



Board of Health Meeting
 Tuesday, July 23, 2024, 9:00 a.m.
 13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the July 23, 2024 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, July 22, 2024. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

Agenda

<u>A = Board Action Required</u>	<u>G =Guidance</u>	<u>I = Information item</u>
9:00 A	Call the meeting to order	Chairman Kelly Aberasturi
9:01	Pledge of Allegiance	
9:02	Roll call	Chairman Kelly Aberasturi
9:04 A	Call for changes to agenda; vote to approve agenda	Chairman Kelly Aberasturi
9:05	In-person public comment	
9:10 I	Open discussion	
9:15 A	Approval of June 25, 2024 minutes	Chairman Kelly Aberasturi
9:17 I	Introduction of new employees	Division Administrators
9:20 I	June 2024 Expenditure and Revenue Report	Troy Cunningham
9:35 I	Contracts and Services Report Status Update	Troy Cunningham
9:50 A	New Clinic Service Fee Approval Request	Rick Stimpson
10:00	Break	
10:15 A	Board Bylaws Approval	Chairman Kelly Aberasturi
10:30 I	Idaho Behavioral Health Plan Overview	Magellan Staff
11:00 I	Funding Opportunity	Charlene Cariou
11:15 I	Parental Consent Change Implementation	Don Lee
11:30 I	IADBH Resolutions/Policy Statement input	Nikki Zogg
11:50 I	Director’s Report	Nikki Zogg
	- Measles Response Plan Follow-up scheduled for August 27	
	- Last Social Security Participation Vote Learning Session – July 30, 9am – 12pm	
	- Fiscal Year Change Evaluation completed for IADBH	
	- H5N1 Avian Influenza Follow Up	
12:00	Adjourn	

NEXT MEETING: Tuesday, August 27, 2024

Healthier Together

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



BOARD OF HEALTH MEETING MINUTES
Tuesday, June 25, 2024

BOARD MEMBERS:

Jennifer Riebe, Commissioner, Payette County – not 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
John Tribble, MD, Physician Representative – present
Bill Butticci, Commissioner, Gem County – present via Microsoft Teams

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Mitch Kiester, Don Lee, Beth Kriete, Cas Adams, Kaydin Griffin, Wendy Young, Ali Miller, Anna Briggs, Troy Cunningham, Ricky Bowman, Andy Nutting, Cate Lewis

Virtual attendees: Jeff Renn

GUESTS: None

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 9:08 a.m.

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the pledge of allegiance.

ROLL CALL

Chairman Aberasturi – present; Dr. John Tribble – present; Commissioner Purdy – present; Vice Chairman Haines – present; Commissioner Brooks – present; Commissioner Riebe – not present; Commissioner Butticci – present via Microsoft Teams.

REQUEST FOR ADDITIONAL AGENDA ITEMS AND 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 Haines made a motion to approve the agenda as presented. Dr. Tribble seconded the motion. All in favor; motion passes.

IN-PERSON PUBLIC COMMENT

No public comment given. No members of the public present.

OPEN DISCUSSION

There were no items for open discussion.

APPROVAL OF MEETING MINUTES – MAY 21, 2024

Board members reviewed meeting minutes from the May 21, 2024 meeting.

MOTION: Commissioner Haines made a motion to approve the minutes as presented. Dr. Tribble seconded the motion. All in favor; motion passes.

INTRODUCTION OF NEW EMPLOYEES

Division Administrators introduced new staff.

MAY 2024 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, Financial Manager, presented the May 2024 Expenditure and Revenue Report. At this point in the fiscal year, the target is 91.7%. The finance team is still working with Luma to pull accurate cash balance reports. County contributions remain on target and fee revenues remain slightly higher than anticipated. Troy also reported that personnel expenditures continue to be impacted by several vacancies.

MEASLES RESPONSE PLAN

Ricky Bowman, Program Manager, and Andy Nutting, Epidemiologist, provided information on the development of SWDH's measles response plan. Measles was all but eradicated from the U.S. until recently. Measles is very infectious, can spread quickly, is costly to manage if not controlled early, and can have serious health implications for children and other populations. Due to the increase of reported cases and outbreaks in the U.S. and abroad, including an outbreak contained to a household in Canyon County in 2023, SWDH is reviewing its response plan and seeking board input in the process.

The presentation included an explanation of the role of epidemiologists, transmission of and complications of measles, update on the national outbreak and the preparedness efforts of SWDH.

Epidemiologists conduct disease interviews for any reportable diseases listed in the Idaho Administrative Procedure Act (IDAPA), offer guidance to healthcare providers and the public about infectious diseases, , and use the information gathered through interviews to understand the risk of disease spread in the community, develop public health messages and notices to providers, and take action to notify those at risk of exposure or illness.

Idaho investigative guidelines, written by the Idaho Department of Health and Welfare, are disease-specific guidelines that provide the most current evidence and research on communicable and infectious diseases, preventative measures, and treatment. Measles can remain in the air and infectious for up to two hours after the infected person leaves an area. This highly contagious nature and infectiousness before symptom onset increases the possibility of spreading the disease.

Should our region have a case of measles, staff will work with community partners including hospital infection preventionists, county emergency managers, emergency medical services agencies, school nurses or superintendents, jails, and long-term care facilities as needed and dictated by the event. A post-exposure prophylaxis may be available and may help decrease the amount of time a person without immunity misses school or work.

Board members discussed the low fatality rate and the low number of cases nationwide.

Dr. Tribble pointed out there is a lot of data showing efficacy of the vaccine but a lack of data looking at the safety of the vaccine. Board members asked for more information on the disability and fatality rate as well as controlled placebo trial results.

WESTERN IDAHO COMMUNITY CRISIS CENTER SEMI ANNUAL REPORT

Cas Adams, SWDH Project Manager, provided an update on the Western Idaho Community Crisis Center (WIDCCC). The most common resources shared with clients are housing resources, mental health services, and job/vocational services.

Cas reminded Board members that the crisis center is intended to divert people from potential jail incarceration or emergency department admission. She noted that one of the most positive aspects of this fiscal year is that since Pathways of Idaho took over management of the crisis center last July, client visits have trended upward, indicating people seeking services at a more appropriate level of care. The majority of clients served at the adult crisis center are homeless or at risk of being homeless.

Challenges WIDCCC faces include medical staff shortages and inconsistency with staff understanding of client eligibility. The crisis center can staff only EMT Basic level staff and prescriptions cannot be dispensed. The crisis center is located next to Terry Reilly Health Services (TRHS) where medical staff are available.

Board members asked for data about return visits. Cas will work with Anna to determine what percent of the clients return for a subsequent visit(s).

WESTERN IDAHO YOUTH SUPPORT CENTER UPDATE

Cas Adams, SWDH Project Manager, provided an update on the Western Idaho Youth Support Center (WIYSC), a partnership between SWDH and Clarvida (formerly known as Pathways of Idaho). The crisis center is now open at a temporary location. The new location will be on Hawaii near 12th Avenue. Primarily, WIYSC serves youth ages 10-17 from the six counties within SWDH's region. The center is open 24/7/365. Consent to treat is required in all situations and no appointments are necessary. Since opening in January, the center has seen an average of four clients per week.

BOARD OF HEALTH LEADERSHIP POSITION ELECTIONS

Board members discussed leadership position elections and agreed to keep elected positions as they are for now and re-evaluate in January.

