



### Board of Health Meeting

Tuesday, June 28, 2022, 9:00 a.m.  
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the June 28, 2022 Board of Health meeting can be submitted at <https://www.surveymonkey.com/r/BoH06282022> 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, June 27, 2022.

**\*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 YouTube channel](#).

### Agenda

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

9:00	A	Call the Meeting to Order	Chairman Bryan Elliott
9:02		Pledge of Allegiance	
9:03		Roll Call	Chairman Bryan Elliott
9:05	A	Request for Additional Agenda items; Approval of Agenda	Chairman Bryan Elliott
9:10		In-Person Public Comment	
9:15	I	Open Discussion	SWDH Board Members
9:25	A	Approval of Minutes – May 24, 2022	Chairman Bryan Elliott
9:30	I	Introduction of New Employees	Division Administrators
9:35	I	May 2022 Expenditure and Revenue Report	Troy Cunningham
9:45	I	Quarterly Contracts Update	Troy Cunningham
9:55	I	PIO Quarterly Update	Ashley Anderson
10:05	I	Formula Shortage Update	Emily Geary
10:20	A	Long Term Care Facility Protocol Letter Review and Approval	Nikki Zogg
10:30		Break	
10:45	A	Public Health Advisories and Orders	Nikki Zogg
11:00	I	Youth Behavioral Health Update	Nikki Zogg
11:15	A	Safe Teen Assessment Center Advisory Committee Nominations	Nikki Zogg
11:25	A	Board of Health Position Elections	Chairman Bryan Elliott
11:30	I	Board of Health Term Expirations	Chairman Bryan Elliott
11:35	G	SWDH Locations	Nikki Zogg
11:45	A	Biannual Review and Approval of Board of Health Bylaws	Nikki Zogg
11:50	I	Director's Report	Nikki Zogg
		Partnership for Success Grant	
12:00		Adjourn	

**NEXT MEETING:** Tuesday, July 26, 2022 – 9:00 a.m. - Board of Health

***Healthier Together***

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



## **BOARD OF HEALTH MEETING MINUTES**

**Tuesday, May 24, 2022**

### **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, Josh Campbell, Colt Dickman

Via Zoom: Troy Cunningham, Ashley Anderson, Doug Doney, Sam Kenney

**GUESTS:** No members of the public attended the meeting.

Via Zoom: Megan Smith, Boise State University

### **CALL THE MEETING TO ORDER**

Chairman Bryan Elliott called the meeting to order at 9:03 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**

Commissioner Elliott asked if there are additional agenda items. Board members have no additional agenda items or changes to the agenda as presented.

**MOTION:** No motion to approve the agenda was made.

### **IN-PERSON PUBLIC COMMENT**

No members of the public attended the meeting to provide in-person public comment.

### **OPEN DISCUSSION**

Commissioner Purdy initiated discussion of face covering requirements for employees of long-term care facilities. She shared a note from a hospice nurse expressing concern about detrimental effects of the pandemic on residents who have been isolated and the impact of mask wearing requirements for staff. Commissioner Purdy asked Board members to consider writing a letter to the Governor requesting

reconsideration of the mask requirements for staff within long-term care facilities. Commissioner Haines shared that he has visited parishioners at long-term care facilities and not been required to wear a mask. Nikki explained that most long-term care facilities use the Center for Disease Control (CDC) requirements to drive their facilities' onsite requirements. The CDC has different masking requirements for residents, staff, and visitors. Nikki's understanding is that the facility can choose which requirements they follow; however, there may be consequences for not following the recommendations including fines and lack of reimbursement.

Board members directed Nikki to write a letter to Idaho Department of Health and Welfare (IDHW) and Governor Little requesting reconsideration of licensing requirements surrounding face coverings for staff.

#### **APPROVAL OF MEETING MINUTES – APRIL 26, 2022**

MOTION: Commissioner Haines made a motion to approve the April 26, 2022, Board of Health meeting minutes as presented. Commissioner Smith seconded the motion. All in favor; motion passes.

#### **APPROVAL OF SPECIAL MEETING MINUTES – MAY 11, 2022**

MOTION: Commissioner Haines made a motion to approve the May 11, 2022, Special Board of Health meeting minutes as presented. Commissioner Smith seconded the motion. All in favor; motion passes.

#### **INTRODUCTION OF NEW EMPLOYEES**

Division administrators introduced new employees.

#### **APRIL 2022 EXPENDITURE AND REVENUE REPORT**

Troy Cunningham, SWDH Financial Manager, presented the April 2022 Expenditure and Revenue Report. The target for this point in the fiscal year is approximately 83.3%. The revenues for state and county contributions appear low; however, this is due to the state's discontinuation of funding to the district and the counties' increase in contributions for the rest of the fiscal year. Contract revenue has also increased due to billings going out quicker.

Troy also explained that a portion of the funds set aside for Capital Outlay may need to shift into the next fiscal year due to workforce shortages and supply chain issues with contractors.

Troy reported that the investment yield continues to shift upward as well and provided an update on Committed and Reserved funds.

#### **CLINIC SERVICES UPDATE AND FEES APPROVAL**

Josh Campbell, Family and Clinic Services Division Administrator, provided an update. The focus of the division right now is to establish a solid foundation. The division is focusing on training for division leadership to equip them to train their own individual teams. Two other foundational pieces are basic I.T. training for staff and establishing consistency in roles and responsibilities. To accomplish this consistency, job descriptions have been updated. In addition, the division name has changed to Family and Clinic Services.

A school nurse to serve the Marsing School District has been hired and recruiting is in progress for a Nurse Practitioner. Board members discussed recruitment and retention challenges for the Nurse

Practitioner position which has been vacant since November 2021. Dr. Summers suggested recruiting for part-time positions rather than one full-time position.

Josh also presented the Clinic Fee Schedule. He explained the sliding scale and the frequency of fee revision. Nikki clarified that the Board is responsible for setting and approving fees and addressing any fee appeals that are not resolved at a lower level. The plan is to review the clinic fees annually.

**MOTION:** Dr. Summers made a motion to accept the Family and Clinic Services fees as presented. Commissioner Haines seconded the motion. All in favor; motion passes.

### **YOUTH VOICE ON MENTAL HEALTH NEEDS, BARRIERS, AND A CRISIS CENTER**

Megan Smith, Boise State University Professor, attended the meeting virtually to present a draft report summarizing findings from focus groups conducted in the region SWDH serves. Megan specializes in youth mental health. As part of SWDH team's work around youth mental health, BSU talked to 36 young people between the ages of 11 and 18 and held focus groups throughout the SWDH region.

Bullying was the top stressor identified by the youth who participated in the focus groups. Heavy schoolwork, extra-curricular activity expectations and body image concerns are among the other top stressors youth noted.

Megan discussed youth self-perception of mental health. Almost all males said their mental health remained the same during the pandemic. Half of the females stated that their mental health status was worse during the pandemic.

When asked what defines additional support for mental health, many teens identify a counselor, and many teens indicate they do not want or need a counselor but others they know may benefit. Most young people indicate needing more appropriately supportive adults in their life and appreciate teachers and other adults checking in on them.

Teens also expressed a want for a calm, safe space at school where they can work on their schoolwork peacefully and without pressure. The youth also expressed interest in schools implementing mental health wellness days for use like physical illness days.

