



Board of Health Meeting
 Tuesday, July 22, 2025
 13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the July 22, 2025 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 10:00 a.m. on Monday, July 21, 2025. 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 Meeting to Order	Chairman Kelly Aberasturi
9:01		Pledge of Allegiance	
9:04		Roll Call	Chairman Kelly Aberasturi
9:06	A	Call for changes to agenda; vote to approve agenda	Chairman Kelly Aberasturi
9:08		In-person public comment	
9:10	I	Introduction of new employees	Division Administrators
9:15	A	Approval of June 2025 meeting minutes	Chairman Kelly Aberasturi
9:20	I	May 2025 Monthly Expenditure and Revenue Report	Don Lee, Michele Hanrahan
9:35		Open Meeting Law and Board Conduct Best Practices	Mike Kane
10:15	I	Board of Health Delegated Authorities to the Director	Chairman Kelly Aberasturi, Nikki Zogg
10:45		Break	
11:00	I	Alcohol and Substance Use Trends Among Youth	Tara Woodward
11:30	A	IADBH Draft Resolutions and Position Statements	Nikki Zogg
		- 2025 Resolution in Support of 39-801	
		- Draft Resolution in Support of Treated Recreational Water Oversight	
		- IADBH Position Statement on Board of Health Membership	
11:45	I	Directors Report	
		- Non Municipal Solid Waste Update	
		- Unlawful Presence Verification Update	
11:50		Executive Session Pursuant to Idaho Code 742-206(b)	
11:57	A	Action taken as a result of Executive Session	
11:58	I	Future Agenda Items	
12:00		Adjourn	

NEXT MEETING: Tuesday, August 26, 2025 – 9:00 a.m.



BOARD OF HEALTH MEETING MINUTES
Tuesday, June 24, 2025

BOARD MEMBERS:

Jennifer Riebe, Commissioner, Payette County – not present
Jim Harberd, 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, Don Lee, Beth Kriete, Ben Shatto, Lauren Osborne, Vanessa Ruiz

Virtual: Colton Osborne

GUESTS: Mike Kane

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 9:04 a.m.

ROLL CALL

Chairman Aberasturi – present; Dr. John Tribble – present; Commissioner Purdy – present;
Commissioner Harberd – present; Vice Chairman Brooks – present; Commissioner Riebe – not 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 Brooks made a motion to approve the agenda as presented. Commissioner Butticci seconded the motion. All in favor; motion passes.

PUBLIC COMMENT

No members of the public attended to provide public comment and no public comments were submitted through the online submission mechanism.

INTRODUCTION OF NEW EMPLOYEES

Division Administrators introduced new employees.

APPROVAL OF MAY 2025 MEETING MINUTES

Board members reviewed meeting minutes from the May 20, 2025 Board of Health meeting.

MOTION: Commissioner Brooks made a motion to approve the May 20, 2025 meeting minutes as corrected. Commissioner Harberd seconded the motion. All in favor; motion passes.

FINANCE OFFICER UPDATE

Aaron Howard, Chief Financial Officer, is no longer with SWDH. Interviews to fill this position have been held and an offer has been extended and accepted. The new employee's anticipated start date is July 7, 2025.

APRIL 2025 EXPENDITURE AND REVENUE REPORT

Don Lee, Chief Operating Officer, presented the April 2025 Expenditure and Revenue Report. Revenue and expenditure reports show that revenues are low due to a lapse in contract billing. In addition, several contracts have not renewed this fiscal year so the revenue percentage is not expected to reach 100%.

Luma continues to present challenges and SWDH staff continue to learn how to work in and with Luma. The State Controller's Office (SCO) is providing support as needed.

BOARD OF HEALTH TERM MEMBER RENEWAL CONFIRMATION

Board of Health term member renewal confirmation ballots have been received and all board members whose terms expire June 30, 2025 have been confirmed for new terms beginning July 1, 2025.

SUBSURFACE SEWAGE AND GROUND WATER PROTECTION PROGRAM OVERVIEW

Mitch Kiester, SWDH Program Manager, shared information on the land development program. The team works to improve customer service and functions under statutory authority to protect groundwater with subsurface sewage programs.

AGREEMENT WITH CITY OF NAMPA FOR POOL INSPECTIONS

Mike Kane, SWDH legal counsel, and Nikki Zogg, District Director, discussed a draft agreement with the City of Nampa to provide pool inspections. In the most recent legislative session, the Idaho Legislature removed regulations for public pools from Idaho statutes. Previously, Idaho Department of Health and Welfare delegated pool inspection tasks to health districts and fees to cover costs were set in statute. Following the deregulation, the best route for cities to continue to regulate pools to minimize illness and injury and ensure compliance with insurance requirements is to pass ordinances requiring regulation of pools.

The City of Nampa is reviewing the model aquatic health code and, if that agreement is accepted, SWDH will work with the City of Nampa to develop a mutual agreement for pool inspections.

POOL FEES

With regulations for public pools removed from statute, health districts are allowed to set fees to cover their cost. The six counties SWDH services include 22 pools at 13 different sites that were being inspected. Most of these pools are at municipally run locations. The fee structure takes into account how much we anticipate the service costing the district.

MOTION: Commissioner Buttici made a motion to accept the pool inspection fees as presented. Commissioner Brooks seconded the motion.

After further discussion, Board members requested clarification of the mileage fee included and that the fee allow for that mileage fee to adjust as needed.

AMENDED MOTION: Following discussion, Commissioner Butticci made an amended motion to accept the pool inspection fees as presented with the correction of the mileage fee referenced. Commissioner Brooks seconded the amended motion. All in favor; motion passes.

LAWFUL PRESENCE VERIFICATION (HOUSE BILL 135)

Mike Kane, SWDH Legal Counsel, provided background to this recent legislation. About 25 years ago, the federal government passed a series of federal statutes dealing with requirements to qualify for benefits. If an individual cannot show lawful presence, no public benefits are available. The law was designed so the U.S. would not be providing free services at taxpayer dollars' expense. Exclusions to provisions include emergency treatment and diagnosis and treatment of communicable diseases.

As a result of H135, effective July 1, 2025, to receive public services, the client must provide an indicator of lawful presence, including a self-certification of lawful presence and provide a social security number.

To assist with this process, SWDH is working on a policy to account for individuals needing to confirm lawful presence verification. The verification forms for lawful presence confirmation must be retained and provided if requested via a public record request. Redaction of personal information is acceptable.

Lawful presence can also be established by going through the SAVE (Systematic Alien Verification for Entitlements) program – an electronic verification – or by signing the attestation and providing a social security number.

Mike advises following federal law to avoid the possibility of a lawsuit under section 1983. The federal law says that public benefits should be excluded from governmental entities except for communicable diseases.

BOARD OF HEALTH DELEGATED AUTHORITIES TO THE DIRECTOR

Mike Kane led discussion of the Board of Health's delegation of authorities to the District Director. He explained that statute is clear that the director's duties are those that the board delegates. The Board is able to delegate power to the director around contracts and grants to the extent the board deems appropriate.

Board members asked that a list of SWDH grants and contracts be brought back to the board for review, particularly specialty contracts. Dr. Tribble stated that he disagrees and thinks the Board should go back and review the grants, what they are ahead of time, where they are coming from and what the grant is required to fulfill to ensure that the grants benefit a whole group rather than a certain group. Commissioner Brooks agrees that the Board of Health should review all of the contracts prior to the director executing the contract.

Nikki will provide follow up information to the Board on:

- List of subgrants and contracts
 - Scope of work
 - Match or restrictions required
 - Target population

- Funding amount
- Funding period

MOTION: Commissioner Purdy made a motion to table this action item until next month when more information can be provided. Commissioner Brooks seconded the motion. All in favor; motion carries.

This action item will be carried over to the July 22, 2025 meeting.

DIRECTOR'S REPORT

Open Meeting Law and Board Conduct Best Practices – 2025 Board Workplan

A learning session for open meeting law and board conduct best practices is included on this year's Board of Health Workplan. Board members feel additional education is helpful and directed Nikki to include the learning session.

Board of Health SharePoint Site

An informational site for board members has been set up on SharePoint. The site includes bylaws, orientation materials, roles, and responsibilities for board members to access for their reference.

EXECUTIVE SESSION PURSUANT TO IDAHO CODE 74-206(b)

Pursuant to Idaho Code 74-206(b) Board members entered Executive Session at 11:26 a.m. Commissioner Purdy made a motion to go into executive session. Commissioner Harberd seconded the motion. Roll call taken.

At 12:09 p.m., board members came out of executive session.

Board members discussed which grants may be impacted by funding pauses, changes or delays. Nikki asked the Board to allow 90 days for SWDH staff to figure out a transition plan for any funding changes that may or may not happen. Nikki explained this allows time to develop and implement a plan by September 30. It also gives staff time to pursue other opportunities and allows time for communication with any partners.

ACTION FOLLOWING EXECUTIVE SESSION

MOTION: Dr. Tribble made a motion to allow 90 days for development of a transition plan for any grant funding changes that may or may not happen. Commissioner Purdy seconded the motion. All in favor. Motion passes.

There being no further business, the meeting adjourned at 12:11 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date: July 22, 2025



SOUTHWEST DISTRICT HEALTH

REVENUES & EXPENDITURE REPORT FOR FY2025

Cash Basis

May 2025

Target **91.7%**

Fund Balances		
	FY Beginning	May 2025 Ending
General Operating Fund	\$ 636,900	\$ 1,451,718
LGIP Operating	\$ 6,938,818	\$ 5,624,659
LGIP Vehicle Replacement	\$ 108,497	\$ 113,390
LGIP Capital	\$ 1,299,174	\$ 1,299,174
Total	\$ 8,983,390	\$ 8,488,941

Income Statement Information			
	YTD		Month
Net Revenue:	\$ 10,894,767	\$ 1,015,131	
Expenditures:	\$ (10,492,871)	\$ (925,693)	
Net Income:	\$ 401,896	\$ 89,438	

District Activity - Fund 29000

Revenue								
	Office of the Director	Clinic Services	Env & Community Health	District Operations	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ 123,478	\$ -	\$ -	\$ -	\$ 123,478	\$ 2,467,842	\$ 3,122,831	79%
Fees	\$ -	\$ 57,775	\$ 133,802	\$ -	\$ 191,577	\$ 2,161,280	\$ 1,704,841	127%
Contract Revenue	\$ -	\$ 470,173	\$ 245,103	\$ (15,449)	\$ 699,826	\$ 5,636,185	\$ 6,257,743	90%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Interest	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250,004	\$ 337,850	74%
Other	\$ -	\$ -	\$ -	\$ 250	\$ 250	\$ 379,456	\$ 1,656,666	23%
Monthly Revenue	\$ 123,478	\$ 527,948	\$ 378,905	\$ (15,199)	\$ 1,015,131	\$ 10,894,767	\$ 13,079,931	83%
Year-to-Date Revenue	\$ 2,718,764	\$ 3,366,830	\$ 4,451,442	\$ 357,731	\$ 10,894,767	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	\$ 25,847	\$ 290,422	\$ 237,227	\$ 116,025	\$ 669,521	\$ 7,884,408	\$ 9,324,880	85%
Operating	\$ 7,534	\$ 86,381	\$ 57,712	\$ 67,911	\$ 219,537	\$ 2,550,076	\$ 2,403,122	106%
Capital Outlay	\$ -	\$ -	\$ 33,492	\$ -	\$ 33,492	\$ 35,947	\$ 80,000	45%
Trustee & Benefits	\$ -	\$ -	\$ 3,143	\$ -	\$ 3,143	\$ 22,441	\$ 1,271,929	2%
Monthly Expenditures	\$ 33,381	\$ 376,803	\$ 331,574	\$ 183,936	\$ 925,693	\$ 10,492,871	\$ 13,079,931	80%
Year-to-Date Expenditures	\$ 383,120	\$ 4,493,286	\$ 3,414,876	\$ 2,201,589	\$ 10,492,871	DIRECT BUDGET		

SOUTHWEST DISTRICT HEALTH - ADULT CRISIS CENTER ACTIVITY

May 2025

REVENUES & EXPENDITURE REPORT FOR FY2025

Cash Basis

Target **91.7%**



Income Statement Information

	YTD	Month
Net Revenue: \$	1,527,546	\$ 125,000
Expenditures: \$	(1,182,459)	\$ (222,873)
Net Income: \$	345,087	\$ (97,873)

Adult Crisis Activity - Fund 29001

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Contract Revenue	\$ 125,000	\$ 1,527,546	\$ 1,020,000	150%
Monthly Revenue	\$ 125,000	\$ 1,527,546	\$ 1,020,000	150%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 1,536	\$ 19,021	\$ 18,870	101%
Operating	\$ 221,338	\$ 1,163,438	\$ 77,495	1501%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ -	\$ -	\$ 923,635	0%
Monthly Expenditures	\$ 222,873	\$ 1,182,459	\$ 1,020,000	116%
DIRECT BUDGET				

116% (Including T&B Budget)

SOUTHWEST DISTRICT HEALTH - YOUTH CRISIS CENTER ACTIVITY

May 2025

REVENUES & EXPENDITURE REPORT FOR FY2025

Cash Basis

Target **91.7%**



Income Statement Information

	YTD	Month
Restricted Funds: \$	1,336,691	\$ -
Net Revenues: \$	1,410,650	\$ 125,000
Expenditures: \$	(2,342,481)	\$ (289,153)

Youth Crisis Activity - Fund 29002

Net Income: \$ 404,860 \$ (164,153)

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Carry Over Restricted	\$ -	\$ 1,336,691	\$ 1,336,691	100%
Contract Revenue	\$ 125,000	\$ 1,410,650	\$ 355,750	397%
Monthly Revenue	\$ 125,000	\$ 2,747,341	\$ 1,692,441	162%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 10,276	\$ 133,176	\$ 221,775	60%
Operating	\$ 244,945	\$ 1,227,821	\$ 717,973	171%
Capital Outlay	\$ 5,297	\$ 663,551	\$ -	0%
Trustee & Benefits	\$ 28,636	\$ 317,932	\$ 752,693	42%
Monthly Expenditures	\$ 289,153	\$ 2,342,481	\$ 1,692,441	138%
DIRECT BUDGET				

115% (Including \$350,000 T&B Budget)

79% (Excluding \$350,000 T&B Budget)



JULY 16, 2025

SWDH PENDING GRANT APPLICATIONS

Board of Health Report - Grant Applications in Progress													
STATUS	Description ALN Name	Proposed Scope of Work	Target Population	Expected Effective Date	Expected Expiration Date	Requested Funding Amount	Perso- nnel Funding	Operat- ing Funding	Perso- nnel & Operat- ing	Allow- able Indirect %	Match Rqd	Match \$	Restric- tions
Pending	Reg 10 EPA Thriving Communities	Collect 300 water samples from wells, test for contaminates, evaluate results, & inform future water quality initiatives in District 3	Any resident in District 3 that is installing or replacing a waste water system	1-Oct-25	30-Sep-27	\$338,089	\$238,390	\$55,600	\$293,990	15%	No		No
Pending	Rural Communities Opioid Response- Overdose Response HRSA- 25-010	Diversion Program for SUD that is arrested	Payette County	1-Oct-25	30-Sep-26	\$267,719	\$182,859	\$49,940	\$232,799	15%	No		No
Pending	Pacific Source Community Grant LOI	Counseling sessions for uninsured clients	Any adult in District 3 who is uninsured	1-Oct-25	30-Sep-26	\$50,000	\$42,500	\$0	\$42,500	15%	No		No
In process	Bayer Education Fund	Nutrition Education WIC	WIC Clients	1-Oct-25	30-Sep-26	Not determined yet	Unk	Unk	Unk	15%	No		No



JULY 16, 2025

SWDH AGREEMENTS



Board of Health Report - Agreements						
Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Division of Occupational & Professional Licenses	Government	Services Agreement	\$100/inspection	District Dollars (Indirect)	4/14/2025	N/A
DIVISION SCOPE OF WORK 1. The Division will conduct annual building inspections of the Public Health Districts' facilities. These inspections will be conducted in substantial accord with the codes adopted in Idaho Code 39-4109, 39-4116, 39-9701, 54-1001, 54-2601, and 54-5001, with any amendments adopted by the Division boards in Idaho Administrative Rule Chapters 24.39.10, 24.39.20, 24.39.30, and 24.39.70. 2. When performing its services, the Division will notify the relevant Public Health District of the results of the annual inspection within 60 calendar days of inspection completion. Those results will include identifying any violations or non-complying installations and will sufficiently identify corrections that are necessary to comply with relevant adopted codes. 3. The Division will be available during regular business days and hours to respond to inspection-related questions. The Division will schedule as staff availability allows, however, frequency will be no less than usual.						
Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
State Controllers Office	Government	Services Agreement	\$60,361 (variable year-to-year)	District Dollars (Indirect)	3/1/2024	6/30/2029

3.1.1 The State Controller will process payroll for the PHDs using the State Controller's regular procedures for state agency payroll. Such procedures shall include:

- a. Processing payroll on a biweekly basis, with a Sunday through Saturday workweek and pay issued in arrears by one (1) pay period.
- b. Issuing payroll using direct deposit, unless a PHD employee is exempted from direct deposit by the State Controller. The PHDs shall ensure that all PHD employees not exempted are participating in direct deposit under the terms of the State Controller's Mandatory Direct Deposit Policy.
- c. The PHDs shall utilize the existing deduction structure of the State Controller, including retirement and health benefit deduction coding. This may exclude the social security deductions.

3.2 Leave Use and Accrual. The State Controller will maintain leave balances for PHD employees using Luma. The PHDs shall be solely responsible for ensuring PHD employees code leave taken and time worked in accordance with the policies of the PHDs, Idaho law, and procedures and codes established by the State Controller. Leave balances will be maintained as follows:

3.2.1 Current Balances. Sick leave, vacation leave and compensatory leave balances accrued by PHD employees prior to March 1, 2022, will continue to carry forward after such date. All such accrued leave balances have been accepted by the PHDs for use by its employees after March 1, 2022, in accordance with this Agreement.

3.2.2 Sick Leave. Sick leave for eligible PHD officers and employees will accrue at the same rate and under the same conditions as is provided in Idaho Code sections 59-1605 and 67-5333 for non-classified state employees, with the following exceptions:

- a. Reinstatement of sick leave credits in the event a PHD employee returns to PHD employment within 3 years of separation under Idaho Code 67-5333(1)(c), is allowed among the PHDs. If a PHD employee returns to state employment before February 28, 2025, sick leave balances accrued before March 1, 2022 may be reinstated. State agencies are not permitted to accept the transfer of sick leave credits accrued by PHD employees after March 1, 2022.
- b. PHD employees may donate, or transfer sick and vacation leave from one employee to another to the same extent and under the same conditions a non-classified state employee may donate or transfer sick and vacation leave; however, such a donation or transfer may only be made between and among eligible PHD employees. State agencies are not permitted to accept the donation or transfer of sick or vacation leave from a PHD or its employee.
- c. PHDs and their employees may participate in the sick leave account maintained by the Public Employee Retirement System of Idaho (PERSI) and the unused sick leave benefit upon retirement as provided in Idaho Code section 67-5333(2), as permitted and under terms and conditions established by PERSI.

3.2.3 Vacation Leave. Vacation leave for eligible PHD officers and employees will accrue at the same rate and under the same conditions as is provided in Idaho Code sections 59-1606 and 67-5334 for non-classified state employees. The PHDs warrant the State Controller that the Fair Labor Standards Act (FLSA) classifications of its employees that have been provided are correct. The donation and transfer of vacation leave may only be made between and among eligible PHD employees under the same conditions and limitations set forth in Section 3.2.2 b.

3.2.4 Compensatory Time. PHD officers and employees will receive cash or accrue compensatory time for overtime work at the same rates and under the same conditions as is provided in Idaho Code section 59-1607 for non-classified employees. The parties recognize that a PHD employee's classification under the provisions of the FLSA determines the method and amount of compensation for overtime worked. The PHDs warrant the State Controller that the FLSA classifications of its employees that have been provided are correct.

- a. Paying cash compensation for overtime work for eligible PHD employees during unusual or emergency situations or disasters under Idaho Code sections 59-1607(5) and (7) does not require prior approval from the State Board of Examiners, unless state funds appropriated by the Legislature are used to pay such compensation, or otherwise required by law.

3.2.5 PHD Leave Policies. On or before March 1, 2022, the PHDs shall establish and provide to the State Controller written policies and procedures for the payout, transfer, and use of sick leave, vacation leave, and compensatory time upon separation from employment within the parameters of Idaho statutes and this Agreement. It is the responsibility of the PHDs to provide significant updates to leave policies as they occur.

3.2.6 Credited State Service (CSS) Hours. As of March 1, 2022, PHD employees will no longer accrue CSS under Idaho Code sections 67-5332 and 59-1604. PHD employees may continue to earn credited service for continued employment with a PHD, under terms and conditions established by the PHDs, and which may be substantially equivalent to Idaho Code for state employees, PHD credited service may be used for the purposes of determining the accrual of vacation leave, sick leave, and other applicable purposes consistent with this Agreement and Idaho Code to include PERSI.

3.3 Earnings Codes and Time Worked. The State Controller will maintain, through the use of Luma, earnings codes for time worked by PHD employees. The PHDs shall be solely responsible for ensuring PHD employees code their time worked in accordance with the policies of the PHDs, Idaho law, and the procedures and codes established by the State Controller.

3.5 Payroll Deduction Processing.

3.5.1 The State Controller will process the following payroll deductions for the PHDs in accordance with the State Controller's procedures for such deductions as if the PHDs were an agency of the State of Idaho during the term of this Agreement:

- a. Public Employee Retirement System of Idaho (PERSI) employer and employee deductions, including the PERSI unused sick leave deduction, as applicable.
- b. Tax deferred retirement plan employee deductions as established by PERSI (PERSI Choice 401(k)) and the State Legislature for state employees (457 Deferred Compensation). The deductions are calculated based on the PHD employee's voluntary participation in one or more of those plans;
- c. Office of Group Insurance health, dental and life insurance deductions. The deduction rates are those established by the State Department of Administrations for State of Idaho employees;
- d. Office of Group Insurance flexible spending account deductions. The deduction rates are those established by the State Department of Administration for State of Idaho employees;
- e. Workers compensation insurance deductions;
- f. Unemployment insurance deductions;
- g. Voluntary deductions approved the State Controller; and,
- h. Garnishments and other deductions as required by law.

3.5.2 Notice of Garnishments. In the event a PHD is served a notice of garnishment from any court of competent jurisdiction for garnishment of any obligation owing to any PHD employee (wages, salary, payment for service), the PHD shall immediately provide the State Controller, without delay, the notice of garnishment and all papers served concurrently with the notice, including any fee provided for garnishment, so the State Controller can properly answer and return such warrant.

3.6 Payroll Taxes and Governmental Deductions. The State Controller will process payroll and tax deductions under the PHDs individual EINs as established after March 1, 2022. For calendar year 2023, the state controller will provide W-2s under the state EIN and PHD EINs for all PHD employees. From calendar year 2024 forward, the State Controller will provide single W-2s for all PHD employees under the PHD individual EINs.

3.6.1 Social Security Coverage. At the time of this Agreement, the State Controller is working with the PHDs to establish their continued participation in social security coverage under the Social Security Act. Deductions for social security for one or more of the PHDs may change as a result of each PHDs desire to continue coverage.

3.7 Employee and Employer IRS Forms. At the completing of each calendar year, the State Controller will prepare W-2 and 1095C forms through the conclusion of the Final State Pay period for each Calendar Year this Agreement is in effect, and until this Agreement is terminated or expired. The forms shall be prepared and made available to the PHDs with reasonably sufficient time to allow the PHDs to transmit its forms using its own Employer Identification Number to the Internal Revenue Service before the legally required deadlines, but no later than the time the State prepares its own forms for transmittal. The State Controller shall provide communication and notice to the PHDs leading up to final preparation of the forms required by the section.

4. Accounting Services.

4.1 Accounts with the State of Idaho, Office of the Treasurer. During the term of this Agreement, the PHDs shall maintain an account or accounts at the State of Idaho, Office of the Treasurer with sufficient funds to process payroll and to issue payments and warrants contemplated by this Agreement. The State Controller shall maintain records of deposits and distributions from such account(s) using the same processes and procedures used for State of Idaho accounts at the Office of the Treasurer.

4.2 Luma and Web-based Applications. The PHDs shall follow all State Controller policies and procedures concerning the security access to the State Controller's accounting systems and shall abide by all statewide accounting policies regarding its use, including, but not limited to, policies for financial reporting of transactions, reconciliation, encumbrances, and use of purchase cards.

4.3 IRS 1099 MISC and NEC Reporting. At the completing of each calendar year, the State Controller will prepare 1099 Miscellaneous and Non-Employee Compensation reporting for the PHDs for each Calendar Year this Agreement is in effect, and until this Agreement is terminated or expired. The forms shall be prepared and made available to the PHDs with reasonably sufficient time to allow the PHDs to transmit its forms under its own federal tax identification number(s) to the Internal Revenue Service before the legally required deadlines, but no later than the time the State prepares its own forms for transmittal. The State Controller shall provide communication and notice to the PHDs leading up to final preparation of the forms required by the section. Upon the termination of this Agreement, the PHDs will continue to have access to review, approve, or revise its financial reporting for a reasonable period, but not less than the State Controller's retention period for such records.

4.4 Closing Summary of Accounts. Upon the termination of this Agreement, the State Controller will provide the PHDs with a summary of accounts and balances as of the date of termination. The PHDs and the State Controller will meet and confer concerning any discrepancies between PHDs' records and the State Controller's records. If additional reconciliation or records are requested by the PHDs, the State Controller will provide a time and cost estimate for any such services.

4.5 P-Cards. In the event the PHDs intend to continue the utilization of the purchase card (P-Card) agreement offered to state agencies through the Department of Administration, the PHDs shall independently contract for that service with the Department of Administration. The PHDs shall abide by the State Controller's statewide policies regarding reporting and reconciling P-Card transactions on the current STARS system and the Luma financial system once implemented, the same as an agency of the state.

4.6 Annual Comprehensive Financial Report. Both parties acknowledge that the PHDs are not required to be included in the State of Idaho's fiscal year-end Annual Comprehensive Financial Report (ACFR). As such, the PHDs will not be required to submit closing packages at fiscal year-end.

4.7 Travel Reimbursements. The PHDs will have access to use the full functionality of the Luma module (XM) used by state agencies for reporting and reimbursement of employee business related travel, including meal per diem, mileage, lodging, and other allowable travel reimbursement items. The PHDs understand that the Luma module (XM) for business related travel will be configured to the meal per diem rates, mileage and allowable travel expenses as allowed by the Statewide Travel Policy and Procedures approved by the Idaho State Board of Examiners.

5. Billing for Services.

5.1 From the effective date of this Agreement until June 30, 2026, the PHDs will continue to pay each year the annual amounts calculated for their allocated share of costs under the State of Idaho's Statewide Cost Allocation Plan provided under Idaho Code section 67-353, for the services provided under this Agreement. The PHDs will continue to receive notice of their annual costs from the State Division of Financial Management and shall pay said amounts in the same manner and time as if they were a state agency.

5.2 The State Controller will be seeking approval of a new cost recovery model for its new Luma system by the Idaho State Legislature. The new cost recovery model will be designed to recover only the costs of operating the new system, which are not known at the time of executing this Agreement. Beginning July 1, 2026, the cost of services provided by the State Controller under the terms of this Agreement will be calculated under the new cost recovery model approved by the State Legislature for state agencies. The PHDs shall receive adequate notice of such cost and shall pay said amounts in the same manner and time as if they were a state agency.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Department of Environmental Quality	Government	MOU	N/A	Subgrant, District Dollars, & Fee Revenue	4/22/2021	N/A

1. The DEQ and the Districts will work cooperatively in the preparation of rules, standards, technical policies, or guidelines in those program areas where joint responsibilities exist.
2. The DEQ will send draft documents outlined in Item 1 to the Districts for a thirty (30) day, when feasible, review and comment period prior to any formal public process.
3. The Districts will forward to the DEQ proposed draft changes to rules, standards, technical policies or guidelines following the procedures outlined in Item 2 above. This is in addition to the district board procedures for adoption of regulations as set forth in Idaho Code § 39-416.
4. The DEQ, or the Districts, will provide copies to each other of final rules, standards, technical policies, or guidelines adopted. This procedure is in addition to the requirements of the Administrative Procedures Act. Also, the DEQ will provide specific direction to the Districts regarding the implementation of DEQ final rules, standards, technical policies, and guideline changes for programs delegated to the Districts. This direction will be provided to the Districts in a timely manner.
5. The Districts, if requesting a formal interpretation of rules or guidance, will submit the request to the appropriate DEQ Bureau Chief. The Bureau Chief, in coordination with the Attorney General's office as appropriate, will draft a response and share that with the Districts. For those interpretations with statewide applicability, the DEQ Bureau Chief will ensure that the response is in a memo form and can be posted online in keeping with Executive Order 2020-02. This does not include normal day to day communications between the Health Districts and DEQ staff regarding implementation of the rules.
6. Upon initiation of an appeal of a District decision regarding a DEQ-delegated program, the District should notify the DEQ state office program contact of the administrative appeal for the DEQ's evaluation to ensure consistent application of the DEQ rules. The DEQ, when appropriate, will provide interpretation of the DEQ rules to the District for consistency.

4.3 Coordinating Enforcement Actions

1. The Districts will take appropriate and timely enforcement actions as outlined within the specific protocols in this MOU. The DEQ may initiate enforcement actions after an enforcement referral package is received from the Districts.
2. The DEQ reserves the right to initiate enforcement actions if DEQ determines, after consultation with the Districts, that enforcement is necessary to protect public health and the environment. The DEQ will coordinate with the Districts in the event the DEQ determines it necessary to take such enforcement action.
3. The DEQ may request the Attorney General's Office provide legal consultation to the District's legal counsel when the District is preparing for cases in district court.
4. The DEQ will provide revisions of enforcement referral package templates, as appropriate, for subsurface sewage and non-municipal solid waste programs.

4.4 Management of Complaints

This section outlines the actions the DEQ and the Districts will take when receiving complaints that are the responsibility of the other agency.

1. Complaints, which are the responsibility of the other agency, will be referred to the other agency within one working day. Either agency, upon receiving a telephoned complaint, will refer the caller to the appropriate agency. Written complaints will be forwarded to the appropriate agency by fax, e-mail or mail and include the complainant's contact information whenever possible.
2. In referring complaints, one agency will not commit the other agency to any particular action.
3. If the agency referring a complaint requests notification of what actions were taken by the other agency, that agency will provide the information to the referring agency.
4. The DEQ may request that the Districts provide initial support for complaints generated in remote areas.

4.5 Consultations and Technical Assistance

This section defines when the agencies will provide technical assistance and consultation.

1. Each agency, within its resource limitations, will provide consultations, training, and technical assistance to the other upon request.
2. The DEQ will inform the Districts of pertinent training courses and vice versa, such as courses related to drinking water systems, subsurface sewage, solid waste, wastewater land application, hazardous wastes, septage, ground water quality, surface water quality, and source water protection.
3. The Districts will work with the DEQ to develop and present training courses of mutual interest.

In referring complaints, one agency will not commit the other agency to any particular action.

If the agency referring a complaint requests notification of what actions were taken by the other agency, that agency will provide the information to the referring agency.

4.5 Consultations and Technical Assistance

This section defines when the agencies will provide technical assistance and consultation.

Each agency will provide consultations, training and technical assistance to the other upon request or when needed.

At the Districts' request, DHW may deploy state-level staff as needed to ensure full execution of responsibilities described in protocols A, B, and C.

DHW and the Districts will inform each other of pertinent training and education courses pertaining to the assigned programs.

DHW and the Districts will work collaboratively to develop and present training courses of mutual interest and need.

4.6 Sharing and Dissemination of Information

This section defines procedures for information sharing between agencies and to the public.

Agency Information Sharing

DHW will assist the Districts in joint program communications, including the development of information or educational materials, as necessary.

The Districts will make requests to DHW for the areas in which communication support to community members or stakeholders is needed.

DHW and the Districts will inform each other of correspondence received from other state and/or federal agencies which concern activities related to the assigned programs. This could include other state of Idaho agencies or agencies representing other states.

DHW and the Districts shall exchange data as specified in subgrants, contracts and/or protocols of this MOU.

Information to the Public

Risk communication is an important public health aspect of sharing and disseminating information related to the protection of public health. DHW may seek assistance from the Districts to help deliver prepared critical public health messages.

4.7 Coordination of Programs

Representatives of the Districts will work with appropriate representatives of DHW when problems of mutual concern arise for which no agreement has been detailed in this document to determine a course of action.

In addition to this MOU, the Districts and DHW will coordinate activities as specified in subgrants and contracts, as appropriate.

Routine program meetings and discussions are desirable and expected for both the Districts and DHW.

Districts will share this MOU with appropriate agency staff.

5. Protocols for Specific Programs

The roles and responsibility of DHW and the Districts, and the mutually agreed upon assignment of authority from DHW to the Districts, with respect to specific programs are set forth in the following listed Protocols that incorporated, as a part of the MOU:

Communicable Disease Control

Food Safety and Inspection

Public Swimming Pool Inspection

This MOU shall be executed by the DHW Division of Public Health Administrator and the Public Health District Directors and replaces any prior memorandum or agreement related to the coordination of public health action and the exchange of information in the assigned program areas, excluding program-specific sub-grants.

The terms of this agreement shall be on-going unless otherwise revoked by any one of the signatory agencies following thirty (30) days written notice from the DHW Division of Public Health Administrator or the Chairman of the Idaho Association of Public Health District Directors. This agreement may be amended or extended

through mutual written agreement of the parties. This agreement, when accepted by each agency, will be effective on the date of the DHW Division of Public Health Administrator's signature.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Department of Human Resources	Government	MOA	Cost dependent on training	Situation Dependent	12/2/2024	NA

DHR Training Programs. DHR will provide access to the PHDs to register and attend the following DHR training programs:

- Crucial Conversations for Mastering Dialogue®
- Crucial Conversations for Accountability®
- Crucial Conversations for Add-On®
- Getting Things Done®

Costs and Billing for Services. PHDs will pay for DHR training programs based on the attached fee schedule (See Attachment A). The program fees listed in Attachment A do not include the cost of class materials or the Certified Public Manager (CPM) Program participation fees. CPM participation is allowable under this Agreement, but subject to the CPM application, approval, and program fee requirements.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Office of Group Insurance	Government	Services Agreement	NA	All revenue sources contributed to OGI employee benefits	3/1/2022	until terminated

OGI will procure and maintain the types of group insurance, group annuity, and health care service coverage set forth below, for the officers and employees of Contracting Employer:

- Medical (includes prescription drug coverage, vision and Employee Assistance Program) Dental
- Flexible Spending Accounts
- Basic Life (including Accidental Death & Dismemberment) Voluntary Term Life

The policies of Group Insurance provided under this Agreement will be identical to those policies provided by OGI to active State of Idaho employees.

Costs and Payment

On or before the fifth (5th) day of each month, Contracting Employer shall pay OGI for Contracting Employer's premiums, surcharges and administrative contributions set forth below. The Contracting Employer shall pay premiums, surcharges, and administrative contributions in advance for the following month. The Contracting Employer shall submit stabilization reserve payments upon the initiation of participation in the Group Insurance and upon resumption of participation following the exclusion period set forth in section 5(c)(ii) of this Agreement. Medical (includes prescription drug coverage, vision and Employee Assistance Program) Dental, Flexible Spending Accounts, Basic Life (including Accidental Death & Dismemberment) Voluntary Term Life.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Nampa Family Justice Center	non-profit	MOU	NA	Subgrant	7/1/2024	NA

Southwest District Health (SWDH) is a current MOU partner providing funding for teen assessment and mentoring services in Canyon County. SWDH developed the Southwest Youth Collaborative to help connect youth at risk of entering foster care or the criminal justice system to mental health providers and case managers who work to minimize risk factors and enhance protective factors.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Youth Rising	non-profit	MOU	NA	NA	1/1/2024	NA

MOU between YouthROC and youth Rising programs outlining agreed upon referral pathways for youth accessing the Youth Rising Drop In Center.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Central District Health	Government	Interagency Agreement	NA	NA	3/28/2025	NA

CDH will provide PAT services in eastern Owyhee County and eastern Adams County

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Crisis Intervention Collaborative	Agency Collaborative	MOU	NA	NA	4/12/2024	4/30/2027

The Parties agree to work cooperatively to:

1. Improve how health care and criminal justice systems respond to people with mental illness and/or addiction.
2. Decrease the proportion of people with behavioral health concerns in the county jail.
3. Decrease incarceration and/or criminalization of people with behavioral health illness.
4. Decrease behavioral health calls for law enforcement officers.
5. Increase safety and security for all consumers, law enforcement, and community members.
6. Enhance law enforcement knowledge about and increase skills in their interactions with people experiencing behavioral health concerns.
7. Enhance the relationships between law enforcement departments and behavioral health providers and community agencies.
8. Participate in evaluation of the Parties CITC goals and outcome measures.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Women, Infant and Children (WIC)	Government	MOU	NA	Subgrant	3/1/2025	3/1/2028

The information shared between programs will be used for the purpose of program referral and potential enrollment for NFP, PAT and WIC

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Michelle Mothersill (CRP)	Individual	MOU	NA	State grant	6/16/2025	NA

MOU outlines the responsibilities of IDHW and panel member, reporting procedure if data is breached.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
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Lori Rainboth (CRP)	Individual	MOU	NA	State Pass Through	4/13/2023	NA
MOU outlines the responsibilities of IDHW and panel member, reporting procedure if data is breached.						
Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Abby Levario (CRP)	Individual	MOU	NA	State Pass Through	6/17/2025	NA
MOU outlines the responsibilities of IDHW and panel member, reporting procedure if data is breached.						
Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Jeannie Strohmeier (CRP)	Individual	MOU	NA	State Pass Through	6/19/2025	NA
MOU outlines the responsibilities of IDHW and panel member, reporting procedure if data is breached.						
Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Elisha Horrock(CRP)	Individual	MOU	NA	State Pass Through	6/25/2025	NA
MOU outlines the responsibilities of IDHW and panel member, reporting procedure if data is breached.						
Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Tiffany Ruiz (CRP)	Individual	MOU	NA	State Pass Through	6/25/2025	NA
MOU outlines the responsibilities of IDHW and panel member, reporting procedure if data is breached.						
Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date

St. Luke's Health System	Non-profit	Lease Agreement	\$11,262.50/month	Lease Agreement	7/11/2023	7/10/2028
Lease agreement with St. Luke's (building owner) at 308 E Hawaii Avenue for the youth crisis center.						
Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
PLB Acquisitions LLC	For profit	Lease Agreement	\$5,056.96/month	Lease Agreement	12/20/2023	12/19/2028
Lease agreement with PLB Acquisitions LLC (building owner) at 524 Cleveland Blvd #160 in Caldwell for the adult crisis center.						
Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Northwest Nazarene University	Non-profit	MOU	NA	NA	1/1/2022	NA
<p>I. MUTUAL RESPONSIBILITIES:</p> <p>A. The FACILITY will accept STUDENTS selected by the PROGRAM for a period of clinical education experiences. The nature of the experiences shall be individually arranged by the clinical education coordinator of the FACILITY within the stated philosophies and objectives of the PROGRAM and the FACILITY.</p> <p>B. The rules and regulations of the FACILITY shall be applicable to the assigned STUDENT.</p> <p>C. The PROGRAM and FACILITY do not consider the STUDENT an employee of the FACILITY, but a STUDENT in the clinical education phase of the STUDENT'S professional education.</p> <p>D. The PROGRAM maintains the privilege to visit the FACILITY before, during, and after the internship period.</p> <p>E. The PROGRAM and the FACILITY will comply with the Family Educational Rights and Privacy Act (Buckley Amendment) in maintaining student records, restricting access to student records to those employees of the PROGRAM and the FACILITY as needed to meet obligations and duties related to student experiences. Neither the PROGRAM nor the FACILITY will release any information about any student(s) or any student clinical affiliation to parties not associated with this agreement without prior written permission of student(s) involved.</p> <p>III. FACILITY RESPONSIBILITIES</p> <p>A. Provide for, and to be primarily responsible for, the care of all patients. At all times the ultimate responsibility for patient care shall be that of the FACILITY. Any patient may be withdrawn by FACILITY or FACILITY'S authorized designee from STUDENT assignment for good cause.</p> <p>B. Provide clinical education experiences as stated in objectives and philosophy of the PROGRAM and supervision appropriate to the academic and clinical level of the assigned STUDENTS where deemed necessary and appropriate.</p>						

C. Provide the physical facilities and other equipment necessary for the clinical education experiences.

D. Designate the liaison representative to the PROGRAM.

E. Request the PROGRAM to withdraw a STUDENT from assigned clinical education experiences when the STUDENT'S clinical performance is unsatisfactory or the STUDENT'S behavior is disruptive or detrimental to the FACILITY and/or patients.

F. Complete all forms requested by the PROGRAM, such as general information forms, evaluation reports, etc.

G. Not discriminate against any STUDENT applicant because of race, creed, sex, pregnancy, national origin, age, veteran status, and disability except as it prevents the ability to perform essential role functions.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Idaho Home Visiting Program (previously known as MIECHV)	Government	Data Agreement	NA	NA		

This Data Use Agreement establishes an agreement between the Idaho public health districts as local implementing agencies of evidence-based home visiting programs and the Idaho Department of Health and Welfare (IDHW) for the acquisition of data and information related to Evidence Based Home Visiting (EBHV) programs supported by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Patrick Lewis	Individual	MOU	\$0	Federal Grant	5/12/2025	1/16/2026

Scholarship to support professional development.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Lifeways, Inc., Nampa Family Justice Center, WICAP, Advocates Against Family	For profit, non-profit, non-profit	BAA	NA	NA	1/6/2023	NA

Violence, Boys & Girls Club of Nampa						
BAA for YouthROC Program: Purpose and Intent. Business Associate has agreed to perform certain services for or on behalf of Covered Entity, which services may involve the creation, maintenance, use, transmission or disclosure of Protected Health Information within the meaning of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations, 45 C.F.R. parts 160 and 164, as they shall be amended ("the Privacy and Security Rules"). This Agreement supplements the parties' agreement for services and is intended and shall be interpreted so as to satisfy the requirements for business associate contracts as set forth in the federal HITECH Act §§ 13401 and 13404, and the Privacy and Security Rules, including 45 C.F.R. §§ 164.314, .410, and .504(e), as they shall be amended. Business Associate hereby agrees to comply with applicable provisions of the HITECH Act, its implementing regulations, and the Privacy and Security Rules as they shall be amended, and to assist Covered Entity with its compliance, as explained below. In addition, Business Associate agrees to comply with applicable provisions in 42 C.F.R. part 2, to the extent that those requirements are more restrictive than the HIPAA Privacy and Security Rules.						
Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Valor Health	Non-Profit	MOA	NA	NA	11/16/2021	NA

This Memorandum of Agreement between Southwest District Health (hereinafter referred to as SWDH), 1008 E. Locust, Emmett ID 83617 and Walter Knox Memorial dba Valor Health (hereinafter referred to as Valor), 1202 E. Locust Street, Emmett ID 83617, enters into a cooperative agreement to maintain safe biological supplies. SWDH has a supply of vaccine that requires stable refrigeration and/or freezer temperatures, as outlined below. Valor has a generator source of electricity for use during power or mechanical failure and can maintain adequate freezer and refrigeration temperatures for vaccine storage.

General Agreement:

1. The term of this agreement shall be as long as there is a need for safe vaccine storage in the event of a power outage at SWDH.
2. It is understood and agreed that the parties hereto may revise or modify this agreement by written amendments whenever the same shall be agreed upon.
3. Both parties reserve the right to terminate the agreement for any reason within thirty (30) days written notice sent by certified mail or hand delivered to the addresses set forth above.

Valor agrees to:

1. Store vaccine from SWDH at a safe temperature until power is restored at the SWDH building. Safe temperatures are 35 to 46 degrees Fahrenheit for refrigerated vaccines and 5 degrees Fahrenheit or colder for frozen vaccines, (i.e. MMR , varicella, herpes zoster vaccine).
2. Provide the name of the individual(s) or department in order to arrange storage. The contact person(s) or department and phone number is as follows:
Primary Contact: Pharmacy Department (208) 365-3561 extension 3244 (Regular Business Hours) Secondary Contacts: Charge Nurse at (208) 901-3280 or (208) 901-3287 (After-Hours)
3. Valor will not charge SWDH for this public health service
4. Valor is not responsible for the replacement of lost or damaged vaccine.

Southwest District Health agrees to:

1. Package vaccine in clear plastic Ziploc bags to allow for easy identification of the contents. Bags will be taped shut and labeled for either freezer or refrigerator storage.
2. Provide a complete list of the vaccine inventory and name(s) and phone number(s) of SWDH staff to contact regarding the vaccine.
3. Transport the vaccine to and from the medical center.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
St. Luke's Health System	Non-Profit	MOA	NA	NA	12/7/2023	12/7/2026

This MEMORANDUM OF UNDERSTANDING FOR CLOSED POINT OF DISPENSING ("MOU"), effective as of September 1, 2023, is entered into by and among Southwest District Health, Central District Health and South Central District Health (each a "Public Health District" and collectively, the "Public Health Districts"), and ST. LUKE'S HEALTH SYSTEM, LTD., an Idaho nonprofit corporation ("COMMUNITY PARTNER").

I. Background. In the event of a public health emergency, local public health departments use community locations known as points of dispensing ("POD") to dispense and administer medical countermeasures ("MCMs") such as vaccines, antiviral drugs, and chemical antidotes. "Open PODs" are used to dispense and administer MCMs to the public. "Closed PODs" are managed by organizations to dispense and administer MCMs to an organization's own populations, such as the organization's employees, family members of employees, or clients/patients.

II. Purpose. COMMUNITY PARTNER is Idaho's largest health system and the state's largest private employer. In the event of a public health emergency, COMMUNITY PARTNER and the Public Health Districts desire to collaborate to meet community health needs. This collaboration may include the Public Health Districts using COMMUNITY PARTNER as a Closed POD for the treatment, prophylaxis and/or vaccination of identified target populations.

III. Request for Assistance. In the event of a public-health-emergency-requiring-mass treatment, prophylaxis and/or vaccination within a Public Health District, the District Director may request that COMMUNITY PARTNER serve as a Closed POD by contacting one of the contacts listed below and referencing this MOU. The District Director will inform COMMUNITY PARTNER of the intended target population for the proposed Closed POD. If COMMUNITY PARTNER is willing and able to serve as a Closed POD during the public health emergency, COMMUNITY PARTNER and the Public Health District will work together to properly define and quantify the intended target population.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Saint Alphonsus	Non-Profit	MOU	NA	NA	2/9/2024	2/9/2027

This agreement is for the purpose of coordinating the treatment, prophylaxis and/or vaccination of citizens in the event of a public health emergency or communicable disease outbreak.

Situations

Typically, Southwest District Health and Central District Health Public Health Districts (hereto referred to as local public health) have established and maintained Points of Dispensing (PODs) for the purpose of coordinating the treatment, prophylaxis and/or vaccination of citizens in the event of a public health emergency or communicable disease outbreak. This MOU establishes that the Saint Alphonsus Health System (hereto referred to as Health System), an Idaho nonprofit corporation, will partner with local public health in accomplishing this goal through one or more of the following means, as applicable based on the event:

- Each Medical Facility (as identified by the Health System) may conduct a "Closed POD" for treatment, prophylaxis and/or vaccination of staff and their family members
- Each Medical Facility (as identified by the Health System) may provide treatment, prophylaxis and/or vaccination to inpatients
- Each Medical Facility (as identified by the Health System) may dispense treatment, prophylaxis, and/or vaccination to outpatients via outpatient clinics, affiliated urgent care centers, and/or emergency departments

Request for Assistance

In an event requiring mass treatment, prophylaxis and/or vaccination within the local public health jurisdiction(s), the District Director will request assistance from the Health System referencing this Memorandum of Understanding (MOU). The Health System will provide assistance to the extent possible.

Supplies Provided

The local public health district(s) will provide medications, vaccines, and other medical supplies (henceforth referred to as Supplies) made available through the State of Idaho, the Strategic National Stockpile, or the District(s) within the scope and jurisdiction of the District(s). Other medical supplies may include items necessary for dispensing of medication or vaccine, personal protective equipment, or other supplies.

To the extent possible, local public health will rely on the established system wide distribution apparatus in place supporting Saint Alphonsus Health System from their Boise campus. Supplies will be distributed by the District to representatives of the Saint Alphonsus Health System, in accordance with the District Emergency Operations Plan.

Dispensing or Distribution of Supplies

Supplies provided by local public health must be dispensed or distributed in accordance with event specific Terms of Use. These Terms of Use will be drawn up by local public health at the time of the event, based upon guidance received from the Administration for Strategic Preparedness and Response (ASPR), the Centers for Disease Control and Prevention (CDC), and/or the State of Idaho. The Health System must agree in writing to these Terms of Use prior to receipt of any Supplies.

Return of Supplies

The Health System agrees to return unused Supplies at the end of the event at the request of local public health.

Effective Date and Expiration

In witness thereof, the parties have caused this agreement to be executed. Said agreement will become effective and operative upon the date of the fixing of the last signature hereto and will remain in place for three (3) years from the effective date.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Zwygart John & Associates CPAs, LLC	For Profit	Engagement Letter	\$11,500	Allocated	7/7/2025	6/30/2026

Zwygart John CPAs will: 1.) audit the financial statements of SWDH activities and the aggregate remaining fund information of SWDH as of June 30, 2025 and 2.) audit the entity's compliance over major federal award programs for period ending June 30, 2025.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Access Point	For Profit	MOU	NA	NA	8/13/2024	NA

The Memorandum of Understanding (MOU) is created to provide shared information collaboratively amongst the parties in the case conferencing team. Each agency will share information, consistent with applicable confidentiality restrictions, in order to provide the others with information believed to be potentially relevant and useful to others. This MOU is to provide oversight and accountability to ensure integrated work amongst parties is kept confidential.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Nurse Family Partnership	Non-Profit	MOU/MOA	\$25,272	Federal subgrant	7/1/2024	6/30/2027

A. Network Partner will make best efforts to implement the Program with Fidelity to the Model and will undertake the steps described in Exhibit E, Network Partner Responsibilities, attached and incorporated herein, to do so.

B. Network Partner shall notify NFP within three (3) business days of learning of funding decisions that may materially affect Network Partner's delivery of the Program and/or impact Clients' ability to complete the Program.

C. Network Partner will take all appropriate steps to maintain Client confidentiality and obtain any necessary written Client consents for data analysis or disclosure of protected health information, in accordance with applicable federal and state laws, including, but not limited to, authorizations, data use agreements, business associate agreements, as necessary.

D. Network Partner assumes responsibility for knowledge of and compliance with the State Nurse Practice Act of its state, state laws, regulations, and licensing requirements pertaining to nursing practice and state laws and regulations pertaining to mandatory reporting.

E. Network Partner's Nurse Home Visitors, Program Supervisors, and Administrators shall complete all required NFP Education. Nurse Home Visitors and Program Supervisors who leave the Program for two (2) years or longer and then return must attend NFP Education before visiting Clients and resuming Program delivery. Network Partner shall ensure that Nurse Home Visitors are able to provide care to Clients in a manner consistent with the NFP E-Guidelines.

F. When requested by NFP, Network Partner will make reasonable efforts to collect additional data and/or participate in Research intended to improve the NFP model or implementation of the model. The decision as to whether to participate in such Research is, however, entirely up to Network Partner.

G. To avoid becoming involved in Research that conflicts with implementing the Program with Fidelity to the Model, Network Partner shall request NFP's permission prior to participating in any Research that is (1) initiated by a party other than NFP and (2) that involves Program staff or explicitly targets the families that are enrolled in the Program. NFP shall review and approve or disapprove Network Partner's request for participation in such Research on a timely basis and shall not unreasonably withhold such approval.

H. Network Partner will inform NFP of Network Partner proposals to publish or present NFP-related information in research reports, books, book chapters, peer-reviewed journal articles, and at academic or professional conferences. Results of the Program herein outlined may be published by Network Partner, or jointly by Network Partner and NFP, always giving due credit to the Parties involved and recognizing the rights of the individuals doing the work.

I. Network Partner is authorized to reproduce certain published materials specified below and used in the implementation of the Program so long as (1) this Agreement

is in effect,

(2) Network Partner uses the reproductions solely for Program implementation, and

(3) Network Partner does not sell or otherwise distribute the reproductions to any third party not involved in Network Partner's implementation of the Program.

1. The published materials covered by this authorization are delivered to Nurse Home Visitors as part of the NFP education materials in sets referred to as the E Guidelines. These are available electronically/digitally in the online eGuidelines system.

2. The published materials bear notices indicating copyright by any of the following:

a) University of Colorado

b) University of Colorado Health Sciences Center

c) University of Colorado at Denver and Health Sciences Center

d) Nurse-Family Partnership

3. NFP has the right to grant permission to reproduce materials specified above and that bear the University of Colorado copyright notice under the terms of a Memorandum of Understanding ("MOU") dated March 31, 2003, between the University of Colorado Health Sciences Center, now known as University of Colorado at Denver and Health Sciences Center, and NFP. The MOU gives NFP an exclusive, perpetual, royalty-free right and license to use copyrighted materials and other materials used in the Program for the purpose of implementing the Program to serve low-income, first-time mothers and their families.

4. The corresponding Spanish-language versions of these materials are also covered by this authorization.

5. Network Partner may not authorize any other entity to reproduce the materials without prior written permission from NFP.

J. NFP represents to Network Partner and Network Partner understands and agrees that all Proprietary Property and all associated intellectual property rights are owned exclusively by NFP and its licensors. Network Partner shall use the Proprietary Property solely for carrying out Network Partner's obligations under this Agreement and shall not share the Proprietary Property with third parties or modify any Proprietary Property without the prior express written permission of NFP. Network Partner may not duplicate, distribute, or provide access to the Proprietary Property to any individual or organization, except as authorized by this Agreement. Network Partner may allow only trained, NFP authorized users to access the NFP DCS. Network Partner shall retrieve all Proprietary Property from departing employees. Duties of confidentiality and use of the Proprietary Property under this Agreement shall not expire.

K. Maintenance, Protection and Promotion of the Nurse-Family Partnership® Program. Network Partner agrees to use all reasonable means to protect, encourage and promote the Nurse-Family Partnership name and Program. NFP and Network Partner have a mutual responsibility to support and promote each other, as each of the Party's activities reflect on the national image of Nurse-Family Partnership and on the image of Nurse Family Partnership in the state in which the Network Partner is located. Network Partner shall take all reasonable actions necessary to incorporate the Nurse-Family Partnership Marks and name into any Network Partner material associated with the Program. In all marketing materials related to the Program, Network Partner shall take all reasonable actions to use the Nurse-Family Partnership name and make its Program readily recognizable to the public as an integral part of the Nurse-Family Partnership.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Nurse Family Partnership	Non-Profit	BAA	NA	NA	7/1/2024	6/30/2027

Both Parties are committed to complying with the Standards for Privacy and Security of Individually Identifiable Health Information (the "Privacy & Security Regulations") promulgated under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and as it is updated, amended, or revised, including the requirement under 45 CFR §164.502(e)(2) to enter into a Business Associate Agreement with business associates who are subcontractors.

Agreement Partner	Type of Partner (Non-profit, For-profit, Government)	Type of Agreement (MOU, MOA, BAA)	Cost for Service	Funding Source	Original Effective Date	Current Expiration Date
Youth Rising	Non-Profit	MOU	NA	NA	1/1/2024	NA
<p>This Memorandum of Understanding for Screening and Referral Services (“Memorandum”) is a collaboration between Youth Rising Center (Youth Rising) and Youth Resource & Opportunity Collaborative (YouthROC) for the provision of screening and referral services for youths and/or their families. The Memorandum begins January 1, 2024 and shall automatically renew from year to year unless terminated by either party with thirty (30) days written notice prior to the end of the Memorandum’s term.</p> <p>The goal of this collaboration is to provide youth and their families with brief screening and referral to supportive services and preventative strategies that align with the vision and mission of early intervention. The respective services will be tailored to address each youth's individual needs and the family's specific needs. The objectives are as follows:</p> <p>Identify the behavioral health needs of youth (10-17 years old, specific to YouthROC’s servicing age range; 11-18 years old, specific to Youth Rising’s service age range) at a prevention and early intervention point.</p> <p>Divert youth from justice-involved systems into community-based treatment and supports.</p> <p>Divert youth from child welfare involved systems into community-based treatment and supports.</p> <p>Maintain a referral process to ensure that youth screened for additional needs by Youth Rising are referred to YouthROC for further screening, assessment, and connection to community supports through case management services.</p> <p>Maintain collaborative relationships with YouthROC to assist youth and their families with additional services, supports, and/or treatment needs.</p> <p>Provide services to the family based on data driven decisions gathered from screening and assessments, as appropriate.</p> <p>The scope of services for the Youth Rising Center (Youth Rising) will be limited to the following:</p> <p>Youth Rising will provide evidence-based screening for eligible youth.</p> <p>Youth Rising will make referrals to YouthROC through the findhelpidaho.org system, or directly to an on-site co-located YouthROC provider, based off screening results within an established timeline.</p> <p>Youth Rising will complete an ROI and refer eligible youth to YouthROC for specialized services and treatment within the organization’s expertise. Specifically, YouthROC will provide additional screening (as necessary), assessment and case management services for the youth and family.</p> <p>Youth Rising will provide a safe environment for youth and their families with access to supportive needs such as computer use, crisis intervention services, and collaboration for collateral needs.</p> <p>Youth Rising will provide peer-to-peer support services for the youth and their family to ensure connection to YouthROC and other support outlined in their individualized care plan.</p> <p>YouthROC will provide a designated contact to Youth Rising for follow-up regarding service coordination for the youth and/or family. Personal Health Information (PHI) will not be shared or released to YouthROC staff.</p> <p>YouthROC will provide a designated contact for a “warm handoff” to coordinate services for the referred youth and families.</p> <p>YouthROC will co-locate at the Youth Rising Center as appropriate for assessments, case management and other services on an agreed upon basis.</p> <p>The scope of services in this Memorandum may change as necessary and appropriate with written notice.</p>						



JULY 16, 2025

SWDH REVENUE CONTRACTS & GRANTS



Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
93.268 Immunization Cooperative Agreement	All	7/1/2024	6/30/2025	\$82,305.70	\$49,383.42	\$32,922.28	NA	NA	24.95	No	No	No

I. GENERAL REQUIREMENTS

A. This Subgrant is funded by the Immunization and Vaccines for Children 93.268 awarded upon receipt of the Notice of Award (NOA) through the Centers for Disease Control and Prevention (CDC) with a total award amount as indicated on the NOA and state general funds.

