

Central District Board of Health Meeting | Agenda
707 N. Armstrong Pl, Boise, ID 83704
Friday, October 18, 2024 | 8:30 a.m.

The meeting will also be live on YouTube (see below) and available on our website for later viewing. Public comment will be accepted as noted on the agenda. People wishing to speak will have a maximum of three (3) minutes.

A = Board Action Required	I = Information Item
8:30 I Call board meeting to order and roll call	Comr. Elt Hasbrouck, Chair
8:32 A Call for changes to agenda; vote to approve of agenda	Comr. Elt Hasbrouck, Chair
8:34 A Discuss and vote on August 16, 2024, Board of Health minutes	Comr. Elt Hasbrouck, Chair
8:36 I Provide and review FY-2025 financial report	Laurel McMahan, Staff
8:45 I Provide and discuss plan to evaluate CDH mobile clinic	Laurel McMahan, Staff
9:10 I Review resolutions submitted by Health Districts after the August 16 Board Meeting	Russ Duke, District Director
9:25 I Get Healthy Idaho Elmore County community emergency medical services	Curtis Loveless, Staff Courtney Kelly, Staff
9:40 I CDH performance dashboard	Laurel McMahan, Staff Ed Castro, Staff
10:05 I Director's Report Update on Idaho Association of District Boards of Health	Russ Duke, District Director
10:15 A Vote to enter Executive Session for the District Director's evaluation under Idaho Code 74-206(1)(b) "To consider the evaluation, dismissal or disciplining of, or to hear complaints or charges brought against, a public officer, employee, staff member or individual agent, or public-school student." A Discuss and vote on any actions, if needed, to be taken after returning to regular session.	Comr. Elt Hasbrouck, Chair
11:00 I Public Comment. Limited to three (3) minutes. Additional time at the discretion of the chair.	Comr. Elt Hasbrouck, Chair
11:15 I Adjournment	Comr. Elt Hasbrouck, Chair

Ada & Boise County

707 N. Armstrong Pl. Boise, ID 83704
208-375-5211

Elmore County

520 E. 8th N. Mountain Home, ID 83647
208-587-4407

Valley County

703 1st St. McCall, ID 83638
208-614-7194

Note: The board will take a break as needed.

Next Meeting: Friday, December 20, at 8:30 a.m.



Public Comments and Viewing

Submit Written Comments: If your comments are in response to an agenda item for a specific meeting date, please note that comments must be received 24-hours in advance of the applicable meeting to allow for routing and board member review. All messages will be shared with the Board and included in public record. Email: boh@cdh.idaho.gov; or Mail to: CDH Board of Health, Attn: Russ Duke, 707 N. Armstrong Place, Boise, ID 83704. **View meetings live at:** <https://www.youtube.com/channel/UC4LJ1BM5Jv3zczecnYkXarw/>

CENTRAL DISTRICT HEALTH BOARD OF HEALTH REGULAR MEETING | MINUTES - DRAFT
707 N. Armstrong Place, Boise, ID 83704 | Syringa Conference Room
Friday, August 16, 2024 ~ 8:30 a.m.

View meetings live at youtube.com/channel/UC4LJ1BM5Jv3zczecnYkXarw/

Call board meeting to order and roll call – *Comr. Elt Hasbrouck, Chair*

Commissioner Elt Hasbrouck, Board Chair, called the Central District Health (CDH) Board of Health meeting to order at 8:30 a.m. The board members were identified by roll call: Commissioner Elt Hasbrouck, Chair; Dr. Jane Young (absent); Dr. Ryan Cole; Dr. Greg Ferch; Commissioner Clay Tucker, Vice Chair; Betty Ann Nettleton, RN (Ret), Trustee; and Commissioner Crystal Rodgers.

Guests and staff in attendance were Mike Kane, Legal Counsel; Russ Duke, District Director; Donna Mahan, Recorder; Laurel McMahan; Curtis Loveless; Natasha Ferney; Victoria O'Dell; Jessica McClenahan; and Trent Young.

Call for changes to agenda; vote to approve of agenda – *Comr. Elt Hasbrouck, Chair*

Chair Elt Hasbrouck identified the new agenda items, CDH's role in the childcare licensing process, and participation in PRIDE prior to proposing a motion to approve the amended agenda as presented.

Motion: Chair Elt Hasbrouck moved to approve the amended agenda as presented. Betty Ann Nettleton seconded. There was no further discussion; motion carried.

Discuss and vote on May 10, 2024 Board of Health minutes – *Comr. Elt Hasbrouck, Chair*

Chair Elt Hasbrouck asked for approval of the May 10 minutes as presented.

Motion: Betty Ann Nettleton moved to approve the May 10, 2024 board minutes as presented. Commissioner Clay Tucker seconded. There was no further discussion; the motion carried.

Vote to enter Executive Session under Idaho Code 74-206(1)(f) to discuss pending litigation –
Comr. Elt Hasbrouck, Chair

Chair Hasbrouck asked for a motion to go into executive session under Idaho Code 74-206(1)(f) "To communicate with legal counsel for the public agency to discuss the legal ramifications of and legal options for pending litigation, or controversies not yet being litigated but imminently likely to be litigated." He asked Mike Kane, Legal Counsel, and Russ Duke, District Director, to remain in the meeting during the executive session.

