Board of Health Meeting
Tuesday, September 17, 2024, 9:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the September 17, 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, September 16, 2024. 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
9:01		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/Public comment follow up from August 27th	
9:10		Incident Command System for Government Officials Workshop	Ricky Bowman, Molly Smith
10:30		Break	
10:40	I	Open discussion	
10:45	A	Approval of August 27, 2024 minutes	Chairman Kelly Aberasturi
10:48	I	Introduction of new employees	Division Administrators
10:55	I	August 2024 Expenditure and Revenue Report	Troy Cunningham
11:05	A	Carryover fund recommendation	Troy Cunningham, Nikki Zogg
11:20	A	Behavioral Health Services Fee Schedule	Beth Kriete
11:30	I	Fit and Fall Proof Overview	Daniel Adams
11:50	G	2025 Idaho Association of District Boards of Health (D3 hosted) meeting dates	Nikki Zogg
11:55		Director's Report	Nikki Zogg
		• IAC Fall Conference: The role and responsibilities with local public health and other agencies (September 23) • October 23-24, 2024 IADBH Meeting Registration and Proxy Form Reminder	
12:00		Adjourn	

NEXT MEETING: Tuesday, October 22, 2024, 9:00 a.m.

BOARD OF HEALTH MEETING MINUTES
Tuesday, August 27, 2024

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
John Tribble, MD, Physician Representative – present
Bill Butticci, Commissioner, Gem County – present

STAFF MEMBERS:
In person: Nikki Zogg, Katrina Williams, Mitch Kiester, Don Lee, Rick Stimpson, Troy Cunningham, Dr. Perry Jansen, Ricky Bowman, Andy Nutting, Anna Briggs

Virtual attendees: Jeff Renn, Hannah Crumrine, Monique Evancic

GUESTS: None

CALL THE MEETING TO ORDER
Chairman Kelly Aberasturi called the meeting to order at 9:01 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 – present; Commissioner Butticci – present.

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. Commissioner Riebe seconded the motion. All in favor; motion passes.

IN-PERSON PUBLIC COMMENT
Staff reported no public comment given. No members of the public were present.

OPEN DISCUSSION
There were no items for open discussion.

APPROVAL OF MEETING MINUTES – JULY 23, 2024
Board members reviewed meeting minutes from the July 23, 2024 meeting.

MOTION: Commissioner Riebe made a motion to approve the July 23, 2024 meeting minutes as presented. Commissioner Brooks seconded the motion. All in favor; motion passes.

APPROVAL OF SPECIAL MEETING MINUTES – AUGUST 15, 2024
Board members reviewed special meeting minutes from the August 15, 2024 special meeting.

MOTION: Commissioner Riebe made a motion to approve the August 15, 2024 Special Board of Health meeting minutes as presented. Commissioner Brooks seconded the motion. All in favor; motion passes.

JULY 2024 EXPENDITURE AND REVENUE REPORT
Troy Cunningham, Financial Manager, shared several Luma successes related to getting account reports to balance. This allows a trial balance for Fiscal Year 2024 (FY24) to be developed and FY24 reports to be compiled. At this point in the fiscal year, the target is 8.3%. Troy noted that this fiscal year, Millennium Funds will route through Idaho Department of Health and Welfare (IDHW) and will now show in our primary fund with no reversion. Troy also reported that county contributions are on target and fee revenues are down slightly. Contract revenue is up slightly.

The move to Magellan has impacted the contract revenue showing for the adult crisis center and youth center due to a lump sum of funds being sent. Troy anticipates contract revenue being exceeded because under the new contract with Magellan there will not be any medical billing and; therefore, no fee revenue.

SOURCES OF STRENGTH PROGRAM OVERVIEW
Hannah Crumrine, Program Manager for Sources of Strength, joined the meeting to share an overview of suicide prevention programs available across the state directly to schools and districts through regional contractors and also through several contractors supporting individual districts based on population and the number of schools participating in Sources of Strength program. Resources provided to schools and communities are designed to help intervene during a suicidal emergency.

A gatekeeper training called “Suicide Prevention Fundamentals Instruction” is designed to teach people how to identify risk factors and warning signs and safely get someone to help. The training has been provided to 216 school personnel in District 3 and is also offered in the community.

Another program, Sources of Strength, has trained 28 adults and 140 youth peer leaders. This program is being rolled out to elementary schools with about 60 schools receiving training.

Board members asked how program success is measured. Hannah shared that one measurement tool is the use of a pretest and posttest and other tools include feedback from districts. Hannah is evaluating how to measure the value to schools beyond the pretest and posttest.

IMMIGRATION PHYSICALS FEE FOLLOW UP

Beth Kriete, Family and Clinic Services Division Administrator, presented follow-up information requested at last month's Board of Health meeting regarding the request to add a new clinic service for immigration physicals. This physical requires a doctor certified as a civil surgeon and Dr. Jansen now has that certification. These exams include an overall wellness exam, screening for infectious disease, and an immunization review. The requested cost for this service is $550 which is on track for a 60-minute visit with a physician.

Beth shared that several clinics in our region provide this service. Three of five providers are booked out through October for these exams, and they are offered two days per month. One of the clinics offers a varied schedule and one of the clinics utilizes an out of state provider to provide the exams. Valley Family Health was very supportive of another provider assisting with this service.

Dr. Jansen shared that the other issue individuals seeking this exam face is the timeframe of five weeks for those navigating this process and the inability to schedule and complete the exam within that timeframe. In response to board member questions about how many immigration physicals SWDH might provide, Dr. Jansen responded that he anticipates providing a few per week at most. Nurse practitioners and physicians' assistants cannot provide this service. There is an additional certification to become a civil surgeon that must be met to be authorized to provide this examination.

Dr. Jansen explained that during the exams, physicians screen for infectious disease, for overall health and chronic diseases like hypertension, diabetes, mental health problems, and significant substance abuse problems. This examination supports legal immigration. Those who are following the legal process for immigration have already seen a panel physician for the initial examination.

Commissioner Brooks asked who funds the treatment for active tuberculosis. Dr. Jansen explained that a specific grant for tuberculosis treatment allows for funding of treatment and SWDH stocks tuberculosis treatment medications. Commissioner Aberasturi asked why someone with active tuberculosis would be allowed into the United States. Dr. Jansen explained that the sole agency that can allow anyone into the country is Department of Homeland Security.

Board members asked that this fee be documented for future evaluation purposes and included in the annual fee approval.

MOTION: Commissioner Riebe made a motion to approve the immigration physical at a fee of $550 excluding lab fees and vaccines. Dr. Tribble seconded the motion. All in favor; motion passes.

MEASLES RESPONSE PLAN UPDATE

As a follow up to Board member questions at the June 2024 Board of Health meeting, Andy Nutting, Ricky Bowman, and Anna Briggs presented an update to the SWDH Measles Response Plan. Andy provided a timeline of vaccine development and elimination of measles in the U.S. Prior to 1963, the graph shows that the overall number of cases was in the thousands and after 1963 the case numbers drop. By 1963, the vaccine was improved further decreasing overall numbers of measles. Around 1989, measles elimination goal was reached.

Since the start of 2024, there have been 219 cases in the United States. Andy explained the technical term outbreak represents anything more than two epidemiologically-linked cases. Ricky shared that in the epidemiology world, the word outbreak can be an isolated outbreak such as a household outbreak or community-wide outbreak. Andy also clarified that the term elimination refers to lack of endemic

spread of the disease within the country, meaning that measles is being introduced into the population through overseas travel (i.e., coming to or returning to the United States).

Andy presented information on morbidity, complications, and at-risk groups. Complications can contribute to permanent disability. Currently, about one in five unvaccinated people with measles are hospitalized. Diarrhea, ear infection, pneumonia, and encephalitis are potential complications.

Dr. Tribble stated that one concern is chronic disease especially in children (autism, metabolic disorder, obesity) has increased drastically and a lot of people are looking back retrospectively at the number of vaccines which correlates with the exponential rise in chronic disease in children. Dr. Jansen explained that the health district's responsibility is to be sure we prevent an outbreak of measles where we have community transmission in a school.

Andy addressed Board members' request for local level measles immunization data and explained there is no usable data available at the local level due to lack of records available. Immunization Reminder Information System (IRIS) provides immunization completion information in a centralized location but often has incomplete information for out of state newcomers. The age of the IRIS registry and the resources needed to clean data are barriers to collecting data.

Dr. Tribble stated that with the numbers, morbidity rates, and infection rates, the risk of the disease does not support the response of pulling kids from school. He asked why staff are pushing for a measles response plan. Nikki explained that reporting of the disease is required by statute and with a measles outbreak in Oregon and a measles case in our district last year as well as a case in eastern Idaho, SWDH staff want to know what our Board's position is and if the Board will support us in carrying out the laws we are required to.

IMMUNIZATIONS PROGRAM UPDATE

At last month's Board meeting, Dr. Tribble suggested reviewing which funds are being used for COVID immunization and if the public would support us continuing to do that. He also asked for information on the number of COVID immunizations the SWDH clinic has administered this calendar year.

