



Board of Health Meeting

Tuesday, September 19, 2023, 9:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the September 19, 2023 Board of Health meeting can be submitted [here](#) 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 9:00 a.m. on Monday, September 18, 2023. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

Agenda

A = Board Action Required

G =Guidance

I = Information item

9:00	A	Call the Meeting to Order	Chairman Kelly Aberasturi
9:02		Pledge of Allegiance	
9:03		Roll Call	Chairman Kelly Aberasturi
9:05	A	Request for Additional Agenda items; Approval of Agenda	Chairman Kelly Aberasturi
9:07		In-Person Public Comment	
9:15	I	Open Discussion	SWDH Board Members
9:20	A	Approval of Minutes – August 22, 2023	Chairman Kelly Aberasturi
9:25	I	Introduction of New Employees	Division Administrators
9:35	I	Luma Update and Fund Balance Report	Troy Cunningham
9:50	I	State and County Fiscal Year Alignment	Troy Cunningham
10:30		Break	
10:45	I	RV Waste Disposal Licensing Follow Up	Colt Dickman
11:00	A	Food Safety Program Overview	Jeff Buckingham
11:20		Director’s Report	Nikki Zogg
		Food Fee Discussion with Industry Representatives	
		Millennium Fund Committee Update	
		Board of Health Payroll and Reimbursements	
		Public Health Symposium	
		Youth Crisis Center Update	
		Septic Permit Revocation Update	
12:00		Adjourn	

NEXT MEETING: Tuesday, October 24, 2023, 9:00 a.m.

Healthier Together

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



BOARD OF HEALTH MEETING MINUTES
Thursday, August 22, 2023

BOARD MEMBERS:

Jennifer Riebe, Commissioner, Payette County – present
Lyndon Haines, Commissioner, Washington County – present
Zach Brooks, Commissioner, Canyon County – present
Kelly Aberasturi, Commissioner, Owyhee County – present
Viki Purdy, Commissioner, Adams County – present
Sam Summers, MD, Physician Representative – present
Bill Butticci, Commissioner, Gem County – present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Colt Dickman, Doug Doney, Troy Cunningham, Monique Evancic, Beth Kriete, Alexis Pickering

Via Zoom: Jeff Renn, Jenifer Spurling

GUESTS:

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 9:02 a.m.

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the pledge of allegiance.

ROLL CALL

Chairman Aberasturi – present; Dr. Summers – present; Commissioner Purdy – present; Vice Chairman Haines – present; Commissioner Brooks – present; Commissioner Riebe – present; Commissioner Butticci – present.

REQUEST FOR ADDITIONAL AGENDA ITEMS; APPROVAL OF AGENDA

Chairman Kelly Aberasturi asked for additional agenda items. Board members had no additional agenda items or changes to the agenda.

MOTION: Commissioner Riebe made a motion to approve the agenda as presented. Commissioner Brooks seconded the motion. All in favor; motion passes.

IN-PERSON PUBLIC COMMENT

No public comment given.

OPEN DISCUSSION

Commissioner Riebe mentioned a group called Youth Rising attended the Payette County Board of County Commissioners (BOCC) meeting yesterday. They plan to open a youth center in Payette City. Commissioner Riebe asked if Southwest District Health (SWDH) staff are familiar with the group or working with them.

APPROVAL OF MEETING MINUTES – JULY 25, 2023

Board members reviewed meeting minutes from the meeting held July 25, 2023.

MOTION: Commissioner Riebe made a motion to approve the July 25, 2023, Board of Health meeting minutes as presented. Dr. Summers seconded the motion. All in favor; motion passes.

INTRODUCTION OF NEW EMPLOYEES

No new employees were introduced.

LUMA PROGRESS REVIEW

Troy Cunningham, SWDH Financial Manager, provided an update on the progress of transitioning to Luma software. Troy and his finance team are having some challenges issuing payments and are notifying vendors of the delay due to the change over to Luma. Another challenging aspect of the transition has been extracting data from Luma in a usable manner for developing expenditure and revenue reports. As a result, expenditure and revenue reports are not available this month.

