



**Board of Health Meeting**  
Tuesday, July 26, 2022, 9:00 a.m.  
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the July 26, 2022 Board of Health meeting can be submitted at <https://www.surveymonkey.com/r/BoH07262022> 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, July 25, 2022. 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**

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
9:40	A	Approval of Minutes – June 28, 2022	Chairman Bryan Elliott
9:45	I	Introduction of New Employees	Division Administrators
9:55	I	June 2022 Expenditure and Revenue Report	Troy Cunningham
10:05	A	Safe Teen Assessment Center (STAC) Advisory Committee	Nikki Zogg, Sam Kenney
10:15	I	Monkeypox Update	Cate Lewis, Ricky Bowman
10:30		Break	
10:45	I	Nutrient Pollution	Brandon VanSlochteren
11:05	I	Harmful Algal Bloom Response Update	Colt Dickman
11:20	I	Director's Report	Nikki Zogg
		Idaho Association of Public Health District Directors (IAPHDD) Update	
		Youth Crisis Center	
		Partnership for Success Grant	
		Long-Term Care Facilities Letters to Governor Little and Idaho Dept. Of Health and Welfare	
		September Board of Health Meeting Date Change	
12:00		Adjourn	

**NEXT MEETING:** Tuesday, August 23, 2022 – 9:00 a.m. - Board of Health

***Healthier Together***

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## **BOARD OF HEALTH MEETING MINUTES**

**Tuesday, June 28, 2022**

### **BOARD MEMBERS:**

Georgia Hanigan, Commissioner, Payette County – present  
Lyndon Haines, Commissioner, Washington County – present via Zoom  
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, Doug Doney

Via Zoom: Troy Cunningham, Ashley Anderson, Jeff Renn

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

### **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 via Zoom; Commissioner Smith – present.

### **REQUEST FOR ADDITIONAL AGENDA ITEMS; APPROVAL OF AGENDA**

Commissioner Elliott asked for additional agenda items. Board members have no additional agenda items or changes to the agenda. Nikki asked that the Youth Behavioral Health Update topic be changed from an Informational item to a Guidance item.

**MOTION:** Dr. Summers made a motion to approve the agenda with the revision Nikki requested. Commissioner Hanigan seconded the motion. All in favor; motion passes.

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

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

### **OPEN DISCUSSION**

No topics for open discussion.

### **APPROVAL OF MEETING MINUTES – MAY 24, 2022**

MOTION: Commissioner Smith made a motion to approve the May 24, 2022 Board of Health meeting minutes as presented. Commissioner Hanigan seconded the motion. All in favor; motion passes.

### **INTRODUCTION OF NEW EMPLOYEES**

Division administrators introduced new employees.

### **MAY 2022 EXPENDITURE AND REVENUE REPORT**

Troy Cunningham, SWDH Financial Manager, presented the May 2022 Expenditure and Revenue Report. The target for this point in the fiscal year is approximately 91.6%. Troy anticipates requesting a carryover in committed funds and will know more as the fiscal year reaches its final closure in a few days.

In the revenue category, state appropriated general funds are at 100% as county contributions adjust to post-House Bill 316 levels and are expected to stay on target during fiscal year 2023. Fee revenues have been above the anticipated projections. Contract revenues are slightly behind but are expected to pick up toward June.

### **QUARTERLY CONTRACTS UPDATE**

Troy Cunningham presented Board members with the quarterly update on contract revenue sources. Commissioner Smith asked if there is overlap between the Citizen Review Panel (CRP) and the work that CASA (Court Appointed Special Advocates) does? Nikki clarified that the CRP falls under federal requirements and is meant to review cases of children who are in foster care for more than 180 days and work to identify ways to prevent those long stays in the foster care system.

Dr. Summers asked if there are metrics to gauge the performance of these contracts. Nikki explained the contracts each have a scope of work with required deliverables as well as defined performance monitoring metrics. Continued receipt of these contract funds indicates satisfactory performance.

### **PIO QUARTERLY UPDATE**

Ashley Anderson, Public Information Officer, provided an update on SWDH's social media presence, strategy, and tools. Ashley noted the recent website domain change for SWDH. Both domains remain active and will eventually migrate to using [swdh.id.gov](http://swdh.id.gov).

Ashley explained the use of Sprout Media, a tool to manage social media presence and build and grow relationships across multiple platforms, and highlighted its capabilities and data collection features. She also shared information about new web pages on the SWDH site highlighting available contract opportunities and some updates to the Human Resources page to help boost recruitment and hiring efforts.

### **INFANT FORMULA SHORTAGE UPDATE**

Emily Geary, Program Manager, provided information regarding the current formula shortage and how the Women Infant Children (WIC) program can assist. The shortage began in February when some powdered formula was recalled and a formula plant closed. The U.S. Department of Agriculture responded quickly to ensure WIC clients had access to information regarding the recall. Southwest District Health staff helped clients identify recalled formula and helped connect families with safe formula. At the peak of the formula shortage, staff were assisting approximately 20 families per day. Today, SWDH receives constant communication from the Idaho WIC program and clients receive information through the WIC shopper app.

The formula plant has reopened and SWDH continues to have 1-2 families per day that need help finding formula. Specialty infant formulas continue to be difficult to find. Emily anticipates the formula shortage will continue through approximately August and SWDH staff are ready to continue to assist families with navigating the shortage. The availability of formula on store shelves continues to improve.

#### **LONG-TERM CARE FACILITY PROTOCOL LETTER REVIEW AND APPROVAL**

Nikki Zogg presented a draft letter written in response to discussion at the May Board of Health meeting regarding masking requirements at long-term care and skilled nursing facilities and the impact on staff, residents, and residents' families. Idaho Code allows these facilities to request a variance to a requirement with the stipulation that facilities develop methods to ensure the health and wellness of their staff and residents are not compromised. Nikki drafted the letter in a manner to highlight concerns that have been raised and ask that variance requests be given thorough consideration and granted when possible.

Board members discussed concerns and questions. Commissioner Purdy shared that she has visited with long-term care facility staff unwilling to come forward to share their challenges for fear of losing their job. Commissioner Smith asked if SWDH staff will reach out to these facilities to provide assistance with requesting a variance. Nikki responded that the SWDH infectious disease epidemiologist maintains regular contact with these facilities and can share these letters. Facilities can determine whether variance requests are in the best interest of their staff and residents. Southwest District Health staff can be available to help develop disease control strategies.

Nikki asked for clarification on whether the Board requests two letters be drafted or whether a letter similar to the one sent to Governor Little can be sent to the Centers for Medicare and Medicaid Services (CMS).

**MOTION:** Commissioner Purdy made a motion to approve sending the letter to Governor Little and sending a similar letter to CMS requesting the same considerations for long-term care facilities and skilled nursing facilities. Commissioner Haines seconded the motion. All in favor; motion passes.

#### **PUBLIC HEALTH ADVISORIES AND ORDERS**

Public health district directors across the state have been in conversations with Department of Environmental Quality (DEQ) and Department of Health and Welfare (DHW) regarding some requested changes to the posting procedures for health advisories for harmful algal blooms (HABs) at recreational bodies of water. There are several public bodies of water in SWDH's six-county region that typically have HABs each year.