Youth expressed a preference for in-person communication regarding their mental health status versus texting or virtual meetings. Students also indicated they appreciated adults who listen without judgment. The youth also expressed a desire to be on the radar of an adult who can be aware of their challenges without being in their business.

Following these discussions, the focus groups discussed the youth crisis center. The youth responses were wide ranging with most expressing the desire for it to not be a hospital or detention center. When asked to describe their dream center, youth described a fun YMCA type environment with activities or a relaxing outdoor greenspace.

Megan also discussed stigma reduction and shared that youth advocates are an opportunity for schools when counselors are not on site at schools. The idea of a counselor meeting with every student is not feasible for the schools due to staffing and the number of students. Dr. Summers noted that within schools there seem to be several teachers who have a good idea of which youth are at risk.

Commissioner Haines suggested that supporting youth needs to be a collaborative partnership between local schools, faith organizations, city organizations and other interested community partners.

Commissioner Elliott asked what the next steps are. Nikki will provide the next steps and information following Megan's presentation.

#### **YOUTH BEHAVIORAL HEALTH UPDATE**

Nikki Zogg updated Board members on efforts to improve youth behavioral health in the six-county region SWDH serves. The three focus areas of the efforts are: providing a safe space for children of adults who are in crisis, reducing juvenile justice and child welfare involvement and providing 24/7 services for youth in behavioral health crisis. Current resources for youth in behavioral health crisis are hospital or juvenile justice environments which are not therapeutic in their design.

Southwest District Health staff are working on two grant applications around the topic of youth behavioral health. One grant through the American Rescue Plan Act (ARPA) will seek funding for more sustainable options for respite care. The other grant around safe teen assessment centers is due Friday, May 27, and is a funding opportunity that came through Idaho Department of Juvenile Corrections. Staff have been working to convene groups of cross-sector partner agencies and individuals already engaged with these youth behavioral health efforts to help identify ways to improve and support sustainability. Nikki explained that SWDH is proposing a more de-centralized approach to reducing juvenile justice and child welfare involvement by expanding the resources that already exist among partner organizations. This model would serve 10- to 17-year-old youth who could access this model through a teacher, counselor, coach, faith leader, parent or through self-referral. Following an initial screening process, the youth may be referred to resources or to a treatment provider for assessment. Using youth advocates to assist with case management may be an option due to the shortage of licensed providers available in our area.

Commissioner Haines appreciates the de-centralized model due to how spread-out rural areas of our region are. He asked how a child in a rural area would get help through this model. Nikki explained that FindHelpIdaho.org is a library of resources that exist in the community. Screeners and assessors may be able to build an internal web-based screening and referral system. For example, if a teacher in New Meadows identified a student who may be at risk the teacher would go through the screening and if the child screened positive the teacher could connect the student to a provider identified through the web-based resource. The goal would be to identify local providers across the region to help meet that need.

Commissioner Haines referenced Megan's finding that youth do not prefer virtual or remote appointments and asked that the model focus on bringing providers to the students. Nikki agrees a centralized youth crisis model will not benefit our six-county region. She noted that the state prefers a centralized brick and mortar system. She also pointed out that if we are awarded funding, we will need to establish an advisory committee similar to the Western Idaho Community Crisis Center (WIDCCC) Advisory Committee that will need to include youth voice, which would be valuable in assisting us in addressing access challenges.

In the assessment piece done by a licensed provider there may be a need for an individualized plan which would require developing a way to determine what success looks like when the youth complete their individualized plan.

Within the teen assessment center grant, the district would function as the backbone organization, similar to WIDCCC, by providing administrative support for the advisory committee, coordinating development of agreements with the screening providers, contracting with behavioral health providers for assessments, and contracting with community-based partners to provide case management

A youth crisis center in our region would be supported, but Nikki explained that identifying a location to serve as a youth crisis center has been challenging and the buildings identified as possibilities are not available long-term. The more conversations Nikki has around youth crisis center possibilities, the more apparent it is that the need exists for co-located support resources and services as well as youth crisis services.

Board members discussed how to create a space where kids feel safe but where they want to go and how that space can be filled with resources and adults who can help youth avoid a hospital or jail type environment. Board members support a de-centralized approach to align with what the youth want and support starting out as local as possible perhaps by placing additional resources in schools where youth spend 8 to 9 months a year.

Commissioner Smith encouraged Board members to not lose sight of the fact that the youth need support now. Commissioner Haines suggested running a pilot program to determine what works and checking into possibly renting a space if buying a location is challenging. Commissioner Purdy pointed out that the Boys and Girls Clubs and YMCAs are packed, and their models work. How hard would it be to open up another boys and girls club and partner with those folks? That model is already in place and has already proven to be successful. Commissioner Hanigan shared that Payette is already working on a Boys and Girls Club.

Commissioner Smith asked for clarification on the difference between Idaho Youth Ranch and the Youth Crisis Center. Nikki clarified that the Idaho Youth Ranch in Sand Hollow will be a place to provide residential care. The youth crisis center would provide short-term care.

#### **OPIOID SETTLEMENT UPDATE**

Nikki provided an update on opioid settlement. She anticipates the funding to last 18 to 20 years and the settlement has funding use parameters set out. The recommendation Nikki outlined includes reaching out to counties and cities that have opted to accept their funds to gauge interest in their participation in a group to discuss the resources, highest needs and barriers, and short-term and longer-term priorities. Treatment and intervention may be the best short-term priorities with a shift to prevention as a long-term focus.

Nikki proposed the period of July to October to bring together partners who work in this space to conduct gaps and needs assessments and establish a prioritization plan to bring to the Board. Commissioner Hanigan anticipates Payette County's settlement funds will go to the paramedics who are short staffed. Gem County also anticipates keeping their money local for the addiction center that is highly used and highly successful.

Nikki asked if the Board would like to have input on how the district chooses to use the funding it receives as well as the potential funding from Owyhee and Canyon County. Board members support having input knowing there is a center already working in Gem County and working to support that as a

health district. Nikki asked if Board members have concerns about SWDH staff engaging with paramedics, law enforcement, etc. to gauge where the greatest needs are. Board members support that approach. Nikki will move forward with the plan as presented.

### **MOSQUITO SURVEILLANCE UPDATE**

Colt Dickman, Environmental and Community Health Services Division Administrator, provided an update on mosquito surveillance. He explained that in January 2020 his predecessor asked for guidance from Board members regarding vectorborne disease surveillance due to a reduction in funding from the state to support these activities.

Prior funds supported direct activities at the district. A former staff person had a passion for this and did many mosquito surveillance activities. Colt explained that there may be funding available to build capabilities inside of our SWDH team to train staff even though the capacity to provide mosquito-borne disease surveillance to set and monitor traps does not exist at this point. Colt asked if all of the counties are supported for vectorborne disease surveillance?

Chairman Elliott noted that Gem County has several districts that operate, are very active, and do a very good job. He asked if SWDH gets into abatement or surveillance? Nikki clarified that the district does not involve itself in abatement. Rather, the district's role is to trap, perform vector identification, , surveil for diseases of public health concern, and monitor disease trends.

Colt asked for an understanding from Adams, Owyhee, and Washington County if they are being supported and what can be done to plan proactively? Payette County, Gem County, and Canyon County all have mosquito abatement covered and are satisfied with the current agencies providing those services.