Some of the other health districts are working through another software platform called Cognos that attaches to Luma to help draw reports. Troy hopes to have reports next month for the September Board of Health meeting.

Board members asked how contract progress is being monitored without the data reports. Troy explained that most of the funders SWDH bills are from Idaho Department of Health and Welfare (IDHW). All seven health districts have worked through the Legislative Service Office guidance regarding what operating buffer can be held and SWDH is currently holding three months operating buffer. However, Troy explained that despite revenues being down we have not run into a cash flow problem.

STATE vs. COUNTY FISCAL YEAR DISTRIBUTION

Troy is gathering information for this topic and will present his findings on the pros, cons, and considerations at the Board of Health next month.

2023 REGIONAL PRIORITIES AND HEALTH ATLAS

Alexis Pickering, Health Strategist for the Western Idaho Community Health Collaborative (WICHC) highlighted the 2023 Regional Priorities identified in the Community Health Needs Assessment (CHNA) recently completed. Alexis provided background information for WICHC, a multi sector public-private partnership established four years ago by four private funders and funding from the Legislature.

The team gathering data hosted more than 60 focus groups and collected 3,000 surveys. For each rural county, the team hoped to hold one focus group and met that threshold in each county except Boise and Owyhee. The surveys were translated into several languages and provided demographic data. The focus groups and interviews provided deeper conversations with intentional participation.

To identify health needs, a standardized process based off of the feedback received helped identify the priorities for the assessment. Charlene Cariou, SWDH Program Manager, shared that health education specialists with SWDH helped our counties' Community Health Action Teams (CHAT) act as facilitators for some of the data collection and conversations.

The results of the CHNA show three clear priorities: housing and homelessness (unsafe, unaffordable, and unattainable), behavioral health (mental health and substance misuse), and limited access to care with some emphasis on dental and vision and language barrier access.

Some of the priorities that did not rise to the top included cost of living, transportation, access to and cost of childcare, low wages, and job access.

Alexis also provided a demonstration of the health atlas tool.

COVID-19 AFTER ACTION REPORT – FINAL

Ricky Bowman, Program Manager for Public Health Emergency Preparedness and Epidemiology Response (PHEPER), presented an after-action report for the COVID-19 emergency response. The PHEPER program works within the framework of the 15 essential functions and assessed SWDH's response against the 14 national capabilities as defined by the Centers for Disease Control and Prevention. Ricky explained that the recovery aspect of the functions is now being addressed in the COVID-19 response. The PHEPER team is looking at how to define recovery and identify phases of that process. Following a three pronged approach to evaluating SWDH's response; the overarching themes requiring improvement include 1) training for staff, partners, and elected officials specific to their role within an incident command structure, 2) communication, including clear expectations for SWDH staff, clear expectations about SWDH's role and resources to responding partners, and clear information for local authorities to use and inform decisions, and 3) resource management, including development of the capacity to use a regional unified command and townhall meetings to provide opportunity for public input and feedback.

For future response efforts, PHEPER will work with emergency managers to optimize the community resources rather than SWDH setting up a separate operation.

IMMUNIZATIONS OVERVIEW

Rick Stimpson, Clinic Manager, provided an overview of the immunization program. Rick discussed the difference between health equality and health equity and how business hour access, transportation, insurance coverage, and cost create barriers clients face. To help overcome those barriers, Rick explained that a subgrant for vaccines allows staff to take vaccine out to community events and schools and to waive fees for vaccines. Rick listed the schools where immunization services have been provided and clarified that each one has requested SWDH presence.

RECREATIONAL VEHICLE WASTEWATER DISPOSAL FOLLOW UP

Colt Dickman, Environmental and Community Health Services Division Administrator, provided a follow up to the discussions regarding recreational vehicle (RV) living at Board of Health meetings over the last few months. Colt shared a brochure that helps explain the laws around waste disposal and other aspects of compliance needed for RV living. The brochure also provides background information around why proper disposal is important as well as resources for pumping and dump station locations.

