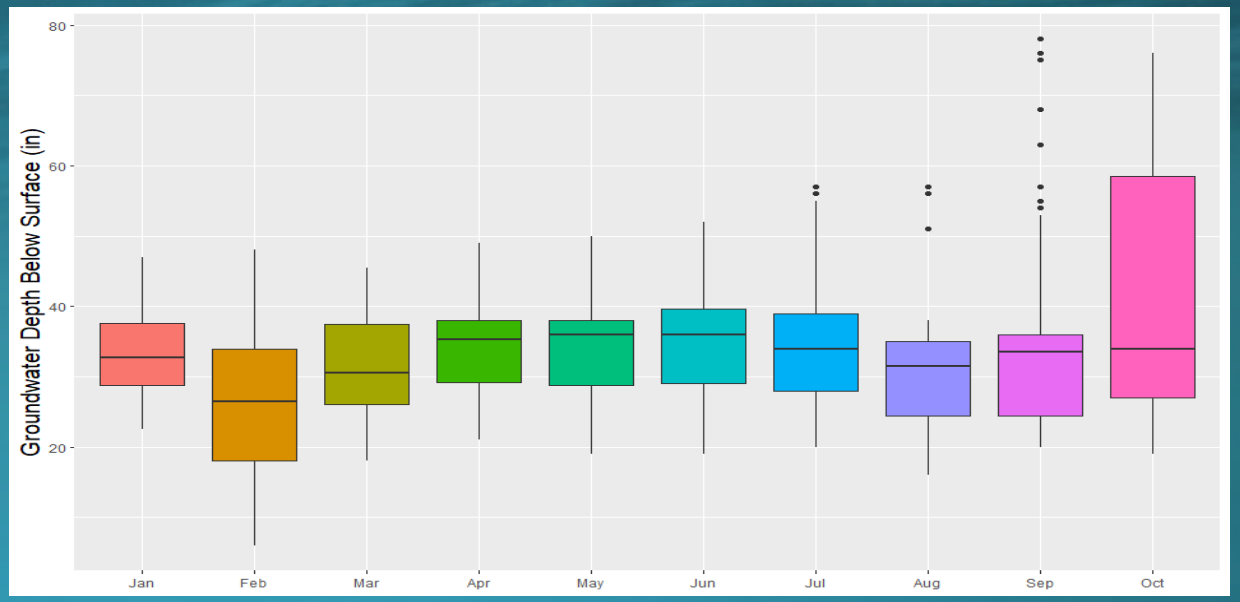




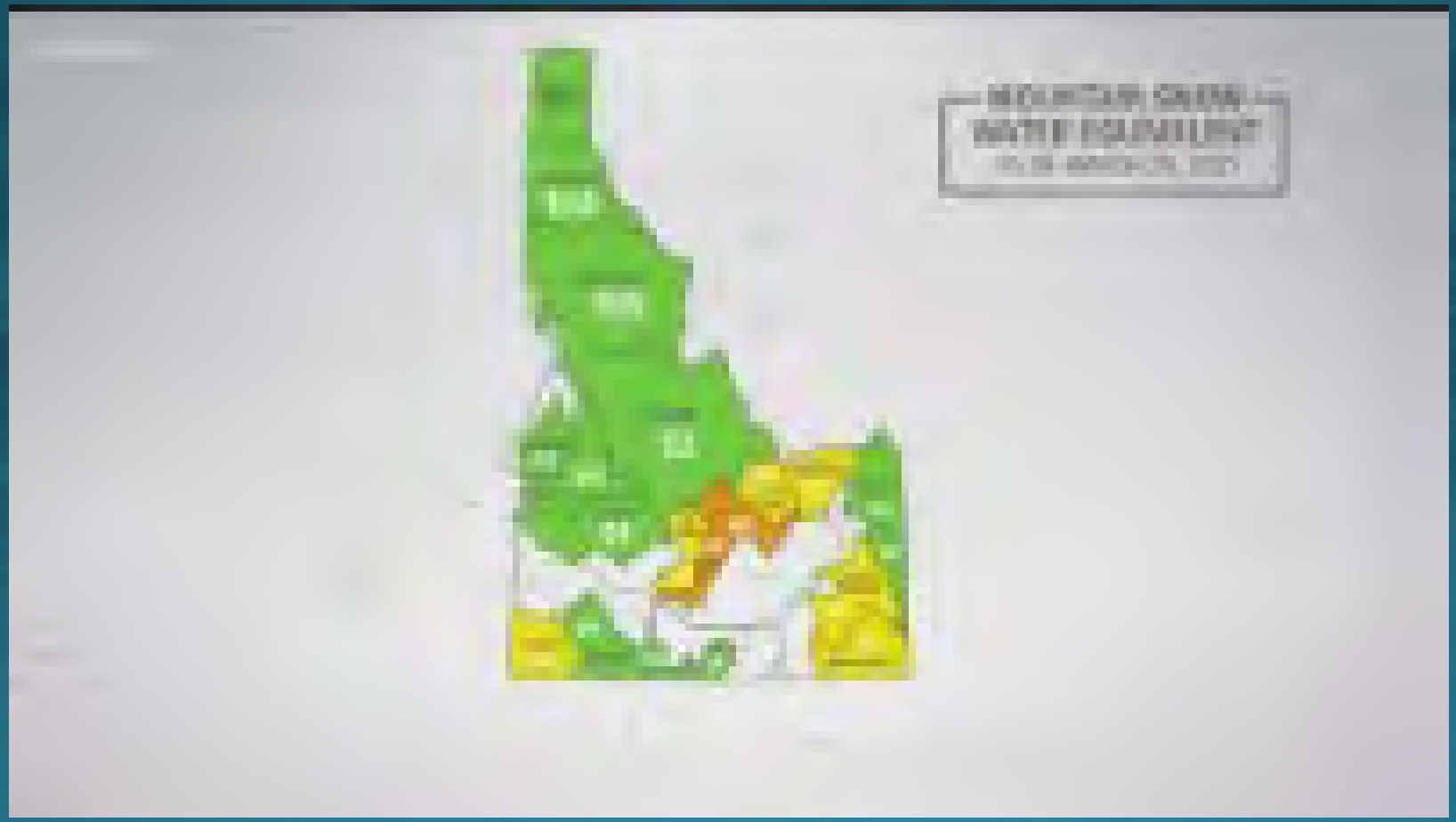
Atypical Data

- 20 individual wells
- Measured from February to October
- Highest groundwater recorded in February