Commissioner Haines commented that Washington County would benefit from mosquito surveillance. At this point there is no wide support for abatement county-wide. Commissioner Aberasturi explained that Owyhee County gathers information from Canyon County and gets the information that West Nile has been detected.

Colt will look at capacity with state dollars to assist with Washington County and will continue to keep all the abatement districts and the counties without abatement districts in the loop for information.

Colt also explained to Board members that Land Development, Senior, Stephen Fitzner, accepted a position with Environmental Protection Agency (EPA) and this vacancy will create slower processing times in the subdivisions and development phase.

### **EXECUTIVE COUNCIL UPDATE**

Georgia Hanigan, Trustee/Executive Council Representative, reported on the most recent meeting where members discussed whether the health districts want a representative sent to the State and Local Boards of Health (SALBOH). The committee decided that money would be best spent elsewhere and will not send a Board member to SALBOH. Food inspection fees were also discussed. These fees are currently set in statute and the committee agreed that none of the seven health districts have the same amount of costs and Council members support urging the state to let the districts set their own fees.



## **DIRECTOR'S REPORT**

### **Board Elections**

Board elections are coming up next month.

### **Budget Committee Meeting Date**

Nikki has become aware of a scheduling conflict with the Budget Committee Meeting due to a conflict with the Idaho Association of Counties annual meeting. Board members chose to keep the Budget Committee meeting date set for June 9, 2022, at 12:30 p.m. rather than 12 p.m. to allow Board members to conclude the IAC morning session at noon and transition to a location with Wi-Fi capabilities to attend the Budget Committee meeting virtually.

The Idaho Association of District Boards of Health (IADBH) meeting will be held virtually at 1:30 p.m. on Thursday, June 9, 2022, following the SWDH Budget Committee Meeting. Board members who do not plan to attend in person or virtually are asked to please complete the proxy form in their binder and return it to Katrina.

### **Budget Committee Invites and Proxy Forms**

These invitations and proxy forms have been sent out.

### **Summer IADBH Resolutions and Meeting Proxy Forms**

Proxy forms are available.

There being no further business the meeting adjourned at 12:01 p.m.

Respectfully submitted:

Approved as written:

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Nikole Zogg  
Secretary to the Board

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Bryan Elliott  
Chairman

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Date: May 24, 2022





# SOUTHWEST DISTRICT HEALTH

## BUDGET REPORT FOR FY2022

Cash Basis

May-22

Target **91.6%**

Fund Balances			
	FY Beginning	Month Ending	Change
General Operating Fund	\$ 65,977	\$ 284,587	\$ 218,610
Millennium Fund	\$ -	\$ 39,707	\$ 39,707
LGIP Operating	\$ 3,187,262	\$ 4,280,581	\$ 1,093,318
LGIP Vehicle Replacement	\$ 99,692	\$ 99,845	\$ 153
LGIP Capital	\$ 1,299,174	\$ 1,299,174	\$ -
<b>Total</b>	<b>\$ 4,652,106</b>	<b>\$ 6,003,894</b>	<b>\$ 1,351,788</b>

State GF, CFAC, Committed

Income Statement Information			
	YTD	This month	
(Less CFAC Funds) <b>Net Revenue:</b>	<b>\$ 8,897,819</b>	<b>\$ 728,942</b>	
<b>Expenditures:</b>	<b>\$ (9,467,189)</b>	<b>\$ (1,065,220)</b>	
<b>Net Income:</b>	<b>\$ (569,370)</b>	<b>\$ (336,278)</b>	

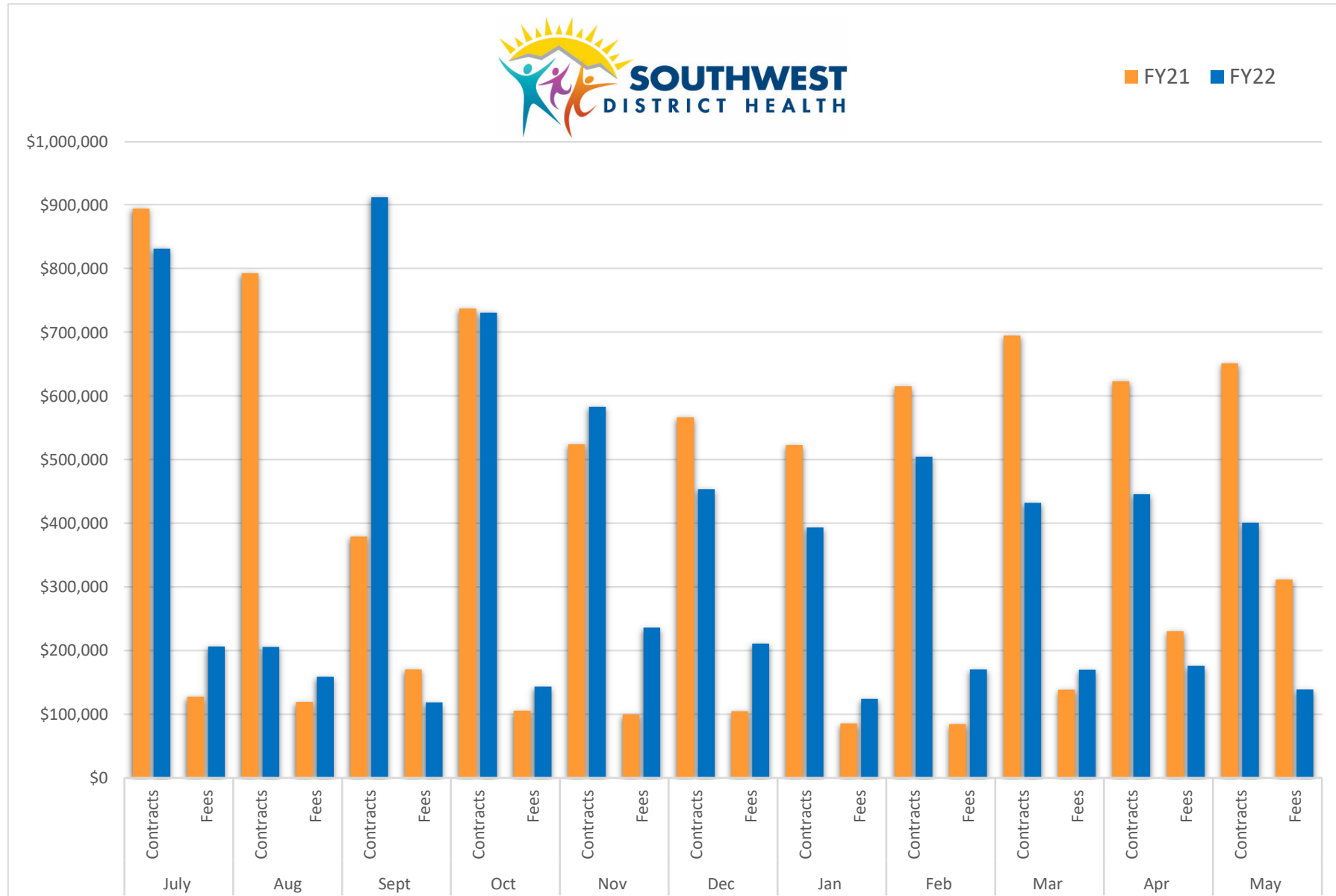
Revenue											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
State GF Appropriations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,005,300	\$ 1,005,300	100%
County Contributions	\$ -	\$ 186,982	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186,982	\$ 1,495,544	\$ 1,892,992	79%
Fees	\$ -	\$ -	\$ 15,471	\$ 123,332	\$ -	\$ 220	\$ -	\$ 139,023	\$ 1,854,411	\$ 1,789,138	104%
Contracts	\$ -	\$ -	\$ 204,993	\$ 119,511	\$ -	\$ -	\$ 76,442	\$ 400,946	\$ 5,896,872	\$ 6,678,142	88%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000	0%
Interest	\$ -	\$ 1,991	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,991	\$ 8,471	\$ 6,780	125%
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 130,835	\$ 337,833	39%
Monthly Revenue	\$ -	\$ 188,973	\$ 220,463	\$ 242,843	\$ -	\$ 220	\$ 76,442	\$ 728,942	\$ 9,386,133	\$ 11,730,185	
Year-to-Date Revenue	\$ -	\$ 1,992,329	\$ 2,315,199	\$ 4,287,041	\$ 7,706	\$ 3,159	\$ 780,700	\$ 9,386,133	REVISED DIRECT		
Budget	\$ -	\$ 2,659,939	\$ 2,661,838	\$ 5,379,032	\$ 22,968	\$ 4,713	\$ 1,001,695	\$ 11,730,185			
		<b>74.9%</b>	<b>87.0%</b>	<b>79.7%</b>	<b>33.5%</b>	<b>67.0%</b>	<b>77.9%</b>	<b>80.0%</b>			