B. This Subgrant supports the Idaho Department of Health and Welfare Strategic Plan and the Division of Public Health priorities.

C. Reserved.

D. The Subgrantee must adhere to the following:

1. Reserved

2. Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments. www.ecfr.gov - CFR Title 45 Part 75, Subpart C, 75.201.

3. Federal Awardee Performance and Integrity Information System (FAPIIS) Disclosure:

Consistent with 45 CFR 75.113, the Subgrantee must disclose, within ten (10) business days of discovery, in writing to the Department and the Health and Human Services (HHS) Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

a. Centers for Disease Control and Prevention, Office of Grants Services; Freda Johnson, Grants Management Officer/Specialist; Centers for Disease Control and Prevention; Infectious Disease Services Branch; 2939 Flowers Road, MS TV2; Atlanta, GA 30341; Fax: 770-488-2640 (Include <Mandatory Grant Disclosures= in subject line); Email: WWE2@CDC.GOV (Include <Mandatory Grant Disclosures= in subject line); AND

b. U.S. Department of Health and Human Services; Office of the Inspector General; ATTN: Mandatory Grant Disclosures, Intake Coordinator; 330 Independence Avenue, SW Cohen Building, Room 5527; Washington, DC 20201; FAX: 202-205-0604; (Include <Mandatory Grant Disclosures= in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov.

E. The Subgrantee must read and comply with:

1. The current Immunization Program Operational Manual that will be provided upon request.

2. The current Vaccines for Children Operations Guide that will be provided upon request.

F. The Subgrantee must receive prior written approval from the Department for any deviations from the budgeted services or activities. The Subgrantee must be financially responsible for costs deemed unallowable or unapproved by the Subgrant Monitor. Unallowable costs are outlined in Cost/Billing Procedures, paragraph B.

G. The Subgrantee must share this scope of work with staff, as applicable, to ensure their knowledge of the expectations and ability to meet Subgrant requirements.

H. Staffing

1. The Subgrantee must maintain staffing with the knowledge and skills to accomplish Subgrant services and activities. Changes in key staff positions must be reported to the Subgrant Monitor within thirty (30) calendar days.

I. Monitoring

1. The Subgrantee must comply with all programmatic and financial monitoring activities required by the Department as outlined in this Subgrant, including on-site review as requested, and as outlined in the Subgrant Terms and Conditions, Sections 3-5.

2. The Subgrantee must have available for review, upon request, any documents, papers, or other records which are pertinent to this Subgrant. The Subgrantee must provide timely and reasonable access to personnel for the purposes of interview and discussion related to such documents.

3. The Subgrantee must respond to all deficiencies pertaining to monitoring of the Subgrant in a timely and appropriate manner.

4. This Subgrant's risk level has been assessed as high for this Subgrant year and is reassessed annually.

a. Enhanced monitoring will be conducted monthly to include technical assistance calls with the Division of Public Health. When monthly reports are required, calls will coincide with the submission of reports and prior to authorizing payment.

i. A technical assistance site visit, to include the program and Division of Public Health Federal Compliance Officer will be scheduled.

J. Acknowledging Federal Support

1. The Subgrantee must acknowledge federal funds when developing any documents describing programs or projects, issuing statements, press releases, and requests for proposals, bid invitations, and other documents funded in whole or in part by federal funds using the following disclaimer template:

a. Audio-visuals – "The production of this [type of audiovisual (motion picture, television program, etc.)] was supported by Grant [number of grant] from [name of Federal Agency]. Its contents are solely the responsibility of [name of recipient] and do not necessarily represent the official views of the Department or [name of Federal Agency]."

b. Publications – "The project described was supported by [number of grant] from [name of Federal Agency]. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department or [name of Federal Agency]. [Local Agency Name] [Date]."

c. Conference Materials -- The Subgrantee must ensure that conference materials, including promotional materials, the agenda and any websites that advertise the conference, acknowledge that the federal agency funding this subgrant provided support for the conference, in whole or in part. The acknowledgement must be accompanied by the following disclaimer:

i. "Funding for this conference was made possible [in part, if applicable] by [grant or cooperative agreement number] from [name of Federal Agency]. The views expressed in written conference materials or publications and by speakers and moderators do not reflect the official policies of the Department or [name of Federal Agency] nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. [Local Agency Name] [Date]".

K. The Subgrantee must comply with subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA). 2 CFR 170.

L. Reserved

M. Reserved

II. SUBGRANT SERVICES AND ACTIVITIES

A. The Subgrantee must provide a Subgrant Planning Worksheet detailing the specific number of staff for each training and education activity and the specific number of instances of each Subgrantee specific activity. The Subgrantee may request revisions to the Subgrant Planning Worksheet numbers by submitting a written explanation detailing the change and the circumstances requiring the change, and by submitting a revised Planning Worksheet showing the entire work plan including the proposed changes for Department approval.

B. Subgrantee Staff Training and Education

1. The Subgrantee must send staff, including the immunization coordinator, or otherwise participate in the:

a. Immunization Subgrant Meeting by the end of the Subgrant period. The names(s) and number of attendees must be reported to the Department through the Immunization Health District Specific SharePoint Site within thirty (30) calendar days of the training.

b. Annual Shot Smarts Immunization Conferences by the end of the Subgrant period. The name(s) and number of attendees must be reported to the Department through the Immunization Health District Specific SharePoint Site within thirty (30) calendar days of the conference.

c. Booster Shots Workshop by the end of the Subgrant period. The name(s) and number of attendees must be reported to the Department through the Immunization Health District Specific SharePoint Site within thirty (30) calendar days of the conference.

d. Regional Vaccine for Children (VFC) Coordinator Training by the end of the Subgrant period. The name(s) and number of attendees must be reported to the Department through the Immunization Health District Specific SharePoint Site within thirty (30) calendar days of the training.

C. District Specific Activities

1. The Subgrantee must conduct activities (marketing, promotion, education, and/or other services) as identified in the Department approved Subgrant Planning Worksheet. All activities must be in direct support of increasing immunization rates in Idaho. Efforts involving recommendations for vaccination must follow the guidance of the CDC's Advisory Committee on Immunization Practices (ACIP).

a. The Subgrantee must include at least one (1) activity participating in Human Papillomavirus (HPV) Free Idaho Month. The activity must be in direct support of increasing HPV immunization rates in Idaho. Efforts involving recommendations for vaccination must follow the guidance of the CDC's ACIP.

b. The Subgrantee must provide support and assistance to healthcare providers enrolled in a routine vaccine program with the Department (i.e., the Vaccines for Children program), as needed. Support and assistance may include immunization recommendations, the immunization schedule, vaccine storage and handling, vaccine redistribution, and other immunization related topics as appropriate.

c. The Subgrantee must conduct an on-site provider follow-up visit with new healthcare providers, as assigned by the Department (no more than four [4]), within thirty (30) business days of being assigned. The Subgrantee must assess the new provider's general knowledge of immunization including: the program, the schedule, recommendations, administration, storage and handling, and other immunization related topics as appropriate.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
Public Water Regulatory Inspections : The purpose of this contract is to provide services for public water system supervision.	public water systems with 15 connection s or serving 25 people or more 60 days out of the year	7/1/2025	5/30/2027	\$269,330.72	\$190,120.76	\$79,209.96	\$269,330.72	NA	24.95	No	No	No

Personnel Requirements.

a. Required Staff. The PHD must provide and identify a designated staff person in a personnel class equivalent to DEQ Analyst 2 or Analyst 3 (Environmental Health Specialist 2 or Environmental Health Specialist, Senior) to administer and implement the public drinking water program pursuant to this CONTRACT. When the PHD is unable to hire at the Environmental Health Specialist 2 level, they may under fill the vacancy with an Environmental Health Specialist 1 as long as that staff member is operating under the oversight of an Environmental Health Specialist 2 or higher. The position may only be filled by an Environmental Health Specialist 1 for a period not to exceed 12 months. Vacant drinking water staff positions shall be filled within 180 calendar days.

The PHD shall provide a backup environmental health specialist, meeting the same personnel class equivalency requirements stated above, for this position to administer and implement the public drinking water program pursuant to this CONTRACT.

b. Vacant Staff Positions. If a PHD designated drinking water staff position is vacant for 180 calendar days, DEQ shall consider this a material breach of the CONTRACT.

c. Staff Training. DEQ REGIONAL OFFICE and DEQ STATE OFFICE staff will assist in new staff training, which includes completing new inspector training, reviewing Safe Drinking Water Information System (SDWIS) procedure documents, and following DEQ training outlines. For backup positions, training shall be provided utilizing existing PHD staff with assistance from DEQ REGIONAL or STATE OFFICE staff as needed.

Recognition and Resolution of Contamination.

Timely recognition, notification to the PWS and DEQ, and resolution of contamination at PWSs regulated by the PHD are the highest priorities under this CONTRACT. The PHD will coordinate with the DEQ REGIONAL OFFICE and follow established DEQ STATE OFFICE procedures for addressing E.coli positive results; maximum contaminant level (MCL) violations for E. coli, chemicals, or radionuclides; action level exceedances for lead and copper; and short-term health advisory events when directed by the DEQ STATE OFFICE.

DEQ STATE OFFICE approved procedures are accessible through the internal PWS Switchboard under the Rules Switchboard and approved templates are on the internal PWS Switchboard under Templates. These documents are also available in DEQ's electronic document management system (EDMS).

a. Procedures for Acute Events. The PHD shall have written internal procedures to manage contamination events applicable to both the primary PHD staff and back-up PHD staff.

b. Microbiological Contamination. Certified drinking water laboratories are required to immediately inform the PHD that oversees a PWS by telephone when test results indicate the presence of microbiological contaminants. If notification from the laboratory to the PHD does not occur within the appropriate timeframe the PHD shall provide the DEQ STATE OFFICE information on the event including notification timelines, contaminant information, and the laboratory that failed to meet the notification requirements. After receiving notification from the laboratory, the PHD shall perform the following:

i. Make immediate telephone contact with the PWS owner/operator or back-up operator upon learning of a positive result to ensure a timely response by the owner/operator or back-up operator. If telephone contact is unsuccessful, the PHD shall utilize any other means necessary to ensure contact is made and document in writing/an email to the owner/operator or back-up operator the contact attempts that were made. The DEQ REGIONAL OFFICE contract manager shall be copied on the emails described above.

ii. For PWSs required to have a licensed operator, PHD staff shall document in writing/an email when a licensed operator is unavailable as required and a back-up operator has not been identified. The DEQ REGIONAL OFFICE contract manager shall be copied on the emails described above.

iii. In accordance with the Revised Total Coliform Rule and the Ground Water Rule, all repeat samples and triggered source water samples are required to be taken within 24 hours of notification of positive results as required by IDAPA 58.01.08.100. The PHD on a case-by-case basis, may allow the PWS owner or operator additional time beyond the 24 hour timeframe as necessary based on weekends and holidays as outlined in 40 CFR § 141.858. Any extension of time shall follow established procedures and be documented using the template on the internal PWS Switchboard "Approval for Delaying Repeat Total Coliform Sampling" and filed in the EDMS. iv. If the water system operator/owner does not take the repeat samples following an E.coli present routine sample as required, the PHD shall assess an acute event and have the system follow all acute event requirements and post public notification as expeditiously as possible, but no later than 24 hours, and the PHD shall notify the DEQ STATE OFFICE and REGIONAL OFFICE.

v. Waiving repeat samples is not allowed by rule. Neither the PHD nor DEQ can waive repeat monitoring requirements in accordance with 40 CFR § 141.858(a)(1). The PHD shall contact the DEQ STATE OFFICE with any questions about this requirement.

vi. Assist with determining cause and directing the water system to correct the problem, including scheduling and conducting a Level 2 Assessment in response to an E.coli MCL violation in accordance with the Revised Total Coliform Rule. Staff shall request assistance from the DEQ REGIONAL OFFICE when needed.

vii. PHD staff is not required to conduct Level 2 Assessments not associated with an E.coli violation.

viii. Ensure public notification is provided in accordance with IDAPA 58.01.08.150. SECTION C.15.g. of the CONTRACT.

ix. Weekend E.coli positive samples: If a routine sample is present/positive for E.coli and the PWS is unable to take repeat samples such as due to weekend laboratory availability, the PHD shall notify the DEQ REGIONAL OFFICE as soon as practical and require a Tier 1 Public Notification until repeat sample results are obtained.

x. Communicate within 24 hours to the DEQ REGIONAL OFFICE any E.coli positive sample result.

xi. Report E.coli MCL events to the DEQ STATE OFFICE using the "E.coli MCL Form" on the DW Internal Switchboard.

c. Chemical/Radiological Contamination. If notification from the laboratory to the PHD does not occur within the appropriate timeframe the PHD shall provide the DEQ STATE OFFICE information on the event including notification timelines, contaminant information, and the laboratory that failed to meet the notification requirements. After receiving notification from the laboratory, the PHD shall perform the following:

i. Follow the DEQ procedures outlined in the "MCL AL – Follow-up procedures for a Chemical/Radiological MCL/AL Event" on the DW Internal Switchboard. The PHD shall contact the DEQ STATE OFFICE with any questions.

ii. Nitrate. If the water system operator/owner does not take the confirmation sample or post public notification following a nitrate or nitrite MCL exceedance as required by 40 CFR § 141.23(f)(2), the PHD shall assess an acute event and have the system follow all acute event requirements and post public notification as expeditiously as possible, but no later than 24 hours, and the PHD shall notify the DEQ REGIONAL OFFICE.

d. Unregulated Contaminants. EPA published short-term advisories for certain unregulated contaminants. On a case-by-case basis as provided by 40 CFR § 141.202(a) Table 1, (9), DEQ determined that a Tier 1 notification is necessary for manganese, chlorpyrifos, microcystin, and cylindrospermopsin. The PHD staff shall follow DEQ policies and directives for short-term health advisories and work with the DEQ REGIONAL OFFICE and STATE OFFICE if a short-term advisory is exceeded.

3. Data and Record Management. The PHD shall only be responsible for data entry in subject areas where training, support, or procedure documents are available from DEQ. The procedure documents shall be followed by the PHD staff to identify what minimum data entry tasks are required.

a. Authorized Staff. Only authorized staff employed by the PHD may access the Safe Drinking Water Information System (SDWIS) and supporting software programs such as DEQ's EDMS. PHD staff, contractors, or third parties without a username and a password provided by DEQ are not authorized to access these programs.

i. Passwords Are Confidential—The PHD and its staff members are responsible for keeping passwords confidential.

ii. Unauthorized Use—The PHD and its staff members are responsible for any loss or damage resulting from the use of the usernames and passwords by any unauthorized staff member or third party attributed to their accounts.

iii. Termination of Individual Access—DEQ reserves the right to terminate access to the SDWIS database and supporting tools if DEQ finds that (a) the PHD and/or its staff members have shared password(s) or (b) PHD use is detrimental to SDWIS and supporting tools, or to other users.

b. Data Entry. The PHD shall be responsible for entering data into SDWIS for the PWS under its jurisdiction. Support staff such as administrative assistants/clerical staff may enter data for sample results, inventory, and legal entities if instructions and oversight are provided by the designated PHD drinking water staff. All other data entry, violation determinations, public notification requirements, and schedule entry, SDWIS Bridge work or maintenance must be completed by an Environmental Health Specialist.

c. Data Entry and Management Timelines—The following tasks must be completed by the PHD within the specified time frames unless otherwise directed by the DEQ Decision Support Analyst.

- i. Positive bacteria results will be entered within 5 business days from the date of PHD's receipt. All other sample entry shall be within 10 business days from the date of receipt of laboratory sample results. Lead and copper result entry is based upon the date when all required samples are received from the laboratory.
- ii. Inventory changes, such as population or connections, shall be entered within 5 business days of notification or discovery of inventory change.
- iii. Increased monitoring frequency schedules in SDWIS shall be completed within 5 business days of the determination or within the timeframe determined through collaboration with the DEQ STATE OFFICE rule lead and must be completed by an Environmental Health Specialist.
- iv. Public notification will be updated with a Performed Date within 5 business days of receipt of the notification or, if received prior to SDWIS generating the corresponding violation, enter the public notification at the time of violation verification.
- v. SDWIS Bridge: Positive Sample Analytical Result for the Revised Total Coliform Rule (RTCR) and Ground Water Rule (GWR). Positive results shall be addressed within 5 business days of sample result data entry, which includes appropriate repeat and triggered source water schedules, and all accompanying schedule activities, standard responses, and PN schedules. SDWIS Bridge processing shall be completed no later than 10 business days after receipt of sample results.
- vi. Address candidate violations in the timeframe as directed by the DEQ Decision Support Analyst and address deleted or rejected violations as directed by DEQ STATE OFFICE staff.
- vii. Legal entity changes shall be completed within 10 business days of the date of receipt of the notification/request to add/remove/modify address, phone number, e-mail or personnel information.
- viii. Compliance schedules will be updated with an Achieved Date within 5 business days of receipt of notification that it was completed such as for a Level 1 or Level 2 assessment, a corrections of a sanitary survey significant deficiency, or an addressed Level 1 or Level 2 sanitary defect.
- ix. All other data entry items must be completed by the PHD no later than 30 business days from the date of receipt.

d. Data and Record Consistency. The records entered in the DEQ EDMS shall be consistent with information maintained in SDWIS and procedures outlined in the Drinking Water Filing Index (EMDS 2009ABP2).

e. SDWIS Modules. The PHD is responsible for maintaining current inventory information, site visit information, points of contact, sample results, monitoring schedules, compliance determinations, and information in the enforcement module as follows:

- i. Inventory module. The PHD shall be responsible for maintaining current inventory information, which includes: basic information, population served, service connection(s), treatment plant information, PWS facilities and sample points, related points of contact(s), geographic area(s), service area(s), regulating agencies, and PWS facility flows.
- ii. Site visit module. The PHD shall enter a sanitary survey or assessment site visit information into SDWIS within 30 calendar days after the site visit. All significant deficiencies shall be documented in SDWIS as identified in the Site Visits Procedures document. Level 1 or Level 2 Assessments shall be entered and maintained in SDWIS. Sanitary defects shall be entered in accordance with the site visit procedures documents.
- iii. Points of contact/legal entities. The PHD shall maintain information on the people and organizations associated with the PWSs in their jurisdiction. All legal entity contacts need to be kept current in accordance with the Legal Entities Procedures document (EDMS # 2012AME28).
- iv. Sample results. The PHD shall be responsible for daily review, during standard work weeks (Monday through Friday), by the Environmental Health Specialist and timely data entry of sample results into SDWIS as identified in SECTION C.3.c. and C.5.a. of the CONTRACT. Sample results must be assigned to the correct monitoring period. Any sample assigned to a previous monitoring period must be reported to and approved by the DEQ Decision Support Analyst to ensure compliance is properly evaluated by SDWIS.
- v. Sample schedules. The PHD Environmental Health Specialist shall make rule-conforming and timely monitoring frequency decisions and maintain all monitoring schedules. Changes to monitoring requirements and frequencies must be documented in writing to the PWS and maintained in the DEQ EDMS. Such information shall include but not be limited to entry or modification of the following: sample schedules, facility analyte levels (FANLs), lead and copper treatment and any optimization milestones.
- vi. Compliance reports. The PHD shall run designated compliance reports consistent with a detailed schedule outlined in the SDWIS Calendar located on the internal Switchboard (an approximate schedule is provided in Table 1). All candidate violations shall be investigated to determine validity, with data being corrected or entered as needed to ensure data integrity is maintained. All candidate violations determined as invalid shall be addressed through data entry or correction so they are no longer identified on the compliance report. If the PHD compliance officer does not understand the reason a violation for a PWS appears on a compliance report, they shall contact the DEQ Decision Support Analyst.
- vii. Compliance determinations. The PHD is responsible for managing the following in a timely manner: maintaining the SDWIS Bridge by addressing positive sample results for the RTCR and the GWR, including the migration of assessment schedules; addressing all preliminary violations and correcting data entry related to rejecting or deleting preliminary violations; adding specific and complete comments for all violations that are rejected or deleted; and assigning standard responses as outlined in the SDWIS procedure documents.
- viii. Compliance and enforcement information. The PHD is responsible for adding or maintaining the following information: applying the appropriate addressing action (SOX code) when a system has returned to compliance; Tier 1 and Tier 2 public notification schedules; and compliance schedules. Questions regarding whether a violation can be returned to compliance shall be directed to the DEQ STATE OFFICE Compliance and Enforcement Supervisor. The PHD shall add and maintain sanitary survey significant deficiencies, sanitary defects from assessments, fecal-contaminated sources, and notification between wholesale and purchasers when there are RTCR positive samples.

4. Quality Assurance/Quality Control Tool (QA/QC Tool). SDWIS is a compliance tool designed to assist drinking water professionals in making timely and accurate public health decisions. SDWIS performance is directly related to the quality of data entered by users. To maintain high data quality, DEQ provides a SDWIS QA/QC tool, which is modified to add or remove reports as needed. The SDWIS QA/QC tool identifies items that need to be corrected and updated and contains detailed correction instructions. Level 1 and Level 2 QA/QC reports are prioritized based upon public health related information. Level 3 is based upon EPA's grant withholding criteria and other levels are informational for managing data integrity and/or workload.

- a. Priority QA/QC reports. No less than once per month, the PHD shall use the SDWIS QA/QC tool to review the current number of deficiencies. The PHD shall maintain the total number of Level 1 and Level 2 QA results combined to no more than 2 deficiencies that are over 30 calendar days on the QA report, unless approved in writing by the DEQ Decision Support Analyst.

5. Record Management using the DEQ EDMS. The PHD shall add and maintain final copies of all drinking water-related documents into the DEQ EDMS, consistent with locations, naming conventions, container organization, and procedures outlined in the Drinking Water Filing Index (EMDS 2009ABP2) and the training provided by DEQ. When an electronic document is registered into the DEQ EDMS, it

then constitutes the file of record for that action and/or decision and will not need to be maintained in hard copy format unless DEQ policy requires hard copies, such as for enforcement cases. If documents generated prior to July 1, 2013 are electronically registered into the DEQ EDMS, they then constitute the file of record for that action or decision and do not need to be maintained in hard copy format.

a. Timelines for entry into the DEQ EDMS. All documents received and generated pertaining to a water system under PHD jurisdiction shall be registered into the DEQ EDMS within 15 calendar days of either receipt or generation, whichever comes first. The list of drinking water-related document types shall include relevant correspondence, including e-mails; sample results; inspection reports; photographs and logs; monitoring determinations, including monitoring waivers; and file notes. b. Restrictions using the DEQ EDMS. The PHD shall restrict their DEQ EDMS activity to only Drinking Water Bureau record types and only to those PWSs for which they have been delegated PWS program oversight responsibility.

6. Technology Standards. The PHD accesses SDWIS and the DEQ EDMS through DEQ's firewall using a web browser. SDWIS was designed for specific web-interface requirements. SDWIS functionality is maintained by a contractor for EPA. The PHD must ensure internet and software capabilities are maintained to ensure PHD staff has reliable access to SDWIS, the DEQ EDMS, and supporting applications. DEQ reserves the right to change any IP address at any time to meet operational or security needs.

a. The PHD shall ensure PHD staff has reliable access to SDWIS, the DEQ EDMS, and supporting applications sufficient to perform the work of this CONTRACT, including internet and browser compatibilities. SDWIS shall be used in the Chrome internet browser.

b. The PHD shall communicate any technological or security concerns with SDWIS or the DEQ EDMS with the DEQ Decision Support Analyst as soon as possible.

c. DEQ maintains lists of PHD Internet Protocol (IP) addresses. The PHD must notify the Decision Support Analyst no later than 2 business days prior to changing IP addresses of staff using SDWIS and the DEQ EDMS to ensure they maintain access to SDWIS and the DEQ EDMS.

d. If a PHD staff member changes their password such that it requires a sync to regain their DEQ access, the PHD staff member must call the ITS Service Desk at 208-605-4000 to request help. When calling the Service Desk, ask that the tech review page 16 of the DEQ SoS for guidance.

e. PHD staff members shall forward the Decision Support Analyst the ITS email ticket with the ticket number for all incidents or requests submitted to ITS related to the PHD's business needs related to this contract.

f. If a PHD staff member does not receive a response on an ITS ticket involving any business needs related to this contract, within 3 business days, the PHD staff member shall inform the DEQ Decision Support Analyst by forwarding the email ticket with the ticket number.

7. Computer, Internet, and Electronic Mail Usage. While conducting work under this CONTRACT the PHD shall adhere to Executive Order 2005-22 Establishing Statewide Policies on Computer, Internet and Electronic Mail Usage by State Employees (<https://ita.idaho.gov/wpcontent/uploads/sites/3/2018/10/ExecutiveOrder200522.pdf>).

The PHD shall adhere to the Idaho Technology Authority's policies P1060 -Employee Personal Computer Use, P1040 – Employee Electronic Mail and Messaging Use, and P1050 – Employee Internet Use. These policies can be found online at: <https://ita.idaho.gov/resources/>.

8. Domain Name System (DNS). The PHD is responsible for using either the state DNS server (highly recommended) or updating their local DNS servers in accordance with the PHD's network configuration and working with ITS staff. Alternatively, each user can manually edit the local PC's "hosts" file edited to reflect the correct IP address and name of the servers that the user will attach.

9. Meetings, Workshops, and Trainings.

a. Quarterly Review. The PHD shall participate in quarterly meetings with its DEQ REGIONAL OFFICE to review performance of the CONTRACT, program objectives and compliance activities associated with violations and/or MCL or action-level exceedances. Project goals and priorities shall be adjusted as necessary. In-person or teleconference is acceptable. See SECTION C.13.

b. Safety Training Program. A safety training awareness program is required for PHD staff conducting sanitary surveys. DEQ shall provide a General Safety Manual to the PHD staff through the SDWIS Switchboard. Documentation related to initial and ongoing review (i.e., review is every two years after initial) of the required material shall be provided to the DEQ STATE OFFICE every two years on the Safety Manual Acknowledgement Form provided as Appendix A in the IDEQ General Safety Manual (EDMS# 2015AEH1).

c. Maintaining Proficiency. PHD staff shall maintain proficiency with state and federal rules and regulations, sanitary surveys, assessment, SDWIS, EDMS, and other drinking water related activities through online or other training.

d. Monthly Drinking Water Meeting. PHD staff shall participate in DEQ's monthly drinking water meeting. PHD staff are responsible for reviewing call notes.

e. Quarterly Compliance/Enforcement Meetings. PHD staff shall attend and come prepared to discuss and participate in scheduled compliance and enforcement meetings to address PWSs identified on the enforcement targeting tool assistant (ETTA) and any systems under formal enforcement.

f. Statewide In-Service Training. PHD staff shall participate in scheduled inservice trainings provided by DEQ.

g. Workgroups. The PHD is encouraged to participate in drinking water workgroups as time permits.

10. Rule Implementation. The PHD shall implement the National Primary Drinking Water Regulations and the Idaho Rules for Public Drinking Water Systems, IDAPA 58.01.08, and shall follow all DEQ drinking water related guidance, policies, directives, and procedures. Specific rule implementation questions or interpretations shall be directed to the DEQ STATE OFFICE rule leads and staff identified in the document "State Office Drinking Water Contacts" (EDMS# 2016ANQ1).

11. Sanitary Surveys and Level 2 Assessments.

a. *Approved Staff to Conduct Sanitary Surveys and Assessments.* Only PHD staff that have completed the STATE OFFICE sanitary survey training requirements are allowed to conduct independent sanitary surveys or assessments. Prior to conducting a sanitary survey, staff must complete the "New Inspector Training Checklist and Acknowledgement Form" (EDMS# 2017ANP21). This checklist is intended to provide new Drinking Water inspectors with the necessary training to conduct sanitary surveys and assessments on their own. Completion of training will be tracked by the Decision Support & Field Services Supervisor using the "Drinking Water Sanitary Survey Training – Tracking Form" (EDMS# 2018ABI36).

b. *Sanitary Survey Frequency.* The PHD shall conduct sanitary surveys within 6 months prior to the SDWIS site visit "Next Due Date." The PHD shall ensure that all inspections are completed at all PWSs consistent with the inspection frequency as required by the GWR and as outlined in Table 2. Overdue surveys and surveys that are coming due can be found on the QA/QC Tool under Priority Level 4 and Priority Level 1, respectively.

c. *Priority of Sanitary Surveys.* The highest priority should be given to PWSs with overdue surveys or systems with potential public health issues. Surveys of high-risk systems, such as those with persistent water quality problems (e.g., acute E. coli MCLs) or other violations will take precedence over routine sanitary surveys. Sanitary survey goals and priorities shall be reviewed and adjusted as necessary at quarterly meetings with the DEQ REGIONAL OFFICE.

d. Format of Sanitary Surveys. The PHD shall use the electronic sanitary survey and report tool and adhere to the most current templates and forms such as the sanitary survey form, report template, and report statements or other survey tool provided by DEQ for all sanitary surveys. The sanitary survey report must ensure that significant deficiencies are clearly identified, and any generic report statements are amended or appended as necessary to accurately reflect the specific situation observed at the PWS. Sanitary surveys shall be conducted in accordance with the “Standard Operating Procedures for Conducting a Sanitary Survey” (EDMS# 2019ANP55). The PHD shall be subject to, and comply with periodic audits of, the sanitary surveys that have been conducted. e. Preliminary Inspection Findings Form (PIFF). A completed PIFF is required for each sanitary survey. After conducting a sanitary survey, the PHD shall distribute copies of the PIFF as follows:

- i. The duplicate, non-original shall be left with the PWS.
- ii. An electronically scanned copy shall be registered into the DEQ EDMS record management system, consistent with the locations outlined in the Drinking Water Filing Index (EDMS# 2009ABP2) and forwarded to the Drinking Water Bureau’s Capacity Development Analyst.
- iii. If no deficiencies are identified during the inspection, write on the PIFF in the Potential Violations Pending Further Review section that no deficiencies or violations were found during the inspection, and the Disclaimer clause (found on the back of the PIFF) was explained to the PWS representative.

f. Sanitary Survey Reports.

- i. Sanitary survey reports, which include the transmittal letter and electronic sanitary survey form for all inspection modules, must be completed within 30 calendar days of the date of inspection. A sanitary survey is not completed until the transmittal letter, appropriate sanitary survey form, and other supporting documents are delivered via email or mail to the PWS and the Water System Notification Date is entered into SDWIS.
- ii. The PHD shall complete the email or mail and data entry tasks on the same day.
- iii. The PHD shall provide a cover letter and sanitary survey report to the PWS owner or operator. The cover letter shall summarize the findings and the report that identifies the significant deficiencies, deficiencies, and recommendations. The cover letter/ report template language/ format shall be modified to the needs of the system (Highlighted items and comments addressed with comments removed from the final report). The report must utilize the Drinking Water Bureau developed report statements that include rule citations and be amended for specificity to the system and for clarity. The report must include a narrative regarding all parts of the PWS and be fact based with no personal opinions or recommendations.
- iv. The PHD shall register an electronic copy of the sanitary survey form, sanitary survey report, a cover letter, and other relevant documentation into the DEQ EDMS. The electronic copy must be the same document and information that is provided to the PWS owner.

12. Engineering Waivers. Sanitary surveys identifying potential engineering issues including sources that violate sanitary setbacks for sewer lines, septic tanks, and property lines may require an engineering review by the DEQ REGIONAL OFFICE to determine applicability of a potential engineering waiver or other necessary actions, particularly for newly discovered systems. If the owner requests an engineering waiver, the PHD shall coordinate with the DEQ REGIONAL OFFICE. Engineering waivers shall be issued by the DEQ REGIONAL OFFICE and not by the PHD.

13. Monitoring Waivers and Sampling Delays.

a. RTCR/ Sample Delays or Sample Invalidation. Monitoring frequency decisions shall be documented in writing to the PWS and maintained in accordance with the primacy requirements in 40 CFR § 142.14. Specific forms with requirements and instructions are found on the internal Public Water System Switchboard under Forms/Information under the “MCL Follow-up/RTCR Forms” button. The forms address delay of repeats, sample invalidation, and waiver of 3 temporary routines for systems on quarterly monitoring. No waivers are allowed for repeat samples in accordance with 40 CFR § 141.858(a)(1).

b. Chemical Monitoring Waivers. The PHD shall review monitoring waiver applications in accordance with DEQ guidance (Drinking Water Monitoring Waiver Guidance, revised February 2011; EDMS# 2011ABP4), standard operating procedures (Drinking Water Monitoring Waiver Evaluations, July 2020; EDMS# 2019ABP33), and policies or newer guidance and procedures when finalized. Evaluations shall be conducted using the evaluation form provided by DEQ and available on the Internal Switchboard. The signature authority for monitoring waiver decisions is delegated to the PHD’s Environmental Health Directors, or PHD’s Division Administrator overseeing Environmental Health, in accordance with the March 18, 2011 delegation memorandum. The delegation to the Environmental Health Directors is not transferable. PHD staff shall make a recommendation to approve or deny monitoring waivers to the Environmental Health Director.

The PHD shall ensure monitoring schedules in SDWIS reflect the monitoring decisions.

Application and final approval documents related to monitoring waivers shall be registered into the appropriate location in the DEQ EDMS, consistent with the locations outlined in the Drinking Water Filing Index (EDMS# 2009ABP2).

14. Idaho Division of Occupational and Professional Licenses (IDOPL) Responsible for Licensing. IDOPL issues licenses for drinking water operators. The PHD shall contact IDOPL at <https://dopl.idaho.gov/> if questions arise and for information pertaining to licensed operators for the State’s community and non-community water systems. Please contact the Decision Support & Field Services Supervisor with questions as necessary.

15. Compliance Assistance and Enforcement

a. Compliance Assistance. The PHD shall provide technical assistance to PWSs to establish and maintain compliance.

b. Pre-enforcement and Informal Enforcement Actions. The PHD shall take timely and appropriate action for non-compliance in accordance with DEQ’s established policies, procedures, and guidance. The PHD shall collaborate with the DEQ REGIONAL OFFICE and DEQ STATE OFFICE Compliance and Enforcement Supervisor early in the compliance process. The PHD shall ensure that PWSs are notified of violations in writing, make contact attempts via phone or email with every written letter, and provide informal enforcement actions in a timely manner. The PHD shall coordinate with the DEQ REGIONAL OFFICE to conduct pre-enforcement compliance meetings. A log of communication or communication attempts shall be maintained by the PHD and be provided to the DEQ REGIONAL OFFICE as part of any enforcement referral being sent to the DEQ STATE OFFICE. Communication logs shall be maintained in EDMS.

c. Report Review. The PHD shall review and provide timely and accurate input on compliance reports prepared by the DEQ STATE OFFICE such as for routine auto-dialer calls and operator licensing reviews.

d. Formal enforcement. DEQ does not delegate formal enforcement authority to the PHD. The PHD shall ensure timely and appropriate action is taken in accordance with EPA’s Enforcement Response Policy in SECTION C.15.h. If DEQ recommends or requests that an enforcement action be taken against a PWS, the PHD shall follow DEQ compliance and enforcement policies and procedures, including the submission of referral packages and relevant documents to the DEQ REGIONAL OFFICE drinking water program supervisor, and any other materials DEQ may deem necessary to conduct an enforcement action. See SECTION C.15.b for supporting documentation requirements.

e. Compliance tracking. After DEQ takes a formal enforcement action, such as entry into a Consent Order (CO) or a Compliance Agreement Schedule (CAS), the DEQ REGIONAL OFFICE staff will coordinate with PHD staff to ensure compliance with the timelines of the order. The PHD will continue to provide oversight of the system unless negotiated with the DEQ REGIONAL OFFICE in accordance with Section D.2 of this CONTRACT.

f. Food License and Daycare Coordination. The PHD shall coordinate transfer of PWS information between the PWS staff and food licensing and daycare licensing staff for those licensed food or daycare establishments that are, or should be, regulated PWSs. The PHD shall ensure coordination occurs between the food licensing and daycare licensing staff and PWS staff when there are contamination events.

g. Public Notification.

i. The PHD shall ensure PWS owners and operators are notified in a timely manner regarding the requirements to provide public notification and verify that proper and timely public notification is conducted.

ii. If a PWS owner or operator does not issue a required public notice for Tier 1 violations or situations requiring Tier 1 public notification within 24 hours of being notified by the PHD, then the notice or news release shall be issued by the PHD in conformance with IDAPA 58.01.08. PHD staff shall notify the DEQ REGIONAL OFFICE and the DEQ STATE OFFICE and request assistance when necessary. The PHD shall notify and coordinate with the DEQ REGIONAL OFFICE when a PWS does not perform a Tier 2 public notification. Violations shall be assessed for a system not providing the required public notification, even if the PHD issued the notification.

h. Enforcement Response Policies. The PHD shall comply with EPA's 2009 Enforcement Response Policy and any subsequent policies to ensure that the PWS obtains timely and appropriate compliance.

i. New PWSs. The PHD shall coordinate with the DEQ REGIONAL OFFICE upon the discovery of an existing, but currently unregulated PWS. Upon determination that the PWS falls within the jurisdiction of the PHD, the PHD shall coordinate with the DEQ REGIONAL OFFICE to determine if there are engineering records on file or other pertinent information. A determination of approval to serve may be necessary from the DEQ REGIONAL OFFICE, which may include the DEQ REGIONAL OFFICE performing a well site evaluation or other reviews as necessary. The PHD shall request a new PWS ID and EDMS container from the DEQ STATE OFFICE Decision Support Analyst and add the relevant information in SDWIS. The PHD will schedule and perform a sanitary survey and provide the new system owner with technical assistance.

16. Access to Records. All records pertaining to regulated PWS are the property of DEQ. The PHD shall maintain and provide access to records of all analytical results, correspondence, sanitary surveys, enforcement actions, monitoring frequency decisions, and other pertinent information as outlined in 40 CFR § 142.14. The PHD shall provide copies of records when requested by DEQ and in the format requested by DEQ (electronic or hard copy) if the record is not in the DEQ EDMS.

17. Professional Documentation. The PHD shall ensure letters, surveys, reports, and other documentation are of high quality and presented in a professional manner. At a minimum, the document shall:

- a. Be written in a succinct, clear, and thoughtful manner;
- b. Contain correct grammar, spelling, and punctuation;
- c. Follow formatting and style guides, and the requirements described in the Standard Operating Procedure for Conducting a Sanitary Survey (EDMS# 2019ANP55) when applicable;
- d. Use the most current DEQ template letters and forms; and,
- e. Provide PWS owners or operators with clear requirements and timelines as necessary.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
93.136 Injury Prevention and Control Research and State and Community Based Programs 16.838 BJA FY21 Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program	People who use drugs or those who serve persons who use drugs	9/1/2024	8/30/2025	\$114,000.00	\$99,650.00	\$14,350.00	\$114,000.00	NA	24.95	No	No	No

II. SUBGRANT SERVICES AND ACTIVITIES

A. Subgrantee Education and Training (Required)

1. The Subgrantee staff must familiarize themselves with the Public Health and Safety Teams (PHAST) materials, linkage to care materials, harm reduction materials, public education materials, and naloxone training materials by reviewing materials located at: <https://idhw.sharepoint.com/sites/PublicHealth-EPP/CEH/PDOPEP/SitePages/Home.aspx> within sixty (60) calendar days of this Subgrant's execution.

2. The Subgrantee staff must familiarize themselves with updates and additions to the education materials within thirty (30) calendar days of receiving notification of new materials from the Department.

B. Infrastructure and Meetings (Required)

1. The Subgrantee must:

- a. Have one (1) staff member join an Idaho Opioid Misuse and Overdose Prevention strategic plan goal group and actively participate in goal group calls and contribute to strategic planning action steps if activities are within the scope of the Subgrant.
- b. Participate in monthly calls with the Department's Drug Overdose Prevention Program staff and other Public Health District Subgrantees. Call schedule to be determined by the Department.
- c. Send a minimum of one (1) staff member to a reverse site visit meeting in Boise, Idaho in June 2024. Funding to support travel costs are included in the Cost/Billing Procedure section of this Subgrant. The meeting must occur, and staff must attend for the Subgrantee to bill for these funds.
- d. Have a minimum of one (1) staff member participate in a virtual kick-off meeting in October 2023.

C. Subgrant Workplan (Required)

1. By September 30, 2023, the Subgrantee must complete and submit a Subgrant workplan to the Subgrant monitor for review and approval.

- a. The Subgrant workplan must include all required deliverables and the optional deliverables selected by the Subgrantee.
- b. A template for the workplan must be provided by the Department by September 1, 2023 and located at: <https://idhw.sharepoint.com/sites/PublicHealth-EPP/CEH/PDOPEP/SitePages/Home.aspx>.

D. Part 1: CDC Overdose Data to Action (OD2A) Funded Activities. For this priority area, the Subgrantee must complete the required deliverable by selecting one (1) of the two (2) optional deliverables to complete.

1. Public Health and Safety Teams (PHAST) (Required)

a. (Option 1: Planning Year) By August 31, 2024, the Subgrantee must establish a PHAST team within their region.

- i. Subgrantees are encouraged to use the PHAST toolkit as a guide and complete Module One (1) of the toolkit within this planning year.
 - ii. PHAST teams will serve to identify and implement opportunities within their regions such as Overdose Fatality Review teams, Overdose Mapping and Application Program (ODMAP) implementation, and spike alerts.
 - iii. PHAST team stakeholders may include but are not limited to Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) program, Idaho State Police regional public safety officers, and local law enforcement.
 - iv. PHAST toolkit and additional resources are available at: <https://phast.org/>.
- b. (Option 2: Implementation Year) By August 31, 2024, the Subgrantee must work with the established PHAST team to develop a comprehensive regional plan based on the PHAST toolkit.
- i. Subgrantees are encouraged to use the PHAST toolkit as a guide and complete Module Two (2) or Module Three (3) of the toolkit within this implementation year.
 - ii. PHAST teams will serve to identify and implement opportunities within their regions such as Overdose Fatality Review teams, Overdose Mapping and Application Program (ODMAP) implementation, and spike alerts.
 - iii. PHAST team stakeholders may include but are not limited to Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) program, Idaho State Police regional public safety officers, and local law enforcement.
 - iv. PHAST toolkit and additional resources are available at: <https://phast.org/>.

E. Education and Promotion of Harm Reduction Services (Required). For this priority area, the Subgrantee must complete the required deliverable and must choose two (2) of the optional deliverables to complete.

1. (Required) By August 31, 2024, the Subgrantee must conduct at least three (3) outreach events to people who use drugs (PWUDs) and friends and family of PWUD.

- a. Subgrantees may use existing resource platforms such as FindHelpIdaho.org and collaborate with Drug-Free Community coalitions, Idaho harm reduction organizations, and local recovery/crisis centers serving PWUD to educate on and promote access to harm reduction services in their communities.
 - b. Outreach events may include but are not limited to formal presentations, media campaigns, and/or tabling.
 - c. Subgrantees are encouraged to tailor messaging to target audiences and work with local stakeholders to center the voices of people with lived or living experience with substance use.
 - d. Priority populations for presentations may be determined by Idaho overdose mortality data and the Idaho opioid overdose vulnerability assessment.
 - i. Idaho overdose mortality data can be accessed at: <https://www.getthehealthy.dhw.idaho.gov/drug-overdose-dashboard>
 - ii. Idaho opioid overdose vulnerability assessment: to be provided by the Department.
2. (Optional) By August 31, 2024, the Subgrantee must organize, promote, and hold at least one (1) public awareness event for International Overdose Awareness Day or National Fentanyl Awareness Day in their district.
3. (Optional) By August 31, 2024, the Subgrantee must participate in a minimum of five (5) peer-to-peer Syringe Service Program (SSP) statewide calls.
4. (Optional) By August 31, 2024, the Subgrantee must partner with a harm reduction organization to provide a minimum of two (2) harm reduction events, including education and resources, to PWUD or people in recovery.
5. (Optional) By August 31, 2024, the Subgrantee must develop or continue a stigma reduction campaign or educational campaign/resources regarding opioid use and overdose.

a. Examples may include words matter public awareness campaign or educational resources to the public to reduce stigma; education around addiction as a medical disease.

F. Community-Based Linkage to Care Activities (Required): For this priority area, the Subgrantee must complete the required deliverable and must choose one (1) of the optional deliverables to complete.

1. (Required) By August 31, 2024, the Subgrantee must work with organizations that interact with PWUDs such as recovery centers, crisis centers, and/or treatment centers in their region to conduct at least three (3) outreach or educational events on primary prevention of drug misuse, program resources, and organization connections.

2. (Optional) By August 31, 2024, the Subgrantee must update the local treatment and recovery resources on their district opioid asset map or work with FindHelpIdaho.org to update resources for local substance use recovery and treatment.

3. (Optional) By August 31, 2024, the Subgrantee must share their local treatment and recovery resource list with a minimum of five (5) emergency departments or primary care clinics in their district.

4. (Optional) By August 31, 2024, the Subgrantee must work with their regional PHAST teams to help facilitate the sharing of linkage to care resources and information across sectors including public safety and treatment, recovery, and crisis centers.

G. Local Capacity (Optional)

1. This option aims to enhance coordination and partnerships at the local level regarding drug misuse prevention, harm reduction and linkage to care. In selecting this priority area, the Subgrantee must choose one (1) of the following activities:

a. From September 1, 2023 to August 31, 2024, continue the coordination and implementation of a regional or district-wide strategic plan regarding opioid misuse and/or stimulant misuse with local stakeholders.

b. From September 1, 2023 to August 31, 2024 join or continue active participation in established substance misuse prevention, suicide prevention, or harm reduction coalition(s) within their region.

H. Tribe Partnerships (Optional)

1. This option aims to build partnerships with federally recognized tribes residing in Idaho health districts regarding the risks of opioids and stimulants.

a. By August 31, 2024, the Subgrantee must collaborate with the federally recognized tribe in their health district to provide education and resources regarding opioid, and/or stimulant use and overdose.

I. Part 2: BJA Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Funded Activities. All activities under COSSUP are required.

1. Naloxone Trainings

a. By August 31, 2024, the Subgrantee must organize, promote, and conduct a minimum of five (5) in-person or virtual naloxone trainings to the public, public safety, or other community organizations within their district. Trainings must include availability of naloxone, opioid overdose warning signs, how to administer and access naloxone, and the Idaho Good Samaritan Law.

i. Naloxone training template and survey will be provided by the Department on the DOPP external SharePoint site: <https://idhw.sharepoint.com/sites/PublicHealth-EPP/CEH/PDOPEP/SitePages/Home.aspx>

ii. Naloxone training surveys are to be provided at all trainings for attendees to complete and submit to the Department by August 31, 2024.

2. Prescription Drug Take-Back Events

a. By August 31, 2024, the Subgrantee must organize, promote, and implement a minimum of one (1) prescription-drug take back day event to the public within their district.

i. Subgrant funds may be used for take-back day promotion, media, and drug disposal supplies.

3. 2024 COSSUP National Meeting

a. The Subgrantee must send a minimum of one (1) and up to two (2) staff members to the BJA COSSUP National Meeting in Washington, DC in Summer/Fall 2024. Funding to support travel costs are included in the Cost/Billing Procedure section of this Subgrant. The meeting must occur, and staff must attend for the Subgrantee to bill for these funds.

4. Submission of Promotional Materials

a. The Subgrantee must submit to the Department for submission to BJA for review and approval any curricula, training materials, proposed publications, reports, or any other written materials that will be published, including web-based materials and website content, through the BJA funds from this Subgrant at least thirty-five (35) business days prior to the targeted dissemination date.

i. Submissions can be made to the Subgrant Monitor via email. Submissions are only required for BJA funded naloxone trainings and take-back day event materials developed by the Subgrantee.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
93.991 Preventative Health and Health Services Block Grant: Fit and Fall Proof	Communit y dwelling older adults.	10/1/2024	9/30/2025	\$95,897.00	\$79,897.00	\$16,000.00	\$95,897.00	NA	24.95	No	No	No

II. SUBGRANT SERVICES AND ACTIVITIES

A. Priority Area 1-4: PHHS Block Grant Funded Activities and State Funded Activities

1. Priority Area 1: Maintain and Report Progress of FFP Class Sites: By September 30, 2025, the Subgrantee must maintain twenty-three (23) sites, or increase the number of sites.

a. A 'site' is the physical location where the class is held. If a site offers multiple class sessions at non-consecutive times (for example: 9:00 a.m. and 3:00 p.m. at the same location), each class session must count as an individual site. Classes held at the same site at consecutive times may be considered as individual sites.

b. The Subgrantee must ensure class sites are open to the public and may be established at any facility except skilled nursing, assisted living or other facilities where the resident pays for services beyond room and board.

i. If the Subgrantee receives a request to start a new class site at one (1) of these locations, communication with the Department must occur to determine next steps.

c. The Subgrantee must provide a certificate of liability insurance with the standard liability limit of five hundred thousand dollars (\$500,000) to each site location with a unique address, if requested

i. A certificate of insurance request form may be submitted online or via email to the Risk Management Program. The Department will provide the request form.

d. The Subgrantee must add FFP class information to www.findhelpidaho.org and update information on a quarterly basis.

i. The Department will provide training and technical assistance.

e. The Subgrantee must offer classes at no charge or low cost. For example, sites may charge ten dollars (\$10) per ten (10) week session.

i. The Subgrantee must list the sites charging a fee and the amount of the fee on the state fiscal year (SFY) 2025 Site Tracking Form Tab in the Subgrant Monitoring Report (SMR).

f. The Subgrantee must offer forty-five (45) to sixty (60) minutes of active exercise

each class, at least two (2) times per week, for a minimum session of ten (10) weeks, with every effort made to keep the weeks consecutive.

g. Once a site is established (after the first year), the Subgrantee's maintenance sites must hold a minimum of one (1) session, three (3) times during the Subgrant year. The first year a new site is established, the Subgrantee must hold the following number of sessions:

i. If established in the first quarter - conduct a minimum of three (3) sessions of ten (10) weeks each.

ii. If established in the second quarter - conduct a minimum of two (2) sessions of ten (10) weeks each.

iii. If established in the third or fourth quarters - conduct a minimum of one (1) session of ten (10) weeks.

h. If a new ten (10) week session begins in September and finishes in the new fiscal year, the Subgrantee may request that the session to be counted as active in the new Subgrant year, with prior approval from the Department.

i. The same session may not be counted in multiple Subgrant years.

i. The Subgrantee must ensure attendance is collected for each active class session using the class record sheet provided by the Department, and must communicate the importance of collecting the following data to all class leaders:

i. First and last names or first name and last initial (e.g., Sally Smith or Sally S.) are required for each participant in each class.

ii. Any additional demographic information added by the third-party evaluator, such as age and gender, are required.

iii. For evaluation purposes, all new participants (e.g., has not participated in any classes in the past year): Must check the appropriate box indicating they are "New" on the class record sheet; Must list how they heard about the class on the class record sheet in the space provided. Referrals should be collected and noted on the class record sheet in effort to gauge the success and reach of referrals.

iv. Test scores must be recorded with the proper notation made on the class record sheet.

v. The Subgrantee must transfer all class record sheets to typed Excel files to ensure clarity and completeness to the extent possible.

j. The Subgrantee must ensure pre- and post-Timed Up and Go (TUG) tests are conducted with all participants during a minimum of two (2) sessions per year, including during the site's first and third sessions of the year.

i. During their first week of participation, new participants must receive a pre-test upon joining a class already in session. The post-test must be conducted at the end of the session. If a participant starts at the end of a session, they may be tested at the beginning of the next session. Test scores must be recorded and submitted quarterly to the Department and the Boise State University (BSU) Evaluation Team.

ii. Participants may choose to opt out of testing.

iii. Class leaders must be trained to conduct the TUG test during Class Leader

Training, as outlined in the manual, so they may administer the pre- and post-test and complete all required class participation paperwork. The Subgrantee must ensure class leaders are prepared to perform all record-keeping duties required of the program prior to the start of their first session and that all leaders receive annual refreshers on completing all class record requirements (e.g., through site visits or one-on-one [1:1] meetings).

k. The Subgrantee must purchase all materials/supplies, as needed and as approved by the Department for classes.

i. The Subgrantee must document on the SMR, sites that purchase class materials and supplies independent of Subgrantee support, such as through collection of participant fees or donations, therefore offsetting costs to the Subgrantee.

ii. Class sites must be provided with supporting materials for administration of the class, such as: exercise balls, bands, music materials, etc.

l. The Subgrantee must monitor the exercise class sites throughout the year, as needed.

i. Each site must be visited, in-person, one (1) time during the Subgrant year, and then as needed. A technical assistance (TA) call or video conference is required for each ten (10)-week session when an in-person visit was not made. New leaders may potentially need more visits and TA calls. The Subgrantee must consider experience level of leaders when planning number of visits and calls. Site visits must be utilized as coaching opportunities to empower leaders in their role, ensure adherence to program fidelity, nurture relationships, observe class leader performance, provide constructive feedback, assess adherence and cueing for safety precautions, assess class participation, provide materials, and to ensure valid recording of participation and evaluation data by class leaders on the class record sheet provided by the Department.

ii. During site visits, the Subgrantee must utilize the feedback forms, developed by the Department, as needed, to provide constructive feedback to class leaders and to ensure consistency in instruction and program fidelity across the state. Outcomes of feedback findings or discussions with sites/leaders must be reported in the Site Visit Summary Tab in the SMR.

m. The Subgrantee must collect and submit quarterly program data to the Department using the Site Tracking Form. The Subgrantee must:

- i. Complete and submit an electronic copy of the Site Tracking Form (including all information on active sites and classes held) provided by the Department.
 - ii. Collect and submit specific data for each site, as listed on the Site Tracking Form, including address, county, organization type, and number of leaders.
 - iii. Include a running list of each session to ensure each site completes the minimum number of sessions required.
 - iv. Quarterly, update the Site Tracking Form template included as a tab in the SMR.
- n. The Subgrantee must collect and submit quarterly program data to the Department using the Class Record Sheets:
- i. The Subgrantee must submit typed electronic copies of the Class Record Sheets each quarter.
 - ii. The Subgrantee must e-mail all late-submitted Class Record Sheets to the Department and the BSU Evaluation Team, as they are received, after the corresponding SMR was submitted; updating the Site Tracking Form and corresponding SMR, as necessary; and include these forms in the e-mail correspondence.
 - iii. Records must be submitted electronically with an updated Site Tracking Form and emailed to the BSU Evaluation Team at IdahoFFP@Boisestate.edu after the end of each corresponding quarter. Submission of hard copies is not necessary.
 - iv. Under Subgrant Services and Activities II., Priority Area 1, the Subgrantee must list, in alphabetical order, all active sites that completed or will complete a session each quarter. The Subgrantee must list all completed and submitted record sheets, noting any missing record sheet(s).
- o. The Subgrantee must collect and submit quarterly program data to the Department using the Leader Tracking Form.
- i. The Subgrantee must complete a comprehensive list of all trained and active leaders and include the leaders name, date of training, and location where they teach.
 - ii. The Leader Tracking Form template is included as a tab in the SMR and must be updated quarterly.
2. Priority Area 2: FFP New Leaders and Training: By September 30, 2025, the Subgrantee must recruit new class leaders, as needed, and host new trainer training sessions.
- a. The Subgrantee must train class leaders, as needed.
 - b. The Subgrantee must work towards ensuring peer class leaders are trained for every site that includes a university student volunteer leader, as applicable.
 - c. Training may be coordinated with neighboring districts.
 - d. The Subgrantee must provide guidance and communicate the importance of wearing appropriate attire, as outlined in the manual, and modeled by class leaders during trainings and while teaching classes.
3. The Subgrantee must make every effort to utilize local Master Trainers when conducting FFP Class Leader trainings. The Subgrantee must make all class-related arrangements, including working with local Master Trainers to find an acceptable training date.
- a. The Subgrantee must inform the Department via email of any scheduled trainings and Master Trainers travel time.
 - b. In the event local Master Trainers are unavailable to conduct a local FFP Class Leader Training, the Subgrantee must coordinate trainings with the Core Master Trainer, with a courtesy email to the Department. All training costs must be supported by the Subgrantee. All travel costs for the Core Master Trainer will be supported by the Department.
 - c. Local Master Trainers mileage may be reimbursed through operating costs as a means to accomplish the scope of work. In cases of mileage reimbursement, Subgrantees must create a travel policy for Master Trainers. Policies require the Subgrantee provide travel forms to document mileage and set a standard reimbursement rate.
4. The Subgrantee must ensure Master Trainers and lay leaders adhere to fidelity requirements to ensure FFP is delivered as outlined in the manual. The Subgrantee must:
- a. Ensure class leaders are trained to properly administer and model instructions for the TUG test, emphasizing walking at normal pace, to ensure fidelity and adherence to the national standard.
 - b. Ensure Master Trainer candidates meet all requirements for Master Trainers as designed by the Department. Discuss candidates' eligibility and potential with Core Master Trainers prior to accepting attendance at an upcoming training.
5. The Subgrantee may provide meals and/or refreshments at exercise class leader trainings and events, lasting three (3) hours or more.
- a. The Subgrantee must comply with Department policy on meals and refreshments, as provided by the Department.
6. The Subgrantee may provide promotional items such as tote bags, water bottles, or exercise shirts to FFP leaders, as appropriate.
- a. Items must be used to support leaders in their role and while instructing the exercise program.
 - b. Items must be reviewed for appropriateness and cost. Items must include the FFP program logo, and be approved by the Department prior to purchasing.
 - c. Invoicing for promotional items is explicitly outlined in the Cost Billing section of this Subgrant.
7. Priority Area 3: FFP Workshops and Training
- a. By September 30, 2025, the Subgrantee must coordinate a minimum of one (1) half-day or full-day Volunteer Leader Refresher/Recognition Workshop. Additional workshops must be provided as needed and determined by the Subgrantee.
 - i. The Subgrantee must develop a recognition and refresher curriculum for a workshop to recognize Master Trainers and class leaders, and ensure they are up-to-date and teaching to the fidelity of the program.
 - ii. Dates, agenda, and expectations of the Core Master Trainer's presentations and participation must be communicated with the Core Master Trainer. The Subgrantee must notify the Department of training dates during quarter one (Q1) with information reported on the first quarter SMR.
 - iii. Purchase of recognition materials must be approved by the Department and must be included in operating costs.
 - iv. Core Master Trainers' service costs must be supported by the Subgrantee at the following rates. FY25 pricing for half-day is three hundred dollars (\$300) and full day is six hundred dollars (\$600). Costs may be shared with other health districts if coordinating training together.

v. Core Master Trainers' travel costs will be supported by the Department.

vi. A half-day workshop must last a minimum of three (3) hours and up to four (4) hours in duration.

vii. A full-day workshop must last a minimum of five (5) hours and up to seven (7) hours duration.

viii. The Subgrantee may provide meals and or refreshments at trainings and events with exercise class leaders.

ix. Invoicing for meals and or refreshments is explicitly outlined in the Cost Billing section of this Subgrant and must comply with Department policy on meals and refreshments, as provided by the Department.