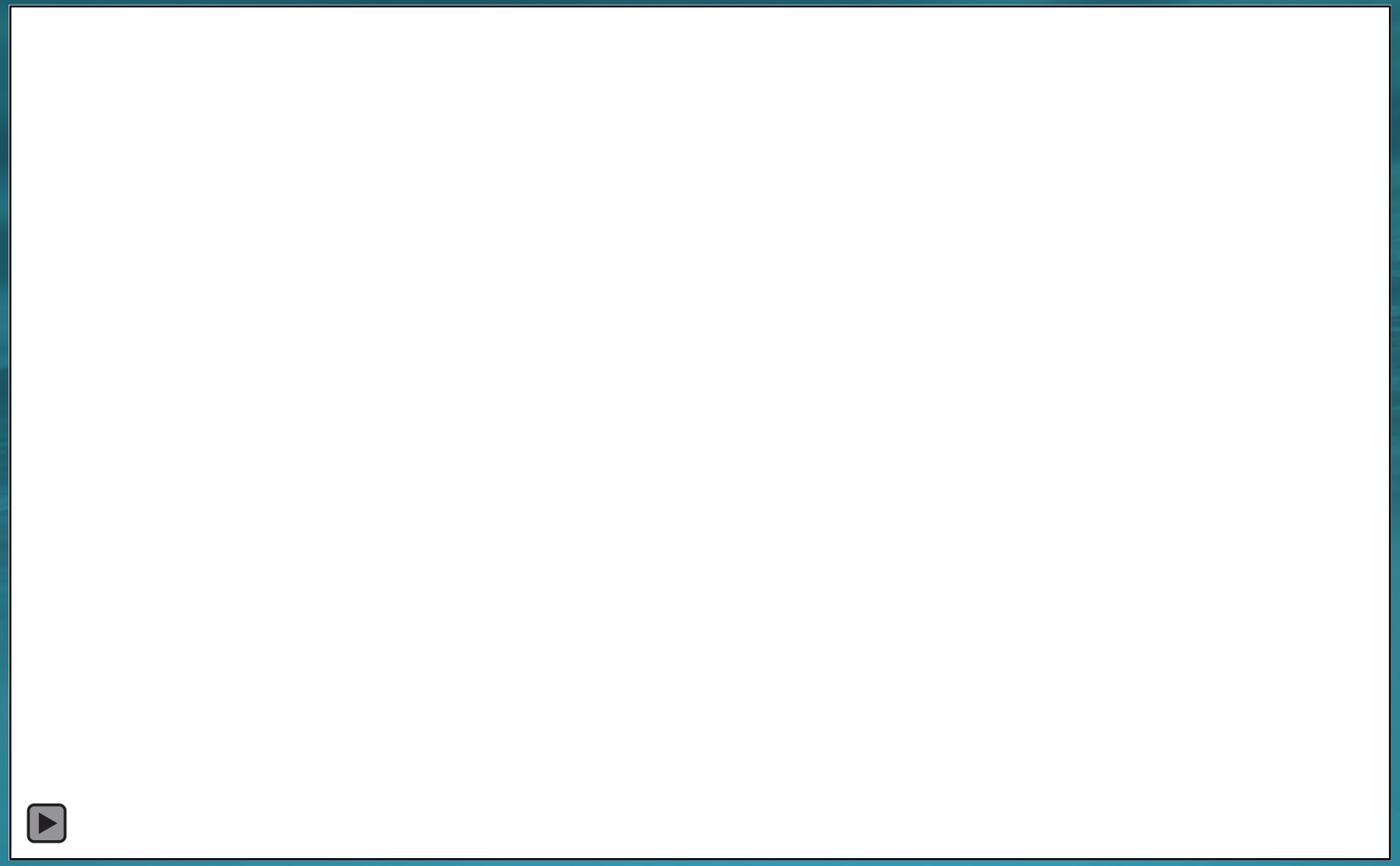
Idaho Drought On KTVB



Groundwater Database

- Create an interactive geospatial environment that stores all the data collected
- Extrapolate valuable information for the community
- Make data-based decisions
- Expedite permitting processes
- Help predict and mitigate risks to the environment and human health

Interactive Map



ThankYou

Working @ SWDH

Employee Handbook

Version 1

12/14/2021

Working @ SWDH

Employee Handbook

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A MESSAGE FROM OUR DISTRICT DIRECTOR

Congratulations, you are joining an elite team of public health professionals, innovators, problem-solvers, and leaders. Welcome to an experience that will change your life as you contribute to our mission to promote the health and wellness of those who live, work, and play in Southwest Idaho.

You should be proud of this achievement as Southwest District Health seeks out and hires top talent in the various fields and professions we represent. Although there are seven public health districts in Idaho, there is no place quite like Southwest District Health. We are an organization that aims to build strong relationships with our customers, community partners, and academic institutions to achieve our vision of a healthier Southwest Idaho. Southwest District Health is on the front lines of everything from improving ground water quality, to responding to local public health emergencies, to assuring access to healthy lifestyles and basic preventive health services. We are leaders in health policy and health science, and we're excited you'll be a part of our story.

At Southwest District Health, you'll become an integral member of diverse teams where you will expand and grow in your profession. You will be supported with the tools and resources you need to succeed and carryout your important role in our organization.

Welcome to Southwest District Health. We look forward to having you on our team!

Sincerely,

Nikki Zogg

Nikole Zogg, PhD, MPH

Mission, Values, Vision

SWDH is one of seven public health districts within the State of Idaho, serving the counties of Adams, Canyon, Gem, Owyhee, Payette, and Washington. Idaho's health districts were established in 1970 under Idaho Code to ensure essential public health services are made available to protect the health of all citizens of the state – no matter how large or small their county population. Our counties appoint members to the Board of Health, which governs our agency.

At SWDH our vision is "a healthier Southwest Idaho" with a mission **"To promote the health and wellness of those who live, work and play in Southwest Idaho."** We continue to pursue our values of accountability, customer-focused, and teamwork influence the work we do and difference we hope to make. At SWDH, we keep our promises, seek continuous improvements, and we deeply value our employees and the citizens we serve throughout our district.

Reference to State Employment

SWDH is an entity that is authorized by the State of Idaho as an independent body corporate and politic. SWDH employees are neither County nor State of Idaho employees, rather District employees who receive many State of Idaho benefits to include participation in PERSI retirement benefits, Office of Group Insurance benefits, sick leave and vacation leave accruals, paid parental leave and other benefits that

State of Idaho employees are provided. SWDH also utilizes the State Controller's Office for processing various HR needs including payroll and financial applications.

WORKING @ SWDH

Working @ SWDH is our guide to how we work with each other on matters of performance, compensation, time away from work, benefits, and other important elements of employment at SWDH. This Employee Handbook IS NOT A CONTRACT. No contract of employment with SWDH will be valid unless it is signed in accordance with proper procedures by a specifically authorized representative of SWDH AND unless it is signed by and contains the name of the employee who would be benefitted by the contract. This guide also addresses workplace expectations, relationships, and how we treat our employees and the citizens we serve. We also rely on many other operating policies to address working at SWDH. These policies can be reviewed online via Policies and Protocols SharePoint Folder. Together, these policies provide a framework of guidelines to assist you in being a successful SWDH team member. We will provide you with the most current copy of all of our policies, and we'll ask you to read them annually or whenever we make updates. If you have questions, please discuss them with your supervisor or HR.

Failure to meet the terms and expectations outlined in *Working @ SWDH* may lead to disciplinary action up to and including termination of your employment.

Definitions

Throughout *Working @ SWDH,* you'll see terms like "SWDH," "we," and "us." Anytime you see those references, we're talking about Southwest District Health and/or SWDH's leadership team (District Director and Division Administrators). We may also use the terms "Agency" and "Organization" throughout, and those refer to SWDH as well. The term "you" is used frequently, and that means YOU in your role as a SWDH employee.

Throughout *Working @ SWDH,* you'll see reference to other policy guidelines. Collectively, all of SWDH's employment-related policies and guidelines provide the overall expectations for the workplace.

Employment At-Will

Employment with SWDH is voluntarily entered into, and you may choose to resign at any time. Similarly, SWDH may end your employment at any time, with or without notice or cause, as long as there is no violation of applicable state or federal laws. This is often referred to as "at-will" employment.

Nothing in *Working @ SWDH* or any other document or statement shall change the at-will nature of employment. The terms and conditions of all offer letters, promotions, and position changes do not and are not intended to create either express and/or implied contracts of employment with SWDH. No supervisor, manager, administrator, or employee of SWDH has the authority to enter into any agreement for employment for any specified period of time or to make any agreement for employment other than at-will. SWDH's District Director is the only individual with the authority to make such an agreement, and then only in writing.

Any salary figures provided to you in annual, monthly, or bi-weekly terms are stated for the sake of convenience or discussion purposes and are not intended to and do not create an employment contract for any specific period of time.

Nothing in *Working @ SWDH* is intended to interfere with, restrain, or prevent concerted activity as protected under the National Labor Relations Act (NLRA). Such activity includes employee communications regarding wages, hours, or other terms or conditions of employment. You have the right to engage in or refrain from such activities.

Any employee who is being considered for termination will have the opportunity to respond to the District Director during a name clearing hearing prior to the final termination decision.