BOARD BYLAW REVIEW

Nikki shared board bylaws with members for the bi-annual review. She added language around how the Board of Health Physician representative is appointed so a process to reference is available. Nikki asked for input for any additional changes and will bring this topic back next month as an action item. Board members had no input or changes. The bylaws will be added to the July agenda as an action item for review and approval.

H5N1 AVIAN INFLUENZA VERBAL UPDATE

Cate Lewis, SWDH epidemiologist, provided a verbal update on H5N1 Avian Influenza. She explained that avian influenza is of interest to public health primarily due to the possibility of the virus changing. Health Alert Network (HAN) notifications have been sent out to veterinarians in the community to provide information specific to cats and the virus. Per Board member request, Cate will get information on specific testing methods.

TRUSTEE MEETING UPDATE

Nikki provided an update from the last trustee meeting. Commissioner Aberasturi attended as the trustee for SWDH. The trustees voted to approve a new funding formula for the home visiting appropriation and reviewed the funding formula for the Millennium Fund appropriation.

DIRECTOR’S REPORT

Resolutions for the annual Idaho Association of District Boards of Health Meeting: Nikki asked board members if there were any resolutions they would like to propose for the annual Idaho Association of District Boards of Health meeting in October. Though several months away, other boards will need to review the resolution(s) before the annual meeting and not all boards meet monthly. Nikki asked that board members bring ideas forward at next month’s meeting. District 7’s director is developing a resolution to propose statute changes to the solid waste enforcement authority. Last year, some counties had interest in and worked on a bill that would require rural subdivisions to install public water systems to reduce the number of new wells being put in the ground.

There being no further business, the meeting adjourned at 12:03 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date: July 23, 2024



SOUTHWEST DISTRICT HEALTH

REVENUES & EXPENDITURE REPORT FOR FY2024

Cash Basis

Jun-24

Target 100.0%

Fund Balances		
	FY Beginning	Ending
General Operating Fund	\$ 362,480	\$ 636,900
Millennium Fund	\$ -	\$ -
LGIP Operating	\$ 6,621,873	\$ 6,938,818
LGIP Vehicle Replacement	\$ 102,536	\$ 108,497
LGIP Capital	\$ 1,299,174	\$ 1,299,174
Total	\$ 8,386,064	\$ 8,983,390

} As of July 16, 2024

Income Statement Information			
	YTD	Month	
Net Revenue:	\$ 11,307,792	\$ (151,826)	
Expenditures:	\$ (10,524,462)	\$ (1,001,193)	
Net Income:	\$ 783,330	\$ (1,153,018)	

Revenue								
	Office of the Director	Clinic Services	Env & Community Health	District Operations	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ 254,509	\$ -	\$ -	\$ -	\$ 254,509	\$ 3,031,870	\$ 3,031,875	100%
Fees	\$ -	\$ 13,658	\$ 93,588	\$ (35)	\$ 107,211	\$ 1,651,702	\$ 1,553,787	106%
Contract Revenue	\$ -	\$ 152,613	\$ 164,506	\$ (879,253)	\$ (562,134)	\$ 5,457,932	\$ 6,580,992	83%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,100	0%
Interest	\$ 36,061	\$ -	\$ -	\$ -	\$ 36,061	\$ 357,337	\$ 150,000	238%
Other	\$ -	\$ -	\$ -	\$ 12,527	\$ 12,527	\$ 808,950	\$ 124,049	652%
Monthly Revenue	\$ 290,570	\$ 166,272	\$ 258,093	\$ (866,760)	\$ (151,826)	\$ 11,307,792	\$ 11,452,803	99%
Year-to-Date Revenue	\$ 3,684,801	\$ 2,887,624	\$ 4,796,848	\$ (61,481)	\$ 11,307,792	DIRECT BUDGET		

Expenditures								
	Office of the Director	Clinic Services	Env & Community Health	District Operations	Total	YTD	Total Budget <small>*Shift personnel savings down*</small>	Percent Budget to Actual
Personnel	\$ 64,667	\$ 311,604	\$ 284,505	\$ (63,552)	\$ 597,223	\$ 8,061,243	\$ 8,926,899	90%
Operating	\$ 69,342	\$ 51,502	\$ 268,253	\$ 9,946	\$ 399,043	\$ 2,203,511	\$ 2,203,511	100%
Capital Outlay	\$ -	\$ -	\$ (3,782)	\$ -	\$ (3,782)	\$ 199,455	\$ 199,455	100%
Trustee & Benefits	\$ -	\$ -	\$ 8,709	\$ -	\$ 8,709	\$ 60,254	\$ 122,938	49%
Monthly Expenditures	\$ 134,008	\$ 363,106	\$ 557,685	\$ (53,606)	\$ 1,001,193	\$ 10,524,462	\$ 11,452,803	92%
Year-to-Date Expenditures	\$ 1,036,700	\$ 3,559,224	\$ 4,058,742	\$ 1,869,797	\$ 10,524,462	DIRECT BUDGET		

SOUTHWEST DISTRICT HEALTH - ADULT CRISIS CENTER ACTIVITY

Jun-24

REVENUES & EXPENDITURE REPORT FOR FY2024

Cash Basis

Target **100.0%**



Income Statement Information

	<u>YTD</u>	<u>Month</u>
Net Revenue: \$	929,854	\$ (5,146)
Expenditures: \$	(1,049,752)	\$ (145,872)
Net Income: \$	(119,898)	(151,018)

Adult Behavioral Health Activity

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Contract Revenue	\$ (5,146)	\$ 929,854	\$ 935,000	99%
Monthly Revenue	\$ (5,146)	\$ 929,854	\$ 935,000	99%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 894	\$ 31,475	\$ 36,963	85%
Operating	\$ 144,979	\$ 1,018,276	\$ 898,037	113%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ -	\$ -	\$ -	0%
Monthly Expenditures	\$ 145,872	\$ 1,049,752	\$ 935,000	112%
DIRECT BUDGET				



SOUTHWEST DISTRICT HEALTH - YOUTH CRISIS CENTER ACTIVITY

Jun-24

REVENUES & EXPENDITURE REPORT FOR FY2024

Cash Basis

Target **100.0%**



Income Statement Information

	YTD	Month
Restricted Funds:	\$ 4,090,218	\$ -
Net Revenues:	\$ 1,153,151	\$ -
Expenditures:	\$ (1,762,180)	\$ (175,588)
Net Income:	\$ 3,481,189	\$ (175,588)

Youth Behavioral Health Activity

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
City/County Funds	\$ -	\$ 639,237	\$ 639,237	100%
SWDH OPIOID Settlement	\$ -	\$ 124,656	\$ 124,656	100%
BOH Committed Reserve	\$ -	\$ 3,326,325	\$ 3,326,325	100%
Other (Donations & Grants)	\$ -	\$ 190,000	\$ -	N/A
Contract Revenue	\$ -	\$ 1,153,151	\$ 300,959	383%
Monthly Revenue	\$ -	\$ 5,433,369	\$ 4,391,177	124%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 18,987	\$ 229,134	\$ 257,040	89%
Operating	\$ 85,167	\$ 942,665	\$ 2,678,250	35%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ 71,433	\$ 590,382	\$ 1,036,536	57%
Monthly Expenditures	\$ 175,588	\$ 1,762,180	\$ 3,971,826	44%
DIRECT BUDGET				



CONTRACT AGREEMENTS & SERVICES

Status Update

July 23, 2024

SOUTHWEST DISTRICT HEALTH
13307 Miami Ln., Caldwell, ID 83607

Contents

Purpose of Public Health..... 2

Foundational Public Health Services..... 2

 Foundational Areas 2

 Foundational Capabilities 2

Essential Public Health Services 3

Contract Agreements & Services 4

Purpose of Public Health

The purpose of governmental public health can be described as:

- Prevent epidemics and spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of services

Foundational Public Health Services

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of foundational capabilities and foundational areas that must be available in every community. This framework aligns with the Idaho legislature’s intent for public health districts. Idaho’s public health districts will provide the basic health services of public health education, physical health, environmental health, and public health administration, but this listing shall not be construed to restrict the service programs of the district solely to these categories (IC 39-409).