Nikki explained that the directors have also had discussions within the context of a statute change that occurred last year instituting new processes for executing public health orders that impact an entire county population. Under the statute change, orders governing an entire county require review and response by that county's Board of County Commissioners (BOCC) within a 7-day time frame and are then valid for a thirty-day time period. Public health advisories are issued within the discretion of the health district director. Examples of topics for health advisories issued through the health district include HABs, extreme heat, West Nile virus, rabid bat, and Hanta virus. The advisories are designed to make people aware of the health threat and provide recommendations on how to avoid being impacted.

Nikki asked for Board member guidance on whether advisories need Board approval prior to being issued due to advisories being perceived as orders. The concern is that if advisories are perceived as orders despite not technically being an order should the Board approve release of advisories in advance. Dr. Summers pointed out that waiting for Board approval prior to issuing an advisory would potentially cause delays in sending out the advisory. Commissioner Purdy asked if notice could be sent to the Commissioners in the county impacted by the advisory.

Board members did not make a motion but did provide guidance to observe statutory stipulations for issuance of any orders and continue to issue advisories as needed and as SWDH has historically done.

**MOTION:** None.

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

Prior to sharing updates on SWDH's efforts around youth behavioral health, Nikki shared an update on a \$7,000 award from United Way of Treasure Valley to pilot a project to ensure adults in crisis have a safe place to leave children they are responsible for while seeking care. The pilot project may allow for the scope to broaden to provide childcare for people who are needing medical care of behavioral health services and who have childcare challenges. Nikki used the example of a client seeking an annual women's well check exam, treatment for dialysis, or STD testing appointment. Nikki expects to reach out to other health care partners to see if they are willing to help fund the pilot project.

In the realm of youth behavioral health, Southwest District Health staff applied for and received a Safe Teen Assessment Center (STAC) grant in the amount of \$1.5 million. This funding is to help reduce juvenile justice and child welfare involvement by improving coordination and enhancing capacity and support for youth and families. Recruitment for a project manager position is in process. The position will oversee the implementation of the Safe Teen Assessment Center model. Funding to support the position will come from SWDH's COVID-19 funding award; therefore, 100% of the STAC grant funding can be used to implement the model through existing organizations across the region.

Nominations for the STAC Advisory Committee are being accepted and solicitations for case management and assessment services are in process. The \$1.5 million will be utilized as pass-through funds to community organizations and behavioral health providers across the region SWDH serves and will stay local. Southwest District Health will serve as the backbone organization much like our function for the Western Idaho Community Crisis Center (WIDCCC) and will provide administrative support, managing the funding, and ensure there is a consistent system to provide these services across the six counties.

Nikki also provided an update on the youth crisis center. Currently, SWDH is awaiting a funding opportunity from the Idaho Department of Juvenile Corrections that should be released by the July Board of Health meeting date. Nikki asked for guidance from Board members to ensure she moves forward in alignment with the Board members' interests. The youth collaborative is comprised of approximately 30 members including representatives of most youth advocacy organizations across the region, and acknowledges the need for a youth crisis center. Nikki is still unclear which agencies may be interested in applying for the funding and has heard that at least two organizations would likely express interest in operating the youth crisis center.

Board members directed Nikki to check if other entities are interested in being the applicant and taking the lead or if their preference is to be a subcontractor similar to WIDCCC. Board members agree the work is needed. If other entities are interested in being the lead, SWDH staff members will be available to support and collaborate. If no other entities want to be the lead backbone, Board members support SWDH submitting a proposal in response to the RFP.

#### **SAFE TEEN ASSESSMENT CENTER ADVISORY COMMITTEE NOMINATIONS**

Nikki asked for board member guidance for selection of safe teen assessment center advisory committee members in alignment with the national model which is similar to the adult crisis center's advisory committee. In the grant, positions on the advisory committee include representatives for youth or family with youth, juvenile justice, education, child welfare, courts, behavioral health, law enforcement or school resource officer, and the operator of the assessment center or member-at-large for a total of nine positions to fill.

While recruitment for a project manager position is underway, this advisory committee will help continue forward progress for next steps including completion of a self-assessment, a resource inventory, and identification or screening and assessment tools that will be implemented across the region to ensure consistency. Board members expressed concerns about compiling the advisory committee prior to the project manager being hired.

Nikki suggested nominating these applicants to the advisory committee and also working to identify some interim positions to fill with individuals recommended by the youth collaborative participants. Board members asked about the advisory committee applicants living outside of the area and expressed concerns about out-of-state or area committee members' ability to participate fully in the committee. Nikki noted that one of the out-of-area applicants are likely applying to help gather information for their own districts' efforts. Another individual from out of state is a former SWDH employee and still does a lot of behavioral health-based contract work in Idaho.

Commissioner Smith asked if Nikki can send out recommendations following review of the applicants or can the board just provide Nikki direction to assemble a competent advisory committee and have the Board ratify it at the next meeting.

**MOTION:** Commissioner Smith made a motion to direct Nikki to assemble a Safe Teen Assessment Center Advisory Committee and bring it for ratification at the next Board of Health meeting. Dr. Summers seconded the motion. All in favor; motion passes.

#### **BOARD OF HEALTH POSITION ELECTIONS**

Board of Health leadership position terms expire at the end of June. Currently, Commissioner Elliott serves as Chairman, Commissioner Kelly Aberasturi serves as Vice-Chairman, and Commissioner Hanigan serves as Trustee.

**MOTION:** Commissioner Smith made a motion to have existing board leadership remain in their positions for another one-year term. Dr. Summers seconded the motion. All in favor; motion passes.

#### **BOARD OF HEALTH TERM EXPIRATIONS**

Nikki shared that term renewals for Commissioner Elliott and Commissioner Hanigan have been unanimously approved by all six counties SWDH serves.

## **SWDH LOCATIONS**

Leadership team members have discussed the best use of the Caldwell facility, the shifting of positions and recent reorganizations in different parts of the building. For example, clinic services has downsized and the Environmental Health team has expanded. Facility modifications are being investigated but are cost prohibitive. During these discussions on how to best accommodate existing teams and future activities, Nikki has challenged teams to think about how the other SWDH facilities can be best used to maximize that space as the outlying communities are growing. There may be an opportunity for staff to have a more permanent presence in those satellite locations and allow SWDH to decentralize services. Team members have also discussed the under-utilization of satellite office locations.

Nikki asked Board members how they want to be involved in conversations regarding SWDH locations and the centralization or decentralization of services. Dr. Summers explained that for strict clinic purposes and client accessibility a site in Nampa and in Caldwell would be more efficient. Board members support having an architect reassess use of the clinic area if the space is underutilized for clinic services.

There may be some co-location options and ways to identify communities and areas that would benefit from SWDH being more accessible. Board members acknowledged there may be better locations across the region to best serve the communities. Board members also indicated they would prefer to make the Caldwell facility work but would be open to co-locating or renting with a partner for a short-term basis and acknowledge the importance of maximizing the use of our existing facilities in other counties.