EMPLOYEE CODE OF CONDUCT

SWDH employees are expected to conduct themselves in a professional manner that is both civil and cooperative. SWDH employees are public employees and therefore are exposed to additional public scrutiny in both their public and personal conduct. This Code of Conduct has been established to aid employees in understanding expected conduct. Violations of the Code of Conduct will be grounds for disciplinary action up to and including termination of employment. This list is illustrative and not all inclusive. Other behaviors and acts of misconduct not specifically detailed here may be grounds for disciplinary action as well.

Expected Conduct

Each employee is expected to conduct themselves in a professional manner. In order to accomplish this, each employee must:

1. Be respectful, courteous and professional. Work cooperatively and constructively with fellow employees and members of the public.
2. Be prompt and regular in attendance at work for defined work schedules or other required employer functions, and follow procedures for exceptions to the normal schedules, including the scheduling and taking of vacation and sick leave.
3. Comply with the Employee Conduct and Professional Standards Policy –066 at all times.
4. Abide by all SWDH rules and direction of a supervisor whether written or oral (failure to do so may constitute insubordination). No employee will be required to follow the directive of a supervisor that violates local, state or national laws.
5. Maintain the confidential nature of records that are not open to the public in accordance with the direction of the responsible official.
6. Maintain a current appropriate licensure when work for SWDH requires the employee to have licensure to perform their job responsibilities.
7. Follow all workplace safety rules whether established formally by internal or external agencies.
8. Report all accidents that occur or are observed on the job, or that involve SWDH property, and cooperate as requested in the reconstruction of any such accident.

9. Avoid conflicts of interests in appointments and working relationships with other employees, contractors and potential contractors in SWDH and related agencies.
10. Adhere to any code of ethics in the employee's profession.

EQUAL OPPORTUNITY AND COMMITMENT TO DIVERSITY

SWDH's mission is to promote the health and wellness of those who live, work, and play in Southwest Idaho. When we say we envision a healthier Southwest Idaho, we mean for everyone. We strive to create workplaces that reflect the communities we serve and where everyone feels empowered to bring their full, authentic selves to work. Diversity, equity, and inclusion are at the core of who we are, and we continue to build an inclusive culture that encourages and supports the diverse voices of our employees and communities.

SWDH provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 and older), disability, genetic information, military status, and any other legally protected grounds in accordance with applicable federal, state, and local laws.

SWDH's commitment to equal opportunity and diversity applies to all terms and conditions of employment, including hiring, placement, promotion, termination, layoff, recall, transfers, leaves of absence, compensation, and training.

Supporting diversity, equality, and inclusion is a shared responsibility; therefore, we expect everyone to treat one another with respect and consideration.

Harassment-Free Workplace

SWDH is committed to a work environment where everyone is treated with respect and dignity. Everyone has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment. SWDH has zero tolerance for discrimination or harassment against employees by anyone, including co-workers, supervisors, managers, contractors, customers, vendors, or visitors.

SWDH's expectations related to a harassment-free workplace apply to all employees working at SWDH office either onsite or remotely, or in any work-related setting such as work-related travel or social events.

Harassment

Harassment consists of unwelcome conduct – whether verbal, physical, in writing, or visual – that is based on race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, disability, age (40 or older), genetic information (including family medical history), or any other characteristic or status protected by law.

Harassment becomes unlawful when 1) enduring the offensive conduct becomes a condition of continued employment, or 2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or offensive.

Petty slights, annoyances, and isolated incidents (unless extremely serious) may or may not rise to the level of being unlawful. To be unlawful, the conduct must create a work environment that would be intimidating, hostile, or offensive to reasonable people. Even though the behavior may not be unlawful, this does not mean it is acceptable to treat others disrespectfully. SWDH expects everyone to carry out their work professionally and collaboratively.

Offensive conduct may include, but is not limited to, offensive jokes, slurs, epithets or name calling, physical threats, intimidation, ridicule or mockery, insults or put-downs, offensive objects or pictures, and interference with work performance.

Sexual Harassment

"Sexual harassment" is generally defined under both state and federal law as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature where:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to or rejection of such conduct is used as the basis for employment decisions affecting the individual; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment may include a range of subtle and not-so-subtle behaviors and may involve individuals of the same or opposite gender. Behavior that may be viewed as sexual harassment includes explicit sexual discussions or descriptions; sexual innuendos; suggestive comments; sexually oriented kidding, teasing, and practical jokes; or jokes about obscene printed or visual material; and includes physical contact such as patting, pinching, or brushing up against another person.

Complaint Process

If you feel you have experienced harassment from a co-worker, supervisor, manager, or non-employee associated with SWDH, it is important for you to take prompt action. In many cases, telling the individual(s) the behavior is unwelcome and unwanted and that it needs to stop immediately may effectively stop the behavior.

SWDH recognizes, however, confronting the individual(s) may be uncomfortable and/or ineffective. You may either prefer or need to pursue resolution by reporting the behavior to someone in a position of authority, including:

- your, or any, supervisor or manager,
- anyone in HR,
- any Division Administrator,
- our District Director.

SWDH encourages the prompt reporting of complaints or concerns so rapid and constructive action can be taken. Early reporting and intervention are the most effective means of constructively resolving actual or perceived incidents of harassment.

If you observe behavior you perceive as harassment toward another employee, report this promptly to one of the individuals listed above.

Upon receiving a complaint, HR will initiate an investigation which may include interviewing the complainant, witnesses, and other parties involved. This investigation will be kept as confidential as possible to protect all individuals involved.

Retaliation
No reprisal, retaliation, or other adverse action will be taken against you for making a good-faith complaint or report of discrimination or harassment or for assisting in the investigation of any such complaint or report. Any suspected retaliation or intimidation should be reported immediately to one of the individuals listed above.

Resolution
All complaints will be investigated promptly, and to the extent possible, with regard for confidentiality, resolution of the matter will be shared with those involved.

If the investigation confirms prohibited behavior has occurred, SWDH will take corrective action against the offending individual(s), including disciplinary actions, which may include termination of employment.

Reasonable Accommodations

SWDH is committed to providing fair and equal employment-related opportunities to all individuals. In accordance with the Americans with Disabilities Act (ADA) and the ADA Amendments Act (ADAAA), SWDH will reasonably accommodate qualified individuals with disabilities unless the accommodation would pose an undue hardship to the agency or would cause a direct safety threat in the workplace. Accommodations are provided to qualified individuals with disabilities when such accommodations are directly related to performing the essential functions of a job. Please contact HR with any questions or to begin an interactive process to discuss an accommodation.

In addition to following the guidance of both the ADA and the ADAAA, SWDH is committed to complying with all other federal and state laws concerning the employment of individuals with disabilities and to act in accordance with regulations and guidance issued by the Equal Employment Opportunity Commission (EEOC). SWDH strives to ensure that all of our employment practices are free from either deliberate or unintentional barriers so qualified individuals with disabilities are not discriminated against. Qualified individuals with disabilities will receive equal consideration during the application process, hiring, job assignments, advancement, compensation, training, as well as any other terms and conditions of employment.

EMPLOYMENT RELATIONSHIP

Fair Labor Standards Act & Overtime

All SWDH positions are designated as either non-exempt or exempt under state and federal wage and hour laws.

If your position is **non-exempt** (hourly), you are eligible to receive overtime pay under the provisions of the Fair Labor Standards Act (FLSA). Overtime is based upon actual hours worked over 40 in any given workweek. Time recorded, but not worked, such as holiday, vacation, and sick is not included in overtime calculations.

It is SWDH policy to provide compensatory time off unless previous approval for paid compensation has been granted. In either case you will earn one and one-half (1-1/2) hours for each overtime hour worked.

Although it is SWDH's policy that advanced approval be given before you work overtime, any overtime that is worked by a non-exempt employee will be compensated.

If your position is **exempt**, you are exempt from receiving overtime pay under the provisions of the FLSA. As an exempt employee, you will be compensated with compensatory time at the straight rate. The maximum accrual of compensatory time is 240 hours. If compensatory time is not taken and you leave SWDH, regardless of the reason, you will forfeit the balance of compensatory time off that you had accrued. In certain situations, the District Director may authorize cash compensation in place of accruing compensatory time off for exempt employees, at their discretion.