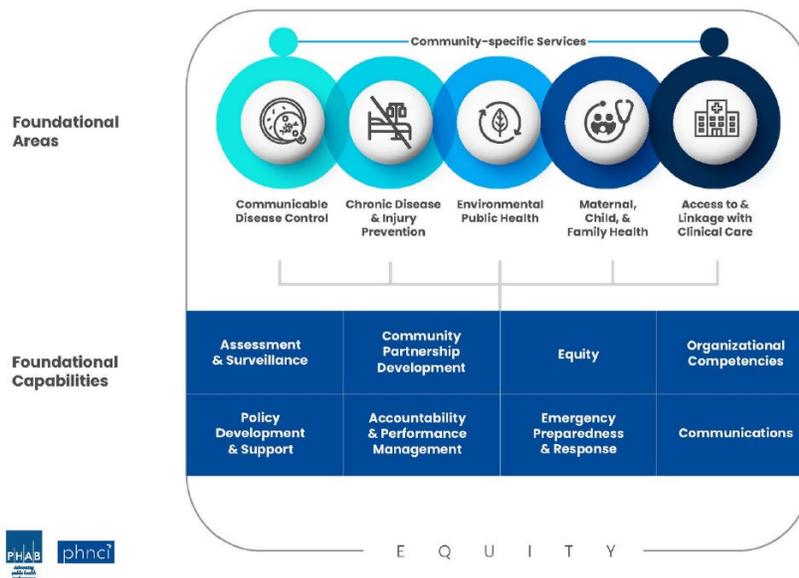
Foundational Areas

Foundational Areas are basic public health topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health and well-being.

Foundational Public Health Services



February 2022

Essential Public Health Services

The 10 Essential Public Health Services provide additional detail and serve as a framework for SWDH to ensure we are maintaining the technical skills, knowledge, and capacity to accomplish the work the public expects of its local public health authority with excellence.

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health



Contract Agreements & Services

Title	Keywords	Amount	Brief Description	FUNDING SOURCE	Pass Through	Trustee & Benefit \$	Trustee & Benefit Org.	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required (taken from FY25 budget)	Contract #	Effective Dates
Public Health Infrastructure	Infrastructure	\$401,987	This subgrant provides funding for a variety of public health infrastructure purposes such as workforce development, performance management, quality improvement, and communications, and building public health capabilities like data collection, evaluation, and analytical tools.	Federal	IDHW	-	-	Accountability and Performance Management	EPHS 8, 9 & 10	3.05	HC5502	07/01/2024 - 06/30/2025
STD/HIV Prevention Activities	STD	\$427,237	This subgrant enhances access to clinical services, HIV testing, partner services, linkage to care, and STD Testing.	Federal	IDHW	-	-	Communicable Disease	EPHS 2 & 7	2.2	HC1416, HC2650	01/01/2022 - 07/31/2024
Women's Health Check	Cancer Prevention	\$19,920	This subgrant expands access to cancer prevention awareness through client reminders, provider referrals, small media, and collaboration with other community and non-profit organizations.	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 7	0.44	HC5566	06/30/2024 - 06/29/2025
State Supplied Immunizations and High Risk Seasonal Flu Vaccine	Immunizations	\$82,306	This subgrant funds activities such as marketing, promotion, and education in direct support of increasing immunization rates in Idaho, including populations at high-risk for severe illness or premature death. Funds also support site visits to immunization clinics to assess their general knowledge, provide technical assistance, and education.	Federal & State	IDHW	-	-	Communicable Disease Control	EPHS 7	1.13	HC5544	07/1/2024 - 06/30/2025
Oral Health	Oral Health	\$42,000	This subgrant expands capacity for dental screenings to school based clinics and parent education.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 4 & 7	1.4	HC2838, HC3539	07/01/2023 - 06/30/2025
State Actions to Improve Oral Health	Oral Health	\$26,275	This subgrant expands capacity to coordinate school-based/linked dental sealant clinics to children and adolescents in elementary and middle schools to improve oral health and reduce the risk for chronic diseases.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 4 & 7	0.5	HC3188	09/01/2023 - 08/31/2024
Nurse Family Partnership	Home Visiting	\$448,024	This subgrant funds a portion of the Nurse Family Partnership program, including nurses, nurse supervision, and their required training.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	5.56	HC1461, HC2745	07/01/2024 - 06/30/2025
NFP MIECHV ARPA	Home Visiting	\$146,297	This subgrant funds a portion of the Nurse Family Partnership program, including nurses, nurse supervision, and their required training.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	0	HC2726	07/07/2022 - 09/29/2024
Parents as Teachers	Home Visiting	\$179,968	State funding supports the Parents as Teachers home visiting program to improve outcomes and reduce justice involvement for low-income and high-risk families.	State Appropriation	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	2.26	Appropriation passed through DHW	07/01/2024 - 06/30/2025
Parents as Teachers - ARPA	Home Visiting	\$179,968	State funding supports the Parents as Teachers home visiting program to improve outcomes and reduce justice involvement for low-income and high-risk families.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	2	HC1651, HC3164	07/01/2024 - 06/30/2025