Expenditures											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 1,346	\$ 28,152	\$ 269,344	\$ 310,303	\$ 105,909	\$ 15,224	\$ 7,639	\$ 737,916	\$ 7,105,801	\$ 7,931,388	90%
Operating	\$ 666	\$ 452	\$ 63,702	\$ 68,212	\$ 36,977	\$ 23,669	\$ 64,718	\$ 258,396	\$ 2,250,620	\$ 2,681,386	84%
Capital Outlay	\$ -	\$ 24,567	\$ -	\$ -	\$ -	\$ 26,771	\$ -	\$ 51,338	\$ 81,331	\$ 359,209	23%
Trustee & Benefits	\$ -	\$ -	\$ -	\$ 17,570	\$ -	\$ -	\$ -	\$ 17,570	\$ 29,438	\$ 62,500	47%
Monthly Expenditures	\$ 2,011	\$ 53,171	\$ 333,046	\$ 396,085	\$ 142,886	\$ 65,663	\$ 72,357	\$ 1,065,220	\$ 9,467,189	\$ 11,034,483	
Year-to-Date Expenditures	\$ 12,445	\$ 344,265	\$ 3,001,863	\$ 3,750,084	\$ 1,170,112	\$ 443,994	\$ 744,425	\$ 9,467,188	REVISED DIRECT		
Budget	\$ 11,488	\$ 393,405	\$ 3,495,444	\$ 4,336,867	\$ 1,262,098	\$ 698,100	\$ 837,081	\$ 11,034,483			
	<b>108.3%</b>	<b>87.5%</b>	<b>85.9%</b>	<b>86.5%</b>	<b>92.7%</b>	<b>63.6%</b>	<b>88.9%</b>				