## **BIANNUAL REVIEW AND APPROVAL OF BOARD OF HEALTH BYLAWS**

Nikki presented the SWDH Board of Health Bylaws for their biannual review. Nikki made a few changes to remove the delegated authority and to correct a typo on the statute code cited.

**MOTION:** Commissioner Purdy made a motion to accept the Board of Health bylaws with the changes presented. Commissioner Smith seconded the motion. All in favor; motion passes.

## **DIRECTOR'S REPORT**

### **Partnership for Success Grant**

Nikki provided an update on the Partnerships for Success (PFS) Grant. The PFS grant is a federal grant managed by the Office of Drug Policy (ODP). The funding is intended to support the priorities and strategic plans relating to youth substance use prevention of the Regional Behavioral Health Boards across the state. The ODP subgranted funding to each of the public health district to carry out the scope of work with input and collaboration from each district's respective public health district. Following SWDH's termination of the contract with Idaho Department of Health and Welfare (IDHW) to provide the administrative and fiduciary support to the Region 3 Behavioral Health Board (R3BHB), the Chairperson of the R3BHB sent a memo to ODP indicating SWDH is in violation of the terms of the PFS grant. Following this communication with the R3BHB, ODP made changes to the grant language to list the R3BHB as subrecipient and SWDH as the fiduciary agent.

While this issue is being worked out, SWDH is continuing to perform PFS-related work. Nikki explained that this grant funding supports one position within the organization that could likely be funded through other sources, but SWDH would really like to continue the work of this grant and not lose the funding.



Board members expressed concern about SWDH's fiscal liability and risk regarding a multi-partner contract if the revised contract is executed as currently drafted. There is also concern regarding how the R3BHB would be able to meet the terms of the contract as the sub-recipient when the R3BHB has no ability, as we understand, to hire and pay staff to carry out the work of the contract.

This grant expires in June, 2023. Board members asked if the fiduciary responsibility for the PFS grant could be transferred to IDHW and suggested Nikki approach ODP to inquire. Board members recommended that SWDH no longer participate in the PFS grant if the R3BHB is the sub-recipient.

There being no further business the meeting adjourned at 11:38 a.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: July 28, 2022

DRAFT





# SOUTHWEST DISTRICT HEALTH

## BUDGET REPORT FOR FY2022

Cash Basis

Jun-22

Target **100.0%**

Fund Balances			
	FY Beginning	Month Ending	Change