8. September 30, 2025, select Qualified Candidates and Coordinate a Master Trainer Workshop.

a. The Subgrantee must work with the Core Master Trainer to plan and conduct Master Trainer Workshop to certify new volunteer Master Trainer candidates, as needed.

i. Dates of the training and subsequent Master Trainer Observations must be coordinated with the Core Master Trainer.

ii. The Subgrantee must notify the Department of training and observation dates during Q2 with information reported on the second quarter SMR.

iii. Core Master Trainer's costs for training and observing candidates must be supported by the Subgrantee; FY25 pricing for a Master Trainer training is six hundred dollars (\$600) and observation is one hundred fifty dollars (\$150).

iv. Core Master Trainer's travel costs will be supported by the Department.

v. The Subgrantee may provide meals and/or refreshments at trainings and events with exercise class leaders.

vi. The Subgrantee must comply with Department policy on meals and refreshments, as provided by the Department.

9. Priority Area 4: FFP and Home Safety Checks Promotion and Outreach

a. By September 30, 2025, the Subgrantee must conduct at least three (3) unique media/messaging campaigns or public service announcements (PSAs) to boost public awareness about FFP classes, home safety checks for fall prevention, and community resources.

i. The Subgrantee must follow FFP branding strategies and efforts developed by the Department and adhere to the registered trademark requirement. Branding strategies include an FFP promotional class flyer, FFP brochure, and other media materials. Use of the FFP logo must be visible on all promotional and incentive materials to keep a clear and consistent message about the FFP program.

ii. Media and messaging should include educational content and a call-to-action, not solely event promotion.

iii. Report the campaign topics, number of media outlets, and outcomes in the SMR.

10. By September 30, 2025, the Subgrantee must conduct at least three (3) educational presentations annually on FFP classes and home safety checks to community leaders, healthcare professionals, senior center managers, etc. Topics should cover exercise for fall prevention, home safety checks, healthy aging, and volunteer engagement.

a. Presentations solely for distributing program materials are not acceptable.

b. Report presentations quarterly in the SMR Presentations Tab, including date, audience, number of attendees, topic, materials shared, and outcomes.

c. Use Department-provided materials (PowerPoint templates, videos) and the latest data from the BSU Evaluation Team.

B. Priority Area 5-7: State Funded Activities

1. Priority Area 5: Fit and Fun Playscapes and Super Stickers

a. By September 30, 2025, the Subgrantee must work with a minimum of one (1) childcare provider, park, or a school to make playground improvements and updates using painted playground stencils or install Super Stickers® to increase and improve physical activity opportunities. Each location equals one (1) stencil or sticker activity. Multiple stencils, or a stencil and a sticker at one (1) location do not count as more than one (1) activity. See www.fitandfunplayscapes.com for examples of stencils and stickers. The Subgrantee must:

i. Assess environment to ensure adequate space for stencil or sticker application.

ii. Work with staff to determine design and location of playground stencils or sticker to encourage physical activity and learning.

iii. Work with staff and community members to enlist help with painting stencil or applying sticker.

iv. Purchase outdoor grade paint, drop cloth, and foam roller brushes, etc.

v. Work with staff or volunteers to schedule an appropriate time to assist in the application of stencils or stickers.

vi. Ensure the proper steps are taken to prepare the area(s) to be painted or for stickers to be applied. Information on preparing the playground for painting and sticker application can be found at <https://www.fitandfunplayscapes.com>.

vii. Take before and after photos to include in quarterly reports and presentations.

2. Priority Area 6: Professional Development and Collaborations

a. By September 30, 2025, the Subgrantee must attend, in-person or virtually, a professional local, regional or national conference or training related to a Subgrant activity.

i. The conference or training must be approved by the Subgrant Monitor prior to attendance and must be reported in the SMR.

3. By September 30, 2025, the Subgrantee must join the Idaho Falls Prevention Coalition as a general member and attend, in-person or virtually, a minimum of six (6) Coalition meetings.

a. The Subgrantee must share relevant information with partners and with FFP Class Leaders, as deemed appropriate by the Subgrantee.

4. By September 30, 2025, the Subgrantee must develop a flexible partnership framework that facilitates community collaboration to enhance physical activity, nutrition, and senior fall prevention programs across the lifespan.

5. By May 30, 2025, the Subgrantee must coordinate with the Public Health District's (PHDs) dental hygienist, or a hygienist determined by the Department, to implement the Oral Health Adult Basic Screening Survey (Adult BSS) and Health Questionnaire.
- The FFP Coordinator must identify the most suitable FFP class sites, based on factors such as location, participation rates, and the built environment, for the dental hygienist to conduct a voluntary Adult BSS and distribute paper and electronic Oral Health Questionnaire to FFP participants.
 - Support communication with FFP Class Leaders by engaging in verbal discussions and distributing promotional materials and consent forms, developed by the Department, to inform FFP participants about the Adult BSS and Questionnaire and to encourage voluntary participation.
 - Ensure that FFP Coordinators and Class Leaders clearly communicate to FFP participants that participation in the Adult BSS and Questionnaire is voluntary and separate from their involvement in FFP classes.
 - At certain FFP class sites, only the Questionnaire must be administered. For these sites, FFP Coordinators must collaborate with Class Leaders to distribute a quick response (QR code and/or paper Questionnaires to participants. Coordinators must then collect the completed forms from Class Leaders or participants and return them to the dental hygienist in a manner that ensures confidentiality and compliance with the Health Insurance Portability and Accountability Act [HIPAA]).
 - No personally identifiable information will be collected through the Adult BSS or Health Questionnaire; all data will be shared only in aggregate form.
6. Priority Area 7: Infrastructure and Planning
- The Subgrantee must participate in at least two (2) virtual meetings with Idaho Physical Activity and Nutrition Program (IPAN) staff and other IPAN Subgrantees, meeting schedule to be determined.
 - The Subgrantee must attend two (2) in-person meetings with IPAN staff led by the Department and Core Master Trainer (location to be determined).
- The Subgrantee must be responsible for making travel plans, including flight arrangements and hotel stay.
 - The Department will provide a specific date for the workshop at least thirty (30) calendar days prior to the meetings.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
Disease investigation and reporting to Bureau of Communicable Disease and Prevention; shipping to Idaho Bureau of Laboratories	All	7/1/2021	6/30/2026	\$87,463.00	NA	NA	\$87,463.00	NA	24.95	No	No	No

II. SUBGRANT SERVICES AND ACTIVITIES

- A. The Subgrantee shall conduct a case investigation on all reported cases of disease or conditions, except where specified in the Idaho Investigative Guidelines for Public Health.
- B. The Subgrantee shall report all diseases as listed in the current Idaho Reportable Disease rules (IDAPA 16.02.10) according to the timeframes listed therein.
- In addition to mandated fields listed in IDAPA 16.02.10 040.01, investigation reports shall contain the following data elements:
 - Reporter information:
 - The reporting facility
 - Date of illness onset
 - Date of report
 - Case Status
- C. The Subgrantee shall conduct an epidemiologic investigation on all outbreaks, except as mutually agreed upon by Subgrantee and Department Epidemiology staff.
- D. Epidemiology Outbreak Report Form and Documentation
- The Subgrantee shall submit a full Outbreak Report completed per the Outbreak Report instructions for all epidemiologic investigations except as noted in II.D.3 and II.D.4 below.
 - The Subgrantee shall submit a completed copy of the NORS form with any full Outbreak Report for foodborne, waterborne, and zoonotic outbreaks. (Forms can be found on the CDC website (<http://www.cdc.gov/nors/forms.html>) and samples can be found on external Epidemiology SharePoint [Attachment D and Attachment E]).
 - The Subgrantee shall submit a brief Outbreak Report Form completing the fields available per the instructions noted on the Outbreak Report Form in the following instances:
 - An outbreak of norovirus, influenza, or gastrointestinal illness in a residential facility where there is no evidence of foodborne or waterborne transmission.
 - An outbreak of other etiologies with fewer than five (5) cases and where the outbreak venue is not solely the index case household.
 - The Subgrantee shall submit a completed copy of the NORS form with any brief Outbreak Report for foodborne, waterborne, and zoonotic outbreaks. (Forms can be found on the CDC website

(<http://www.cdc.gov/nors/forms.html>) and samples can be found on external Epidemiology SharePoint [Attachment D and Attachment E]).

3. For all household-associated clusters, the Subgrantee shall document the outbreak number in the appropriate NBS field and provide a brief summary of the epidemiologic investigation in the NBS comments fields for each suspect, probable, or confirmed case.

a. The Subgrantee shall include in the NBS comments field, at a minimum:

- i. Epidemiologic or other investigative methods employed,
- ii. Specific control measures or other interventions that were recommended,
- iii. Environmental investigation efforts or environmental sampling laboratory results,
- iv. The leading hypothesis for initial exposure and route of transmission, and
- v. The total number of symptomatic household members included in the outbreak.

b. If, during the epidemiologic investigation, the Subgrantee determines the outbreak extends beyond the household, refer to II.D.2.

c. The Subgrantee shall submit a completed brief Outbreak Report Form for any household-associated outbreaks upon request of the Department.

d. The Subgrantee is not required to submit a NORS form for household-associated clusters.

4. The Subgrantee shall send an email to the designated Department Epidemiology Lead if an outbreak number has been assigned to an event that is determined to not be an outbreak within the same due date timelines as outbreak reports.

E. The Subgrantee may use funding to ship specimens to the Idaho Bureau of Laboratories (IBL) up to the amount identified in the Cost/Billing Procedure.

F. The Subgrantee may use Department Epidemiology-purchased medications for the prevention or treatment of tuberculosis cases.

1. The Subgrantee shall make a reasonable attempt to contact Department Epidemiology staff to receive approval to use medications for other purposes (e.g., the prophylaxis of contacts to a case of meningococcal disease with rifampin).

2. The Subgrantee shall work with Department Epidemiology staff and other Public Health Districts to redistribute medications as needed.

3. The Subgrantee may pay for shipping of Department Epidemiology-purchased medications between public health districts using funds in this subgrant by contacting Department Epidemiology staff for approval to use the Department Epidemiology Federal Express account.

G. The Subgrantee shall send one (1) epidemiologist to the annual fall and spring epidemiology training conferences sponsored by State Epidemiology staff. Preferably, a second epidemiologist shall be sent if funds are available.

H. The Subgrantee shall have an epidemiologist(s) attend conference calls when hosted by State Epidemiology staff, during quarters in which there is no state conference (II.G. above), to discuss epidemiology issues affecting the state.

I. The Subgrantee shall determine individual training needs of epidemiologist(s) and send them to at least one (1) training, if funds are available. Examples of training include the approach to multidisciplinary investigation, proper investigation sampling and submission techniques, general epidemiology conferences (in addition to the state spring and fall conferences), epidemiology or biostatistics classes, and computer training.

J. When the Subgrantee determines it is needed, and if funds are available, the Subgrantee shall carry out active surveillance projects or activities to address issues of under-reporting, surveillance of non-reportable diseases, or in response to a new public health threat or outbreak.

K. The Subgrantee's epidemiology team shall participate in the annual site review conducted by Department Epidemiology staff.

1. The Subgrantee shall respond in writing to a letter summarizing the results of the site review to provide clarification or follow-up information if requested.

L. The Subgrantee shall attend regular meetings of the infection prevention team at one (1) of the nearest large hospitals.

M. The Subgrantee shall present disease trend or disease prevention information to medical professionals or community organizations at least once during the subgrant period.

N. The Subgrantee shall enhance, or initiate, written communication to the medical community through regular disease bulletins, disease advisories or disease alerts, if funds are available.

O. After the conclusion of an outbreak, the Subgrantee shall present a "lessons learned" summary of the outbreak, as requested by State Epidemiology staff, at either the fall or spring epidemiology training conference or on conference calls during the quarters no state epidemiology conference is held.

Performance Metrics

Case Investigation.

The Subgrantee shall conduct a case investigation on all reported cases of disease, except where specified in the Idaho Investigative Guidelines for Public Health.

Required Level of Expectation:

100%

Method of Monitoring:

Review of case investigations submitted via NBS; quarterly reports (Attachment A); timeliness/completeness reports; annual site review.

Monitoring Frequency:

Quarterly

Strategy for Correcting Non-Compliance:

State Epidemiology staff will document deficiencies and contact the Subgrantee to identify and agree upon resolutions. If the identified deficiencies are not corrected as agreed, the Department may consider further action.

Epidemiologic Investigation.

The Subgrantee shall conduct an epidemiologic investigation on all outbreaks, except as mutually agreed upon by the Subgrantee and the State Epidemiology Program and submit all required forms or complete all required NBS fields.

Required Level of Expectation:

100%

Method of Monitoring:

Review of Epidemiology Outbreak Report Forms, NORS forms, summary reports, and NBS investigations; quarterly reports (Attachment A); annual site review.

Monitoring Frequency:

Quarterly

Strategy for Correcting Non-Compliance:

State Epidemiology staff will document deficiencies and contact the Subgrantee to identify and agree upon resolutions. If the identified deficiencies are not corrected as agreed, the Department may consider further action.

Site Specific Program Review.

Subgrantee's epidemiology team shall participate in the annual site-specific program review conducted by the State Epidemiology Staff and shall respond in writing to a letter summarizing the results of the site review to provide clarification or follow-up information if requested.

Required Level of Expectation:

100%

Method of Monitoring:

Quarterly report (Attachment A); post site-review communication.

Monitoring Frequency:

Annually

Strategy for Correcting Non-Compliance:

The State Epidemiology staff will document deficiencies and contact the Subgrantee to identify and agree upon resolutions. If the identified deficiencies are not corrected as agreed, the Department may consider further action.

Annual Epidemiology Training Conference.

At least one, and preferably a second, epidemiologist will attend the annual fall epidemiology conference and spring epidemiology training developed by State Epidemiology staff.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
Sexually Transmitted Disease (STD) and Human Immunodeficiency Virus (HIV) Case and Outbreak Investigation and Response	All	2/1/2025	5/31/2026	\$32,984.00	NA	NA	\$22,129.00	NA	24.95	No	No	No

II. SUBGRANT SERVICES AND ACTIVITIES

A. Case, Contact, and Epidemiologic Investigation

1. (AMD 1) The Subgrantee must report and investigate HIV infection and HIV Infection Stage 3, also referred to as Acquired Immune Deficiency Syndrome (AIDS), to the Department as required by Idaho Code sections 39-602 and 39-606 and further delineated by Idaho Reportable Diseases (IDAPA 16.02.10).

a. Case investigations must be documented by the Subgrantee as directed in the Idaho Investigative Guidelines for Reportable Diseases and Conditions, with the applicable HIV/AIDS Case Report Form (Adult or Pediatric) submitted to the Department within one (1) month of notification of a case confirmed by laboratory results or verified previous diagnosis.

i. Documentation of each open case investigation at its current state of completeness must be submitted on the applicable Adult or Pediatric HIV/AIDS Case Report Form by the Subgrantee monthly from the date of initial report until the investigation is closed.

b. As possible, in conjunction with information completed in the National Electronic Disease Surveillance System (NEDSS) Base System (NBS), core demographic fields must be completed for each reported HIV infection case in the applicable adult or pediatric HIV/AIDS reporting form. The CDC standard for core data completion is greater than or equal to ninety-seven percent (97%). Core demographic fields include:

i. Name

ii. Sex at birth

iii. Date of birth

iv. Vital status

v. Date of death (if deceased)

vi. Ethnicity

vii. Race

viii. Country of birth

ix. Residence at diagnosis of HIV infection

x. Residence at diagnosis of HIV Stage 3 (AIDS)

c. Antiretroviral (ARV) medication use history must be documented by the Subgrantee on the Idaho Adult HIV/AIDS Report Form for each reported adult case (thirteen [13] years of age or older). The CDC standard for completion of ARV fields is greater than or equal to seventy percent (70%). The following ARV-related questions must be completed:

i. Ever taken any ARV medication

ii. Reason for ARV use

iii. Name(s) of ARV medication taken

iv. Date ARV use first began

v. Date of last ARV use

d. Previous HIV test history must be documented by the Subgrantee on the Idaho Adult HIV/AIDS Report Form for each reported newly diagnosed adult case (thirteen [13] years of age or older). The CDC standard for documentation of the previous negative HIV test indicator is greater than or equal to seventy percent (70%). The following test-related questions must be completed:

i. Ever had a negative HIV test (Y/N, Unknown)

ii. [Negative HIV test] Collect date.

iii. Number of negative HIV tests within twenty-four (24) months before first positive test.

e. Completion of the cluster of differentiation 4 (CD4) T lymphocyte and HIV viral load results most proximal to the HIV infection diagnosis of newly diagnosed HIV infection cases must be documented by the Subgrantee on the Idaho Adult HIV/AIDS Report Form in the laboratory section, if such tests have been collected and resulted at the time of case closure. The CDC standard for CD4 and HIV viral load laboratory completion is greater than or equal to eighty-five percent (85%) within one (1) month of diagnosis.

f. Completion of client risk factors must be documented by the Subgrantee on the Idaho Adult HIV/AIDS Report Form for each newly reported HIV infection case. The CDC standard for risk factor ascertainment is greater than or equal to eighty percent (80%).

g. Documentation of each open case investigation at its current state of completeness must be submitted by the Subgrantee monthly from the date of initial report until the investigation is closed.

2. The Subgrantee must conduct active HIV surveillance activities with at least one (1) facility monthly. Active surveillance is the process of initiating contact with providers or facilities to ascertain new or previously unreported cases. When the Subgrantee determines it is needed, additional active surveillance project(s) or activities must be conducted to address issues of under-reporting, failure to report cases in a timely manner, or in response to an outbreak.

3. (AMD 1) HIV infection cases of public health importance (COPHI) must be investigated by the Subgrantee within three (3) months of notification of COPHI risk according to the Idaho Investigative Guidelines for Reportable Diseases and Conditions, (<https://healthandwelfare.idaho.gov/providers/reportable-diseases/idaho-reportable-diseases>).

a. The Subgrantee must complete COPHI investigation documentation as directed in the Idaho Investigative Guidelines for Reportable Diseases and Conditions to the Department within three (3) months of reported COPHI risk.

4. To the extent possible, the Subgrantee must comply with CDC Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, STD, and TB Programs.

a. The Subgrantee must review and update as necessary protocols for surveillance data by the end of each subgrant funding period.

b. The Subgrantee Overall Responsible Party (ORP) must provide certification of the Subgrantee's compliance with CDC Security and Confidentiality Guidelines by the end of each subgrant funding period using the ORP Certification of Compliance with Security and Confidentiality Guidelines and submit to the Department as directed in the Reports section.

5. The Subgrantee must participate in STD or HIV epidemiology training which may include Department semiannual conferences, as funding allows.

6. The Subgrantee's STD and HIV investigation personnel must participate in an annual site review conducted by the Department. A letter summarizing the results of the review visit will be prepared by the Department. The Subgrantee may be asked to respond in writing to the letter and provide any clarification or follow-up that may be requested.

7. The Subgrantee must conduct STD and HIV case investigations over the Subgrant period, including interviews to provide Partner Services, to high-priority cases as defined in the Idaho Investigative Disease Guidelines:

- a. Lymphogranuloma Venereum (LGV)
- b. Suspected antimicrobial resistant gonorrhea
- c. Disseminated gonococcal infection (DGI)
- d. Early syphilis (primary, secondary, and early latent)
- e. (AMD 1) Any person who is pregnant or who is either assigned female sex at birth or has been otherwise ascertained to have uterine anatomy and aged twelve to forty-nine years (12-49 years) reported with any stage of syphilis
- f. (AMD 1) HIV infection as noted in this Scope of Work
- i. (AMD 1) Diagnosed within the previous twelve (12) months and,
- ii. (AMD 1) Acute HIV infection (Stage 0) case classification according to the current CDC HIV case definition, or
- iii. (AMD 1) Pregnant or having given birth in the previous twelve (12) months, or
- iv. (AMD 1) Less than or equal to thirteen (13) years of age, or
- v. (AMD 1) Part of an HIV infection cluster or outbreak, which may be defined as:
- vi. (AMD 1) Three (3) or more molecularly linked cases within a twelve (12) month period; or
- vii. (AMD 1) Three (3) or more epidemiologically linked cases having characteristics such as a large transmission or risk network, large proportions of cases at risk for poor health outcomes, large proportions of cases without evidence of viral suppression or HIV medical care, or
- viii. (AMD 1) One (1) or more individuals in a network where the likely mode of transmission has been determined as receiving medical care or having been a recipient of human tissue, organ, blood, or blood products from an HIV-infected individual or HIV-contaminated source, or
- ix. (AMD 1) As otherwise defined by the investigating Public Health District or Bureau of Environmental Health and Communicable Disease (BECD) in consultation with the investigating PHD.
- x. (AMD 1) Other HIV infections prioritized by the Public Health District as resources and funding allows.
- xi. (AMD 1) Language removed in amendment 1.

8. For high-priority STD/HIV conditions, the Subgrantee must include a detailed description of the case investigation in the notes section of each investigation, as well as a summary of the interview with information that may not otherwise be conveyed through NBS data fields.

9. NBS investigation fields must be completed for STD/HIV infection case reports according to the "Definitions & Rules for Entering STD/HIV Investigations" document. This document is located on the external Department SharePoint site under NBS and Other Resources - STD/HIV (<https://idhw.sharepoint.com/sites/PublicHealth-EPP/CDP/EPI/NBS%20%20Other%20Resources/Forms/AllItems.aspx>).

10. Laboratory results must be added to or associated with the investigation in NBS which are included in the applicable condition case definition and associated manifestations, at the least.

11. Treatment record(s) must be added to and associated with NBS case investigations for any gonorrhea case, any syphilis case, and any high-priority STI/HIV, and for partners when presumptively treated.

12. Efforts must be made to coordinate with the client and appropriate provider, to the extent possible, appropriate treatment for high-priority gonorrhea and syphilis to occur as quickly as possible, preferably no more than fourteen (14) calendar days after diagnosis. When first treatment begins greater than fourteen (14) calendar days after diagnosis, an explanation of the circumstances should be added to comments in the NBS investigation.

13. Efforts must be made to start high-priority STD/HIV investigations within three (3) business days of report to county. If an investigation is initiated greater than three (3) business days after report, an explanation must be included in the investigation's Surveillance Notes field.

14. Efforts must be made to interview any person diagnosed with a high-priority STD/HIV condition within seven (7) calendar days of report. If an interview is conducted greater than seven (7) calendar days after report, an explanation must be included in the investigation's Field Follow-Up Notes or Investigation Notes fields in the Case Management Tab. If an interview is not conducted, the corresponding Patient Interview status field value must be selected.

15. The Subgrantee must ensure that all congenital syphilis case investigations are completed within thirty (30) calendar days of report.

16. The Subgrantee must ensure that all syphilis case investigations have documented pregnancy status in the Pregnant Information section and documented clinical indications of adverse outcomes (as defined by the presence of otic, ocular, neurologic, disseminated, and late clinical symptoms) in the Syphilis Manifestations or Investigation Comments section of NBS.

17. The Subgrantee must ensure that a random sample of incoming gonorrhea cases have expanded case investigations that capture core epidemiologic variables including, but not limited to: age, sex,

county, diagnosing facility type, specimen collection date, anatomic site(s) of infection, race/ethnicity, gender identity/sexual orientation, sex of sex partner(s), clinical signs/symptoms, pregnancy status, HIV status, partner treatment, gonorrhea- related sequelae (i.e., presence of pelvic inflammatory disease (PID), disseminated gonococcal infection (DGI), etc.), substance use, date of diagnosis, treatment received (including names and doses of treatment), date of treatment, co-infection with other STIs, and history of gonorrhea infection.

18. If the Subgrantee is unable to document or investigate all reported infections or meet timeframes described throughout section II. I, the Subgrantee must proactively communicate with the Department's Epidemiology Section about capacity and support needs. Indicators prompting communication between the Department's Epidemiology Section and Subgrantee include:
- a. A request for assistance by the Subgrantee to the Department's Epidemiology Section Manager based on unforeseen or outside circumstances resulting in performance concerns such as reduced Subgrantee case or epidemiological investigation capacity, or requirement for additional investigation capacity.
 - b. The number of reported cases is greater or equal to two (2) standard deviations above the expected monthly mean from the prior five (5) year period, as calculated by the Department.
 - i. The number of open case investigations exceeds the average proportion of investigations submitted by the respective public health district over the prior five (5) years out of the statewide total, as calculated by the Department.
 - ii. The Subgrantee experiences changes in key disease investigator(s), staff responsible for contact investigations, or staff epidemiologist(s).

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
Viral Hepatitis Case Monitoring, Investigation, and Reporting	Individuals who have been reported as an confirmed or probable case of viral hepatitis	5/5/2025	4/30/2026	\$8,915.00	NA	NA	\$8,915.00	NA	24.95	No	No	No

II. SUBGRANT SERVICES AND ACTIVITIES

A. ELR of Viral Hepatitis

1. The Subgrantee must within five (5) business days, review viral hepatitis ELRs.

a. The Subgrantee must remove the ELR from the "Documents Requiring Review" queue into an NBS investigation file within five (5) business days of transfer to the jurisdiction.

2. The Subgrantee must associate all laboratory reports received via ELR in the electronic NBS investigation(s).

3. The Subgrantee must update information in the NBS disease investigation with ELR information.

a. For Documents Requiring Review (DRR) observations, in which a new person record is created or a new reportable condition added for an existing person record, the Subgrantee must verify the patient's address and transfer the record to the appropriate jurisdiction for follow up if the patient has relocated out of the Subgrantee's jurisdiction.

B. Documentation and Investigation of viral hepatitis cases

1. The Subgrantee must investigate and document reportable viral hepatitis infection cases as described in the Idaho Reportable Disease rules (IDAPA 16.02.10) and the Idaho Investigative Guidelines for Reportable Diseases and Conditions for the following: hepatitis A, acute and chronic hepatitis B, perinatal hepatitis B, acute and chronic hepatitis C, and perinatal hepatitis C.

a. Subgrant funds must be prioritized to enhance practices to improve case documentation in NBS and investigation timeliness and completeness for cases of acute or perinatal viral hepatitis.

b. Investigation of viral hepatitis must be initiated:

i. Within three (3) business days of direct provider report of acute or perinatal viral hepatitis;

ii. Within three (3) business days of laboratory report which meets the laboratory criteria for diagnosis of acute hepatitis A or acute hepatitis B; and

iii. Within five (5) business days of first processing ELR out of the NBS DRR queue which do not meet criteria in II.B.1.b.i or II.B.1.b.ii.

c. If the Subgrantee is unable to document or investigate all reported infections or meet timeframes described in II.A.1 and II.B.1.b, the Subgrantee must communicate with the Department's Epidemiology Section about capacity and support needs. Indicators prompting communication between the Department and Subgrantee include:

i. A request for assistance by the Subgrantee to the Epidemiology Section Manager based on unforeseen or outside circumstances resulting in performance concerns such as reduced Subgrantee investigation capacity, or requirement for additional investigation capacity.

ii. The number of reported cases is greater or equal to two (2) standard deviations above the expected monthly mean from the prior five (5)-year period, as calculated by the Department.

iii. The number of open investigations exceeds the average proportion of investigations submitted by the respective PHD over the prior five (5) years out of the statewide total, as calculated by the Department.

iv. The PHD experiences changes in key disease investigator(s) or staff epidemiologist(s).

C. Documenting viral hepatitis case investigations in NBS

1. The Subgrantee must submit data collected during case investigations for all cases of probable or confirmed viral hepatitis by completing the investigation fields in the NBS.

a. For reportable viral hepatitis conditions that do not require case investigations be completed, as referred to in II.B, the minimum fields must be completed within the appropriate disease or condition investigation. These fields include:

i. Name;

ii. Age and date of birth;

iii. Sex;

iv. Address, including city and county;

v. Phone number, if available;

vi. Date of specimen collection, if applicable;

vii. Physician name, address, and phone number;

viii. Date of report;

ix. Reporting source; and

x. Case status.

b. All investigations documented in NBS must be completed within thirty (30) calendar days after initial report.

i. If completion cannot be achieved by thirty (30) calendar days after initial report, circumstances must be noted in the NBS investigation comments field.

ii. The Subgrantee must continue to exchange information with the Department as described in IDAPA 16.02.10 according to the timeframes therein for investigations that remain open until the point of closure.

c. Subgrant funds must not be used to support personnel and operating costs associated with data entry into or maintenance of non-NBS databases or surveillance systems (e.g., in-house database) unless requested by or approved by the Department.

d. Completion of investigation fields in NBS.

i. In addition to minimum fields enumerated in II.C.1.a above, the Subgrantee must complete the NBS fields listed in the Investigative Protocol for each viral hepatitis infection. The Subgrantee must achieve a ninety percent (90%) completion rate of applicable fields (responses other than "Unknown" or missing/blank) as calculated by the Department for cases reported to the Subgrantee greater than thirty (30) calendar days prior.

D. Contact investigation

1. The Subgrantee must investigate exposed contacts of probable or confirmed acute or perinatal viral hepatitis cases and submit data to the Department.

- a. The Subgrantee must implement or coordinate restrictions or other interventions with contacts as needed according to the Idaho Investigative Guidelines for Reportable Diseases and Conditions.
- b. Contacts with unknown infection status must be offered, or referred to, testing services by the Subgrantee. Contacts determined to be infected must be referred to medical care and must be investigated according to II.A through II.C.
- c. The Subgrantee must complete a contact record for each identified contact of an acute or perinatal hepatitis case, including the Contact Follow Up tab in the NBS case investigation.

E. Cluster and outbreak investigation

1. The Subgrantee must notify the Department:

- a. Within one (1) business day when healthcare associated transmission is suspected within the past twelve (12) months for any case of viral hepatitis;
- b. Within one (1) business day of cluster identification when transmission by food or a food handler is suspected; and
- c. Within three (3) business days when viral hepatitis outbreaks are detected which are not suspected to involve healthcare, food, or food handler transmission.

F. Human immunodeficiency virus (HIV) testing and referral to care

1. The Subgrantee must recommend and refer, or provide voluntary HIV antibody testing to all cases of acute hepatitis C infection unless tested concurrently or within two (2) weeks prior to onset or diagnosis date.

- a. If testing results determine HIV positivity, the Subgrantee must make a referral for HIV medical care services if the person is not already receiving HIV medical care.

G. Local Resources Inventory

1. The Subgrantee must develop and submit a resource list for referring people with, or exposed to, hepatitis C for the following services in their jurisdiction and, where applicable, proximal cross-border communities:

- a. Additional testing for hepatitis C infection to confirm infection or to evaluate exposure to hepatitis C, including school or university health centers;
- b. Medical care for hepatitis C infection, including providers who provide Medicare and Medicaid and low or reduced cost services (e.g., community health centers);
- c. Clinics serving men who have sex with men;
- d. Drug or alcohol prevention and treatment programs and facilities;
- e. Family planning clinics;
- f. Sexually transmitted disease (STD) and tuberculosis clinics;
- g. Hospital emergency departments;
- h. Hospital or other urgent care centers;
- i. Men's and women's health clinics;
- j. Migrant health centers;
- k. HIV and viral hepatitis testing outreach services; and
- l. Syringe services programs.

H. Epidemiology conference attendance

1. The Subgrantee may use Subgrant funds to send at least one (1) epidemiologist to the annual fall or spring epidemiology training conference sponsored by the Department's Bureau of Communicable Disease Prevention (BCDP) Epidemiology Section when viral hepatitis topics are included in the conference.

I. Participation in annual site reviews

1. The Subgrantee must participate in annual site reviews with the BCDP Epidemiology Section.

III. QUALITY ASSURANCE

A. The Subgrantee must meet with the Department, as requested, to review Subgrant compliance, to participate in mutually agreed upon training, to collaboratively plan improvements and to discuss safety concerns or any special preparation and planning needs.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
Tuberculosis Control and Directly Observed Therapy	Individuals who have been clinically diagnosis with active tuberculosi s	1/8/20258	12/31/2025	\$4,575.00	NA	NA	\$4,575.00	NA	24.95	No	No	No

II. SUBGRANT SERVICES AND ACTIVITIES

A. Notification and consultation for suspect and confirmed cases. The Subgrantee must notify the Department's TB program as soon as a suspected or confirmed case of TB disease is identified and participate in a fifteen to thirty (15-30) minute initial call with the program, including the Division of Public Health medical director, when requested, to discuss case management and response activities. The Subgrantee must also participate in a follow-up call if requested by the Department.

B. Reporting suspected and confirmed cases. The Subgrantee must report all cases of confirmed TB disease to the Department within three (3) business days of identification by completing and submitting the CDC Report of a Verified Case of TB (RVCT) via the National Electronic Disease Surveillance System (NEDSS) Base System (NBS) or by phone, email, or on a report form provided by the Department.

C. RVCT completion for all patients with TB disease. The Subgrantee must complete and submit to the Department the CDC RVCT Form via NBS:

1. Available data for the Initial Report (in the "Patient," "Case Info," and "Tuberculosis" tabs) must be submitted within two (2) weeks of laboratory or clinical confirmation of TB.
2. Available data for the Follow-up Report 1 (in the "TB Disease Only - Clinical History and Findings; Initial Treatment Information, Genotyping and Drug Susceptibility" tabs) must be submitted within two (2) weeks of receipt of initial drug susceptibility results.
3. Data for the Follow-up Report 2 (in the "TB Disease Only - Case Outcome" tab) and any other available data not previously reported must be submitted within four (4) weeks of completion or discontinuation of therapy, or when the patient is lost to follow-up.

D. Monthly contact with all persons with TB disease. To appropriately monitor the clinical status of patients with TB disease, the Subgrantee must maintain monthly contact with all active TB patients, including those not on Directly Observed Therapy (DOT), and at least initial contact with the provider. Contact with the medical provider must occur again if there are questions about the patient's regimen or concern about lack of clinical improvement. Individuals with TB disease must be followed from the time they are identified until the time they stop or complete therapy to monitor treatment adherence and completion.

E. Engage with providers who are treating a patient with TB disease. The Subgrantee must identify the treating provider, offer to perform collection of samples for smear and culture if necessary, and ensure providers managing patients with TB disease are aware of:

1. The necessity of obtaining follow-up cultures and smears;
2. Methods for monitoring for drug toxicity, including visual acuity and audiogram tests, as appropriate, when ethambutol or streptomycin are used;
3. The necessity for baseline laboratory tests to be done as soon as possible, ideally before treatment starts but at least within the first two (2) weeks of the initiation of therapy for TB disease, to be repeated monthly or more frequently if signs and or symptoms of toxicity develop. This should include at a minimum a comprehensive metabolic panel (CMP), a complete blood count (CBC), and one (1)-time human immunodeficiency virus (HIV) testing following the American Thoracic Society/CDC/Infectious Diseases Society of America (ATS/CDC/IDSA) treatment guidelines linked below;
4. The ATS/CDC/IDSA treatment guidelines "Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis" <https://academic.oup.com/cid/article/63/7/e147/2196792>.

F. DOT for infectious and noninfectious cases. The Subgrantee must provide DOT for patients being treated for active TB, unless the patient refuses or there is an agreement between the Department and the Subgrantee that DOT for a particular patient is not feasible or not necessary. The Subgrantee must:

1. Record medications given, by date, on the DOT Record (provided by the Department) or another form as mutually agreed upon by the Subgrantee and the Department.
2. Submit record of DOT to the Department on the DOT Report form (provided by the Department) or another form as mutually agreed upon by the Subgrantee and Department, when the course of DOT is completed.
3. Perform at least ten (10) successful in-person DOT visits for infectious patients, and at least six (6) DOT visits for noninfectious patients, unless there is an agreement between the Department and the Subgrantee to allow for a shorter time period.
4. After this time, and at the Subgrantee's discretion, implement electronic DOT (eDOT), if available and applicable, and used until treatment completion.
 - a. If eDOT is used, the Subgrantee must submit record of eDOT to the Department:
 - i. On the DOT Report form or another form mutually agreed upon by the Subgrantee and Department at the time of quarterly report submission, or
 - ii. In the eDOT system, if available, at the time eDOT dose is verified by the Subgrantee.
 - b. The Subgrantee must revert to in-person DOT when:
 - i. Two (2) or more scheduled consecutive eDOT events are missed, unless previously approved by Subgrantee, or
 - ii. eDOT is determined by the Subgrantee to be an unreliable approach for ensuring treatment completion for that patient.

G. Notifying the Department about treatment concerns. The Subgrantee must notify the Department if there is a concern about therapy, including providers prescribing treatment that does not follow ATS/CDC/IDSA guidelines or if patients are non-adherent with therapy and efforts to work with the patient and provider are not resulting in improved adherence. Incentives and enablers may be used within the parameters outlined in the Cost/Billing Procedures.

H. Documentation for non-DOT patients. For patients not on DOT provided or supervised by the Subgrantee, the Subgrantee must monthly record basic information, such as: clinical response to therapy, current medications, adherence to therapy, and projected completion of therapy dates. This information must be kept in the patient's file at the Subgrantee's location. Documentation must be kept for:

1. Persons refusing DOT.
2. Persons for whom other treatment systems are in place (e.g., they are currently in the hospital or a long-term care facility with daily supervision of their medications).

3. Persons discussed with the Department and agreed to not require DOT for any other reason, including some persons with noninfectious active TB and as agreed upon by the Department and the Subgrantee.

I. Incentives and enablers. Use of incentives (small rewards to encourage continued adherence to treatment, [e.g., food gift cards]) and enablers (small amounts of funding or other assistance to help ensure continued adherence, [e.g., gas gift cards]) must be reported on the Quarterly Report (provided by the Department) form including cost per incentive, description of how they were used, and why they were used.

J. Staff training. Subgrantee staff directly involved in investigation and follow-up of TB must participate in at least one (1) training activity dedicated to TB, as funding allows.

K. Maintenance of isolation. The Subgrantee must ensure compliance of infectious persons in maintaining respiratory isolation.

L. Targeted testing. In collaboration with Idaho's state TB program, the Subgrantee must identify at least one (1) high-risk population and propose a brief written plan to increase screening, testing, and treatment in this population, including developing collaborative relationships with organizations that serve these populations.

M. Contact investigation. The Subgrantee must conduct an investigation of close contacts of confirmed infectious cases, provide or ensure testing of contacts, and expedite referral for possible window prophylaxis for high-risk individuals.

1. The Subgrantee must submit the Contact Tracing Form (provided by the Department) to the Department:

a. Within four (4) weeks of laboratory or clinical confirmation of TB in the index case, and

b. Again, within four (4) weeks of the last treated contact ending treatment for latent TB infection (LTBI), or

c. If no contacts are started on LTBI treatment, the Contact Tracing Form must be submitted within four (4) weeks of the final contact completing evaluation or being declared lost to follow up.

2. The Subgrantee must conduct a source investigation of all children less than seven (7) years old who are reported to be tuberculin skin test positive, interferon gamma release assay (IGRA) positive, or who are diagnosed with TB disease.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
National Electronic Disease Surveillance System (NEDSS) capacity and enteric disease investigation data entry.	All those individuals are confirmed of a communicable disease on the Idaho Reportable List (IDAPA 16.02.10)	12/19/2022	7/31/2025	\$331,896.00	NA	NA	\$125,286.00 (8/1/2024 - 7/31/2025)	NA	24.95	No	No	No

II. SUBGRANT SERVICES AND ACTIVITIES

A ELR REPORTING

1. The Subgrantee must, within two (2) working days, review ELRs.

a. The Subgrantee must remove the ELR from the "Documents Requiring Review" queue into an NBS patient file within two (2) working days of transfer to the jurisdiction.

b. (AMO 1) Exceptions to this timeframe include follow-up/additional ELRs for patients reported with the isolation of methicillin-resistant *Staphylococcus aureus* (MRSA), respiratory syncytial virus (RSV), or ELRs related to sexually transmitted disease (STD) or human immunodeficiency virus (HIV)/CD4 count.

c. (AMO 1) REMOVED IN AMENDMENT 1.

2. The Subgrantee must include ALL laboratory reports received via ELR in the patient's electronic file and ensure they are associated with the appropriate investigations .

3. The Subgrantee must update information in the NBS disease investigation with ELR information. This information includes, but is not limited to, identified serogroup, strain characterization, drug resistance, and confirmatory tests.

4. For diseases that do not require investigations to be completed (HCV, invasive MRSA, RSV), the patient file must include an NBS investigation with jurisdiction and case status populated and lab report(s) associated to the investigation. Other investigation fields are optional for these diseases.

B. CASE INVESTIGATION DATA AND MINIMUM FIELDS

1. The Subgrantee must report all diseases and associated case investigation data via the NBS within mandated timeframes outlined in the Idaho Reportable Disease rules (IDAPA 16.02.10).

a. Exception: The Subgrantee may decide whether or not to enter probable Norovirus cases into the NBS. Confirmed norovirus cases must be entered into the NBS.

2. For all diseases requiring investigation, the following NBS investigation fields must be completed:

a. Investigation Start Date (mm/dd/yyyy)

b. Investigation Status (Open / Closed)

c. Date of Report (mm/dd/yyyy)

d. Reporting Source (select text)

e. Hospitalized Indicator (Yes/ No/ Unknown)

f. Diagnosis Date (mm/dd/yyyy)

g. Outbreak Indicator (Yes/ No/ Unknown)

h. Outbreak Name (If Outbreak Indicator= "Yes" include outbreak number)

i. Confirmation Method (select text)

j. Confirmation Date (mm/dd/yyyy)

k. Case Status (Confirmed / Probable/ Suspect/ Not a Case)

3. For all enteric diseases [salmonellosis, campylobacteriosis, cryptosporidiosis , Giardia, shigellosis, shiga-toxin producing *E. coli* (STEC), Typhoid fever], the following additional NBS investigation fields must be completed:

a. Patient Contact (applicable fields in the section)

b. Interventions for Common Enterics fields (applicable fields in the section)

c. 4-Day Food History fields (all fields in the section)

d. Day Care fields (all fields in the section)

e. Food Handler after onset (Yes/ No/ Unknown)

f. Food Handler last date worked (If Food Handler after onset= "Yes," enter date)

g. Travel History (Yes/ No/ Unknown)

h. Drinking Water Exposure (usual source and untreated water fields)

i. Recreational Water Exposure (Yes/ No/ Unknown)

j. Recreational Water Exposure Type (If Recreational Water Exposure = "Yes")

k. Animal Contact (Yes/ No/ Unknown)

l. Type of Animal (If Animal Contact= "Yes")

m. Related Cases (all fields in the section)

4. For all vaccine-preventable diseases [diphtheria, *Haemophilus influenzae*, hepatitis A, HBV, measles, mumps, *Neisseria meningitidis*, pertussis, poliomyelitis, rubella, tetanus, *Streptococcus pneumoniae*], the following additional NBS investigation fields must be completed:

a. Associated Vaccinations (if available)

b. Date Administered

c. Vaccine Administered

5. The Subgrantee must make reasonable efforts to obtain associated vaccinations records, by looking up relative information in Idaho 's Immunization Reminder Information System (IRIS) and the patient's medical records or by obtaining the records directly from the patient. If the information is unable to be obtained , the Subgrantee must document the efforts made in the NBS investigation and the Subgrant Monitor and Vaccine-preventable Diseases Lead must be contacted by email which must include the Case Identification (ID) number and "vaccination records missing" in the subject line.

6. For meningococcal disease, the Subgrantee must make reasonable efforts to complete the disease tab and collect risk factor data specified in the Manual for the Surveillance of Vaccine Preventable Diseases. The Subgrantee must enter the risk factor data in the appropriate NBS investigation fields or enter the information into the general comments tab. Risk factors include:

a. HIV status

- b. anatomic or functional asplenia status
- c. complement component deficiencies status
- d. eculizumab treatment status
- e. housing information
- f. active or passive smoking status
- g. recent upper respiratory tract infections
- h. race (patient information tab)
- i. vaccine history of cases
- j. sexual partner preferences
- k. socio-economic status
- l. case contacts

C. OUTREACH AND EDUCATION

1. The Subgrantee must engage in outreach and education of healthcare providers and laboratories to encourage submission of isolates for all vaccine preventable diseases.
2. The Subgrantee must provide vaccine-preventable disease trend or vaccine-preventable disease prevention information to infection preventionists in Idaho facilities located in the public health district at least twice during the Subgrant period. This may be done through presentations at infection prevention committee meetings, other meetings with infection preventionists, email communication, or other means of communication such as Health Alert Network messages where infection preventionists are one (1) of the primary recipients. The Subgrantee may also partner with their immunization program staff to coordinate communication with this audience, as appropriate. Specific topics may include, but are not limited to, education and information on the following topics:
 - a. Vaccine-preventable disease surveillance priorities as outlined in the Manual for the Surveillance of Vaccine-Preventable Diseases.
 - b. Awareness regarding acute flaccid myelitis (AFM) surveillance.
 - c. Idaho or jurisdiction-specific vaccine-preventable disease incidence, changes in vaccine recommendations, and control of vaccine-preventable diseases.
3. The Subgrantee must present community-specific vaccine-preventable disease data and disease prevention information to medical professionals and community organizations as appropriate and as opportunities arise, through newsletters, webpages, presentations, and social media.

D. INFRASTRUCTURE AND MEETINGS

1. The Subgrantee must participate in quarterly Idaho NBS user group (NUGIT) calls or in-person meetings with the Department's Surveillance Program.
2. The Subgrantee must participate in two (2) vaccine-preventable disease surveillance evaluations and subsequent quality improvement projects led by the Department, time not to exceed 4 (four) hours per project.

III. QUALITY ASSURANCE

A The Subgrantee must meet with the Department, as requested, to review Subgrant compliance, to participate in mutually agreed upon training, to collaboratively plan improvements and to discuss any special preparation and planning needs.

B. In the second week of each month the Department will run a quality assurance report (QA report)" using data from the NBS for the entire prior month and use that dataset to assess data completeness and data quality. The Subgrantee must correct the identified data entry errors, complete missing data or provide comments stating why the data could not be obtained, by the end of the month in which the QA report is provided.

C. The Subgrantee must ensure all the previous year's investigation data are entered and that all investigations have been closed.in the NBS by February 15 of the following year.

D. The Subgrantee must work in conjunction with the Subgrant Manager to ensure all tasks pertaining to year-end data reconciliation efforts in the NBS are completed by April 30 of the following year.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
Perinatal Hepatitis B surveillance and case management	All women of childbear- ingage 14 to 40 who are reported as having hepatitis B.	TBD	TBD	TBD	TBD	TBD	TBD	NA	24.95	No	No	No

II. CONTRACT SERVICES AND ACTIVITIES

A. Perinatal Hepatitis B Surveillance

1. The Contractor must work with BECD Epidemiology and Immunization staff to ensure pregnancy status is identified in all women of childbearing age fourteen to forty four (14- 44) years who are reported as having hepatitis B. The Contractor must manage all identified HBsAg positive pregnant women in accordance with the Idaho Investigative Guidelines for Public Health.
2. The Contractor must document the mother's insurance status whether it is public, private or uninsured at the time of being identified as a pregnant woman with Hepatitis B.
3. The Contractor must report all identified cases as per reporting protocols published in Idaho Reportable Diseases administrative rules (IDAPA 16.02.10).
4. The Contractor must report summary case management activities using the BECD Idaho Immunization Program (IIP) provided Perinatal Hepatitis B Mother Case Management Form (Attachment C), Perinatal Hepatitis B Infant Case Management Form (Attachment D), and Perinatal Hepatitis B Contact Case Management Form (Attachment E).
 - a. The forms must be submitted to the Department's Perinatal Hepatitis B Coordinator within the timeframes specified on the forms.
5. The Contractor must work with BECD Epidemiology and Immunization staff to ensure follow-up activities with HBsAg positive pregnant women and their close and household contacts are conducted in accordance with the Idaho Investigative Guidelines for Public Health.
6. The Contractor must ensure the anticipated delivery hospital is aware of the expected delivery.
7. The Contractor must take all appropriate measures to help ensure all infants born of HBsAg positive mothers are appropriately vaccinated concurrently with HBIG and hepatitis B vaccine within 12 hours of birth.
8. The Contractor must provide tracking and recall services for infants born to HBsAg positive women reported and for all close and household contacts of these women in accordance with the Idaho Investigative Guidelines for Public Health.
9. The Contractor must take all appropriate measures to ensure that post-vaccination serology testing is completed between nine (9) and eighteen (18) months of age with a minimum of one (1) month after the last dose of hepatitis B vaccine is given.

B. Submission of Perinatal Hepatitis B Program Lab Specimens to Idaho Bureau of Laboratories (IBL)

1. The Contractor must submit any specimens sent to the Idaho Department of Health and Welfare, Bureau of Laboratories using the Virology Test Requisition Form (Attachment B).
2. The Contractor must include in the "TEST ORDERED BY/SEND REPORTS TO" section of the Virology Test Requisition Form "Perinatal Hepatitis B" and the Contractor's information.

III. QUALITY ASSURANCE

- A. The Contractor must work with the Contract Monitor to determine any barriers to evaluating household members, notifying birth hospitals, obtaining post-vaccination serology, or administration of birth dose of HBIG and hepatitis B vaccination series.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
Public Health Emergency Preparedness	All	TBD	TBD	\$402,839.00	NA	NA	\$402,839.00	NA	24.95	Yes	10%	No

SUBGRANT SERVICES AND ACTIVITIES

A. Community Preparedness

1. The Subgrantee must collaborate with the Department in the state Risk Assessment where the state will be identifying and prioritizing risks, risk-reduction strategies, and risk-mitigation efforts in coordination with community partners and stakeholders.

Output: The Subgrantee must collaborate with the Department and must facilitate collecting and disseminating information to local partners within its jurisdiction. (06/30/2026)

Outcome: The outcome of this activity will be to strengthen community partnership through data collection to identify public health risks and hazards.

2. The Subgrantee must complete a seminar or workshop with emergency management and the healthcare coalition to review response plans and standard operating procedures for a minimum of two threats or hazards identified in the state Risk Assessment. (Threats must not be repeated from previous year).

Output: The Subgrantee must provide the Department with the following:

- a. Meetings attended
- b. Agenda
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. Lessons learned
- f. Feedback from participants. (06/30/2026)

Outcome: The outcome of this activity will be to strengthen community partnership through data collection to identify public health risks and hazards.

3. The Subgrantee must have primary and secondary staff members trained to use Geographic Information System applications. The Subgrantee must sustain staff competency through practical application and participation in an exercise to coordinate data sets, pre-identified Geographic Information System information and training. The Department will provide quarterly or as-requested training, to develop and sustain Geographic Information System skills for the public health district Geographic Information System users. The Department will provide an agenda and training objectives for each training prior to the training taking place. The Subgrantee must take part in two (2) Department-led drills using Geographic Information System applications. The Subgrantee must assist with the development of these required exercises.

Output: The Subgrantee must have improved knowledge and incorporate Geographic Information System applications in response plans. The Subgrantee must document Geographic Information System related training and list projects it completes using Geographic Information System. One (1) of the drills must be conducted to map access and functional needs populations within the local jurisdiction. Real-world activities that include using Geographic Information System for mapping can be used in place of drills. (09/30/2025), (12/31/2025), (03/31/2026), (06/30/2026)

Outcome: The outcome of this activity ensures competency and proficiency with using ArcGIS platforms and products.

4. The Subgrantee must gather and maintain information on a Partner Planning Sheet Excel document that captures a minimum of eight planning elements for jurisdictional partners.

Output: The Subgrantee must provide the Department with an Excel document that includes eight partner planning elements for both internal and external emergency response partners. (06/30/2026)

Outcome: The outcome of this activity ensures that the Subgrantee has effective partner coordination and can coordinate well with its community partners to realize its mission. (06/30/2026)

5. The Subgrantee must plan and execute a capabilities gap assessment conference to increase partner engagement and gather partner feedback to enhance and align preparedness efforts.

Output: The Subgrantee must provide the Department with the following:

- a. Meetings attended
- b. Agenda
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. Lessons learned
- f. Feedback from participants. (06/30/2026)

Outcome: The outcome of this activity establishes an annual process to ensure that it integrates its community partner feedback and priorities in its annual workplan.

6. The Subgrantee must conduct a review of community partners' plans where the Subgrantee is given a response role to ensure that the role identified can be fulfilled.

Output: The Subgrantee must provide the Department with the complete list of partner plans and the role identified. (06/30/2026)

Outcome: The outcome of this document log will be to improve community partner collaboration by knowing the expectations from community partners on how the Subgrantee will support community partners during an emergency.

7. The Subgrantee must schedule at least one preparedness outreach opportunity with each jurisdictional county. This may include but is not limited to presentations at Local Emergency Planning Committees meetings, community health fairs, and community events. The Subgrantee must attend all active Local Emergency Planning Committees meetings in its jurisdiction to provide updates and report outs on public health response activities.

Output: The Subgrantee must provide the Department with the following:

- a. Meetings attended
- b. Agenda
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. Lessons learned. (06/30/2026)

Outcome: The outcome of this activity will showcase to its community partners the great work being completed by the Subgrantee, plus it provides a better understanding for its partners to ascertain its role in a community response.

B. Community Recovery

1. The Subgrantee must conduct a needs assessment for each jurisdictional county to understand better how recovery is being addressed and incorporated into planning, training, and exercise efforts.

Output: The Subgrantee must provide the Department with the following:

- a. Meetings attended
- b. Agenda
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. Lessons learned. (09/30/2025)

Outcome: The outcome of this activity is to have a comprehensive understanding about the recovery planning efforts from the county emergency managers to best understand how to integrate public health recovery into the overall community recovery planning.

2. The Subgrantee must maintain a comprehensive list of district access and functional needs partners. This list must be reviewed once every two quarters for updates.

Output: The Subgrantee must provide the department with a list of its access and functional needs partners. (09/30/2025), (12/31/2025), (03/31/2026), (06/30/2026)

Outcome: The outcome of this activity is to have an accurate, updated list of access and functional needs entities to improve partner engagement for recovery efforts.

3. The Subgrantee must train its jurisdictional county emergency managers on the essential services that will be provided by the Subgrantee during a Continuity of Operations activation.

Output: The Subgrantee must provide the Department with the following:

- a. Meetings attended
- b. Agenda
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. Lessons learned. (12/31/2025), (06/30/2026)

Outcome: The outcome of this activity is to increase knowledge and understanding for the county emergency managers to be aware of the essential services being provided when the Subgrantee's Continuity of Operations is activated.

4. The Subgrantee must coordinate with district county emergency managers to determine and provide a resource list of public health assets during the recovery phase of the incident.

Output: The Subgrantee must provide the Department with a summary of the Subgrantee's recovery resources that was shared with the county emergency managers. (09/30/2025)

Outcome: The outcome of this activity is to ascertain that recover resources are updated, mission ready, and deployable.