# YTD REVENUES with Prior Year Comparison

May-22

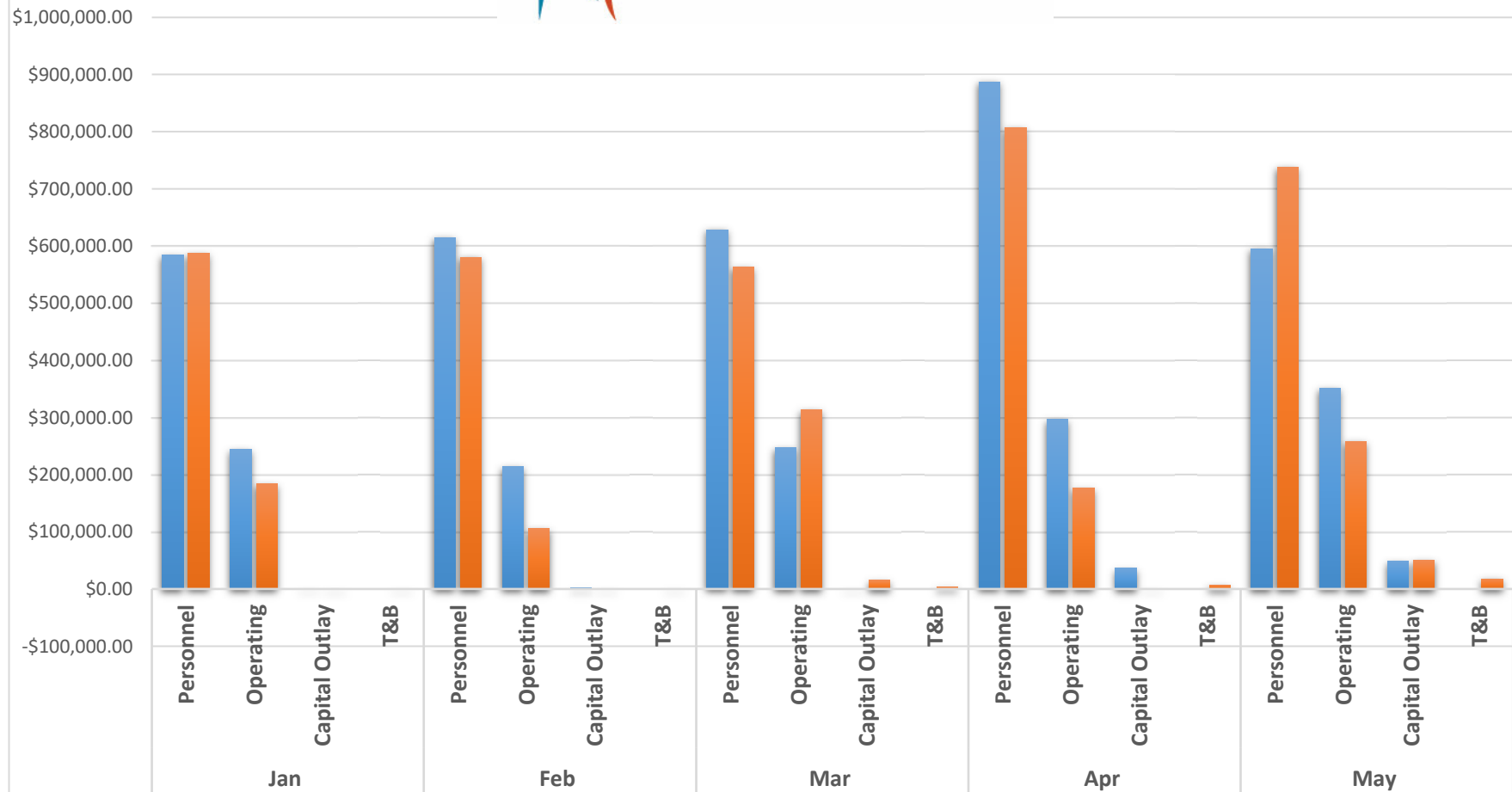


# YTD EXPENDITURES with Prior Year Comparison

May-22



FY21 FY22

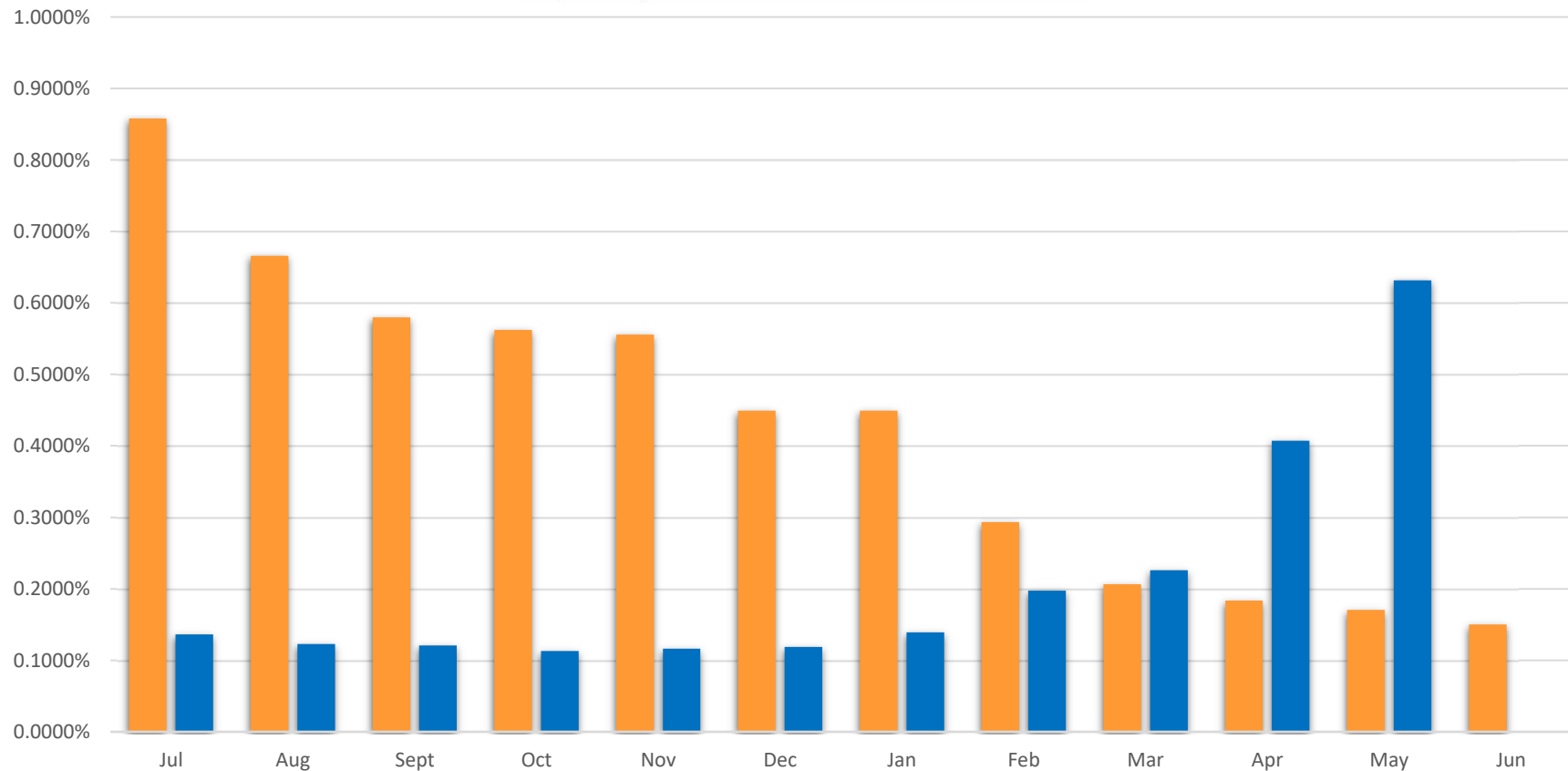


# YTD Investment Yield with Prior Year Comparison

May-22



FY21 FY22





**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	\$ 9,165.92	
Parents as Teachers	\$ -	
Citizen's Review Panel	\$ 12,887.45	
Kresge Grant	\$ -	
COVID Incentive grant	\$ -	
Crisis Center (CFAC) - rec'd FY21	\$ 28,571.00	
Personnel Updates		\$ -
Weiser Project		\$ 1,000.00
Clinic Medical Supplies/Equipment		\$ 1,614.14
EH Employee Training		\$ -
EH A/V Equipment		\$ 2,380.00
EH Vehicle		\$ -
EH Security		\$ 7,500.00
County Collaborations		\$ 70,000.00
Mobile Clinic/Events Unit		\$ 130,000.00
Employee Development & Engagement		\$ -
EKG Machine		\$ 1,000.00
27th Pay Period		\$ 180,814.00
Facility Improvements		\$ 95,806.20
	<u>\$ 50,624.37</u>	<u>\$ 490,114.34</u>



# Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
STD/HIV Prevention Activities	\$129,721	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
Blue Cross--Healthcare and Community Partnership Grant *New	\$83,250	The Blue Cross grant will fund SWDH to continue providing a nurse at the Marsing School Hub . The grant also funds an assessment to be done by BSU to learn how partnerships like this may be duplicated for other rural school districts in need.	Private Foundation 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
NFP MIECHV ARPA *New	\$50,070	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	\$42,600	This subgrant provides dental screenings to school based clinics and parent education.	Federal Pass-through Sub-grant



# Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
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)	\$1,168,059	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
FDA Program Standards Mentorship - NEHA *New	\$9,113	This NEHA grant works to address the 9 Voluntary National Retail Food Regulatory Program Standards. Our goal is to strengthen our retail food safety program and develop and maintain a program that promotes risk-factor interventions and focuses on areas that have the greatest impact on retail food safety.	Direct Federal grant
FDA Program Standards - NEHA *New	\$4,986	This NEHA grant works to address the 9 Voluntary National Retail Food Regulatory Program Standards. Our goal is to strengthen our retail food safety program and develop and maintain a program that promotes risk-factor interventions and focuses on areas that have the greatest impact on retail food safety.	Direct Federal grant
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 = \$0	Direct Federal Grant
Regional Behavioral Health Board	\$50,000	This subgrant is a one time subgrant to provide transportation surrounding opioid treatment.	Federal/State Mix Pass-through Sub-grant
Suicide Prevention	\$95,000	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. Sept 1, 2020 through FY22 = \$95,000	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	\$41,605	This subgrant will provide community-based diabetes/hypertension prevention and management education.	Federal Pass-through Sub-grant





# Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
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	\$133,403	This subgrant will provide epidemiologic investigation and reporting on all reported cases of disease.	Federal Pass-through Sub-grant
TB Elimination	\$95,110	This subgrant will allow for directly observed therapy, contact investigations, RVCT reporting, EDN reporting, and attendance at tuberculosis-specific training.	Federal/State Mix Pass-through Sub-grant
Perinatal Hep B	\$14,100	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	\$75,900	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



# Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
Tobacco Prevention Resource Program Activities	\$75,078	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
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
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	\$1,260,833	This subgrant allows for the Behavioral Health Community Crisis Center to deliver crisis intervention and services to the Region 3 community. \$5,043,332 total	State GF DHW Pass-through
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 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



# Public Information Update

Ashley Anderson  
Public Information Officer

HEALTHIER TOGETHER

[SWDH.ORG](http://SWDH.ORG)

# Snapshot



Regular website updates and new webpages launched on [swdh.org](https://swdh.org). Web domain update: change from [phd3.idaho.gov](https://phd3.idaho.gov) to [swdh.id.gov](https://swdh.id.gov).