Colt also explained that our data management system does track reports of illegal systems; however, the data are currently unreliable. We are working on improving the data quality and accuracy and will have it available to the board in the future.

Commissioner Aberasturi expressed concern that an individual needing to manage a small capacity of RV waste has to have the same license as a large capacity pump truck or commercial provider. Colt will take this

back to Department of Environmental Quality (DEQ) and see if there is consideration for varying levels of licensure.

ADAMS COUNTY COMMUNITY HEALTH ACTION TEAM

Tara Woodward, Program Planning and Development Specialist, provided information about the Adams County Community Health Action Team (A-CHAT). The A-CHAT identified mental health and housing as top priorities impacting health. The team's definition is broader than mental health crises and includes mindfulness, connection, physical and mental strength, wellbeing, and positive health maintenance.

Tara identified metrics used to monitor use of mental health resources developed or promoted by A-CHAT. One metric is the number of times the QR code for the 988 suicide and crisis lifeline is accessed.

OPIOID SETTLEMENT FUND ALLOCATION REQUEST

Charlene Cariou, Community Health Program Manager, presented a request for authorization to use a portion of the opioid settlement funds SWDH has received to fund the purchase of naloxone to provide to partner agencies. She explained that during the most recent legislative session, changes were made to language impacting how free naloxone is available within communities. Previously, community agencies, law enforcement agencies, health districts and other agencies could receive and distribute free naloxone. Now, first responder or law enforcement agencies are the only ones receiving and distributing free naloxone.

The Idaho Department of Health and Welfare (IDHW) is in the process of identifying a new partner to implement free naloxone distribution. Charlene asked Board members to consider allowing SWDH to serve as a distribution point for free naloxone during this interim gap.

Charlene estimates 120 boxes of naloxone would be needed for trainings and about 300 boxes for community distribution to agencies such as libraries and police departments. Charlene asked to use approximately \$25,000 to support this interim need and be able to distribute naloxone to the community members who request it.

MOTION: Dr. Summers made a motion to use approximately \$25,000 of the opioid settlement funds to obtain approximately 420 boxes of naloxone for community distribution in Southwest Idaho. Commissioner Brooks seconded the motion. All in favor; motion passes.

DIRECTOR'S REPORT

SWDH Website

Nikki Zogg asked Board members for assistance with contact information for connecting with county personnel to submit a request to add a link to SWDH to each county website. This would assist with efforts to improve our social media and website presence.

Subsurface Sewage Permit Revocation

Environmental and Community Health Services team members are working through the process to revoke two subsurface sewage permits issued earlier this year for new systems needing replacements. Team members are working with risk management and the property owners to remedy the situation as well as with the city and county agencies regarding the option for city or county services.

Nikki explained the appeal process that may come to the Board. Currently, the board would only hear a procedural appeal. Colt discussed the proactive steps being taken to avoid similar revocations. The lot sizes impacted are approximately .1 acres and are near one of the main thoroughfares in Caldwell. The DEQ requires a statement for anything within 200' explaining why they cannot connect to city services. Board members will be kept informed of the processes.

Follow Up on July Board of Health Meeting Open Discussion

Following Commissioner Purdy's request last month for a status update on the \$200,000 grant mentioned several months ago, Nikki provided information on a grant that matches the criteria Commissioner Purdy was able to recollect. Nikki and her staff reviewed meeting minutes and meeting recordings and identified the Partnership for Success grant which is funding that comes to SWDH that comes as federal funding through the Office of Drug Policy (ODP) and is given to the public health districts. The grant was discussed due to some changes in the relationship between SWDH and the Regional Behavioral Health Board. The funding was set to terminate at the end of Fiscal Year 2023 due to money not being spent through the grant period. The funder did allow the grant period to be extended and work will now be completed by the end of September 2023. The drug prevention work is not anticipated to continue unless funding from Substance Abuse and Mental Health Services Administration SAMHSA is received.