General Operating Fund	\$ 65,977	\$ 113,540	\$ 47,564
Millennium Fund	\$ -	\$ -	\$ -
LGIP Operating	\$ 3,187,262	\$ 4,033,668	\$ 846,406
LGIP Vehicle Replacement	\$ 99,692	\$ 99,899	\$ 206
LGIP Capital	\$ 1,299,174	\$ 1,299,174	\$ -
<b>Total</b>	<b>\$ 4,652,106</b>	<b>\$ 5,546,282</b>	<b>\$ 894,176</b>

Includes CFAC, GF, and Carry-over

Income Statement Information			
	YTD	This month	
Includes CFAC & GF			
<b>Net Revenue:</b>	<b>\$ 11,152,419</b>	<b>\$ 760,985</b>	
<b>Expenditures:</b>	<b>\$ (10,544,588)</b>	<b>\$ (1,077,400)</b>	
<b>Net Income:</b>	<b>\$ 607,831</b>	<b>\$ (316,414)</b>	

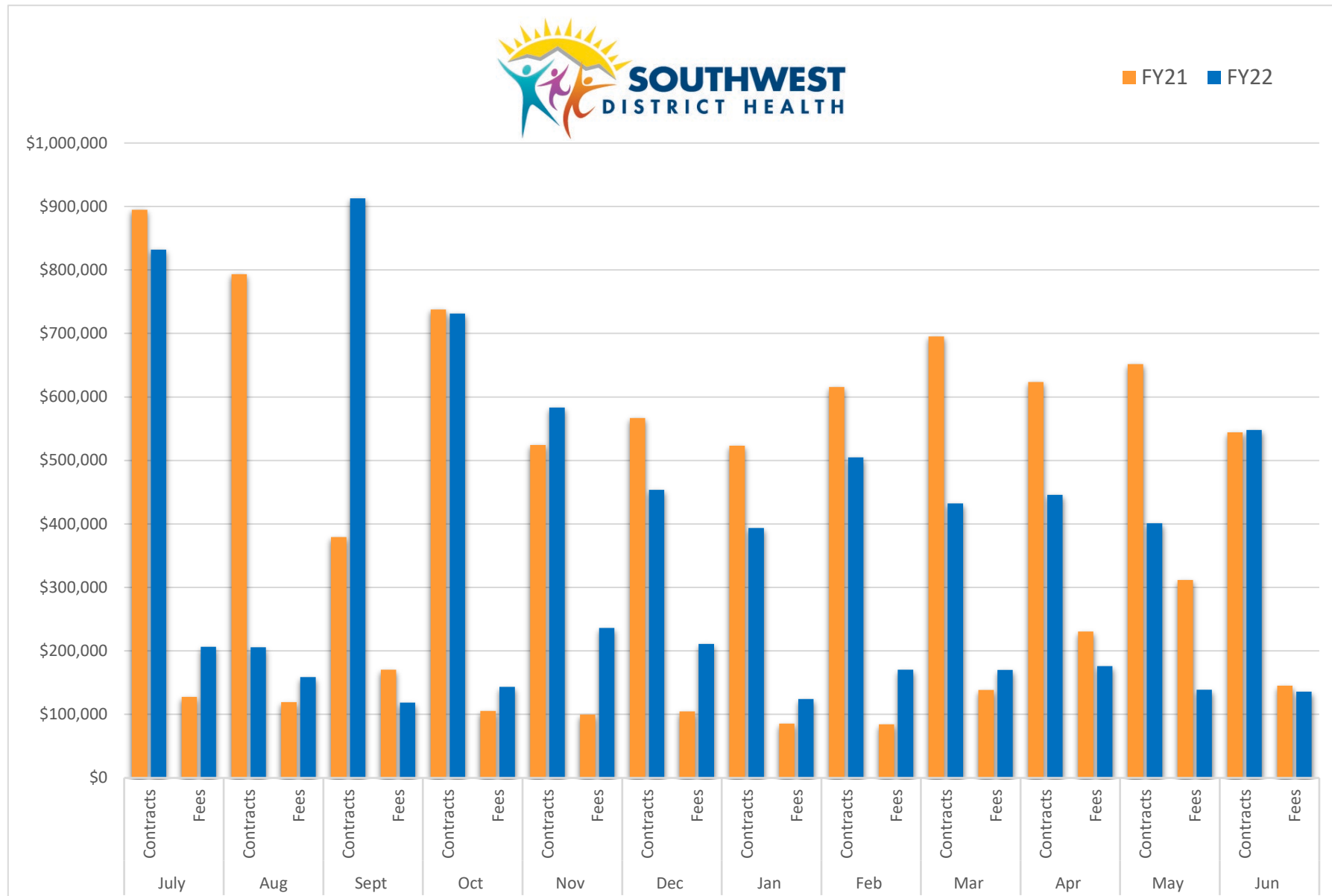
Revenue											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
State GF Appropriations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,005,300	\$ 1,005,300	100%
County Contributions	\$ -	\$ 43,919	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 43,919	\$ 1,539,463	\$ 1,892,992	100%
Fees	\$ -	\$ -	\$ 18,791	\$ 116,927	\$ -	\$ 280	\$ -	\$ 135,998	\$ 1,990,409	\$ 1,789,138	111%
Contracts	\$ -	\$ -	\$ 213,283	\$ 258,225	\$ -	\$ -	\$ 76,537	\$ 548,045	\$ 6,444,918	\$ 6,678,142	97%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000	0%
Interest	\$ -	\$ 3,141	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,141	\$ 11,613	\$ 6,780	171%
Other	\$ -	\$ -	\$ -	\$ 29,497	\$ 385	\$ -	\$ -	\$ 29,882	\$ 160,717	\$ 337,833	48%
Monthly Revenue	\$ -	\$ 47,060	\$ 232,074	\$ 404,649	\$ 385	\$ 280	\$ 76,537	\$ 760,985	\$ 10,147,119	\$ 11,730,185	
Year-to-Date Revenue	\$ -	\$ 2,039,389	\$ 2,547,273	\$ 4,691,690	\$ 8,091	\$ 3,439	\$ 857,237	\$ 10,147,119	REVISED DIRECT		
Budget	\$ -	\$ 2,659,939	\$ 2,661,838	\$ 5,379,032	\$ 22,968	\$ 4,713	\$ 1,001,695	\$ 11,730,185	REVISED DIRECT		
		<b>76.7%</b>	<b>95.7%</b>	<b>87.2%</b>	<b>35.2%</b>	<b>73.0%</b>	<b>85.6%</b>	<b>86.5%</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	\$ 1,166	\$ 18,906	\$ 194,871	\$ 271,396	\$ 86,480	\$ 10,737	\$ 5,605	\$ 589,162	\$ 7,694,962	\$ 7,931,388	97%
Operating	\$ 966	\$ 9,638	\$ 35,114	\$ 293,485	\$ (1,868)	\$ 53,430	\$ 82,317	\$ 473,083	\$ 2,723,702	\$ 2,681,386	102%
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 81,331	\$ 359,209	23%
Trustee & Benefits	\$ -	\$ -	\$ -	\$ 15,155	\$ -	\$ -	\$ -	\$ 15,155	\$ 44,593	\$ 62,500	71%
Monthly Expenditures	\$ 2,132	\$ 28,544	\$ 229,985	\$ 580,036	\$ 84,613	\$ 64,167	\$ 87,922	\$ 1,077,400	\$ 10,544,588	\$ 11,034,483	
Year-to-Date Expenditures	\$ 14,576	\$ 372,809	\$ 3,231,849	\$ 4,330,120	\$ 1,254,725	\$ 508,161	\$ 832,347	\$ 10,544,588	REVISED DIRECT		
Budget	\$ 11,488	\$ 393,405	\$ 3,495,444	\$ 4,336,867	\$ 1,262,098	\$ 698,100	\$ 837,081	\$ 11,034,483	REVISED DIRECT		
	<b>126.9%</b>	<b>94.8%</b>	<b>92.5%</b>	<b>99.8%</b>	<b>99.4%</b>	<b>72.8%</b>	<b>99.4%</b>				