Social media presence and media campaigns active. Digital transformation update.



Collaborative internal and external partnerships to inform messages and mechanisms of delivery to communities.



Highlighting the work SWDH is doing in the communities we serve.

# New Tool: Social Media Management

- Sprout Social is a social media management platform that allows users to “build and grow stronger relationships on social media.”
- Their goal is to allow businesses of all sizes to cultivate authentic connections with their customers.
- Feature Highlights:
  - Report & Analyze Using Social Data and Analytics
  - Plan & Publish Social Content in One Place
  - Monitor & Engage with a Single Inbox



**sproutsocial**

Sources <https://www.getcloudapp.com/blog/what-is-sprout-social/>, <https://seeds.sproutsocial.com/>

# 28-Day Overview: Social Media Analytics



## Performance Summary

View your key profile performance metrics from the reporting period.

### Impressions ⓘ

8,976 ↗ 28.7%

### Engagements ⓘ

157 ↘ 29.6%

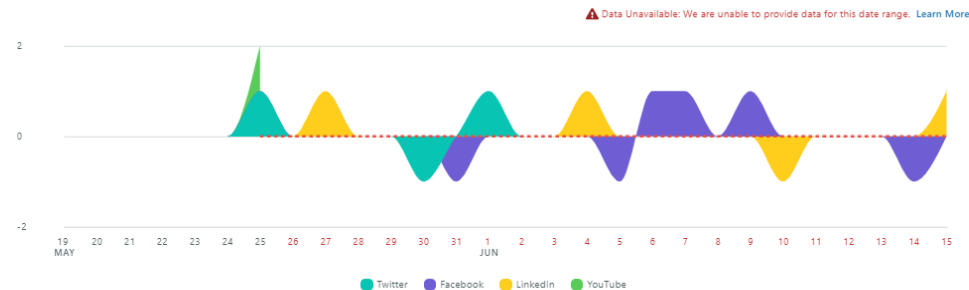
### Post Link Clicks ⓘ

41 ↗ 32.3%

## Audience Growth

See how your audience grew during the reporting period.

Net Audience Growth, by Day

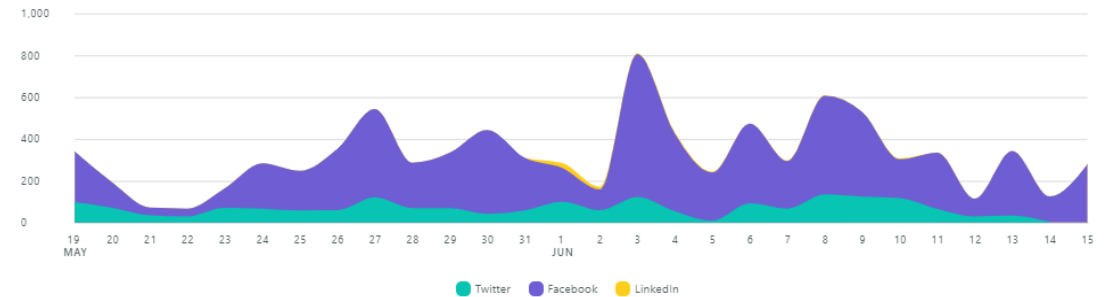


Audience Metrics	Totals	% Change
Total Audience ⓘ	2,348	↗ 0%
Total Net Audience Growth ⓘ	4	↗ 233.3%
Twitter Net Follower Growth	1	↗ 200%
Facebook Net Page Likes	1	↗ 200%
LinkedIn Net Follower Growth	2	↗ —
YouTube Net Subscriber Growth	0	↗ 100%

## Impressions

Review how your content was seen across networks during the reporting period.

Impressions, by Day



Impression Metrics

### Total Impressions ⓘ

Twitter Impressions

Facebook Impressions

LinkedIn Impressions

Totals % Change

8,976 ↗ 28.7%

1,856 ↗ 9%

7,059 ↗ 33.9%

61 ↗ —



# Example of Current & Recent Media Campaigns

## Syphilis & HIV Awareness and Testing

- Digital Media (English, Spanish)
- Service Area: Adams, Canyon, Gem, Owyhee, Payette, Washington
- Purpose: Increase awareness of increasing syphilis and HIV cases in the region. Promote overall testing and free testing services available at SWDH.

April – June 2022



# Digital Media Campaign Analytics Snapshot

Campaign: Syphilis & HIV Awareness and Testing

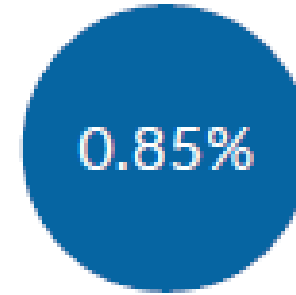
Report Date Range: May 1, 2022- May 31, 2022



Display Impressions



Clicks



CTR



Total Conversions



Click-Through's



View-Through's

# Example of Current & Recent Media Campaigns

## SWDH Services – Map Directory

- Print Media (English)
- Service Area: Visitors to Canyon County
- Purpose: Provide information about availability, eligibility, and contact methods to learn how to access SWDH services. This includes an easy-to-use QR code that directs to an SWDH webpage that provides more information.

Annual 2022-2023



Proudly serving Southwest Idaho since 1971 with affordable, accessible, and confidential family and clinic services and programs. We also provide environmental and community health services.

Here are just some of the services we can do for you:

- WIC
- Reproductive and sexual health
- Child and adult immunizations
- Food service safety and education
- Well water testing
- Septic inspections and more



**Call today for an appointment!**

**(208) 455-5300**

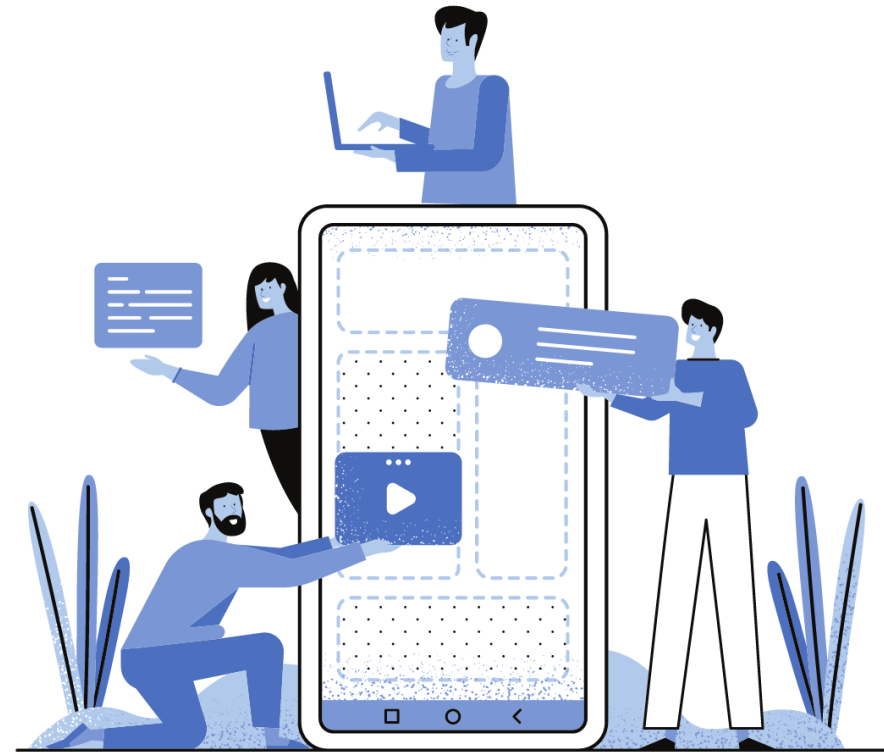
Locations in Caldwell, Emmett, Homedale, Payette, and Weiser