Board of Health Payroll and Reimbursements

Following the transition to Luma, Board member payroll processes have been identified and payroll for June and July has been submitted. The mileage reimbursement piece is still being navigated.

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

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date



Fund Balances as of August 31, 2023

	FY Beginning	Month Ending
General Operating Fund	\$ 362,480	\$ 387,600
Millennium Fund	\$ -	\$ 68,196
LGIP Operating	\$ 6,621,873	\$ 6,527,531
LGIP Vehicle Replacement	\$ 102,536	\$ 103,786
LGIP Capital	\$ 1,299,174	\$ 1,299,174
Total	\$ 8,386,064	\$ 8,386,287



September 19, 2023

TOPIC: Southwest District Health Fiscal Year

OBJECTIVE: To evaluate the pros and cons of moving Southwest District Health from the state fiscal year, July – June, to the county fiscal year, October – September.

APPROACH: SWDH researched statute and agreements as well as operational challenges that would need to be overcome to move from one fiscal year to another.

BACKGROUND: Public health districts were established more than 50 years ago. Each public health district is an independent government entity. The public health districts are not state or county agencies or departments, but more like single purpose districts (Idaho Code (IC) 39-401). Each public health district has an established public health district fund with the state treasury acting as the custodian (IC 39-422). Further, IC 39-423 outlines public health districts' process for budget approval based on the state fiscal year.

FUNDING/COST: The full cost has not been determined. SWDH will need to wait until fiscal year 2025 to learn what the costs to use the State Controller's Office (SCO) for finance, payroll, and procurement will be since SCO's transition to Luma. The current cost for these services is ~\$59,627 each year. Furthermore, SWDH would need to pursue quotes from potential vendors and determine if any more or less staff would be needed to make and maintain this transition. An additional potential cost change would occur if we lost access to Risk Management, the state's insurance plan.

SUMMARY OF PROS AND CONS:

PROS

- Aligns with county fiscal year
- Creates the need for a new enterprise resource planning solution
- Anticipate cost savings if SWDH migrated to a new ERP
- More control over financial reporting
- Allows SWDH to use cash basis accounting

CONS

- Does not align with state fiscal year
- Creates the need for a new enterprise resource planning (ERP) solution
- Disconnects from state resources (i.e., procurements)
- Implementation would be time intensive and costly

OTHER CONSIDERATIONS: Changing fiscal year would require a change to Idaho statutes. The Idaho legislature and Governor's Office have historically emphasized the importance of public health districts to function the same or similarly. One district changing their fiscal year may have a negative impact on the other public health districts, including financial implications.



SWDH conducted preliminary research to examine the cost of moving to a new ERP. Four estimates are provided on pages 2 – 3.

NetSuite Cloudsuite (Oracle)

PROS	CONS
Similar to current Luma environment	Different from Luma in process and will have a learning curve
Overall cost a bit lower than Luma estimate	Is similar to Luma in complexity
Has demonstrated history with state (BSU)	Is less user friendly than other options
Is a fully integrated ERP with modules	Best for large organization implementation
Customizable	Is less integrated in procurement development
Contains an add on budget module	Longest implementation time of the 3
Implementation could be easier with Luma	Is the 2nd most expensive of the 3 (quoted ~\$85K)
	Is potentially accrual accounting only

OpenGov

PROS	CONS
Designed for small government	Of the 3, process is least like Luma (could be a pro)
Is the least cost for the most return of the 3	Could be less powerful for statewide use
Easiest of the 3 larger packets in user interface	
Contains an add on budget module	
Meant to integrate high degrees of transparency	
Demonstrated history with state (small agency)	
Least expensive of the 3 (quoted ~\$70K)	
Could be modified accrual accounting	



Infor (Luma)

PROS	CONS
Conversion would be easy	Continue with Luma processes which are cumbersome
Least training needed by conversion	Too big for a small agency
	Cost is high, estimated > \$100K per year
	Is accrual accounting only
	No budget module without significant cost
	Difficult to use and train staff