# YTD REVENUES with Prior Year Comparison

Jun-22

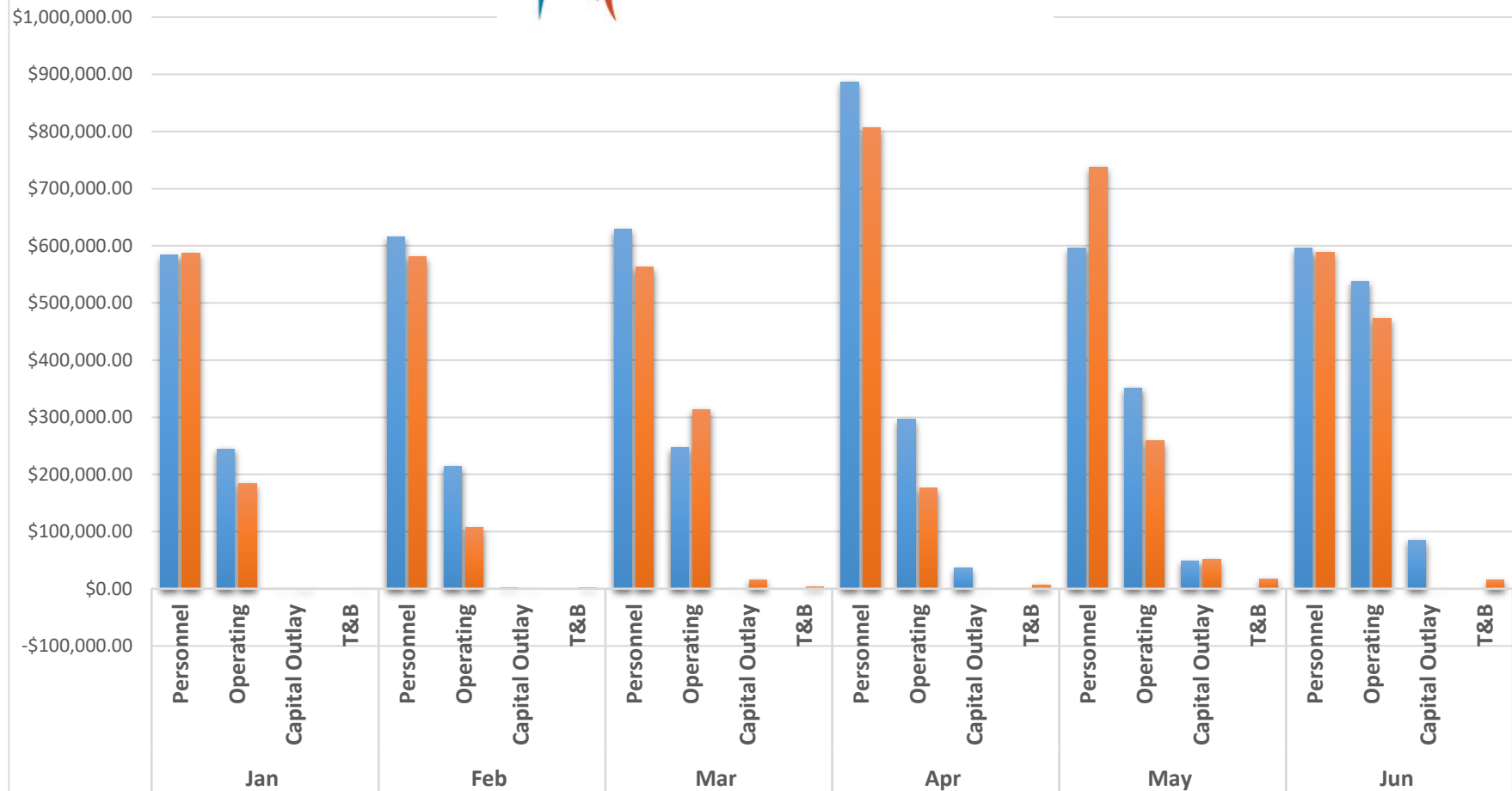


# YTD EXPENDITURES with Prior Year Comparison

Jun-22



FY21 FY22

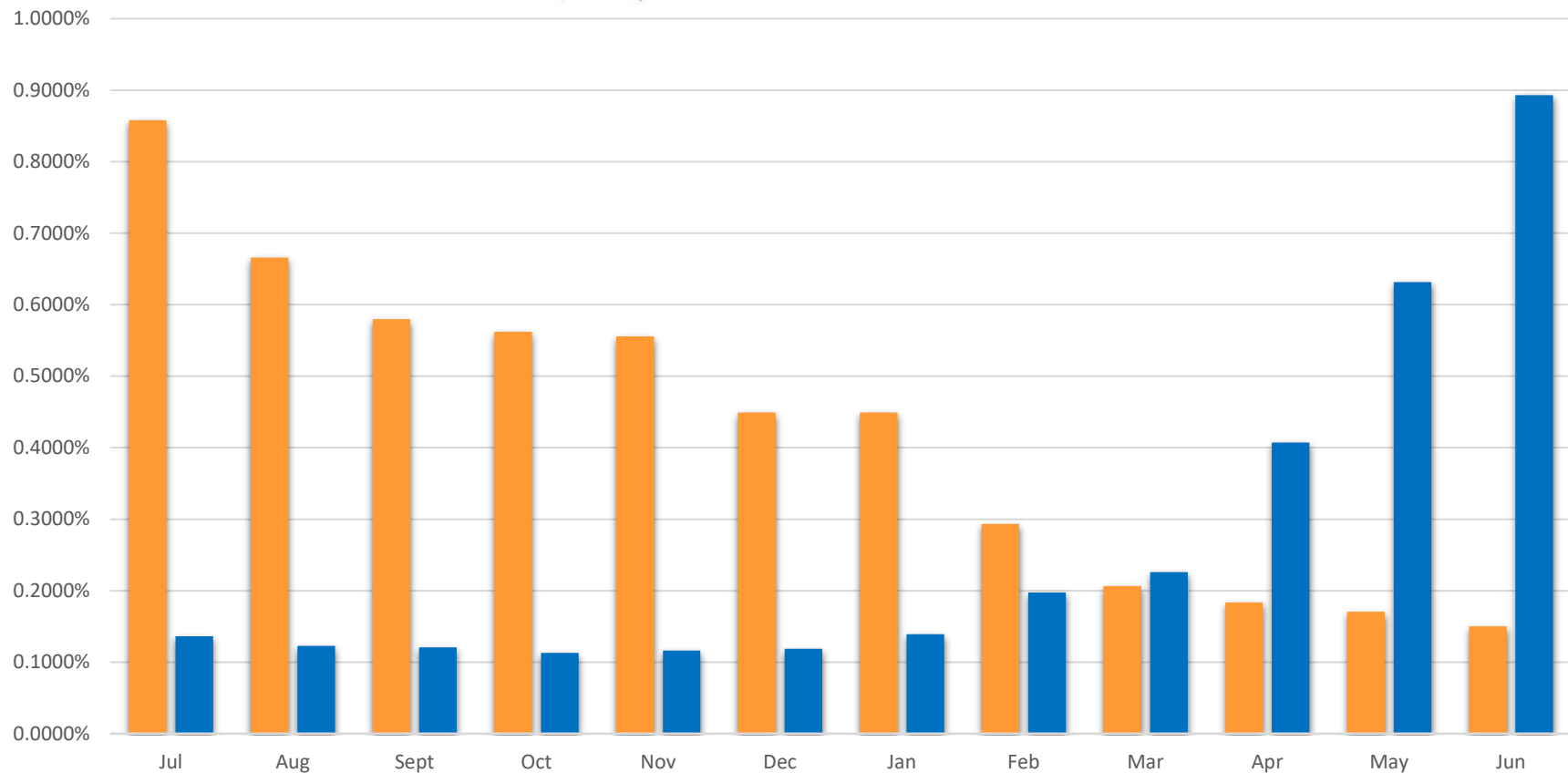


# YTD Investment Yield with Prior Year Comparison

Jun-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

	<b>Restricted Funds</b>	<b>Committed Funds</b>
Behavioral Health Board	\$ 7,382.32	
Parents as Teachers	\$ -	
Citizen's Review Panel	\$ 9,802.53	
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
	<b>\$ 45,755.85</b>	<b>\$ 490,114.34</b>

# Safe Teen Assessment Center – Advisory Committee Membership Recommendation

Name	County of Residence	Expertise/Skillset	Service Area, if indicated
Cody Ward	Ada	Clinic program manager (IYR) – Hays House, outpatient services, equine services, residential center (2023)	Canyon, Gem, & Payette Counties
Elda Catalano	Canyon	Juvenile justice	Canyon County
Elisa Higbee	Canyon	Child welfare, courts, and foster care	3rd Judicial District
Jon Munn	Canyon	School counselor	Union High School
Toni Shaffer	Ada	Peer support specialist and recovery coach	Canyon Co. – Job Corps
Tricia Ellinger	Gem	Parent of SED, mental health provider, R3BHB member	
Jamie Wilson	Canyon	Member-at-large, youth engagement (JustServe)	Six-county region
Vacant		Law enforcement/school resource officer	
Vacant		Youth	
Vacant		Assessment contractor(s) – ex-officio	