C. Emergency Operations Coordination

1. The Subgrantee must provide a situation report that includes community lifelines updates during each operational cycle during response and support efforts to the Department of any Emergency Support Function Emergency Support Function 6 Mass Care, Emergency Support Function 7 Logistics Management and Resource Support, Emergency Support Function 8 Public Health and Medical Services, Emergency Support Function 10 Oil and Hazardous Materials Response, Emergency Support Function 11 Agriculture and Natural Resources, Support Annex 5 Worker Safety and Health, Incident Annex 4 Nuclear/Radiological Incident, or Incident Annex 6 Pandemic activations within its jurisdiction, starting within the first six (6) hours. The Department will designate the system to be used for this information sharing.

Output: The Subgrantee must ensure that notification is complete, and that the Department designated dashboard is updated as directed by the Department. (12/31/2025), (06/30/2026)

2. The Subgrantee must notify the Department of any Emergency Support Function 6, Emergency Support Function 7, Emergency Support Function 8, Emergency Support Function 10, Emergency Support Function 11, Support Annex 5, Incident Annex 4 or Incident Annex 6 activations in Idaho Resource Tracking System and WebEOC within its jurisdiction that involve a public health response within sixty (60) minutes of activating its incident management team for an incident, and keep information updated in the Idaho Resource Tracking System dashboard throughout the activation.

Output: The Subgrantee must ensure that notification is complete, and dashboard is updated as directed by the Department. (12/31/2025), (06/30/2026)

3. The Subgrantee must define the role of Emergency Support Function 8 with its jurisdictional counties to understand how the Subgrantee will support the counties when the county emergency operations center is activated.

Output: The Subgrantee must provide the Department with the following:

- a. Meetings attended
- b. Agenda
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. Lessons learned. (09/30/2025), (12/31/2025)

Outcome: The outcome of this activity to become more integrated with county emergency operation center activations that will lead to a more timely and cohesive response.

4. The Subgrantee must define trigger points for emergency operations center and incident management team activities, including but not limited to monitoring phase, activation, expansion to outside resources, and demobilization.

Output: The Subgrantee must provide a plan update with these trigger points and submit to the Department. (09/30/2025), (12/31/2025)

Outcome: The outcome of this activity will increase the proficiency of the Subgrantee's need to activate its emergency operations center and incident management team.

5. The Subgrantee must activate its Emergency Operations Center to a level III (monitoring phase) year-round to conduct monthly incident briefings.

Output: The Subgrantee must provide the Department, an incident action plan and a copy of the Incident Command System 201 form for each briefing.

(09/30/2025,12/31/2025,03/31/2026,06/30/2026)

Outcome: The outcome of this activity is to gain regular proficiency with emergency operations center and incident management team activities by conducting monthly incident briefings, developing monthly incident plans, and using Incident Command System forms.

6. The Subgrantee must exercise at minimum one incident management team transition of appropriate Command and General Staff positions.

Output: The Subgrantee must complete a tabletop exercise, and must provide the Department with the following:

- a. Meetings attended
- b. Agenda
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. After-Action Report/Improvement Plan. (06/30/2026)

Outcome: The outcome of this activity will be to demonstrate the Subgrantee's ability to successfully transition incident management team positions from a Level III to a Level II or I activation.

7. The Subgrantee must maintain its current list of Memorandum of Understanding for alternative location(s) for emergency operations center operations.

Output: The Subgrantee must provide the Department a list of Memorandum of Understanding for alternate locations for the emergency operations center, which may include a virtual emergency operations center. (06/30/2026)

Outcome: The outcome of this activity is to ensure continuity of emergency operations center operations when the primary location is unavailable.

8. The Subgrantee must provide the Department with an update to the administrative preparedness plan on emergency funding standard operating procedures.

Output: The Subgrantee must provide the Department with an updated Administrative Preparedness Plan. (12/31/2025), (06/30/2026)

Outcome: The outcome of this activity ensures emergency funding capabilities and emergency staffing augmentation when primary funding resources are not available.

9. The Subgrantee must utilize newly developed job action sheets for its Command and General Staff as well as develop new job action sheets for other positions as appropriate.

Output: The Subgrantee must provide job action sheets to the Department. (06/30/2026)

Outcome: The outcome of this activity makes training of emergency operations center incident management team positions more effective and efficient through updated and accurate job action sheets. Provide the Department with a list of newly created job action sheets and lessons learned from the current job action sheet.

10. The Subgrantee must hold quarterly trainings with its assigned phone carriers to be prepared for receiving State Communication phone calls.

Output: The Subgrantee must provide the Department with the following:

- a. Meetings attended
- b. Agenda
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. Lessons learned. (09/30/2025), (12/31/2025), (03/31/2026), (06/30/2026)

Outcome: The outcome of this activity ensures a trained, skilled on-call team to response to public health emergencies.

D. Emergency Public Information and Warning

1. The Subgrantee must ensure public information personnel are trained in the following courses:

- a. Introduction to the Incident Command System (IS -100.C)
- b. An Introduction to the National Incident Management System (IS-700.B)
- c. Public Information Officer Awareness (IS-29. A)
- d. Basic Emergency Operations Center functions (IS-2200)
- e. Basic Public Information Officer (G-0290) or Public Information Basics (E-0105).

Output: The Subgrantee must provide the Department documentation of training courses to include completion dates. The Subgrantee must provide documentation of tracking of availability and, if courses are not available in the budget period, how this training will be addressed. (06/30/2026)

Outcome: The outcome of this activity ensures a trained, skilled on-call team to response to public health emergencies.

2. The Subgrantee must ensure public information personnel have completed training within six (6) months of hire and at least once every five (5) years thereafter or when curriculum has been updated, to develop key messages to be used during a public health emergency.

Output: The Subgrantee must provide the Department documentation of training course. (06/30/2026)

Outcome: The outcome of this activity ensures a trained, skilled on-call team to response to public health emergencies.

3. The Subgrantee must maintain plans or procedures and exercise with Department-defined metrics an emergency notification platform for its jurisdiction (e.g., AlertSense, Call-Em All, Everbridge).

Output: The Subgrantee must provide the Department with:

- a. The name of the notification system it is using
- b. Provide a list of procedures in place that use the notification system.
- c. A list of participants in the notification system to alert staff about an emergency.
- d. Drill or real-world information to include:
 - i. Date and time of notification
 - ii. Lapsed time to respond to the notification
 - iii. Lapsed time to report for assigned duties (06/30/2026)

Outcome: The outcome of this activity ensures public health messages are sent in a timely manner with minimal margins for error.

4. The Subgrantee must provide refresher training to subject matter experts who support the public information officers when there are media request and requests for technical information.

Training must include on, and off-camera interviews as requested by the media.

Output: The Subgrantee must provide the Department with the following:

- a. Meetings attended
- b. Agenda
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. Lessons learned. (03/31/2026)

Outcome: The outcome of this activity builds confidence for subject matter experts to give media interviews to the public regarding public health issues.

5. The Subgrantee must update the risk communication plan to ensure public information functions, roles, and responsibilities are accurate and up to date.

Output: The Subgrantee must provide the Department with the completed updated plan. (06/30/2026)

Outcome: The outcome of this activity will ensure that all public health information functions are current, accurate, and can be readily developed during a public health emergency.

6. The Subgrantee must include, at minimum, one risk communication objective as part of the required tabletop exercises in accordance with the Idaho Department of Health and Welfare Five-Year Exercise Strategic Framework.

Output: The Subgrantee must complete a tabletop exercise, and must provide the Department with the following:

- a. Meetings attended

b. Agenda, including objective(s)

c. List of attendees

d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)

e. After-Action Report/Improvement Plan. (06/30/2026)

Outcome: The outcome of this activity tests the risk communication plan and identifies future corrective actions for quality improvement.

7. The Subgrantee must coordinate with public information officers from other sectors to develop a regional joint information center.

Output: The Subgrantee must provide the Department with minutes and action items from conference calls to establish a joint information center. (12/31/2025), (06/30/2026)

Outcome: The outcome of this activity measures public information officer partner engagement to develop a region joint information system.

8. The Subgrantee must include at maintain contact lists for public information officers from various sectors and disciplines.

Output: The Subgrantee must provide the Department with contact lists for non-public health information officers on a quarterly basis. (09/30/2025), (12/31/2025), (03/31/2026), (06/30/2026)

Outcome: The outcome of this activity ensures public information officer partner engagement to activate a regional join information system.

E. Fatality Management

1. The Subgrantee must develop a StoryMap for its county coroners as a training resource to understand the role of public health for mass fatality operations.

Output: The Subgrantee must provide the Department the mass fatality StoryMap. (12/31/2025)

Outcome: The outcome of this activity will increase the knowledge base of its county coroners and help to strengthen the partnership between public health and the county coroner's office.

2. The Subgrantee must provide information/education to its county coroners on the epidemiology and transmission of infectious disease with a focus on tuberculosis and chronic wasting disease.

Output: The Subgrantee must provide the Department with the following:

a. Meetings attended

b. Agenda

c. List of attendees

d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)

e. Lessons learned. (06/30/2026)

Outcome: The outcome of this activity will be providing awareness for the coroners and forensic staff about transmission of infectious diseases to ensure safe handling of specimens.

3. The Subgrantee must coordinate with each county jurisdiction to review its county mass fatality plan and ensure the role of the Subgrantee is appropriate. The Subgrantee must update internal procedures that list identified how public health districts will address these roles.

Output: The Subgrantee must provide the Department with a document log of the plan reviews and any other findings to implement the public health role in a county mass fatality plan. (06/30/2026)

Outcome: The outcome of this activity is a current understanding for each county's mass fatality plans and where the public health role can be implemented.

4. The Subgrantee must conduct an equipment/inventory assessment to determine the public health resources required for a mass fatality operation.

Output: The Subgrantee must provide the Department with the assessment product and/or instrument used to determine the equipment or supplies needed to support mass fatality operations. (03/31/2026)

Outcome: The outcome of this activity will identify the resources needed for public health to support a mass fatality incident.

F. Information Sharing

1. The Subgrantee must have one (1) lead and one (1) backup Idaho Resource Tracking System users who must attend trainings and exercises provided by the Department to build or maintain proficient use of Idaho Resource Tracking System to conduct medical countermeasures queries.

Output: The Subgrantee must respond to all needed medical countermeasure queries and conduct at least one (1) drill for each six (6) month period when no actual queries are needed. (12/31/2025), (06/30/2026)

Outcome: The outcome of this activity will ensure that community partners can provide data for medical countermeasures queries in a timely manner.

2. The Subgrantee must update regional plans and conduct training and exercises using Department of Health and Human Services emPOWER datasets to test the exchange of emPOWER information and discuss the requirement of how this information is destroyed after thirty (30) days of receipt. Encrypted data exchange is being planned, trained and exercised between the Department of Health and Welfare and public health districts but should be expanded and trained between the Department of Health and Welfare and public health districts and then expanded to regional partners. The Department will maintain a Department of Health and Human Services emPOWER protocol and will notify the Subgrantee when updates are available. The most current version will be provided on SharePoint. Considerations for emPOWER datasets should include access and functional needs populations who rely on electricity for communication and durable medical equipment. This population must be a core part of all exercise planning and must be exercised semi-annually.

Output: The Subgrantee must provide training to district staff and partners, and must provide the Department with the following:

a. Meetings attended

b. Agenda

c. List of attendees

d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)

e. Lessons learned. (06/30/2026)

Outcome: The outcome of this activity will ensure that community partners can provide for medical countermeasures needs that could be time sensitive in a timely manner.

3. The Subgrantee must work to identify and incorporate at-risk populations not captured within emPOWER data, including non-Medicare recipients who rely on similar life-sustaining medical

equipment, transportation assistance, in-home caregiving, or other critical support services. These populations may include Medicaid recipients, uninsured individuals, individuals receiving care through community health centers or other vulnerable groups within their jurisdiction. In Budget Period 2, the Subgrantee must collaborate with local emergency management, healthcare providers, social services, and community-based organizations to identify these individuals and ensure they are included in planning to ensure a comprehensive approach to ensure equitable access to emergency preparedness resources and response efforts. In Budget Period 3, district staff should be trained to requesting data sets for specific groups that could be affected by a disaster. In Budget Period 4, emPOWER data sets and data sets not captured within and emPOWER request need to be exercised at the local public health district.

Output: The Subgrantee must provide a list of partnerships to include a list of meetings held including dates and times and data sets discussed at the meetings to the Department. The Subgrantee will provide the Department a list of improvements made to plans and planning elements. (06/30/2026)

Outcome: The outcome of this activity will ensure that community partners can provide for medical countermeasures needs that could be time sensitive in a timely manner.

4. The Subgrantee must send emails to county emergency managers, regional healthcare coalition leads, and the Department for upcoming press releases, product recalls, or significant developments that could lead to an incident management team or emergency operations center activation.

Output: The Subgrantee must provide the Department with emails to Emergency Support Function 8 inbox (ESF8@dhw.idaho.gov) for events that could lead to an incident management team or emergency operations center activation to maintain situational awareness. (09/30/2025), (12/31/2025), (03/31/2026), (06/30/2026)

Outcome: The outcome of this activity establishes a common operating picture for community partners for potential health incidents.

5. The Subgrantee must continue to use the Department's Health Alert Network for disseminating health alerts to medical providers.

Output: The Subgrantee must provide the Department with all issued Health Alert Network messages on a quarterly basis. (09/30/2025), (12/31/2025), (03/31/2026), (06/30/2026)

Outcome: The outcome of this activity will increase situational awareness for the medical provider community regarding potential public health threats.

G. Mass Care

1. The Subgrantee must provide the Department any update to the Subgrantees public health role in mass care operations.

Output: The Subgrantee must provide written identified public health roles for mass care operations to the Department. (09/30/2025)

Outcome: The outcome of this activity will raise awareness for community partners on what the Subgrantee must provide during mass care operations.

2. The Subgrantee must develop an objective on its mass care role for the natural disaster (flooding) tabletop exercise to ascertain that plans and procedures are current.

Output: The Subgrantee must complete a tabletop exercise, and must provide the Department with the following:

- a. Meetings attended
- b. Agenda, including objective(s)
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. After-Action Report/Improvement Plan. (12/31/2025)

Outcome: The outcome of this activity will confirm that plans for mass care sheltering are current and readily deployable. It will also identify any corrective actions for improvement.

3. The Subgrantee must coordinate with the American Red Cross to identify if a Memorandum of Understanding must be established in the Subgrantee's jurisdiction to ensure that both entities are integrated with shelter locations for an incident.

Output: The Subgrantee must provide a list of Memorandum of Understanding and submit to the Department. (09/30/2025)

Outcome: The outcome of this activity will ensure that public health and American Red Cross are not in conflict with the use of locations during an incident.

4. The Subgrantee must provide online training resources for the food inspectors for their role in a mass care operation.

Output: The Subgrantee must provide the Department with following:

- a. Proof of Attendance
- b. Training Materials and courses completed
- c. Lessons Learned (if applicable) (06/30/2026)

Outcome: The outcome of this activity will be to have food inspector teams trained in their duties and responsibilities to ensure food safety during a mass care operation.

H. Medical Countermeasure Dispensing and Administration

1. The Subgrantee must conduct a regional workshop, working with regional pharmacies, to develop a process for sharing information, increasing, and establishing participation in regional exercises, and developing a process to improve pharmacy queries, and understanding the pharmacy's role in a public health event.

Output: The Subgrantee must provide the Department with the following:

- a. Meetings attended
- b. Agenda
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. Lessons learned
- f. Feedback from participants
- g. Updates to regional plans for queries involving pharmacies (06/30/2026)

Outcome: The outcome of this activity is to build relationships with pharmacy partners and to support medical countermeasure activities in the jurisdiction.

2. The Subgrantee must have a minimum of two (2) staff members attend and participate in Department-led planning, training, and exercises for the Inventory Management and Tracking System. The Subgrantee must attend the Department training on the Inventory Management and Tracking System's standard operating procedure.

Output: The Subgrantee must assist the Department in updating a standard operating procedure on how the Department and Subgrantee must utilize the system. The Subgrantee must develop a procedure for implementing and using Inventory Management and Tracking System within their jurisdiction. The Subgrantee must participate in trainings held by the Department and must

actively participate in drills held by the Department. (12/31/2025), (06/30/2026)

Outcome: The outcome of this activity will be to have an operational state-wide inventory management system to track medical countermeasures.

3. The Subgrantee must maintain a listing of community partners from the Partner Planning Sheets and update signed Memorandum of Understanding for medical countermeasure operations.

Output: The Subgrantee must provide the Department with an updated list of partners from the Partner Planning Sheets and developed Memorandum of Understanding for medical countermeasure operations. (06/30/2026)

Outcome: The outcome of this activity ensures partner coordination for medical countermeasure operations.

4. The Subgrantee must review its current Points of Dispensing strategies with its leadership to ensure that the Subgrantee can carve out all necessary actions in its plans.

Output: The Subgrantee must provide the Department with a summary from the leadership meeting and all updates made to the Points of Dispensing plan per leadership recommendations. (12/31/2025)

Outcome: The outcome of this activity ensures seamless coordination between Subgrantee policy makers for planned operational functions.

5. The Subgrantee must update its pharmacy partner StoryMap to ensure that the information is up to date. The Subgrantee must work with its pharmacy partners to initiate agreements with the Department's Idaho Immunization Program to receive and administer vaccines during the time of an emergency.

Output: The Subgrantee must provide the Department with the following:

- a. Meetings attended
- b. Agenda
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. Lessons learned
- f. Feedback from participants.

Outcome: The outcome of this activity establishes a concept of operations for a tiered based dispensing model.

6. The Subgrantee must coordinate with dispensing and administration sites to validate Memorandum of Understanding and processes for receiving Strategic National Stockpile assets.

Output: The Subgrantee must provide the Department with partnership listings of sites with copies of Memorandum of Understanding to ensure coordination with the Department on shipping modalities such as direct ship to points of dispensing sites, pharmacies, and hospitals.

Outcome: The outcome of this activity ensures readiness to mobilize Points of Dispensing sites in a timely manner.

7. The Subgrantee must update medical countermeasure plans to ensure the proper distribution of medical countermeasures, updates must be presented to Cities Readiness Initiative partners.

Output: The Subgrantee must provide the Department with its StoryMap and with any updated changes. The Subgrantee will also provide the Department with pharmacy Memorandum of Agreement documentation, from any pharmacy that will be receiving directly shipped medications. (12/31/2025)

Outcome: The outcome of this activity ensures that pharmacy partners understand the coordination efforts with the Subgrantee for inventory requests and/or medical countermeasure distribution efforts.

8. The Subgrantee must plan and conduct a flooding tabletop exercise in accordance with the Idaho Department of Health and Welfare Public Health Preparedness and Response Five-Year Strategic Framework.

Output: The Subgrantee must complete a tabletop exercise, and must provide the Department with the following:

- a. Meetings attended
- b. Agenda
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. After-Action Report/Improvement Plan. (06/30/2026)

9. The Subgrantee must plan and conduct a measles functional exercise in accordance with the Idaho Department of Health and Welfare Public Health Preparedness and Response Five-Year Strategic Framework.

Output: The Subgrantee must complete a functional exercise, and must provide the Department with the following:

- a. Meetings attended
- b. Agenda
- c. List of attendees
- d. Presentation materials (e.g., PowerPoint, StoryMaps, videos, etc.)
- e. After-Action Report/Improvement Plan. (06/30/2026)

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
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- Terry Reilly Certified Community Behavioral Health Clinic
- Western Idaho Community Crisis Center
- The Courts
- The Canyon County Public Defender's Office
- The Canyon County Prosecuting Attorney's Office
- Law Enforcement
- Department of Health and Welfare, Division of Behavioral Health
- Department of Corrections, Probation and Parole
- Canyon County Community-based programs
- Southwest District Health
- City of Nampa
- Supportive housing providers

Southwest District Health and CCPA will develop a communication and outreach strategy to bring other support services and resources into the PPD program once it is funded. Other support services and resources include, but are not limited to:

- Behavioral health services
- Child Care (WICAP) – Early learning collaborative
- Housing (Jesse Tree & CATCH)
- Employment – Services (Job Corp)
- Probation and Parole
- Law Enforcement
- Substance abuse evaluation and treatment, consisting of AA/NA meetings, testing, and one-on-one treatment
- Regular meetings with a panel to discuss participant's progress in the program
- Parental support and training.
- STI screening and treatment

Connection to SIM This program will be modeled after the Sequential Intercept Model of Criminal Justice (SIM), which is a nationally accepted model. The SIM details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system. The SIM is based upon intercept levels as follows:

- Intercept 0: Community Services
- Intercept 1: Law Enforcement
- Intercept 2: Initial Detention/Initial Court Hearings
- Intercept 3: Jails/Courts
- Intercept 4: Re-Entry
- Intercept 5: Community Corrections

As a starting point, the PPD program will be focused on building a more coordinated system of care and resources in Intercept 0 and Intercept 1, of the SIM as follows:

Intercept 0: Community Services

Intercept 0 involves opportunities to divert people into local crisis care services. There are limited resources available to assist individuals in a behavioral health crisis and these resources are often hard to find or access; therefore, individuals often inappropriately seek emergency services (i.e., 911, 988, and law enforcement). In this intercept, law enforcement is supported in responding to both public safety emergencies and behavioral health crises. It enables diversion to treatment before an arrest takes place. By doing so, it reduces pressure on resources at local emergency departments and inpatient psychiatric beds/units for urgent but less acute mental health needs.

What is needed for this particular intercept to work effectively is:

1. Warm lines and hotlines that serve as alternatives to 911. These link people to clinical treatment providers and services without the involvement of law enforcement. This allows emergency response agencies to direct their resources to other needs in the community.
2. Mobile crisis outreach teams. These teams allow behavioral health clinicians to respond to people in crisis in the community. In situations involving a public safety concern, a behavioral health practitioner may accompany law enforcement. Mobile crisis teams allow mental health professionals the opportunity to stabilize a person in crisis, identify underlying reasons for the person's symptoms (for example, the person stopped taking medication), and initiate or link the person to case management services. Mobile crisis teams can also reconnect an individual with mental and substance use disorders to case managers or treatment providers who have already worked with them.
3. Law enforcement-friendly crisis services. Instead of arresting people in crisis or bringing them to a hospital emergency department, law enforcement officers can bring them to locations such as stabilization units, crisis centers, or respite centers. Processes that allow quick and simple drop-offs make this diversion option more effective. Additionally, the cost-savings of diverting individuals in crisis to facilities other than hospital emergency departments or jails are considerable. It also increases the potential of keeping individuals out of the criminal justice system.
4. Peer-operated crisis response support and/or respite. Peer response is provided by people with lived experience with a mental or substance use disorder. They may also have been involved in the justice system. Peers can provide helpful information and support that is shaped by their own experience to help people with a mental or substance use disorder. Programs run by peers and services employing peers have shown promising results in helping people recover.

5. Substance use-focused early diversion strategies. Self-referral programs, active outreach, and opioid response teams are showing promising outcomes in reducing substance use, overdoses, and fatalities due to overdose. These strategies rely on partners from different fields, such as behavioral health providers, emergency medical services and fire departments, law enforcement, prosecutors, and public defenders (where applicable), working together to provide life-saving treatments and support.

Intercept 1: Law Enforcement

Intercept 1 involves diversion performed by law enforcement and other emergency service providers who respond to people with mental and substance use disorders. At this intercept, people are to be diverted to treatment instead of being arrested or booked into jail. This stage begins with law enforcement responding to a person with mental or substance use disorders and ends when the individual is arrested or diverted into treatment. To make this intercept successful, trainings, programs, and policies must be available to help behavioral health providers and law enforcement to work together.

What is needed for this particular intercept to work effectively is:

1. Dispatcher training about mental health and mental crises can improve a dispatcher's ability to detect when responders with mental health expertise are needed.
2. Specialized law enforcement training can teach law enforcement officers how to identify the signs and symptoms of mental disorders and de-escalate crises. These trainings prepare responders to effectively support people with mental and substance use disorders when they see them.
3. Specialized law enforcement responses include partnerships between law enforcement and behavioral health crisis centers, clinicians, and case managers. Specialized law enforcement responses can help people with mental and substance use disorders access the most appropriate services.
4. Data sharing, analysis, and evaluation. Data sharing, analysis, and evaluation of various intervention methods is vital to understanding what works and what does not in Canyon County. When agencies and systems collect and share data, it's easier to tell if an individual is using 911 or emergency services frequently – becoming a “familiar face” across the criminal justice and emergency systems. Law enforcement agencies, crisis services, and hospitals can use data to identify familiar faces and follow up after a crisis. Once these individuals are identified, they can be connected with the preventive care they need.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
Maternal Infant Early Childhood Home Visiting Grant Program	Pregnant women and parents with a child under 5 years of age	7/1/2025	6/30/2026	\$556,687.00	\$516,186.85	\$68,145.03	\$584,331.88	NA	24.95	No	No	No

I. GENERAL REQUIREMENTS:

- A. This Subgrant is funded by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Grant Awards awarded August 21, 2023, and August 27, 2024, through the Department of Health and Human Services (HHS) with a total award amounts of three million four hundred twenty-seven thousand five hundred eighty-six dollars (\$3,427,586) and four million one hundred ninety-eight thousand one hundred ninety dollars (\$4,198,190).
- B. This Subgrant supports the Idaho Department of Health and Welfare Strategic Plan and the Division of Public Health priorities.
- C. The Subgrantee must comply with Department policy on meals and refreshments, as provided by the Department.
- D. The Subgrantee must adhere to the following:
 1. Reserved
 2. State, Local, Tribal, Uniform Administrative Requirements www.ecfr.gov - CFR Title 45 Part 75, Subpart C, 75.201.
 3. Federal Awardee Performance and Integrity Information System (FAPIIS) Disclosure: Consistent with 45 CFR 75.113, Subrecipients must disclose, within ten (10) calendar days of discovery, in writing to the Department and the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the Centers for Disease Control and Prevention (CDC) and to the HHS OIG at the following addresses:
 - a. Department of Health and Human Services; Health Resources and Services Administration; Office of Federal Assistance Management; Division of Grants Management Operations; 5600 Fishers Lane, Mailstop 10SWH03; Rockville, MD 20879; and
 - b. U.S. Department of Health and Human Services; Office of Inspector General; Attn: Mandatory Grant Disclosures, Intake Coordinator; 330 Independence Avenue, SW, Cohen Building; Room 5527; Washington, DC 20201.
- E. The Subgrantee must comply with:
 1. The Idaho Home Visiting Program (IHVP) procedures outlined in Attachments 1-7.
 2. The most recent Parents as Teachers (PAT) Quality Assurance Guidelines and Essential Requirements located at www.parentsasteachers.org and as provided by the PAT National Office or electronically by the Department or Nurse-Family Partnership (NFP) Model Elements and/or Early Head Start standards of Practice, or whichever set of guidelines aligns with chosen Evidence-Based Home Visiting (EBHV) Model or Models.
- F. The Subgrantee must receive prior written approval from the Department for any deviations from the budgeted services or activities. The Subgrantee must be financially responsible for costs deemed unallowable or unapproved by the Subgrant Monitor. Unallowable costs are outlined in Cost/Billing Procedures, paragraph B.
- G. The Subgrantee must share this scope of work with staff, as applicable, to ensure their knowledge of the expectations and ability to meet Subgrant requirements.
- H. Staffing

1. The Subgrantee must maintain staffing with the knowledge and skills to accomplish Subgrant services and activities. Changes in key staff positions must be reported to the Subgrant Monitor within thirty (30) calendar days.
2. Specific Staffing Requirements: The Subgrantee must hire and maintain staff, as required under this Subgrant, and as outlined in their chosen EBHV Model elements/requirements.
 - a. The Subgrantee must ensure that all MIECHV home visitors funded under this Subgrant serving current identified MIECHV service counties charge actual time spent serving a minimum of one (1) family to this Subgrant and that caseload records substantiate the same. Personnel and associated operating costs will not be reimbursed for home visitors who do not meet the minimum requirement.
 - i. Home visitors who code one quarter (.25) full-time equivalent (FTE) or more to this Subgrant must report entire caseload to IHVP via model specific data entry process.
 - b. The Subgrantee must employ a home visiting supervisor that fits within the guidelines of the chosen EBHV model.
 - c. The Subgrantee must hire home visitors that meet the requirements of their chosen EBHV model.
 - d. Data Entry Support: The Subgrantee must ensure timely and accurate data entry may, if they choose, dedicate administrative support staff for data entry related to home visiting services and other activities within the current identified MIECHV service counties.
 - e. Outreach Support: The Subgrantee must ensure viable referrals and full caseloads and may, if they choose, dedicate support staff time for outreach support related to home visiting services.
 - f. The Subgrantee must ensure that bilingual staff (English and Spanish) or translation services are available as appropriate.
 - g. The Subgrantee must allow for adequate space for confidential virtual home visits either in a designated private workspace or a home office as appropriate when virtual home visiting is being utilized for safety or convenience.
 - h. The Subgrantee must ensure the minimum FTE requirement is met in accordance with chosen EBHV model.
3. Supervision Requirements:
 - a. Home Visiting Supervisor: The Subgrantee must maintain a designated home visiting supervisor in accordance with their chosen EBHV model. This supervisor must dedicate time to the program as defined by model standards.
 - i. Home visiting supervisors must meet with home visitors following parameters set by their chosen EBHV models.
 - ii. A PAT home visitor may complete supervisory duties and code a portion of their time as a home visiting supervisor.
 - b. Administrative Supervisor: The Subgrantee must provide administrative supervision to the home visiting supervisor overseeing MIECHV funded home visitors.
 - i. Administrative Supervisors must work with home visiting supervisors to support the ongoing implementation of the program. This must include budgeting, strategic planning, and other forms of support.
 - ii. The home visiting supervisor and the administrative supervisor may be the same individual.
- I. Monitoring
 1. The Subgrantee must comply with all programmatic and financial monitoring activities required by the Department as outlined in this Subgrant, including on-site review as requested, and as outlined in the Subgrant Terms and Conditions, Sections 3-5.
 2. The Subgrantee must have available for review, upon request, any documents, papers, or other records which are pertinent to this Subgrant. The Subgrantee must provide access to personnel for the purposes of interview and discussion related to such documents within two (2) business days.
 3. The Subgrantee must respond to all deficiencies pertaining to monitoring of the Subgrant in a timely and appropriate manner.
 4. This Subgrantee's risk level has been assessed as high this Subgrant year and is reassessed annually.
 - a. Reserved
 - b. Enhanced monitoring may be include monthly technical assistance calls with Division of Public Health staff. Calls will be scheduled to coincide with report and invoice submission and must occur prior to payment authorization.
 - i. A technical assistance site visit with program staff and the Division of Public Health Federal Compliance Officer may be scheduled.
 - J. The Subgrantee agrees to maintain, safeguard, and report all equipment purchased with federal and/or state funding in compliance with 2 CFR 200.313 and applicable state of Idaho property management regulations. Equipment purchased must be used solely for authorized programmatic purposes, tracked in an updated inventory system, and made available for monitoring and audit purposes as requested. Any unauthorized use, sale, or disposition of equipment without agency approval may result in repayment obligations, withholding of future funding, or other compliance actions as deemed necessary.
- K. Acknowledging Federal Support
 1. The Subgrantee must acknowledge federal funds when developing any documents describing programs or projects, issuing statements, press releases, and requests for proposals, bid invitations, and other documents funded in whole or in part by federal funds using the following disclaimer template:
 - a. Publications -- "This publication was made possible by X10MC50298-01-00 from the Health Resource and Services Administration (HRSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Welfare or HRSA. [Local Agency Name] [Date]".
 - b. Conference Materials -- The Subgrantee must ensure that conference materials, including promotional materials, the agenda and any websites that advertise the conference, acknowledge that the federal agency funding this Subgrant provided support for the conference, in whole or in part. The acknowledgement must be accompanied by the following disclaimer:
 - i. "Funding or this conference was made possible in part, by X10MC50298-01-00 from Health Resource and Services Administration (HRSA). The views expressed in written conference materials or publications and by speakers and moderators do not reflect the official policies of the Department or HRSA nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. [Local Agency Name] [Date]".
 - c. Audio-visuals -- "The production of this (type of audiovisual, motion picture, television program, etc., as applicable) was supported by grant X10MC50298-01-00 from Health Resource and Services Administration (HRSA). Its contents are solely the responsibility of [name of subrecipient] and do not necessarily represent the official views of the Department or HRSA."
- L. The Subgrantee must comply with subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA). 2 CFR 170.

M. Subgrantee must comply with Idaho Code sections 56-203 and 67-7903 regarding the verification of legal presence.

N. DEFINITIONS

1. Full-time equivalent (FTE): The calculation of FTE is an employee's scheduled hours divided by the employer's hours for a full-time work week. For example, for a forty (40) hour work week, employees who are scheduled to work forty (40) hours per week for MIECHV are one point zero (1.0) FTEs. Employees scheduled to work twenty (20) hours per week for MIECHV are zero point five (0.5) FTEs.
2. Model Fidelity: Adherence to model developer requirements for high-quality implementation as well as any applicable affiliation, certification, or accreditation required by the model developer, if applicable.
3. Evidence Based Home Visiting Program (EBHV): Programs identified as eligible for MIECHV funding by Home Visiting Evidence of Effectiveness (HomVEE) guidelines found at <https://homvee.acf.gov/>.

II. SUBGRANT SERVICES AND ACTIVITIES

A. Permissible Uses of Funding - The Subgrantee must use funding for the operation and implementation of an EBHV. Direct Costs associated with service delivery, referral, supervision, professional development, resources for families, and maintaining model fidelity are allowable. Direct costs outside of this scope must be pre-approved via email by the Department.

B. Reflective Supervision - The Subgrantee must:

1. Ensure that home visitors and supervisors are competent to implement the chosen EBHV program and adhere to all model-related requirements related to reflective supervision.
2. Notify the Department of the reflective supervision plan for home visitors and home visiting supervisors.
3. Ensure that supervisors provide reflective supervision to home visitors in the following ways:
 - a. One-to-one (1:1) reflective supervision: individual meeting between supervisor and home visitor for the purpose of reflection related to the provision of home visiting services. Supervision meetings must be at least one (1) hour and may take place in- person or via a virtual platform.
 - b. Reflective supervision must be conducted during protected time outside of any administrative tasks or meetings.
 - c. Supervisors must use the principles of reflection as outlined by the chosen EBHV Models and the guide: Reflective Supervision: A Guide from Region X to Enhance

Reflective Practice Among Home Visiting Programs: <https://www.dcyf.wa.gov/sites/default/files/pdf/RegionX-ReflectSupGuidelines.pdf>.

C. Service Capacity and Delivery, MIECHV Service Area, and Specific MIECHV Requirements - The Subgrantee must:

1. Recruit and enroll eligible families to receive EBHV services in current identified MIECHV service county including but not limited to:
 - a. Provide services to clients in the county with priority given to clients residing in rural areas.
 - b. Maintain a strong referral network of relevant community agencies within the current identified MIECHV service counties to cross-promote appropriate services and allow for recruitment and enrollment in home visiting services.
 - c. Convene a long-term Community Advisory Board that meets at least twice per year to implement a community support system to promote program quality and sustainability.
 2. Prioritize serving the populations identified in the MIECHV authorizing legislation. <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/miechv-orientation-guide.pdf>. Adhere to designated MIECHV priority populations:
 - a. Defined legislatively as:
 - i. Low income, measured by percent of federal poverty level (Guidance indicates this is measured according to chosen EBHV model.);
 - ii. Pregnant women under the age of twenty-one (21);
 - iii. History of child abuse or neglect;
 - iv. History of substance abuse or currently needs substance abuse treatment;
 - v. Users of tobacco in the home;
 - vi. Low student achievement;
 - vii. Child with developmental delay or disability; and
 - viii. Serving or formerly served in the United States Armed Forces.
 - b. Defined in the 2024 Amended Idaho Home Visiting Program Needs Assessment as high need.
 3. Maintain Model Fidelity regarding service delivery.
 - a. Understand and adhere to model fidelity regarding home visitor qualifications and home visiting service; and
 - b. Understand and adhere to model requirements in Attachment 1 regarding caseload per home visitor.
 4. Adhere to federal guidelines regarding home visiting service under this Subgrant.
 - a. Follow current HRSA guidance on allowable expenses, staffing, and caseload.
 - b. Adhere to HRSA guidance on virtual home visiting including:
 - i. At least one (1) in-person home visit must be conducted for each client during each twelve (12) month period of enrollment, beginning with their date of entry into the program; and
 - ii. Conduct at least sixty percent (60%) of home visits in-person.
 5. The Subgrantee must make all efforts to reduce client attrition in the event of Home Visitor turnover, which may include the use of warm handoffs and supervisor coverage of caseloads.
- D. Professional Development: The Subgrantee must:
1. Share all professional development opportunities sponsored by the Department under the MIECHV program with Subgrantee's home visitors and encourage attendance when possible.
 - a. Ensure a minimum of one (1) staff person attend the IHVP annual meeting.

E. Continuous Quality Improvement (CQI). The Subgrantee must:

1. Participate in any CQI projects offered and facilitated by the Department or complete a mutually agreed upon independent project in accordance to federal guidelines.
- a. Designate at least one (1) home visitor per project to serve as a CQI Lead and perform duties as assigned. Ensure active participation from all other home visiting staff as required.
- b. Complete and submit all necessary and appropriate supporting documents by the outlined due dates provided by the Department.
- c. Make all reasonable efforts to aid in data collection and analysis related to CQI projects.
- d. Assist in Identification of areas for improvement as needed throughout the Subgrant period.

F. Data Collection, Documentation, and Reporting - The Subgrantee must:

1. Ensure all home visiting supervisors and data entry support staff are trained and knowledgeable about the chosen EBHV data requirements as well as MIECHV data requirements and are able to adequately utilize the data system.
- a. The home visiting supervisor must work collaboratively with the Department on any data guidance, questions, or concerns.
- b. The Subgrantee must ensure that all home visiting staff are aware of and understand the nineteen (19) MIECHV performance measures (<https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/form-2-performance-measurement-toolkit.pdf>) and are able to appropriately document the performance measures.
- c. The Subgrantee must work with the Department to demonstrate improvement in measurement-level performance data to baseline data as well as the national threshold.
- i. Baseline data for each measure is calculated by computing the mean of the two (2) previous years for each measure.
- ii. The national threshold for each measure will be provided by HRSA and will be calculated by computing the national mean value of the two (2) preceding years.

III. RECORDS AND DOCUMENTATION

A. The Subgrantee must:

1. Document the number of families and children served in each category where costs are allocated according to the cost allocation plan submitted to the Department.
- a. The Subgrantee must work with the Department to determine the best way to enter, track, and report data in accordance with federal guidelines.
2. Ensure that all home visiting data is entered into the model's database and verified as accurate by the fifth business day of each month, unless otherwise specified.
- a. The Annual Report Data must be entered within three (3) business days after September 30, to ensure federal deadlines are met.
3. Ensure corrections to any data errors reported by IHVP within two (2) business days.
4. Provide reports from the data system or other documentation to the Department as requested and as mutually agreed upon by all parties.
5. Ensure reasonable efforts are made to respond to any data requests from the Department's indicated Evaluation Team on behalf of the Department and ensure participation in additional IHVP program evaluation activities as mutually agreed upon by the Subgrantee, the Department, and the Evaluation Team.
6. Request approval of the Department and the chosen EBHV program prior to conducting or participating in research beyond MIECHV program evaluation.
7. Ensure client information is confidential and maintained in a secure location.
- a. Document that clients are informed of client rights to confidentiality, consent for information release, other informed consent, privacy protections, grievance procedures, and that participation in home visiting services is voluntary.

IV. QUALITY ASSURANCE

A. The Subgrantee must meet with the Department, as requested, to review Subgrant compliance, to participate in mutually agreed upon training, to collaboratively plan improvements, and to discuss safety concerns or any special preparation and planning needs.

1. The Subgrantee must participate in one (1) Department-led site visit every two (2) years, either in-person or virtually to determine Subgrant compliance and model fidelity.

B. The Subgrantee must perform Randomized Client Contact in accordance with IHVP Procedure 007 (Attachment 6).

C. Reserved

V. RESERVED

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
93.243 Behavioral Health Partnerships for Early Diversion of Adults and Youth	All	9/30/2024	9/29/2025	\$148,611.00	\$83,856.00	\$15,331.00	\$99,187.00	\$49,424.00	10% indirect max	Yes	\$37,153	No

Award recipients must use SAMHSA's funds to support direct services primarily. This includes the following activities:

- Convene a new or continue an existing interagency Behavioral Health Partnership workgroup that is committed to integrating the Early Diversion program into the existing system of care; and, designing, implementing, and overseeing a plan of comprehensive strategies to divert adults or youth with a mental illness or COD to community-based services prior to arrest or booking. At a minimum, the required key stakeholder partners must be representatives from the criminal and/or juvenile justice system and the mental health and substance use treatment and recovery systems. Examples of other stakeholders are veterans, law enforcement, civil first responders, schools, child welfare system, youth and young adults with lived experience, family members with lived experience, and social welfare agencies.
 - Within the first 4 months of award, conduct a criminal/juvenile justice early diversion community system mapping such as the Sequential Intercept Mapping (SIM) focusing on intercepts 0 and 1 to identify diversion opportunities, potential partners and desired outcomes.
 - Develop a comprehensive plan of evidence- and community-based mental health services using a multi-agency approach to divert adults or youth with a mental illness or COD prior to arrest or booking.
- This plan should include providing the following services within 6 months of award to the population of focus:
- o Case management;
 - o Assertive community treatment;
 - o Medication management and access;
 - o Integrated mental health and co-occurring substance use disorder treatment;
 - o Psychiatric rehabilitation;
 - o Peer recovery support services;
 - o Life skills training;
 - o Housing placement;
 - o Vocational training;
 - o Education or job placement;
 - o Primary health care;
 - o Screening protocols or procedures to identify the needs of adults or youth with a mental illness or COD being diverted;
 - o Procedures or protocols for coordination with law enforcement, local crisis, and 988 systems on diversion efforts prior to arrest and booking;
 - o Procedures or protocols for direct transfer/warm hand off to behavioral healthcare (e.g., law enforcement officer or civilian first responder conducts the outreach to the behavioral health worker to meet the individual in crisis at the scene, etc.); and Procedures or protocols for follow up and outreach to ensure adults or youth who are diverted are connected to transition planning and services.
 - Expand and integrate into the Early Diversion program existing mental health, substance use treatment, and recovery support services.
 - Train law enforcement officers, attorneys, judges, civilian first responders, paraprofessionals and other professionals on mental health and substance use awareness and identification, de-escalation, diversion, and crisis resolution practices in a culturally-appropriate manner.
 - By the end of Year 3, develop a plan for sustainability to continue the program following the conclusion of federal funding.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
N/A - Crisis Centers funding from Magellan	All	7/1/2024	auto renew	\$1,500,000.00	NA	NA	\$1,500,000.00	NA	24.95	No	No	No

1. Crisis Center Providers. Crisis Centers shall based on the Medicaid Crisis Standards of Care:

- a) Have an integrated, systematic approach to behavioral health crisis care to address the needs of adults and youth experiencing a mental health crisis.
- b) Provide easy access to crisis service alternatives that reduce the inappropriate use of emergency departments, inpatient services, and jail;
- c) Offer a dedicated first responder drop-off area;
- d) Address the cultural and special population needs of their community including the ability to manage complex needs in populations such as individuals with intellectual and developmental disabilities, LBTBQIA individuals, and veterans or active military;
- e) Incorporate some form of intensive support beds into a partner program (either internally or with external providers) to support flow for individuals who need additional support;
- f) Provide data on chair capacity to the real-time IPBSR operated by the IDHW to support efficient connection to needed resources;
- g) Coordinate connections to ongoing care;
- h) Embed users, peers and Members in their organization's design and leadership;
- i) Train and integrate peer support staff in crisis service delivery;
- j) Adopt a zero-suicide philosophy;
- k) Engage family and friends in crisis care;
- l) Engage in community outreach regarding availability of crisis stabilization services;
- m) Collect and report data as outlined in the Contract and the IDHW Standards;

- n) By the end of the second year of the Contract, provide applicable data to Magellan to develop dashboards that display real-time, meaningful data and outcome measures that support continuous quality improvement;
- o) Administer Naloxone in cases of opioid overdose;
- p) Offer each member, upon discharge, a satisfaction survey that includes questions related to the quality of service, the outcomes of services and their perception of additional needs not addressed by the facility. The results of these surveys shall be sent to Magellan for use as outlined in App. B, Section 51, Continuous Quality Improvement and Stakeholder Engagement in the Crisis System;
- q) Access and use Magellan's Care Management Platform;
- r) Connect to ACT and ICC staff to help coordinate care as appropriate;
- s) Utilize the IDHW-approved protocols for safety planning; and
- t) Develop a collaborative discharge plan that addresses safety, stability and treatment progress.
- u) Enhance current operations by adopting the BHL platform, which will fulfill Magellan's IBHP contractual requirements for quarterly reporting.
2. Implementation Plans.
- a) Crisis Centers shall develop implementation plans to meet the IDHW Crisis Center Standards (currently available at: <https://healthandwelfare.idaho.gov/providers/behavioral-health-providers/behavioral-healthservice-providers>) and SAMHSA's best practice guidelines for Minimum Expectations to Operate a Crisis Receiving and Stabilization Service (currently available at: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care02242020.pdf>) during the first year of the contracts. The plans must be implemented by the end of the second year of the new contracts.
- b) Youth Crisis Centers shall develop implementation plans to meet the IDHW Youth Crisis Center Standards and SAMHSA's National Guidelines for Child and Youth Behavioral Health Crisis Care (currently available at: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/nationalguidelines-child-youth-behavioral-health-crisis-care_1.pdf) during the first year of the contracts. The plans must be implemented by the end of the second year of the new contracts. (The IDHW Youth Crisis Center Standards are currently being developed.) If crisis stabilization services are co-located with other specialty mental health services (such as adult services and/or substance use services), these areas need to be physically separated completely by locked doors and walls, so that there is no co-mingling between Members, regardless of age. There must be no co-mingling between adult Members and youth Members allowed at any time, for any reason.
3. The Crisis Center must comply with all provisions of state and federal laws, rules, regulations, policies, standards, and guidelines as indicated, amended, or modified that govern performance of the services. This specifically includes, but is not limited to:
- a) Idaho Code Title 39 Chapter 91, Behavioral Health Community Crisis Centers.
- b) Idaho Code sections 16-2428 and 37-3102 that govern youth's consent to disclosure of treatment information, as well as general use and disclosure and privacy requirements of state and federal laws including the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. 1302(a), 42 U.S.C. 1320d-1320d-9, and its implementing regulations, 45 CFR parts 160, 162, 164, and laws related to the confidentiality of substance use disorder (SUD) records, 42 U.S.C. 290dd-2, and its implementing regulations at 42 CFR Part 2 and ensure procedural safeguards are followed in confidentiality requirements according to IDAPA 16.05.01, Use and Disclosure of Department Records as outlined in the Business Associate Agreement attached hereto as a Rider.
- c) The Department's HIPAA Business Associate Agreement.
- d) Idaho's Open Meeting Law as established in Idaho Code §§ 74-201 through 74-208.
- e) The Idaho Behavioral Health Plan (IBHP)'s Idaho Department of Health and Welfare (IDHW)-approved Supervisory Protocol.
4. The Crisis Center must:
- a) Provide, operate, and manage their crisis center as follows:
- i) Operate twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.
- ii) Provide services to members in a behavioral health crisis for no more than twenty-three (23) hours and fifty-nine (59) minutes per single episode of care. A "single episode of care" is defined as a time period consisting of a rolling 23 hours and 59 minutes after the member is admitted.
- iii) Provide services on a voluntary, outpatient basis to individuals experiencing a behavioral health crisis.
- iv) Provide case management services to assist in the creation and follow through of treatment and discharge planning.
- v) Ensure age-appropriate members participate in crisis stabilization planning.
- b) Ensure for Youth Crisis Centers (YCC):
- i) Parent/Guardian and/or Law enforcement be contacted if the member arrived at the facility unaccompanied by the parent or guardian.
- ii) If a staff member suspects a member has been abused, abandoned, or neglected a report to the appropriate parties must be made as required by Idaho Code 16-1605.
- c) Ensure the facility can provide services to individuals in crisis including:
- i) Individuals with co-occurring conditions or considerations including, but not limited to:
- i. Mental health conditions.
- ii. Substance Use Disorders (SUDs).
- iii. Medical needs (not requiring immediate hospitalization).
- iv. Intellectual/developmental disabilities.
- v. Physical disabilities.
- vi. Members who may be uninsured or unable to pay for services.
- vii. Youth who may lack residency or legal immigration status.
- viii. Lesbian, gay, bisexual, transgender, queer, intersex, agender (LGBTQIA+) members.
- d) Incorporate peer recovery support services as part of the overall crisis service delivery system.
- e) Use a department provided real time bed registry.
- i) Update the bed registry a minimum of once per 12-hour period, morning, and evening.
- f) Develop and maintain policies and procedures that address the following:

- i) Engage member's natural supports.
- ii) Maximum capacity.
- iii) Staff training requirements include but are not limited to:
 - i. Overdose training response and naloxone injection
 - ii. Basic life support (BLS) certification
- iv) Cultural competency plan.
- v) Staff to member ratios, including minimum staff to remain open.
- vi) Bilingual Services.
- vii) Non-discriminatory practices.
- viii) Member's personal possessions, including medications.
- ix) Transportation of members (if provided);
- x) Member resting areas.
- xi) Crisis Assessment Tool (CAT) data submission platform.
- xii) Behavioral management system: de-escalation and safety.
- xiii) Member conducts and rules violation.
- xiv) Critical Incidents.
- xv) Emergency policies and procedures.
- xvi) Quality management plan.
- xvii) Reporting of abuse and or neglect, including alleged.
- xviii) Maintenance and care of the facility.
- xix) Use of program animals.
- xx) Disposal of contraband/weapons.
- xxi) Alcohol, tobacco products, and illegal or illicit drugs.
- xxii) Grievances and complaints.
- xxiii) Background checks.
- xxiv) Member eligibility.
- xxv) Admission and discharge.
- xxvi) Clinical supervision.
- xxvii) Law enforcement referrals.
- xxviii) Visitors.
- xxix) Member records.
- xxx) Policy to transfer youth to adult center.
- xxxi) Policy to readmit youth if additional few hours of stabilization is needed.
- xxxii) Member rights including the acceptance and refusal of services; and
- xxxiii) For YCC:
 - i. Non-episode participants, such as siblings.
 - ii. Member reporting as runaways.
- xxxiv) Medical assessment and treatment requirements that include but are not limited to:
 - i. Response to overdoses
 - ii. Naloxone
 - iii. Identification of withdrawal symptoms (and high-risk scenarios where hospital is needed for withdrawal management).
- xxxv) Medication Management requirements that include but are not limited to:
 - i. Storage and administration of prescription and non-prescription medication.
 - ii. Storage of all prescription and over-the-counter medication under lock and key.
 - iii. Ensure the keys are not accessible to unauthorized individuals, including members, parents, visitors, or staff not authorized to assist with medications.
 - iv. Administration of medication be recorded by authorized personnel and in accordance with physician's orders.
 - v. Staff who administer and assist with self-administration of medications must be certified by a qualified medical professional.
 - vi. Consultation of a qualified medical professional before discontinuing, changing, or adding prescribed medication.
 - vii. If applicable; parent/guardian consent before discontinuing, changing, or adding prescribed medication.
 - viii. Documentation of all consultations regarding changes in prescription medications.
 - ix. Documentation for all prescription medication issued by a qualified medical professional's valid order that includes the dosage to be given, and documentation of each dose given, name of the member, date and time, amount of dosage given and whether the member did or did not take the medication; and person who administered or assisted in the self-administration of the medication.
 - g) In coordinated effort with the Department, for Youth in department custody, the YCC must allow and encourage the member's parent/guardian to be involved in crisis treatment, treatment planning and discharge planning, unless it is the Department's determination that such involvement would endanger the member. Efforts and activities related to family and natural support involvement must be documented in the member's case record established by the YCC.

h) Provide a Program Services description detailing all the services provided. Services must include but are not limited to:

- i) Crisis stabilization services.
- ii) Parent/guardian education.
- iii) Relapse prevention.
- iv) Case management/care coordination.
- v) Referral services.
- vi) Aftercare planning.
- vii) Safety planning.
- viii) Meets general facility requirements.

i) The Crisis Center Facility must:

i) Ensure that if crisis stabilization services are co-located with other specialty mental health services (such as adult services and/or substance use services) these areas must be physically separated by locked doors and walls, so there is no co-mingling between members, regardless of age. There must be no co-mingling between adult members and child/youth members allowed at any time, for any reason. Adult members and child/youth members must be physically separated by locked doors and walls, so there is no co mingling between members.

j) Meet capacity requirements:

i) YCC's must have capacity for up to eight (8) members. The maximum number can be achieved and/or expanded in stages during implementation and as approved by Department.

ii) Adult Crisis Centers must have capacity for ten (10) male/female beds for a total of twenty (20) beds.

iii) Ensure that the facility has separate resting areas for members, based on age and other identified factors, as appropriate.

k) Have capacity that includes:

i) Lobby space with chairs and tables.

ii) Confidential office space for medical, case management, and behavioral health interventions.

iii) A triage area that is quiet and private.

iv) Spaces that are trauma informed in their design and promote privacy and dignity as well as safety.

v) Quiet space in the physical environment away from the milieu of the main stabilization area.

i. This area must be used for de-escalation and calming, not seclusion. There must be no restrictions in terms of entry and exit.

vi) A family friendly, welcoming physical space and environment for persons in crisis that offers developmentally suitable supports for members and families.

vii) Confidential spaces for families to gather, with the member and without, where the families and/or member may receive clinical services and supports.

viii) Bathrooms that are gender neutral.

ix) Develop and maintain a policy to decrease safety risks for members who may be alone or unsupervised in a location, such as but not limited to a bathroom. Anti-ligature equipment for these locations is required.

x) A dedicated first responder drop off area separate from the main entrance.

xi) A means of securing personal possessions including medication, valuables, clothing, etc.

xii) Member protection from potential threats to their safety by implementing a security policy and practice.

xiii) Recommendation to provide limited daily transportation to community partner places of business such as the Department of Labor, Social Security Administration and Public Health Department.

l) Have Available:

i) Plastic eating utensils and cups.

ii) Beverages such as water, coffee, etc.

iii) Non-perishable, self-prepared snack items such as cup of soup, granola bars, cheese and crackers, peanut butter sandwiches, pudding cups or other similar items; and

iv) Have available, on an "as needed" basis:

i. Sweatpants, scrubs, tee shirts, sweatshirts, etc.

ii. Personal care products, toiletries/toilet paper, paper towels.

iii. Bus and cab vouchers

5. Staffing requirements must include:

a) Assessment and screenings being overseen by a Licensed Medical Professional and/or a Licensed Mental Health Professional. The professionals must have the training, skills, current professional licensure and/or certification to accurately diagnose members.

b) All service provisions delivered by professionals who meet licensure and/or certification qualifications, as appropriate within their field of study. Evidence of licensure, certification, and any other applicable qualifications must be provided to the IBHP contractor.

c) A clinical supervisor to provide direction and guidance of all clinicians doing integrated mental health and substance use disorders assessments.

i) There must be a minimum of one (1) medical staff which could be inclusive of; Certified Nursing Assistant (CNA), Emergency Medical Technician (EMT), Licensed Practical Nurse (LPN), or Registered Nurse (RN) on site at all times. This staff can be counted as one (1) of the minimum two (2) staff on site.

ii) Required staffing ratios: One (1) direct care staff for every three (3) members and a minimum of two (2) staff on site at all times.

iii) Ability to provide 1:1 supervision as needed.

6. Available screening/services and interventions must include:

a) Medical Screening/Assessment:

i) A medical professional, as described above, assesses physical health needs, and determines any need for immediate medical treatment. The medical professional may deliver care for minor physical

health challenges. The Screening/Assessment must also provide a health history.

b) Plan of Care and Service Planning:

- i) A plan of care based on findings from the medical screening and behavioral health assessment/CAT for each member admitted. The plan of care must be individualized, person-centered, strengths-based, collaborative, family, and community focused, culturally competent, utilize natural supports, and be outcomes based. The plan of care must be documented in the Department-approved data submission platform outlined by the contractor.
- ii) Depending on the age of the member, member and/or their parents or guardians must direct the development of the member's service plan through a person-centered, family driven, member guided planning process. The Contractor must ensure information and support is provided to members and families to maximize their ability to make informed choices and decisions.
- c) For each YCC member, there must be a completed and or updated CAT per admission, administered by a certified staff member. This must include intake information to develop the plan of care, intervention services and referral services. The CAT must be documented in a department-approved data submission platform.

i) CAT (Crisis Assessment Tool)

i. REFERENCE-GUIDE_Standard-CAT-6-thru 20_Final_2022.12.15.docx (<https://praedfoundation.org/tcom/tcom-tools/crisis-assessment-tool-cat/>)

d) Intervention Services

i) Including stage-wise treatment and intervention services based on the Dr. Kenneth Minkoff, M.D. model to address co-occurring psychiatric and substance use disorders. This includes:

- i. Acute Stabilization - safe sobering up and stabilization of acute psychiatric symptoms.
- ii. Motivational Enhancement - individualized motivational strategies to help individuals who have made no commitment to change.
- iii. Active Treatment - for individuals who need to learn and practice skills to manage their substance and mental health symptoms.
- iv. Relapse Prevention - specific skills training on participation in self-help recovery programs, as well as specialized self-help programs like Dual Recovery Anonymous.
- v. Rehabilitation and Recovery - developing new skills and capabilities based on strengths, and on developing improved self-esteem, pride, dignity, and sense of purpose in the context of the continued presence of mental health and substance use disorders.

e) Referral Services

i) Based on identified functional areas of impairment (medical, vocational, financial, housing, family, social activities of daily living, transportation, legal, and substance use). This information must be documented in a department-approved data submission platform.

ii) For YCC's this includes a warm handoff to home and community-based providers working with the member discharging from the YCC. This work may include but is not limited to: scheduling appointments for the member which would include a discussion with the provider about the needs and strengths of the member and family.

f) Aftercare Plan

i) Each member, prior to leaving the Crisis Center must be provided an after-care plan which includes, at a minimum, connection to a peer or Recovery Support Specialist.

ii) This plan must be documented in a department approved data submission platform.

iii) The plan must anticipate a variety of needs associated with aftercare. Ideas include but not limited to:

- i. Safety Planning.
- ii. Primary/Peer Support.
- iii. Education Planning.
- iv. Relapse Prevention Planning; and
- v. Continuing Treatment Planning.

g) Medication Management

i) Medication Storage and Administration policies and procedures regarding the storage and administration of prescription and non-prescription medication.

h) Behavioral Management

i) Have a nationally recognized behavior management system to structure prevention and intervention approaches that is approved by the Department.

ii) Ensure all staff are trained in and use crisis management and intervention techniques that employ verbal de-escalation methods and non-physical intervention strategies. Ensure there is no restraint either mechanical, physical, or chemical (pharmacological) of members by agency staff, or other members.

i) A process and policy to transfer a member to a higher level of care if needed.