Se Habla Español | [www.swdh.org](http://www.swdh.org)

Southwest District Health is an equal opportunity provider

# Webpage Updates to swdh.org

- Contract Opportunities [NEW]  
<https://swdh.id.gov/contract-opportunities/>
- Human Resources (Join Our Team)  
<https://swdh.id.gov/human-resources/>
- Youth Substance Use Prevention (Partnerships for Success)  
<https://swdh.id.gov/healthy-living/youth-substance-use-prevention/>



# SWDH in the News: Highlights

- Washington County
- April 2022: **How Walkable Is Weiser? A Two-Day Workshop Examined The City Through The Looking Glass**
- A Two-Day Workshop Examined The City Through The Looking Glass.
- Health Education Specialist, Daniel Adams hosted a Looking Glass Academy in Weiser, ID. The event had a great turnout and engagement.

<https://livinginthenews.com/how-walkable-is-weiser-a-two-day-workshop-examined-the-city-through-the-looking-glass/>

- Owyhee County
- May 2022: **School Nurse Eager to Make A Difference in Her Hometown**
- The Marsing School District offers The Hub, a community school that offers a variety of services to students and community members to help address those barriers.
- The Hub was lacking a full-time school nurse until Floyd was hired in April. The district, Southwest District Health, and Boise State University formed a partnership to hire the full-time position, which was made possible through a Healthcare and Community Partnership grant from the Blue Cross of Idaho Foundation for Health.

<https://www.bcidahofoundation.org/school-nurse-eager-to-make-a-difference-in-her-hometown/>

# Questions?



Analytics

Media  
Campaigns

Web Updates

# Thank you.

## Follow, like and subscribe!

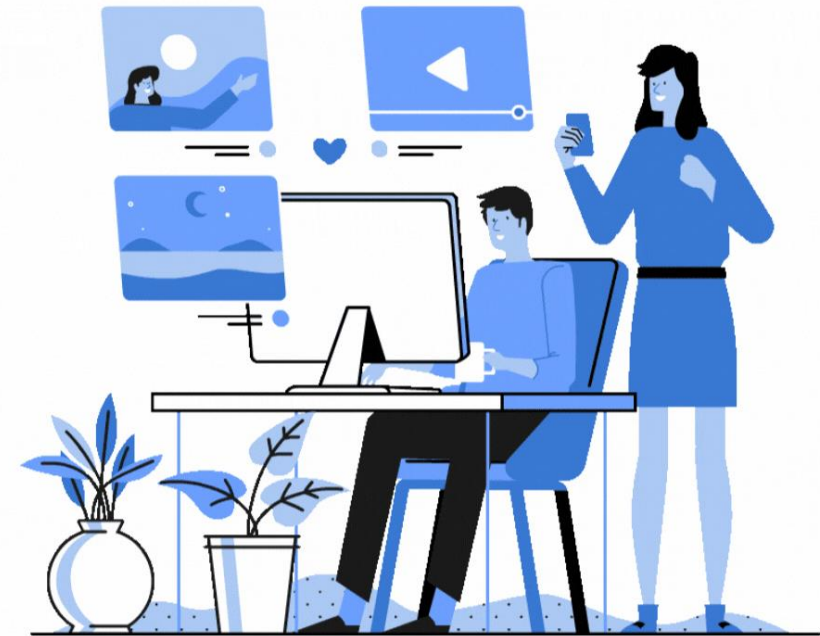
[Facebook.com/southwestdistricthealth](https://www.facebook.com/southwestdistricthealth)

[Twitter.com/SWDHIDAHO](https://twitter.com/SWDHIDAHO)

[Instagram.com/swdhidaho](https://www.instagram.com/swdhidaho)

[Youtube.com/southwestdistricthealth](https://www.youtube.com/southwestdistricthealth)

[Rumble.com/user/SouthwestDistrictHealth](https://www.rumble.com/user/SouthwestDistrictHealth)







June 28, 2022

To: Governor Brad Little, Idaho  
Director Dave Jeppesen, Idaho Department of Health and Welfare (IDHW)

Subject: Regarding Infection Control in Residential Assisted Living Facilities

Over the past two and a half years, COVID-19 has had a significant impact on residential assisted living facilities (RALFs) across Idaho. Southwest District Health (SWDH) has fared no differently. Residents of long-term care facilities (LTCFs), including nursing homes, RALFs, and intermediate care facilities, have been disproportionately impacted by the SARS-CoV-2 virus. The statewide COVID-19 mortality rate among LTCF residents is 7.06%, exceeding the statewide COVID-19 mortality rate of 1.09% (IDHW, May 26, 2022).

Unfortunately, and despite the disproportionate impact of SARS-CoV-2, SWDH has also observed secondary impacts perpetuated by requirements and restrictions imposed on RALFs. These secondary impacts include depression and loneliness among residents caused by isolation and masking requirements and declining workforce retention impacted by infection control requirements, competitive job market, and burnout. Research is needed to better understand the human and monetary costs of these impacts.

Southwest District Health has received # complaints regarding the excessive guidelines of the CDC for RALFs. According to IDAPA 16.03.22.335.02, RALFs are required to follow CDC guidelines to prevent the transmission of infectious diseases. Furthermore, IDAPA 16.03.22.050 allows RALFs to submit variances for consideration to the Licensing Agency if certain criteria are met, including "...documentation that ensures residents' health and safety will not be jeopardized...".

Southwest District Health is respectfully requesting that the Licensing Agency review and seriously consider any RALF requests for variance that do not conform with the CDC guidelines but do ensure residents' health and safety will not be jeopardized. Such variances are intended to improve the mental health and well-being of residents and working conditions for staff, while also taking appropriate infection control precautions to prevent the spread of infectious diseases.

Southwest District Health's infection prevention epidemiologist will assist and support RALFs in the development of a variance request, consider all available research and recommendations from reputable sources and coordinate as appropriate with IDHW's Division of Public Health.

Thank you for your consideration.