# Monkey Pox Board of Health update

7/26/2022

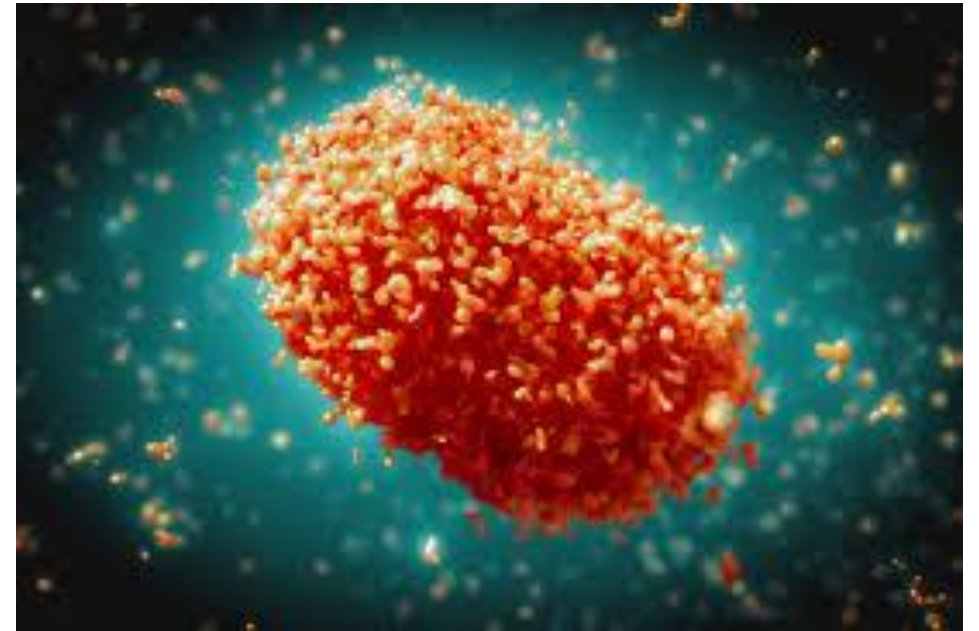
HEALTHIER TOGETHER

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



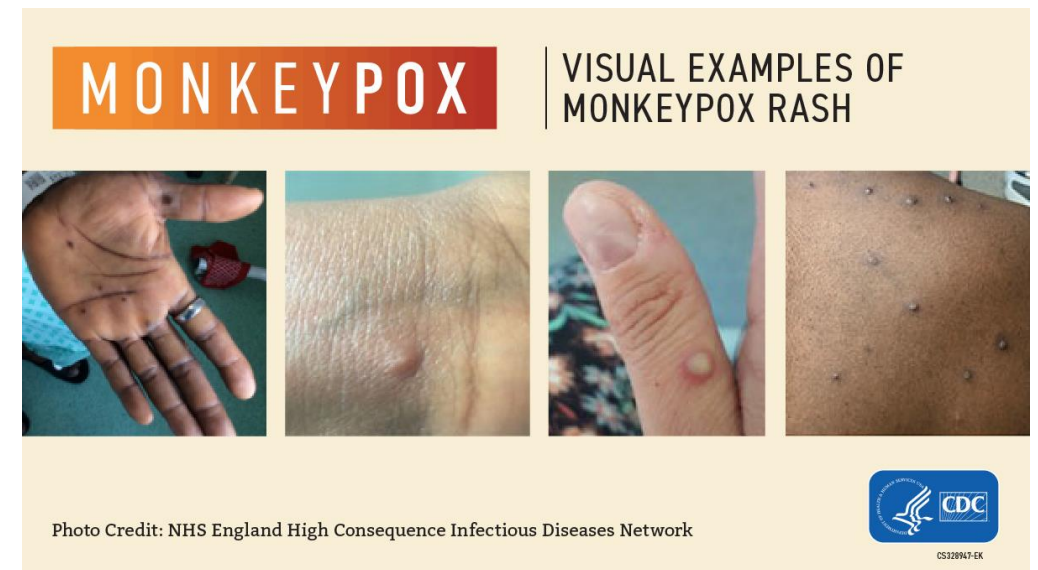
# Overview

- Monkeypox mode of transmission
- US and Idaho case overview
- Current SWDH plan

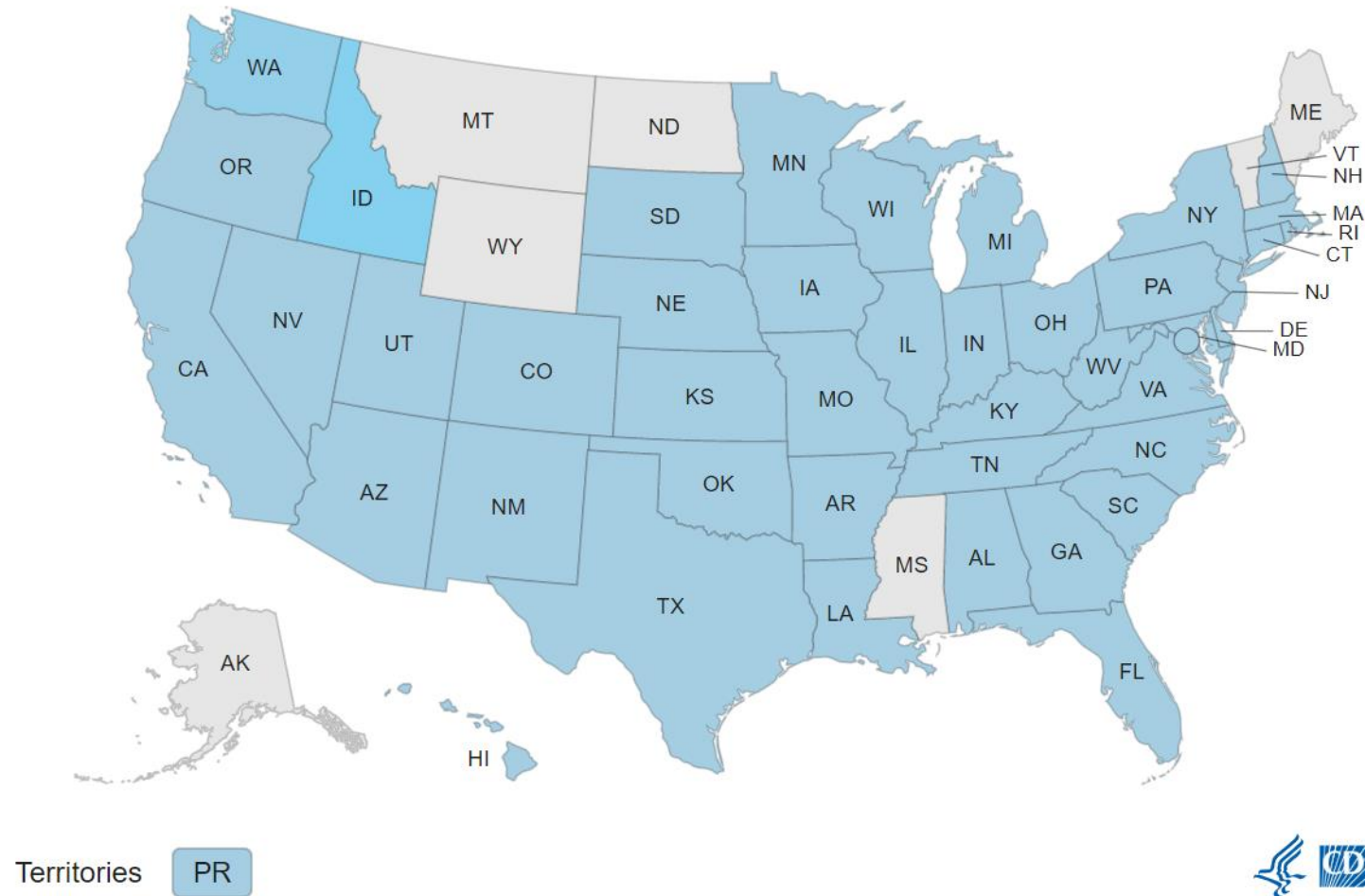


# How it spreads

- Direct contact with infectious rash, scabs, or bodily fluids
- Respiratory droplets – prolonged close exposure to an infectious person
- Touching items that have previously touched an infectious person's lesions or rash (such as towels, linens and clothing)
- In utero – pregnant mom to fetus



# States with cases of Monkeypox



# Monkeypox in Idaho

- 2 cases in Idaho (1 confirmed, 1 probable)
  - Both in CDH Region
- Both travel related
  - One domestic and one international
- No contacts identified in SWDH Region
  - Given overlap of SWDH and CDH populations, it is only a matter of time