Rick Stimpson reported that between November 2023 and August 2024, the clinic purchased 120 doses of COVID vaccine and used 48 of those. The State of Idaho through different funding sources also provided 80 doses. Unused expired doses can be exchanged.

Commissioner Brooks indicated he would be in support of a policy where SWDH does not provide COVID shots. Commissioner Purdy and Dr. Tribble voiced support for Commissioner Brooks' suggestion. Commissioner Riebe and Chairman Aberasturi noted that if the COVID immunization is something the public is asking for they do not see a reason not to provide it and are not comfortable telling individuals SWDH will not provide an immunization just because it is something they don't agree with. Commissioner Brooks does not feel taxpayers should have to pay for COVID immunizations. He would agree if SWDH was the only location offering the COVID shot but we are not.

Dr. Tribble stated that the concern needs to be for the public's safety and said increasing evidence suggesting efficacy is different and there are more and more studies showing negative efficacy of shots and side effects and excess death numbers that cannot be ignored.

Dr. Tribble referenced a large study out of the Cleveland clinic in Ohio as one of many he has been looking at. He said the studies raise questions and concerns for him yet, despite misinformation we were given or lied to about there has been no accountability.

Based on board member discussion, Rick will not purchase any additional COVID immunizations. Board members requested an agenda item at an upcoming meeting to discuss whether SWDH administers COVID immunizations.

SOCIAL SECURITY ADMINISTRATION 218 STAFF SURVEY RESULTS REVIEW AND DECISION

Nikki shared updated survey results from the survey distributed to staff regarding the Social Security Administration 218 referendum. Though several more responses were received, the end results were not impacted. The next step is for ballots to be mailed to employees' home residences.

RESOLUTION REVIEW AND APPROVAL

Last month, Nikki discussed current resolutions that the Idaho Association of District Boards of Health (IADBH) has in place. As a reminder, once the resolutions are approved by IADBH members at the business meeting each year, they are in place for three years. The current date shown on the resolutions represents when they were created or adopted.

Nikki reminded board members that when staff revise a resolution or create a new resolution for consideration at the annual meeting, our Board must first approve it. Then the resolution must be reviewed by the other district boards. This approval process needs to be completed before the annual IADBH meeting in October.

The Board reviewed two resolutions from other health districts. One related to establishing data sharing tools to improve WIC participation among eligible Medicaid recipients. The second related to removing the public health districts' responsibilities for enforcement of the solid waste program.

Nikki then asked for the Board to review the edits to four existing resolutions related to food fees, recreational marijuana, childhood immunizations, and substance use and overdose provider education. Nikki also introduced a new resolution that requests a statute change to allow public health districts to opt out of using the State Treasury and establish their banking through an FDIC insured bank.

MOTION: Commissioner Haines made a motion to approve the five resolutions including: Resolution Opposing the Legalization of Recreational (Non-medical) Marijuana (19-03); Resolution Supporting Childhood Immunizations (19-06); Resolution Concerning Prevention ... Through Prescriber Education (17-02); Resolution to Remove the Food Establishment License Fee in Idaho Code (22-02) and Resolution to Change Statute to Allow Public Health Districts to Withdraw from State Treasury as amended to take to the Idaho Association of District Boards of Health. Commissioner Riebe seconded the motion. All in favor; motion passes.

REVIEW AND APPROVE POSITION STATEMENTS

This agenda item will move to next month.

DIRECTOR'S REPORT

IADBH Fall Conference Registration and Proxy Forms

Conference registrations are coming up for the annual meeting in Idaho Falls. Katrina will help Board members coordinate travel. Proxy forms will be available for board members unable to attend.

CONTRACT REVIEW AND DISCUSSION

Nikki initiated discussion of a recent contract renewal of $173,000 to support statutorily required work for prevention of viral respiratory illnesses. This includes investigating viral respiratory illnesses of public health concern in congregate settings and responding to and assisting facilities with outbreak control measures. Our staff person doing this work is available when hospital and long-term care facility infection control, school nurses, or daycare centers call but also holds proactive learning sessions for them. These learning sessions are particularly helpful for long-term care facilities due to turnover of maintenance/facility and nursing staff. The training allows continuity and helps ensure compliance with practices and address concerns and questions as they arise. Nikki shared this information to make Board members aware. The contract has already been signed and Commissioner Aberasturi has reviewed it.

EXECUTIVE SESSION

No executive session was held.

There being no further business, the meeting adjourned at 1:00 p.m.

Respectfully submitted:	Approved as written:	
Nikole Zogg Secretary to the Board	Kelly Aberasturi Chairman	Date: August 27, 2024

SOUTHWEST DISTRICT HEALTH

Board of Health – PHEPER Training & Tabletop Exercise

September 17, 2024

PHEPER (Public Health Emergency Preparedness & Epidemiology Response)

SOUTHWEST DISTRICT HEALTH

Agenda

- Review of After-Action Report/Improvement Plan
  - SWDH Incident Command System (ICS)/ Emergency Operations Center (EOC) model
  - County ICS/EOC model
- Brief overview of G-402 National Incident Management System (NIMS), Overview for Senior Officials (Executives, Elected, & Appointed)
- Tabletop Exercise (TTX) and Discussion

Public Health
Prevent. Promote. Protect.

Objectives

- Training competency as requested at the Board of Health's (BoH) COVID-19 hotwash
- Determine response expectations for BoH when an event occurs
- Gain an understanding of future training needs for SWDH's BoH
  - This may include training for an individual county in District 3

Public Health Emergency Preparedness & Epidemiological Response (PHEPER)

PHEPER Team analyzed the health district's response to COVID-19 against 14 separate AAR-IP documents based on the national capabilities.

- C1: Community Preparedness
- C2: Community Recovery
- C3: Emergency Operations Coordination
- C4: Emergency Public Information & Warning
- C5: Fatality Management
- C6: Information Sharing
- C7: Mass Care
- C8: Medical Countermeasure Dispensing & Administration
- C9: Medical Materiel Management & Distribution
- C10: Medical Surge
- C11: Nonpharmaceutical Interventions
- ~~C12: Public Health Laboratory Testing~~ – Not Local PHDs
- C13: PH Surveillance & Epidemiological Investigation
- C14: Responder Safety & Health
- C15: Volunteer Management

Source: CDC. January 2019. Public health emergency preparedness and response capabilities, National standards for state, local, tribal, and territorial public health. https://www.cdc.gov/readiness/media/pdfs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf

After Action Report – Improvement Plan (AAR-IP)

AAR

The purpose of an After-Action Report (AAR) is to analyze the response to an incident, exercise, or event by identifying strengths to be maintained and built upon, as well as identifying potential areas of improvement.

IP

An effective corrective action program develops improvement plans that are dynamic documents, with corrective actions continually monitored and implemented as part of improving preparedness.

(Source: FEMA Preparedness Toolkit)

National Preparedness Goal

Defining Preparedness

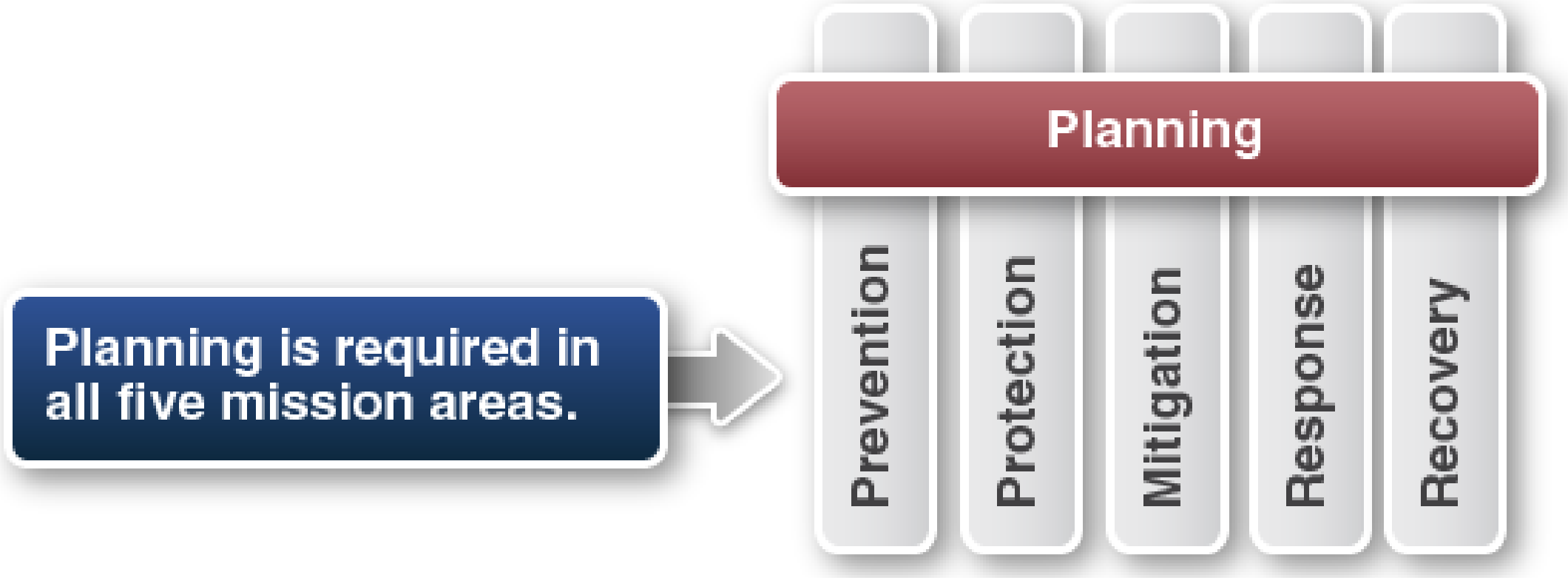
The National Preparedness Goal provides a definition for preparedness:

National Preparedness Goal

A secure and resilient Nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk.