Motion: Dr. Ryan Cole called for a motion to go into executive session under Idaho Code 74-206(1)(f), as stated by Chair Elt Hasbrouck. Betty Ann Nettleton seconded. Commissioner Elt Hasbrouck, Dr. Ryan Cole, Dr. Greg Ferch, Commissioner Clay Tucker, Betty Ann Nettleton, and Commissioner Crystal Rodgers stated their name and voted. Motion carried.

The board entered Executive Session at 8:33 a.m. and resumed the regular business meeting at 9:23 a.m.

No further action was brought before the board.

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Provide status report on measles in the United States – Victoria O'Dell, Staff

With the uptick in measles in the United States but no cases in Idaho, Victoria O'Dell, a staff epidemiologist, provided the board with general measles information. Measles is a viral illness spread through infectious droplets or by airborne spread. It is very contagious and a reportable disease. CDH's role is to monitor and investigate measles to help decrease the spread when community members have either contracted it or been exposed to it. Individuals experiencing symptoms, possible exposure, or having concerns are encouraged to consult their healthcare provider.

Discuss a retention incentive plan for Central District Health (CDH) employees to be included in the Cash Carryover Designations – Russ Duke, District Director

In advance of the discussion and approval of the cash carryover designations, Russ asked the board to consider approving a retention incentive plan again this year. The incentive amount will be based on the continuous length of service with CDH. Staff must be actively employed as of December 20, 2024, and have not submitted their resignation or retirement notice. The incentive amounts are based on years of service: \$500 for less than 6 months, \$1,000 for 6 months to less than 3 years, and \$2,000 for 3 or more years. If approved, the retention payout will be included in the first check of 2025, paid on January 3.

Provide and review fiscal year 2024 yearend financial reports – Laurel McMahan, Staff

At the end of fiscal year 2024, our total revenue exceeded the budget by 4%, and our expenditures were 5% under budget. The yearend FY-2024 Cash Balance Statement and Reserve Report at the end of June reflected a total cash balance of \$11,140,228. The total reserve fund designation was \$5,918,86, and restricted funds totaled \$4,354,066, leaving an undesignated cash balance of \$867,298.

Discuss and vote on cash carryover designations – Laurel McMahan, Staff

With the FY-2024 yearend total cash balance being \$11,140,228, Laurel presented the FY-2025 carryover and reserve fund proposal for approval. During the discussion, the board requested that the proposed \$80,000 conference room furniture upgrade be removed from the special project list and moved to the undesignated available cash balance, bringing that balance from \$19,388 to \$99,388.

Motion: Dr. Greg Ferch made a motion to move the \$80,000 for the conference room furniture upgrade to the undesignated available cash balance, approving the remaining carryover request as presented. Dr. Ryan Cole seconded. There was no further discussion; motion carried.

Provide and review fiscal year 2025 financial report – Laurel McMahan, Staff

The FY-2025 Budget to Actual for July 2024 report reflected that we are 8.33% through this budget fiscal year. Total revenues are 8% of the budget. Fees are 8%, contracts are 14%, and county contributions are 1%. Total expenditures are at 8%. Personnel costs are 7%, and operating costs are 11%. Capital costs are 1%, and trustee and benefits costs are 3%. The FY-2025 Cash Balance Statement and Reserve Report at the end of July reflected a total cash balance of \$10,719,085. The total reserve fund designations are \$5,617,000, with a restricted fund amount of \$4,574,230, leaving an undesignated/unrestricted balance of \$527,855.

The board wants to continue working toward purchasing a mobile medical clinic to serve our rural communities. Laurel will provide a report on this subject at the October board meeting.

Provide information on childcare and CDH's role – *Curtis Loveless and Natasha Ferney, Staff*

Curtis Loveless and Natasha Ferney provided insight into the functioning of the Idaho Department of Health and Welfare (IDHW) Idaho Child Care Program and the role of Central District Health in the childcare licensing process. Under a contractual agreement with IDHW, CDH is responsible for performing health and safety inspections and follow-ups, conducting complaint investigations and follow-ups, conducting facility plan reviews, and providing technical assistance and consultations.

Idaho Code requires an annual inspection for all childcare facilities statewide, which CDH carries out for its district. Currently, CDH inspects 660 childcare facilities, performing between 800 and 900 inspections annually including follow-up and complaint inspections. Fees are established by Idaho statute that we are required to charge and vary according to facility size.

Discuss and vote on CDH participation in PRIDE 2024 – *Laurel McMahan, Staff*

Central District Health has participated in the past as a vendor at Boise Pride, enabling us to showcase our diverse services and offering outreach to both families and individuals. With Pride scheduled for September, Laurel indicated that CDH would like to continue our outreach through this venue. Given that the registration fee has increased to \$2,000 this year, CDH asked for board approval to participate as a vendor. The board reiterated support for vendor participation but clarified that it would not support being a sponsor of Pride 2024.