If you are an **Executive** employee (District Director and Division Administrators), you are expected to work whatever hours are necessary to accomplish the goals and deliverables of your position, typically a minimum of 40 hours a week. Sometimes additional hours are necessary, including occasional evenings, weekends, or holidays.

Executive employees do not earn compensatory time off, and you do not need to record time away from work in less than four-(4) hour increments (unless you are on FMLA). While there is more flexibility for executive employees in how you work, you are expected to use most of our business hours to fulfill the expectations of your position, and you still need to coordinate time away from work with your supervisor.

In addition to being either non-exempt or exempt, you will be assigned one of the following employment statuses:

- Full-time – regularly scheduled to work 40 hours per week. Full-time employees are eligible for SWDH's benefits, subject to the terms, conditions, and limitations of each benefit program.

- Part-time - regularly scheduled to work less than full time, but at least 20 hours per week. Part-time employees are eligible for SWDH's benefits, subject to the terms, conditions, and limitations of each benefit program.

- Temporary - hired through SWDH as interim employees, to temporarily supplement the workforce, or to assist in the completion of a specific project. These assignments are limited in duration. While temporary workers receive all legally mandated benefits (such as Social Security and workers' compensation insurance), temporary workers generally are not eligible for SWDH's benefits.

These employment definitions and statuses do not guarantee employment for any specified period, nor do they change the at-will nature of employment.

Employment of Relatives

The employment of relatives in the same area of an organization can cause conflicts, including the perception of favoritism and issues with employee morale. In addition to claims of partiality in treatment at work, personal conflicts outside of work can be carried into day-to-day working relationships.

Who is a Relative?

Relatives are defined as people who are related by blood or marriage, or whose relationship is similar to that of people who are related by blood or marriage. If you aren't sure if SWDH considers you related to someone, please discuss with HR.

Hiring of Relatives

SWDH does not prohibit the hiring of relatives; however, we are committed to monitoring situations in which relatives work together. If a conflict occurs, SWDH will take necessary steps to resolve the situation; this may include reassignment or, if necessary, one (or both) of you may need to seek employment outside of SWDH.

- SWDH will not hire or promote anyone into a position if they are related to the immediate supervisor or to that supervisor's manager (spouse, child, parent, grandparent, grandchild, sibling or the same by marriage).

Relationships in the Workplace

If you begin a dating relationship with another employee, and either of you is in a supervisory position, it is critical that you discuss this with HR. SWDH may require a transfer or reassignment, or one or both of you may need to seek employment elsewhere. By no means should any supervisor enter into a dating relationship with anyone they supervise.

Your Personal Information

SWDH is committed to protecting your personal information while balancing our need to provide employee benefits, payroll services, manage employees, and comply with public record laws. SWDH is an "independent body corporate and politic" operating as a Public Health District. We are subject to public record laws that may require information such as your hire date, compensation, and position title to become public record.

We share some of your personal information such as your birth date, Social Security number, and address with third-party benefit vendors such as PERSI, insurance benefit providers, and the State Controller's Office.

Supervisors and managers within your department as well as SWDH's HR have access to your personnel file. We will provide access to your personal information only when required by law or when the information is necessary for business operations.

Personal Information Changes

Please make sure to keep your physical and e-mail addresses, phone number(s), and emergency contact information current with HR. Contact HR if you need to update your beneficiaries or make a name change.

WORKPLACE SAFETY

Protecting your safety and the safety of SWDH's visitors is one of the most important aspects of running SWDH's business. Everyone at SWDH has the opportunity and responsibility to contribute to a safe work environment by using common sense and safe work practices. If you see something unsafe, say something to your supervisor/manager, administrator, facilities, or HR. Safety does not happen by accident; we are all in this together!

Drug and Alcohol-Free Workplace

SWDH is committed to providing a safe work environment and supporting the health and well-being of our employees. Illegal use of drugs, as well as the misuse/abuse of alcohol and legally prescribed medications is not compatible with employment at SWDH.

Applicability

Our Drug and Alcohol-Free Workplace Policy applies whenever you are representing or conducting business on behalf of SWDH. This policy applies to all employees, contractors, applicants, persons on our property, and all others representing or conducting business with SWDH.

Policy

It is a violation of SWDH's Drug and Alcohol-Free Workplace Policy to:

1. Engage in the use of alcohol, drugs, or drug paraphernalia during duty hours and/or SWDH property or work sites.
2. Intentionally misuse, abuse, distribute, sell, and/or trade prescription medications.
3. Report to work under the influence of illegal drugs or alcohol.
4. Use illegal drugs while on or off duty.

Any employee who is reasonably suspected to be under the influence of alcohol or any illegal substance while at work will be required to provide a necessary sample for testing. If the testing occurs off-site, the employee will be provided transportation to/from the testing site by a designated individual. If the individual is confirmed positive, arrangements for safe transportation will be made.

Prescription Medications and Over-the-Counter Medications

The use of legally prescribed medications and over-the-counter medications is only permitted if it does not impair your ability to perform the essential functions of your job effectively and in a safe manner. If the use of a medication could compromise your safety, that of your co-workers, or that of the public, it is your responsibility to bring this to the attention of HR to discuss appropriate options to avoid unsafe workplace practices. You should not, however, disclose underlying medical conditions unless directed to do so. You may be required to provide written medical authorization from a physician to work while using such authorized medications.

Workplace Violence Prevention

SWDH is committed to providing a safe, violence-free workplace. We will not tolerate acts of violence that contradict SWDH's values in any form. Accordingly, SWDH prohibits intimidating, threatening, or hostile behaviors in the workplace, including, but not limited to:

- Causing physical injury to another individual;
- Making threatening remarks;
- Aggressive or hostile behavior that creates a reasonable fear of injury to another individual or subjects another individual to emotional distress;
- Intentionally damaging SWDH's property, a co-worker's property, or a visitor's property;
- Committing acts motivated by, or related to, sexual harassment or domestic violence;
- Use of agency resources to threaten, stalk, or harass anyone in or outside of the workplace.

If you witness or are the recipient of violent behavior, you should promptly inform your (or any) supervisor/manager, HR, any administrator, or the District Director. SWDH will actively intervene at any indication of a possible hostile or violent situation. If you feel an imminent threat to the safety of yourself or others exists, contact law enforcement authorities immediately.

All reported incidents will be investigated quickly and discreetly. Any employee determined to have committed an act of aggression or violence in the workplace will be subject to disciplinary action, up to and including termination of employment. Violations of this policy may also have legal consequences.

SWDH maintains the right to inspect your belongings, while on SWDH's premises, without your consent or prior notice. SWDH's inspection could include belongings such as packages, backpacks, briefcases, purses, gym bags, and personal vehicles. In addition, we may inspect the contents of workstations, storage areas, and lockers at any time.

SWDH treats threats coming from an abusive personal relationship as it does other forms of violence, and we encourage you to report these safety concerns in the same manner we ask you to report workplace violence concerns. Additionally, you should promptly inform HR of any restraining order listing the workplace as a protected area.

We cannot always predict violent acts, so we ask you to be vigilant and alert. If you see something out of the ordinary, please say something.

WORKPLACE EXPECTATIONS

Duty to Report Law Violations

New SWDH employees are required to participate in a fingerprint-based background check conducted by Idaho State Police. All employees, regardless of when they were hired, are required to notify HR of law violations (except minor traffic violations) they are charged with within 72 hours of receiving the charge, or the next business day, whichever comes first. HR will review the law violation to determine if there is a risk to the agency (i.e., an employee who works with children is charged with child abuse, an employee who is required to drive a district vehicle is charged with DUI, etc.). The conversation with HR is

confidential and the District Director will make the final decision if accommodations are needed, or if the seriousness of the charge warrants more serious actions.