Capabilities → Mission Areas

Planning for Future Incidents



Planning for Future Incidents

The National Preparedness Goal

is the WHAT

The National Preparedness System

is the HOW

AAR-IP for SWDH BoH: Areas of Excellence & Opportunities for Improvement

Capabilities where BoH excelled

- The use of Health Alert Levels
  - This was well received by emergency managers and School Districts
- Balancing politics with the needs of the community
- Prioritized public comment at BoH meetings

Gaps identified for improvement

- Understanding policies and the scope within decision making by the BoH
  - Legal requirements
  - Mandates vs. recommendations
- The need for ICS training for elected officials
- Use a “Town Hall” model for topics that consume regular business meetings

What does this look like in District 3?

SWDH = Primary Responder

SWDH EOC Activated

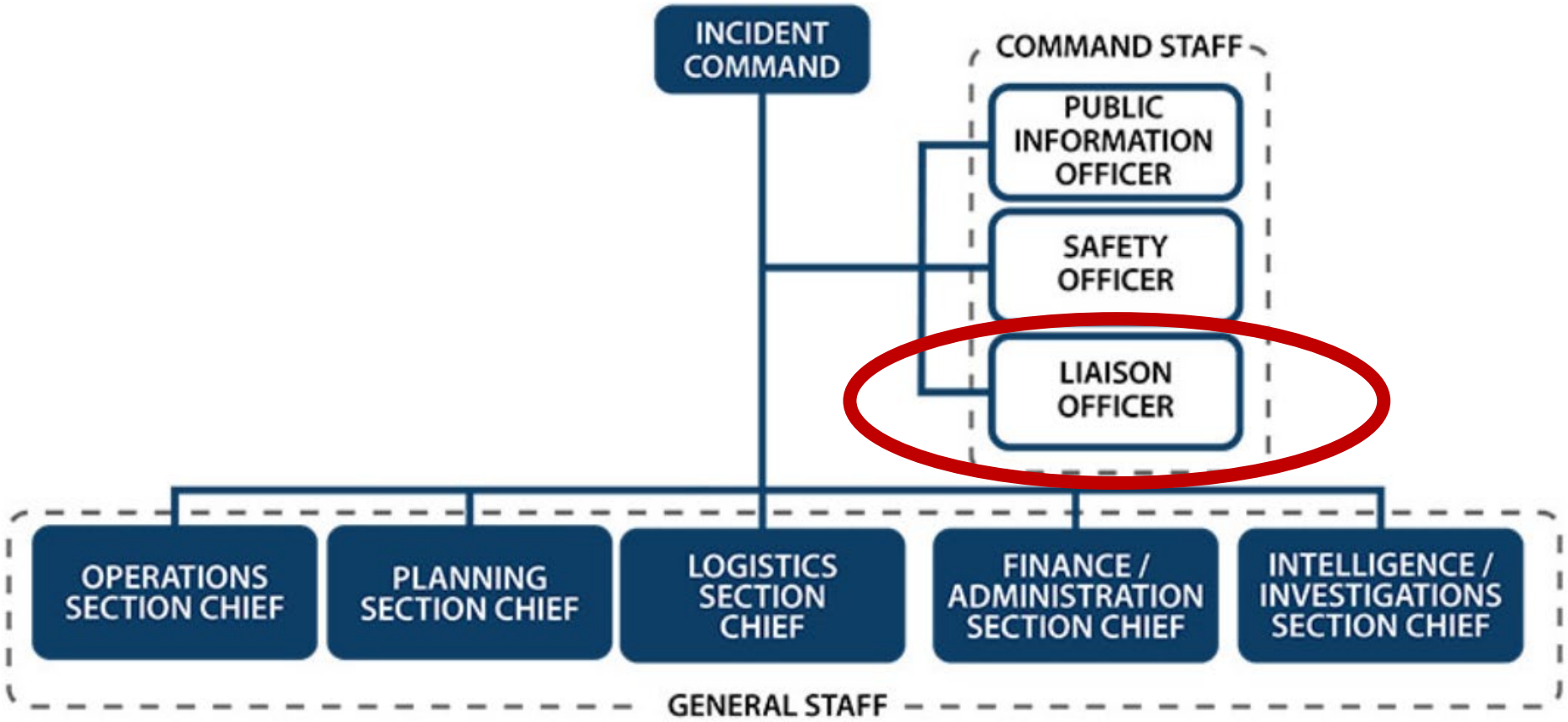
- Natural and manmade health emergencies
- Viral respiratory illness
- Bioterrorism

SWDH = Support Role

County EOC Activated

- Natural or manmade disasters
  - Flood, earthquake, wildfire, winter storm
  - Cybersecurity attack
  - Domestic terrorism
- Mass trauma and mass fatality incidents
- HAZMAT
- Radiological events

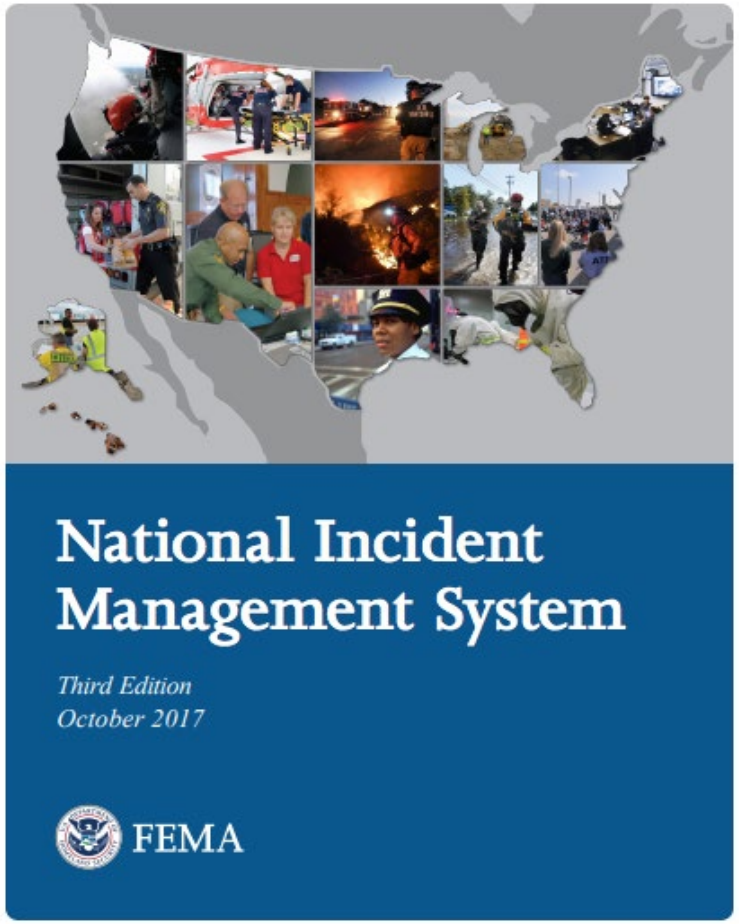
What does this look like in District 3?



Incident Command System (ICS)

ICS-402

NIMS Overview for Senior Officials



What is an Incident?

An incident is an occurrence, caused by either human or natural phenomena, that requires response actions to prevent or minimize loss of life, or damage to property and/or the environment.

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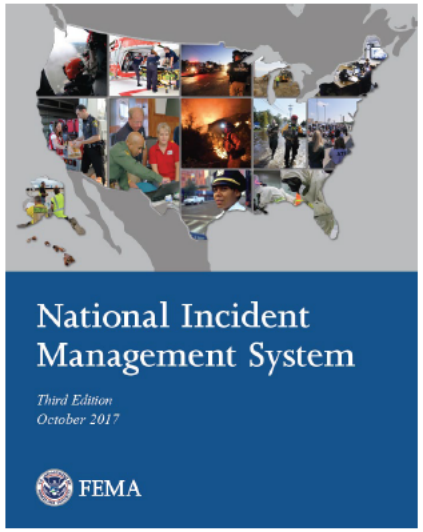
Visual 2.4

NIMS: What It Is/What It's Not

NIMS Is	NIMS Is Not
• A comprehensive, nationwide, systematic approach to incident management, including the command and coordination of incidents, resource management, and information management	• Only the ICS • Only applicable to certain emergency/incident response personnel • A static system
• A set of concepts and principles for all threats, hazards, and events across all mission areas (Prevention, Protection, Mitigation, Response, Recovery)	• A response plan
• Scalable, flexible, and adaptable; used for all incidents, from day-to-day to large-scale	• Used only during large-scale incidents
• Standard resource management procedures that enable coordination among different jurisdictions or organizations	• A resource-ordering system
• Essential principles for communications and information management	• A communications plan

NIMS Components



Resource Management

Command and Coordination

Communications and Information Management

- Incident Command System
- Emergency Operations Center
- Multiagency Coordination Groups
- Joint Information Systems

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Visual 2.9

What is ICS?