Motion: Dr. Ryan Cole motioned to approve participating as a vendor only at the Boise Pride in September. Commissioner Crystal Rodgers seconded. There was no further discussion; motion carried.

Discuss and vote on employer's portion of Social Security – *Laurel McMahan, Staff*

If CDH employees vote to discontinue participation in Social Security, the board examined two options regarding the employer's 6.2% Social Security contribution: either making contributions directly to staff's PERSI Choice 401(k) without a match or with a match required from employees.

Motion: Dr. Greg Ferch motioned to contribute the employer's portion of 6.2% directly to the staff's PERSI Choice 401(k) without requiring a match. Dr. Ryan Cole seconded. There was no further discussion; motion carried.

Review and vote on resolutions – *Russ Duke, District Director*

The board reviewed resolutions that are up for archiving in preparation for the Idaho Association of District Boards of Health (IADBH) annual meeting in October. These resolutions can be renewed with or without modification.

Public Health District 7 is set to introduce a new resolution on solid waste disposal aimed to either remove the public health districts from Idaho Code or clarify the roles pertaining to solid waste disposal for the Department of Environmental Quality and public health districts.

Russ presented a resolution on WIC for the board's consideration. After reviewing Russ's proposed resolution to increase WIC participation in Idaho through data acquisition from the Department of Health and Welfare and a DHW systems change to facilitate enrollment, the board agreed to move this resolution forward to IADBH.

Motion: Betty Ann Nettleton motioned to approve the proposed WIC resolution to present at IADBH as presented. Commissioner Crystal Rodgers seconded. There was no further discussion; motion carried.

Director's Report – *Russ Duke, District Director*

Upcoming director's performance review

In preparation for the director's annual performance evaluation at the October board meeting, a questionnaire will be sent to board members and members of the leadership team. All staff will be asked to complete the annual culture survey.

Public Comment – *Comr. Elt Hasbrouck, Chair*

No public comments were brought before the board.

Adjournment – *Comr. Elt Hasbrouck, Chair*

The next Board of Health meeting will be on Friday, October 18, 2024, starting at 8:30 a.m. at the Boise office. The board adjourned at 12:24 p.m.

Attest:

Commissioner Elting Hasbrouck
Board Chair

Russell A. Duke, District Director
Secretary to the Board of Health

Date approved: _____

FY 2025 Budget to Actual Report

July 2024 - September 2024

Fiscal Year % Elapsed **25.00%**

REVENUES:	FEES			CONTRACTS			OTHER			TOTAL REVENUE		% to Budget
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	
Administration	0	0	0%	90,600	108,822	120%	0	0	0%	90,600	108,822	120%
Support Services	0	0	0%	59,300	0	0%	35,600	-14,447	-41%	94,900	-14,447	-15%
Community and Environmental Health	1,456,300	236,137	16%	5,139,700	1,750,638	34%	713,800	734,322	103%	7,309,800	2,721,097	37%
Family and Clinic Services	504,200	148,974	30%	3,411,300	1,050,555	31%	19,200	266	1%	3,934,700	1,199,795	30%
DISTRICT TOTAL	1,960,500	385,112	20%	8,700,900	2,910,015	33%	768,600	720,141	94%	11,430,000	4,015,267	35%
							County Contributions			5,511,800	2,089,919	38%
							Interest Revenue			637,500	126,221	20%
							Restrict/Reserve			474,400	0	0%
							REVENUE:			18,053,700	6,231,407	35%
							TOTAL FUNDING:			18,053,700	6,231,407	35%

EXPENDITURES:	PERSONNEL			OPERATING			CAPITAL			TRUSTEE & BENEFITS			TOTAL EXPENDITURES		% to Budget
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	
Administration	572,400	157,840	28%	186,900	55,850	30%	0	0	0%	5,500	0	0%	764,800	213,690	28%
Support Services	1,773,700	460,372	26%	670,600	347,733	52%	464,000	16,784	4%	0	0	0%	2,908,300	824,890	28%
Community and Environmental Health	4,825,200	1,066,086	22%	3,046,000	737,765	24%	0	0	0%	728,400	217,546	30%	8,599,600	2,021,397	24%
Family and Clinic Services	4,992,800	1,230,199	25%	788,200	244,683	31%	0	0	0%	0	54,163	0%	5,781,000	1,529,044	26%
DISTRICT TOTAL	12,164,100	2,914,497	24%	4,691,700	1,386,030	30%	464,000	16,784	4%	733,900	271,709	37%	18,053,700	4,589,021	25%

FY 2025 REVENUE & EXPENDITURE REPORT

July 2024 - September 2024

Fiscal Year % Elapsed 25.00%

NOTES

REVENUES:

<u>Fees:</u>	<u>July - September</u>		
	FY 23	FY 24	FY 25
Community & Environmental Health			
Sewage Disposal	192,960	123,187	158,367
Land Programs - Other	30,123	23,180	27,468
Food Programs <i>(updated)</i>	73,968	38,753	38,822
Child Care Licensing	13,075	10,405	11,425
Other (incl. Vital Stat's)	3,979	10,639	55
Subtotal:	314,105	206,164	236,137
Family & Clinic Services			
Central Care	29,871	27,070	39,338
Immunizations	23,777	11,670	20,851
Reproductive Health	42,857	36,521	35,989
Child Dental Clinic	1,733	4,926	3,161
Home Visitation	17,942	-	48,523
Other	2,609	137	1,112
Subtotal:	118,790	80,324	148,974
TOTAL FEES:	432,895	286,488	385,112