Contract Agreements & Services

Title	Keywords	Amount	Brief Description	FUNDING SOURCE	Pass Through	Trustee & Benefit \$	Trustee & Benefit Org.	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required (taken from FY25 budget)	Contract #	Effective Dates
Citizen's Review Panel	Foster Care	\$6,000	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	IDHW	-	-	Maternal, Child, & Family Health	EPHS 4 & 5	0.03	Appropriation passed through DHW HC2997	07/01/2024 - 06/30/2025
Crisis Center	Adult Mental Health & Substance Use Crisis	\$1,020,000	This subgrant increases access to adult behavioral health crisis de-escalation service by establishing a Behavioral Health Community Crisis Center in Region 3.	State	IDHW	\$977,000.00	Clarvida	Access to & Linkage with Clinical Care	EPHS 7	0.15	BC1097, BC0281	06/29/2018 - 04/30/2025
ID Juvenile Correction	Juvenile Justice & Child Welfare Systems	\$33,150	This funding award increases access to behavioral health services for youth and their families by establishing a Safe Teen Assessment Center in Region 3. The majority of this funding is sub-awarded to community partners to carry out the work or to cover training and technical assistance expenses to successfully implement the model. SWDH is serving as the backbone organization.	State	IDJC	\$33,150 (additional funding from restricted carryover)	WICAP, NFJC, AAFV, Boys & Girls Club of Nampa	Access to & Linkage with Clinical Care	EPHS 7	1.33	SWYCOLD3	07/01/2024 - 06/30/2025
Youth Behavioral Health Community Crisis Center Grant	Youth Mental Health & Substance Use Crisis	\$1,100,000	This subgrant increases access to youth behavioral health crisis de-escalation service by establishing a Youth Behavioral Health Community Crisis Center in Region 3. Services will support youth and their parents/guardians.	State	IDJC & IDHW/ Behavioral Health Authority	\$418,853	Clarvida	Access to & Linkage with Clinical Care	EPHS 7	0	IDJC	12/06/2022 - 06/30/2025
City of Caldwell	Youth Mental Health & Substance Use Crisis	\$70,000	This funding is committed to support the renovation costs of the Youth Behavioral Health Community Crisis Center in Region 3.	City	-	-	-	Access to & Linkage with Clinical Care	EPHS 7	0	Transfer	07/01/2022 - 06/30/2025
City of Nampa	Youth Mental Health & Substance Use Crisis	\$159,000	This funding is committed to support the renovation costs of the Youth Behavioral Health Community Crisis Center in Region 3.	City	-	-	-	Access to & Linkage with Clinical Care	EPHS 7	0	Transfer	07/01/2022 - 06/30/2025
Social Services Block Grant	Youth Mental Health & Substance Use Crisis	\$250,000	This funding award is to support the start-up and service delivery of the Youth Behavioral Health Community Crisis Center in Region 3.	Federal	IDHW	\$250,000	Clarvida	Access to & Linkage with Clinical Care	EPHS 7	1.03	KC2985	05/01/2023 - 04/30/2024
Pre-Prosecution Diversion Grant	Justice Involvement, Sequential Intercepts 0, 1, & 2	\$1,829,513	Canyon County in partnership with SWDH applied for and received funding to develop a pre-prosecution diversion program which aims to divert adults with behavioral health needs and law enforcement and justice system involvement out of the system and into coordinated support services, if eligible.	State	Canyon County/ IDOC	-	-	Access to & Linkage with Clinical Care	EPHS 7	3	PPD-FY23-Canyon-004	07/01/2023 - 06/30/2025
Community Health Block Grant	Youth Mental Health & Substance Use Crisis	\$363,515	This subgrant increases access to youth behavioral health crisis de-escalation service by establishing a Youth Behavioral Health Community Crisis Center in Region 3. Services will support youth and their parents/guardians.	Federal	IDHW	\$363,515	Clarvida	Access to & Linkage with Clinical Care	EPHS 7	0	BC3605	10/02/2023 - 05/31/2027



Contract Agreements & Services

Title	Keywords	Amount	Brief Description	FUNDING SOURCE	Pass Through	Trustee & Benefit \$	Trustee & Benefit Org.	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required (taken from FY25 budget)	Contract #	Effective Dates
Community Mental Health and Social Services Block Grant	Youth Mental Health & Substance Use Crisis	\$386,568	This subgrant increases access to youth behavioral health crisis de-escalation service by establishing a Youth Behavioral Health Community Crisis Center in Region 3. Services will support youth and their parents/guardians.	Federal	IDHW	\$32,115	Clarvida	Access to & Linkage with Clinical Care	EPHS 7	0	BC3687	07/01/2023 - 06/30/2027
Behavioral Health Partnership for Early Diversion of Adults and Youth	Behavioral Health, Early Diversion, Rural, EMS Capacity	\$171,571	This funding award provides capacity enhancing funds to deliver and coordinate early diversion programming at the youth and adult crisis center, via formal partnerships with first responders, schools, and community-based organizations, crisis intervention team training, and a Psychiatric Evaluation Team in Washington County.	Federal	-	\$138,578.00	Clarvida, Washington County	Access to & Linkage with Clinical Care	EPHS 7	1.2	H79SM089492	09/30/2023 - 09/29/2028
Women, Infants, and Children (WIC)	WIC, Nutrition, Breastfeeding	\$1,155,142	This subgrant funds personnel for the general administration, clients services, breastfeeding promotion, nutrition education, and breastfeeding peer counseling of the WIC program.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	21.98	HC2062	10/01/2023 - 09/30/2024
FDA Program Standards Mentorship - NEHA	Food Protection Standards	\$349,000	This funding develops staff competencies in the nine Voluntary National Retail Food Regulatory Program Standards. SWDH aims to be accountable to the food establishment industry and strengthen the retail food safety program.	National Environmental Health Association/ FDA	-	-	-	Environmental Public Health & Organizational Competencies	EPHS 8 & 9	0.16	G-BDEV1-202210-02788	07/01/2023 - 06/30/2028
Public Water Systems	Potable Drinking Water	\$269,331	This subgrant funding provides for the oversight, inspection, and related activities to ensure that public drinking water systems comply with applicable state and federal regulations.	Federal	IDHW	-	-	Environmental Public Health	EPHS 6	1.1	K345	07/01/2023 - 06/30/2025
Child Care Health/Safety Program and Child Care Complaints	Child Care	\$514,465	This subgrant funding provides for the implementation of the Child Care Health and Safety Program throughout Idaho and helps ensure that all children in child care settings are in a health and safe environment while receiving care.	Federal	IDHW	-	-	Environmental Public Health	EPHS 6	1.27	WC0899	07/01/2022 - 06/30/2026
Fit and Fall Proof	Physical Activity, Fit and Fall	\$74,897	This subgrant funding provides for the implementation of Fit and Fall Proof fall prevention training and coordination; age friendly park assessments; childhood obesity prevention; and the promotion of child and family health.	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 3	0.83	HC3658	10/01/2023 - 09/30/2024
Diabetes	Diabetes Prevention	\$16,000	This subgrant funding provides for the delivery of community-based diabetes prevention programming.	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 3	0.21	HC5534	06/30/2024 - 06/29/2025
Cancer Prevention Activities	Cancer Prevention Education	\$19,366	This subgrant funding provides for the implementation of evidence-based strategies to increase cancer screening and prevention (e.g., sun safety training, physical activity to reduce cancer risk, etc.).	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 3	0.2	HC5616	06/30/2024 - 06/29/2025
Prescription Drug Monitoring Program (PDMP)	Prescription Drug Monitoring	\$114,000	This subgrant funding advances opioid prevention work through public and prescriber education, local capacity building, and public safety partnerships.	Federal	IDHW	-	-	Injury Prevention	EPHS 3	1.03	HC3878	09/22/2023 - 08/31/2024