Whistle Blowing

SWDH has a public mission. While not a state agency, SWDH is an "independent body corporate and politic." The public nature and status of SWDH require our agency to adhere to strict ethical standards. Aside from regulations, we believe lasting success can only be built on integrity. SWDH's Code of Conduct outlines the standards and expectations to which we all agree to adhere. Should you become aware of behavior within SWDH that may constitute a violation of SWDH's Code of Conduct Policy or federal or state law, we expect you to report the violation. SWDH will not take adverse action against you for reporting your concerns to us.

Coaching Culture

SWDH has high expectations for you. We need to deliver excellent customer service, continuously learn how to use and leverage new technology, discover and implement ever-better business processes, and work constructively with each other and the communities we serve.

SWDH strives to support the quest for excellent performance through ongoing coaching efforts. Our coaching culture consists of a combination of performance feedback, regular check-ins with your supervisor, and regular division meetings. SWDH expects your supervisor to have ongoing, clear, and supportive conversations with you and to provide *verbal* encouragement and constructive feedback when needed. You can rely on these conversations to know where you stand relative to your performance. SWDH expects everyone to perform well. If there are significant and/or persistent performance concerns, those concerns will be discussed with you and *documented* in a memo that will be placed in your personnel file.

COMPENSATION

At SWDH, the Board of Health sets our budget each spring and may include increases to employee's compensation. The District Director then approves a plan for increases based on performance. The final budget setting occurs during the May Board of Health meeting and if approved, the increases in compensation will be implemented to be effective beginning in the new fiscal year or may be implemented earlier if sufficient funding is available in the current fiscal year budget.

Internal Transfers and Promotions

SWDH may post open positions both internally and externally, depending on the needs of the program hiring for the position. "In-line" promotions may occur within a job family (e.g., a promotion from Environmental Health Specialist 1 to Environmental Health Specialist 2) without posting. In the case of an in-line promotion, there's no posting because no one is being hired to fill the position, the individual being promoted is taking on additional responsibilities, and *there is a clear business need to convert an existing position to one with more responsibilities*.

If you're ever interested in applying for an internal opportunity, your supervisor's approval isn't required; however, your supervisor is likely to be asked to provide input on performance in your current position.

TIME AWAY FROM WORK

One of the legacy ties SWDH as to being treated as a "state agency" is an ongoing relationship with the Idaho State Controller's Office (SCO). We report our payroll activity through the SCO system, and SCO manages many aspects of our pay, vacation, and sick leave accrual.

Holidays

SWDH observes all 11 Federal Holidays and provides paid time-off for each of these Holidays for employees who are eligible for PERSI benefits. The amount of Holiday hours available is based on the average amount of hours worked per week divided by 5, to a maximum of 8 hours per Holiday.

Vacation

Vacation accrues on a per-pay-period basis, and accrual rates are determined by your years of service and your FLSA category. It is the policy of SWDH that employees vacation balances will be paid on their final paycheck upon separation unless they are eligible to transfer their leave balances to another agency. SWDH will also transfer existing sick and vacation leave for incoming employees transferring from another Idaho Public Health District or state agency.

Vacation rates accrue as follows (based on an 80 hour pay period):

	Years of Service	Vacation Accrual Rate	Maximum Accrual
Executive	1-5	7.7	200
	6-10	7.7	240
	11-14	7.7	288
	15+	7.7	336
FLSA Exempt	1-5	4.6	192
	6-10	5.5	240
	11-14	6.5	288
	15+	6.5	336
FLSA Non-Exempt	1-5	3.7	192
	6-10	4.6	240
	11-14	5.5	288
	15+	6.5	336

Supervisor approval is needed before scheduling time away for vacation. Balancing your vacation plans and SWDH's needs to coordinate business needs require timely communication and planning with your supervisor. Unpaid time away from work (leave without pay) is handled on a case-by-case basis and must be approved by the District Director (unless it's related to an accommodation under the Americans with Disabilities Act or the Family and Medical Leave Act).

Sick Leave

Full-time employees accrue 3.7 hours of Sick Leave per pay period (based on an 80 hour pay period). If you work part-time, your accrual is pro-rated accordingly. There is no maximum Sick Leave accrual. You need to notify your supervisor if you are unable to work due to illness or injury. You do not need to disclose the nature of your illness or injury; however, you should communicate the expected length of your sick leave, so your supervisor and team can adjust and manage your workload while you're out. There is no compensation of sick leave balances upon separation. If an employee retires, they may be eligible to use a portion of their sick leave balance for insurance related payments. Please contact HR for specific details.

Coordination of Vacation and Sick Leave

Coordinating time away from work to manage extended illness, personal needs, and vacation requires planning and communication. We expect you to plan and communicate as your personal plans and situation changes. SWDH will respect your privacy, and we comply with FMLA and other applicable laws and regulations governing the privacy of medically related information. We expect you to keep us informed about the length of time an illness may take you away from work. We also expect you will be flexible and thoughtful when scheduling your vacation time. Your time away may impact your team and the work you are responsible for; therefore, advanced planning, team collaboration, and ongoing communication are critical to successfully balancing your time away from work with SWDH's needs.

Family and Medical Leave

SWDH complies with the federal Family and Medical Leave Act (FMLA), which requires employers to provide unpaid leaves of absence for certain medical and family-related reasons.

The FMLA requires employers with 50 or more employees to provide eligible employees with up to 12 weeks of unpaid, job-protected leave in any 12-month period for qualifying family- and medical-related reasons. The 12-month period is a rolling period measured backward from the date you use any FMLA leave, except for leaves to care for a covered service member with a serious illness or injury. For those leaves, the leave entitlement is 26 weeks in a single 12-month period, measured forward from the date you first take that type of leave.

During FMLA leave, your benefits coverage under our "group health plan" will continue under the same terms as if you were actively at work. Upon return from leave, SWDH's intent is to restore you to your current position or an equivalent position with equivalent pay, benefits, and other employment terms. However, being on FMLA leave doesn't entitle you to a greater right to reinstatement or other benefits and conditions of employment than if you remained continuously employed during the FMLA period.

If you think you may need FMLA, please contact HR 30 days prior when the need is foreseeable. Keep in mind, you'll need to provide sufficient information for SWDH to determine if your requested leave qualifies for FMLA protection as well as the anticipated timing and duration of the leave. You'll need to provide medical certification, and periodic recertification may be required.

Eligibility for FMLA

You are eligible for FMLA if you have worked for SWDH for 12 months, and you have worked for SWDH for at least 1,250 hours in the previous 12 months.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility or continuing treatment by a health care provider for a condition that either prevents you from performing the essential functions of your job or prevents a qualifying family member from participating in school, work, or other daily activities.

This policy does not cover every detail about FMLA. Please contact HR with any FMLA-related questions.

Military Leave

SWDH thanks you for your military commitments, and we support Military Leave for uniformed service in accordance with applicable federal and state laws. SWDH will cover your pay for up to 120 hours of approved Military Leave in each calendar year.

Upon return from Military Leave, you will be granted the same seniority, pay, and benefits you had as if you had worked continuously.

Please contact HR with any Military Leave questions.

Jury Duty

SWDH supports you in your civic duty to serve on a jury. Please share your summons with your supervisor and HR as soon as possible after you receive it to allow for planning to cover your work responsibilities. Your time spent on Jury Duty is considered a paid leave of absence (up to 40 hours per week for up to 30 days).

THE TOTAL PACKAGE - BENEFITS

SWDH provides you with a generous benefits package. For detailed information on all of SWDH's benefits, including eligibility, please check out https://ogi.idaho.gov/ or contact HR.

Health Insurance (Medical, Dental, and Vision)

SWDH offers comprehensive health insurance coverage with very modest premiums and deductibles that are considerably lower than the average in today's market. SWDH's health insurance "plan year" runs July 1 – June 30. Keep that in mind when you are thinking about annual deductibles.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) offer a convenient and easy way to save money for eligible medical and childcare expenses. You can set aside pre-tax dollars (through payroll deductions) to pay for your qualified expenses. The money deposited into these accounts is not taxed at the time of contribution and remains tax-free when it is withdrawn as reimbursement for eligible expenses.