Other Smaller Software Packages (with outsourced payroll)

PROS	CONS
Conversion would be easy	May not integrate with State Treasurer's Office (STO)
Creates significant efficiencies	More manual activity and oversight
Budget module likely included	Would require a statute change if monies held out of STO
Significant cost savings ~\$20 - \$25K/year	
Quicker payment turn around	
More local control	



Food Protection Program 2023

Environmental and Community Health Division

Jeff Buckingham, Program Manager

Savanha Rodriguez, Senior Environmental Health Specialist

Meet the Facilities Team



**Rhianna
Rehl**
Environmental
Health
Specialist 2



**Jeff
Buckingham**
Facilities
Program
Manager



**Savanha
Rodriguez**
Environmental
Health
Specialist Sr



**Cambria
Williams**
Environmental
Health
Specialist 1



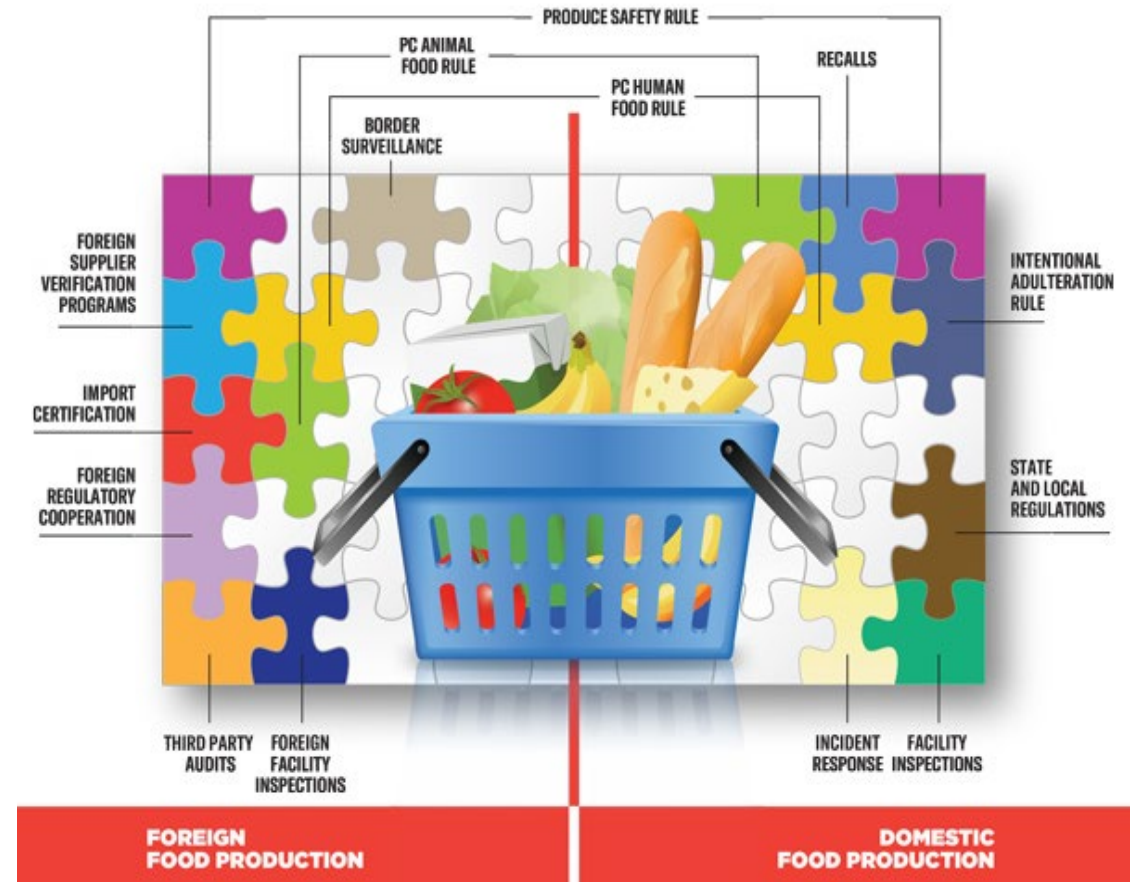
Darvis Opp
Environmental
Health
Specialist 2