Contracts:

Administration	-	-	108,822
Support Services	-	-	-
Community & Environmental Health	1,619,916	1,966,883	1,750,638
Family and Clinic Services	976,077	608,653	1,050,555
TOTAL CONTRACTS:	2,595,993	2,575,536	2,910,015

REVENUES	Budget Total	Budget to Date	Actual to Date	% Over / -Under
Fees	1,960,500	490,125	385,112	-21.4%
Contracts	8,700,900	2,175,225	2,910,015	33.8%

EXPENDITURES:

Personnel Costs:

Completed payperiods: 7/26 26.9%
 Current spending: 24.0%

Budget Total	Budget to Date	Actual to Date	Under / -Over	% -Under / Over
12,164,100	3,274,950	2,914,497	360,453	-11.0%

Operating Costs:

Budget Total	Budget to Date	Actual to Date	Under / -Over	% -Under / Over
4,691,700	1,172,925	1,386,030	-213,105	18.2%

Trustee and Benefit Costs:

Budget Total	Budget to Date	Actual to Date	Under / -Over	% -Under / Over
733,900	183,475	271,709	-88,234	48.1%

Capital Outlay:

Budget Total	Budget to Date	Actual to Date	Under / -Over	% -Under / Over
464,000	116,000	16,784	99,216	-85.5%

FY25 Cash Balance Statement

For Month Ending: September 2025

Cash Balances

Fund #	Name	Location	Beginning Balance	Change	Ending Balance
N/A	Cash on Hand	CDH	3,960	-	3,960
29000	Operating	State Treasurer - General	1,449,041	872,673	2,321,714
49900	Millennium Fund	State Treasurer - General	-	-	0
62500	LGIP - Operating	State Treasurer - LGIP	8,688,405	(123,779)	8,564,626
62500	LGIP - Capital	State Treasurer - LGIP	1,000,000	-	1,000,000

Total Cash Balances at Month End

\$ 11,890,300

Reserve Fund Designations

Special Projects/Carryover Designation	Approved Request	Expenditure to Date	Balance
Environmental Health Systems Upgrades	\$ 296,864	\$ -	\$ 296,864
Employee Retention	\$ 139,000	\$ -	\$ 139,000
CDH Staffing Needs	\$ 299,100	\$ -	\$ 299,100
Armstrong Bathroom Remodel	\$ 100,000	\$ -	\$ 100,000
McCall Office Refresh	\$ 50,000	\$ -	\$ 50,000
	\$ -	\$ -	\$ -
	\$ 884,964	\$ -	884,964

Personnel Reserve Fund 27th Pay Period

279,300

Operational Reserve Funds

\$4,520,000 designated (3-month cash flow target = \$4,520,000)

4,520,000

Capital Reserve Fund for Building/Capital

1,000,000

Total Reserve Fund Designations

\$ 6,684,264

Total Restricted Funds

\$ 4,552,573

Cash Balance Undesignated/Unrestricted

\$ 653,463

CDH Medical Van Analysis Proposal

Background:

During FY24, CDH's Board of Health approved the purchase of a medical van with carry-over funds. Throughout the fiscal year, the option of a new van and the option of a reduced-price used motorhome were considered. Neither option fully met CDH's business needs and the Board's approval; however, the Board has indicated that they would like to continue to pursue options for providing mobile medical services.

Proposal:

During FY25, CDH will gather additional information to guide the Board in making a decision that both meets business needs and satisfies the requirements of the Board, including the total cost of the vehicle. To achieve this goal, CDH will analyze the following:

- Current rates of telehealth appointments
- Frequency of offsite events
- Additional demand for offsite event scheduling
- Usage rate of dental van (once it has arrived and is in use)
- Benefits and drawbacks of the cargo-style van used for dental services
- Continued review of used or new medical van/RV options available

CDH will gather data through June 30, 2025, and will compile the data for presentation to the Board in August of 2025. With Board approval and a clearly demonstrated business need, CDH will likely propose using carry-over funds from FY25 for purchase of the best-fit mobile unit during FY26.

Timeline:

Dates	Action	Responsible Party
October 2024 - June 2025	Gather data as outlined above	CDH Leadership
May 2025	Provide update to the Board	Support Services Division Administrator
August 2025	Provide a summary of data and potential request for carryover funds	Support Services Division Administrator
FY26	Purchase Medical Unit	CDH Leadership



Idaho Association of District Boards of Health

Resolution Proposal Cover Sheet

To be completed and included with an IADBH Resolution Proposal.