Contract Agreements & Services

Title	Keywords	Amount	Brief Description	FUNDING SOURCE	Pass Through	Trustee & Benefit \$	Trustee & Benefit Org.	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required (taken from FY25 budget)	Contract #	Effective Dates
Opioid Settlement Funds	Opioid Settlement	\$815,229	The opioid settlement funding must be used for specific purposes as outlined in the settlement agreement. The Board of Health will approve all uses of the settlement funding.	Settlement	-	-	-	Injury Prevention	EPHS 1, 2, 3, 4, & 7	1.25	-	-
Families Talking Together	Healthy Relationships, Unplanned Pregnancy Prevention	\$30,564	This subgrant will implement the Families Talking Together program to provide parents/caregivers with the tools/strategies to increase parent-child communication about sexual health topics.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 3	0.2	HC5594	07/01/2024 - 06/30/2025
Suicide Prevention	Suicide Prevention	\$45,000	This subgrant funding supports staffing to organize and coordinate a district-wide collaborative 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.	State	IDHW	-	-	Community Partnership Development	EPHS 1, 4, & 7	0.25	HC4104, HC3554	07/01/2023 - 06/30/2025
Partnership for Success	Partnership for Success	\$374,455	This award supports improving positive outcomes for youth health and reducing and preventing youth use of alcohol, marijuana, and stimulants. Funds are used to support personnel, community capacity to address risk and protective factors, and community-led youth substance use prevention projects.	Federal	-	-	-	Maternal, Child, & Family Health	EPHS 3 & 4	1.05	H79SP083777	09/30/2023 - 09/29/2028
Tobacco Prevention Resource Program Activities	Tobacco Use Prevention	\$64,000	This subgrant funding provides resources 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	IDHW	-	-	Chronic Disease Prevention	EPHS 3	0.38	HC5349	4/29/2024 - 4/28/2025
Millennium Fund	Millennium Fund, Tobacco Use Prevention	\$182,672	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 Settlement	IDHW	\$10,000	Carl Rizzo, Stop Tobacco Now, Valor Health	Chronic Disease Prevention	EPHS 3 & 7	2.03	-	07/01/24 - 06/30/25
Millennium Fund	Millennium Fund, Youth Vaping Prevention	\$71,400	State appropriated funds to prevent tobacco/vape 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 Settlement	-	-	-	Chronic Disease Prevention	EPHS 3 & 4	0.55	-	07/01/24 - 06/30/25
Disease Reporting	Epidemiology	\$89,474	This subgrant funding provides resources and capacity for epidemiologic investigation and reporting of all reportable diseases as outlined in IDAPA.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 2 & 6	0.69	HC2453	07/01/2021 - 06/30/2025
TB Elimination	Tuberculosis Prevention	\$6,628	This subgrant funding provides capacity for directly observed therapy, contact investigations, RVCT reporting, EDN reporting, and attendance at tuberculosis-specific training.	Federal & State	IDHW	-	-	Communicable Disease Control	EPHS 2, 3, & 7	0.4	HC170400 (archived)	01/01/2020 - 12/31/2024
Perinatal Hep B	Hepatitis B	\$7,050	This subgrant funding provides for the surveillance and case management of perinatal hepatitis B.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 2, 3, & 7	0.08	HC5685	07/01/2024 - 06/30/2025



Contract Agreements & Services

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Viral Hepatitis Prevention	Hepatitis	\$8,915	This subgrant funding supports capacity for documenting and investigating reportable viral hepatitis infection cases as described in IDAPA.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 2, 3, & 7	0.1	HC3077	8/11/2022-4/30/2025
Preparedness - Preparedness Assessment, Cities Readiness Initiative	Emergency Response Planning, Training, and Coordinating	\$524,275	This funding provides capacity for 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	IDHW	-	-	Emergency Preparedness & Response	EPHS 4, 5, & 7	4.09	HC5636	07/01/2024 - 06/30/2025
NACCHO MRC	Medical Reserve	\$25,000	This award is intended to provide resources to support volunteer training to meet mission requirements, technology to support volunteer management and administrative requirements, and replenish or purchase needed response materials and supplies.	Federal	National Association of City & County Health Officials	-	-	Communicable Disease Control	EPHS 2	0	MRC RIS 0246	-
NACCHO Community	Epidemiology, Data Analytics, Predictive Modeling	\$64,483	This funding provides abilities to strengthen local readiness to respond to existing or emerging infectious diseases by building capacity to create, interpret, and communicate models and outbreak analytics and to also strengthen disease forecasting and communications.	Federal	National Association of City & County Health Officials	-	-	Communicable Disease Control	EPHS 2	0	MRC RIS 0246	-
NACCHO Decreasing Syphilis	Syphilis	\$136,043	This funding provides additional capacity to build community connections to identify, reach and involve populations disproportionately affected by syphilis and mobilize public health partners to actively engage in addressing syphilis. Also, this funding will develop a community-informed plan to decrease syphilis that is tailored to the affected community and addresses the issues identified during the community engagement process.	Federal	National Association of City & County Health Officials	-	-	Communicable Disease Control	EPHS 2	0.8	2023-073105	07/01/2023 - 07/31/2024
NEDSS - National Electronic Disease Surveillance System	Disease Surveillance	\$125,286	This subgrant funding provides capacity for vaccine preventable disease surveillance and disease investigation data entry.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 2	1.42	HC1747	12/19/2022 - 07/31/2025
Non-contract Services												
Nuisance Complaints	Nuisance	\$69,636	SWDH responds to calls from the public about a variety of public health and safety issues including, but not limited to improper sewage disposal, open dumps, hotel, bed bugs, swimming pool/splash park, restaurant complaints and food borne illnesses, mold, rabies exposure/animal control, harmful algal blooms, chronic wasting disease, and uninhabitable housing.	Counties	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 2	0.3	-	-
Food Safety Inspections	Food Safety, Protection	\$534,356	SWDH permits and inspects food establishments to assure that food from regulated food facilities is safe for consumption by the State of Idaho's residents and visitors. Improperly handled food can become contaminated by microbiological, physical, or chemical constituents that can result in illness or injury.	Fees and Counties	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	5.74	-	-



Contract Agreements & Services

Title	Keywords	Amount	Brief Description	FUNDING SOURCE	Pass Through	Trustee & Benefit \$	Trustee & Benefit Org.	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required (taken from FY25 budget)	Contract #	Effective Dates
Food Safety Training	Food Handler, Training, Food Safety, Manager	\$19,461	SWDH offers food handler training to food services managers and workers.	Fees	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 3	0.12		
Public Pools	Public Pools	\$11,997	SWDH inspects public pools and investigates complaints and waterborne disease outbreaks linked to pools.	Fees and Counties	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	0.06	-	-
Water Quality	Well Water Testing, Ground Water Quality, Education	\$36,320	SWDH offers educational and consultation services to homeowners with private wells.	Fees and Counties	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 1, 2, 3	0.73		
Solid Waste	Solid Waste, Landfill	\$30,944	SWDH approves solid waste operations and maintenance plans and conducts annual inspections of municipal and non-municipal solid waste facilities.	Fees	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	0.21	-	-
Sub-surface Sewage	Sewage Disposal	\$820,518	SWDH permits the installation and repair of sub-surface sewage systems, licenses and inspects septic installers and pumper trucks, to protect ground water quality and surface water quality so that ground water can continue to be used as a safe source of drinking water and that the surface waters of the state are safe for swimming, fishing, and other recreational, agricultural, commercial or industrial uses.	Fees	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	6.53	-	-
Land Development	Land Development, Sub-divisions	\$152,954	The primary goal of the Land Development Program is to provide a reasonable process for the development of platted parcels while preventing the spread of disease and protecting current and future beneficial uses of surface and ground water.	Fees	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	0.91	-	-
Chief Health Strategist	Health Strategist, Health Educator, CHAT	\$60,594	SWDH staff lead or provide support to local community efforts to identify and address the most pressing health issues alongside residents and key community partners. SWDH staff bring expertise, data, connections to resources, and infrastructure such as grant writing to help move initiatives forward that address the community's top priorities.	Counties	-	-	-	Community Partnership Development and Communication	EPHS 4	0.47	-	-
Medical Clinic	Medical Clinic, Primary Care, Preventative Care	\$1,073,414	SWDH team has family medicine practitioners who specialize in preventative care, diagnosis, and treatment of acute and chronic illnesses, as well as manage the overall health and well-being of individuals and their families.	Fees and Counties	-	-	-	Access to & Linkage with Clinical Care and Community Partnership Development	EPHS 1 & 7	6.67	-	-
School-based Clinic	School Clinic	\$55,754	SWDH provides a part-time nurse practitioner to the Marsing School Hub to deliver school-based medical care.	Fees and Counties	-	-	-	Access to & Linkage with Clinical Care and Community Partnership Development	EPHS 1 & 7	0.6	-	-
Dental Clinic	Dental, Oral Health	\$47,723	The SWDH dental program offers a range of preventive services to promote good oral health and prevent infectious and chronic disease. Services include oral health assessments, fluoride treatments, dental sealants, patient education, and referrals.	Fees and Counties	-	-	-	Access to & Linkage with Clinical Care and Community Partnership Development	EPHS 1 & 7	0.4	-	-