Crisis Centers will enhance current operations by adopting the BHL platform which will fulfill Magellan's IBHP contractual requirements for quarterly reporting.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
93.243_Substance Abuse and Mental Health Services Projects of Regional and National Significance	ALICE and Spanish-speaking	9/30/2023	9/29/2028 (NoA on file through 9/29/2025)	\$374,455.00	\$107,606.00	\$3,095.00	\$110,701.00	\$237,405.00	10% indirect max	No	No	No

Goal A Decrease risk factors and increase protective factors that contribute to youth substance initiation and use of alcohol, marijuana, and stimulants through implementing a community-led youth substance use prevention model, specifically the Icelandic Prevention Model.

1. Objective A1 By the end of year one, partner with a community to develop a prevention coalition workgroup and implement the Icelandic Prevention Model (IPM).
2. Objective A2 By the end of year one the prevention coalition workgroup will develop and implement at least two strategies that address factors identified through IPM survey data.
3. Objective A3 By the end of year five, see a significant increase in community protective factors associated with youth alcohol, marijuana, and stimulant use.
4. Objective A4 By the end of year five, see a significant change in youth alcohol, marijuana, and stimulant use.
5. Objective A5 By the end of year three (October 1, 2025), partner with an additional community to develop a prevention coalition workgroup to implement the IPM and repeat objectives A1 – A3.
6. Objective A6 Prevention efforts within partner communities will be sustained by year three of community IPM implementation

Goal B Increase district wide community capacity to prevent youth substance use by providing trainings, evidence-informed prevention curricula and projects, and youth, parent, and community education.

1. Objective B1 Each year of the five-year project, SWDH will offer/support a project or educational activity to all six counties.
2. Objective B2 Communicate and support connections to education, resources, trainings, and effective primary prevention methods to all six counties.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
93.243_Subst ance Abuse and Mental Health Services Projects of Regional and National Significance	ALICE and Spanish- speaking	9/30/2023	9/29/2028 (NoA on file through 9/29/2025)	\$45,000.00	\$40,000.00	\$5,000.00	\$45,000.00	\$237,405.00	10% indirect max	No	No	No

Goal A Decrease risk factors and increase protective factors that contribute to youth substance initiation and use of alcohol, marijuana, and stimulants through implementing a community-led youth substance use prevention model, specifically the Icelandic Prevention Model.

1. Objective A1 By the end of year one, partner with a community to develop a prevention coalition workgroup and implement the Icelandic Prevention Model (IPM).
2. Objective A2 By the end of year one the prevention coalition workgroup will develop and implement at least two strategies that address factors identified through IPM survey data.
3. Objective A3 By the end of year five, see a significant increase in community protective factors associated with youth alcohol, marijuana, and stimulant use.
4. Objective A4 By the end of year five, see a significant change in youth alcohol, marijuana, and stimulant use.
5. Objective A5 By the end of year three (October 1, 2025), partner with an additional community to develop a prevention coalition workgroup to implement the IPM and repeat objectives A1 – A3.
6. Objective A6 Prevention efforts within partner communities will be sustained by year three of community IPM implementation

Goal B Increase district wide community capacity to prevent youth substance use by providing trainings, evidence-informed prevention curricula and projects, and youth, parent, and community education.

1. Objective B1 Each year of the five-year project, SWDH will offer/support a project or educational activity to all six counties.
2. Objective B2 Communicate and support connections to education, resources, trainings, and effective primary prevention methods to all six counties.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
Description: Dental sealants, fluoride varnish, and oral health education.	elementary and middle schools (grade kindergarte n through eighth [K-8] or ages five to fourteen [5-14])	7/1/2023	6/30/2026	\$134,880.00	NA	NA	\$134,880.00	NA	24.95	No	No	No

1. GENERAL REQUIREMENTS

A. This Subgrant is funded by the Maternal and Child Health (MCH) Services Block Grant, 93.994 through the Health Resources Services Administration with a total award amount as indicated on the

Notice of Award (NOA).

B. This Subgrant supports the Department's Strategic Plan and the Division of Public Health priorities.

C. Reserved.

D. The Subgrantee must adhere to the following:

1. For State, Local, and Tribal: Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments. www.ecfr.gov – CFR Title 45 Part 75, Subpart C, 75.201.

E. The Subgrantee must read and comply with:

1. Association of State and Territorial Dental Directors, Best Practice Approach Report:

School-based Dental Sealant Programs. (<https://www.astdd.org/bestpractices/school-based-dental-sealant-programs-bpar-2022-final.pdf>)

2. Association of State and Territorial Dental Directors, Best Practice Approach Report:

Perinatal Oral Health. (<https://www.astdd.org/bestpractices/perinatal-oral-health-bpar-final-2019.pdf>)

3. Association of State and Territorial Dental Directors, Best Practice Approach Report: Prevention and Control of Early Childhood Tooth Decay. (BPAR ECCPandM (astdd.org)

4. Center for Disease Control (CDC) Recommendations for School-Based School Sealant Programs.

(https://www.cdc.gov/oralhealth/dental_sealant_program/implementation-of-school-sealant-programs.htm &https://www.cdc.gov/oralhealth/dental_sealant_program/implementation-of-school-sealant-programs.htm)

5. Association of State and Territorial Dental Directors, Best Practice Approach Report: Use of Fluoride in Schools. (<https://www.astdd.org/docs/final-approved-fluoride-in-schools-bpar-july-2018.pdf>)

6. Language removed in Amendment 1.

F. The Subgrantee must receive prior written approval from the Department for any deviations from the budgeted services or activities. The Subgrantee must be financially responsible for costs deemed unallowable or unapproved by the Subgrant Monitor. Unallowable costs are outlined in Cost/Billing Procedures, paragraph B.

G. The Subgrantee must share this Scope of Work with staff, as applicable, to ensure their knowledge of the expectations and ability to meet Subgrant requirements.

H. Staffing

1. The Subgrantee must maintain staffing with the knowledge and skills to accomplish

Subgrant services and activities. Changes in key staff positions must be reported to the Subgrant Monitor within thirty (30) calendar days.

Scope of Work

2. Specific staffing requirements include having a registered dental hygienist with a current active Idaho license.

I. Monitoring

1. The Subgrantee must comply with all programmatic and financial monitoring activities required by the Department as outlined in this Subgrant, including on-site review as requested, and as outlined in the Subgrant Terms and Conditions, Sections 3-5.

2. The Subgrantee must have available for review, upon request, any documents, papers, or other records which are pertinent to this Subgrant. The Subgrantee must provide timely and reasonable access to personnel for the purposes of interview and discussion related to such documents.

3. The Subgrantee must respond to all deficiencies pertaining to monitoring of the Subgrant in a timely and appropriate manner.

4. The Subgrantee's risk level has been assessed as high for this Subgrant year and is reassessed annually.

a. Enhanced monitoring may be conducted monthly to include technical assistance calls with the Division of Public Health. When monthly reports are required, calls will coincide with the submission of reports and prior to authorizing payment.

i. A technical assistance site visit, to include the program and Division of Public Health Federal Compliance officer may be scheduled.

J. Acknowledging Federal Support

1. The Subgrantee must acknowledge federal funds when developing any documents describing programs or projects, issuing statements, press releases, and requests for proposals, bid invitations, and other documents funded in whole or in part by federal funds using the following disclaimer template:

a. Audio-visuals -- "The production of this [type of audiovisual (motion picture, television program, etc.)] was supported by Grant [number of grant] from [name of Federal Agency]. Its contents are solely the responsibility of [name of recipient] and do not necessarily represent the official views of the Department or [name of Federal Agency]."

b. Publications -- "This publication was made possible by [number of grant] from [name of Federal Agency]. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department or [name of Federal Agency]. [Local Agency Name] [Date]". OR "The project described was supported by [number of grant] from [name of Federal Agency]. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department or [name of Federal Agency]. [Local Agency Name] [Date]."

c. Conference Materials -- The Subgrantee must ensure that conference materials, including promotional materials, the agenda and any websites that advertise the conference, acknowledge that the federal agency funding this Subgrant provided support for the conference, in whole or in part. The acknowledgement must be accompanied by the following disclaimer:

i. "Funding for this conference was made possible [in part, if applicable] by [grant or cooperative agreement number] from [name of Federal Agency]. The views expressed in written conference materials or publications and by speakers and moderators do not reflect the official policies of the Department or [name of Federal Agency] nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

K. The Subgrantee must comply with subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA). 2 CFR 170.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
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Strengthening U.S. Public Health Infrastructure, Workforce, & Data Systems	SWDH employees & everyone served by SWDH	7/1/2022	6/30/2026	\$1,600,000.00	\$299,315.95	\$102,671.05	\$401,987.00	NA	24.95	No	No	No
<p>SCOPE OF WORK I. GENERAL REQUIREMENTS</p> <p>A. This Subgrant is funded by the Strengthening U.S. Public Health Infrastructure, Workforce, & Data Systems grant awarded December 1, 2022 through the Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) with a total award amount of twenty-four million four hundred fifty-five thousand nine hundred thirty-eight dollars (\$24,455,938).</p> <p>B. This Subgrant supports the Idaho Department of Health and Welfare (Department) Strategic Plan and the Division of Public Health priorities.</p> <p>C. Reserved.</p> <p>D. The Subgrantee must adhere to the following: 1. For State, Local, Tribal, Uniform Administrative Requirements www.ecfr.gov - CFR Title 45 Part 75, Subpart C, 75.201.</p> <p>E. Reserved.</p> <p>F. The Subgrantee must receive prior written approval from the Department for any deviations from the budgeted services or activities. The Subgrantee must be financially responsible for costs deemed unallowable or unapproved by the Subgrant Monitor. Unallowable costs are outlined in Cost/Billing Procedures, paragraph B.</p> <p>G. The Subgrantee must share this Scope of Work with staff, as applicable, to ensure their knowledge of the expectations and ability to meet Subgrant requirements.</p> <p>H. Staffing 1. The Subgrantee must maintain staffing with the knowledge and skills to accomplish Subgrant services and activities. Changes in key staff positions must be reported to the Subgrant Monitor within thirty (30) calendar days.</p> <p>I. Monitoring 1. The Subgrantee must comply with all programmatic and financial monitoring activities required by the Department as outlined in this Subgrant, including on-site review as requested, and as outlined in the Subgrant Terms and Conditions, Sections 3-5. 2. The Subgrantee must have available for review, upon request, any documents, papers, or other records which are pertinent to this Subgrant. The Subgrantee must provide timely and reasonable access to personnel for the purposes of interview and discussion related to such documents. 3. The Subgrantee must respond to all deficiencies pertaining to monitoring of the Subgrant in a timely and appropriate manner. 4. This Subgrant's risk level has been assessed as high for this Subgrant year. a. Reserved. b. Enhanced monitoring may include monthly technical assistance calls with Division of Public Health staff. Calls will be scheduled to coincide with report and invoice submission and must occur prior to payment authorization. i. A technical assistance site visit with program staff and the Division of Public Health Federal Compliance Officer may be scheduled. 2</p> <p>J. The Subgrantee agrees to maintain, safeguard, and report all equipment purchased with federal or state funding in compliance with 2 CFR Part 200.313 and applicable state of Idaho property management regulations. Equipment purchased must be used solely for authorized programmatic purposes, tracked in an updated inventory system, and made available for monitoring and audit purposes as requested. Any unauthorized use, sale, or disposition of equipment without Department approval may result in repayment obligations, withholding of future funding, or other compliance actions as deemed necessary.</p> <p>K. Acknowledging Federal Support: 1. The Subgrantee must acknowledge federal funds when developing any documents describing programs or projects, issuing statements, press releases, and requests for proposals, bid invitations, and other documents funded in whole or in part by federal funds using the following disclaimer template: a. Publications - "This publication was made possible by NE11OE000102 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Welfare or the CDC. [Local Agency Name] [Date]." b. Conference Materials -- The Subgrantee must ensure that conference materials, including promotional materials, the agenda and any websites that advertise the conference, acknowledge that the federal agency funding this Subgrant provided support for the conference, in whole or in part. The acknowledgement must be accompanied by the following disclaimer: i. "Funding for this conference was made possible in part, (if applicable) by NE11OE000102 from the Centers for Disease Control and Prevention (CDC). The views expressed in written conference materials or publications and by speakers and moderators do not reflect the official policies of the Department or the CDC nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. [Local Agency Name] [Date]." c. Audio-visuals -- "The production of this (type of audiovisual, motion picture, television program, etc., as applicable) was supported by grant NE11OE000102 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of [name of subrecipient] and do not necessarily represent the official views of the Department or the CDC."</p> <p>L. The Subgrantee must comply with subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA). 2 CFR Part 170.</p> <p>M. Reserved.</p> <p>N. Reserved.</p> <p>O. Reserved.</p> <p>II. SUBGRANT SERVICES AND ACTIVITIES</p> <p>A. A1 - Workforce 1. The Subgrantee must use these funds as outlined in the Subgrant Attachment 1 - Workplan for A1: a. Retain public health staff. b. Support and sustain the public health workforce. c. Train new and existing public health staff. d. Strengthen workforce planning, systems, processes and policies. 3 2. All activities outlined in the workplan must be completed by June 30, 2026.</p> <p>B. A2 - Foundational Capabilities 1. The Subgrantee must use these funds as outlined in the Subgrant Attachment 1 - Workplan for A2: a. Strengthen organizational competencies addressing information technology, human resources, financial management, contract, and procurement services. 3. All activities outlined in the workplan must be completed by June 30, 2026.</p>												
Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
IDJC: FY23 Safe Teen Assessment Center Grant	Youth under age 18	7/1/2022	6/30/2025	\$1,500,000.00	\$171,000.00	\$195,232.22	\$366,232.22	\$1,133,767.78	0	No	No	No

The Idaho Department of Juvenile Corrections, in consultation with the Idaho Juvenile Justice Commission and Idaho Behavioral Health Council, announce funding to improve the juvenile justice and children's systems in Idaho by addressing the needs of juveniles through Safe Teen Assessment Centers which provide a single point of contact, screening for need, and when appropriate, providing more comprehensive assessment of youth and families to inform an individualized plan connecting youth and families with community-based resources within their area. The goal of the grant is to prevent youths' further entrance into the juvenile justice and child welfare systems by providing connection to community-based resources and services. These community-based interventions may occur in response to underlying issues or concerning behavior identified at school, by parents or caregivers, at point of contact with law enforcement, etc. Underlying issues or concerns may be related to trauma, delinquency, mental health, substance use, familial issues, etc.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
IDJC: FY24 Assessment Center Limited Longevity Support	Youth under age 18	7/1/2023	6/30/2026	\$448,468.00	\$48,468.00	\$2,750.00	\$51,218.00	\$397,250.00	0	No	No	No

The Idaho Department of Juvenile Corrections, in consultation with the Idaho Juvenile Justice Commission and Idaho Behavioral Health Council, announce funding to improve the juvenile justice and children's systems in Idaho by addressing the needs of juveniles through Youth Assessment Centers which provide a single point of contact, screening for need, and when appropriate, providing more comprehensive assessment of youth and families to inform an individualized plan connecting youth and families with community-based resources within their area. The goal of the grant is to prevent youths' further entrance into the juvenile justice and child welfare systems by providing connection to community-based resources and services. These community-based interventions may occur in response to underlying issues or concerning behavior identified at school, by parents or caregivers, at point of contact with law enforcement, etc. Underlying issues or concerns may be related to trauma, delinquency, mental health, substance use, familial issues, etc.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
IDJC: Assessment Center FY2025	Youth under age 18	7/1/2024	6/30/2025	\$33,150.00	\$0	\$18,150.00	NA	\$15,000.00	0	No	No	No

The Idaho Department of Juvenile Corrections seeks to provide small grants to enhance services, increase scope, or to improve skill sets, but not support the day-to-day operations of existing Assessment Centers (per Legislative guidance). Funding is intended to support existing Safe Teen Assessment Center projects previously established under FY23, FY24 funding. Funding is designed to provide limited support to help ensure project success.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
IDJC: FY25 Title II Assessment Center Grant	Youth under age 18	3/17/2025	9/30/2025	\$50,000.00	NA	NA	NA	\$50,000.00	0	No	No	No

The Idaho Department of Juvenile Corrections and Idaho Juvenile Justice Commission seeks to support day to day operations of existing Assessment Centers. Funding is intended to support existing Safe Teen Assessment Center projects previously established under FY23 and FY24 funding. The Title II Assessment Center Grant is designed to provide short-term funding to support sustainability

Since 1974, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in the United States Department of Justice has administered the Title II Formula Grants Program to support state and local delinquency prevention and intervention efforts and juvenile justice system improvements. The Formula Grant funds are administered by the Idaho Department of Juvenile Corrections (IDJC) and the Governor appointed Idaho Juvenile Justice Commission (IJJC), which establish funding priorities. Project applicants who have been awarded funds from the IJJC are considered grantees. The purpose of this manual is to give project grantees an outline of the financial and reporting requirements and responsibilities involved with an award by the IJJC. The manual is brief in order to make it readable and usable. If you have any questions or need more clarification in any matters discussed, please contact IDJC staff.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
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IDJC: Millennium Income Fund Grant Award	Youth under age 18	7/1/2025	6/30/2026	\$200,000.00	NA	NA	NA	\$200,000.00	0	No	No	No
<p>Senate Bill 1215 was passed during the 2025 legislative session, which appropriates emergency funding for FY25 and one time funding for FY26 for assessment centers to be distributed through the Idaho Department of Juvenile Corrections (IDJC). This bill sets clear expectations related to the funding process and clearly establishes these funds as a one-time appropriation with no expectation of future financial support. This communication provides guidance related to Senate Bill 1215, which can be read in its entirety here: https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2025/legislation/S1215 The Bill establishes requirements for Centers to provide a comprehensive sustainability plan, that details how Centers can remain operational without reliance on state funds. Additionally, the Bill establishes the requirement that each Center sign an attestation letter that demonstrates how distributed moneys will be used and accounted for; and demonstrates operational and fiscal accountability. Both documents are required to be submitted to IDJC and the Budget and Policy Analysis Division of the legislative Services Office prior to the Department of Juvenile Corrections distributing any moneys.</p> <p>The Bill also articulates that funding shall be distributed to eligible Assessment Centers based on criteria set forth by the IDJC. Consideration will be given to Centers based on a multitude of factors, which include but are not limited to, Tier I vs. Tier II, youth and families served, attachment area of center, sustainability work described in requested Sustainability Plans, and remaining funds from previous grant years, including open grants and carryover funds.</p> <p>IDJC has provided draft templates of the sustainability plan and funding request, as well as the Attestation Form. Each Center will need to submit a sustainability plan and funding request no later than May 5th, 2025. Centers may opt out of applying for this funding if their center has reached the goal of sustainability. IDJC will review all requests and distribute FY25 funds as soon as practicable. FY26 funds will be distributed no later than July 15, 2025, with the second distribution to occur no later than December 1, 2025.</p> <p>Each Center that receives funding must provide reports that include data-driven results on the success of the Center on a template to be developed by the Coalition. The initial report must be submitted no later than September 1, 2025, with the updated report to be submitted no later than June 1, 2026. Both reports must be submitted to IDJC and Budget and Policy Analysis Division of the Legislative Services Office.</p> <p>In addition, to the guidance on the Millennium Income Funding, IDJC is requesting each Center review the individualized budget closeout guidance that was issued by IDJC on or around 1/06/25, regarding closeout budget instructions for your unspent historical funding. Each Assessment Center was provided expectations and deadlines related to remaining funds. The goal of the funding from the Millennium Income Fund is to ensure Centers become sustainable by July 1, 2026. It is our sincere hope that the Centers can use this funding to become sustainable and continue their amazing work in communities across the state. Thank you for the collaboration and for your dedication to Idaho's youth and families.</p>												
Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
Suicide Prevention Activities	All, with a focus on veterans, youth and rural communiti es.	7/1/2025	6/30/2026	\$45,000.00	\$40,000.00	\$5,000.00	\$45,000.00	NA	24.95	No	No	No

II. SUBGRANT SERVICES AND ACTIVITIES

A. Regional Collectives. The Subgrantee must:

1. Coordinate, participate, and/or facilitate a district-wide collective (Collective) of individuals, businesses, community members, and survivors, whose purpose is to develop a plan with strategies consistent with the most recent Idaho State Suicide Prevention Plan to reduce deaths by suicide. Work of the Collective must include:
 - a. Establishing partnerships in each county in the region to work on suicide prevention, intervention, and postvention initiatives. Partnerships are intended as two-way relationships that share information and input for advancing collective impact throughout the district.
 - b. Meetings or dialog under an agenda to includes priorities of the Collective, no less than quarterly.
 - c. By September 30, 2025, assembling an updated list of Collective partners representing each county. The list should include the partner's name, agency, location, and connection to suicide prevention. The list must be submitted once by September 30, 2025, and any updates on collective membership, if applicable, with the quarterly SMRs.
 - d. By September 30, 2025, compiling a report to describes notable suicide prevention efforts implemented across the district during the year. District reports are intended to inform funders and key state decision makers of activities and initiatives intended to impact suicide rates in Idaho. Districts reports are to align to Idaho's Suicide Prevention Plan 2024-2028 using as much quantifiable data as possible to demonstrate impact.

B. RESERVED

C. District Suicide Prevention Action Plan

1. By June 30, 2026, and under the advisement and approval of the Districtwide Collective, review and update the District's Suicide Action Plan (Plan), which supports the goals and objectives outlined in the current statewide five (5)-Year Suicide Prevention Plan. The Plan must include actionable objectives to be implemented in the community, based on the results of the most recent gap analysis. The Plan must be reviewed by the Department's Suicide Prevention Program prior to implementation and prior to sharing the Plan district-wide. The Plan must include:
 - a. Engagement with the State Department of Education and/or its Subgrantee to support implementation of suicide prevention programs and policies and, as needed, engagement with local school districts for intervention and postvention plans targeted to the youth population in the district.
 - b. Data collection and data sharing plans should ensure methods of evaluation of suicide prevention effectiveness are adequate to make decisions and to understand impact of efforts.
2. The Plan may include but is not limited to:
 - a. Elements of the most recent Idaho State Suicide Prevention Plan for objectives to address district needs and priorities;
 - b. Suicide prevention education and awareness training to target high risk or priority populations;
 - c. Loss survivor support policies and procedures, including but not limited to aiding and promoting district-wide loss survivor support groups, identifying support material for loss survivors, and identifying a distribution plan for survivor loss material;
 - d. A plan for Lethal Means Safety (LMS), including but not limited to limiting access to firearms, suffocation, and poisoning; and
 - e. Plans to foster education/outreach activities at community and formal events, shows, conferences, and gatherings where high risk or priority populations will come together.
3. Learning Action Network (LAN) – a quarterly meeting for the Public Health Districts (PHD)s is hosted online by the Suicide Prevention Program. These meetings are intended to be informational or educational and provide space to exchange successes, challenges, questions, and brainstorm. The Subgrantee is encouraged to attend each quarter or send a representative, but no requirement exists for attendance. Meeting minutes are always provided, and recordings will be shared when possible.

III. QUALITY ASSURANCE

- A. The Subgrantee must meet with the Department, as requested, to review Subgrant compliance, to participate in mutually agreed upon training, to collaboratively plan improvements and to discuss safety concerns or any special preparation and planning needs.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
Childcare Subgrant	Childcare providers & Users of childcare services	7/1/2025	6/30/2026	\$150,535	NA	NA	All	No	24.95	No	No	No

CENTRAL DISTRICT HEALTH
Subgrant Agreement

Subgrantee: Southwest District Health
Subgrantee's Federal I.D. No. 826000952BU
CFDA Number and Title: 93.575 Child Care and Development Block Grant
Unique Entity ID: f ETJC2JYM3W6

Subgrant Amount: \$150,535.00

This subgrant outlines the relationship between Central District Health, hereinafter referred to as CDH, and Southwest District Health, hereinafter referred to as the Subgrantee, for the purposes of achieving the objectives of the Idaho Department of Health and Welfare (IDHW) Child Care Program subgrant deliverables. This subgrant is effective as of July 1, 2025, and will expire on June 30, 2026.

The Subgrantee agrees to provide, and CDH agrees to accept the services detailed in the Scope of Work.

Subgrant Terms and Conditions

I. Subgrant Effectiveness and Renewal. The subgrant is effective as of July 1, 2025, and will expire on June 30, 2026.

Performance. CDH to require strict performance of any term or condition of this agreement or to exercise any option herein, in any one or all instances, shall not be construed to be a waiver or relinquishment of any such term or condition. The same shall be and remain in full force and effect, unless there is a prior written waiver by CDH.

Fiscal Records. The Subgrantee agrees to maintain all fiscal records, including its books, audit papers, documents, and any other evidence of accounting procedures and practices, which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this subgrant. These records shall be available for and subject to inspection, review or audit and copy by CDH. Records. The Subgrantee shall maintain all records and documents relevant to this subgrant for three years from the date of final payment. CDH shall have full access to and the right to inspect, review, and audit any of these materials during the retention period. If an audit, litigation or other action involving records is initiated before the three-year period has expired, the records must be retained until all issues arising out of such action are resolved, or until an additional three-year period has passed, whichever is later.

Monitoring. The Subgrantee shall be monitored on a frequency to be determined by CDH, and the program shall be periodically reviewed. The results of this program review may be used, with other information, to evaluate the Subgrantee's provision of services funded by this subgrant.

Independent Status. The Subgrantee's status under the subgrant shall be that of an independent subgrantee and not that of an agent or employee of CDH. The Subgrantee shall be responsible for paying all employment-related taxes and benefits, such as federal and state income tax withholding, social security contributions, worker's compensation and unemployment insurance premiums, health and life insurance premiums, pension contributions and similar items.

Confidentiality. The Subgrantee shall comply with all applicable state and federal laws, rules, and regulations concerning confidentiality.

HIPAA. The Subgrantee acknowledges that it may have an obligation, independent of this subgrant, to comply with the Health Insurance Portability and Accountability Act (HIPAA), Sections 262 and 264 of Public Law 104-191, 42 USC Section 1320d, and federal regulations at 45 CFR Parts 160, 162 and 164. If applicable, Subgrantee shall comply with all amendments to the law and all federal regulations made during the term of the subgrant.

Lobbying.

Influence. The subgrantee certifies that none of the funds provided by this subgrant have been paid or will be paid by or on behalf of the Subgrantee to any person for influencing or attempting to influence an officer or employee of any governmental agency, a member, officer or employee of Congress or the State Legislature in connection with the awarding, continuation, renewal, amendment, or modification of any contract, subgrant, loan or cooperative agreement.

Standard Form LLL. [If any funds, other than funds provided by this subgrant, have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any governmental agency, a member, officer or employee of Congress or the State Legislature in connection with the subgrant, the Subgrantee shall complete and submit Standard Form LLL, 'Disclosure Form to Report Lobbying', in accordance with its instructions, and a copy of Standard Form LLL to CDH.

False Statement. The Subgrantee understands that a false statement of this certification may be grounds for rejection or termination of the subgrant, and that their signature upon this 'Standard Subgrant' is a material representation of fact upon which reliance was placed when this subgrant was made or entered into. In addition, under Section 1352, Title 31 U.S. Code, a false statement shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such false statement.

Single Audit Act. The Subgrantee acknowledges that it may have an obligation; independent of this subgrant, to comply with the terms of the "Single Audit Act" of 1984. Funds provided under the subgrant may be used to pay for compliance with this act in proportion to other funding sources available to the Subgrantee for the services provided pursuant to the subgrant.

Termination for convenience. CDH or the Subgrantee may cancel this subgrant at any time without cause upon 30 calendar days' written notice specifying the date of termination. The obligations and liabilities of the parties shall cease upon the date of termination except that the obligations or liabilities incurred prior to the termination date shall be honored.

Appropriation by Legislature Required. CDH is a government entity, and this agreement shall in no way or manner be construed so as to bind or obligate CDH beyond the term of any particular appropriation of funds by the State's Legislature as may exist from time to time. CDH reserves the right to terminate this agreement in whole or in part (or any order placed under it) at its sole judgment, if the Legislature of the State of Idaho fails, neglects, or refuses to appropriate sufficient funds as may be required for CDH to continue such payments or rescinds or requires any return or "give-back" of Funds required for CDH to continue payments, or if the Executive Branch mandates any cuts or holdbacks in spending. All affected future rights and liabilities of the parties hereto shall thereupon cease within 10 calendar days after notice to the Subgrantee. It is understood and agreed that CDH's payments herein provided shall be paid from Idaho State Legislative appropriations.

In Witness where of the parties have executed this agreement.

GENERAL REQUIREMENTS

- A. This subgrant is funded by the Child Care and Development Block Grant awarded October 1, 2021, through the Administration for Children and Families (ACF), Catalog of Federal Domestic Assistance (CFDA) number 93.575, Federal Award identification Number (FAIN) G 190110.
- B. The purpose of this subgrant is to support the goals and objectives of the IDHW Child Care agreement by ensuring that all children in childcare settings are in a healthy and safe environment while receiving childcare.
- C. The Subgrant shall comply with the IDHW policy on meals and refreshments, a copy will be provided by CDH upon request.
- D. The Subgrantee shall adhere to the following:
For State, Local, and Tribal: Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments. www.ecfr.gov - CFR Title 45 Part 75.
- E. The Subgrant shall read and comply with all components of the IDHW agreement WCI08400, a copy will be provided upon request.
CDH will disseminate pertinent program information to the Subgrantee that is received from IDHW.
- F. CDH will act as the subgrant administrator for the purpose of satisfying the IDHW requirement for a single agreement and will represent the Subgrantee as the single point of contact for IDHW. The Community and Environmental Health Division Administrator will serve as CDH's Project Officer for this subgrant.
- G. The Subgrantee shall establish collaborative relationships and coordinated services with the IDHW Resource and Referral/Professional Development Contractor, local cities, and counties, and other IDHW stakeholders for the delivery of childcare services required in this subgrant.
- H. The Subgrantee shall operate according to the requirements of the subgrant and the guidelines of the Idaho Child Care Management Manual for all sections of the subgrant. This manual, developed and agreed to by all applicable stakeholders, identifies standardized processes and procedures to ensure consistent statewide service delivery.
- I. The Subgrantee shall establish a system of continuous program assessment and quality improvement as defined in the Idaho Public Health Districts' Quality Assurance Plan for Child Care Health, Safety, and Complaints Program.
- J. The Subgrantee shall share this subgrant with staff, as applicable, to ensure their knowledge of the expectations and ability to meet subgrant and compliance requirements.
- K. Child Care Health and Safety Inspectors must be, at minimum, the equivalent of an Environmental Health Specialist I, and shall meet professional licensure, certification, or be eligible for licensure, if required, in order to conduct specified childcare health and safety inspections.
1. Inspectors must receive training in related health and safety requirements appropriate to provider settings and age of children served.
2. The Subgrantee shall maintain a sufficient number of inspectors to ensure timeliness of all inspections per subgrant requirements.
- L. The Subgrantee will establish unique PCAs as determined by the Public Health Districts' Environmental Health Directors' Working Group to track expenses associated with this subgrant.
- M. The Subgrantee will be paid \$515.00 per establishment inspected for that month, minus fees collected and limited to actual year-to-date costs each month.
- N. The Subgrantee will also be reimbursed for actual costs related to receipt, response, and follow-up actions for Child Care complaints as described in this subgrant. A separate PCA is required to document tracking of these costs.
- O. The Subgrantee will participate in meetings, trainings, conference calls or other program coordination activities with CDH and other program stakeholders as needed.
- P. The Subgrantee will be responsible for printing/copying their own supply of inspection forms or educational materials required as part of the subgrant.
- Q. The Subgrantee shall comply with all programmatic and financial monitoring activities required by CDH as outlined in this subgrant.

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
93.898 Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	All, with a focus on youth prevention.	anticipated July 2025	6/29/2026	\$19,365.71	\$16,365.71	\$3,000.00	\$19,365.71	NA	24.95	No	No	No

II. SUBGRANT SERVICES AND ACTIVITIES

A. Priority Area 1 – Infrastructure and Capacity

1. The Subgrantee must participate in up to four (4) conference calls with the Department's Idaho Comprehensive Cancer Control Program (ICCCP) to receive and provide program updates, disseminate educational information to inform current work, and share best practices among Public Health Districts (PHDs) in Idaho.

- a. One (1) of the conference calls will be a virtual kick-off meeting with training and resources provided on the various components within the Subgrant deliverables. The virtual kick-off meeting is anticipated to take place in July 2025.
 - b. The two (2) - three (3) additional conference calls will be either one-on-one calls with the Department or cohort calls with other Cancer Coordinators. During Q3 there will be a cohort call in which the subgrantee will be asked to prepare a short PPT (3-5 slides) showcasing their work.
2. The Subgrantee must be a participating member of the Comprehensive Cancer Alliance for Idaho (CCAI) within the Prevention Workgroup.
- a. The Subgrantee must attend the CCAI Annual Meeting either in-person or virtually, date and location for 2026 to be determined.
 - b. The Subgrantee is required to sit on the Prevention Workgroup, which will be facilitated by the Department. The Prevention Workgroup will bring together cancer prevention champions to network and collaborate on current issues and advance priority areas within Idaho's 5-year Strategic Cancer Plan. The Prevention Workgroup will meet monthly for a minimum of one (1) hour. This Subgrant does not beholden any of the PHDs to carry out additional work set forth by the CCAI workgroups. The workgroup must meet approximately ten (10) times per year. If the CCAI Board cancels a meeting, the Subgrantee will not be penalized. Dates and times for monthly meetings to be determined for FY26 by the CCAI Board of Directors.

B. Priority Area 2 – Coalition Work - Newsletters

1. The Subgrantee must develop and distribute a cancer control newsletter to support continued information sharing with local and regional partners/stakeholders. The newsletter must:

- a. Be distributed a minimum of four (4) times per year.
 - b. Include relevant and timely information to include: cancer data, events, news, and resources.
2. One (1) of the four (4) newsletters must include tobacco cancer data and information on Idaho Quitline services, through Project Filter - <https://projectfilter.org>
3. One (1) of the four (4) newsletters must include information and/or resources on Women's Health Check - <https://healthandwelfare.idaho.gov/services- programs/medicaid-health/womens-health-fit-fall-quit-smoking/womens-health-check>
- a. The Subgrantee must identify individuals to receive the newsletter.
 - b. The Subgrantee must utilize a newsletter platform that allows for individuals to subscribe and unsubscribe, open rate tracking, and link click tracking (ex. Mailchimp, Constant Contact).
 - c. The Subgrantee must provide quarterly statistics on the newsletter (number of subscribers, percent open rate, etc.) using the Newsletter tab in the SMR.
 - d. The Subgrantee must ensure the Department is a recipient of the newsletter.

C. Priority Area 3 – Evidence Based Interventions

1. The Subgrantee must partner with a minimum of one (1) outdoor organization or facility (i.e. city parks, ski resorts, public pools, golf courses, outdoor concert venues, zoos, libraries, green spaces, and more) to enact and implement policies around sun safety. In addition, the Subgrantee must organize one (1) community- wide campaign (i.e. community awareness event) in their respective region to promote cancer screenings, and to encourage cancer prevention through physical activity and/or healthy eating.

2. Sun Safety – Environmental Approaches:

- a. The Subgrantee must partner with a minimum of one (1) organization or facility to implement or enhance environmental changes to promote sun-protective behaviors.
 - i. Organizations or facilities must be identified in Q1 and communicated to the Department in the Q1 Subgrant Monitoring Report (SMR) report.
- b. The Subgrantee must provide information about sun safety and the effects of ultraviolet (UV) radiation to facility staff through staff educational sessions/trainings.
 - i. The number of recreation/tourism organizations or facility staff trained must be reported in the quarterly SMR to the Department.
- c. The Subgrantee must provide technical assistance (TA) for the implementation of sun-protective environmental changes.
 - i. A minimum of one (1) environmental or systems change (i.e. increasing the availability of sun-protective items such as sunscreen, sunscreen dispensers, protective clothing, etc) and/or adding sun-protective features to the physical environment (i.e. shades structures, sun sails, educational signage, etc.).
 - ii. The Subgrantee must provide the Department with documentation of environmental changes implemented and number of staff/individuals impacted (reach).
- d. The Subgrantee must coordinate and collaborate, as appropriate, with other health promotion programs and/or coordinators within their Public Health District to support no-smoking signage for a minimum of one (1) recreation/tourism organization or facility to curb tobacco/vaping. Partner organizations or facilities may be the same as in previous years.

3. Community-Clinical Linkages:

- a. To promote cancer screenings, and to encourage cancer prevention through physical activity and/or healthy eating the Subgrantee must organize one (1) community-wide cancer prevention campaign or cancer awareness event in their respective region.
 - i. The community-wide campaign must be identified in Q1 and communicated to the Department in the Q1 SMR report.
 - ii. Examples of community-wide campaigns may include, but are not limited to: organizing a walk/run, cooking classes for cancer, cancer wellness classes such as yoga or hiking, cancer awareness month campaigns, utilization of a mammogram bus, collaboration with local health systems or clinics to host a health clinic (i.e. a vaccination event), and/or any other ideas that are pre-approved by the Department. This can be a single day event, or classes over a set amount of time.
- b. The Subgrantee must provide technical assistance for the community-wide campaign.
 - i. The Subgrantee must provide information about cancer screenings and prevention using evidence-based materials, strategies, and best practices.
 - ii. The Subgrantee may team up with a community event already in their region to add a cancer prevention angle.
 - iii. The Subgrantee must provide the Department with documentation of the community-wide campaign implemented and number of individuals impacted (reach).

Description/ ALN Name	Target Population	Original Effective Date	Current Expiration Date	Total Funding Amount	Personnel Funding	Operating Funding	Personnel & Operating	Other Contract Amounts	Indirect %	Match Rqd	Match Amount	Restrictions
10.557 - Women, Infants & Children and WIC Breastfeeding Peer Counseling	Pregnant women; breastfeedi ng women; women who had a baby within the last six months; parents, step- parents, guardians, and foster parents of infants and children up to their 5th birthday	10/1/2024	9/30/2025	\$1,266,364.00	NA	NA	\$1,266,364.00	NA	24.95	No	No	No

Scope of Work

I. GENERAL REQUIREMENTS:

A. This Subgrant is funded by the Women, Infants and Children (WIC) Grant, ALN 10.557, WIC Admin, awarded October 1, 2024 through the US Department of Agriculture, Food and Nutrition Service (FNS) with a total award amount as indicated on the Award Letter; and Breastfeeding Peer Counseling Grant, ALN 10.557, WIC Breastfeeding Peer Counseling, awarded October 1, 2023 through the US Department of Agriculture, FNS, with a total award amount of four hundred forty thousand seven hundred and ninety-seven dollars (\$440,797).

B. This Subgrant supports the Idaho Department of Health and Welfare (Department) Strategic Plan and the Division of Public Health priorities.

C. Reserved.

D. The Subgrantee must adhere to the following:

1. Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments. www.ecfr.gov - CFR Title 45 Part 75, Subpart C, 75.201.
2. United States Department of Agriculture, FNS policy statement located at <https://www.fns.usda.gov/wic/wic-laws-and-regulations>.
3. The Federal Office of Management and Budget (OMB) Circular 2 CFR 200: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, located at <https://www.federalregister.gov/documents/2017/05/17/2017-09909/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>.
4. Federal Awardee Performance and Integrity Information System (FAPIIS) Disclosure:

Consistent with 45 CFR 75.113, Subgrantees must disclose, within ten (10) calendar days of discovery, in writing to the Department and the Department of Health and Human Services (HHS) Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the United States Department of Agriculture (USDA) and to the HHS OIG at the following addresses: Food and Nutrition Service, Western Regional Office, 90 Seventh St, Suite 10-100, San Francisco, CA 94103.

E. The Subgrantee must read and comply with:

1. Idaho WIC Program Policy Manual found at <https://healthandwelfare.idaho.gov/providers/wic/wic-staff>.

F. The Subgrantee must receive prior written approval from the Department for any deviations from the budgeted services or activities. The Subgrantee must be financially responsible for costs deemed unallowable or unapproved by the Subgrant Monitor. Unallowable costs are outlined in Cost/Billing Procedures, paragraph B and summarized in the Idaho WIC Program Policy Manual.

G. The Subgrantee must share this scope of work with staff, as applicable, to ensure their knowledge of the expectations and ability to meet Subgrant requirements.

H. Staffing

1. The Subgrantee must maintain staffing with the knowledge and skills to accomplish Subgrant services and activities. Changes in key staff positions must be reported to the Subgrant Monitor within thirty (30) calendar days.
2. The Subgrantee must provide a one (1) Full Time Employee (FTE) WIC Coordinator who is a Registered and Licensed Dietitian or who is qualified to be a Program Manager per the State of Idaho job classification to manage and administer the WIC Program. When the WIC Coordinator is unavailable, the Subgrantee must provide a back-up person in charge to oversee operations.
3. The Subgrantee must provide a Breastfeeding Promotion and Support Coordinator (BFC) who is a Registered and Licensed Dietitian, Registered and Licensed Nurse and/or an International Board Certified Lactation Consultant (IBCLC) to coordinate breastfeeding promotion and support activities, participate in breastfeeding training activities for all staff, and other responsibilities outlined in the Idaho WIC Policy Manual.
4. The Subgrantee must provide a Designated Breastfeeding Expert (DBE) who is a Registered and Licensed Dietitian, Registered and Licensed Nurse, Physician or a Physician's Assistant, and/or an IBCLC. The DBE must have a minimum of one (1) year of experience in counseling breastfeeding mother/infant dyads. The DBE must oversee complex breastfeeding challenges, assist with breastfeeding

assessments and follow-up in coordination with other applicable staff.

5. The Subgrantee must provide Registered and Licensed Dietitian(s) to provide services such as high-risk nutrition counseling, formula, milk substitute, and/or nutritional authorization and staff training oversight.
6. The Subgrantee must provide a Training Lead who is a Registered and Licensed Dietitian or a WIC Certifier with two (2) years of local agency WIC experience to administer and oversee Idaho WIC Program staff training per the Idaho WIC Policy Manual.
7. The Subgrantee must determine and provide an adequate number of trained Certifiers to determine participant eligibility and provide low-risk nutrition education per the Idaho WIC Program Policy Manual.
8. The Subgrantee must have a Breastfeeding Peer Counselor Coordinator to plan, direct, and manage the general operations of the peer counseling program. The Peer Counselor Coordinator should have specialized training in lactation management and care such as an IBCLC or Certified Lactation Counselor/Educator (CLC/CLE).
9. The Subgrantee must have Breastfeeding Peer Counselor(s) to provide breastfeeding services. Peer Counselors must have breastfeeding experience. When possible, Peer Counselors should be current or previous WIC participants.
10. The Subgrantee must have two (2) Vendor Leads to serve as the WIC Authorized Food List experts and assist with vendor activities.

I. Monitoring

1. The Subgrantee must comply with all programmatic and financial monitoring activities required by the Department as outlined in this Subgrant, including on-site review as requested, and as outlined in the Subgrant Terms and Conditions, Sections 3-5.
2. The Subgrantee must have available for review, upon request, any documents, papers, or other records which are pertinent to this Subgrant. The Subgrantee must provide timely and reasonable access to personnel for the purposes of interview and discussion related to such documents.
3. The Subgrantee must respond to all deficiencies pertaining to monitoring of the Subgrant in a timely and appropriate manner.
4. This Subgrantee's risk level has been assessed as high for this Subgrant period.
 - a. Enhanced monitoring may be conducted monthly to include technical assistance calls with the Division of Public Health. When monthly reports are required, calls will coincide with the submission of reports and prior to authorizing payment.
 - i. A technical assistance site visit, to include the program and Division of Public Health Federal Compliance Officer, may be scheduled.

J. Acknowledging Federal Support:

1. The Subgrantee must acknowledge federal funds when developing any documents describing programs or projects, issuing statements, press releases, and requests for proposals, bid invitations, and other documents funded in whole or in part by federal funds using the following disclaimer template:
 - a. Publications - "This publication was made possible by grant 257IDID7W1003 from the U.S. Department of Agriculture. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Welfare or the U.S. Department of Agriculture. [Local Agency Name] [Date]".
 - b. Conference Materials - The Subgrantee must ensure that conference materials, including promotional materials, the agenda and any websites that advertise the conference, acknowledge that the federal agency funding this Subgrant provided support for the conference, in whole or in part. The acknowledgement must be accompanied by the following disclaimer:
 - i. "Funding for this conference was made possible [in part, if applicable] by grant 257IDID7W1003 from the U.S. Department of Agriculture. The views expressed in written conference materials or publications and by speakers and moderators do not reflect the official policies of the Department or the U.S. Department of Agriculture nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. [Local Agency Name] [Date]".
 - c. Audio-visuals - The production of this [type of audiovisual (motion picture, television program, etc.)] was supported by grant 257IDID7W1003 from the U.S. Department of Agriculture. Its contents are solely the responsibility of [name of subrecipient] and do not necessarily represent the official views of the Department or the U.S. Department of Agriculture.
- K. The Subgrantee must comply with subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA). 2 CFR 170.

L. Reserved

M. Reserved

- N. The Subgrantee must ensure that the Assurance and Signature page (Attachment 1) regarding discrimination laws is signed, returned to Department and adhered to.

1. Program Specific Requirements. The Subgrantee must:

- a. Comply with WIC program applicant processing time frames according to 7 CFR part 246.7. Required time frames are outlined in the Idaho WIC Program Policy Manual.
- b. Determine eligibility of persons requesting WIC services by screening individuals in accordance with procedures set forth in the Idaho WIC Program Policy Manual. Note that income eligibility criteria change July 1 each year.
- c. Perform WIC certification procedures such as categorical and income screening, measures, and health and nutrition assessments in accordance with the Idaho WIC Program Policy Manual.
- d. Provide information to participants and check for their understanding of WIC program rules, regulations, WIC-approved foods, and use of food benefits at a participant's initial appointment. A copy of the Rights, Responsibilities and Consent form (available at <https://wic.dhw.idaho.gov>) signed by the participant or participant's representative must be kept on file to document that this training has taken place.
- e. Prescribe a WIC food package appropriate to participant nutritional risk(s) and category, and issue food benefits as set forth in the Idaho WIC Program Policy Manual.
- f. Not implement a waiting list or priority restriction of participant categories without prior written approval from the Department. g. Prohibit smoking in the physical space used to provide WIC services, post "No Smoking" signs, and ensure signage is consistent with federal WIC regulations.
- h. Ensure confidentiality for all WIC applicants and participants. Confidentiality must be maintained in the clinic environment and by protecting records with personal information.
- i. Notify the Department's Subgrant Monitor, in writing, that an audit has been conducted within thirty calendar (30) days of the audit. The Subgrantee must submit a copy of the audit report to the Department whenever the audit report includes a WIC finding.
- j. Submit to the Department, on letterhead and prior to purchase, requests to purchase computers, printers, or capital outlay over two thousand dollars (\$2,000) using WIC funds. The written request must include the description of the item, purchase cost, and reason for purchase. The Department will determine if the request is reasonable and necessary according to regulation.
- k. Notify the Department's Subgrant Monitor, in writing on letterhead, of impending closure of any WIC clinic site at least thirty (30) calendar days prior to the actual closing date. The notification must

include the date of the clinic closure and a plan for serving the participants impacted by the closure.

l. Notify the Department's Subgrant Monitor, in writing on letterhead, when opening a new WIC clinic site or relocating a current WIC clinic at least thirty (30) calendar days prior to the actual opening date.

m. Complete nutrition assessment following the Value Enhanced Nutrition Assessment (VENA) requirements, which can be found at:

<https://wicworks.fns.usda.gov/resources/value-enhanced-nutrition-assessment-venaguidance>

n. Provide participant-centered nutrition education to all participants and appropriately utilize participant focused counseling materials provided by the Department. Nutrition education must be in accordance with the guidelines set forth in the Idaho WIC Program Policy Manual.

o. Offer participants nutrition education contacts as defined in the Idaho WIC Program Policy Manual.

p. Ensure that the provision of high risk nutrition education/counseling by a Registered Dietitian to all participants deemed high risk on assessment occurs as often as necessary per the Idaho WIC Program Policy Manual.

q. Expend at least twenty percent (20%) of the annual local agency's grant for nutrition education activities. Guidance for WIC category coding can be found on the Idaho WIC website.

i. WIC Category Coding Guidance: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=5197&dbid=0&repo=PUBLIC-DOCUMENTS>

ii. Time Coding Guidance:

<https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=5198&dbid=0&repo=PUBLIC-DOCUMENTS>

r. Expend at least four percent (4%) of the annual local agency's grant for breastfeeding promotion, support and education.

s. Promote breastfeeding to pregnant and postpartum WIC participants, and refer to and promote the breastfeeding peer counseling program.

t. Provide peer counseling services, when funded or appropriate for the participant following the requirements of the peer counseling Subgrant. Services must be made available outside of usual clinic hours and outside of the WIC clinic, but must also be available during usual clinic hours and in the WIC clinic.

II. SUBGRANT SERVICES AND ACTIVITIES

A. General Program Services and Requirements

1. The Subgrantee must perform services/activities associated with this Subgrant in their geographic service area with specified populations for the term of the Subgrant.

2. The Subgrantee must maintain a quarterly average caseload level of ninety-seven to one hundred percent (97-100%) of the authorized participating caseload (including migrant clients) allocated by the Department. Authorized caseload is defined as the caseload number used to calculate funding and is based on the average participation of prior months.

a. Caseload will be reviewed on a quarterly basis. If a Subgrantee is serving less than ninety-seven percent (97%) of the authorized participating caseload during Semiannual Report period, a corrective action plan must be completed and submitted to the Department by the agency for review and approval. If the local agency caseload is not met during Semiannual Report period, the Department will have the option to amend the Subgrant for the next quarter to adjust caseload and funding according to current performance.

b. If funding is available, the Department may renegotiate, redistribute, and amend Subgrant funds to local agencies that are conducting satisfactory performance measures in the current federal fiscal year. If a Subgrantee is serving greater than one hundred percent (100%) of authorized participating caseload during Semiannual Report period and federal funds are available, the Department may redistribute and amend Subgrant funds.

c. If funds are available in the following federal fiscal year, the Department may readjust authorized participating caseloads based on the previous federal fiscal year performance. In addition, amendment requests will not be considered unless funds are available, and the local agency is conducting satisfactory performance measures.

d. Authorized Participant Caseload for Federal Fiscal Year 2025 (FFY25) is five thousand eight hundred and one (5,801) participants per month. Ninety seven percent (97%) of authorized caseload is five thousand six hundred twenty seven (5,627) participants per month.

B. Data/Computer System

1. The Subgrantee must provide adequate computer hardware, software, and information technology (IT) maintenance and support to WIC staff in order to effectively deliver WIC services.

2. The Subgrantee must supply and maintain sufficient data transfer lines, servers, routers, Local Area Network connectivity, and Internet connectivity to WIC staff in order to efficiently deliver WIC services.

3. The Department will supply WIC card readers, signature pads and associated supplies for use by the Subgrantee's WIC staff in the delivery of WIC food benefits.

4. The Department will supply and maintain WIC Information System Program (WISPr) software for use by the Subgrantee's WIC staff for the delivery of WIC services and data collection. The Department will provide training and technical support for WISPr usage. The Subgrantee must utilize WIC card readers and signature pads, software, and training provided by the Department to operate the Subgrantee's portion of WISPr.

5. The Subgrantee must ensure all data elements of WISPr are completed and entered accurately, as outlined in the Idaho WIC Program Policy Manual.

6. The Subgrantee must maintain an inventory listing of all equipment purchased with WIC funds as defined in the Idaho WIC Program Policy Manual. This inventory must be reviewed annually.

7. The Subgrantee must allow Department staff to access all training materials including videos through platforms such as YouTube.

8. The Subgrantee must provide a shared email address for Department staff to allow documents to be submitted electronically and securely (for example: WIC applications or interest forms).

9. The Subgrantee must ensure participant confidentiality, network security and appropriate staff training and use of software to provide remote services or telehealth. The Subgrantee must submit high risk remote procedures in writing for approval sixty (60) days prior to conducting remote services or telehealth appointments. The procedures must be initially reviewed by the Department WIC Office Staff and then reviewed by the local agency biannually thereafter. The local agencies must develop low risk remote procedures and a procedure for how Subgrantee will attempt to obtain any applicable missing anthropometric and blood work data. These do not need to be submitted to the state office but need biannual reviews by the local agencies.

C. Vendor Relations

1. The Subgrantee must provide two (2) WIC employees to serve as Vendor Leads who, at the request of the Department must:

a. Assist with vendor activities such as compliance buy investigations, test buys, pre-authorization, universal product code (UPC) collection, or other vendor visits.

b. Attend vendor and food list trainings.

c. Follow up on vendor issues or concerns in accordance with the Idaho WIC Program Policy Manual.

d. Act as the food list expert and vendor point person for you're the Subgrantee.

D. Meetings

1. The Subgrantee must ensure all staff who perform WIC services attend mandatory trainings as determined by the Department.

E. Other

1. Outreach and Referrals

a. The Subgrantee must develop an outreach plan targeting high risk and underserved populations. The plan must include specific outreach activities for the targeted populations and timelines for implementation. At least one (1) specific outreach activity must include information about the benefits of WIC program participation.

b. Any outreach materials developed that address program eligibility must receive prior approval by the Department before distribution.

c. The Subgrantee must provide program participants with information about available health and social services to which the participant can be referred. Mandatory referrals to Special Supplemental Assistance Program (SNAP), Temporary Assistance for Families in Idaho (TAFI), and Substance Abuse must be made, as appropriate.

2. The Subgrantee must coordinate WIC staff services with other health and social services available within the geographic service area, including, but not limited to, immunizations, voter registration, and breastfeeding support.

III. RECORDS AND DOCUMENTATION

A. The Subgrantee must prepare and submit a Nutrition Education Plan using the form provided by the Department's WIC Office.

B. The Subgrantee must prepare and submit a Breastfeeding Peer Counseling Plan using the form provided by the Department.

C. The Department will conduct an on-site evaluation of the Subgrantee every two (2) years to review program activities and service delivery. The evaluation will include a financial review. The Subgrantee must make requested program and financial reports available to the evaluation team.

1. Upon receipt of the on-site evaluation report, the Subgrantee must prepare a written response within sixty (60) calendar days, including a plan to remedy areas requiring corrective action.

D. The Subgrantee must maintain on file and make available for review, audit, and evaluation all criteria used to determine eligibility and certification, including information on geographic service area and referral.

E. The Subgrantee must maintain complete, accurate, and current accounting of all local, state, and federal funds received and expended for the purpose of program delivery.

F. The Subgrantee must maintain all records pertaining to WIC operations for a minimum of four (4) years unless otherwise specified in the policy manual.

G. The Subgrantee must have a written agreement, such as a Memorandum of Understanding (MOU), with any agency or program that it shares participant information with, including other programs within the Department or tribal organizations. The agreement must be in accordance with 7 CFR part 246.26(d) and the Idaho WIC Program Policy Manual.

IV. QUALITY ASSURANCE:

A. The Subgrantee must meet with the Department, as requested, to review Subgrant compliance, to participate in mutually agreed upon training, to collaboratively plan improvements and to discuss safety concerns or any special preparation and planning needs.

B. The Subgrantee must:

1. Ensure that all client records are maintained on the premise and secured in a locked cabinet. All confidential client records must have limited access to key positions identified in the Organizational and Staffing section.

2. Ensure coordination with the Department Subgrant Monitor to ensure clear communication of program processes.

3. Ensure use of participant feedback to improve program delivery.

V. SUBGRANT TRANSITION PLAN:

A. The Subgrantee must notify the Department's Subgrant Monitor, in writing, if WIC services will no longer be conducted by the Subgrantee at least six (6) months prior to the end of the Subgrant's expiration date.

B. The Subgrantee must develop and submit a Transition Plan to the Department three (3) months prior to the end of Subgrant services. The Transition Plan must describe the process for ensuring a smooth transition for WIC participants and services.

C. The Subgrantee must return all equipment and supplies purchased with WIC funds as requested by the Department.

D. All electronic or hard copies of WIC participant information must be returned to the Department or destroyed at the Department's request.