Quite a few rules govern how FSAs work (and don't work), please be mindful and pay close attention. Once you open an FSA, you are committed to that decision for the plan year. The only exception is when you have an IRS-qualified Change in Status or Life Event. You'll also need to re-enroll every plan year (our plan year is July 1 – June 30), enrollments don't carry over from one plan year to the next.

Life Insurance

SWDH covers one (1) x your annual salary, and you can purchase more, called "voluntary coverage." You can also purchase coverage for your spouse and your dependent children.

Short-Term and Long-Term Disability

SWDH covers the cost of these premiums for you. In addition to the insurance company approving your application for disability benefits, there's also a waiting period you'll need to meet. Specific details are available from HR.

Retirement

SWDH participates in the Public Employee Retirement System of Idaho (PERSI). Contributions are a joint effort between you and SWDH. In addition to PERSI, you have the option of contributing to either (or both) the PERSI Choice 401(k) Plan and a 457 Plan.

Employee Assistance Program (EAP)

Access to SWDH's Employee Assistance Program (EAP) is just a phone call away (877-427-2327 to reach ComPsych's Guidance Resources). The EAP provides confidential, short-term professional counseling at no cost to you. You are important, and your mental health is as important as your physical health. The EAP can help with a wide range of life's ups and downs, including emotional, marital, or other family issues, financial matters, as well as things like substance abuse and legal problems. It's the things that keep you up at night as well as everything in between. Take care of yourself, please!

Workers' Compensation

If you are ever injured on the job, it's important to notify your supervisor as soon as possible. SWDH's workers' compensation insurance pays for medical expenses and lost income to help you get the care you need so you can return to work safe and healthy. Workers' compensation benefits will run concurrently with FMLA leave if applicable.

Respite/Lactation Room

The Caldwell office has Respite/Lactation rooms located in Clinic Services. These rooms provide a comfortable, quiet, and private space. It is available for your use if you are a nursing mother in need of a private lactating space; you need a quiet place to think; or you just need a moment to yourself. There is a calendar online to reserve space.

Employee Reimbursements

Full-time and part-time employees are eligible for certain reimbursements with annual limits for tuition assistance. These reimbursements are subject to appropriate approvals.

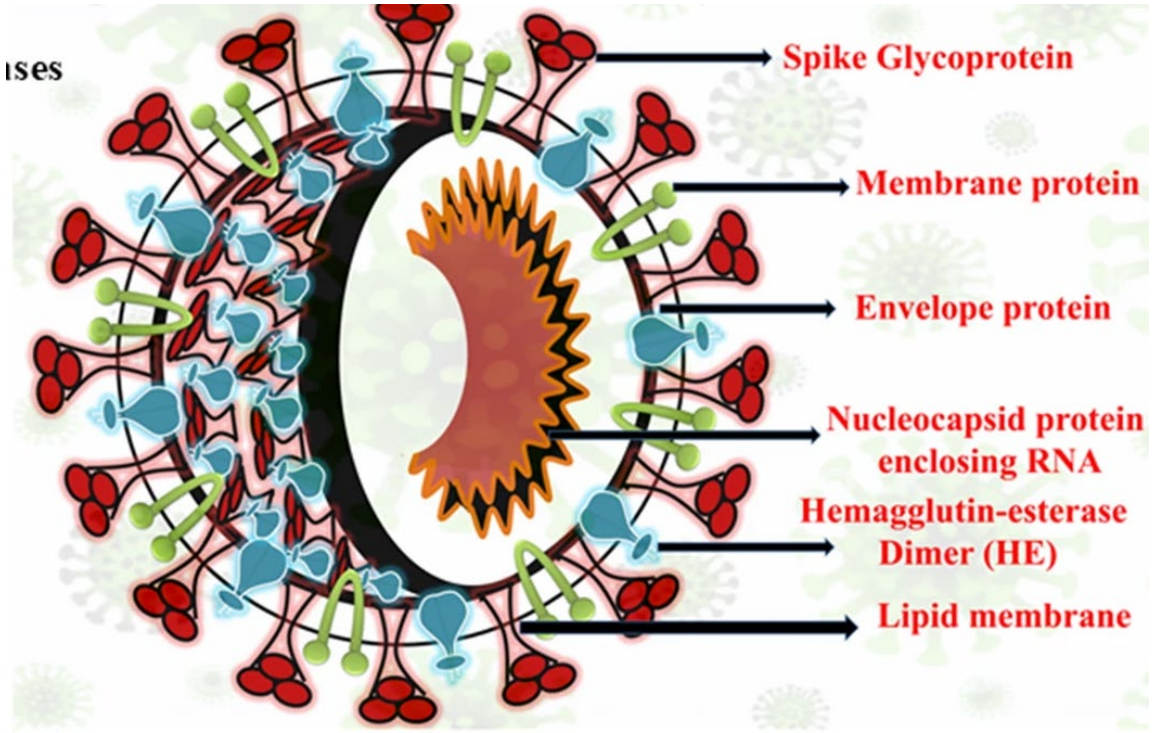
SOUTHWEST DISTRICT HEALTH

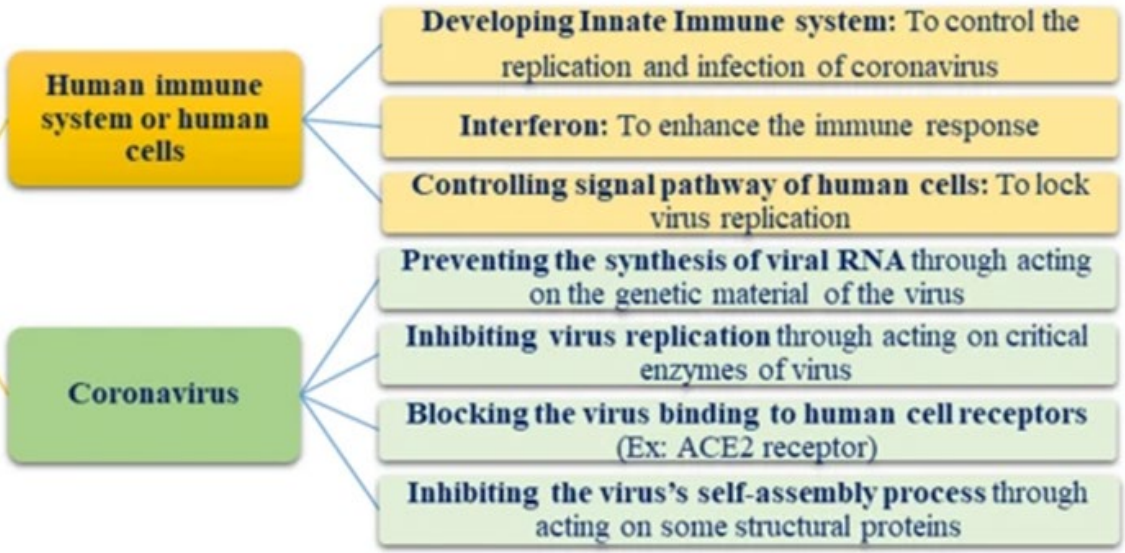
Monoclonal antibodies for SARS-CoV2

Background

- SARS-CoV2 can cause significant morbidity and mortality
- There are many treatments being studied, including monoclonal antibodies
- Monoclonal antibodies block the virus's ability to enter cells
- In certain populations, monoclonal antibodies have shown to decrease:
  - Viral load
  - Hospitalization
  - Hospital length of stay
  - Death

How are therapeutics identified?