**Briana
Malouf**
Environmental
Health
Specialist Sr

Why Food Safety

- The CDC estimates 48 million people get sick, 128,000 are hospitalized, and 3,000 die from foodborne diseases each year in the United States
- Local Health Districts/Departments are the last control before consumption



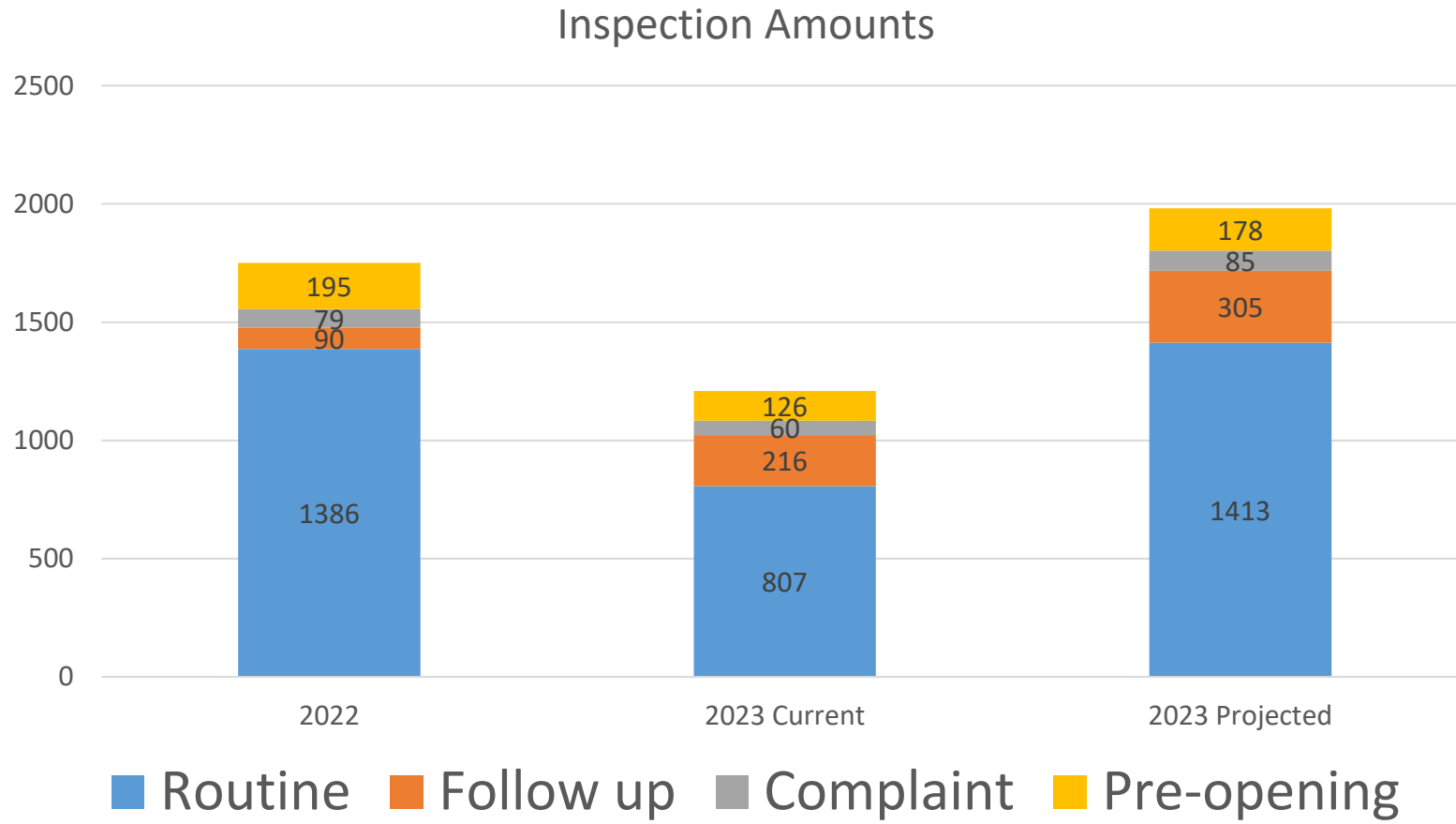
SWDH Food Protection Program and the 10 Essential Public Health Services