# Initial phase- Identifying and testing

SWDH receives call  
for monkeypox  
testing of  
symptomatic  
patient

SWDH Epi will  
collaborate with  
DHW to determine  
level of concern for  
this patient

Testing will be sent  
to Idaho Bureau of  
Laboratories (IBL)


# Secondary phase- Contacts of case

SWDH Epi receive  
positive lab results  
for  
*orthopoxvirus* from  
IBL

SWDH Epi will  
contact patient for  
interview and collect  
information of close  
contacts

SWDH Epi will  
coordinate with close  
contacts and DHW to  
get post exposure  
prophylaxis (vaccine)

# Tertiary phase- Coordination and continuation of care



Close contacts may  
be sent to CDH for  
vaccine  
administration

SWDH Epi will  
monitor close  
contacts for 21 days  
after last known  
exposure



# Cost to patient \*Working to confirm this information

- Antivirals will be supplied through the Strategic National Stockpile
- Post-exposure prophylaxis (vaccine) will be covered through the Strategic National Stockpile
- Patient may be charged an administration fee as determined by the healthcare facility
- Patient may be charged a visit fee as determined by healthcare facility



# Nutrient Pollution & Eutrophication

Brandon VanSlochteren

HEALTHIER TOGETHER

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

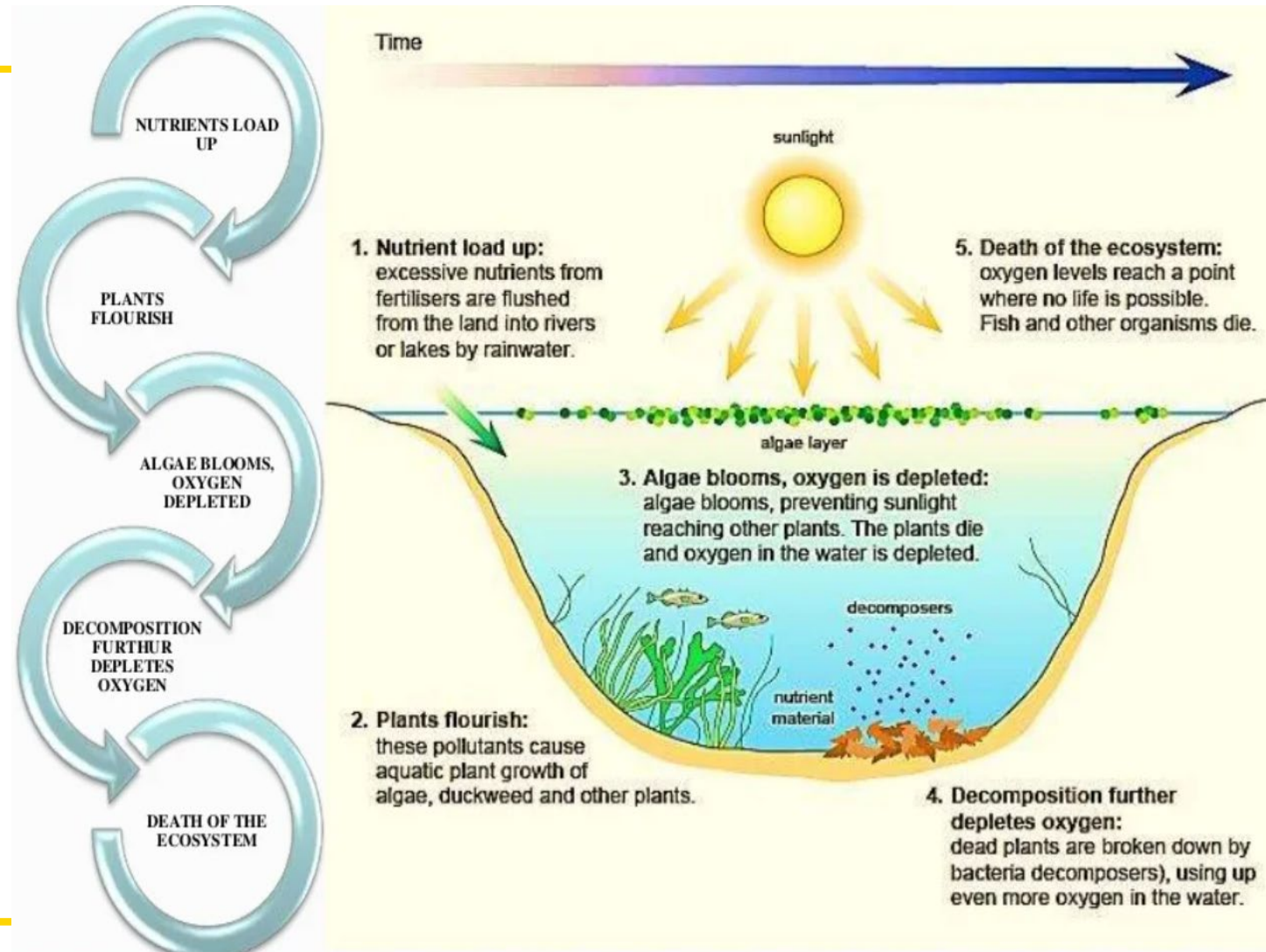
# What is Eutrophication ?



- Nutrient induced increase in Phyto-plankton productivity

# What causes Eutrophication

- Nitrogen (N) and Phosphorus (P)
- Phyto- Plankton
- Point Sources
- Time



# Natural vs. Cultural Eutrophication

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## *Natural*

- Native Soil Organic Matter

## *Cultural*

- Fertilizers
- Livestock Manure
- Feedlots
- Mineral Extraction
- Septic Systems