Resolution Title: Resolution to request Public Health Districts have the option to shift fiscal operations from State Treasury to an alternate FDIC insured banking institution

Sponsor: Public Health District 3 (Southwest District Health (SWDH))

Statutes Affected: §39-422 Idaho Code

Proposal Purpose

Background Information: On July 1, 2023, State agencies and fringe agencies, which includes the Public Health Districts, were required to shift fiscal operations into LUMA which serves as the statewide accounting, procurement and human capital management system. Deployment was problematic and all impacted customers expended significant effort to reestablish core functionality necessary to support basic business needs and carry out core mission functions. Following several months of SWDH being unable to obtain reliable financial data from LUMA a meeting was held between SWDH Director Nikole Zogg, SWDH Financial Officer Troy Cunningham, and Idaho State Treasurer Julie Ellsworth to request her permission to connect an alternative financial software package into the state treasury. The request was denied on the grounds that only one enterprise resource planning (ERP) software system was allowed to connect to the state treasury. This denial returned the district to LUMA-based operations and its associated substandard performance issues for the remainder of SFY24. Year-end financial closeout activities were inordinately labor intensive and 50+ days after the end of State Fiscal Year 2024 (SFY24) closeout reports are unable to balance. SWDH is likely to have findings in upcoming financial audits based upon LUMA related issues. The Legislative Services Office audit division has become involved and has identified numerous issues and lack of controls in LUMA. The Office of Performance Evaluation has initiated a statewide review of LUMA based upon performance issues. Two separate audits into LUMA from global accounting firm Baker Tilly have also been conducted.

Desired Action: Request the Idaho Association of District Boards of Health (IADBH) support a statute change to allow Public Health Districts the option to shift banking from Idaho State Treasury to alternative FDIC insured banking institution.

Arguments and Entities in Support:

Southwest District Health Leadership team and Fiscal Manager believe that increased efficiency, increased accuracy, decreased audit risk, and decreased opportunity costs can be realized by allowing SWDH fiscal operations to shift away from LUMA and into an alternative software package which would only be permitted if the funds for SWDH were allowed to be deposited into an alternative banking institution and account other than that outlined in §39-422 Idaho Code.

Argument and Entities Against:

At the time of this proposal SWDH Leadership is unaware of any entities that would oppose.

Possible objections could be raised by the State Treasurer's Office related to safe retention of public funds. All risks related to this objection would be addressed through utilization of an FDIC insured financial institution and conducting of annual external audit. Furthermore, there could be concerns that this shift would set a precedent for non-state government entities to utilize banking systems other than the state treasury; however, other non-state government entities' funds are retained in systems outside the state treasury.

Possible objections could be raised by the State Controller's Office related to fiscal transparency. All concerns related to this objection would be addressed through upload of fiscal documents currently required of Public Health Districts to Transparent Idaho.

Possible objections could be raised by Risk Management; however, this proposed change, if approved, would have no impact on the scope of Public Health District operations.

Fiscal Impact: Total fiscal impact of this proposed change is projected to be more than \$100,000 annually for SWDH, which would partially be attributed to direct cost savings as well as avoided opportunity costs. Direct annual savings of this shift are anticipated to be in excess of \$100,000 per year for SWDH based upon the difference in annual LUMA charges compared to projected purchase of external financial software packages. In addition to the direct savings, it is anticipated that there may be significant opportunity costs that can be avoided through utilization of a more user-friendly system.

Resolution 24-PHD 03-Southwest District Health

PUBLIC HEALTH DISTRICT BANKING FLEXIBILITY

WHEREAS, the protection of public health is a primary function of Idaho's Public Health Districts; and

WHEREAS, sound business practices are an integral component of Public Health District operations both now and into the future; and

WHEREAS, use of a reliable, efficient, accurate and auditable fiscal accounting system/software package supports sound business practices and district operations; and

WHEREAS, the existing LUMA fiscal system is challenging and time intensive to operate within even following refinements achieved throughout one year post deployment; and

WHEREAS, the state treasurer is required to establish a special fund for use by the health districts known as the public health district fund; and

WHEREAS, all income and receipts received by the districts are required to be deposited into the public health district fund; and

WHEREAS, Idaho State Treasurer's Office will only allow one fiscal enterprise resource planning (ERP) system to plug into state treasury for fiscal operations; and

WHEREAS, direct and indirect costs at the district level could be reduced through utilization of a commercial off the shelf fiscal software package; and

WHEREAS, current fiscal reporting features from LUMA do not support current district business needs; and

WHEREAS, it is the responsibility of Public Health Districts to identify risks and mitigate same in the most expedient and fiscally responsible manner; and

THEREFORE, BE IT RESOLVED, that the Idaho Association of District Boards of Health requests statutory modification necessary to allow the option to shift fiscal operations from the state treasury to an alternate banking institution that is FDIC insured, thereby allowing a shift of fiscal operations into a fiscal software package other than LUMA.



Public Health
Prevent. Promote. Protect.

Idaho Association of District

Boards of Health

Resolution Proposal Cover Sheet

To be completed and included with an IADBH Resolution Proposal.

Resolution Title: Resolution Supporting Immunizations (Revision)

Sponsor: Public Health District 3

Statutes Affected: None

Proposal Purpose

Background Information: Childhood immunizations have prevented the disability and premature death of countless children over the past several decades. Despite the established safety and efficacy of childhood immunizations there is growing hesitancy about their use. Public health professionals need to remain vigilant and ensure the public has access to accurate information about vaccine safety and the personal and societal risks associated with not being immunized.