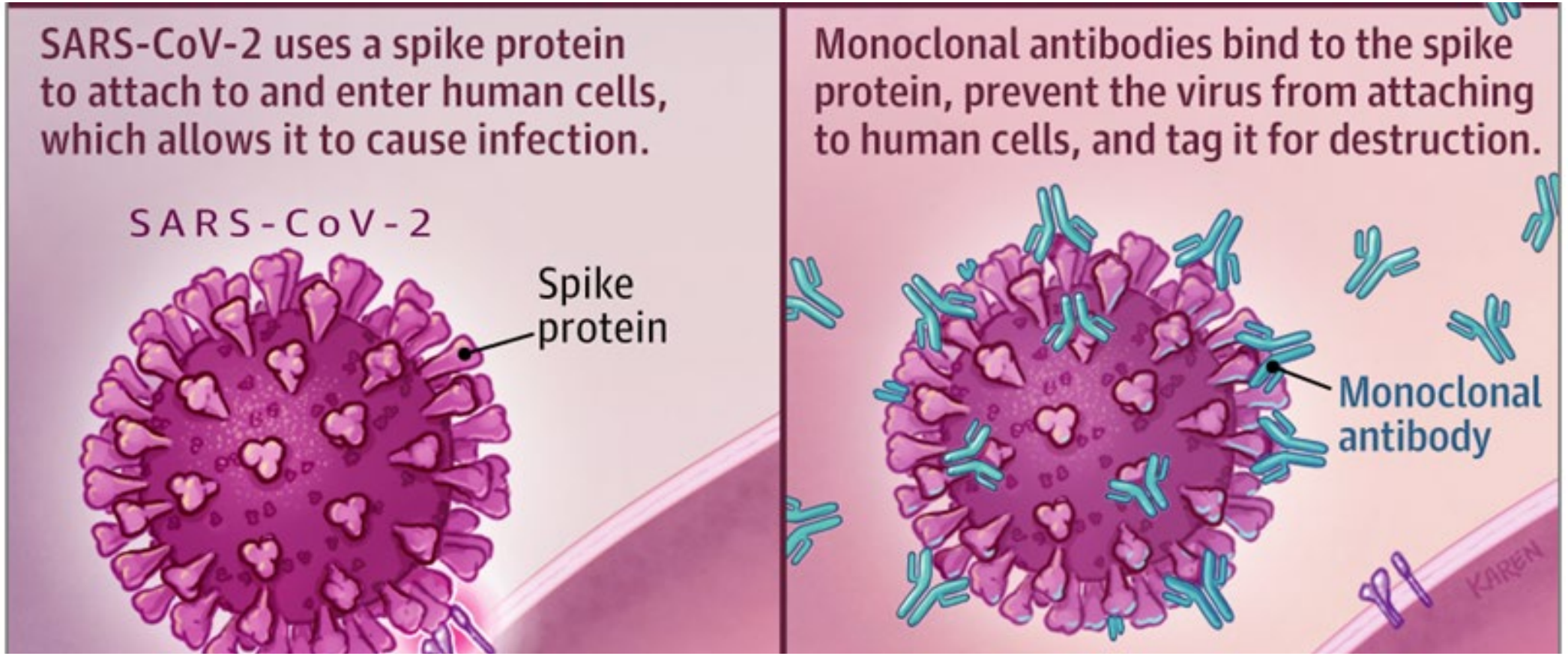
Therapeutics under investigation

- Thymosin (PD-1 blocking antibody)
- Antibodies from recovered COVID-19 patients (TAK-888)
- Galidesivir
- Combination of ebastine, lopinavir and interferon alpha
- Combination of Ganovo and danoprevir (hepatitis C virus NS3 protease inhibitor)
- Ritonavir and interferon (approved in China to treat hepatitis C)
- ASC09 (HIV protease inhibitor),
- Truvada combination of Emtricitabine and Tenofovir (both are HIV-1 nucleoside analog reverse transcriptase inhibitors)
- Xofluza (polymerase acidic endonuclease inhibitor)
- Azvudine (reverse transcriptase inhibitor)
- Washed microbiota transplantation
- Jakafi/Jakavi (Ruxolitinib in combination with mesenchymal stem cells)
- Peginterferon alfa-2b (PegIntron, Sylatron, IntronA)
- Novaferon
- Interferon
- Ifenprodil (NP-120) (an NDMA receptor glutamate receptor antagonist targeting Glu2NB)
- APN01 (a physiological formulation of recombinant soluble human ACE2
- Brilacidin (a defensin mimetic)
- BXT-25 (a glycoprotein)
- Peptides
- Gilenya (fingolimod)
- Synthesized nanoviricide drug candidates
- Scanning compounds
- RNA-based treatment like RNAi–testing 150 RNAis
- siRNA candidates
- Ampligen
- OT-101 (a TGF-Beta antisense drug
- Cell-based therapies like PLX cell product (placenta-based cell therapy)
- Mesenchymal stem cells
- Ryoncil (Remestemcel-L) (allogenic mesenchymal stem cells)
- Dexamethasone
- Ascorbic acid
- Remdesivir (antiviral: nucleoside analog)
- Favipiravir [favilavir or Avigan] (antiviral)
- Ribavirin (antiviral: guanine derivative)
- Lopinavir/ritonavir [Kaletra] (antiviral: HIV protease inhibitor)
- Darunavir/darunavir + cobicistat [Prezcobix] (antiviral)
- Oseltamivir (antiviral)
- Umifenovir [Arbidol] (antiviral)
- L-163491
- Losartan
- Camostat mesylate
- Chloroquine [Aralen] (antimalarial)
- Hydroxychloroquine [Plaquenil] (antimalarial)
- Baricitinib
- Azithromycin (Macrolide antibacterial)
- Nitazoxanide
- Tocilizumab [atlizumab] (immunosuppressant drug)
- Ivermectin (antiparasitic agent)
- Mavrilimumab (monoclonal antibody)
- Lenzilumab (monoclonal antibody)
- Leronlimab (monoclonal antibody)
- Gimsilumab monoclonal antibody
- Sarilumab (anti-rheumatic drug) (monoclonal antibody)
- Aviptadil (analog of vasoactive intestinal polypeptide)
- Siltuximab [Sylvant] (monoclonal antibody)
- Camrelizumab [AiRuiKa] (monoclonal antibody)
- Eculizumab [Soliris] (monoclonal antibody)
- Bevacizumab [Avastin]
- CD24Fc
- Colchicine
- SNG001
- COVID-19 convalescent plasma (Immunoglobulin)
- Tissue plasminogen activator (tPA) [alteplase] (anti-clotting drug)
- Corticosteroids

What is a monoclonal antibody

- Antibody is a protein that is formed by the immune system in response to an infection
- Monoclonal antibody is developed in a laboratory to mimic the body's response to an infection
- Previously used to target viral infections such as Ebola and rabies

Monoclonal antibody mechanism of action



Availability of monoclonal antibody treatment expands to North Nampa; vaccines continue to be best defense against COVID-19

CALDWELL, IDAHO – Starting December 1, 2021, a Saltzer Health urgent care clinic in Nampa will begin offering COVID-19 monoclonal antibody (mAb) treatment. The treatment is available by appointment only, seven days a week at the Saltzer North Nampa clinic, 9850 W. St. Luke's Drive. Patients must be referred by a health care provider. Treatments are given at no cost to the patient, and health insurance isn't required.

The Saltzer Health mAb treatment center is operated under a contract with the Idaho Department of Health & Welfare. A provider referral is required to receive treatment. Those without a primary care provider can contact Saltzer Health for an appointment at 208-463-3000.