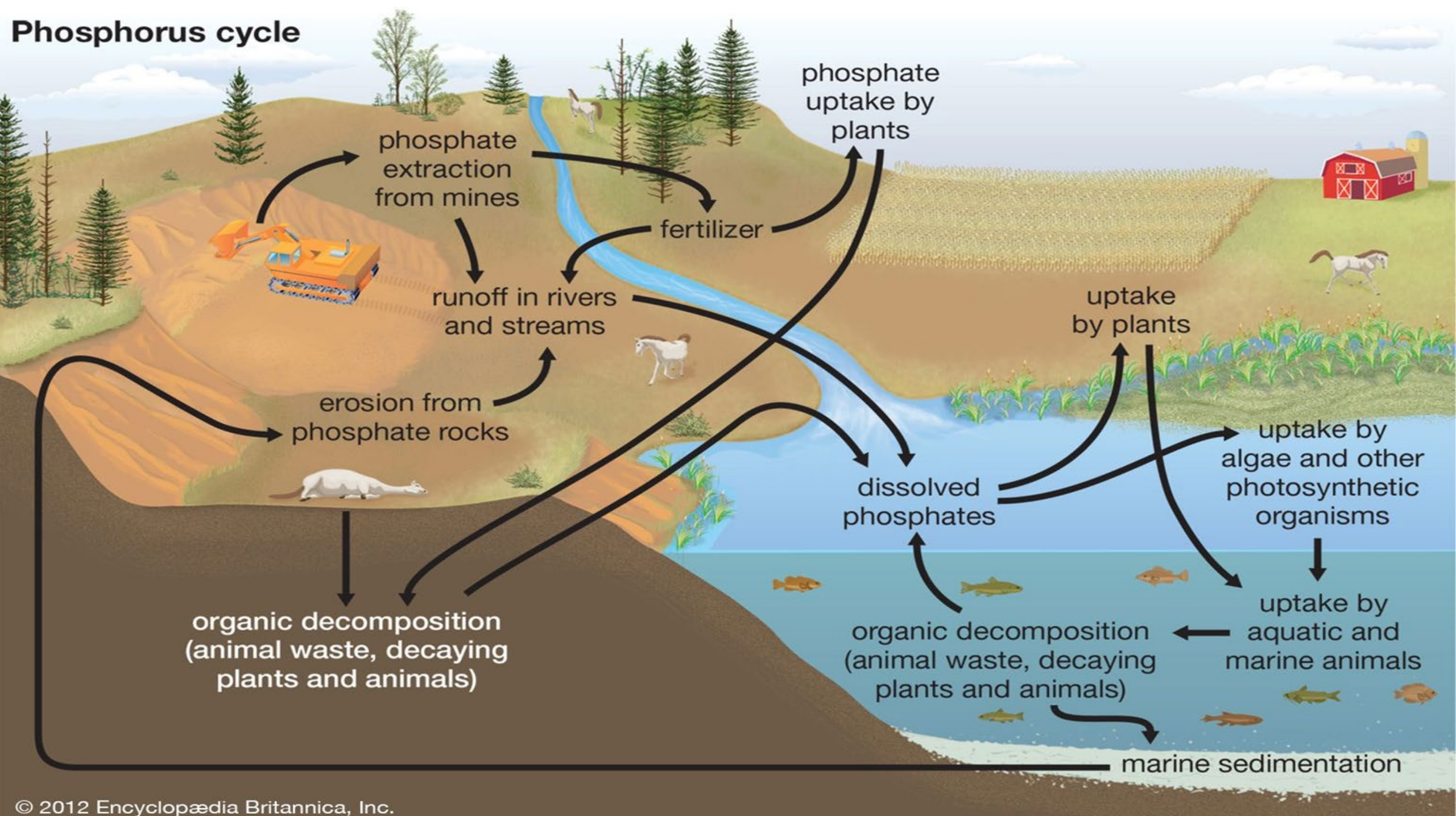


# Results of Eutrophication

- Blue Green Algae Bloom
- Bad smell and taste of water
- Production of toxic compounds in the water
- Ecologic Hypoxia



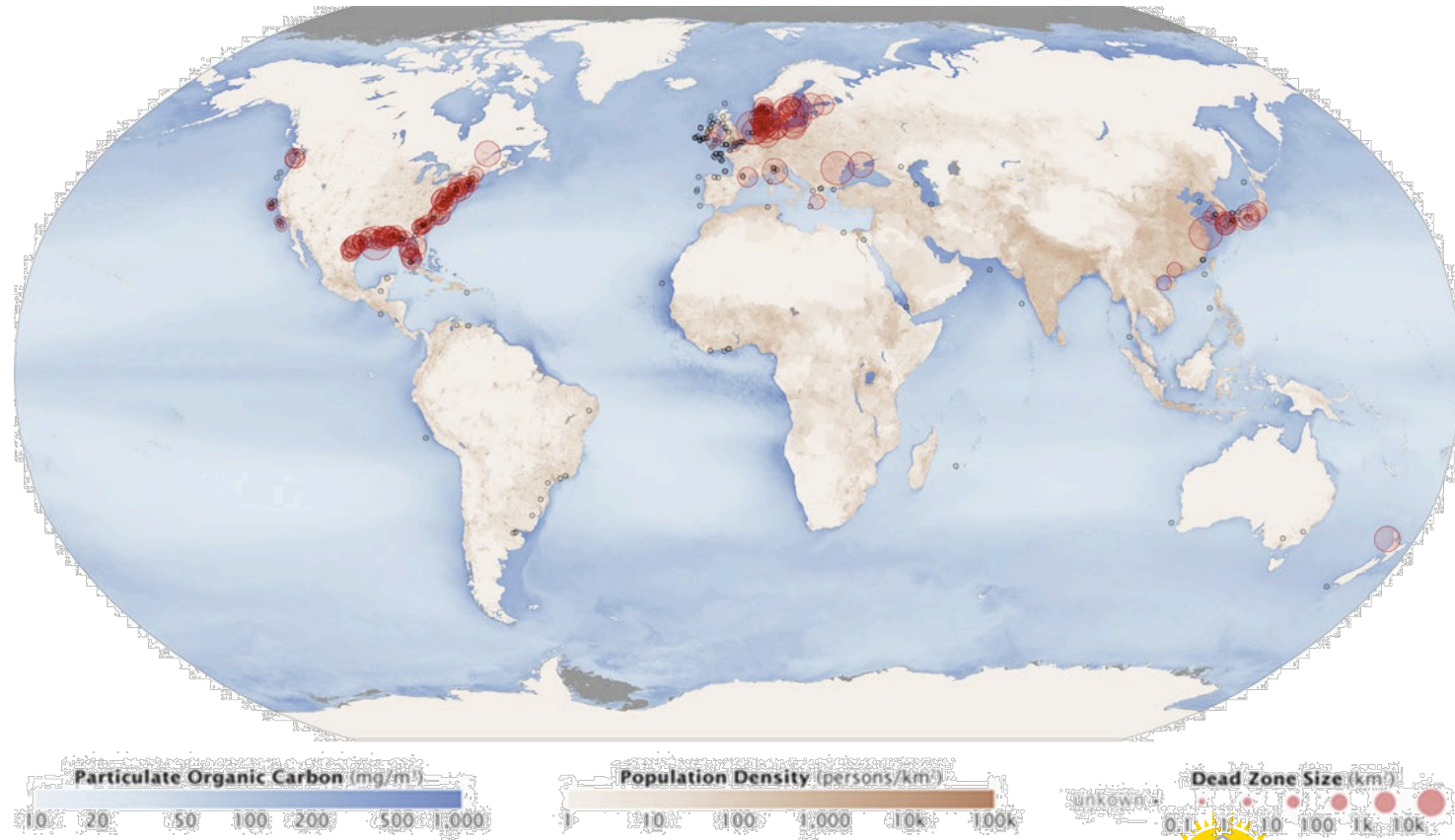
# Phosphorus cycle





# Concerns Around Phosphorus

- Uplift or up-take is needed to remove phosphorus from aquatic systems
- Up-take is reduced once algae blooms begin to require increased amounts of oxygen
- Uplift can take between 20,000-100,000 years



# Why Do We Care ?

- There is currently no approved systems that treat phosphates
- Continued growth in population throughout southwest Idaho will only increase the environmental pressures
- Nutrient pollution is expensive to treat
- Algal blooms (Cyanobacteria) can be harmful to humans, pets, and wildlife
- Reduction in profits from ecotourism & recreation
  - Hunting
  - Fishing
  - Camping
  - Etc.

# What Can We Do ?

- Identify point sources
- Community outreach and education
- Follow DEQ's Recommendations
- Ensure that all septic setbacks are met