The Incident Command System:

- **Is a standardized, on-scene, all-hazards incident management concept.**
- **Allows its users to adopt an integrated organizational structure to match the complexities and demands of single or multiple incidents without being hindered by jurisdictional boundaries.**

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Visual 3.4

ICS Purposes

Using management best practices, ICS helps to ensure:

- **The safety of responders and others.**
- **The achievement of tactical objectives.**
- **The efficient use of resources.**

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Visual 3.5

Examples of Incidents Managed Using ICS

- Fire, both structural and wildland
- Natural disasters, such as tornadoes, floods, ice storms, or earthquakes
- Human and animal disease outbreaks
- Search and rescue missions
- Hazardous materials incidents
- Criminal acts and crime scene investigations
- Terrorist incidents, including the use of weapons of mass destruction
- NSSE, such as Presidential visits or the Super Bowl
- Other planned events, such as parades or demonstrations

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Visual 3.6

ICS Benefits

- Meets the needs of incidents of any kind, size, or complexity.
- Allows personnel from a variety of agencies to meld rapidly into a common management structure.
- Provides logistical and administrative support to operational staff.
- Is cost effective by avoiding duplication of efforts.

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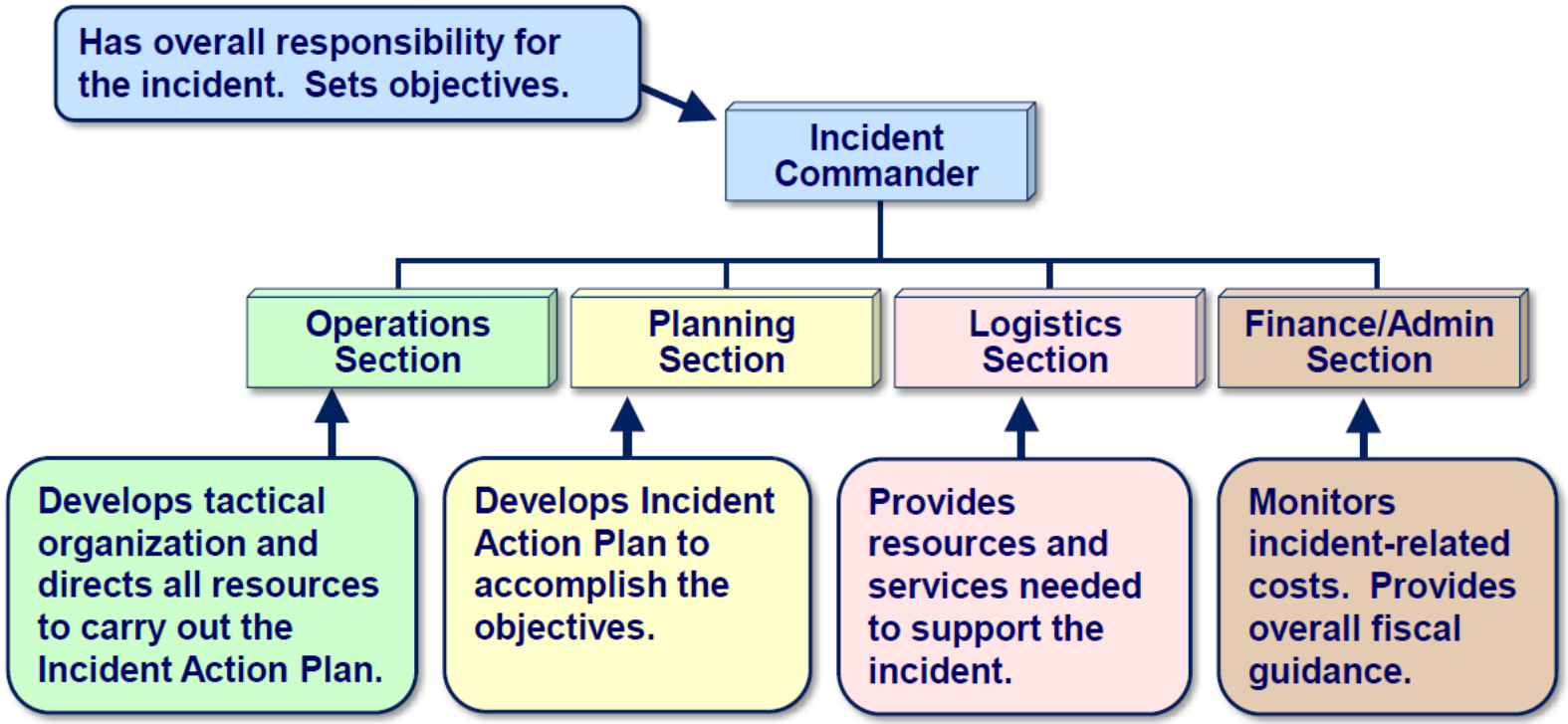
Visual 3.7

ICS - Who Does What?



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Visual 3.25


Safety
Operations
Operations
Logistics
Finance / Administration
Liaison
Planning
Public Information
SOUTHWEST
DISTRICT HEALTH
Healthier Together

Senior Official's Role in Incident Command

- Delegate authority for on-scene operations to IC/ UC
- Provide policy guidance on priorities and objectives
- Activate specific legal authorities
- Oversee resource coordination and support to the Incident Command through the EOC

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Visual 3.28

Delegation of Authority

Delegation of authority may be in writing (established in advance) or verbal, and include:

- **Legal authorities and restrictions.**
- **Financial authorities and restrictions.**
- **Reporting requirements.**
- **Demographic issues.**
- **Political implications.**
- **Agency or jurisdictional priorities.**
- **Plan for public information management.**
- **Process for communications.**
- **Plan for ongoing incident evaluation.**

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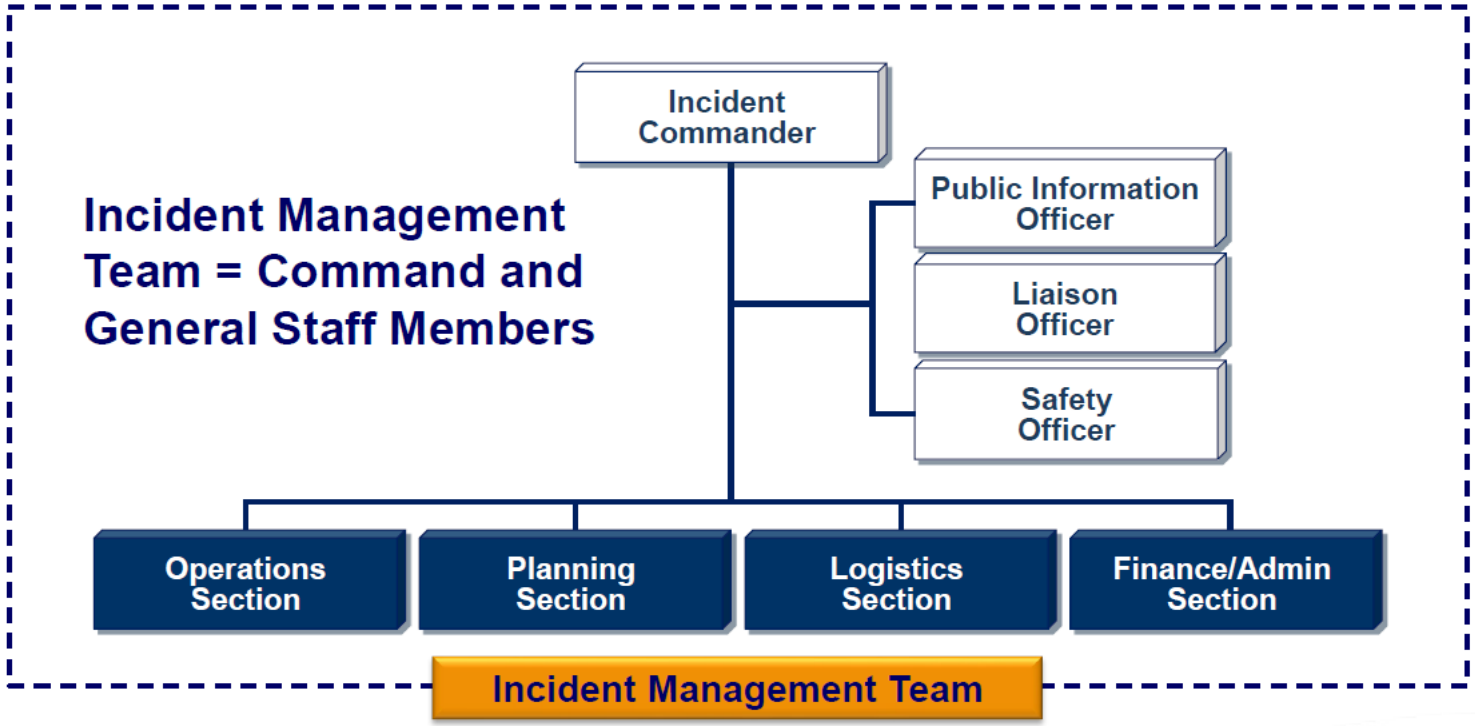
Visual 3.29