Contract Agreements & Services

Title	Keywords	Amount	Brief Description	FUNDING SOURCE	Pass Through	Trustee & Benefit \$	Trustee & Benefit Org.	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required <small>(taken from FY25 budget)</small>	Contract #	Effective Dates
Immunizations	Immunizations, Vaccines	\$259,143	The SWDH immunization program offers a wide variety of vaccines, and some are not readily available to the community anywhere else (e.g., monkey pox, rabies).	Fees and Counties	-	-	-	Access to & Linkage with Clinical Care and Community Partnership Development	EPHS 1 & 7	2.65	-	-



Immigration Medical Examinations

New Service & Fee

Overview

- SWDH would like to offer a new service, immigration medical exams, and utilize Dr. Jansen's skill set.
- The board will need to approve the fee.
- The service is not covered by insurance, for self pay only, and is not sliding scale eligible.

Background Information

- Immigration medical exams are required for anyone applying for U.S. permanent residency. The exam will determine medical eligibility for a visa or green card.
- Immigration exams are required to be completed by a designated civil surgeon.
- Dr. Jansen is a designated civil surgeon.
- Exams include general wellness, screenings for infectious diseases, and immunizations.

Suggested Fee

- \$550.00
- 14-page application
- Comparable to a 90-minute exam
- Excludes any additional labs or imaging

BYLAWS
SOUTHWEST DISTRICT HEALTH
BOARD OF HEALTH
~~Amended June 28,~~
2022 July 23, 2024

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. [\(IC 39-408, 39-409, 39-410\)](#)
- 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. [\(IC 39-414\)](#)

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 by-laws.

ARTICLE 3

The general purpose of the BOH will be to organize a district department of health and to oversee the administration of the 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 as determined by the BOH and Title 39, Chapter 4, Section 39-414 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.
[The process of selecting a physician in accordance with Idaho Code 39-411\(2\) will be as follows:](#)
 - 1. [The Director will announce the vacancy and lead recruitment efforts.](#)
 - 2. [The Director will collect cover letters and resumes from interested candidates and present them to board members in a BOH meeting where the board will determine which candidates will be](#)

interviewed for consideration.

3. The Director will schedule a Special BOH meeting to conduct interviews and the Board will identify the top candidate.

4. The Director will initiate the appointment process as outlined in Idaho Code 39-411(3).

- 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. The Director shall serve as the chief administrative officer to the 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; 6/28/2022, 6/25/2024, 7/23/2024



Funding Opportunity for Board Consideration

“Services to Support COVID-19 Vaccination”

Idaho Department of Health and Welfare/Idaho Immunization Program has additional funding available, one additional year only, to support activities to increase infrastructure and capacity to respond to community needs and provide support to prevent vaccine preventable diseases among high-risk, underserved, and/or rural communities.

Cooperative Agreement/General Objectives: To assist states and communities in establishing and maintaining preventive health service programs to immunize individuals against vaccine-preventable diseases (including measles, rubella, poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, hepatitis A, varicella, mumps, haemophilus influenza type b, influenza, and pneumococcal pneumonia).

Funding Timeline: upon signature of agreement through 4/30/2025

Funding Source: Pass-through from IDHW, originated from Health and Human Services/Centers for Disease Control and Prevention, Immunizations and Vaccines for Children Cooperative Agreement, CFDA 93.268

Funding Amount: up to \$620,000, requesting \$448,400

Subgrant Scope of Work/General Activity Categories:

All activities must align with at least one of the categories below, however, SWDH will develop and propose activities that best serve its communities while meeting overall funding objectives.

- COVID-19 vaccine operation expansion and improved accessibility (ex. Weekend clinics, expanded hours, etc.)
- COVID-19 vaccine equity, engagement, and education
- Accessibility (ex. New vaccination sites, improved website accessibility, patient registration processes)
- Community engagement (ex. Subject matter expertise, coordination/collaboration within communities to build new partnerships (ex. CHATs), participation in community events)
- Interdepartmental coordination (ex. Development of educational campaigns, marketing materials, etc.)
- Staffing (ex. Culturally competent staff, technology to support staff capacity/increase volume/demand)
- Trusted messengers (ex. Outreach campaigns, training/support for trusted messengers within the organization, media campaigns)

SWDH Proposed Funding Activities (through April 30, 2025):

Subgrant Activity Category	Activity	Funding
Trusted messengers	Communication campaigns to increase awareness of SWDH clinical services (to include immunizations) are available for the entire family. Will utilize various media channels for information dissemination (ex. Radio, TV, social, etc.).	\$200,000
Accessibility Interdepartmental coordination	Conduct environmental scan to assess current mobile health care opportunities within the region.	\$50,000
Trusted messengers	Subscription online journal platform to allow for more robust literature reviews on best practices, public health trends, etc.	\$25,000
Trusted messengers	Conduct multiple staff trainings specific to data visualization, core competencies, etc.	\$25,000
Community engagement	Increased participation in existing community events (ex. Tabling/health fairs) (Note – these funds would support personnel time for staff boothing at events). Use to increase awareness of SWDH services, build trust within the community, understand community needs.	\$20,000
Community engagement	Identify community agencies interested in CHW programs, provide infrastructure funds to support new CHW programming across the region.	\$50,000
Estimated Subgrant Activity Total:		\$370,000
Estimated Indirect:		\$118,400
Proposed Subgrant Total:		\$488,400

Note: These estimates are primary operating expenses with some personnel time for oversight or implementation. No new FTEs will be funded with this money.



2025 Policy and Position Statements, and Funding Priorities

Southwest District Health’s (SWDH) 2025 policy and position statements, and funding priorities are informed by known gaps, barriers, threats, or opportunities that impact the health of Idahoans across the six-county region.

This information is intended to inform legislators, local elected officials, and leaders in our community so they can, as they deem appropriate, propose or adopt policy or direct funding that will improve the health and vitality of Idahoans. The statements are brief and concise, and intended to be used if or when needed to communicate the district’s position. They may be further accompanied by supporting data and information, when requested.

An executive summary is provided on page 2. Specific and brief position statements pertaining to issues impacting the public’s health are provided on pages 3 to 12.

Contents

Executive Summary.....	2
Existing Idaho Association of District Boards of Health Resolutions	3
Southwest District Health Resolutions	4
Southwest District Health Position Statements & Funding Priorities.....	5
Southwest District Health Position Statements.....	8



Executive Summary

Southwest District Health (SWDH) has identified five areas that if focused on could result in significant health improvements for Idahoans now and for generations to come. This could be accomplished by changes to policy at the local or state level, programs or services, and funding investments in strategic areas.