Desired Action: Public Health District 3 is requesting the Idaho Association of District Boards of Health to support childhood immunizations and to promote immunizations through public information.

Arguments and Entities in Support:

1. Healthcare providers and organizations largely support childhood immunizations.
2. American Academy of Pediatrics strongly recommends on-time routine immunization of all children and adolescents as does the American Academy of Family Physicians.
3. Passive immunity through vaccination is the safest way to develop immunity to childhood diseases.

Argument and Entities Against:

Fiscal Impact:

No fiscal impact.

Resolution 19-06

Resolution Supporting Immunizations

WHEREAS, Immunizations are heralded as one of the 20th century's most cost-effective public health achievements. Immunizations protect both individuals and the larger population, especially those people who have immune system disorders and cannot be vaccinated; and

WHEREAS, School vaccination requirements have been a key factor in the prevention and control of vaccine-preventable diseases in the United States; and

~~**WHEREAS**, in order to prevent a disease from spreading, it is recommended that 95% of the population be immunized, thereby achieving herd immunity;~~

WHEREAS, Idaho is one of 18 US states that allows religious/other exemptions from vaccines, and the exemption rate for Idaho children enrolled in kindergarten was ~~7.7~~12.1% during the ~~2018~~2022-2023 school year;

WHEREAS, the majority of exemptions recorded in Idaho during the ~~2018~~2022-2023 school year were for nonmedical reasons: ~~7.4~~11.5%, marking a concerning increase from ~~6.4~~9.2% the previous school year. In contrast, the US median, nonmedical exemption rate was ~~23.2~~23.2%.

WHEREAS, exemption rates, specifically, nonmedical exemptions, are rising in Idaho and pose a serious public health threat to the state. With outbreaks of vaccine preventable diseases like measles appearing across the US, and in neighboring states, it is critical that we stand for the science-backed immunization standards;

WHEREAS, communicable disease outbreaks can be best mitigated when there is an appropriate level of population immunity. In Idaho, the 2022-2023 kindergarten class had 81.3% MMR coverage, but because of the high level of contagion measles requires a population immunity rate of 92% to 96% is required to limit the spread of disease¹;

WHEREAS, vaccines are a community's greatest line of defense to protect the most vulnerable among us, ~~whether they are including~~ infants too young to get vaccinated ~~and or~~ others who are immunocompromised, ~~like those going through chemotherapy;~~

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health support ~~Childhood childhood Immunizations immunizations~~, and will promote immunizations through public information based on the most current available evidence and demographics.

Section: Children's Health

Adopted by the Idaho Association of District Boards of Health: June 2019

Readopted June 9, 2022; Updated August 27, 2024

¹ Gromis, A. and Ka-Yuet, L. (2021, December 23). Spatial clustering of vaccine exemptions on the risk of a measles outbreak. *Pediatrics*, 149(1). DOI: 10.1542/peds.2021-050971. Accessed on August 15, 2024. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9037455/#:~:text=The%20MMR%20vaccine%20is%20effective,required%20to%20achieve%20herd%20immunity.>



Public Health
Prevent. Promote. Protect.

Idaho Association of District

Boards of Health

Resolution Proposal Cover Sheet

To be completed and included with an IADBH Resolution Proposal.

Resolution Title: Resolution to remove the Food Establishment License Fee in Idaho Code (Revision)

Sponsor: Public Health District 3

Statutes Affected: Section 39-1607 Idaho Code

Proposal Purpose

Background Information: For decades, public health districts have sought out solutions to cover the cost to administer the food protection program under the Food Establishment Act pursuant Section 39, Chapter 16 Idaho Code. Past negotiations with legislators and industry lobbyists have resulted in approximately 50% of the cost being covered by licensed establishments putting the remainder of the costs on the public health districts and taxpayer. In almost all other circumstances, the Boards of Health are permitted to set a fee to cover the cost to deliver a service.

Desired Action: Public Health District 3 is requesting the 2025 Idaho legislature remove Section 39-1607 Idaho Code, allowing the local Boards of Health to establish a fee to cover the cost to administer the food protection program pursuant Section 39-414(11) Idaho Code.

Arguments and Entities in Support:

1. In principle, a business should cover the costs necessary to operate, including permitting or licensing and the cost should not be on the shoulders of the county taxpayers.
2. Setting the fee at the cost to provide the service frees up county taxpayer dollars.

Argument and Entities Against:

1. Legend has it that there was a handshake deal made when the Food Establishment Act was adopted that the state, industry, and counties share the cost of the program at equal contributions 33.3/33.3/33.3.
2. Since the state is requiring the license to operate, they should cover the cost of the program.
3. If public health districts can set the fee at their cost there is no mechanism or incentive to control the growth of the program.

Fiscal Impact: Public health districts would recover \$1.6 million statewide (based on FY22 data) and 11,350 establishments (based on FY23 data) (e.g., restaurants, convenience stores, grocery stores, mobile food trucks, and temporary foods) would contribute to the shortfall that is being covered by taxpayers.