Summary: Incident Management Roles

Incident Commander	EOC Director and Staff
• Manage the incident at the scene • Keep the EOC/ MAC Group informed on all important matters pertaining to the incident	Support the Incident Commander and the MAC Group: • Provide Resources • Plan for Resource Requirements • Facilitate Situational Awareness
Joint Information System	**Senior Officials/ MAC Group**
• Enable communication between incident personnel • Provide Critical Information to the Public	Provide the Incident Commander and the EOC staff: • Authority • Mission & Strategic direction • Policy

Incident Management Team (IMT)



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Visual 3.33

Incident Complexity and Resource Needs

EOC Functions

- Collecting, analyzing, and sharing information.
- Supporting resource needs and requests, including allocation and tracking.
- Coordinating plans and determining current and future needs.
- Coordinating plans to support the Incident Command.
- In some cases, providing coordination and policy direction.

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Visual 4.6

EOC Benefits

- Helps establish a shared situational picture.
- Simplifies information verification.
- Facilitates long-term operations.
- Increases continuity.
- Provides ready access to all available information.
- Aids resource identification and use.

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Visual 4.8

EOC and the SR Official/ MAC Group

- Local statutes or delegations of authority may limit an EOC's functions or actions.
  - Example: Monetary spending thresholds
- A SR Official/ MAC Group may:
  - Authorize additional fiscal resources.
  - Provide operational guidance.
  - Oversee complex incidents.
  - Provide operational or policy guidance.

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Visual 4.9

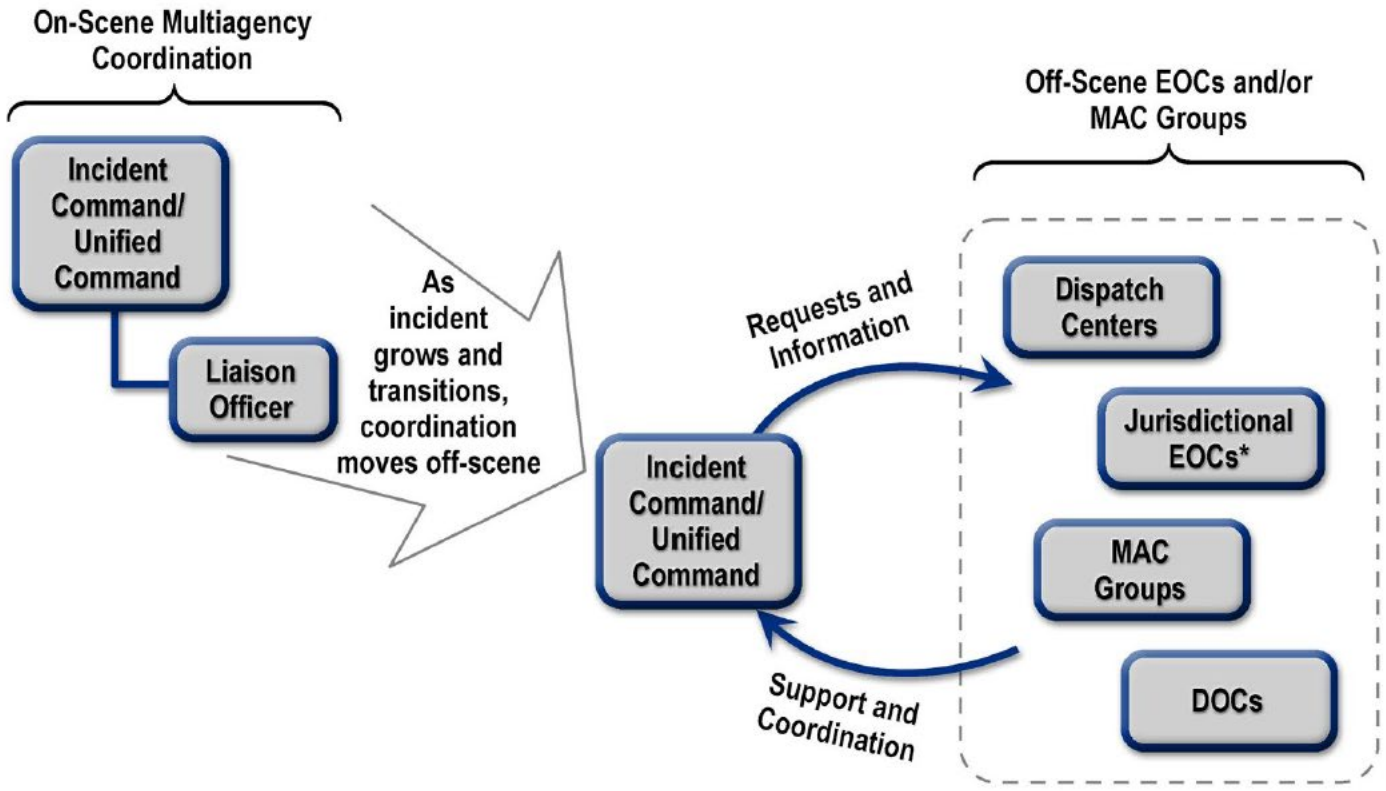
The MAC Group

- Provides policy guidance
- Supports resource prioritization and allocation
- Enables decision-making among elected and appointed officials and senior executives
- Is often comprised of:
  - Elected officials
  - Senior decision-makers
  - Senior public safety officials
  - High-level, subject-matter experts

The SR Official/ MAC Group Role

- Define the mission and strategic direction
- Identify operational priorities
- Provide policy guidance to EOC, IC and JIC/PIO
- Resolve scarce resource allocation issues
- Delegate command authority to the IC/ UC
- Delegate appropriate authority to the EOC and JIS
- Determine the MAC Group decision-making process
- Determine who will be included in the MAC Group
- Issue Initial Policy Statement to guide the EOC
- Determine reporting requirements

Interconnectivity of NIMS Command and Coordination



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Visual 5.13

Review of the Senior Official's Role

In most jurisdictions the Senior Official is responsible for:

- Ensuring the safety of the citizens and protection of property
- Ensuring the continuity of government
- Activating specific legal authorities (disaster declarations, evacuations, state of emergency, or other protective actions)
- Delegating Authority for Incident Command to an IC/ UC
- Coordinating with the PIO to keep the media and public informed
- Requesting assistance from State agencies through the EOC
- Resolving any resource allocation conflicts
- Coordinating with other Sr. Officials & whole community partners
- Participating in a Multiagency Coordination Group (MAC)

Check Plans, Policies, and Laws

Do your agency's/jurisdiction's preparedness plans, policies, and laws:

- **Align with NIMS terminology and systems?**
- **Cover all hazards?**
- **Include delegations of authority (as appropriate)?**
- **Include up-to-date information?**

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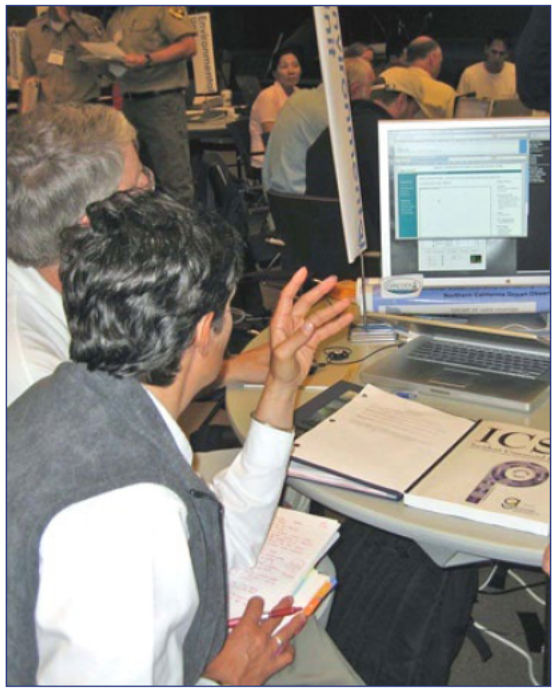
Visual 6.5