JULY 16, 2025

SWDH INITIATED CONTRACTS AND SUBGRANTS



SWDH Initiated Contracts or Subgrants

Board of Health Report - SWDH Initiated Contracts or Subgrants				
Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Media buyer	\$90,909	Federal grant & subgrant	15-Aug-24	30-Jun-26
<p>The scope of work identified is to:</p> <ol style="list-style-type: none"> 1. Work with Southwest District Health (SWDH) staff to identify each campaign's target audience and recommend media outlets and placements, including but not limited to: <ul style="list-style-type: none"> • Spanish radio • KTVB.com pre-roll ads • Spanish broadcast television • Mailers • Outdoor boards • Newspapers • Digital • and other campaign-related materials that may help Southwest district Health reach its campaign objectives; 2. Negotiate with the various media outlets for cost-effective rates, favorable schedules/showings and bonus runs; 3. Work to secure matches (i.e. earned media, free airings or in-kind contributions) when placing broadcast media messages; 4. Evaluate industry trends and emerging technologies to identify new outreach opportunities and make recommendations accordingly; 5. Provide services based upon research, analysis and recommendations to ensure that target audiences are reached with messages in the most cost-effective manner; 6. Collaborate with Southwest District Health Marketing & PR Manager to schedule for Public Health District (3) rural and urban markets where campaigns are being conducted; 7. Remain knowledgeable about the current media environment including new technologies and research, such as changes in the demographic segment within commonly used media outlets; 8. Monitor new and emerging technologies and provide recommendations on their use; 9. Demonstrate an understanding of the scope of work and suggested approach to the project; 10. Have the capacity to perform the work within schedule and budget; 11. Have appropriate personnel and resources to complete the work. 				
Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Electronic Health Record - Julota	\$31,878	State subgrant	1-Jul-25	30-Jun-26
<p>License and Deliverables:</p> <ol style="list-style-type: none"> 1. Services: Julota will license to Customer access to a web-based and mobile integrated software for tracking services provided to Help Seekers on the Platform, which is called "Julota Reach." Customer and its authorized users may access the Services for the purpose of providing long-term Health Seeker contact, tracking, monitoring and care. Customer will, through the administration panel of Julota Reach, create and authorize new authorized users. Julota Reach software will allow Customer and its authorized users to communicate action steps necessary to integrate and coordinate the care of Help Seekers. 2. Authorized users: Authorized users may be individuals from Customer's organization or Care Teams and their employees. Customer may authorize an unlimited number of authorized users to access Julota Reach through Customer's license. 3. Usage and Storage: The amount of usage of the Hosted Services (not including enrollments) and data storage is unlimited. 4. Excess Hosted Service Usage Fee: \$0 5. Service Levels: Julota will provide general support for Julota Reach as provided for in the SLA attached as Exhibit "B" to the Agreement. 				
Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Idaho Diaper Bank - Diapers	\$1,200	PAT General funds	31-Jan-24	31-Jan-26

Distribution of Diapers: We agree to provide diapers to you on a once-per-month basis. You agree to provide diapers received by us to your client families, at no charge to the families, with no more than 50 diapers provided per baby per month. You agree to distribute diapers received from us to your client families on a monthly basis to the best of your ability; you agree to not stockpile diapers. You will not sell, barter, or exchange any diapers or other products received from us. You will thoroughly cross out all UPC codes on all packages of diapers and other products received from us to prevent resale by your clients or other individuals. You will not provide diapers or other products received from us to your staff or volunteers for personal use. You will provide diapers received from us to your clients on a non-discriminatory basis. You will not condition your client's receipt of diapers on attendance at religious services, educational classes, or other events.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Electronic Health Record - BestNotes	\$832	Opioid Settlement	1-Jan-25	N/A-month to month

Scope of Services. During the term of the Agreement, BestNotes will provide Customer the following Support Services relating to the BestNotes System: (a) correction of Substantial Defects in the BestNotes System so that the BestNotes System will operate as described in the current Documentation in all material respects, (b) at the sole discretion of BestNotes, periodic updates to the BestNotes System that may incorporate (i) corrections of any substantial Errors, (ii) fixes of any minor bugs and (iii) enhancements to the BestNotes System, and (c) unlimited off-site support to Users from 8:00 am to 5:00 pm (MST) during regular business days Monday through Friday not including national holidays, on the use of the BestNotes System and the BestNotes Service. Such Support may be provided via electronic mail, telephone service, remote assist software, public bulletin boards, and/or other similar methods deemed appropriate by BestNotes.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Provide post opioid overdose assessment, peer support, and referral to treatment.	\$9,999	Opioid Settlement	1-Jul-25	31-Dec-25

SUBGRANT SERVICES AND ACTIVITIES

- Provide post opioid overdose assessment, peer support, and referral to treatment for individuals within Canyon, Adams, Gem, Payette, Washington, and Owyhee counties.
- Receive list of eligible participants for Project Hope Helps – Nampa Narcan program from Nampa Fire Department.
- Assess potential participant interest in Nampa Narcan program.
- Coordinate enrollment of eligible and interested participants in Nampa Narcan program.
- Monitor enrollment rates and participant outcomes, compile report to share with Southwest District Health.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Implement youth substance use prevention programming.	\$10,000	Federal Grant	18-Oct-24	15-Sep-25

SUBGRANT SERVICES AND ACTIVITIES

Implementation of Positive Action

1. Boys and Girls Club of the Western Treasure Valley will implement the evidence-based curriculum, Positive Action to help prevent youth use of alcohol and marijuana through increasing protective factors to avoid substance use.
2. Staff will purchase the Positive Action middle school curriculum.
3. Staff will offer the Positive Action program as written at least twice weekly with club members aged 10-14 at their location.
4. Staff will conduct pre and post surveys offered by the Positive Action and program and will submit the de-identified results with SWDH project coordinator.
5. Staff will follow existing internal consent processes for providing education to and collecting survey data from youth.
6. Staff will track and record participation in the program and report to SWDH.
7. Staff will administer substance use risk perception pre post survey provided by SWDH at the same time as other pre and post survey.
8. Staff will track and record participation in the program and report to SWDH.
9. Staff will complete prevention training (examples include webinars, online self-paced learning modules, or in-person prevention training) as designated by SWDH. All requests will be reasonable and developed in partnership with the subrecipient.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
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Annual survey administration, data analysis, technical assistance to support SW Idaho Communities for Youth Work.	\$497,640	Federal Grant	14-Nov-23	30-Sep-28
<p>PROJECT SUMMARY</p> <p>To collect, analyze, and report the data needed to guide a strategic approach to prevention and intervention for substance use and mental health needs for Southwest District Health to implement the evidence-based Icelandic Prevention Approach. Activities will include (for up to 3 school districts):</p> <ol style="list-style-type: none"> 1. Host pre-survey informational meetings with school staff, parents, students, and/or other community members to raise awareness of youth mental health and the Southwest Idaho Communities for Youth initiative as needed. 2. Each year, create a survey with evidence-informed questions on youth mental health and edit the survey to meet changing district/school needs. The survey will be available for edits and approval by the district/school at least six weeks prior to survey administration date. 3. Each year, provide the district/school with parental consent paperwork (both paper and electronic) for participation at least three weeks prior to survey administration date. 4. Each year, ensure the survey is available electronically to the district/school via a secure, confidential online link. 5. Each year, summarize survey results and provide a summary report to the school within two weeks post-survey if at least 60% of the students have participated. This report can be reviewed with school leaders if requested. 6. Each year, co-host with SWDH, the district/school at least one meeting with the community and coalition members within two months post-survey to review key survey data points and help the community define 2 applicable goals for improving youth mental health over the next year. 7. Provide media that the district/school can use to spread awareness of community meeting(s). This can be, but is not limited to, mailers, flyers, posters, social media messaging, email messaging, and/or media and press. The media will be available for edits and approval by the district/school at least three weeks prior to the scheduled meeting(s). 8. Assist the community coalition as requested for creating action plans, connecting resources, planning, promoting goals, and raising awareness and education. 9. Host additional meetings to review key survey findings with parents, additional school staff, and/or students, if requested. 				
Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Implement youth substance use prevention programming.	\$4,435	Federal Grant	10-Dec-25	5-Jan-26
<p>A. Implement Botvin Life skills Program</p> <ol style="list-style-type: none"> 1. Heritage Community Charter School will implement the evidence-based curriculum, Botvin Life skills (LST) to help prevent youth use of alcohol and marijuana through increasing protective factors to avoid substance use. 2. Staff will purchase the Botvin Life skills middle school curriculum. 3. Staff will implement the LST program with fidelity with Cohorts of students in the 6th, 7th and 8th grade during the 2024- 2025 school year. 4. Staff will implement the LST program with fidelity with cohorts of students in 6th, 7th and 8th grade during the 2025-2026 school year. 5. Staff will conduct pre and post surveys offered by the Life skills program and submit the de-identified results to the SWDH project coordinator. 6. Staff will administer substance use risk perception pre and post survey provided by SWDH at the same time as the LST pre and post survey. 7. Staff will follow existing internal consent processes for providing education to and collecting survey data from students. 8. Staff will track and record participation in the program and report to SWDH. 9. Staff will follow existing internal consent processes for providing education to and collecting survey data from participants. 10. Staff will track and record participation in the program and report to SWDH. 11. Staff will complete prevention training (examples include webinars, online self-paced learning modules, or in-person prevention training) as designated by SWDH. All requests will be reasonable and developed in partnership with the subrecipient. <p>B. 3rd Millennium Prevention & Intervention Program</p> <ol style="list-style-type: none"> 1. Heritage Community Charter School (HCCS) will utilize the 3rd Millennium Program as a component of their student substance use and alternatives to suspension program. Applicable referral "intervention" courses will be assigned as appropriate on a case-by case basis as decided upon administration. 2. HCCS will receive an academic year (24-25) of unlimited access to 3rd Millennium prevention and referral intervention courses for their students. 3. HCCS will develop a sustainability plan to continue curriculum implementation for when PFS funding is no longer available. They will submit this plan in the project summary report. 4. HCCS will submit 4 quarterly reports and a final report that will include the # of students referred, # of courses completed, # of repeat referrals/suspension escalations throughout year, and # of prevention courses taken. HCS will share the pre and post data reported by and available through 3rd Millennium. 5. Program staff will participate in a kick-off meeting, a de-brief meeting at the end of the year, and up to two additional group or one on one meetings. 6. HCCS will purchase the 3rd Millennium subscription directly from the provider and will submit an invoice to SWDH within 10 days of payment. 				

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Social norms marketing to support youth substance use prevention	\$9,900	Federal Grant	25-Sep-24	25-Sep-25
<p>A. Implement Botvin Life skills Program</p> <ol style="list-style-type: none"> Heritage Community Charter School will implement the evidence-based curriculum, Botvin Life skills (LST) to help prevent youth use of alcohol and marijuana through increasing protective factors to avoid substance use. Staff will purchase the Botvin Life skills middle school curriculum. Staff will implement the LST program with fidelity with Cohorts of students in the 6th, 7th and 8thgrade during the 2024- 2025 school year. Staff will implement the LST program with fidelity with cohorts of students in 6th, 7thand 8thgrade during the 2025-2026 school year. Staff will conduct pre and post surveys offered by the Life skills program and submit the de-identified results to the SWDH project coordinator. Staff will administer substance use risk perception pre and post survey provided by SWDH at the same time as the LST pre and post survey. Staff will follow existing internal consent processes for providing education to and collecting survey data from students. Staff will track and record participation in the program and report to SWDH. Staff will follow existing internal consent processes for providing education to and collecting survey data from participants. Staff will track and record participation in the program and report to SWDH. Staff will complete prevention training (examples include webinars, online self-paced learning modules, or in-person prevention training) as designated by SWDH. All requests will be reasonable and developed in partnership with the subrecipient. <p>B. 3rd Millennium Prevention & Intervention Program</p> <ol style="list-style-type: none"> Heritage Community Charter School (HCCS) will utilize the 3,dMillennium Program as a component of their student substance use and alternatives to suspension program. Applicable referral "intervention" courses will be assigned as appropriate on a case-by case basis as decided upon administration. HCCS will receive an academic year (24-25) of unlimited access to 3•dMillennium prevention and referral intervention courses for their students. HCCS will develop a sustainability plan to continue curriculum implementation for when PFS funding is no longer available. They will submit this plan in the project summary report. HCCS will submit 4 quarterly reports and a final report that will include the# of students referred, # of courses completed, # of repeat referrals/suspension escalations throughout year, and# of prevention courses taken. HCS will share the pre and post data reported by and available through 3,dMillennium. Program staff will participate in a kick-off meeting, a de-brief meeting at the end of the year, and up to two additional group or one on one meetings. HCCS will purchase the 3rd Millennium subscription directly from the provider and will submit an invoice to SWDH within 10 days of payment. 				
Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Social norms marketing to support youth substance use prevention	\$12,500	Federal Grant	27-Sep-24	29-Sep-25
<p>CONTRACT SERVICES AND ACTIVITIES</p> <p>A. Youth Vision - Youth substance use prevention social norms targeted messaging</p> <ol style="list-style-type: none"> IDFY will create positive social norms messaging focused on preventing youth alcohol use, marijuana use, and stimulant use, with messages that will resonate with the priority population, region 3 youth (10-19). Messaging ads will be submitted to the contract monitor for approval. IDFY will pre-buy and provide proof of purchase for approximately 6 months (180 days) of ad spots that will reach the priority population in all 6 counties (Adams, Canyon, Gem, Payette, Owyhee, and Washington). IDFY will work with the contract monitor to develop a monitoring plan and will submit monthly reach reports and monthly messaging plans. IDFY will run agreed upon messages in the pre-purchased ad spots for the length of the contract. 				
Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Implement youth substance use prevention programming.	\$16,496	Federal Grant	18-Oct-24	6-Jul-26

Implement the Strengthening Families Program

1. Insight Matters will implement the 12 session evidence-based Strengthening Families Program {SFP} with families {parents and youth} with the goal to "create a supportive and nurturing environment that significantly reduces the likelihood of youth engaging in substance use.
2. Trained staff will implement the SFP with fidelity with families at their Nampa location in order to address decreasing risk factors and increasing protective associated with youth substance use {alcohol, marijuana, and/or stimulants}. The program will address the following risk factors: family conflict, poor communication, peer pressure, and poor decision-making. It will increase protective factors: parental involvement, parental supervision, and strong family bonds.
3. Staff will conduct pre and post surveys offered by the SPF program and enter the pre and post data into a SWDH provided tool. SWDH will share summary data.
4. Staff will administer substance use risk perception pre post survey provided by SWDH at the same time as other pre and post survey.
5. Staff will follow existing internal consent processes for providing education to and collecting survey data from participants.
6. Staff will track and record participation in the program and report to SWDH.
7. Staff will complete prevention training {examples include webinars, online self-paced learning modules, or in-person prevention training} as designated by SWDH. All requests will be reasonable and developed in partnership with the subrecipient.

Coalition Development

1. Attend National Coalitions Academy through CADCA.
2. By June 2026: Increase the capacity of Insight Matters Inc. and Payette County to implement evidence-based environmental and policy prevention strategies.
3. By June 2026: Strengthen collaboration with community partners to address youth substance use prevention, including involving youth and elevating their voices to the coalition
4. By June 2026: Apply training knowledge to secure 12 coalition members to represent 12 separate community stakeholders {defined by CADCA} of the community, including prevention education and community outreach efforts.
5. By June 2026: Lead the Payette County Drug-Free Coalition short-term action team members in proven SAMHSA CSAP 6 Prevention Strategies, guiding them to identify community needs and align action programs and resources with CSAP6 strategies that fit our community and take action.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Provide SBIRT Trainings to Community Partners	\$9,999	Federal Grant	8-Nov-23	30-Sep-25

CONTRACT SERVICES AND ACTIVITIES

A. SBIRT "How to talk to youth and adults about substance use" training

1. Conduct up to 12 SBIRT trainings in the Southwest District Health region per year.
2. Provide training and technical assistance to community organizations as needed and as determined by the SWDH Partnerships for Success program coordinator, SWDH Opioid Settlement program coordinator, and Jim Winkle.
3. If approved and determined necessary, travel to provide SBIRT trainings.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Implement youth substance use prevention programming.	\$4,865	Federal Grant	18-Oct-24	15-Sep-25

Implementation of Evidence Based Prevention Programs

1. Lifespan director will oversee the implementation of the evidence-based programs Positive Action (18 sessions) and/or Second Step (22 sessions) with the goal to decrease likelihood of youth engaging with alcohol, marijuana, stimulants and other substances.
2. Trained Lifespan personnel will implement the 18 Positive Action program sessions with fidelity in the 4th, 6th and 10th grade classrooms in the Council School District, and the 4th and 5th grade classrooms in Bruneau and Grandview elementary schools to address the risk factor of youth low perception of harm for alcohol, marijuana, and stimulant use.
3. Lifespan trained personnel will implement the 22 session Second Step program sessions with fidelity in 26th grade classrooms in the Fruitland School District to address the risk factor of youth low perception of harm for alcohol, marijuana, and stimulant use.
4. Lifespan personnel will conduct pre and post surveys offered by the Positive Action and Second Step programs and share the de-identified results with SWDH project coordinator.
5. Staff will administer substance use risk perception pre post survey provided by SWDH at the same time as other pre and post survey.
6. Lifespan personnel will follow existing internal consent processes for providing education to and collecting survey data from students.
7. Lifespan personnel will track and record participation in the program and report to SWDH.
8. Staff will follow existing internal consent processes for providing education to and collecting survey data from participants.
9. Staff will track and record participation in the program and report to SWDH.
10. Staff will complete prevention training (examples include webinars, online self-paced learning modules, or in-person prevention training) as designated by SWDH. All requests will be

reasonable and developed in partnership with the subrecipient.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Implement youth substance use prevention programming via Communities for Youth model.	\$30,000	Federal Grant	29-Sep-24	29-Sep-25

SUBGRANT SERVICES AND ACTIVITIES

A. Activities to support the Southwest Idaho Communities for Youth, youth substance use prevention effort:

1. Build community coalition focused on youth wellbeing and substance use prevention in the Marsing community. Coalition membership should include parents, educators, policy makers, grandparents, and small business leaders, with a special focus on representation from individuals who are Spanish-speaking and who qualify as ALICE (asset limited income constrained employed).
2. Conduct youth survey.
 - a. Ensure parental consent received prior to survey administration
3. Host at least one community event to present the youth survey results.
4. Host coalition meetings monthly, and develop an action plan with 3-4 goals and activities to address the risk and protective factors related to youth substance use and wellbeing identified in the youth survey.
 - a. Include SWDH Project Coordinator on monthly coalition meeting invites
 - b. Consider and document barriers to reaching Spanish speaking and ALICE populations for each goal in the action plan.
 - c. Develop and document strategies for addressing identified barriers for reaching Spanish-speaking and ALICE populations in the action plan to ensure they are reached.
5. Implement activities, programs, and initiatives developed to address the risk and protective factors related to youth substance use and wellbeing identified in the youth survey.
6. Implement programming to enhance life skills, create sense of community, promote physical and mental well-being, and prevent youth substance use.
7. Create opportunities for Marsing community youth/teens to develop positive relationships with peers and adults.
8. Use awarded funds to support the operational costs of projects and activities outlined. All activities and costs must be approved on a case-by-case basis by the SWDH project coordinator.

B. Infrastructure

1. Identify local community coalition lead
2. Coalition lead will meet with the SWDH project coordinator monthly
3. Identify designated contact for project deliverables (invoices, operating cost review, action plan, and reporting)
4. Submit activity and budget requests in the SWDH provided request and reporting form.
- S. Update and submit reporting template.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Implement youth substance use prevention programming via Communities for Youth model.	\$30,000	Federal Grant	13-Feb-25	29-Sep-26

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1. Identify local community coalition lead
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3. Identify designated contact for project deliverables (invoices, operating cost review, action plan, and reporting)
4. Submit activity and budget requests in the SWDH provided request and reporting form.
5. Update and submit reporting template.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Implement youth substance use prevention programming.	\$11,180	Federal Grant	16-Oct-24	15-Sep-25
Implement Planet Youth Identified Alternative Activities for Youth <ol style="list-style-type: none"> 1. Implement after-school program in Meadows Valley which will increase access to positive leisure time activities, decreasing the risk of youth substance use (alcohol, marijuana, and stimulants). 2. Meadows Valley After School Program personnel will provide supervised after school programming to enhance life skills, create sense of community, and promote physical and mental well-being, which are protective factors to youth substance use as identified in the Planet Youth survey. 3. Personnel will create opportunities for Meadows Valley youth/teens to develop positive relationships with peers and adults through supervised out of school activities. 4. Staff will administer substance use risk perception pre post survey provided by SWDH at with participants. 5. Staff will follow existing internal consent processes for providing education to and collecting survey data from participants. 6. Staff will track and record participation in the program and report to SWDH. 7. Staff will complete prevention training (examples include webinars, online self-paced learning modules, or in-person prevention training) as designated by SWDH. All requests will be reasonable and developed in partnership with the subrecipient. 				
Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Data collection, analysis, and reporting for the 2026 Greater Treasure Valley Community Health Needs Assessment	\$9,304	Federal Grant	4-Dec-24	1-Jul-26

Background and Purpose

This Agreement is established to facilitate a comprehensive data collection and analysis process aimed at identifying the health needs of Idaho's southwestern region. Partner organizations supporting the Western Idaho Community Health Collaborative (WICHC) agree to jointly create the 2026 Greater Treasure Valley Community Health Needs Assessment (CHNA).

The partners in this collaboration include Idaho Central District Health, Idaho Southwest District Health, Saint Alphonsus Health System, St. Luke's, and United Way of Treasure Valley. The authorized representatives of each organization agree to contribute financial resources to support the CHNA.

This Agreement outlines the terms and conditions under which the partners will jointly engage and fund Metopio to conduct the CHNA. The CHNA will cover the following counties in Idaho: Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington. The project period will span from October 2024 to June 2026, culminating in a final report in June 2026.

United Way of Treasure Valley will serve as the fiscal agent for this contract. Upon completion of the Partner Funding Agreement, United Way will enter into and maintain the contract with Metopio to develop the CHNA.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Increase awareness of FindHelpIdaho through training and marketing activities	\$45,000	Foundation Grant	26-Feb-25	31-Dec-25

CONTRACT SERVICES AND ACTIVITIES

A. Objective 1: By December 31, 2025, UWTV will host 10 FHI 101 training courses and 2 certification training courses for WICHC and Southwest Idaho community members and partners.

a. UWTV will promote trainings among WICHC members and within the WICHC Region (Districts 3 and 4).

b. UWTV will coordinate training logistics (e.g., Meeting locations, refreshments, etc.).

c. UWTV to evaluate training to ensure knowledge is gained through a brief post-training survey.

B. Objective 2: By December 31, 2025, UWTV will incentivize and acknowledge up to 25 WICHC member organizations who utilize FHI.

a. UWTV will report on the following:

i. Number of WICHC organizations listed on FHI

ii. Number of cards per organization

iii. Number of incentives distributed to WICHC members

b. UWTV will acknowledge WICHC members via an Appreciation Campaign.

C. Objective 3: By December 31, 2025, market FHI to organizational and community members to increase use of FHI.

a. UWTV and SWDH will meet bi-weekly to review subgrant progress.

b. UWTV to develop and/or provide marketing campaign/materials to promote FHI in alignment with available media. All materials are to be reviewed by WICHC prior to distribution.

c. UWTV to complete and purchase media buys for a marketing campaign within WICHC Region (Districts 3 and 4) (not to exceed \$30,000.00).

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Adult Crisis Center	\$1,392,000/year	Federal & State (Magellan)	23-Jun-23	22-Jun-27

General Requirements

- I. District Responsibilities – Southwest District Health shall:
 - A. Oversee the Western Idaho Community Crisis Center (WIDCCC) to ensure compliance with Idaho Administrative Code (IDAPA) 16.07.30, Behavioral Health Community Crisis Centers and Idaho Code Title 39 Chapter 91, Behavioral Health Community Crisis Centers Act; application of the model, associated rules and patient safety. The District shall perform annual audits, on-site visits, and ongoing monitoring of the WIDCCC as necessary to fulfill its oversight responsibility.
 - B. Assist the Subgrantee with accessing Idaho Department of Health and Welfare services such as behavioral health, Medicaid, food stamps, child support, Navigation services, etc
- II. Subgrantee's Responsibilities – The Subgrantee shall:
 - A. Comply with all provisions of the Idaho Medicaid Crisis Center Minimum Requirements.
 - B. Ensure that all service provisions are delivered by persons who meet licensure and or certification qualifications, as appropriate within their field of study, and provide evidence of licensure, certification, and any other applicable qualifications.
 - C. Utilize an Idaho Department of Health and Welfare's approved EHR system to capture all client related treatment and history and maintain additional needed data from the intervention.
 - D. Participate on the Western Idaho Community Crisis Center (WIDCCC) Advisory Committee to guide the organization, implementation, and operation of WIDCCC.
 - E. Ensure services to be provided are non-discriminatory. The Subgrantee shall not refuse services to any person because of race, color, religion or because of inability to pay.
 - F. Report to the District's Subgrant Manager any facts regarding irregular activities or practices that may conflict with federal or state rules and regulations discovered during the performance of activities under the Subgrant.
 - G. Ensure all subSubgrantees and their employees meet all Subgrant requirements. If the Subgrantee utilizes any entity other than their own entity to provide any of the services required, the relationship is considered that of a Subgrantee-sub-recipient for purposes of this Subgrant. The Subgrantee shall for each subSubgrantee:
 - i. Complete and submit the Idaho Department of Health and Welfare's Acceptance of Subgrant form, provided upon request, prior to the subSubgrantee performing any Subgranted service.
 - ii. Shall supply to the District a copy of the subSubgrantee agreement between Subgrantee and subrecipient/affiliate outlining their designated service.
 - H. Ensure the WIDCCC has an operational flow process with the crisis system providers in Region 3 that allows access during the crisis and post discharge to provide comprehensive services to clients.
 - I. Meet with the District Subgrant monitor once a week, or as needed, for 6 months from Subgrant execution date. Frequency of meetings to be determined by District contact monitor.

Idaho Behavioral Health Plan (IBHP) Managed Care Organization Requirements

- I. Crisis Centers shall:
 - A. Have an integrated, systematic approach to behavioral health crisis care to address the needs of adults and youth experiencing a mental health crisis.
 - B. Provide easy access to crisis service alternatives that reduce the inappropriate use of emergency departments, inpatient services, and jail
 - C. Offer a dedicated first-responder drop-off area.
 - D. Address the cultural and special population needs of their community including the ability to manage complex needs in populations such as individuals with intellectual and developmental disabilities, LGBTQIA individuals, and veterans or active military.
 - E. Incorporate some form of intensive support beds into a partner program (either internally or with external providers) to support flow for individuals who need additional support.
 - F. Provide data on chair capacity to the real-time IPBSR operated by the IDHW to support efficient connection to needed resources.
 - G. Coordinate connections to ongoing care.
 - H. Embed users, peers, and Members in their organization's design and leadership.
 - I. Train and integrate peer support staff in crisis service delivery.
 - J. Adopt a zero-suicide philosophy.
 - K. Engage family and friends in crisis care.
 - L. Engage in community outreach regarding availability of crisis stabilization services.
 - M. Collect and report data as outlined in the Subgrant and IDHW Standards.
 - N. By the end of the second year of the Subgrant, provide applicable data to SWDH and Magellan to develop dashboards that display real-time, meaningful data and outcome measures that support continuous quality improvement.
 - O. Administer Naloxone in cases of opioid overdose.
 - P. Offer each member, upon discharge, a satisfaction survey that includes questions related to the quality of service, the outcomes of services and their perception of additional needs not addressed by the facility. The results of these surveys shall be sent to Magellan and SWDH for continuous quality improvement and stakeholder engagement in the crisis system.

- Q. Access and use Magellan's Care Management Plan Platform.
- R. Connect to ACT and ICC staff to help coordinate care as appropriate.
- S. Utilize the IDHW-approved protocols for safety planning.
- T. Develop a collaborative discharge plan that addresses safety, stability, and treatment progress.
- U. Enhance current operations by adopting the BHL platform, which will fulfill Magellan's IBHP Subgrantual requirements for quarterly reporting.

II. Implementation Plans:

- A. Crisis Centers shall develop implementation plans to meet the IDHW Crisis Center Standards and SAMHSA's best practices guidelines for Minimum Expectations to Operate Crisis Receiving and Stabilization Service during the first year of the Subgrants. The plans must be implemented by the end of the second year of the new Subgrants.

III. Available screening/services must include:

- A. Intervention Services:
 - i. Including stage-wise treatment and intervention services based on the Dr. Kenneth Minkoff, MD model to address co-occurring psychiatric and substance use disorders. This includes:
 - a. Acute Stabilization – safe sobering up and stabilization of acute psychiatric symptoms.
 - b. Motivational Enhancement – individualized motivational strategies to help individuals who have made no commitment to change.
 - c. Active Treatment – for individuals who need to learn and practice skills to manage their substance and mental health symptoms.
 - d. Relapse Prevention – specific skills training on participation in self-help recovery programs, as well as specialized self-help programs like Dual Recovery Anonymous.
 - e. Rehabilitation and Recovery – developing new skills and capabilities based on strengths, and on developing improved self-esteem, pride, dignity, and sense of purpose in the context of the continued presence of mental health and substance use disorders.
- B. Medication Management:
 - i. Medication Storage and Administration policies and procedures regarding the storage and administration of prescription and non-prescription medication.

Idaho Medicaid Crisis Center Minimum Requirements

- I. The Crisis Center must comply with all provisions of state and federal laws, rules, regulations, policies, standards, and guidelines as indicated, amended, or modified that govern performance of the services. This specifically includes, but is not limited to:
 - A. Idaho Code Title 39 Chapter 91, Behavioral Health Community Crisis Centers.
 - B. Idaho Code sections 16-2428 and 37-3102 that govern youth's consent to disclosure of treatment information, as well as general use and disclosure and privacy requirements of state and federal laws including the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. 1302(a), 42 U.S.C. 1320d-1320d-9, and its implementing regulations, 45 CFR parts 160, 162, 164, and laws related to the confidentiality of substance use disorder (SUD) records, 42 U.S.C. 290dd-2, and its implementing regulations at 42 CFR Part 2 and ensure procedural safeguards are followed in confidentiality requirements according to IDAPA 16.05.01.
 - C. The department's HIPAA Business Associate Agreement.
 - D. Idaho's Open Meeting Law as established in Idaho Code §§ 74-201 through 74-208.
 - E. The Idaho Behavioral Health Plan (IBHP)'s Idaho department of Health and Welfare (IDHW)-approved Supervisory Protocol.
- II. The Crisis Center must:
 - A. Provide, operate, and manage their crisis center as follows:
 - i. Operate twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.
 - ii. Provide services to clients in a behavioral health crisis for no more than twenty-three (23) hours and fifty-nine (59) minutes per single episode of care.
 - iii. Provide services on a voluntary, outpatient basis to individuals experiencing a behavioral health crisis.
 - iv. Provide case management services to assist in the creation and follow through of treatment and discharge planning.
 - v. Ensure age-appropriate clients participate in crisis stabilization planning.
 - B. Ensure the facility can provide services to individuals in crisis including:
 - i. Individuals with co-occurring conditions or considerations, with cognitive functioning at a sufficient level to perform their own personal care and self-governance including, but not limited to:
 - a. Mental health conditions.
 - b. Substance Use Disorders (SUDs).
 - c. Medical needs (not requiring immediate hospitalization).
 - d. Intellectual/developmental disabilities.
 - e. Physical disabilities.

- f. Clients who may be uninsured or unable to pay for services.
 - g. Lesbian, gay, bisexual, transgender, queer, intersex, agender (LGTBQIA+) clients.
- C. Incorporate peer recovery support services as part of the overall crisis service delivery system.
- D. Use a department provided real time bed registry.
 - i. Update the bed registry a minimum of once per 12-hour period, morning, and evening.
- E. Develop and maintain policies and procedures that address the following:
 - i. Engage client's natural supports.
 - ii. Maximum capacity.
 - iii. Staff training requirements include but are not limited to:
 - a. Overdose training response and naloxone injection
 - b. Basic life support (BLS) certification
 - iv. Cultural competency plan
 - v. Staff to client ratios, including minimum staff to remain open
 - vi. Bilingual Services
 - vii. Non-discriminatory practices
 - viii. Client's personal possessions, including medications.
 - ix. Transportation of clients (if provided)
 - x. Client resting areas
 - xi. Crisis Assessment Tool (CAT) data submission platform.
 - xii. Behavioral management system: de-escalation and safety
 - xiii. Client conducts and rules violation
 - xiv. Critical Incidents
 - xv. Emergency policies and procedures
 - xvi. Quality management plan
 - xvii. Reporting of abuse and/or neglect, including alleged
 - xviii. Maintenance and care of the facility
 - xix. Use of program animals
 - xx. Disposal of contraband/weapons
 - xxi. Alcohol, tobacco products, and illegal or illicit drugs
 - xxii. Grievances and complaints
 - xxiii. Background checks
 - xxiv. Client eligibility
 - xxv. Admission and discharge
 - xxvi. Clinical supervision
 - xxvii. Law enforcement referrals
 - xxviii. Visitors
 - xxix. Client records
 - xxx. Transfer of a client to a higher level of care if needed
 - xxxi. Medical assessment and treatment requirements that include but are not limited to:
 - a. Response to overdoses
 - b. Naloxone
 - c. Identification of withdrawal symptoms (and high-risk scenarios where hospital is needed for withdrawal management).
 - xxxii. Medication Management requirements that include but are not limited to:
 - a. Storage and administration of prescription and non-prescription medication
 - b. Storage of all prescription and over-the-counter medication under lock and key
 - c. Ensure the keys are not accessible to unauthorized individuals, including clients, parents, visitors, or staff not authorized to assist with medications
 - d. Administration of medication be recorded by authorized personnel and in accordance with physician's orders
 - e. Staff who administer and assist with self-administration of medications must be certified by a qualified medical professional

- f. Consultation of a qualified medical professional before discontinuing, changing, or adding prescribed medication
- g. If applicable; parent/guardian consent before discontinuing, changing, or adding prescribed medication
- h. Documentation of all consultations regarding changes in prescription medications
- i. Documentation for all prescription medication issued by a qualified medical professional's valid order that includes the dosage to be given, and documentation of each dose given, name of the client, date and time, amount of dosage given and whether the client did or did not take the medication; and person who administered or assisted in the self-administration of the medication
- ii. Provide a Program Services description detailing all the services provided. Services must include but are not limited to:
 - i. Individual, group and family counseling.
 - ii. Parent/guardian education.
 - iii. Relapse prevention
 - iv. Case management/care coordination
 - v. Referrals services.
 - vi. Aftercare planning
 - vii. Safety planning
 - viii. Meets general facility requirements

III. The Crisis Center Facility must:

- A. Ensure that if crisis stabilization services are co-located with other specialty mental health services (such as adult services and/or substance use services) these areas must be physically separated by locked doors and walls, so there is no co-mingling between clients, regardless of age. There must be no co-mingling between adult clients and child/youth clients allowed at any time, for any reason. Adult clients and child/youth clients must be physically separated by locked doors and walls, so there is no co-mingling between clients.
- B. Meet capacity requirements:
 - i. Adult Crisis Centers must have capacity for ten (10) male/female beds for a total of twenty (20) beds. The maximum number can be achieved and/or expanded in stages during implementation and as approved by the IBHP Subgrantee.
 - ii. Ensure that the facility has separate resting areas for clients, based on age and other identified factors, as appropriate.
- C. Have capacity that includes:
 - i. Lobby space with chairs and tables.
 - ii. Confidential office space for medical, case management, and behavioral health interventions.
 - iii. A triage area that is quiet and private.
 - iv. Spaces that are trauma informed in their design and promote privacy and dignity as well as safety.
 - v. Quiet space in the physical environment away from the milieu of the main stabilization area.
 - i. This area must be used for de-escalation and calming, not seclusion. There must be no restrictions in terms of entry and exit.
 - vi. A family friendly, welcoming physical space and environment for persons in crisis that offers developmentally suitable supports for clients and families.
 - vii. Confidential spaces for families to gather, with the client and without, where the families and/or client may receive clinical services and supports.
 - viii. Bathrooms that are gender neutral.
 - ix. Develop and maintain a policy to decrease safety risks for clients who may be alone or unsupervised in a location, such as but not limited to a bathroom. Anti-ligature equipment for these locations is required.
 - x. A dedicated first responder drop off area separate from the main entrance.
 - xi. A means of securing personal possessions including medication, valuables, clothing, etc.
 - xii. Client protection from potential threats to their safety by implementing a security policy and practice.
 - xiii. Recommendation to provide limited daily transportation to community partner places of business such as the department of Labor, Social Security Administration and Public Health department.
- D. Have Available:
 - i. Plastic eating utensils and cups.
 - ii. Beverages such as water, coffee, etc.
 - iii. Non-perishable, self-prepared snack items such as cup of soup, granola bars, cheese and crackers, peanut butter sandwiches, pudding cups or other similar items; and
 - iv. Have available, on an "as needed" basis:
 - i. Sweatpants, scrubs, tee shirts, sweatshirts, etc.

- ii. Personal care products, toiletries/toilet paper, paper towels.
- iii. Bus and cab vouchers

IV. Staffing requirements must include:

- A. Assessment and screenings being overseen by a Licensed Medical Professional and/or a Licensed Mental Health Professional. The professionals must have the training, skills, current professional licensure and/or certification to accurately diagnose clients.
- B. All service provisions delivered by professionals who meet licensure and/or certification qualifications, as appropriate within their field of study. Evidence of licensure, certification, and any other applicable qualifications must be provided to the IBHP Subgrantee.
- C. A clinical supervisor to provide direction and guidance of all clinicians doing integrated mental health and substance use disorders assessments.
 - i. There must be a minimum of one (1) medical staff which could be inclusive of; Certified Nursing Assistant (CNA), Emergency Medical Technician (EMT), Licensed Practical Nurse (LPN), or Registered Nurse (RN) on site at all times. This staff can be counted as one (1) of the minimum two (2) staff on site.
 - ii. Required staffing ratios: One (1) direct care staff for every three (3) clients and a minimum of two (2) staff on site at all times.
 - iii. Ability to provide 1:1 supervision as needed.

V. Available screening/services and interventions must include:

- A. Medical Screening/Assessment
 - i. A medical professional, as described above, assesses physical health needs, and determines any need for immediate medical treatment. The medical professional may deliver care for minor physical health challenges. The Screening/Assessment must also provide a health history.
- B. Plan of Care and Services Planning
 - i. A plan of care based on findings from the medical screening and behavioral health assessment/CAT for each client admitted. The plan of care must be individualized, person-centered, strengths-based, collaborative, family, and community focused, culturally competent, utilize natural supports, and be outcomes based. The plan of care must be documented in the department-approved data submission platform outlined by the Subgrantee.
 - ii. Depending on the age of the client, client and/or their parents or guardians must direct the development of the client's service plan through a person-centered, family driven, client guided planning process. The Subgrantee must ensure information and support is provided to clients and families to maximize their ability to make informed choices and decisions.
- C. Referral Services
 - i. Based on identified functional areas of impairment (medical, vocational, financial, housing, family, social activities of daily living, transportation, legal, and substance use). This information must be documented in a department-approved data submission platform.
- D. Aftercare Plan
 - i. Each client, prior to leaving the Crisis Center must be provided an after-care plan which includes, at a minimum, connection to a peer or Recovery Support Specialist.
 - ii. This plan must be documented in a department approved data submission platform.
 - iii. The plan must anticipate a variety of needs associated with aftercare. Ideas include but not limited to:
 - i. Safety planning
 - ii. Primary/Peer Support
 - iii. Education Planning
 - iv. Relapse Prevention Planning
 - v. Continuing Treatment Planning
- E. Behavioral Management
 - i. Have a nationally recognized behavior management system to structure prevention and intervention approaches that is approved by the department.
 - ii. Ensure all staff are trained in and use crisis management and intervention techniques that employ verbal de-escalation methods and non-physical intervention strategies. Ensure there is no restraint either mechanical, physical, or chemical (pharmacological) of clients by agency staff, or other clients.
- F. Management/Contingency Plans
 - i. For any center not meeting these minimum requirements, there must be an approved management or contingency plan in place with the IBHP Subgrantee.
 - i. A contingency plan may be put in place when the IBHP Subgrantee deems a sufficient exception to requirements may be made without risking quality or efficacy of care.
 - ii. A management plan may be put in place when the IBHP Subgrantee determines a requirement ineligible for contingency planning.
 - iii. Timelines set in a management plan for meeting requirements determined ineligible by the Subgrantee for contingency plan may not exceed one year from the plan being signed.

Southwest District Health (SWDH) requirements:

- I. Operation Services – the Subgrantee shall:
 - A. Maintain Americans with Disabilities Act (ADA) compliance.
 - B. Provide telehealth crisis center access in rural and remote areas of the region, as needed, or scheduled, based on staff availability.
- II. Admission and Discharge – the Subgrantee shall:
 - A. Document in approved EHR system, the reason for denying services to those applying for services.
 - B. Conduct intake eligibility assessment within a reasonable timeframe of application (no later than two (2) hours due to acuity of crisis, third-party referral, etc.) for services and must include written/signed consent, client rights/responsibilities, and information about the crisis center's grievance/complaint policy. The intake eligibility assessment shall determine if a person is in a behavioral health crisis and whether or not they require a higher level of care (e.g., inpatient, emergency room or urgent care services). The intake eligibility assessment must be documented in the approved EHR system. The intake eligibility assessment must be possible by telephone or other telehealth method when the client is not physically onsite.
 - C. Complete a behavioral health assessment on each client. The behavioral health assessment shall be used to develop the plan of care, intervention services and referral services to ensure the appropriate continuum of care is identified for each client. An updated behavioral health assessment may be used on clients who were assessed within the last three (3) months (90 days). The behavioral health assessment shall include:
 - i. Presenting concern
 - i. Treatment history at a minimum shall include:
 - a. Hospitalizations
 - b. Emergency room visits
 - c. Outpatient treatment
 - d. Medications
 - e. Substance abuse history, and
 - f. Recommendations
 - D. The medical assessment, risk assessment, behavioral health assessment and/or other assessments conducted by the WIDCCC staff shall be documented in the approved EHR system.
- III. Intervention Services – the Subgrantee shall:
 - A. Document in approved EHR system interventions rendered and client response.
- IV. Referral Services – the Subgrantee shall:
 - A. Utilize ongoing observation, assessment and evaluation to make changes to services while at the WIDCCC. This information, along with the client's benefits and resources, shall be used to make referrals to ongoing care and services.
 - B. Document referrals in the approved EHR and client response.
- V. Aftercare Plan – the Subgrantee shall:
 - A. Provide each client with their written aftercare plan prior to leaving the WIDCCC. The aftercare plan should include services that are accessible within seven (7) days.
 - B. Attempt to identify a collateral contact for each client, and whenever possible, include the contact(s) in the aftercare plan.
 - C. Develop a follow-up process and use the process to follow-up with all clients and/or collateral contact.
 - D. Document clients' follow-up of their aftercare in approved EHR system and include, as applicable:
 - i. Whether the client kept their initial appointment
 - i. Barriers or challenges to completing the aftercare plan
 - i. Sought care with a different resource or was incarcerated
- VI. Staffing:
 - A. Staff seeking to provide peer services that receive an unconditional denial from the Idaho Department of Health and Welfare's (IDHW) Criminal History Unit may apply for an Idaho Department of Health and Welfare Division of Behavioral Health Background Check Waiver.
- VII. Cultural Competence:
 - A. The Subgrantee's Cultural Competency Plan shall outline clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services with specific focus on Native Americans' and Hispanics' needs. The Subgrantee shall finalize the Cultural Competency Plan and submit it no later than forty-five (45) calendar days prior to the anticipated service implementation date.
 - B. The Subgrantee shall ensure bilingual/multicultural staff are available at the WIDCCC. Bilingual/multicultural staff shall, at a minimum, speak English and Spanish and any other language spoken by at least five percent (5%) of the population within the service area.
- VIII. Outcomes Measures and Data – the Subgrantee shall:

- A. The Subgrantee shall compile and report data on a weekly, month, including weekly reports to the District Subgrant monitor, weekly monthly report-outs to the WIDCCC advisory committee, and quarterly reports to the District Subgrant monitor. See Reports section for a detailed description of data requirements, reporting formats, and timelines for completion.
- IX. Community Engagement – the Subgrantee shall:
- A. Engage community partners with a shared goal of improving community behavioral health.
 - B. Identify opportunities to form formal and informal relationships or partnerships that support the patients’ broader healthcare needs.
 - C. Pursue opportunities for in-kind donations or support that can help control costs associated with the operations of the crisis center.
 - D. Work with SWDH Subgranted marketing agency to develop and implement promotional and community engagement activities.
 - E. Utilize WIDCCC communication templates (ex. PowerPoint, letterhead) and language such as, “The Western Idaho Community Crisis Center operated by Clarvida” on external facing communication and marketing.
- X. Quality Assurance – the Subgrantee shall:
- A. Maintain a quality improvement plan that documents the process to be used in ensuring the quality of services laid out in the Idaho Medicaid Crisis Center Minimum Requirements.
 - B. Meet regularly, or as needed with the District, Idaho Department of Health and Welfare, Magellan Idaho, and/or county Crisis Intervention Teams to staff individual cases, treatment recommendations and service responsibilities.
 - C. Distribute annual surveys via email, print, verbally, or another mechanism approved by the District to ancillary service vendors, stakeholders, hospitals, law enforcement, government entities, insurers, community-based organizations, and other organizations affiliated with the WIDCCC. Questions on the survey shall address the quality of services, the outcomes of services, and the organization’s perception of additional needs not addressed at the WIDCCC.
- XI. Records and Documentation – the Subgrantee shall:
- A. Use approved EHR to document all delivered services in the individual’s record and maintain the record at the Subgrantee’s location. Required data includes, but is not limited to:
 - i. Results of intake, including eligibility, risk, behavioral health assessments, presenting concerns, etc.
 - i. Client demographics (gender, county of residence, age, veteran status, homeless status, identified substance use, etc.)
 - i. Client-identified diversion
 - i. Plan of care
 - i. Intervention services provided
 - i. Referral sources and out-bound referrals
 - i. Aftercare plan
 - i. Client satisfaction
 - i. Follow-up results
 - B. Work with the District to develop complete and accurate reports, as some data may be collected, analyzed, and submitted by the District.
- XII. Transition of Services:
- A. The Subgrantee shall develop a draft transition plan within first six months of agreement that describes the process for ensuring a smooth transition of project services and transfer of project materials, documentation and data either to the District or to another Subgrantee upon termination or expiration of the Subgrant. A list of minimum components of the plan will be provided by the District.
 - B. Upon initiation of a termination, a final Transition Plan shall be negotiated with the District upon Subgrant termination or ninety (90) calendar days prior to expiration of the Subgrant, whichever comes first.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Youth Crisis Center	\$1,456,620/year	Federal & State (Magellan)	11-Dec-23	28-Jan-28

General Requirements

- I. District Responsibilities – Southwest District Health shall:
 - A. Oversee the Western Idaho Youth Support Center (WIYSC) to ensure compliance with Idaho Administrative Code (IDAPA) 16.07.30, Behavioral Health Community Crisis Centers and Idaho Code Title 39 Chapter 91, Behavioral Health Community Crisis Centers Act; application of the model, associated rules and patient safety. The District shall perform annual audits, on-site visits, and ongoing monitoring of the WIYSC as necessary to fulfill its oversight responsibility.
 - B. Assist the Contractor with accessing Idaho Department of Health and Welfare services such as behavioral health, Medicaid, food stamps, child support, Navigation services, etc.
- II. Contractor's Responsibilities – The Subcontractor shall:
 - A. Comply with all provisions of the Idaho Medicaid Crisis Center Minimum Requirements.
 - B. Ensure that all service provisions are delivered by persons who meet licensure and or certification qualifications, as appropriate within their field of study, and provide evidence of licensure, certification, and any other applicable qualifications.
 - C. Utilize an Idaho Department of Health and Welfare's approved EHR system to capture all client related treatment and history and maintain additional needed data from the intervention.
 - D. Participate on the Western Idaho Youth Support Center (WIYSC) Advisory Committee to guide the organization, implementation, and operation of WIYSC.
 - E. Ensure services to be provided are non-discriminatory. The Contractor shall not refuse services to any person because of race, color, religion or because of inability to pay.
 - F. Report to the District's Contract Manager any facts regarding irregular activities or practices that may conflict with federal or state rules and regulations discovered during the performance of activities under the contract.
 - G. Ensure all subcontractors and their employees meet all contract requirements. If the Contractor utilizes any entity other than their own entity to provide any of the services required, the relationship is considered that of a contractor-sub-recipient for purposes of this contract. The Contractor shall for each subcontractor:
 - i. Complete and submit the Idaho Department of Health and Welfare's Acceptance of Contract form, provided upon request, prior to the subcontractor performing any contracted service.
 - ii. Shall supply to the District a copy of the subcontractor agreement between Contractor and subrecipient/affiliate outlining their designated service.
 - H. Ensure the WIYSC has an operational flow process with the crisis system providers in Region 3 that allows access during the crisis and post discharge to provide comprehensive services to clients.
 - I. Meet with the District contract monitor once a week, or as needed, for 6 months from contract execution date. Frequency of meetings to be determined by District contact monitor.

Idaho Behavioral Health Plan (IBHP) Managed Care Organization (MCO) Requirements

- VI. Crisis Centers shall:
 - A. Have an integrated, systematic approach to behavioral health crisis care to address the needs of adults and youth experiencing a mental health crisis.
 - B. Provide easy access to crisis service alternatives that reduce the inappropriate use of emergency departments, inpatient services, and jail.
 - C. Offer a dedicated first-responder drop-off area.
 - D. Address the cultural and special population needs of their community including the ability to manage complex needs in populations such as individuals with intellectual and developmental disabilities, LBGTQIA individuals, and veterans or active military.
 - E. Incorporate some form of intensive support beds into a partner program (either internally or with external providers) to support flow for individuals who need additional support.
 - F. Provide data on chair capacity to the real-time IPBSR operated by the IDHW to support efficient connection to needed resources.
 - G. Coordinate connections to ongoing care.
 - H. Embed users, peers, and Members in their organization's design and leadership.
 - I. Train and integrate peer support staff in crisis service delivery.
 - J. Adopt a zero-suicide philosophy.
 - K. Engage family and friends in crisis care.
 - L. Engage in community outreach regarding availability of crisis stabilization services.
 - M. Collect and report data as outlined in the Contract and IDHW Standards.
 - N. By the end of the second year of the MCO Contract, provide applicable data to SWDH and Magellan to develop dashboards that display real-time, meaningful data and outcome measures that support continuous quality improvement.
 - O. Administer Naloxone in cases of opioid overdose.
 - P. Offer each member, upon discharge, a satisfaction survey that includes questions related to the quality of service, the outcomes of services and their perception of additional needs not addressed by the facility. The results of these surveys shall be sent to SWDH and Magellan for continuous quality improvement and stakeholder engagement in the crisis system.
 - Q. Access and use Magellan's Care Management Plan Platform.
 - R. Connect to ACT and ICC staff to help coordinate care as appropriate.
 - S. Utilize the IDHW-approved protocols for safety planning.
 - T. Develop a collaborative discharge plan that addresses safety, stability, and treatment progress.
 - U. Enhance current operations by adopting the BHL platform, which will fulfill Magellan's IBHP contractual requirements for quarterly reporting.

VII. Implementation Plans:

- A. Crisis Centers shall develop implementation plans to meet the IDHW Crisis Center Standards and SAMHSA's best practices guidelines for Minimum Expectations to Operate Crisis Receiving and Stabilization Service during the first year of the contracts. The plans must be implemented by the end of the second year of the new contracts.

VIII. Available screening/services must include:

A. Intervention Services:

- i. Including stage-wise treatment and intervention services based on the Dr. Kenneth Minkoff, MD model to address co-occurring psychiatric and substance use disorders. This includes:
 - f. Acute Stabilization – safe sobering up and stabilization of acute psychiatric symptoms.
 - g. Motivational Enhancement – individualized motivational strategies to help individuals who have made no commitment to change.
 - h. Active Treatment – for individuals who need to learn and practice skills to manage their substance and mental health symptoms.
 - i. Relapse Prevention – specific skills training on participation in self-help recovery programs, as well as specialized self-help programs like Dual Recovery Anonymous.
 - j. Rehabilitation and Recovery – developing new skills and capabilities based on strengths, and on developing improved self-esteem, pride, dignity, and sense of purpose in the context of the continued presence of mental health and substance use disorders.

B. Medication Management:

- i. Medication Storage and Administration policies and procedures regarding the storage and administration of prescription and non-prescription medication.

Idaho Medicaid Crisis Center Minimum Requirements

I. The Crisis Center must comply with all provisions of state and federal laws, rules, regulations, policies, standards, and guidelines as indicated, amended, or modified that govern performance of the services. This specifically includes, but is not limited to:

- A. Idaho Code Title 39 Chapter 91, Behavioral Health Community Crisis Centers.
- B. Idaho Code sections 16-2428 and 37-3102 that govern youth's consent to disclosure of treatment information, as well as general use and disclosure and privacy requirements of state and federal laws including the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. 1302(a), 42 U.S.C. 1320d-1320d-9, and its implementing regulations, 45 CFR parts 160, 162, 164, and laws related to the confidentiality of substance use disorder (SUD) records, 42 U.S.C. 290dd-2, and its implementing regulations at 42 CFR Part 2 and ensure procedural safeguards are followed in confidentiality requirements according to IDAPA 16.05.01.
- C. The department's HIPAA Business Associate Agreement.
- D. Idaho's Open Meeting Law as established in Idaho Code §§ 74-201 through 74-208.
- E. The Idaho Behavioral Health Plan (IBHP)'s Idaho department of Health and Welfare (IDHW)-approved Supervisory Protocol.

II. The Crisis Center must:

A. Provide, operate, and manage their crisis center as follows:

- i. Operate twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.
- ii. Provide services to clients in a behavioral health crisis for no more than twenty-three (23) hours and fifty-nine (59) minutes per single episode of care.
- iii. Provide services on a voluntary, outpatient basis to individuals experiencing a behavioral health crisis.
- iv. Provide case management services to assist in the creation and follow through of treatment and discharge planning.
- v. Ensure age-appropriate clients participate in crisis stabilization planning.

B. Ensure for Youth Crisis Centers (YCC):

- i. Parent/Guardian and/or law enforcement be contacted if the client arrived at the facility unaccompanied by the parent or guardian.
- ii. If a staff member suspects a client has been abused, abandoned, or neglected a report to the appropriate parties must be made as required by Idaho Code 16-1605.
- iii. In coordinated effort with the department, for Youth in department custody, the YCC must allow and encourage client's parent/guardian to be involved in crisis treatment, treatment planning and discharge planning, unless it is the department's determination that such involvement would endanger the client. Efforts and activities related to family and natural support involvement must be documented in the client's case record established by the YCC.

C. Ensure the facility can provide services to individuals in crisis including:

- i. Individuals with co-occurring conditions or considerations, with cognitive functioning at a sufficient level to perform their own personal care and self-governance including, but not limited to:
 - a. Mental health conditions.
 - b. Substance Use Disorders (SUDs).
 - c. Medical needs (not requiring immediate hospitalization).
 - d. Intellectual/developmental disabilities.
 - e. Physical disabilities.
 - f. Clients who may be uninsured or unable to pay for services.