SWDH's position statements and funding priorities are broadly described below. More detailed information starts on page 5.

FAMILY UNIT. SWDH supports policies and funding commitments that aim to strengthen the health and wellbeing of the family unit.

HOUSING. SWDH supports policies and funding commitments that aim to develop healthier housing and neighborhoods for everyone.

ACCESS TO CARE. SWDH supports policies and funding commitments that aim to fill gaps in the healthcare and behavioral health care system, strengthen the coordination between healthcare organizations and providers, address workforce shortages, and improve affordability of care and access to primary prevention services (e.g., wellness exams, nutrition education, health education, and immunizations).

GOVERNMENTAL PUBLIC HEALTH. SWDH supports policies and funding commitments that aim to enhance public health infrastructure to assure the public has access to high-performing agencies (health districts, DEQ, DHW, etc.) with professional and well-trained staff. Public health professionals should be counted on to collect, analyze, and report on the health of their community in a timely, accurate, and meaningful way, effectively plan for and respond to threats to the public's health, and deliver services as required by law and based on the needs of the local community.

ENVIRONMENT & LAND USE. SWDH supports policies and funding commitments that aim to improve the safety, accessibility, and interactions we have in our environment. The design of our communities, how we plan for and build the spaces we live in, including open spaces, has positive or negative effects on physical and mental health.

SWDH staff are seeking input and feedback from the board on this draft document with specific input requested for the areas highlighted in yellow.



Existing Idaho Association of District Boards of Health Resolutions

A resolution is a concise statement of the Idaho Association of District Boards of Health’s (IADBH) stance towards a particular issue and serves as a call to action for the organization and its members. It describes and endorses a defined course of action directed towards a particular individual, organization, event, legislation, or policy.

Resolutions are used to educate and urge action by elected officials at all levels, other organizations, the media and the public about the IADBH’s position on important public health issues. The resolutions in their entirety can be accessed at: <https://idahopublichealthdistricts.org/resources/>.

NUMBER	TITLE	CURRENT DATE*
15-03	Resolution to support an excise tax on electronic nicotine delivery systems	June 17, 2021
17-01	Resolution supporting prevention of excessive alcohol use	June 17, 2021
17-02	Resolution concerning the prevention of opioid drug overdose through prescriber education	June 17, 2021
17-04	Resolution to support tobacco tax increase in the State of Idaho	June 17, 2021
19-01	Resolution to support awareness, education, and prevention of suicide	June 9, 2022
19-03	Resolution opposing the legalization of recreational (non-medical) marijuana	June 9, 2022
19-05	Resolution to support the recognition of senior cognitive health as a public health issue	June 9, 2022
19-06	Resolution supporting immunizations	June 9, 2022
22-01	Resolution to support an excise tax on electronic nicotine delivery systems	June 9, 2022
22-02	Resolution to remove the food establishment license fee in Idaho Code	June 9, 2022
22-03	Resolution to support raising the minimum age of legal access and use of <i>Mitragyna speciosa</i> (kratom) products in Idaho to age 21	June 9, 2022
22-04	Resolution to support vaping prevention in schools	June 9, 2022
22-05	Resolution to support innovative funding streams to support awareness, education, and prevention of suicide	June 9, 2022

* Current date: IADBH resolutions are effective for three years. They can be extended or archived after three years.



Southwest District Health Resolutions

SWDH's Board of Health members may submit for consideration to the board or request SWDH staff draft resolution language to support or oppose a specific policy impacting governmental public health or the health and wellbeing of Idahoans. The Board of Health votes to approve resolutions. No resolutions have been brought forward for consideration in 2024 for the 2025 legislative session.

DRAFT



Southwest District Health Position Statements & Funding Priorities

SWDH’s position statements and funding priorities reflect and align with our strategic priorities and support our mission and vision. Depending on the priority, SWDH may take the following approaches:

- Commit funding and/or seek out funding from a variety of sources including federal, state, and non-profit organizations to address current or emerging threats to health
- Advocate and educate policymakers on issues that impact governmental public health or the health of Idahoans
- Educate and coordinate with organizations and businesses on matters that impact the health of Idahoans

FOCUS AREA	PRIORITY	JUSTIFICATION
Family Unit	Supports access to healthy foods and health nutrition education for families.	A healthy diet that consists mostly of whole, plant-based foods, and limited meat and animal products is a cornerstone to good physical health and mental wellbeing. Creative solutions that could address affordability of healthy food include but are not limited to gleaning, farmer market vouchers, edible community gardens, urban gardening, cooking/canning classes, foodbank partnerships, u-pick, and work & share.
Family Unit	Supports expansion of home visiting programs that develop self-sufficiency and improved health outcomes for families, parents, guardians, and caregivers of young children.	Idaho’s local public health districts’ home visiting programs work with families who are motivated and driven to be self-sufficient and are seeking knowledge, expertise, and skills to help them attain their goals. These evidence-based programs have demonstrated positive results in the short-term, but also long-term as they aim to break the cycles of poverty and justice system involvement.
Family Unit	Supports early and safe learning opportunities for all.	Early learning in a structured and safe environment that mitigates bullying and cyberbullying, limits cell phone use, particularly for young learners, and provides a joyful learning environment where children and youth can learn and practice essential and foundational social, emotional, problem-solving, and study skills needed to succeed through their schooling and into adulthood.



FOCUS AREA	PRIORITY	JUSTIFICATION
Housing	Supports tools that create and preserve safe housing for everyone.	Safe and affordable housing is foundational to good health. Tools and funding mechanisms like funding the Idaho Housing Trust Fund can be a helpful resource for communities trying to address their housing needs at the local level.
Access to Care	Supports making EMS an essential service in Idaho.	Establishing EMS as an essential service in Idaho law will expand opportunities to fund EMS services across the state at a level that can better serve the public's expectations, decrease disability and premature death, and reduce healthcare costs associated with delayed access to care.
Access to Care	Supports best practices that prevent injury, illness, and premature death, and promote successful recovery.	Many people struggle with addictions of various kinds. Best practice interventions help reduce the long-term ramifications of substance abuse and can move people closer toward recovery.
Access to Care	Supports initiatives that teach people how to use the healthcare system more efficiently and affordably (where to go, when).	With a strained healthcare workforce and a prediction that it will get worse before it gets better, improving Idahoans' health literacy about "where to go, when" may both help improve efficiency and make healthcare more affordable. Similarly, promoting healthy choices and behaviors and preventative healthcare may reduce the demand on healthcare services that are more specialized, harder to access, and more expensive.
Environment and Land Use	Supports public water system infrastructure, ensuring safe drinking water for all communities.	Public water systems have deliberate controls which reduce the likelihood of exposure to drinking water contaminants. Public water systems can create more flexibility of design for land use as the Treasure Valley continues to grow.
Environment and Land Use	Supports initiatives, policies, and funding decisions to help municipalities make healthier planning decisions.	The built environment of a community is a direct predictor of longevity and quality of life. Physical spaces can expose people to toxins or pollutants and influence lifestyles that contribute to diabetes, coronary vascular disease, and asthma among other diseases and conditions.