Training, Credentialing, and Exercising



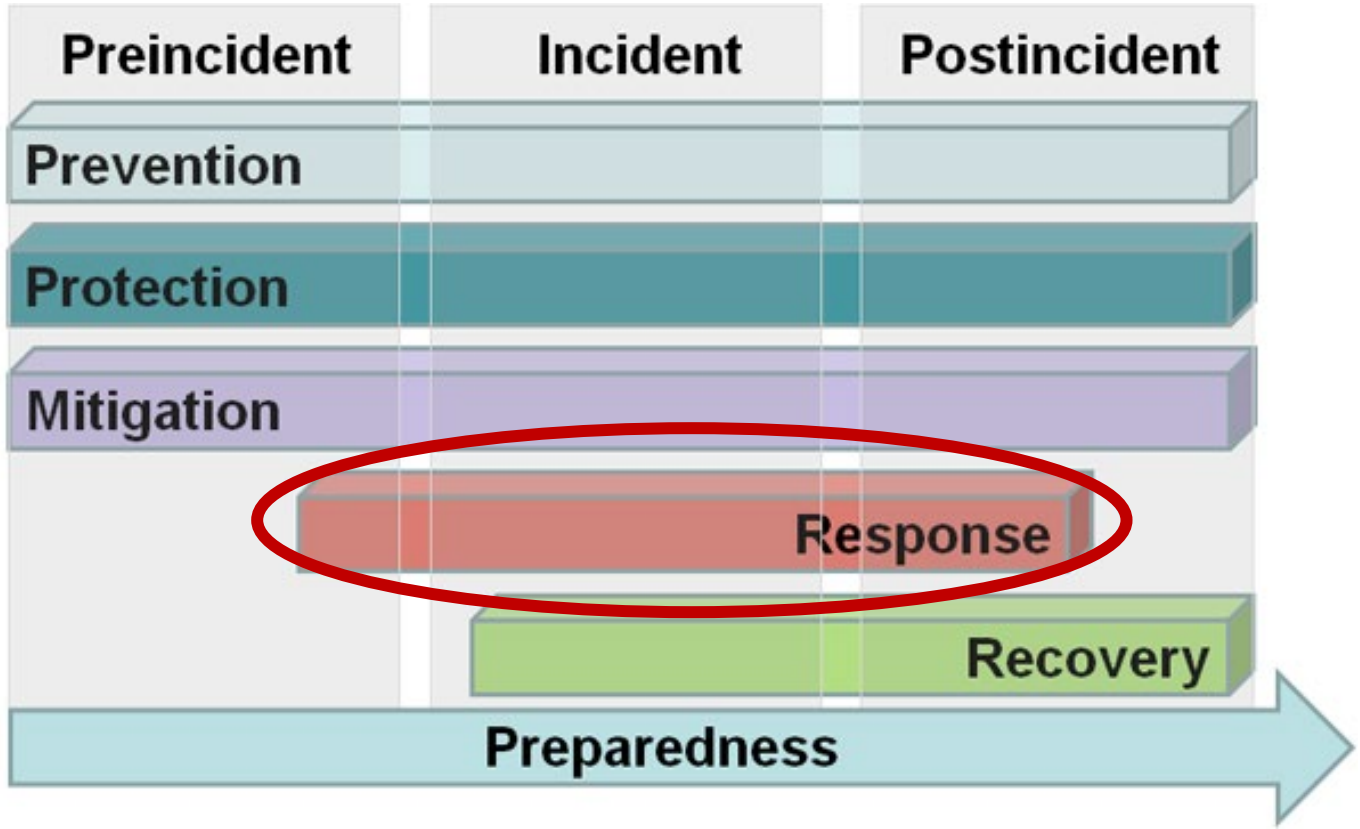
- Do you have sufficient qualified personnel to fill ICS, EOC and JIS positions?
- Can you verify that personnel meet established professional standards for:
  - Training?
  - Experience?
  - Performance?
- When was the last tabletop, functional, or full-scale exercise that practiced command and coordination functions? Did you participate in that exercise?

FEMA

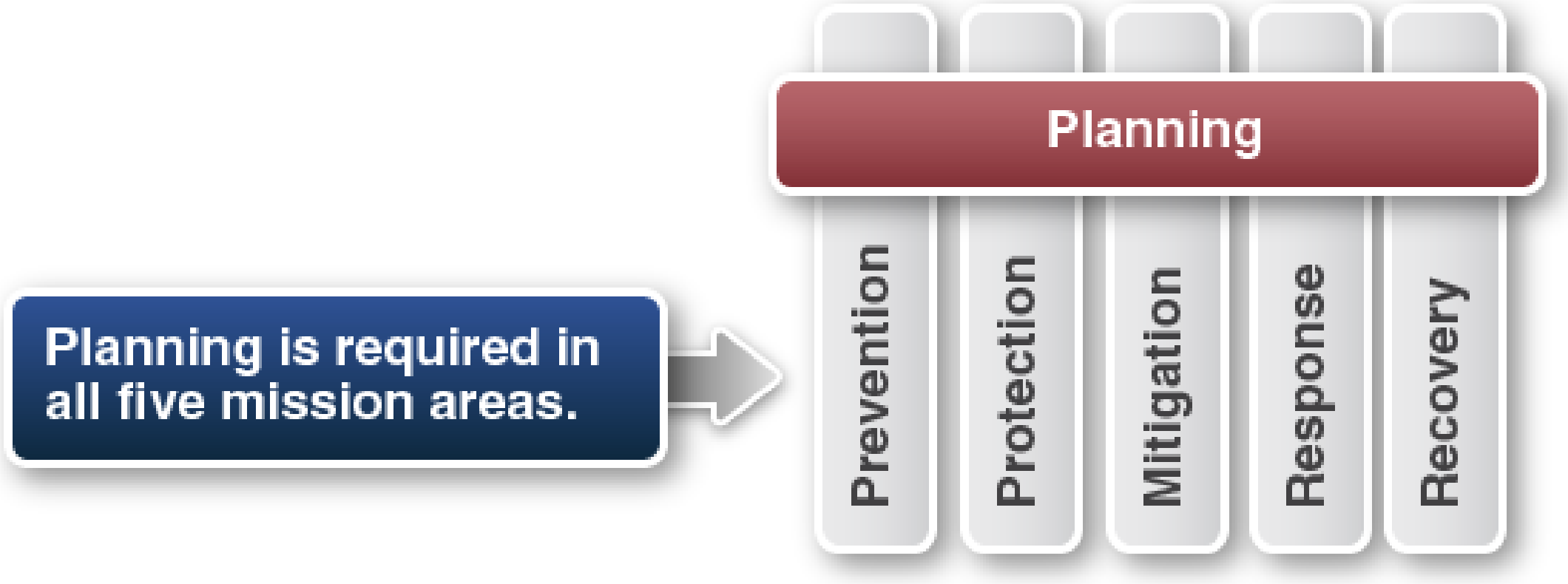
Visual 6.8

What is the Board's Role?

- During a response to an incident the Board of Health may need to make decisions quickly to protect the health of the community and the citizens we serve



Planning for Future Incidents



Isolation & Quarantine

What is Isolation?

People who ARE sick.

Separation of people known or suspected (via signs, symptoms or laboratory criteria) to be infected with a contagious disease from those who are not sick to prevent them from transmitting the disease to others.

Isolation can also be ordered for an individual contaminated from a bioterrorism incident or a chemical hazmat incident.

What is Quarantine?

People who ARE NOT sick, but exposed.

Compulsory separation, including restriction of movement, of people who potentially have been exposed to a contagious disease until it can be determined whether they have become sick or no longer pose a risk to others.

Quarantine can also be ordered for a place, building or space where people occupy.

Quarantine is not the same as a Stay-At-Home Order.

Current Authority of Isolation & Quarantine

- CDC's federal quarantine and isolation powers currently apply to the following diseases:
  - Cholera
  - Diphtheria
  - Infectious tuberculosis
  - Plague
  - Smallpox
  - Yellow fever
  - Viral hemorrhagic fever
  - Influenza with potential to cause a pandemic
  - Severe Acute Respiratory Syndrome
  - Measles

Authority of Isolation & Quarantine

- Presidential authority
  - Commerce Clause of the U.S. Constitution (delegated to the CDC)
- State of Idaho Governor, delegated to Department of Health and Welfare
  - Idaho State Legislature, Section 56-1003
- Public Health District Director
  - Idaho Statute, Title 39, Chapter 4
  - Requires cooperation by the local county prosecuting attorney's office
  - Orders are served by the local sheriff’s office

Idaho's Reportable Diseases

IDAHO DEPARTMENT OF HEALTH & WELFARE

The public health districts investigate and report over 70 diseases/conditions that are required to be reported according to the Rules and Regulations Governing Idaho Reportable Diseases (IDAPA 16.02.10)

Public Health Ethics

- What are the acceptable limits of disease, disability, and premature death in our local communities because of inaction or insufficient action?
- There may be consequences of not responding or delaying a response such as:
  - Cost
  - Liability
  - Public perception
  - Burden of disease

Scenario

Tabletop Exercise (TTX) Discussion

Objectives – Did We Meet Them?

- Training competency as requested from the COVID-19 hotwash
- Determine response expectations for BoH when an event occurs
- Gain an understanding of future training needs for SWDH's BoH
  - This may include training for an individual county in District 3

Future Training Needs?