Essential Public Health Function:

- 2. Investigate, diagnose, and address health hazards and root causes
- 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
- 9. Improve and innovate through evaluation, research, and quality improvement



2. Investigate, diagnose, and address health hazards and root causes

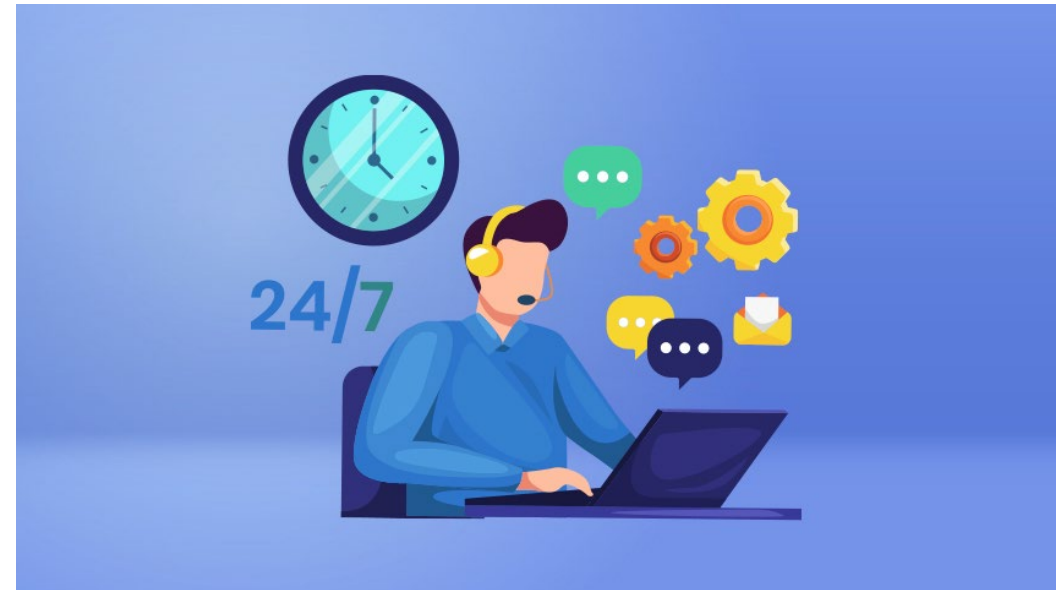


3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.

- Food Safety Trainings



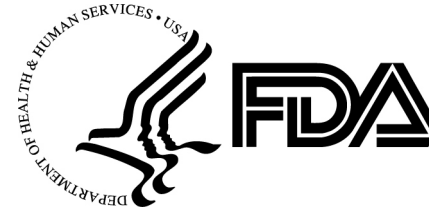
- Online customer portal



9. Improve and innovate through evaluation, research, and quality improvement

National Retail Food Regulatory Program Standards

1. Regulatory Foundation
2. **Trained Regulatory Staff**
3. Inspection Program Based on HACCP Principles
4. Uniform Inspection Program
5. Foodborne Illness Response
6. Compliance and Enforcement
7. Industry and Community Relations
8. Program Support and Resources
9. Program Assessment



Funding Source

- **Funding Source:** The food protection program is funded by fees and district dollars
- **Funding Requester:** SWDH, who implements the Idaho Food Protection Program through an agreement with Idaho's Department of Health and Welfare
- **Funding Recipient:** Southwest District Health
- **Funding Duration:** Annual licensing cycle

Questions/Comments