- g. Lesbian, gay, bisexual, transgender, queer, intersex, agender (LGBTQIA+) clients.
- D. Incorporate peer recovery support services as part of the overall crisis service delivery system.
- E. Use a department provided real time bed registry.
 - i. Update the bed registry a minimum of once per 12-hour period, morning, and evening.
- F. Develop and maintain policies and procedures that address the following:
 - i. Engage client's natural supports.
 - ii. Maximum capacity.
 - iii. Staff training requirements include but are not limited to:
 - a. Overdose training response and naloxone injection
 - b. Basic life support (BLS) certification
 - iv. Cultural competency plan
 - v. Staff to client ratios, including minimum staff to remain open
 - vi. Bilingual Services
 - vii. Non-discriminatory practices
 - viii. Client's personal possessions, including medications.
 - ix. Transportation of clients (if provided)
 - x. Client resting areas
 - xi. Crisis Assessment Tool (CAT) data submission platform.
 - xii. Behavioral management system: de-escalation and safety
 - xiii. Client conducts and rules violation
 - xiv. Critical Incidents
 - xv. Emergency policies and procedures
 - xvi. Quality management plan
 - xvii. Reporting of abuse and/or neglect, including alleged
 - xviii. Maintenance and care of the facility
 - xix. Use of program animals
 - xx. Disposal of contraband/weapons
 - xxi. Alcohol, tobacco products, and illegal or illicit drugs
 - xxii. Grievances and complaints
 - xxiii. Background checks
 - xxiv. Client eligibility
 - xxv. Admission and discharge
 - xxvi. Clinical supervision
 - xxvii. Law enforcement referrals
 - xxviii. Visitors
 - xxix. Client records
 - xxx. Transfer of youth to adult center if needed
 - xxxi. Transfer of a client to a higher level of care if needed
 - xxxii. Readmission of youth if additional few hours of stabilization is needed
 - xxxiii. Client rights including the acceptance and refusal of services
 - xxxiv. For YCC:
 - a. Non-episode participants, such as siblings
 - b. Client reporting as runaways
 - xxxv. Medical assessment and treatment requirements that include but are not limited to:
 - a. Response to overdoses
 - b. Naloxone
 - c. Identification of withdrawal symptoms (and high-risk scenarios where hospital is needed for withdrawal management).
 - xxxvi. Medication Management requirements that include but are not limited to:

- a. Storage and administration of prescription and non-prescription medication
 - b. Storage of all prescription and over-the-counter medication under lock and key
 - c. Ensure the keys are not accessible to unauthorized individuals, including clients, parents, visitors, or staff not authorized to assist with medications
 - d. Administration of medication be recorded by authorized personnel and in accordance with physician's orders
 - e. Staff who administer and assist with self-administration of medications must be certified by a qualified medical professional
 - f. Consultation of a qualified medical professional before discontinuing, changing, or adding prescribed medication
 - g. If applicable; parent/guardian consent before discontinuing, changing, or adding prescribed medication
 - h. Documentation of all consultations regarding changes in prescription medications
 - i. Documentation for all prescription medication issued by a qualified medical professional's valid order that includes the dosage to be given, and documentation of each dose given, name of the client, date and time, amount of dosage given and whether the client did or did not take the medication; and person who administered or assisted in the self-administration of the medication
- G. Provide a Program Services description detailing all the services provided. Services must include but are not limited to:
 - i. Individual, group and family counseling.
 - ii. Parent/guardian education.
 - iii. Relapse prevention
 - iv. Case management/care coordination
 - v. Referrals services.
 - vi. Aftercare planning
 - vii. Safety planning
 - viii. Meets general facility requirements
- III. The Crisis Center Facility must:
 - A. Ensure that if crisis stabilization services are co-located with other specialty mental health services (such as adult services and/or substance use services) these areas must be physically separated by locked doors and walls, so there is no co-mingling between clients, regardless of age. There must be no co-mingling between adult clients and child/youth clients allowed at any time, for any reason. Adult clients and child/youth clients must be physically separated by locked doors and walls, so there is no co-mingling between clients.
 - B. Meet capacity requirements:
 - i. YCC's must have capacity for up to eight (8) clients. The maximum number can be achieved and/or expanded in stages during implementation and as approved by the IBHP contractor.
 - ii. Ensure that the facility has separate resting areas for clients, based on age and other identified factors, as appropriate.
 - C. Have capacity that includes:
 - i. Lobby space with chairs and tables.
 - ii. Confidential office space for medical, case management, and behavioral health interventions.
 - iii. A triage area that is quiet and private.
 - iv. Spaces that are trauma informed in their design and promote privacy and dignity as well as safety.
 - v. Quiet space in the physical environment away from the milieu of the main stabilization area.
 - i. This area must be used for de-escalation and calming, not seclusion. There must be no restrictions in terms of entry and exit.
 - vi. A family friendly, welcoming physical space and environment for persons in crisis that offers developmentally suitable supports for clients and families.
 - vii. Confidential spaces for families to gather, with the client and without, where the families and/or client may receive clinical services and supports.
 - viii. Bathrooms that are gender neutral.
 - ix. Develop and maintain a policy to decrease safety risks for clients who may be alone or unsupervised in a location, such as but not limited to a bathroom. Anti-ligature equipment for these locations is required.
 - x. A dedicated first responder drop off area separate from the main entrance.
 - xi. A means of securing personal possessions including medication, valuables, clothing, etc.
 - xii. Client protection from potential threats to their safety by implementing a security policy and practice.
 - xiii. Recommendation to provide limited daily transportation to community partner places of business such as the department of Labor, Social Security Administration and Public Health department.
 - D. Have Available:
 - i. Plastic eating utensils and cups.

- ii. Beverages such as water, coffee, etc.
 - iii. Non-perishable, self-prepared snack items such as cup of soup, granola bars, cheese and crackers, peanut butter sandwiches, pudding cups or other similar items; and
 - iv. Have available, on an "as needed" basis:
 - i. Sweatpants, scrubs, tee shirts, sweatshirts, etc.
 - ii. Personal care products, toiletries/toilet paper, paper towels.
 - iii. Bus and cab vouchers
- IV. Staffing requirements must include:
 - A. Assessment and screenings being overseen by a Licensed Medical Professional and/or a Licensed Mental Health Professional. The professionals must have the training, skills, current professional licensure and/or certification to accurately diagnose clients.
 - B. All service provisions delivered by professionals who meet licensure and/or certification qualifications, as appropriate within their field of study. Evidence of licensure, certification, and any other applicable qualifications must be provided to the IBHP contractor.
 - C. A clinical supervisor to provide direction and guidance of all clinicians doing integrated mental health and substance use disorders assessments.
 - i. There must be a minimum of one (1) medical staff which could be inclusive of; Certified Nursing Assistant (CNA), Emergency Medical Technician (EMT), Licensed Practical Nurse (LPN), or Registered Nurse (RN) on site at all times. This staff can be counted as one (1) of the minimum two (2) staff on site.
 - ii. Required staffing ratios: One (1) direct care staff for every three (3) clients and a minimum of two (2) staff on site at all times.
 - iii. Ability to provide 1:1 supervision as needed.
- V. Available screening/services and interventions must include:
 - A. Medical Screening/Assessment
 - i. A medical professional, as described above, assesses physical health needs, and determines any need for immediate medical treatment. The medical professional may deliver care for minor physical health challenges. The Screening/Assessment must also provide a health history.
 - B. Plan of Care and Services Planning
 - i. A plan of care based on findings from the medical screening and behavioral health assessment/CAT for each client admitted. The plan of care must be individualized, person-centered, strengths-based, collaborative, family, and community focused, culturally competent, utilize natural supports, and be outcomes based. The plan of care must be documented in the department-approved data submission platform outlined by the contractor.
 - ii. Depending on the age of the client, client and/or their parents or guardians must direct the development of the client's service plan through a person-centered, family driven, client guided planning process. The Contractor must ensure information and support is provided to clients and families to maximize their ability to make informed choices and decisions.
 - C. For each YCC client, there must be a completed and or updated CAT per admission, administered by a certified staff member. This must include intake information to develop the plan of care, intervention services and referral services. The CAT must be documented in a department-approved data submission platform.
 - i. CAT (Crisis Assessment Tool)
 - D. Referral Services
 - i. Based on identified functional areas of impairment (medical, vocational, financial, housing, family, social activities of daily living, transportation, legal, and substance use). This information must be documented in a department-approved data submission platform.
 - ii. For YCC's this includes a warm handoff to home and community-based providers working with the client discharging from the YCC. This work may include but is not limited to: scheduling appointments for the client which would include a discussion with the provider about the needs and strengths of the client and family.
 - E. Aftercare Plan
 - i. Each client, prior to leaving the Crisis Center must be provided an after-care plan which includes, at a minimum, connection to a peer or Recovery Support Specialist.
 - ii. This plan must be documented in a department approved data submission platform.
 - iii. The plan must anticipate a variety of needs associated with aftercare. Ideas include but not limited to:
 - i. Safety planning
 - ii. Primary/Peer Support
 - iii. Education Planning
 - iv. Relapse Prevention Planning
 - v. Continuing Treatment Planning
 - F. Behavioral Management
 - i. Have a nationally recognized behavior management system to structure prevention and intervention approaches that is approved by the department.
 - ii. Ensure all staff are trained in and use crisis management and intervention techniques that employ verbal de-escalation methods and non-physical intervention strategies. Ensure there is no restraint either mechanical, physical, or chemical (pharmacological) of clients by agency staff, or other clients.

G. Management/Contingency Plans

- i. For any center not meeting these minimum requirements, there must be an approved management or contingency plan in place with the IBHP contractor.
- i. A contingency plan may be put in place when the IBHP contractor deems a sufficient exception to requirements may be made without risking quality or efficacy of care.
- ii. A management plan may be put in place when the IBHP contractor determines a requirement ineligible for contingency planning.
- iii. Timelines set in a management plan for meeting requirements determined ineligible by the contractor for contingency plan may not exceed one year from the plan being signed.

Southwest District Health (SWDH) requirements:

I. Operation Services – the Contractor shall:

- A. Maintain Americans with Disabilities Act (ADA) compliance.

II. Admission and Discharge – the Contractor shall:

- A. Document in approved EHR system, the reason for denying services to those applying for services.
- B. Conduct intake eligibility assessment within a reasonable timeframe of application (no later than two (2) hours due to acuity of crisis, third-party referral, etc.) for services and must include written/signed consent, client rights/responsibilities, and information about the crisis center's grievance/complaint policy. The intake eligibility assessment shall determine if a person is in a behavioral health crisis and whether or not they require a higher level of care (e.g., inpatient, emergency room or urgent care services). The intake eligibility assessment must be documented in the approved EHR system. The intake eligibility assessment must be possible by telephone or other telehealth method when the client is not physically onsite.
- C. The medical assessment, risk assessment, behavioral health assessment and/or other assessments conducted by the WIYSC staff shall be documented in the approved EHR system.

III. Intervention Services – the Contractor shall:

- A. Document in approved EHR system interventions rendered and client response.

IV. Referral Services – the Contractor shall:

- A. Utilize ongoing observation, assessment and evaluation to make changes to services while at the WIYSC. This information, along with the client's benefits and resources, shall be used to make referrals to ongoing care and services.
- B. Document referrals in the approved EHR and client response.

V. Aftercare Plan – the Contractor shall:

- A. Provide each client with their written aftercare plan prior to leaving the WIYSC. The aftercare plan should include services that are accessible within seven (7) days.
- B. Attempt to identify a collateral contact for each client, and whenever possible, include the contact(s) in the aftercare plan.
- C. Develop a follow-up process and use the process to follow-up with all clients and/or collateral contact.
- D. Document clients' follow-up of their aftercare in approved EHR system and include, as applicable:
 - i. Whether the client kept their initial appointment
 - i. Barriers or challenges to completing the aftercare plan
 - i. Sought care with a different resource or was incarcerated

VI. Staffing:

- A. Staff seeking to provide peer services that receive an unconditional denial from the Idaho Department of Health and Welfare's (IDHW) Criminal History Unit may apply for an Idaho Department of Health and Welfare Division of Behavioral Health Background Check Waiver.

VII. Cultural Competence:

- A. The Contractor's Cultural Competency Plan shall outline clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services with specific focus on Native Americans' and Hispanics' needs. The Contractor shall finalize the Cultural Competency Plan and submit it no later than forty-five (45) calendar days prior to the anticipated service implementation date.
- B. The Contractor shall ensure bilingual/multicultural staff are available at the WIYSC. Bilingual/multicultural staff shall, at a minimum, speak English and Spanish and any other language spoken by at least five percent (5%) of the population within the service area.

VIII. Outcomes Measures and Data – the Contractor shall:

- A. The Contractor shall compile and report data on a weekly, month, including weekly reports to the District contract monitor, weekly monthly report-outs to the WIYSC advisory committee, and quarterly reports to the District contract monitor. See Reports section for a detailed description of data requirements, reporting formats, and timelines for completion.

IX. Community Engagement – the Contractor shall:

- A. Engage community partners with a shared goal of improving community behavioral health.
- B. Identify opportunities to form formal and informal relationships or partnerships that support the patients' broader healthcare needs.
- C. Pursue opportunities for in-kind donations or support that can help control costs associated with the operations of the crisis center.
- D. Work with SWDH contracted marketing agency to develop and implement promotional and community engagement activities.
- E. Utilize WIYSC communication templates (ex. PowerPoint, letterhead) and language such as, "The Western Idaho Community Crisis Center operated by Clarvida" on external facing communication and marketing.

- X. Quality Assurance – the Contractor shall:
- Maintain a quality improvement plan that documents the process to be used in ensuring the quality of services laid out in the Idaho Medicaid Crisis Center Minimum Requirements.
 - Meet regularly, or as needed with the District, Idaho Department of Health and Welfare, Magellan Idaho, and/or county Crisis Intervention Teams to staff individual cases, treatment recommendations and service responsibilities.
 - Distribute annual surveys via email, print, verbally, or another mechanism approved by the District to ancillary service vendors, stakeholders, hospitals, law enforcement, government entities, insurers, community-based organizations, and other organizations affiliated with the WIYSC. Questions on the survey shall address the quality of services, the outcomes of services, and the organization's perception of additional needs not addressed at the WIYSC.
- XI. Records and Documentation – the Contractor shall:
- Use approved EHR to document all delivered services in the individual's record and maintain the record at the Contractor's location. Required data includes, but is not limited to:
 - Results of intake, including eligibility, risk, behavioral health assessments, presenting concerns, etc.
 - Client demographics (gender, county of residence, age, veteran status, homeless status, identified substance use, etc.)
 - Client-identified diversion
 - Plan of care
 - Intervention services provided
 - Referral sources and out-bound referrals
 - Aftercare plan
 - Client satisfaction
 - Follow-up results
 - Work with the District to develop complete and accurate reports, as some data may be collected, analyzed, and submitted by the District.
- XII. Transition of Services:
- The Contractor shall develop a draft transition plan within first six months of agreement that describes the process for ensuring a smooth transition of project services and transfer of project materials, documentation and data either to the District or to another contractor upon termination or expiration of the contract. A list of minimum components of the plan will be provided by the District.
 - Upon initiation of a termination, a final Transition Plan shall be negotiated with the District upon contract termination or ninety (90) calendar days prior to expiration of the contract, whichever comes first.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
YouthROC EHR- CAPLUCK (CAP60)	\$22,900	State Grant	28-Aug-24	28-Aug-27
Subject to all terms and conditions of this Agreement, COMPANY will provide the SUBSCRIBER with the use of the Data Management System. The COMPANY CAP60 Software is the valuable, confidential, and proprietary property of COMPANY. COMPANY shall retain exclusive title to this property, and all modifications, implementations, derivative works, upgrades, productizations and subsequent releases, both during the term and after the termination of this Agreement. To the extent that SUBSCRIBER in any way contributes to the further development of the CAP60 Software, SUBSCRIBER hereby irrevocably assigns and/or agrees to assign all rights in any such contributions or further developments to COMPANY. Without limitation, SUBSCRIBER acknowledges and agrees that all patent rights, copyrights and trade secret rights in and to the CAP60 Software shall remain the exclusive property of COMPANY at all times. EXCEPT AS OTHERWISE PROVIDED IN THIS AGREEMENT, SUBSCRIBER SHALL NOT, IN WHOLE OR IN PART, AT ANY TIME DURING THE TERM OF OR AFTER THE TERMINATION OF THIS AGREEMENT: (i) SELL, ASSIGN, LEASE, DISTRIBUTE, OR OTHERWISE TRANSFER THE CAP60 SOFTWARE TO ANY THIRD PARTY; (ii) COPY OR REPRODUCE THE CAP60 SOFTWARE IN ANY MANNER; (iii) DISCLOSE THE CAP60 SOFTWARE TO ANY PARTY, EXCEPT TO SUBSCRIBER'S EMPLOYEES AND CONTRACTORS WHO REQUIRE ACCESS TO THE CAP60 SOFTWARE FOR THE PURPOSES OF THIS AGREEMENT; (iv) ALLOW ANY CONTRACTOR TO ACCESS THE CAP60 SOFTWARE OTHER THAN WITHIN SUBSCRIBER'S LOCATION; (v) MODIFY, DISASSEMBLE, DECOMPILE, REVERSE ENGINEER, ATTEMPT TO DISCOVER THE SOURCE CODE OR UNDERLYING ALGORITHMS OR TECHNOLOGY OF THE SOFTWARE OR TRANSLATE THE CAP60 SOFTWARE; (vi) USE THE SOFTWARE IN ANY SERVICE BUREAU OR TIMESHARE CAPACITY; OR (vii) ALLOW ANY PERSON OR ENTITY TO COMMIT ANY OF THE ACTIONS DESCRIBED IN (i) THROUGH (vi) ABOVE. SUBSCRIBER shall take appropriate action, by instruction, agreement, or otherwise, with respect to its employees and contractors permitted under this Agreement to have access to the CAP60 Software, to ensure that all of SUBSCRIBER's obligations under this Section shall be satisfied.				
Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Advocates Against Family Violence- YouthROC	\$210,000	State Grant	1-Jul-25	30-Jun-26

1. The Subgrantee must provide comprehensive case management services in accordance with the National Assessment Framework.
2. The Subgrantee must retain case managers who are competent to deliver the service consistent with the National Assessment Center Framework. No specific licensure or education is required. A Bachelor's degree in a human services field is preferred for Case Manager positions.
3. By June 30, 2025, the Subgrantee must provide services to a minimum of twenty-five (25) youth and no more than fifty (SO) youth per month, per FTE Case Manager- not to exceed 3.25 case manager full time equivalents (FTE). Newly hired case managers may work up to the minimum of 25 youth as they complete training and gain experience.
4. The Subgrantee must follow-up with youth and families within one (1) week of the development of the Individual Care Plan, sooner if necessary, based on youth and family's needs identified during the screening and assessment process.
5. The Subgrantee must use FindHelpIdaho.org and CAP60, the Electronic Health Record system identified by the District to coordinate referrals and conduct case management services.
6. The Subgrantee must link youth and families to a variety of services based on their individual needs and what is outlined in the Individualized Care Plan. Examples of these services can be found in the Definition section of this document.
7. The Subgrantee must facilitate remote/virtual or face-to-face contacts, home visits, and accompaniment of youth and families to provider's when necessary to ensure access.
8. The Subgrantee must ensure contacting and monitoring is made to follow up and determine the status of service and support referrals and to assess whether the youth and family has further needs.
9. The Subgrantee must have policies and procedures in place to support continuous feedback and check-in opportunities with the youth and families throughout the case management process.
10. The Subgrantee must maintain communication with the Assessment Provider and report on status of activities outlined in the Individualized Care Plan and any concerns or barriers.
11. The Subgrantee must treat youth and families as partners in the case management process.
12. The Subgrantee, when possible, must collect release forms initially at intake to receive informed consent and as needed throughout the case management process.
13. The Subgrantee must remain neutral and unbiased in service and support recommendations. For example, a case manager must refer youth and families to the most appropriate place for services and support even if the case manager's organization offers the same or similar service or support.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Service Agreement with High Focus	\$40,000	Federal subgrant	1-Jul-22	30-Jun-26
High Focus will provide services for one year, recognized as the SWDH Fiscal Calendar, July 1-June 30, and the contract automatically renewable for additional fiscal years as required or agreed upon by SWDH and High Focus LLC to provide: I. Support and assist key SWDH personnel as needed to implement and support priorities and objectives of the Director of SWDH II. High Focus will supply direct support, training, research, and special projects. III. High Focus will operate under an agreement of task completion at a rate of \$100.00 per hour. Ongoing tasks or specific requests expected to exceed 10 hours will transition to Projects with delineated scopes of work whenever practical. The Project will be assigned a pre-determined cost and High Focus will not exceed the scope of work or the actual cost without pre-approval from the Director.				
Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Master Facilities Plan and Comprehensive Financial Plan	\$122,500	Federal subgrant & Board committed - Facilities	1-Feb-25	31-Mar-26

Assist Southwest District Health (SWDH, District) leadership in determining necessary changes to facilities and services to meet the organizational and community needs.

The scope of this work includes the following services identified as needed by the District

Master Facility and Comprehensive Financial Plan:

Initiation: Project logistics, campus tours, review existing documentation, leadership summit (citizen's committee).

Analysis: Departmental and stakeholder interviews, community survey, facility & site analysis, review & confirm demographic analysis; financial, economic, and cost forecasts; operational analysis.

Testing: Functional space programing; campus and building scenarios; preliminary cost estimates; comparative evaluations.

Recommendations: Preferred scenario with funding & financing options; study documentation; present results to decision-making body; refine plans based on feedback.

Implementation: Implementation guidance; capital investment plan; comprehensive financial planning process; identify facility, service and funding gaps; provide financial strategies including bonding and other financing opportunities.

Annual updates: Review the plans for completed projects and/or analysis of projects not completed; plan for completion strategies; facilitate Advisory Committee (AC); annual rolling update to plans.

Other services to be provided as needed to complete this scope of services.

High-Level Requirements

Deliverables:

Master Facility Plan

Final Plan and report for all departments and (4) main facilities on Schedule A. to include:

Current analysis of facilities conditions

Current analysis of space needs

Community Survey

Stakeholder Summary Report

Demographic and economic Report

Forecasted analysis of conditions and space needs looking forward 20 years

Recommended plans to address current and forecasted needs: building, remodeling, adding on, maintenance, etc.

Comprehensive Financial Planning

Future forward financial report to include:

Outlining commitment needed by municipality to meet facility Plan

Recommended financial strategies to accomplish Plan

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Nampa Family Justice Center-Safe Teen Youth Assessment Center-Assessment	\$50,000	State Grant	1-Jul-25	30-Jun-26
<ol style="list-style-type: none">1. The Subgrantee must provide a location for the coordination provision of mental health and other intervention programs and services for youth and their families who are referred to the Assessment Center by governmental agencies, community partners, or by self-referral. Subgrantees may utilize virtual technologies to complete assessments; however, in-person is preferred.2. The Subgrantee's service area shall be within the six counties served by the District; Adams, Canyon, Gem, Payette, Owyhee, and Washington. The Subgrantee must receive referrals for assessment from partner organizations. No youth and their families shall be turned away due to residing outside of the 6-county region, unless it is against the organization's policy or safety plan to serve the youth. 2. The Subgrantee's service area shall be within the six counties served by the District; Adams, Canyon, Gem, Payette, Owyhee, and Washington. The Subgrantee must receive referrals for assessment from partner organizations. No youth and their families shall be turned away due to residing outside of the 6-county region, unless it is against the organization's policy or safety plan to serve the youth.3. The Subgrantee must adopt and implement the National Assessment Center Framework and specifically those parts relevant to the assessment process. This includes, but is not limited to, the utilization of a validated, evidence-based assessment tool in accordance with its intended design, including scoring methodology, administration protocols, and any required data systems or platforms. Adherence to the tools' established guidelines and training is essential to ensure accuracy, reliability, and fidelity of implementation.				

4. The Subgrantee must provide assessments in a timely manner:
 - a. When screeners flag an emergent risk (e.g., suicide risk), an assessment is provided within twenty-four (24) hours.
 - b. Non-emergent assessments must be completed in no more than five (5) business days after screening.
5. The Subgrantee must conduct comprehensive assessments of the needs of the youth and their families including, but not limited to screening for violence potential, self-destructive tendencies, abuse, neglect and future criminal behavior, sexual exploitation, homelessness, risk and treatment need factors in order to inform an Individualized Care Plan. The subgrantee must demonstrate an individualized and developmental approach to assessment.
6. The Subgrantee must make prompt referrals for the youth and their families to appropriate community services based on assessment and all other pertinent information.

Service	Funding Amount	Funding Source	Original Effective Date	Current Expiration Date
Nampa Family Justice Center-Safe Teen Youth Assessment Center-Case Management	\$220,000	State Grant	1-Jul-25	30-Mar-26

- The Subgrantee must provide comprehensive case management services in accordance with the National Assessment Framework.
1. The Subgrantee must retain case managers who are competent to deliver the service consistent with the National Assessment Center Framework. No specific licensure or education is required. A Bachelor's degree in a human services field is preferred for Case Manager positions.
 2. By June 30, 2025, the Subgrantee must provide services to a minimum of twenty-five (25) youth and no more than fifty (50) youth per month, per FTE Case Manager - not to exceed 4 case manager full time equivalents (FTE). Newly hired case managers may work up to the minimum of 25 youth as they complete training and gain experience.
 3. The Subgrantee must follow-up with youth and families within one (1) week of the development of the Individual Care Plan, sooner if necessary, based on youth and family's needs identified during the screening and assessment process.
 4. The Subgrantee must use FindHelpldaho.org and CAP60, the Electronic Health Record system identified by the District to coordinate referrals and conduct case management services.
 5. The Subgrantee must link youth and families to a variety of services based on their individual needs and what is outlined in the Individualized Care Plan. Examples of these services can be found in the Definition section of this document.
 6. The Subgrantee must facilitate remote/virtual or face-to-face contacts, home visits, and accompaniment of youth and families to provider's when necessary to ensure access.
 7. The Subgrantee must ensure contacting and monitoring is made to follow up and determine the status of service and support referrals and to assess whether the youth and family has further needs.
 8. The Subgrantee must have policies and procedures in place to support continuous feedback and check-in opportunities with the youth and families throughout the case management process.
 9. The Subgrantee must maintain communication with the Assessment Provider and report on status of activities outlined in the Individualized Care Plan and any concerns or barriers.
 10. The Subgrantee must treat youth and families as partners in the case management process.
 11. The Subgrantee, when possible, must collect release forms initially at intake to receive informed consent and as needed throughout the case management process.



JULY 16, 2025

SWDH STANDING PURCHASE ORDERS GREATER
THAN \$5,000



Board of Health Report – Standing Purchase Orders Greater Than \$5,000				
Vendor	Scope of Work	Funding Amount	Effective Date	Expiration Date
Homedale Community Center	Reservation fee for Homedale Community Center for use by WIC	\$8,400	1-Jul-25	30-Jun-26
ACCO Engineered	HVAC/Cooling Caldwell	\$20,000	1-Jul-25	30-Jun-26
Mike's Grading	Snow removal and winter maintenance	\$ 25,000	1-Jul-25	30-Jun-26
NEHA	NEHA test grading	\$5,000	1-Jul-25	30-Jun-26
Costco	Diapers and wipes	\$7,962	1-Jul-25	30-Jun-26
NEHA	English food books (quantity 2500), Spanish books (quantity 2500)	\$5,000	1-Jul-25	30-Jun-26
Mike Kane	Legal advice/assistance	\$18,000	1-Jul-25	30-Jun-26
Bruneel Point S	Oil changes and vehicle maintenance	\$5,000	1-Jul-25	30-Jun-26
Payette Lawn Care	Payette and Weiser office lawn maintenance and snow removal	\$6,800	1-Jul-25	30-Jun-26
U.S. Lawns of Boise	Caldwell landscape and maintenance	\$30,000	1-Jul-25	30-Jun-26
CompuNet	Microsoft 365 licensing, phones, devices, monthly fees	\$90,915	1-Jul-25	30-Jun-26
Next Level Mobile Oil Change	Mobile oil change services	\$5,000	1-Jul-25	30-Jun-26
Intelligent Design Mechanical	HVAC and plumbing services	\$15,000	1-Jul-25	30-Jun-26



Partnerships for Success (PFS)

Addressing youth alcohol, marijuana, and stimulant use in
Southwest Idaho

Overview

- Why preventing youth substance use matters
- Our focus & current trends in youth substance use
- What SWDH is doing to decrease initiation of use
- Impact we're having

Why youth substance use prevention matters

- The adolescent brain develops well into the 20's.
- Any substance use increases chances of other substance use.
- Alcohol immediately increases risk of poor decision making, injury, inability to regulate emotions, and poor impulse control.
- 90% of adults who have a substance use disorder used alcohol or drugs in adolescence (Simon et al., 2022).
- Over \$700 billion a year is spent on **addressing the treatment** of substance use disorder in the United States each year (Fardone et al., 2023).

PFS Grant

Strategic Prevention Framework-Partnerships for Success for Communities, Local Governments, Universities, Colleges, and Tribes/Tribal Organizations

- **Funding Source:** Department of Health and Human Services through the Substance Abuse Mental Health Services Administration Center for Substance Abuse Prevention
- **Funding Requester:** Southwest District Health
- **Funding Recipient:** Southwest District Health
- **Funding Duration:** September 30, 2023 through September 29, 2028

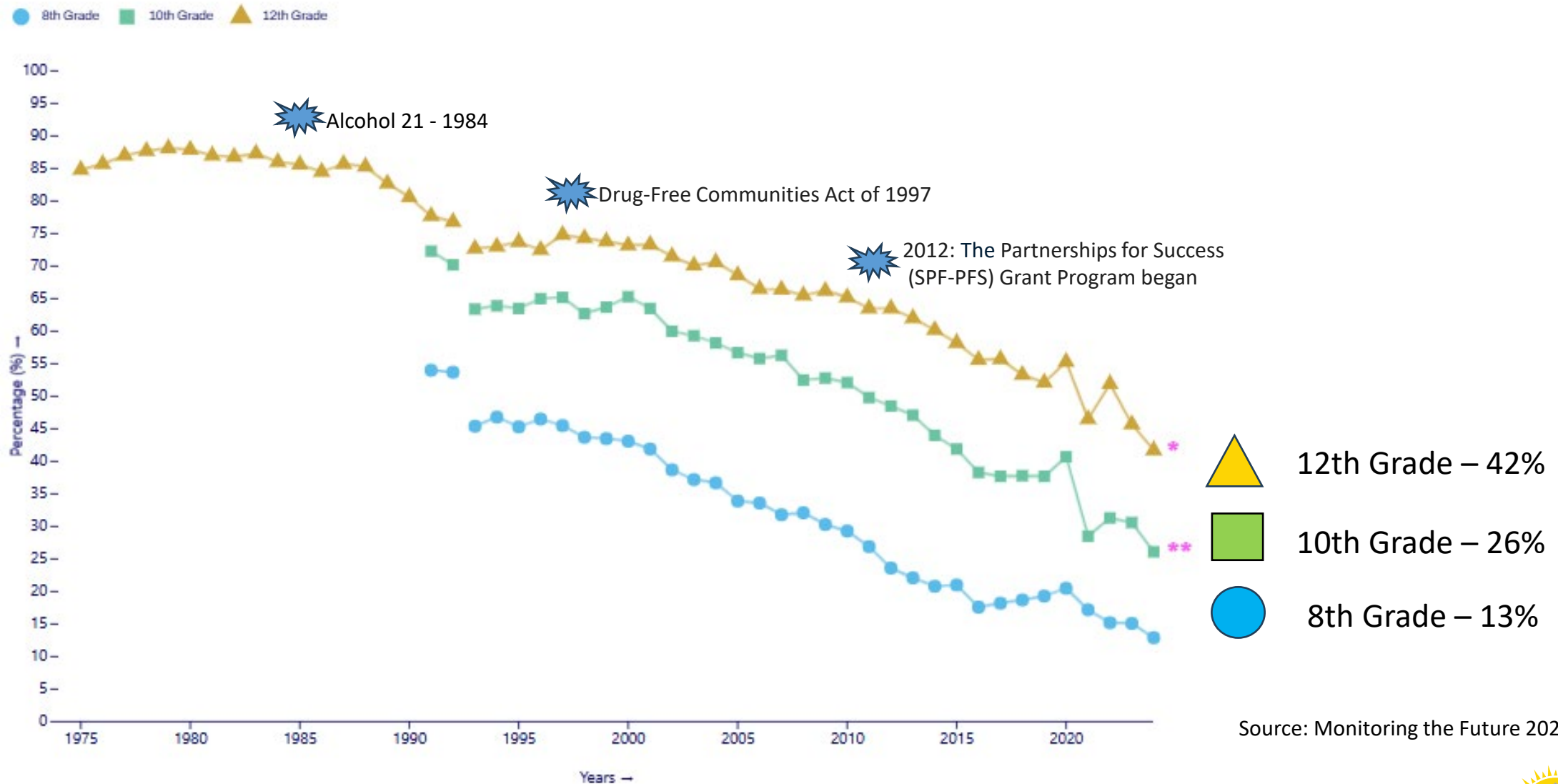
Budget Overview

- Direct Federal Grant
- 5-year grant receiving \$374,455 each year, spending in year 2
 - 30% - Regional Community Capacity & Community Mini-Grants, Education, Awareness, and Resources
 - 8% Communities for Youth Communities (will increase to ~24% in years 3 and 4)
 - 26% Communities for Youth Data Analysis & Technical Support
 - 36% SWDH personnel, operating, and indirect expenses
- 65% of funds go directly towards community implementation/support
- Competitive grant – 60 awarded nationwide in FY 2023

Trends - General Landscape

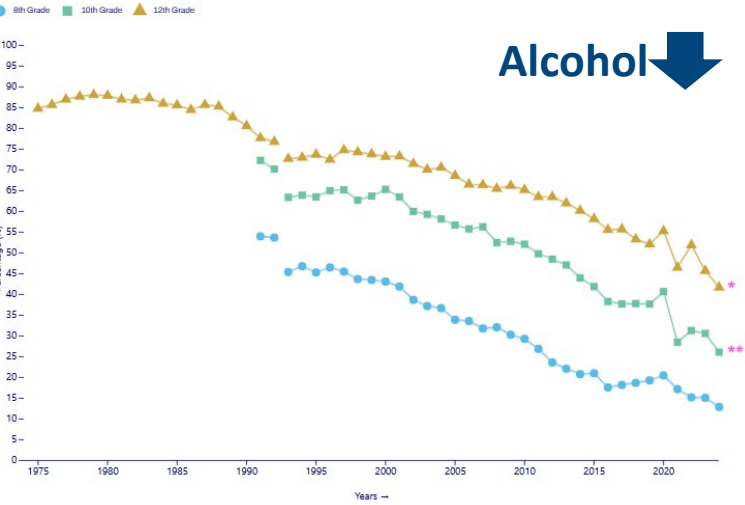
- Alcohol is used most often
- Marijuana is more potent
- Prescription misuse (example: Ritalin, Adderall, etc.) is less common compared to alcohol and marijuana, but it comes with serious risks
- The most recent data we have shows that approximately 9 in 10 youth in SW Idaho have not used substances in the past 30 days (Idaho Healthy Youth Survey, 2021)
- Teen use has mostly decreased overtime, with increases in prevention efforts that use multi-level approaches including policy like alcohol and tobacco 21

ALCOHOL: Trends in 12 Month Prevalence of Use in 8th, 10th, and 12th Grade

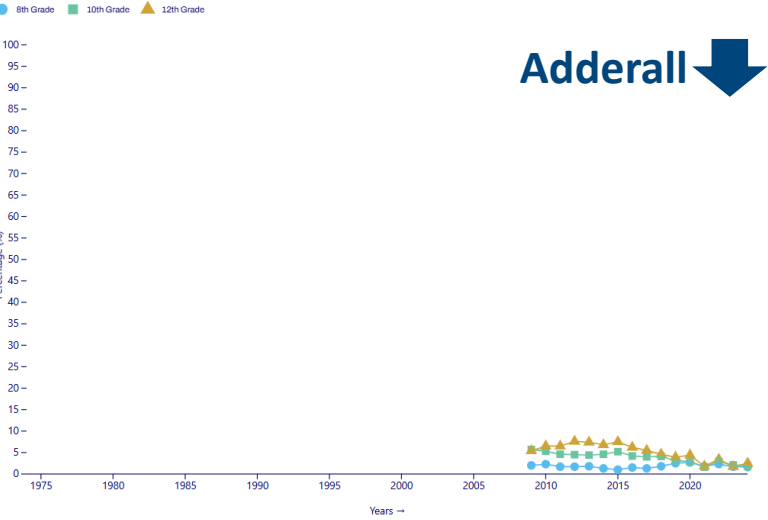


Source: Monitoring the Future 2025

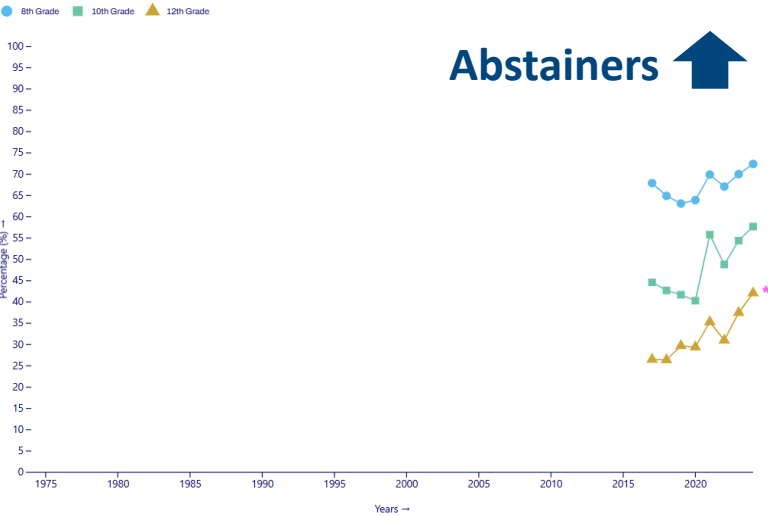
ALCOHOL: Trends in 12 Month Prevalence of Use in 8th, 10th, and 12th Grade



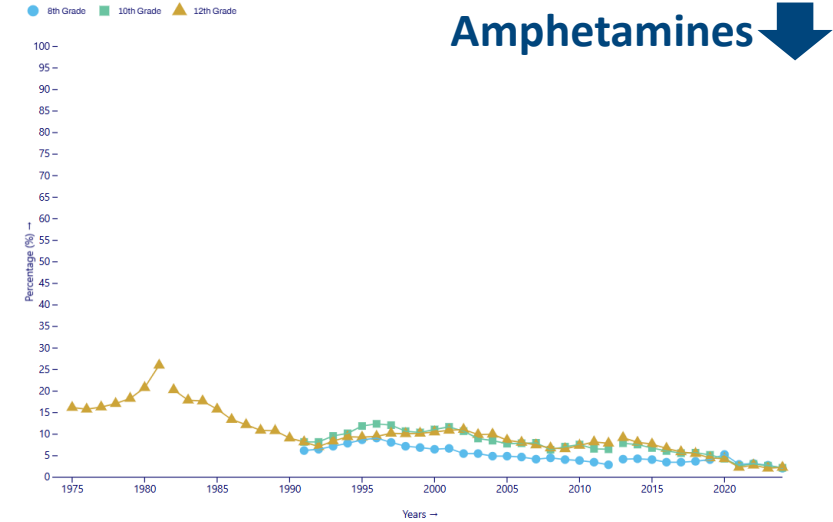
ADDERALL: Trends in 12 Month Prevalence of Use in 8th, 10th, and 12th Grade



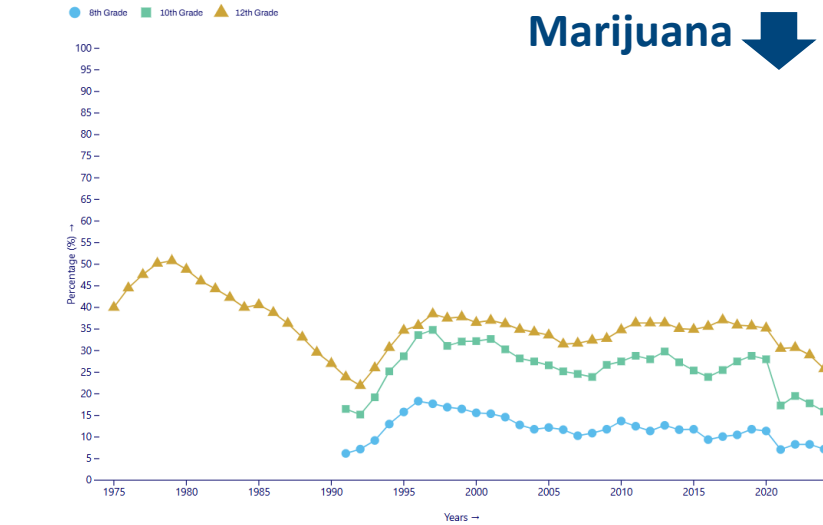
ABSTAINERS: Trends in Lifetime Prevalence of Use in 8th, 10th, and 12th Grade



AMPHETAMINES: Trends in 12 Month Prevalence of Use in 8th, 10th, and 12th Grade



MARIJUANA (CANNABIS): Trends in 12 Month Prevalence of Use in 8th, 10th, and 12th Grade



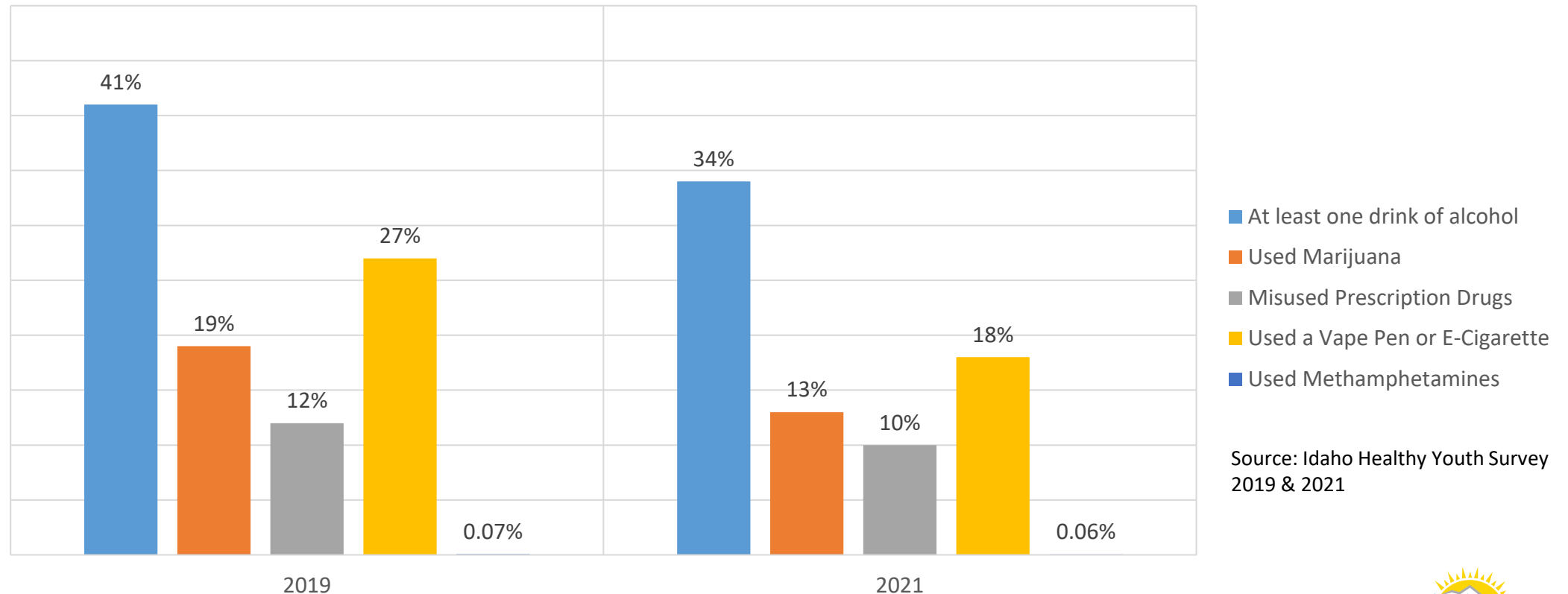
Source: Monitoring the Future 2025

Limited Data

- Youth Risk Behavior Survey (National Survey) ended in Idaho in 2021
- Legislative Changes
- Idaho Healthy Youth Survey
- Most recent data is from 2021
- Lack of data doesn't allow us to know what's happening in Idaho and in our region

Southwest Idaho Region – Idaho Healthy Youth Survey 2019 and 2021

Self Reported Youth Substance Use



Source: Idaho Healthy Youth Survey
2019 & 2021

Southwest Idaho Key Access & Usage Insights

Of those who used alcohol

- **62%** drink at home.
- Most get it **free from friends (41%)** or **family (37%)**.

Of those who used marijuana

- Most common method: **Smoking (75%)**.
- **44%** get it free from a friend/family.
- **13%** took it from a friend/family.
- **29%** buy from a dealer/stranger; **14%** from dispensaries.

Of those who used prescription drugs

- **74%** misuse at home.
- **52%** misuse their **own prescription**.
- Others get it from **family/friends** (given: **16%**, taken: **22%**).
- Of those who used, **39%** used prescription stimulants (Adderall, Ritalin, Vyvanse, Dexedrine, dextrostat).

Source: Idaho Healthy Youth Survey, 2021

How is SWDH supporting youth substance use prevention

- Focused on understanding local data and needs
- Funding evidence-informed locally led projects, focused on addressing root cause of substance use and mental wellbeing
- Southwest Idaho Communities for Youth initiative
- Southwest Idaho, Youth alcohol, marijuana, and stimulant use prevention mini-grants



Southwest Idaho Communities for Youth

BUILD A COMMUNITY COALITION

The first step is convening members of your community that want to help young people thrive. Coalitions can include everyone from educators and service providers to youth, parents and extended family, to policy makers, the business community and others.

KEEP THE CONVERSATION GOING

The final step is to sustain momentum for building the best possible community for young people. Regular youth data collection helps communities check their progress. Growing the coalition helps create new opportunities to support young people.



CENTER THE YOUTH EXPERIENCE

The second step is collecting information from teens in your community to better understand their experiences, and the things in their lives that may be hurting or helping their health. This step is usually completed in collaboration with local schools.

SET GOALS AND TAKE ACTION

The third step is sharing the youth data, evidence on what works, and your knowledge of your community to determine ways to address challenges or promote strengths related to youth well-being locally.

Partnership with Communities for Youth, School Districts, and Community members to address local youth substance use and wellbeing challenges



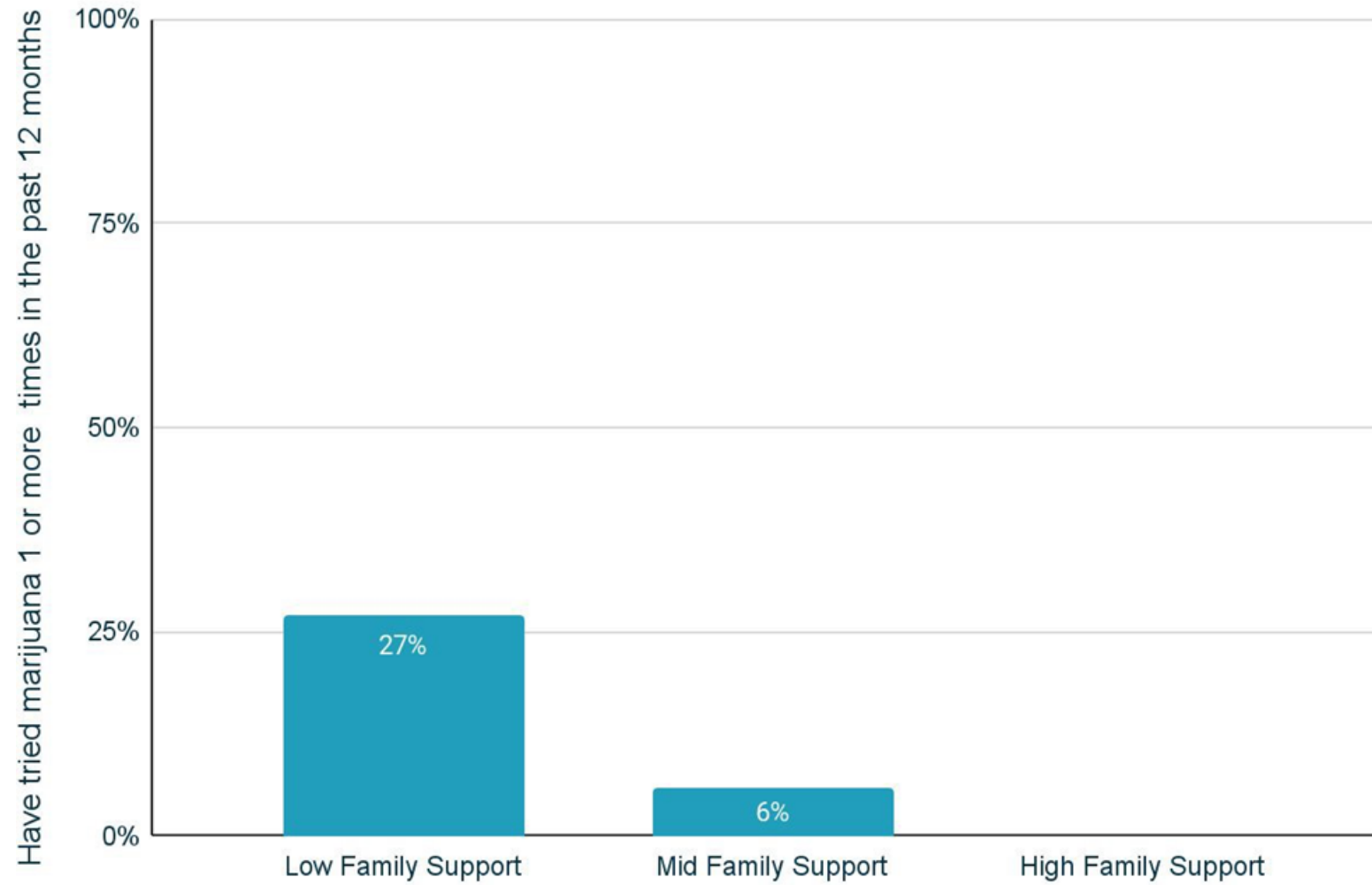
Using Data to Drive Local Impact

Marsing Prevention Coalition

- Meets monthly
- Reviews the data
- Sets goals
- Made up of school staff, parents, community members, youth, coaches, faith-based representation, the city, law enforcement, and local businesses
- SWDH support in planning, implementing, and funding action plan



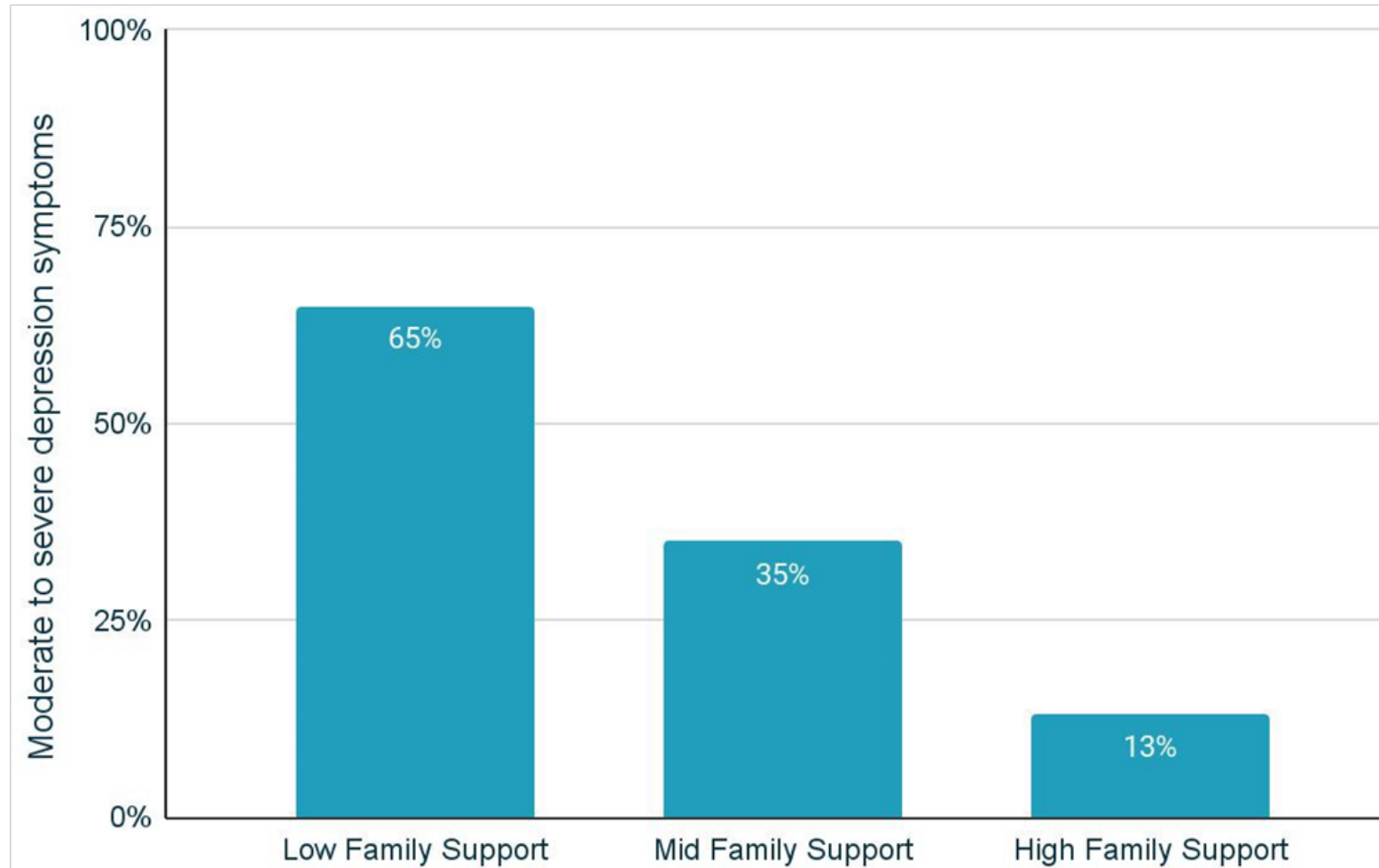
Fall 2024 - Marijuana Use and Family Support



Teens who report low family support also report more marijuana use.