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22-02 Resolution to Remove the Food Establishment License Fee in Idaho Code

WHEREAS, protecting the public from the hazards of food borne illness and disease is a primary function of Idaho’s Public Health Districts; and

WHEREAS, the Centers for Disease Control and Prevention estimates that one in six Americans, or 48 million people, get sick from foodborne illnesses every year. Approximately 229,000 of these are hospitalized and 3,000 die¹; and

WHEREAS, foodborne illness poses a \$77.7 billion economic burden in the United States annually², and

WHEREAS, it is well recognized that foodborne outbreaks can be devastating to a food establishment business; and

WHEREAS, the Public Health Districts are committed to providing an appropriate balance between code enforcement and education [while maintaining a balanced budget](#); and

WHEREAS, the food protection system in Idaho presently meets state standards, but fails to meet the national standards for inspection frequency for establishments deemed to be high risk for foodborne illness; and

WHEREAS, the Public Health Districts are required by the Idaho Food Code to perform at least one food safety inspection per year for each licensed food establishment; and

WHEREAS, general state appropriation funding is no longer provided to the Public Health Districts to subsidize food establishment inspection fees for private businesses, placing the full burden on the county tax payers;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health [requestssupports](#) removing food establishment license fees in Idaho Code and allowing the local boards of health to establish a fee based on the actual cost to deliver the food safety inspection program.

Section: Environmental Health

Adopted by the Idaho Association of District Boards of Health: June 9, 2016

Readopted June 9, 2017; Revised June 9, 2022, [Revised August 27, 2024](#)

¹Centers for Disease Control and Prevention. “Estimates of Foodborne Illness in the United States,” page last updated November 5, 2018, accessed March 10, 2022, <http://www.cdc.gov/foodborneburden/>

²Scharff, R.L. “Economic Burden from Health Losses Due to Foodborne Illness in the United States,” (January 1, 2012), accessed August 19, 2024. <https://www.sciencedirect.com/science/article/pii/S0362028X2300426X#:~:text=The%20total%20health-related%20cost,%2C%20%2428.6%20to%20%24144.6%20billion>



Public Health
Prevent. Promote. Protect.

Idaho Association of District Boards of Health

Resolution Proposal Cover Sheet

To be completed and included with an IADBH Resolution Proposal.

Resolution Title: Resolution Opposing the Legalization Of Recreational (Non-Medical) Marijuana (Revision)

Sponsor: Public Health District 3

Statutes Affected: Section 37, Chapter 27, Idaho Code

Proposal Purpose

Background Information: Marijuana is a controlled substance in Idaho pursuant to Section 37, Chapter 27 Idaho Code. However, the current law does not prohibit the marketing or advertising of marijuana in the state. With the growing number of marijuana distributors on Idaho's borders, there is anecdotally a corresponding increase in billboards and other forms of advertisement intended to target Idahoans and market marijuana as a safe product. There is a growing body of evidence that indicates otherwise. For example, marijuana can affect memory, learning, concentration, and attention and may worsen manic symptoms in people with bipolar disorder and increase the risk of depression or worsen depression symptoms.

Desired Action: Public Health District 3 is requesting the 2025 Idaho legislature consider adopting new law to prohibit marijuana marketing and advertising in the state.

Arguments and Entities in Support:

1. Reducing advertising exposure may deter people from starting marijuana use and help those who are in their addiction recovery journey.
2. Children and adolescents should not be exposed to advertising for a product that is a controlled substance in Idaho and harmful to their health.

Argument and Entities Against:

Marijuana distributors outside of the state would likely oppose this policy change because of potential impacts to their business.

Fiscal Impact:

None

Resolution 19-03

RESOLUTION OPPOSING THE LEGALIZATION OF RECREATIONAL (NON-MEDICAL) MARIJUANA

WHEREAS, the Idaho Association of District Boards of Health is committed to the health and welfare of its citizens; and

WHEREAS, the Idaho Association of District Boards of Health strongly supports the success and positive future of the State's youth; and

WHEREAS, the sale, distribution, and possession of marijuana remains illegal under State and federal law; and

WHEREAS, studies from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, establishes that marijuana, like cigarettes, is addictive¹; and

WHEREAS, recent analysis from the National Institute on Drug Abuse reveals the potency of marijuana has reached the highest level since scientific analysis of the drug began, with tetrahydrocannabinol (THC) [the principal psychoactive constituent of the cannabis plant] amounts rising from 4 percent in 1980s to 15 percent in 2012²; and

WHEREAS, marijuana concentrates, with potencies of 90 percent THC and above,³ are becoming more and more common in states that have legalized marijuana, sold on their own or as part of kid-friendly edible products like candy, lollipops, and gummy bears indistinguishable from non-~~pot~~marijuana-laced products; and

WHEREAS, the higher potency of today's marijuana may be contributing to the substantial increase in the number of teenagers and adults in treatment for marijuana dependence⁴; and

WHEREAS, in the first two years of legalization in Colorado, arrests of Hispanic and African-American minors rose 29 percent and 58 percent, respectively⁶; and

¹ "Is marijuana addictive?" *National Institute on Drug Abuse (NIDA)*. Web. 24 May 2016. Available at <http://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-addictive>.