- Are there any gaps in this training? ICS-402 is a 4-hour class that we can bring to SWDH upon request.
- Are there training and exercises that we can collaborate with at each county with responders or with emergency management?

September is Preparedness Month

Thank You

Public Health
Prevent. Promote. Protect.

SOUTHWEST DISTRICT HEALTH

Mental Health Counseling at SWDH

September 17, 2024

Why add Mental Health Counseling to Our Services?

- 2023 Community Health Needs Assessment identified behavioral health as a top priority
  - Mental health and substance misuse was a consistent theme on surveys, focus groups and interviews.
  - Themes included youth mental health, lack of providers and other services.
  - All counties in District 3 are considered to be mental health professional shortage areas (HPSA, 2023).

- In 2021, Idaho tied for the 12th highest suicide rate in the country
  - In 2022, 64 individual died by suicide in District 3 (Suicide Prevention, n.d.)

Sources:
HRSA, Healthcare Professional Shortage Area, 2023. *https://data.hrsa.gov/tools/shortage-area/hpsa-find*
Suicide Prevention. (n.d.). Idaho. https://www.gethealthy.dhw.idaho.gov/suicide-prevention

Who Are We Serving?

- Youth, adults, and families to provide individual, couples and family counseling
- Priority populations include participants of:
  - Home Visiting Programs – Nurse Family Partnership® and Parents as Teachers®
  - Women, Infants, and Children (WIC)
  - Medical Clinic
  - Individuals and families living in Canyon, Owyhee, Adams, Payette, Washington, and Gem counties
- What clients can expect when referred to service:
  - Intake packet provided for completion
  - Intake assessment appointment scheduled
  - Treatment plan completed
  - Treatment begins

How is this Work Funded in FY25?

- 50% Opioid Settlement Funds
- 25% Infrastructure Grant
- 25% Medical Clinic Funds (District Funds)

- FY26 and Beyond: Counseling services will be self sustainable through Medicaid and private insurance reimbursement

Proposed Fee Schedule

CPT	Description	Cost Per Service	At or Above 100% FPG	75% of FPG	50% of FPG	25% of FPG
90791	Diagnostic Evaluation (CDA)	$279.35	$250	$187.50	$125.00	$62.50
90832	Individual Psychotherapy 30 minutes	$121.60	$110	$82.50	$55.00	$27.50
90834	Individual Psychotherapy 45 minutes	$160.62	$ 145	$108.75	$72.50	$36.25
90837	Individual Psychotherapy 60 minutes	$236.60	$ 210	$ 157.50	$105.00	$52.50
90847	Family Psychotherapy WITH client present	$161.43	$145	$108.75	$72.50	$36.25
90846	Family Psychotherapy WITHOUT client present (parenting session)	$154.77	$140	$105.00	$70.00	$35.00
H0031	CANS Assessment 15-minute increments	$40.00	$35	$26.25	$17.50	$8.75

Next Steps & Credentialing

- SWDH plans to credential with the following payers.

Aetna	Blue Cross	Cigna	Compsych
Magellan (Medicaid)	Moda	Multiplan	Pacific Source
Regence	St. Luke's Health	St. Alphonsus Health Alliance	UHC/Optum

- Provider applications and required documents submitted to the insurance companies for review.

- SWDH will sign a contract with the insurance companies to become an enrolled and credentialed provider.
  - Credentialling process takes between 30 to 60 days

Fit and Fall Proof™

Senior Falls Prevention

Daniel Adams, Health Education Specialist, Sr.

Objectives

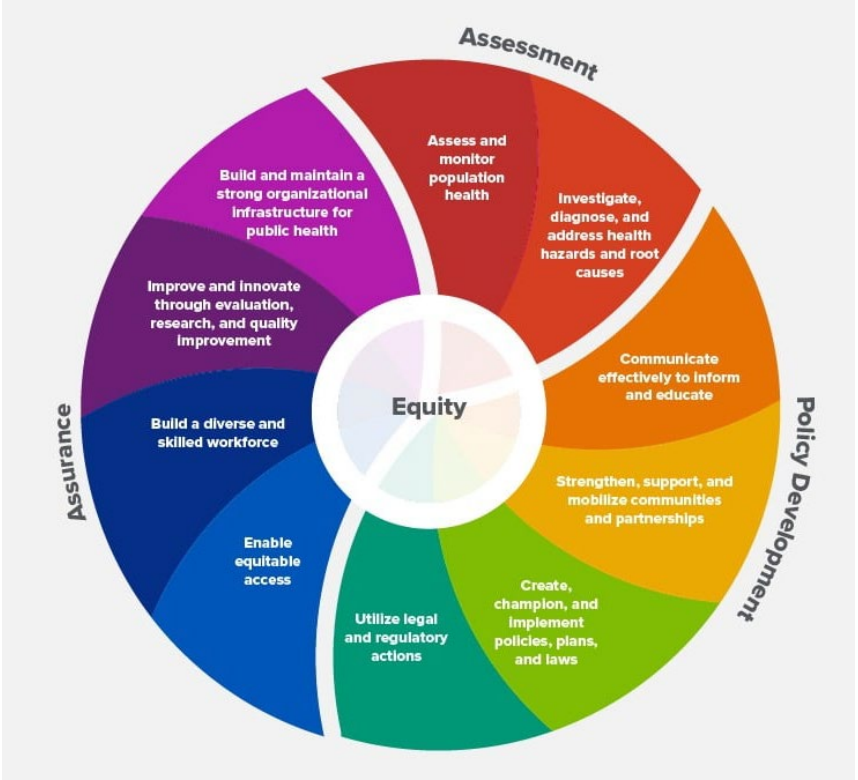
- Increase understanding of falls and the consequences of falls
- Describe risk factors for falls
- Describe fall prevention programming in Southwest Idaho

Falls Prevention

Essential Public Health Functions:

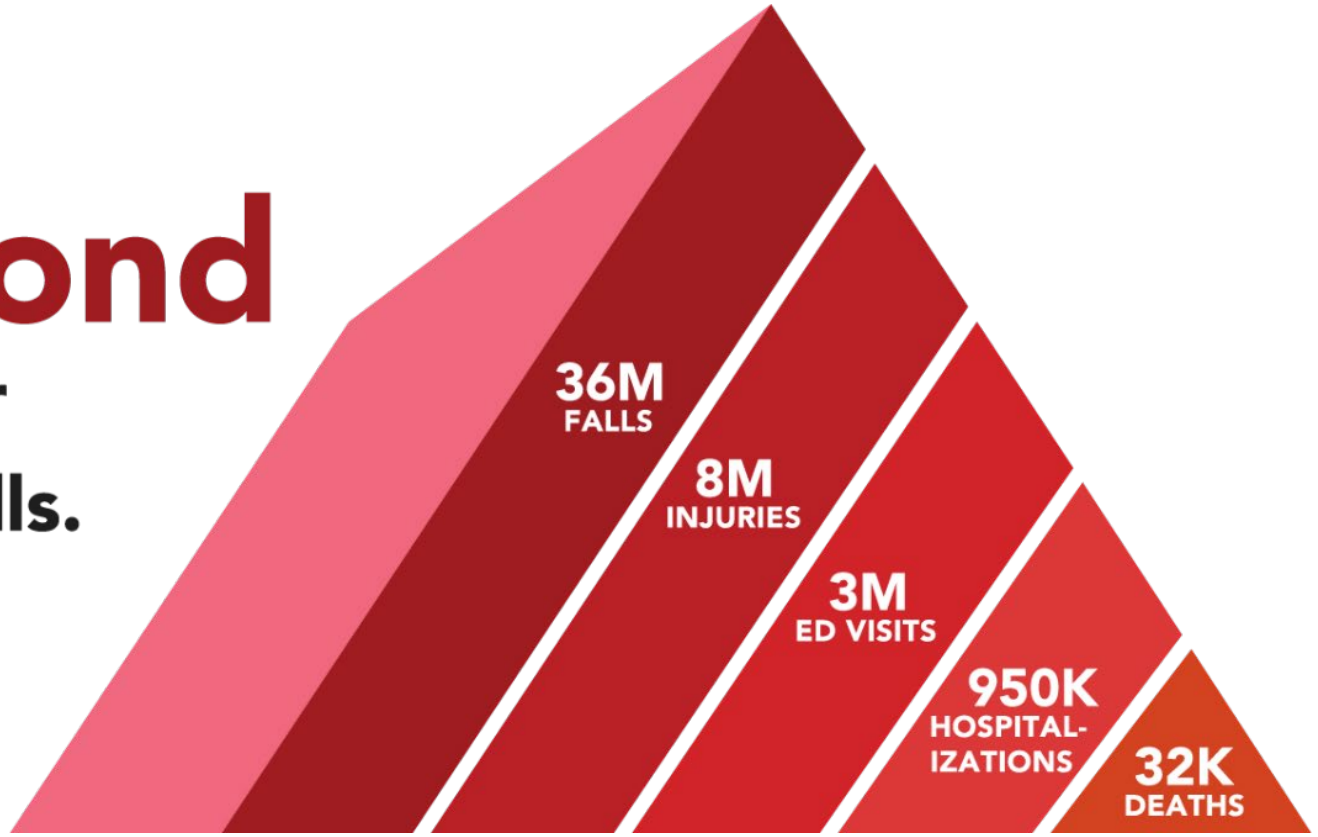
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.