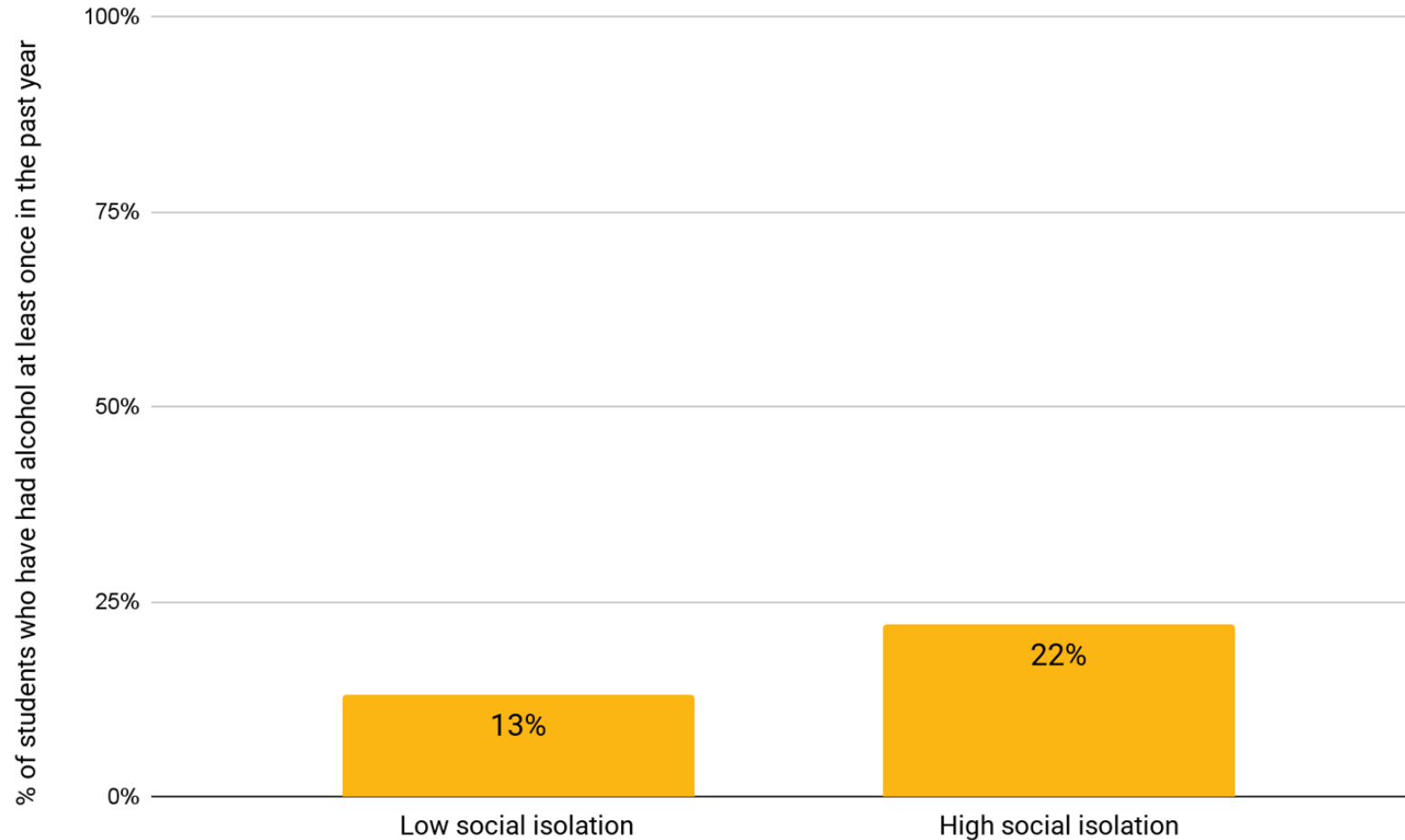
Fall 2024 – Depressive Symptoms and Family Support



Teens who report **high family support also report **less moderate to severe depressive symptoms****



Fall 2024 - Alcohol Use by Social Isolation



More teens who reported **high social isolation reported **alcohol use** compared to those who reported low social isolation**



Using Data to Drive Local Impact

Marsing Priority Data:

- Priority risk factors from local data:
- High stress associated with depression
- Social isolation associated with depression, alcohol use, and marijuana use
- Lower physical activity associated with higher rates of depression

Goals

- #1: Increase **community awareness and understanding** of recent teens' substance use and mental health and the upstream prevention approach
- #2: Increase **connectedness and reduce stress** for kids living in Marsing
- #3: Provide **support and connection** for Marsing families, especially those most in need

Local Strategies

Strategy: Host supportive whole family friend events

- Activity:** School and community partners hold ongoing family connection events throughout the year.
- MSD held 3 family events focused on social connection for families, with activities and resources for youth and adults.
- Attendance:** February: 101+, March: 190+, May: 174+

Strategy: Increase access to social and safe structured activities that address identified risk and protective factors

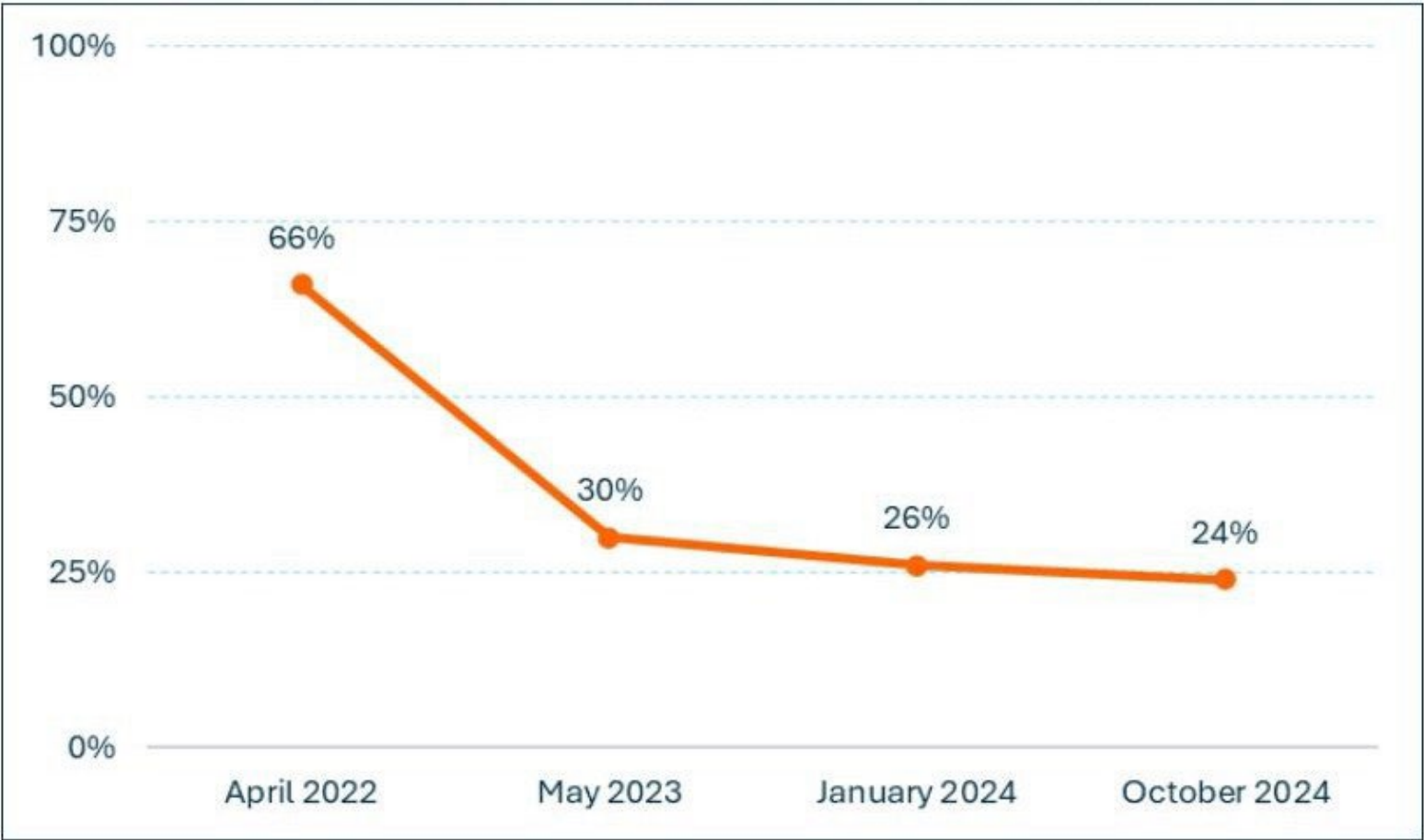
- Activity:** Free summer camp activities for youth throughout the summer
- Bonfire, S'mores & Yard Games, Basketball (Boys and Girls), Introduction to Hiking, Card Crafts, Flag Football, CashFlow Game, Open Gym, Pickleball, Volleyball, Bike Adventure, Simple & Healthy Snacks

Strategy: Develop a communication plan for 12 data points to highlight throughout the year

- Activity:** Prevention coalition developed communication plan to develop and share messages throughout the upcoming school year



Trends in Marsing: Depression



Youth alcohol, marijuana, and stimulant use prevention mini-grants

- 6 mini-grants awarded 2023-2024
- 5 mini-grants awarded 2024-2025
- Prevention professional development scholarships – SRO's, counselors/social workers, school administrators, etc.
- Subgrantees and scholarship applicants demonstrated need and plan to address their substance use priorities in their application
- Awards range from \$4,435 - \$16,496

Partnerships & Projects (Year 1: 2023-2024)

- Marsing School District, Communities for Youth
- Canyon County Paramedics Employee Foundation, Youth mental health as a protective factor awareness project
- Boys and Girls Club of Canyon County – Positive Action program for tweens
- Idaho Drug Free Youth – Youth social norms social media campaign
- Insight Matters – Family community event education and awareness
- TRIO Upward Bound – Botvin Lifeskills program for teens
- Western Central Mountains Youth Advocacy Coalition – Meadows Valley Afterschool Program and Tri-Valley Co-Op Coalition community programming
- How to Talk to Youth About Substance Use – Training for professionals
- Union School District – Scholarships for Idaho Conference on Alcohol and Drug Dependence

Partnerships & Projects (Year 2: 2024-2025)

- Marsing School District, Communities for Youth
- Nampa School District, Communities for Youth
- Idaho Drug Free Youth – Youth social norms social media campaign
- Idaho Sports.com - Social norms "athlete of the week" program
- Insight Matters – Strengthening Families program and coalition training
- Western Central Mountains Youth Advocacy Coalition – Meadows Valley Afterschool Program
- How to Talk to Youth About Substance Use – Training for professionals
- Insight Counseling and Therapy – Idaho Prevention Conference Scholarship
- City of Caldwell SRO - Northwest Alcohol & Substance Use Conference Scholarship
- Lifespan Community Services – Positive Action & Second Step programs for youth
- Boys and Girls Club of the Western Treasure Valley – Positive Action

Organizations Partnerships & Projects



Impact & Evaluation

- Quarterly or post program reporting from partners on reach and impact
- Post program survey data to assess impact of training or program*
- Reach: Projects funded have reached youth in Adams, Canyon, Payette, Owyhee, and Washington Counties
- Resources (prescription medication lockboxes, guided youth journals, and prescription safety disposal pouches) purchased with funding have reached all six counties

Looking Ahead

- Marsing is our first Southwest Idaho Communities for Youth partner
- Nampa School District is our second, starting the initiative this fall
- We have the capacity and funding to support one additional school district
- Year 3 mini-grant announcement and application is open

Thank you!

Contact information: tara.woodward@swdh.id.gov

Sources

- Bach Harrison, LLC & Idaho Governor's Office of Drug Policy. (2021). *2021 Idaho Healthy Youth Survey State Report*. <https://odp.idaho.gov/wp-content/uploads/2022/08/IHYS-2021-State-Report.pdf>
- Fardone, E., Montoya, I. D., Schackman, B. R., & McCollister, K. E. (2023). Economic benefits of substance use disorder treatment: A systematic literature review of economic evaluation studies from 2003 to 2021. *Journal of Substance Use and Addiction Treatment*, 152, 209084. <https://doi.org/10.1016/j.josat.2023.209084>
- Miech, R. A., Johnston, L. D., Patrick, M. E., & O'Malley, P. M. (2025). Monitoring the Future national survey results on drug use, 1975–2024: Overview and detailed results for secondary school students. Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan. Available at <https://monitoringthefuture.org/results/annual-reports/>
- Simon, K. M., Levy, S. J., & Bukstein, O. G. (2022). Adolescent Substance Use Disorders. *NEJM evidence*, 1(6), EVIDra2200051. <https://doi.org/10.1056/EVIDra2200051>

25 – 0# Resolution to Support Clarifying that Idaho Code Title 39-3801 allows Idaho Medical Professionals to Test and Treat Minors 14 years of age or older for infectious, contagious or communicable diseases without requiring parental consent

WHEREAS, in 2024 the Idaho Legislature passed a new law, Idaho Code 32-1015, through S1329 called PARENTAL RIGHTS IN MEDICAL DECISION-MAKING, that prohibits health care providers from providing most types of medical care to a minor with few exceptions without first obtaining parental consent; and

WHEREAS, Idaho Code 39-3801 allows licensed Idaho medical practitioners to test and treat minors 14 year of age or older for infectious, contagious or communicable diseases without parental consent; and

WHEREAS, parent, parents, or legal guardian are not responsible for payment for any care rendered pursuant to 38-3801; and

WHEREAS, Idaho Code allows parent access to medical records of their child; and

WHEREAS, it is apparent that the 2024 legislature did not intend to repeal Title 39-3801 since nothing in the new law indicates otherwise. Only in the statement of purpose of S1329 is there any mention of the law superseding all existing laws. As clearly stated on this bill, a statement of purpose is a mere attachment to this bill and prepared by a proponent of the bill. It is neither intended as an expression of legislative intent nor intended for any use outside of the legislative process, including judicial review (Joint Rule 18); and

WHEREAS, according to 39-4503, PERSONS WHO MAY CONSENT TO THEIR OWN CARE, any person, including one who is developmentally disabled and not a respondent as defined in section 66-402, Idaho Code, who comprehends the need for, the nature of, and the significant risks ordinarily inherent in any contemplated health care services is competent to consent thereto on his or her own behalf. Any health care provider may provide such health care services in reliance upon such a consent; and

WHEREAS, according to the most recent Youth Risk Behavior Survey published in 2021 by the Idaho Department of Education, 20.4% of 9th graders reported having had sexual intercourse, by 12th grade this percentage increased to 41.7%. Of those students who reported being sexually active (sexual intercourse with at least one person during the past three months) only slightly more than half reported using a condom and for 12th graders only 42.3% reported using a condom; and

WHEREAS, not wearing a condom or using other barrier protection during sexual activity greatly increases a person's risk for acquiring a communicable disease; and

WHEREAS, communicable diseases not only harm an individual with the infectious disease, but they can also harm others without their knowledge, and without screening increase the spread and incidence of communicable disease; and

WHEREAS, untreated STIs can lead to serious complications including infertility, increased risk of certain cancers, pregnancy complications, and damage to the nervous system, heart and kidneys; increased risk for HIV and HPV infection, and drug resistance; and

WHEREAS, stopping the spread of communicable diseases is a core function of public health.

THEREFORE, BE IT RESOLVED, that the Idaho Association of Local Boards of Health supports changing Idaho Code, 32-1015 to clarify that this law does not supersede Idaho Code 39-3801 and that a minor 14 years of age or older can receive care for a suspected or confirmed communicable disease without parental consent.

25-0# Resolution to Reestablish and Update the Idaho Public Swimming Pool Inspection Program

WHEREAS, protecting the public from the risks associated with treated recreational water including illness and injury is a function of public health across the United States; and

WHEREAS, research has demonstrated the physical and psychosocial benefits of aquatics for all age groups¹; and

WHEREAS, outbreaks associated with treated recreational water can be caused by pathogens or chemicals in aquatic venues such as pools, hot tubs, water playgrounds, or other artificially constructed structures that are intended for recreational or therapeutic purposes¹; and

WHEREAS, according to the Centers for Disease Control and Prevention, for the period 2015–2019, public health officials from 36 states and the District of Columbia (DC) voluntarily reported 208 outbreaks associated with treated recreational water. Almost all (199; 96%) of the outbreaks were associated with public (non-backyard) pools, hot tubs, or water playgrounds. These outbreaks resulted in at least 3646 cases of illness, 286 hospitalizations, and 13 deaths. (need reference)¹; and

WHEREAS, among the 208 reported outbreaks in the 2015-2019 CDC report, 71 (34%) were associated with a hotel (i.e., hotel, motel, lodge, or inn) or a resort¹; and

WHEREAS, since the first phase of pool deregulation in Idaho occurred in 2000, most waterborne illnesses seen by and safety complaints to the health districts are from pools that were not regulated for the past 25 years; and

WHEREAS, the emergence of pathogens protected from chlorine, and imperfect bather hygiene have resulted in substantial increases in the number of reports of recreational water associated outbreaks¹; and

WHEREAS, drowning continues to claim the lives of far too many, particularly young children and thousands of people visit U.S. emergency departments every year for pool chemical injuries; and

WHEREAS, aquatic facility operation can be improved through engineering, education, and enforcement; and

WHEREAS, the Public Health Districts are committed to primarily focusing their efforts on educating operators of treated recreational water but need statewide up to date rules in place to ensure safe and healthy access to treated recreational water facilities and consistent state-endorsed guidelines for our operators to follow; and

WHEREAS, the public swimming pool rules maintained by the Department of Health and Welfare that were eliminated on July 1, 2025 by the Idaho legislature were outdated²; and

WHEREAS, as the aquatic sector continues to evolve, the Centers for Disease Control and Prevention updates their Model Aquatic Health Code regularly to ensure the latest science and best practices are included; and

WHEREAS, the businesses that operate pools, hot tubs and waterplay grounds in Idaho will be best served by having a consistent standard rather than a patchwork approach across the state.

THEREFORE, BE IT RESOLVED that the Idaho Association of District Boards of Health supports creating a law that provides regulatory oversight to the Idaho public health districts for certain treated recreational water facilities and the authority to create sensible rules that focus on the operation and maintenance issues that create the greatest health and safety risks to Idahoans.

THEREFORE, BE IT FURTHER RESOLVED that the regulatory oversight include public swimming pools, and their related elements, that contains water more than two (2) feet deep, is used or intended to be used for swimming, diving, or recreational bathing, and is for the use of any segment of the public under a general invitation but not an invitation to a specific occasion or occasions; AND to include pools in hotels, motels and fitness centers AND to include water playgrounds (splash parks) AND to include hot tubs in all regulated facilities.

1. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7020a1.htm>
2. <https://legislature.idaho.gov/sessioninfo/2025/legislation/H0202/>



Idaho Association of District Boards of Health

Board of Health Membership Position Statement

Position

The Idaho Association of District Boards of Health supports not making changes to Idaho Code 39-411 to require that only elected officials can be appointed to a board of health. IC 39-411 establishes the composition of district boards, member qualifications, appointment and removal, terms, selection of officers, and the board of trustees. Commissioners throughout the state currently have the discretion to appoint a commissioner or a member of the community who has an interest in public health to represent their county on the board of health. It is the preference of the Association not to change Idaho Code to require that only elected officials can serve on a board of health.

Rationale

- Boards of Commissioners can remove board of health members at any time for any reason.
- Other than grants and fees, Idaho Counties are the primary funding source for the public health districts.
- State general funds are no longer provided directly to public health districts as they were prior to March 1, 2022.
- In some counties, commissioners are full-time jobs and those that are considered part-time often dedicate themselves to the role on a full-time basis to effectively carry out their responsibilities.
- If only county commissioners could serve on a board of health, districts with 6 or fewer counties would be required to have at least one county with two commissioners serving on the board of health to fulfill 39-411, which requires 7 members.



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

IDAHO ASSOCIATION OF PUBLIC HEALTH DISTRICT DIRECTORS

July 2, 2025

Idaho Department of Environmental Quality
Attn: Jess Byrne, Director
1410 N. Hilton St.
Boise, Idaho 83706

Subject: Regulatory Oversight of Private Nonmunicipal Solid Waste Sites

Dear Director Byrne,

This letter serves as a formal request by the seven Idaho Public Health Districts to amend our MOU with the Idaho Department of Environmental Quality to update the Authority and Intent section to align with changes to Idaho Code made by the 2021 Idaho Legislature and to remove the Public Health Districts from being responsible for the regulatory oversight of private nonmunicipal solid waste sites.

Please let me know at your earliest convenience if the proposed changes are acceptable to you so that we can route the MOU for signatures.

Respectfully,

Russell A. Duke, Chair

Idaho Association of Public Health District Directors

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Kayla Sprenger, Director, PHD 2
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Memorandum of Understanding

The Department of Environmental Quality and The Public Health Districts

1. Objective

The objectives of this Memorandum of Understanding (MOU) are to define roles of the Idaho Department of Environmental Quality (DEQ) and the Public Health Districts (Districts) and protect human health and the environment by: 1) maintaining and improving ground water and surface water quality in Idaho, 2) proper solid waste management, 3) proper wastewater management, and 4) assisting and supporting public water systems in the delivery of safe and reliable drinking water. This MOU sets forth a working arrangement of program delegation and program contract between the DEQ and the Districts to reduce duplicative efforts and to provide for a detailed description of program responsibilities and authorities.

2. Background

Through this MOU, the DEQ delegates certain authorities to the Districts. This memorandum expresses the roles and responsibilities, and clarifies the authority between the Districts and the DEQ. It is based on the desire of the Districts and the DEQ to provide the public with an effective environmental health delivery system based on utilization of agency core competencies. This approach prevents gaps and avoids duplication in services and strengthens the communication of both the Districts and the DEQ. The specific responsibilities and authorities are detailed in the program specific agreement sections of this MOU. The Public Water System program is by contract with the Districts and is not a delegated program. Where the term agency is used it can refer to either the Districts or to the DEQ.

This MOU is entered into pursuant to the authority set forth in Idaho Code § 39-414 and Idaho Code § 39-101 through § 39-130.

3. Authority and Intent

Whereas, the DEQ has responsibilities and rule making authority under the Idaho Environmental Protection and Health Act, Idaho Code § 39-101 et seq. and;

Whereas, these authorities provide for the agency's sole mission to be the protection of human health and the environment, and;

Whereas, the Districts were formed under the Public Health Districting Act, Idaho Code § 39-401 et seq., and;

Whereas, the Districts ~~are directed to~~ may administer and enforce all state and district health laws, regulations, and standards with certain responsibilities to protect public health and the environment, and;

Whereas, Idaho Code § 39-414 authorizes public health districts to enter into agreements with the director of the department of environmental quality to provide services or do such other things as specified in the agreement. ~~authorizes the DEQ to delegate authorities and responsibilities to the Districts,~~ and;

Whereas, pursuant to Idaho Code § 39-414, the Districts have the power to implement those authorities and responsibilities agreed upon ~~delegated by~~ with the DEQ, and;

Whereas, the DEQ and the Districts desire to avoid duplication and to prevent gaps in providing services to the citizens of the state, the DEQ and the Districts agree to the following sections.

4. General Program Agreements

The intent of the general program agreements is to outline roles and responsibilities of the Districts and the DEQ in these broad program areas.

4.1 General Principles

1. The DEQ and the Districts agree that communication and coordination on various topics is important. To further these principles, the Districts, as part of the Environmental Health Directors Work Group, will coordinate DEQ participation in periodic meetings, as appropriate, to ensure statewide consistency in all delegated programs.
2. The DEQ will notify the Districts of all public meetings and hearings pertaining to delegated programs, with the expectation that the Districts will participate as resources allow.
3. Non-compliance with statutes and administrative rules should be addressed first through education and technical assistance that is targeted to address the area of non-compliance. Enforcement is to be used only as the action of last resort when methods of education and assistance have failed to achieve compliance.

4.2 Rules, Standards, Technical Policies, and Guidelines

1. The DEQ and the Districts will work cooperatively in the preparation of rules, standards, technical policies, or guidelines in those program areas where joint responsibilities exist.
2. The DEQ will send draft documents outlined in Item 1 to the Districts for a thirty (30) day, when feasible, review and comment period prior to any formal public process.
3. The Districts will forward to the DEQ proposed draft changes to rules, standards, technical policies or guidelines following the procedures outlined in Item 2 above. This is in addition to the district board procedures for adoption of regulations as set forth in Idaho Code § 39-416.
4. The DEQ, or the Districts, will provide copies to each other of final rules, standards, technical policies, or guidelines adopted. This procedure is in addition to the requirements of the Administrative Procedures Act. Also, the DEQ will provide specific direction to the Districts regarding the implementation of DEQ final rules,

standards, technical policies, and guideline changes for programs delegated to the Districts. This direction will be provided to the Districts in a timely manner.

5. The Districts, if requesting a formal interpretation of rules or guidance, will submit the request to the appropriate DEQ Bureau Chief. The Bureau Chief, in coordination with the Attorney General's office as appropriate, will draft a response and share that with the Districts. For those interpretations with statewide applicability, the DEQ Bureau Chief will ensure that the response is in a memo form and can be posted online in keeping with Executive Order 2020-02. This does not include normal day to day communications between the Health Districts and DEQ staff regarding implementation of the rules.
6. Upon initiation of an appeal of a District decision regarding a DEQ-delegated program, the District should notify the DEQ state office program contact of the administrative appeal for the DEQ's evaluation to ensure consistent application of the DEQ rules. The DEQ, when appropriate, will provide interpretation of the DEQ rules to the District for consistency.

4.3 Coordinating Enforcement Actions

1. The Districts will take appropriate and timely enforcement actions as outlined within the specific protocols in this MOU. The DEQ may initiate enforcement actions after an enforcement referral package is received from the Districts.
2. The DEQ reserves the right to initiate enforcement actions if DEQ determines, after consultation with the Districts, that enforcement is necessary to protect public health and the environment. The DEQ will coordinate with the Districts in the event the DEQ determines it necessary to take such enforcement action.
3. The DEQ may request the Attorney General's Office provide legal consultation to the District's legal counsel when the District is preparing for cases in district court.
4. The DEQ will provide revisions of enforcement referral package templates, as appropriate, for subsurface sewage and non-municipal solid waste programs.

4.4 Management of Complaints

This section outlines the actions the DEQ and the Districts will take when receiving complaints that are the responsibility of the other agency.

1. Complaints, which are the responsibility of the other agency, will be referred to the other agency within one working day. Either agency, upon receiving a telephoned complaint, will refer the caller to the appropriate agency. Written complaints will be forwarded to the appropriate agency by fax, e-mail or mail and include the complainant's contact information whenever possible.
2. In referring complaints, one agency will not commit the other agency to any particular action.
3. If the agency referring a complaint requests notification of what actions were taken by the other agency, that agency will provide the information to the referring agency.
4. The DEQ may request that the Districts provide initial support for complaints generated in remote areas.

4.5 Consultations and Technical Assistance

This section defines when the agencies will provide technical assistance and consultation.

1. Each agency, within its resource limitations, will provide consultations, training, and technical assistance to the other upon request.
2. The DEQ will inform the Districts of pertinent training courses and vice versa, such as courses related to drinking water systems, subsurface sewage, solid waste, wastewater land application, hazardous wastes, septage, ground water quality, surface water quality, and source water protection.
3. The Districts will work with the DEQ to develop and present training courses of mutual interest.

4.6 Sharing and Dissemination of Information

This section defines procedures to work cooperatively in sharing and disseminating information between agencies and to the public.

1. Agency Information Sharing
 - a. The DEQ, within its resource limitations, will assist the Districts in joint program communications, including the development of written or audio-visual materials.
 - b. The Districts will make recommendations for written or audio-visual material to the DEQ through district appointed program contacts.
 - c. The DEQ and the Districts will inform each other of correspondence received from other state or federal agencies which concern activities in the district or in the DEQ regional offices.
 - d. The DEQ and the Districts shall coordinate and encourage the sharing of geographic information system (GIS) data. The DEQ and the Districts agree to minimize the duplication of digital data entry and to exchange data and/or technical resources in support of each organization's mutual GIS interests.
2. Information to the Public.

Risk communication is an important public health aspect of sharing and disseminating information related to the protection of public health. The DEQ may seek assistance from the Districts to help, as resources in both agencies allow, deliver prepared critical public health messages regarding matters such as unhealthy air quality; blue-green algae blooms in surface waters; bacterial sample results exceeding the primary contact recreation standard, hazardous material releases, and mercury events with exposures to the public.

4.7 Coordination of Programs

1. For coordination of environmental issues, Environmental Health Directors will help coordinate programs among the Districts as time and resources allow.
2. Representatives of the Districts will work with appropriate representatives of the DEQ when problems of mutual concern arise for which no agreement has been detailed in this document to determine a course of action.
3. Routine program meetings and discussions are desirable for both the Districts and the DEQ.


5. Protocols for Specific Programs

The roles and responsibilities of DEQ and the Districts, and the delegation of authority from DEQ to the Districts, with respect to specific programs are set forth in the following listed Protocols that are attached to, and incorporated as a part of this MOU.

- A. Subsurface Sewage Disposal
- B. Public Water Systems and Individual Drinking Water Facilities
- C. Solid Waste Management
- D. Sanitary Restrictions
- E. Pumpable Waste
- F. Water Pollution/Water Quality


This MOU shall be executed by the DEQ Director and the Public Health District Directors and replaces the Memorandum of Understanding dated Feb. 5, 2013. The term of this agreement shall be on-going unless otherwise revoked by any one of the signatory agencies following thirty (30) days written notice from the Director of the DEQ or the Chairman of the Idaho Association of Public Health District Directors. This agreement may be amended or extended through mutual written agreement of the parties. This agreement, when accepted by each agency, will be effective on the date of the DEQ Director's signature.

6. Signature Page




Jess Byrne
Director,
Department of Environmental Quality

Date: April 22, 2021




Carol Moehrle
Director,
Public Health – Idaho North Central District

Date: March 31, 2021



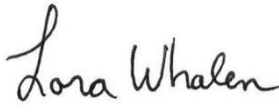
Russell A. Duke
Director,
Central District Health

Date: April 1, 2021




Maggie Mann
Director,
Southeastern Idaho Public Health

Date: March 31, 2021




Lora Whalen
Director,
Panhandle Health District

Date: April 20, 2021




Nikole Zogg
Director,
Southwest District Health

Date: April 8, 2021



Melody Bowyer
Director,
South Central Public Health District

Date: April 12, 2021



Geri L. Rackow
Director,
Eastern Idaho Public Health District

Date: April 12, 2021

Protocol A: Subsurface Sewage Disposal

The DEQ delegates the roles and responsibilities for subsurface sewage disposal as outlined in this MOU pursuant to the DEQ rules and guidance to the Districts. The subsurface sewage program regulations are the Individual/Subsurface Sewage Disposal Rules and Rules for Cleaning of Septic Tanks, IDAPA 58.01.03 (SSD Rules). Guidance is provided in the Technical Guidance Manual for Individual/Subsurface Sewage Disposal (TGM) and in the Nutrient Pathogen Evaluation Program for On-site Wastewater Systems.

The DEQ will:

1. Review plans and specifications for the following and provide written comment:
 - a. “Public Systems,” as defined in the SSD Rules.
 - b. “Large Soil Absorption Systems” as defined in the SSD Rules.
 - c. As requested by the Districts, the collection system only for those Central Systems that receive less than two thousand five hundred (2,500) gallons per day of blackwaste or wastewater, but that receive the blackwaste or wastewater from more than two (2) dwelling units or more than two (2) buildings under separate ownership. Collection system is the portion of the wastewater system or treatment facility in which wastewater is received from the premises of the discharger and conveyed to the point of treatment through a series of lines, pipes, manholes, pumps/lift stations and other appurtenances.
 - d. As requested by the Districts, TGM approved Alternative Systems in which the drainfield exceeds 1,500 square feet.
 - e. Septic Tank Effluent Pump (STEP) and Septic Tank Effluent Gravity (STEG) systems that discharge to wastewater collection systems with discharges to surface water or subsurface sewage disposal systems. The DEQ’s review will include the portions of the system downstream from the septic tank component(s). The Districts will be responsible for permitting and inspecting the septic tank component(s) of the system.
2. For any of those systems for which the DEQ reviews plans and specifications as set forth above, it shall provide comments to the Districts within 42 days of the date the plans and specifications were submitted to the DEQ. These comments are for use by the Districts in issuing or denying the individual or subsurface sewage disposal permits.
3. Review Alternative Systems that are not in the TGM through the Technical Guidance Committee and make decisions regarding the approval of such systems as provided in the SSD Rules.
4. Review all experimental system design plans and specifications, prior to the District issuing a permit.
5. Review the design of commercially manufactured blackwaste and wastewater treatment and storage components as provided in the SSD Rules, IDAPA 58.01.03.009 in conjunction with the Technical Guidance Committee.
6. Review and comment on standard operating procedures for Idaho Subsurface Sewage Disposal (revised 2018) upon request.
7. Periodically review subsurface sewage disposal system permit language upon request and provide written feedback.

8. Require nutrient-pathogen studies to be completed for Central Systems, and subdivisions with less than 5 acres per buildable lot, in nitrate priority areas and for Large Soil Absorption Systems.
9. When requested by the Districts, evaluate nutrient-pathogen studies for developments where the Districts have received an NP study. Provide written direction to the Districts concerning permitting limits associated with the proposed Central System or Large Soil Absorption System. Any pertinent comments or constraints will be defined in the documentation, which may include required minimum effluent quality, restrictions to drainfield and or well locations, or rejection of the project in its proposed configuration.
10. Perform annual audits assessing the Districts' performance in conducting site evaluations, issuing subsurface sewage disposal system permits, and completing inspections of subsurface sewage disposal systems. This will be conducted by the DEQ On-site Wastewater Coordinator.
11. Provide information on requirements for shallow injection wells and permitted systems with 20 or more people to Districts.
12. Provide periodic training on the SSD Rules to the Districts, and provide support for the Districts' Continuing Education training classes for the Septic System Installer's Licensing program at the request of the Districts.
13. Issue wastewater reuse permits for subsurface distribution of Class A through D wastewater under the Recycled Water Rules (IDAPA 58.01.17).
14. Post a list of installer registration permits on the DEQ webpage.

The Districts will:

1. Make permitting decisions pursuant to the SSD Rules and the TGM for all systems covered by the SSD Rules. Review of plans and specifications for those systems not reviewed by the DEQ, including:
 - a) the septic tank and drainfields for Central Systems as defined in IDAPA 58.01.03.003;
 - b) all other Standard Systems that are not Central, Public, or Large Soil Absorption Systems; and
 - c) approved Alternative Systems.
2. Perform onsite inspections of installed systems where a permit was issued by the Districts according to the most current SSD Rules, TGM, and Standard Operating Procedures. In rare circumstances when the Districts cannot be present for inspections of installed systems, the Districts may direct the installer to perform the inspection. The districts will ensure that any installer inspection of systems will include all necessary documentation.
3. Determine the site suitability for proposed subsurface sewage disposal systems as specified in the SSD Rules. The Districts shall provide the DEQ with a copy of the site evaluation report and subsurface sewage disposal application for each proposed Large Soil Absorption System.
4. Issue permits to installers of subsurface sewage disposal systems in accordance with the SSD Rules and the TGM. Send to the DEQ by March 1 a list of the installer registration permits and post on the Districts webpage a list of the installer registration permits issued or link to the DEQ webpage.

5. Provide Seepage Pit Permit documentation, as required in the SSD Rules, 58.01.03.008.11, to the DEQ.
6. Provide available information from the Districts' electronic databases on new and replacement subsurface sewage disposal permits to assist the DEQ in performing source water assessments or in assisting communities or public water systems in developing source water protection plans. The information provided to the DEQ will be limited to information that exists in these databases. New or unique data collection activities will not be required of the Districts to fulfill this commitment.
7. Issue tank only permits for projects with discharges to subsurface sewage disposal systems and not issue tank only permits for projects that discharge to municipal wastewater collection systems with land application or NPDES/IPDES permits.
8. Provide the DEQ with a copy of the Idaho Subsurface Sewage Disposal Standard Operating Procedures.

Enforcement—Sewage Disposal

1. The Districts will take appropriate action to enforce the SSD rules, including by taking all necessary administrative enforcement actions.
2. The Districts will be responsible for defending all administrative appeals of decisions by the Districts, which are brought before the Districts and the Districts' Boards of Health. The Districts will ensure all administrative appeals follow the appropriate administrative appeal process.
3. After exhausting all administrative remedies, the Districts may refer an enforcement matter related to implementing and enforcing the SSD rules to the local county prosecutor's office or to the DEQ. If referred to the DEQ, the Districts must use the Enforcement Referral Form (provided by DEQ) and provide any documentation related to the enforcement action to the DEQ. Due to statute of limitations concerns, the Districts should refer an enforcement matter to the DEQ no more than one year after the violation was discovered.
4. If the DEQ receives an enforcement referral from the Districts, the DEQ will use its enforcement discretion in determining whether to pursue additional administrative or civil enforcement action. If the DEQ decides to pursue the matter, the action will be considered a DEQ action and not a continuation of a District action.
5. Once the DEQ receives an enforcement referral from the Districts, the DEQ will notify the Districts of whether or not the DEQ will pursue the matter through additional action. If the DEQ determines not to pursue the matter, the Districts may choose to take additional action.
6. The DEQ reserves the right to initiate enforcement actions with respect to all persons or entities covered by the SSD rules without a referral when the DEQ determines, after consultation with the Districts, that DEQ action is necessary to protect public health and the environment. The DEQ will coordinate with the Districts in the event the DEQ determines that such action is necessary.
7. The DEQ will take the lead responsibility in defending the DEQ decisions regarding Nutrient Pathogen Studies.
8. The DEQ is responsible for enforcement actions associated with wastewater reuse permitting.

Protocol B: Public Water Systems (PWSs)

Contracts are utilized between the DEQ and the Districts for specific tasks in accordance with Idaho Code §§ 39-401 and 39-414(4). The DEQ and the Districts shall implement and conform to the most recent PWS Contract awarded. The PWS Contract is more detailed than this MOU, and in the event of a conflict, the PWS Contract terms shall prevail. Generally, the Districts supervise ground water PWSs with less than 25 service connections.

The DEQ will:

1. Review engineering and technical plans, specifications, and reports for public drinking water systems in accordance with Idaho Code §39-118.
2. Notify the appropriate district when new or revisions to source water assessments fall within their jurisdiction.
3. Ensure the Districts have the opportunity to be involved, as their resources allow, with the development of source water protection plans for public water systems within their jurisdiction.

The Districts will:

1. Provide available information from District office hard copy files or electronic storage media on public water systems that will assist the DEQ in performing source water assessments or in assisting communities or public water systems in developing source water protection plans. The information provided to the DEQ will be limited to information that exists in these storage formats. New or unique data collection activities will not be required or requested of the district to fulfill this commitment.

Protocol C: Solid Waste Management

This section outlines the roles and responsibilities of the agencies for the solid waste program. The governing laws are contained within the Idaho Solid Waste Facilities Act, Idaho Code § 39-7401 et seq. and the Solid Waste Management Rules, IDAPA 58.01.06. The Idaho Solid Waste Facilities Act, Idaho Code § 39-7401 et seq. provides specific authority to the DEQ and the Districts. These authorities are identified in subsection B. The Environmental Protection and Health Act, Idaho Code § 39-101 et seq. provides the DEQ the authority to promulgate rules to deal with problems related to solid waste management. Idaho Code § 39-414 provides that the District Board of Health may assume authority delegated to it by the DEQ and provides the DEQ the authority to delegate responsibilities to the District Board of Health.

A. Municipal Solid Waste Landfill (MSWLF) Sites

The DEQ will:

1. Inform the Districts of proposed facilities, sites, and systems and provide copies of relevant correspondence.
2. Issue certification letter of suitability for prospective MSWLFs to MSWLF applicants as prescribed in Idaho Code § 39-7401 et seq.
3. Issue commercial solid waste siting licenses as prescribed in Idaho Code § 39-7401 et seq.
4. Approve or disapprove final design including point of compliance, ground water monitoring program, alternative daily cover, alternative final cover, alternative closure, and alternative post-closure care requirements and financial assurance plans for MSWLFs.
5. Approve final surface grade of fill area if slope exceeds 15 percent.
6. Provide the Districts with locations of mapped MSWLFs and any associated data.
7. Serve as lead agency when scheduling and conducting jointly with the Districts the mandatory 3 – 5 year reviews of MSWLFs as set forth in Idaho Code § 39-7419.
8. Provide courtesy reviews and submit comments to the Districts on operation plans, closure, and post-closure plans as resources and staff availability allow.
9. Provide the Districts with copies of approved site certification applications, design plans, and approval letters.
10. Refer issues regarding operations, closure, and post-closure to the Districts.
11. Perform all other activities for which the DEQ is authorized under the Idaho Solid Waste Facilities Act, Idaho Code § 39-7401 et seq.

The Districts will:

1. Participate in periodic solid waste meetings.
2. Support solid waste regulatory interpretations and other decisions or recommendations.
3. Approve or disapprove MSWLF Operation Plans including plans for the disposal of processed waste tires in accordance with the Waste Tire Disposal Act. The approval process shall be conducted in a manner similar to the site certification process set forth in Idaho Code § 39-7408.

4. Approve or disapprove MSWLF Closure and Post-closure plans. The approval process shall be conducted in a manner similar to the site certification process set forth in Idaho Code § 39-7408.
5. Require MSWLF personnel to contact the DEQ prior to open burning as defined in Idaho Code § 39-7403(33) as part of any approved operation plan.
6. As needed, prepare and/or adopt technical guidance to meet operations, closure and post closure, except with respect to those alternative plans that need the DEQ prior approval.
7. Review and recommend to the DEQ approval or denial of alternative operating plans and alternative closure and post-closure plans.
8. Provide the DEQ with corrections or updates on locations of MSWLF sites and any associated data.
9. Conduct routine unannounced inspections of MSW landfills at least annually, as staff and resources allow.
10. Recertify operating procedures at intervals of no more than three years as specified in Idaho Code § 39-7419(2).
11. Conduct jointly with the DEQ the mandatory three to five year reviews of MSWLFs by Idaho Code § 39-7419.
12. Inspect MSWLF sites at time of closure, prior to removal of any earth-moving or solid waste processing equipment.
13. Provide courtesy reviews and submit comments to the DEQ on site certification applications and design plans as resources and staff availability allow.
14. Provide the DEQ with copies of approved operating plans, closure plans, post-closure plans and approval letters.
15. Work with counties and cities on solid waste management issues and refer any issues falling under the DEQ jurisdiction to the DEQ.
16. Perform all other activities for which the Districts are authorized under the Idaho Solid Waste Facilities Act, Idaho Code § 39-7401 et seq.

B. All Non-Municipal Solid Waste Facilities (NMSWFs) and Activities

The DEQ will:

1. In accordance with the Solid Waste Management Rules, IDAPA 58.01.06, review, approve, or disapprove siting and design applications, including review of plans and specifications for new or modified NMSWFs to assure that they will not cause or contribute to the pollution of air, surface water, or ground water. In accordance with the Solid Waste Management Rules, IDAPA 58.01.06, review, approve, or disapprove operations, closure and post-closure applications, including review of plans and specifications for new or modified Non-Hazardous Solid Waste Impoundments (NSWIs). Notify the Districts when reviewing siting of new or modified facilities.
2. Upon written request from city council or board of county commissioners, issue written authorization in compliance with Idaho Code § 39-6502 for waste tire storage sites.

3. Upon written request from city council or board of county commissioners, administer financial assurance for waste tire storage sites in compliance with Idaho Code § 39-6502.
4. Issue air permits, when required, for incinerators or compost facilities.
5. Approve or disapprove any other beneficial use, reuse or recycling of waste tires, chips or similar materials from waste tires.
6. Provide the Districts with locations of mapped Non-Municipal Solid Waste sites and any associated data.
7. Provide courtesy reviews and submit comments to the Districts on operation plans, closure and post-closure plans, excluding NSWIs and Privately owned NMSWFs, as resources and staff availability allow.
8. Provide the Districts with copies of approved site applications, design plans and approval letters.
9. Due to DEQ's specific technical expertise, DEQ will conduct unannounced NMSWF annual inspections, and investigate complaints relating to stand alone NSWI and privately owned NMSWFs. When a NSWI is part of a County owned NMSWF, DEQ will lead the NSWI portions of the unannounced NMSWF annual inspection, and investigate complaints relating to issues associated with the NSWI.

The Districts will:

1. Approve or disapprove applications for the operation, closure and post-closure care plans for NMSWFs, excluding NSWIs and privately owned NMSWFs.
2. Provide regulatory oversight of the operations including unannounced annual inspections of NMSWFs, excluding NSWIs and privately owned NMSWFs, as staff and resources allow.
3. Provide inspection reports and copies of all enforcement correspondence to the DEQ.
4. Be the lead agency for requirements relating to closure and post-closure of NMSWFs, excluding NSWIs and privately owned NMSWFs.
5. Provide the DEQ with copies of approved operations plans, closure, closure/post-closure plans, and approval letters.
6. Provide the DEQ with corrections or updates on locations of County owned NMSWFs sites and any associated data.
7. Provide courtesy reviews and submit comments to the DEQ on site approval applications and design plans as resources and staff availability allow.
8. Work with counties and cities on solid waste management issues, and refer any issues falling under the DEQ jurisdiction to the DEQ.
9. Refer complaints relating to NSWI and privately owned NMSWFs activities to the DEQ

C. Enforcement—Solid Waste

The DEQ will:

1. Provide reports and copies of all enforcement correspondence to the Districts for all solid waste sites, unless determined to be attorney-client confidential.
2. Be the lead agency for corrective action under the Solid Waste Management Rules, IDAPA 58.01.06, where standards for ground water, surface water, or air are being violated.

3. Enforce all aspects of site, design, ground water monitoring and financial assurance requirements.
4. Evaluate, at the DEQ Regional Office level, all NMSWF enforcement referral packages submitted by the Districts and recommend to the program office a specific course of action. The Regional Administrator will: recommend to the program office whether or not the referred enforcement case is within the areas of this MOU; validate whether or not reasonable efforts were expended to resolve the issue at the local level; and, evaluate whether or not the enforcement referral package contains adequate data to support a formal enforcement action, and, when applicable, evaluate whether the matter requires DEQ resources or expertise. The DEQ Regional Administrator will make a recommendation to the program office to resolve the issue at the regional level or refer the case to the DEQ State Solid Waste Program Office for formal enforcement. The Solid Waste Program Office has final determination on all enforcement issues.
5. Provide timely notice to the respective district prior to conducting routine unannounced inspections for all solid waste sites.
6. Provide the Districts written documentation of any potential operational, closure or post-closure violations for all solid waste sites.
7. Upon referral from a district, take enforcement responsibility for disposal sites that have not received site certification per IDAPA 58.01.06

The Districts will:

1. Provide inspection reports and copies of all enforcement correspondence to the DEQ regional office solid waste contact.
2. For MSW Landfills enforce all aspects of operation, closure and post closure pursuant to Idaho Code § 39-7406(c). Except, however, the Districts may request, and DEQ may accept a timely enforcement referral package in the format provided by the DEQ from the District Director to the appropriate DEQ Regional Administrator if unable to get resolution at the local level through education and technical assistance, and DEQ resources or technical expertise is required.
3. For NMWSFs provide a timely enforcement referral package in the format provided by the DEQ from the District Director to the appropriate DEQ Regional Administrator if unable to get resolution at the local level through education and technical assistance.
4. Make staff available for consultation/participation for enforcement cases as requested by the DEQ. These activities could include participation in compliance conferences, as deemed necessary by the DEQ Regional Administrator, and participation in civil or criminal actions as requested by the DEQ State Solid Waste Program Office.
5. Provide written documentation to the DEQ of any potential design or ground water monitoring violations for all solid waste sites.
6. Investigate open dumps and attempt resolution through education and technical assistance.

Protocol D: Sanitary Restrictions

The DEQ delegates authority for the lifting or re-imposition of sanitary restrictions to the Districts for water and sewer systems as outlined below and pursuant to the procedures specified in Idaho Code § 50-1326 through 1329 and § 50-1334. When re-imposition of sanitary restrictions is required, the agency that was responsible for the review of plans and specifications and other information necessary to release sanitary restrictions is the responsible agency.

The DEQ will:

1. For public water and any wastewater systems for which the DEQ has reviewed plans and specifications, provide to the Districts a letter that will or will not recommend release of sanitary restrictions, and that indicates the form of the certificate of approval required on the plat.
2. Issue guidance on the approval for all sewer and water extension projects that are reviewed and approved for construction by the qualified licensed professional engineer (QLPE).
3. Initiate re-imposition of sanitary restrictions as provided in Idaho Code § 50-1326 for the public water and wastewater systems for which the DEQ has reviewed plans and specifications. Sanitary restrictions shall be re-imposed if construction is not in compliance with approved plans and specifications, or the facilities do not substantially comply with regulatory standards in effect at the time of facility construction pursuant to Idaho Code § 50-1326.
4. Ask the Districts to assist the DEQ or act on the DEQ's behalf with respect to the re-imposition of sanitary restrictions for systems for which the DEQ has reviewed plans and specifications. In the event the DEQ makes such a request, the DEQ shall provide adequate support to the Districts.

The Districts will:

1. For those public water and any wastewater systems for which the DEQ has reviewed plans and specifications, ensure that the certificate of approval in the form identified by the DEQ is placed on the final plat and sign the final plat as is required under Idaho Code § 50-1326. The certificate of approval for these systems shall not be signed until the District receives a letter from the DEQ recommending the release of sanitary restrictions.
2. For those water and sewer systems for which the Districts have reviewed plans and specifications or other information, issue to the owner or other responsible party the certificate of approval and ensure that the certificate of approval is signed on the final plat as is required under Idaho Code § 50-1326. The water systems addressed in this paragraph include those individual water facilities identified in Idaho Code § 50-1326.
3. Utilize the checklist located in the Land Development SOP for review of subdivisions served by shared well water systems expected or anticipated to serve less than 15 connections and less than an average of 25 people daily for at least 60 days out of the year. No DEQ engineering review would be conducted on well water system expected or anticipated to serve less than 15 connections and less than an average of 25 people daily for at least 60 days out of the year. District responsibilities are only to assure that the checklist is properly completed by the developer.

4. For those water and sewer system extensions for which a qualified licensed professional engineer (QLPE) has reviewed plans and specifications as provided in Idaho Code § 39-118(2)(d), and for which the DEQ has issued the general certificate of approval, ensure that the certificate of approval in the form identified by the DEQ is placed on the final plat and sign the final plat as is required under Idaho Code § 50-1326. The Districts must receive QLPE letter(s) for both water and sewer extensions.
5. Initiate re-imposition of sanitary restrictions as provided in Idaho Code § 50-1326 for the water and sewer systems for which the Districts have reviewed plans and specifications or other information. Sanitary restrictions shall be re-imposed if construction is not in compliance with approved plans and specifications, or the facilities do not substantially comply with regulatory standards in effect at the time of facility construction pursuant to Idaho Code § 50-1326.

Protocol E: Pumpable Waste

The DEQ delegates authority for inspection, approval, and permitting of pumpable waste as described below and as per the Water Quality Standards, IDAPA 58.01.02; the Solid Waste Management Rules, IDAPA 58.01.06; the Individual/Subsurface Sewage Disposal Rules and Cleaning of Septic Tanks, IDAPA 58.01.03; the Wastewater Rules, IDAPA 58.01.16; and the Recycled Water Rules, IDAPA 58.01.17.

The domestic septage program regulations are specified in the Individual/Subsurface sewage Disposal Rules and Cleaning of Septic Tanks, IDAPA 58.01.03. Guidance for this program is also found in the “Technical Guidance Manual for Individual/Subsurface Sewage Disposal Systems” and the “Management of Pumpable Waste in Idaho” documents.

A. Solid Waste (examples: grease traps, sand traps, car wash sumps...)

Pumpable waste sites not covered below under Protocol E subsections B, C, or D, are regulated under the Solid Waste Management Rules and will be handled by DEQ and the Districts as outlined in the solid waste section of this MOU.

B. Domestic Septage

Activities associated with domestic septage are authorized by the Individual/Subsurface Sewage Disposal Rules and Cleaning of Septic Tanks, (IDAPA 58.01.03). The authority for implementing this program is partially delegated to the Districts as set forth below.

The DEQ will:

1. Approve the method and location of domestic septage disposal under the Individual/Subsurface Sewage Disposal Rules and Cleaning of Septic Tanks, IDAPA 58.01.03, if the disposal location is used for ongoing applications from one or more septic tank pumpers.
2. Approve operation plans and provide inspections at approved domestic septage disposal sites.
3. Post a statewide list of permitted septic tank pumpers on to the DEQ webpage.

The Districts will:

1. Approve the method and location of one-time disposal of domestic septage.
2. Provide inspections at one-time approved domestic septage disposal sites.
3. Inspect and permit domestic septic tank pumpers.
4. Send to the DEQ, by March 15th of each year, a list of septic tank pumpers who have been issued a permit for the current year, including disposal methods and locations. The names of pumpers licensed after March 1 and their disposal methods will be forwarded to the DEQ at the time of permitting.
5. Post on the Districts’ webpage a list of the permitted septic tank pumpers or a link to the DEQ webpage.

C. Municipal Biosolids Land Application

The DEQ will review and either approve or disapprove municipal biosolids sites as managed under section 650 of the Wastewater Rules, IDAPA 58.01.16.

The Districts will forward all inquiries for municipal biosolids to the DEQ regional office engineering manager.

D. Wastewater Land Application and Wastewater Reuse

The DEQ will:

1. Issue wastewater reuse permits for municipal and industrial wastewater reuse sites.
2. Interpret the Recycled Water Rules, IDAPA 58.01.17 and provide advice on implementation of these rules for proposed development.

The Districts will refer all wastewater land application and wastewater reuse proposals or submittals to the DEQ regional office engineering manager.

E. Enforcement—Pumpable Wastes

The DEQ will:

1. Provide reports and copies of all enforcement correspondence relating to solid waste and domestic septage to the Districts.
2. Be the lead agency for corrective action under the Individual/Subsurface Sewage Disposal Rules and Cleaning of Septic Tanks, IDAPA 58.01.03, when pumpers are land applying domestic septage without a disposal site approval or are not in compliance with the approved operations plan.
3. Provide the Districts with copies of any enforcement guidance.
4. Will enforce all aspects of domestic septic tank pumper rules, including revocation, or suspension of permits upon an appropriate enforcement referral from the Districts.
5. Provide for enforcement relating to pumpable wastes managed as solid wastes in accordance with the solid waste section of this MOU.

The Districts will:

1. Provide inspection reports along with copies of all enforcement correspondence to the DEQ.
2. Permit and conduct vehicle inspections for domestic septage.
3. Utilize available enforcement guidance (<https://www.deq.idaho.gov/media/60184534/final-enforcement-procedures-manual-070820.pdf>) when developing potential enforcement cases.

Protocol F: Water Pollution / Water Quality

This section outlines certain roles and responsibilities for addressing water pollution and water quality. The DEQ has responsibilities to protect surface and ground water quality.

A. Surface Water Quality

The DEQ will:

1. Conduct water pollution surveys in areas of concern and provide copies of studies to the Districts.
2. Work cooperatively with the Districts regarding sources of water pollution under the delegated authorities of this MOU.
3. Interpret any surface water samples collected by the Districts for compliance with the Water Quality Standards (IDAPA 58.01.02) and will advise the Districts when it is appropriate to conduct or post public health notices at recreation sites.
4. Fulfill DEQ's role as detailed in the Harmful Algal Bloom (HAB) response protocol.

The Districts will:

1. Notify the DEQ regarding available information on new, suspected, or known point and non-point sources of water pollution and work cooperatively under the DEQ's direction regarding the identified sources of water pollution.
2. At their discretion, conduct public health surveys including sampling of surface waters for *E. coli*, or other pathogens as appropriate, only in known areas where primary contact recreation occurs (beach surveys). The Districts will not sample surface waters in areas of secondary contact recreation unless under direct coordination with the Regional Office, Surface Water Quality Program Manager.
3. Provide assistance when possible with public health outreach under advisement from the DEQ regarding primary contact recreation sites.
4. Fulfill the District's role as detailed in the Harmful Algal Bloom (HAB) response protocol.

B. Ground Water

The ground water quality act directs all state agencies to incorporate the adopted ground water quality protection plan in the administration of their programs (I.C. § 39-126). This section of the Idaho Code also directs cities, counties, and other political subdivisions of the state to incorporate the ground water quality protection plan in their programs and authorizes and encourages them to implement ground water quality protection policies within their respective jurisdictions.

Idaho Code § 39-126 further states that whenever a state agency, city, county, or political subdivision of the state issues a permit or license which deals with the environment, the entity issuing the permit or license shall take into account the effect the permitted or licensed activity will have on the ground water quality of the state and may attach conditions to the permit or license in order to mitigate potential or actual adverse effects from the permitted or licensed activity on ground water quality of the state.

Administration of the Individual/Subsurface Disposal Rules and Cleaning of Septic Tanks includes aspects of both public health protection and protection of surface and ground water quality. Acceptance of delegation of this program includes the DEQ authority to protect surface and ground water quality.

The DEQ will:

1. Notify the appropriate district when ground water quality monitoring results of drinking water wells detect contaminants in excess of the drinking water standards.
2. Notify the appropriate district when aquifers or parts of aquifers are being proposed for recategorization or designation as a ground water quality management area.
3. Provide the Districts with information on the utilization and implementation of the Idaho Ground Water Quality Rule.
4. Work to develop a central repository for ground water quality data and provide the Districts with a format for providing data.
5. Provide guidance to the Districts on standard operating procedures for collecting a ground water quality sample.
6. Conduct activities in accordance with the January 2020 (or more recent if available) Idaho Ground Water Protection Interagency Cooperative Agreement when possible.

The Districts will:

1. Provide technical assistance to private well owners as requested and as resources allow.
2. Collect ground water quality samples in accordance with the district standard operating procedures.
3. Regarding ground water activities in which the Districts are involved, provide location information using GPS technology along with any analytical data, when available; and record IDWR well tag information if available. If the IDWR well tag information is not available, then the Districts may, at their discretion, attach the IDWR well tag (with owner permission) and record information. The importance of well tags is that they provide a unique identifier for the sampled wells.
4. Assist the DEQ in the development of a DEQ central repository for ground water quality data and designate a contact person for transfer of water quality data to the DEQ.
5. Conduct activities in accordance with the January 2020 (or more recent if available) Idaho Ground Water Protection Interagency Cooperative Agreement.



MEMORANDUM

TO: Russell A Duke, Idaho Association of Public Health District Directors

FROM: Jess Byrne, Director of the Department of Environmental Quality *Jess Byrne*

DATE: 07/16/2025

SUBJECT: Response to health district's request for DEQ to regulate operations of privately owned nonmunicipal solid waste facilities.

The Idaho Solid Waste Facilities Act (Idaho Code § 39-74) grants Idaho primacy to manage the Municipal Solid Waste Landfill Permitting Program. The act specifies roles and responsibilities for counties, health districts, and the Idaho Department of Environmental Quality (DEQ). The health districts oversee the operations, closure, and post-closure of municipal solid waste facilities (MSWFs), while DEQ oversees site certification, design, and financial assurance.

In 1993, the Idaho Legislature approved the "Solid Waste Management Rules" (IDAPA 58.01.06), which required health districts to approve certain solid waste facilities outside their authority, such as conditional use permits for composting facilities. To better align IDAPA 58.01.06 with Idaho Code § 39-74 and provide objective criteria, negotiated rulemaking was initiated in the late 1990s.

In 2003, the legislature approved the revisions to IDAPA 58.01.06. The health districts and DEQ discussed implementation of the rules and agreed that the roles/responsibilities under the rules should mirror those outlined in Idaho Code § 39-74 to avoid confusion by the regulated community and the public. Those roles and responsibilities have not changed since 2003. Though it is not lost on anyone that HB316 significantly changed many areas of responsibility for health districts, it did not modify the roles and responsibilities outlined in § 39-74.

In your emails to me, the health districts are proposing changes to Section 5. Protocol C. B related to non-municipal solid waste facilities and activities. Under this proposal, it appears that health districts will maintain operation, closure and post-closure oversight for county owned non-municipal solid waste facilities (NMSWFs), excluding nonhazardous solid waste impoundments (NSWI) and privately owned NMSWFs while DEQ would assume operations, closure and post-closure oversight of privately owned NMSWFs and NSWIs. Health districts would also continue to approve/disapprove applications for operation of NMSWFs, excluding NSWIs and privately owned NMSWFs while DEQ would approve/disapprove applications for privately owned NMSWFs and NSWIs.

DEQ does not support the proposed changes where the health districts would continue oversight of county owned NMSWFs and DEQ would oversee privately owned NMSWFs for the following reasons.

1. Implementing these changes may give the appearance that the health districts and DEQ are treating privately owned NMSWFs differently than publicly owned facilities. While DEQ's Solid Waste Program strives for consistency across the state, each health district has a board that directs the respective district's activities. Within a district, privately owned facilities overseen by DEQ may feel they are regulated differently than county-owned facilities. Additionally, making this change could lead to claims of DEQ and the health districts acting arbitrary or capricious.
2. DEQ believes at least one privately owned NMSWF is leased by a county. In this situation, the county may want the health district to oversee operations and closure/post-closure because they view DEQ as more stringent. There may also be county-owned facilities where private entities are contracted to operate the facility or certain activities on the facility. The state also has NMSWFs owned by solid waste districts. These are not county-owned or privately owned.
3. When IDAPA 58.01.06 was revised in 2003, the seven health districts and DEQ established roles and responsibilities for NMSWFs that mirrored those for MSWLFs as established in Idaho Code § 39-74. Implementing these proposed changes without input from the public may frustrate and confuse the public and NMSWF owners/operators. For example, complainants may feel they are getting the run-around when contacting DEQ or the health districts about NMSWF issues if they do not understand that they are regulated differently based on ownership.
4. Neither the health districts nor DEQ have the resources to fully regulate NMSWFs, but splitting oversight based on ownership could add more workload to both agencies trying to ensure county owned and privately owned facilities are regulated equally.

DEQ believes the health districts should continue oversight of all NMSWFs or DEQ should assume oversight of all NMSWFs activities to ensure consistent application of the rules and avoid the appearance of treating facilities differently based on ownership. DEQ also believes that this decision should include conversations with a broader stakeholder group. DEQ is open to further discussions on this should the health districts wish to discuss this issue.