Also offered at St. Luke's & St. Alphonsus

Monoclonal antibodies

- Infected patients most likely to benefit:
  - Risk factor for severe disease
  - Receive infusion as early as possible after symptom onset
- Post-exposure prophylaxis may be considered for patients who are not expected to mount an adequate immune response

FDA: Emergency Use Authorization

- Age >=65
- BMI >=25
- Pregnancy
- Sickle Cell Disease
- Neurodevelopmental Disorders
- Genetic or Metabolic Syndromes
- Chronic Kidney Disease
- COPD or other chronic hypoxic pulmonary disease
- Diabetes mellitus
- Hypertension
- Cardiovascular disease
- Immunosuppressive disease/treatment

Exclusion Criteria

- Patients who require supplemental O2 or an increase in baseline O2 requirement due to COVID-19 symptoms
- Symptom duration >10 days, unless ongoing immunosuppression would inhibit normal antibody production

Caveats

- Pre-peer review
- Press release
- Ongoing studies
- Post-hoc analysis
- Changing standard of care
- Composite endpoint
- Patient-oriented outcomes
- Disease-oriented outcome
- Lab-oriented outcomes

Monoclonal antibodies

- 6 studies with multiple endpoints and at least 36 ongoing studies
- Monoclonal antibodies available in the US
  - Bamlanivimab – initially approved then removed
  - Sotrovimab
  - Bamlanivimab/etesevimab
  - Casirivimab/imdevimab
- No data for mortality at 60 days or quality of life
- Certainty of the evidence is low for all outcomes due to too few events (imprecision)

BLAZE-1 - Bamlanivimab

- 1st FDA approved monoclonal antibody
- Compared to placebo (N = 465)
- No deaths occurred in the study by day 29
- Increased viral clearance
- Post-hoc analysis:
  - Hospitalized: 6.3% vs 1.6%
  - Among high-risk groups: 15% vs 4%
  - Shown to decrease hospital length of stay

BLAZE-1 – Bamlanivimab/etesivimab

- Bamlanivimab/etesevimab compared to placebo (N = 1035)
- Significantly decreases viral load
- Fewer hospitalizations: 5.8% vs 0.9%
  - Among high-risk: 7% vs 2.1%
- 10 deaths in the placebo group and 0 in bamlanivimab/etesevimab

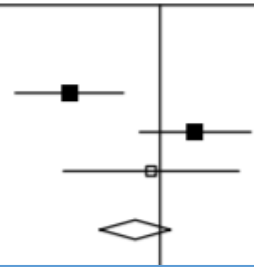
Regn-Cov

- Casirivimab/imdevimab to placebo
- Viral load was lower in patients who were serum antibody-negative at baseline
- Subsequent hospitalization/ED visit rate was also lower (2% vs 4%)
  - 3% vs 9% in the high-risk group

Hospitalized individuals with COVID-19

- ACTIV-3 RCT: bamlanivimab added to standard of care. No benefit shown
- Regen-COV2: casirivimab/imdevimab added to standard of care

Outcome, subgroup	REGEN−COV	Usual care	RR (95% CI)
Death within 28 days (χ^2_1= 10.1; p=0.001)			
Seronegative	396/1633 (24%)	451/1520 (30%)	0.80 (0.70−0.91)
Seropositive	411/2636 (16%)	383/2636 (15%)	1.09 (0.95−1.26)
Unknown	137/570 (24%)	192/790 (24%)	0.98 (0.78−1.22)
All participants	**944/4839 (20%)**	**1026/4946 (21%)**	**0.94 (0.86−1.03)**



Adverse effects

- Drugs are overall well-tolerated
- Pain and bruising at injection or IV site
- Common side effects: nausea, diarrhea, headache, headache, chills, fever
- Rare side effects: severe hypersensitivity reaction, anaphylaxis
- Monitor for 1 hour after injection

Vaccination

- COVID-19 vaccination should not preclude use
- Patients who receive passive antibody therapies should defer vaccination – current recommendation is 3 months

Monoclonal antibodies in development

Table 1 | **Neutralizing monoclonal antibodies for SARS-CoV-2 currently in development up to 11 December 2020**

Sponsors	Drug code/International proprietary name	Status	Trial ID	Actual start[a]	Estimated primary completion[a]
Junshi Biosciences and Eli Lilly and Company	JS016, etesevimab	EUA when used in combination with bamlanivimab[b]	NCT04441918	5 Jun. 2020	11 Dec. 2020
			NCT04441931	19 Jun. 2020	2 Oct. 2020[c]
			NCT04427501	17 Jun. 2020	20 Sep. 2020[c]
Tychan Pte Ltd	TY027	Phase I; phase III pending	NCT04429529	9 Jun. 2020	19 Nov. 2020[c]
			NCT04649515	4 Dec. 2020[d]	31 Aug. 2021
Brii Biosciences	BRII-196	Phase I	NCT04479631	12 Jul. 2020	Mar. 2021
Brii Biosciences	BRII-198	Phase I	NCT04479644	13 Jul. 2020	Mar. 2021
AbbVie	ABBV-47D11	Phase I pending	NCT04644120	10 Dec. 2020	5 Sep. 2021
Sorrento Therapeutics Inc.	COVI-GUARD (STI-1499)	Phase I	NCT04454398	Sep. 2020[d]	Jan. 2021
Mabwell (Shanghai) Bioscience Co. Ltd	MW33	Phase I	NCT04533048	7 Aug. 2020	16 Nov. 2020[c]
HiFiBiO Therapeutics	HFB30132A	Phase I	NCT04590430	20 Oct. 2020	Apr. 2021
Ology Bioservices	ADM03820	Phase I pending	NCT04592549	4 Dec. 2020	30 Sep. 2021
Hengenix Biotech Inc	HLX70	Phase I pending	NCT04561076	9 Dec. 2020[d]	6 Sep. 2021
University of Cologne and Boehringer Ingelheim	DZIF-10c	Phase I/II pending	NCT04631705	14 Dec. 2020	31 Jul. 2021
			NCT04631666	8 Dec. 2020	31 Jul. 2021
Sorrento Therapeutics Inc.	COVI-AMG (STI-2020)	Phase I/II pending	NCT04584697	Dec. 2020[c]	Apr. 2021
Beigene	BGB DXP593	Phase I; phase II pending	NCT04532294 (phase I)	8 Sep. 2020	19 Feb. 2021
			NCT04551898 (phase II pending)	2 Dec. 2020	25 Jan. 2021[c]
Sinocelltech Ltd	SCTA01	Phase I; phase II/III pending	NCT04483375	24 Jul. 2020	17 Nov. 2020[c]
			NCT04644185	10 Feb. 2021[d]	10 May 2021
AstraZeneca	AZD7442 (AZD8895 and AZD1061)	Phase I; phase III pending	NCT04507256	18 Aug. 2020	25 Oct. 2021
			NCT04625725	21 Nov. 2020	21 Apr. 2021
			NCT04625972	2 Dec. 2020	21 Jan. 2022
Celltrion	CT-P59	Phase I; phase II/III	NCT04525079	18 Jul. 2020	31 Aug. 2020
			NCT04593641	4 Sep. 2020	22 Oct. 2020
			NCT04602000	25 Sep. 2020	Dec. 2020
Vir Biotechnology Inc and GlaxoSmithKline	VIR-7831/GSK4182136	Phase II/III	NCT04545060	27 Aug. 2020	Mar. 2021
AbCellera and Eli Lilly and Company	Bamlanivimab; combination of bamlanivimab and etesevimab	EUA[b]	NCT04411628 (phase I)	28 May 2020	26 Aug. 2020[c]
			NCT04427501 (phase II)	17 Jun. 2020	20 Sep. 2020[c]
			NCT04497987 (phase III)	2 Aug. 2020	8 Mar. 2021
			NCT04501978 (phase III)	4 Aug. 2020	Jul. 2022
			NCT04518410 (phase II/III)	19 Aug. 2020	May 2023
Regeneron	REGN-COV2 (casirivimab and imdevimab)	EUA[b]	NCT04425629 (phase I/II)	16 Jun. 2020	10 Apr. 2021
			NCT04426695 (phase I/II)	11 Jun. 2020	16 Apr. 2021
			NCT04452318 (phase III)	13 Jul. 2020	15 Jun. 2021

A complete list can be found at COVID-19 Biologics Tracker. EUA, emergency use authorization; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2. [a]Dates as of 7 April 2021. [b]Have recieved EUA in the United States. [c]Actual primary completion date. [d]Estimated start date.

Summary

- SARS-CoV2 can cause significant morbidity and mortality
- Monoclonal antibodies block the virus's ability to enter cells
- In certain populations, monoclonal antibodies have shown to decrease:
  - Viral load
  - Hospitalization
  - Duration of hospitalization
  - Death
- Vaccination remains the best way to prevent morbidity and mortality from SARS-CoV2

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