Best Regards,

Bryan Elliott, Gem County Commissioner  
Board of Health, Chairman

***Healthier Together***

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



# Youth Behavioral Health

6.28.2022

HEALTHIER TOGETHER

[SWDH.ORG](http://SWDH.ORG)

# Focus Areas

- Lack safe environment or supervision for children when adult needs to access care

## Adults in Crisis



- Reduce juvenile justice and child welfare involvement
- Individualized plans for youth and family

## Prevention



- Provide 24/7 services for youth in behavioral health crisis

## Youth in Crisis



# Adults in Crisis

**Problem:** there is a barrier to receiving adult crisis services when a parent/guardian does not have a safe place to leave their child while they seek services/treatment

## Update:

- Collaborating with WICAP on a pilot project to provide childcare services for adults needing to access crisis behavioral health services and other medical services (e.g., cancer treatment, dialysis, substance use treatment, reproductive health, etc.), but have no safe place to leave their children
- Awarded \$7,000 from United Way of Treasure Valley
- Seeking additional funding to fully support a one-year pilot and evaluation of effectiveness
- Total estimated cost: \$120,000

# Youth Prevention: Safe Teen Assessment Centers

**Problem:** increasing trends in child abuse, neglect, youth violence, and self-harm/suicidal ideation among youth

- 720 children in child protection (FY21)
- 383 children in juvenile justice (2020)
- 10x increase in child abuse related injuries (2019 to 2020)

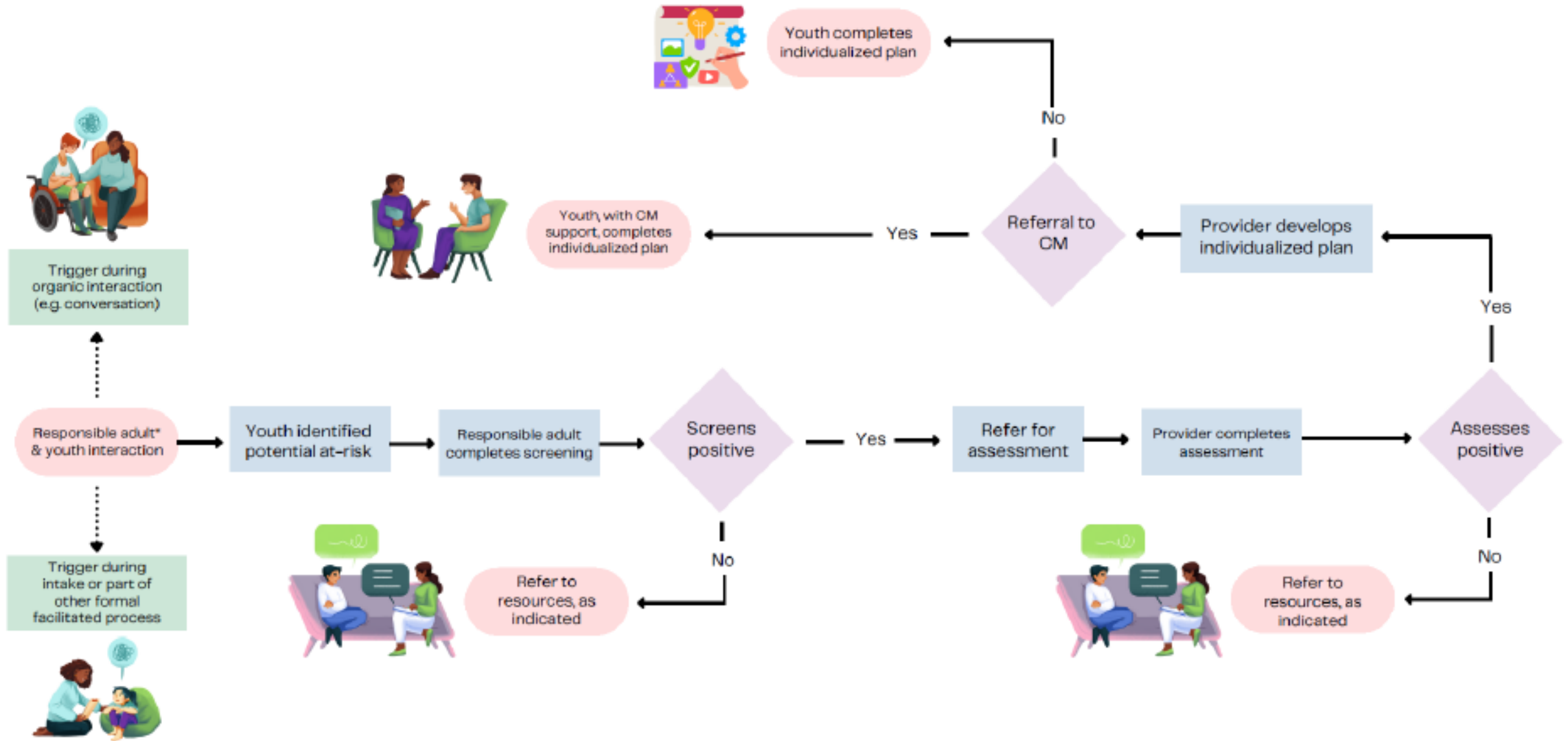
## **Update:**

- Goal: to reduce juvenile justice and child welfare involvement
- Awarded \$1.5 million from Idaho Department of Juvenile Corrections (100% pass-through)
- Hiring a project manager (utilizing district COVID funding to pay for the position)
- Accepting nominations for the advisory committee
- Working on getting solicitations out the door for assessment and case management

# WORKFLOW OF THE REFERRAL PATHWAY

\*Responsible adult examples: parent, teacher, counselor, doctor, youth advocate, law enforcement, probation/patrol, court personnel, clergy, coach, child protection staff, youth-based organizations (e.g., YMCA, Boys and Girls Club), etc.

Note: Responsible adults throughout the process may not be the same person or provider, a warm handoff or referral may occur or be required.







# Youth in Crisis: Youth Crisis Center

**Problem:** there is a lack of resources and access for youth experiencing a behavioral health crisis

- 272 youth call/ texts to crisis line (Jan2019 – May2022)
- 11 youth suicides (2019 – 2021)
- 2,000+ youth ED visits for suicidal ideation/ attempt (2019-2021)

## Update:

- Awaiting funding opportunity from Idaho Department of Juvenile Justice
- Challenge in finding a suitable location in Canyon County
- Questions for board discussion:
  - Does the board support SWDH applying if modeled after the adult crisis center?
  - Does the board support SWDH applying if we have awareness of other applicants?
  - Would the board support a joint application (e.g., SWDH and a behavioral health provider and potentially other partners who would be interested in co-locating services)?

# Discussion and Questions

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**BYLAWS**  
**SOUTHWEST DISTRICT HEALTH**  
**BOARD OF HEALTH**  
**Amended August 25, 2020**

**ARTICLE 1**

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

**ARTICLE 2**

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

**ARTICLE 3**

The general purpose of the BOH will be to organize a district department of health and to oversee the administration of the ~~department~~district, determining and adopting policies that are harmonious with the practice of public health. SWDH shall provide the basic health services of public health education, physical health, environmental health, and public health administration and all other aspects of public health ~~that may be delegated by the State Board of Health~~ as determined by the BoH and Title 39, Chapter 4, Section 49-414 of the Idaho Code.

**ARTICLE 4**

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

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

## ARTICLE 5

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

## **ARTICLE 6**

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

## **ARTICLE 7**

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

These bylaws may be amended at any regular meeting of the BOH by a two-thirds vote of the members present provided that a written copy of the proposed amendments shall be presented at the previous meeting of the BOH to each member or mailed to those not in attendance at the meeting and that adoption of amendments be stated in the agenda of the meeting at which the proposed amendments will be voted upon.

Adopted: 09/12/1972

Amended: 12/09/1980, 01/24/2017; 08/25/2020