4. Strengthen, support, and mobilize communities and partnerships to improve health



Falls Are Common

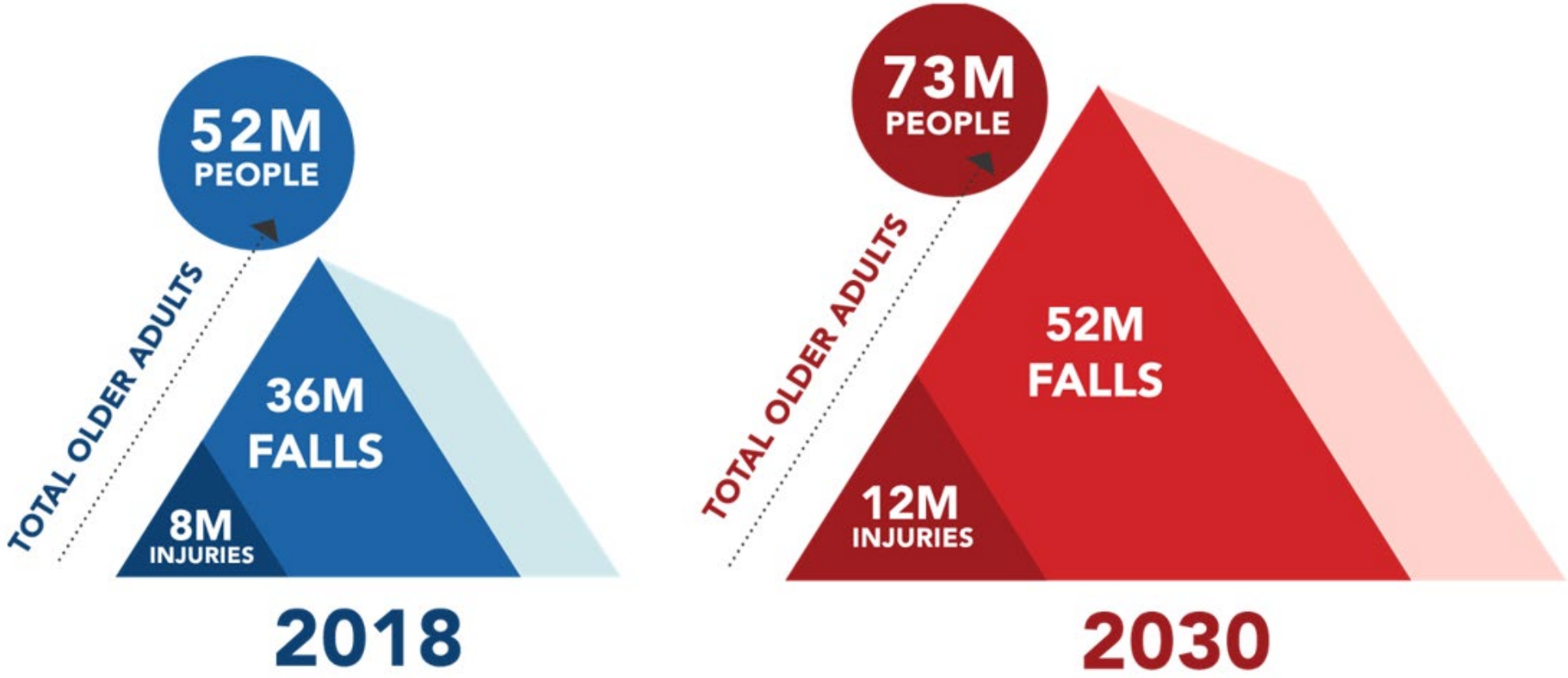
Every **second** an older adult falls.



Data sources: National Vital Statistics System, National Electronic Injury Surveillance System–All Injury Program, and Behavioral Risk Factor Surveillance System.

References: (3,7)

Falls are a growing challenge



References: (7-8)

Data sources: Behavioral Risk Factor Surveillance System and United States Census Bureau

Consequences of Falls

More than 95% of hip fractures are due to falls

Falls are the leading cause of traumatic brain injuries

Falls and fall injuries increase the risk of nursing home placement

Fall death rates in the U.S. increased about 30% between 2009 and 2018

References: (4-5, 9-10)

Falls are Costly

- Average hospitalization cost due to a fall injury is **$30,000**
  - Fall-related injuries are a leading cause of hospital readmission

- Average cost per fall injury:
  - Emergency Department visits = **$4,829**
  - Office-based and outpatient visits = **$5,813**

References: (1-2,6)

Common Fall Risk Factors

Modifiable Risk Factors	Non-modifiable Risk Factors
• Gait, strength, and balance deficits • Medications that increase fall risk • Home hazards • Orthostatic hypotension (low BP) • Vision and hearing problems • Foot issues/inappropriate footwear • Vitamin D deficiency • Comorbidities	• Age • Sex • Race/ethnicity • History of falls

The Good News: Falls are Preventable!

Fit and Fall Proof™

- FREE exercise-based program
- Peer volunteer-led
- Designed for older adults, open to all ages
- 45-60 minutes, 2-3x/week
- 10-week sessions
- Progress and fall risk evaluated through Timed Up and Go assessment

Church of Jesus Christ of Latter-Day Saints
Nampa

Benefits of Participation

- Maintain independence
- Improve muscular strength
- Achieve gains in flexibility
- Increase balance and posture
- Improve mobility, endurance, and walking gait
- Increase confidence
- Foster social connections

Adams County Recreation Center in Council

Measuring Success

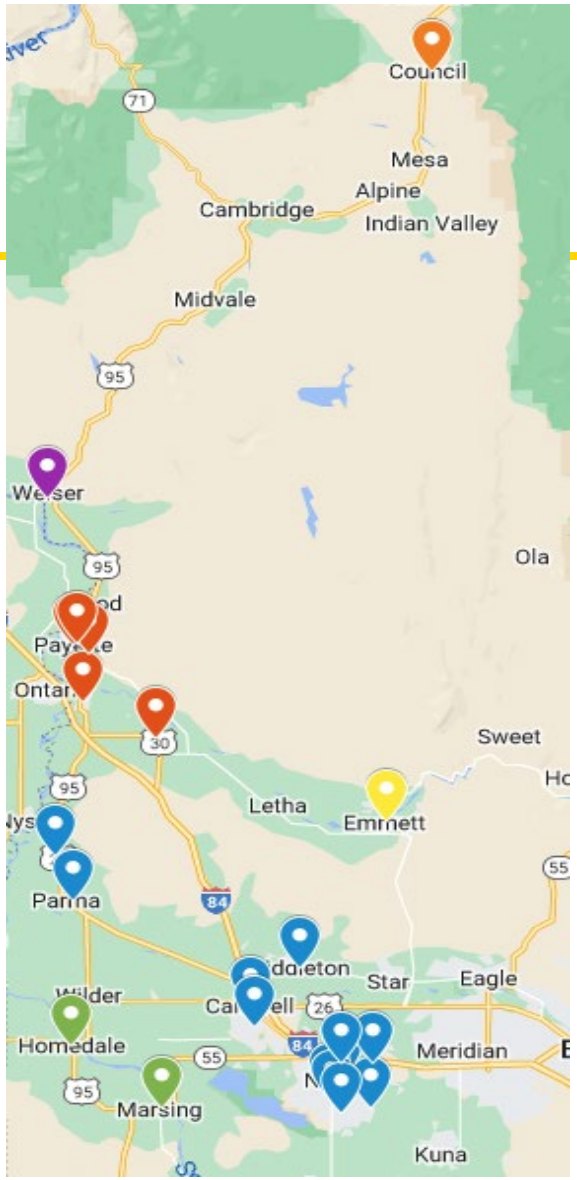
- FFP produced results similar to programs using physiotherapists or athletic trainers.
- Average change in TUG between baseline and 10 weeks was statistically significant
- Significant improvements were seen in measures of physical, social, and emotional health.

Payette United Methodist Church

Arnett M, Toevs SE, Bond L and Hannah E (2019) Outcomes of Participation in a Community-Based Physical Activity Program. *Front. Public Health* 7:225. doi: 10.3389/fpubh.2019.00225

Fit and Fall Proof™ in Southwest Idaho

- **23** active class locations
- **79** trained volunteer leaders
- Active class location in every county within our health district
- **436** participants during Q3 2024
- **86%** of participants are female



Exercises to Keep You Fit and Fall Proof™

Chair Stands

Stork

Passing Clouds

How Can We Partner Together?

Who do you know in your community that would benefit from participating in Fit and Fall Proof ™?

Who are the connectors in your community who can help us bring Fit and Fall Proof ™ to more people?

Questions?

- **Email:** daniel.adams@swdh.id.gov
- **Phone:** 208-296-0847

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