FOCUS AREA	PRIORITY	JUSTIFICATION
Environment and Land Use	Supports policies that protect the groundwaters of Idaho, explore innovative water reuse practices, and ensure ample potable water for generations to come.	Idahoans across the state are experiencing unsafe levels of nitrates, arsenic, uranium, and other toxins in their private well water systems. Without monitoring and intentional practices to protect ground water and aquifers across the state, the risk for further contamination is high.
Environment and Land Use	Supports efforts that strengthen SWDH's ability to address public health nuisances and enforce law violations that pose a risk to the public's health.	Addressing nuisance complaints and law violations that jeopardize public health necessitates substantial time and effort. When resolution through educational initiatives proves ineffective, enforcement of compliance becomes challenging without the involvement of the county prosecutor's office. Obtaining support from the county prosecutor's office within the district would facilitate legal action against non-compliant individuals and businesses, thereby mitigating public health risks and preventing contamination of Idaho groundwater resources.
Governmental public health	Supports funding for governmental public health infrastructure and essential services.	Governmental public health works to assure critical infrastructure (e.g., safe drinking water, safe food, healthy housing, education/information for informed decision-making, preventative healthcare access, etc.) is in place to prevent disease, disability, and premature death of the population.



Southwest District Health Position Statements

While not identified as a top priority for the district, the following position statements received honorable mention because of their relevance to core public health and general importance to creating the conditions for Idahoans to thrive.

FOCUS AREA	POSITION STATEMENT	JUSTIFICATION
Family Unit	Supports policies that empower parents to be the best teachers.	Supportive, loving, and effective parenting can set children up for success. Government’s role should be as limited as possible by being present and available when needed to support and equip parents with the necessary knowledge, tools, and resources to be successful.
Family Unit	Supports healthy relationship education for young people starting at 6th grade with parental consent or participation.	Equipping youth with the communication skills to navigate interpersonal, intimate, and family relationships is important to strengthen healthy relationships and foster youth-parent trust and reduce the risk for unplanned pregnancy, sexual disease transmission, and partner violence.
Family Unit	Supports school-age health programs with parental consent.	School-age health programs provide youth with education and information that allows them to make informed decisions about their health as a young person and into adulthood. This may include home economics, personal finance management and budgeting, interpersonal communication, and healthy relationships. The decisions they make as young people and habits they establish will have long-term impacts on their health, both positively and negatively.
Family Unit	Supports drug overdose training and resources in our local communities.	Equipping Idahoans with the knowledge and skills to respond to an overdose similar to other medical emergencies will help reduce overdose deaths and give those who experience an overdose an opportunity to achieve recovery.



FOCUS AREA	POSITION STATEMENT	JUSTIFICATION
Family Unit	Supports individual and community civic engagement and voter participation.	Civic engagement (e.g., voting, volunteering, attending public meetings, etc.) promotes social connectedness and wellbeing. Creating awareness and supporting civic participation opportunities leads to community cohesion, engagement, and healthier communities.
Family Unit	Supports policies that require trauma-informed, victim-centered services for government employees who encounter people being trafficked (e.g., law enforcement, courts, prosecutors' offices, probation and parole, public health, health and welfare).	Human trafficking is characterized by chronic trauma among victims. Individuals being trafficked often experienced trauma that contributed to their risk of victimization. Research-based practices of trauma-informed care and victim-centered services is an effective prevention and intervention strategy that can reduce a person's risk of further victimization and human trafficking and assist them in gaining their independence and becoming self-sufficient.
Access to Care	Supports access to affordable contraception.	90% of females 18 to 64 years have used contraception at some point in their reproductive years. Women and families should have access to affordable contraception to prevent unintended pregnancies.
Access to Care	Supports evidence-based mental health care access for all ages.	Idahoans of all ages attempt to access mental health services; however, many communities across the state have limited access to evidence-based providers or resources to access virtually available providers.



FOCUS AREA	POSITION STATEMENT	JUSTIFICATION
Environment & Land Use	Supports funding for critical infrastructure that accommodates population growth and community vitality (e.g., roads and other modes of transportation, bridges, schools, and community spaces such as parks, libraries, and senior centers).	A person’s environment affects their overall physical and mental health.
Environment & Land Use	Supports multi-modal/active transportation in municipalities.	Physical activity improves health outcomes while also decreasing traffic congestion, improving air quality, and decreasing long-term road maintenance and expansion costs.
Environment & Land Use	Supports the use of health impact assessments to investigate how a proposed program, project, policy, or plan may impact health and well-being and inform decision-makers of these potential outcomes before the decision is made.	Land use planning (e.g., housing, transportation, infrastructure, waste management, or site revitalization, etc.) has impacts on health in a beneficial or detrimental way in the short and in the long-term. Understanding those impacts during the planning process helps ensure decision-makers fully understand how the health of a community will be affected by land use decisions.
Governmental Public Health	Supports policies and funding that are targeted toward primary prevention.	Primary prevention aims to prevent disease or injury before it ever occurs. This means people, young and old, have the greatest chance to live long, healthy lives, be thriving members of their community, and spend less on healthcare.



Governmental Public Health	Supports policies and funding that are invested in evidence-based interventions.	Innovative programs have their place, but when investing tax-payer dollars in public health efforts, evidence-based interventions have demonstrated the best opportunity for funding to deliver results.
Governmental Public Health	Supports Idaho’s de-centralized public health model and infrastructure to support and sustain it.	In a state with many rural counties, communities are best supported with public health services through a model that leverages multi-county, state, and federal funding. This ensures even the least populated counties have access to professional services to help their communities be healthy, safe, and thrive.
Governmental Public Health	Supports health in all policies, which integrates and articulates health considerations into policymaking across sectors to improve the health of communities.	A person’s and a community’s health is more influenced by their environment and behaviors than by the healthcare they receive. Through a health in all policies approach, local policymakers have the power and ability to consider the impacts on the health of their community in any policy decision they consider.



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

IDAHO ASSOCIATION OF PUBLIC HEALTH DISTRICT DIRECTORS

July 9, 2024

TOPIC: Fiscal Year Change

OBJECTIVE: To provide information and considerations related to moving Idaho’s Public Health Districts from the state fiscal year, July to June, to the county fiscal year, October to September.

PREPARED FOR: Executive Council, Idaho Association of District Boards of Health

APPROACH: Idaho Association of Public Health District Directors (IAPHDD) 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). Further, IC 39-423 outlines public health districts’ process for budget approval based on the state fiscal year.

CONSIDERATIONS:

Idaho Code 39-423 outlines the budget setting process for the public health districts, including timelines. This section of Idaho Code will need to be revised if a change in fiscal year were to occur.

The Budget Committees currently approve their public health district’s budget in advance of counties starting their own budget development. This means counties are deciding on a financial commitment prior to their budget development process. Having this information in advance informs how they will budget for their public health district related costs.

Some costs borne by the public health districts are set on the state fiscal year (e.g., fringe and benefits and state services like State Controller’s Office, Risk Management, and Information Technology Services). If the public health districts moved to the county fiscal year, these costs would likely shift up or down during the year and the changes would not be known when the budget was being developed; therefore, costs may be over or under budget.

Changes in employee compensation (i.e., COLA and merit-based increases) between public health district staff and county employees may be more aligned if fiscal years aligned. This assumes the Board of Health would treat public health district health employees similarly to county employees.

Changing fiscal years would have one-time and ongoing associated costs. The State Controller’s Office (SCO) estimated a change in fiscal year for the public health districts would cost in excess of \$3.6 million in one-time expenses and an additional ongoing cost of \$311,200, annually. To move the public health districts to a new fiscal year would take an estimated 2 years for SCO to complete.

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