² "Marijuana: Facts Parents Need to Know," *National Institute on Drug Abuse (NIDA)*. Web. 24 May 2016. Available at <https://www.drugabuse.gov/publications/marijuana-facts-parents-need-to-know/want-to-know-more-some-faqs-about-marijuana>.

³ "Concentrates 101: What's on the market, from kief and CO2 oil to BHO." *The Cannabist*. Web. 24 May 2016. Available at <http://www.thecannabist.co/2015/06/19/marijuana-concentrates-kief-bho-water-hash-co2-oil-wax-shatter/36386/>.

⁴ See, e.g., van der Pol, et al. (2014), Cross-sectional and prospective relation of cannabis potency, dosing and smoking behaviour with cannabis dependence: an ecological study. *Addiction*, 109: 1101–1109.

⁶ Colorado Department of Public Safety. *Marijuana Legalization in Colorado, Early Findings: A Report Pursuant to Senate Bill 13-283*. N.p.: n.p., n.d. Mar. 2016. Web. 25 May 2016. Available at <http://cdpsdocs.state.co.us/ors/docs/reports/2016-SB13-283-Rpt.pdf>.

WHEREAS, marijuana shops that sell kid-friendly ~~pot~~marijuana products like candy, lollipops, and gummy bears near where children live, are a risk to public health and safety; and

WHEREAS, Colorado, one of the first states to legalize marijuana, now ranks first in the nation for marijuana use among 12 to 17 year-olds, according to SAMHSA⁷; and

WHEREAS, marijuana use by minors is strongly associated with other illicit drug use and abuse/dependence,⁸ as well as dependence on tobacco⁹; and

WHEREAS, adults who use marijuana are five times more likely to develop an alcohol problem¹⁰; and

WHEREAS, scientific research establishes that marijuana use is harmful to the adolescent brain, affecting memory, thinking, pleasure, concentration, learning, sensory and time perception, and coordinated movement¹¹; and

WHEREAS, according to Quest Diagnostics, employers in the states of Colorado and Washington have rates of positive workplace marijuana tests well above the national average, and that rate is growing faster in both states than in the United States as a whole¹⁷; and

⁷ "National Survey on Drug Use and Health: Comparison of 2012-2013 and 2013-2014 Population Percentages (50 States and the District of Columbia)." 2013-2014 *National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*. SAMHSA, n.d. Web. 25 May 2016. Available at: <http://www.samhsa.gov/data/sites/default/files/NSDUHsaeShortTermCHG2014/NSDUHsaeShortTermCHG2014.htm>.

⁸ Agrawal A, Neale MC, Prescott CA, Kendler KS. A twin study of early cannabis use and subsequent use and abuse/dependence of other illicit drugs. *Psychol Med*. 2004;34(7):1227-1237.

⁹ Panlilio LV, Zanettini C, Barnes C, Solinas M, Goldberg SR. Prior exposure to THC increases the addictive effects of nicotine in rats. *Neuropsychopharmacol Off Publ Am Coll Neuropsychopharmacol*. 2013;38(7):1198-1208.

¹⁰ Weinberger, Andrea H., Jonathan Platt, and Renee D. Goodwin. "Is Cannabis Use Associated With An Increased Risk Of Onset And Persistence Of Alcohol Use Disorders? A Three-Year Prospective Study Among Adults In The United States". *Drug and Alcohol Dependence* 161 (2016): 363-367. Web. 25 May 2016.

¹¹ See, e.g., "DrugFacts: Marijuana." *DrugFacts. National Institute on Drug Abuse (NIDA)*, Mar. 2016. Web. 24 May 2016. Available at <https://www.drugabuse.gov/publications/drugfacts/marijuana>; Medina et al.

"Neuropsychological Functioning in Adolescent Marijuana Users: Subtle Deficits Detectable after a Month of Abstinence." *Journal of the International Neuropsychological Society: JINS*13.5 (2007): 807– 820. *PMC*. Web. 24 May 2016, available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2269704/>.

¹⁷ "Press Releases." *Quest Diagnostics Newsroom*. Quest Diagnostics, 11 Sept. 2014. Web. 24 May 2016. Available at <http://newsroom.questdiagnostics.com/2014-09-11-Workforce-Drug-Test-Positivity-Rate-Increases-for-the-First-Time-in-10-Years-Driven-by-Marijuana-and-Amphetamines-Finds-Quest-Diagnostics-Drug-Testing-Index-Analysis-of-Employment-Drug-Tests>.

WHEREAS, the Idaho Association of District Boards of Health believes the effort to legalize marijuana is contrary to the interests of the public health, safety and welfare of its citizens, and desires to preserve the rights of citizens to live, work and play in communities where drug ~~abuse-use~~ is not accepted and citizens are not subjected to the adverse effects of drug ~~abuseuse~~; and

NOW, THEREFORE, be it RESOLVED, that the Idaho Association of District Boards of Health opposes legalizing the production, ~~marketing~~, sale, distribution and possession of recreational (non- medical) marijuana, hashish, marijuana concentrates, and products made from marijuana concentrates.

Section: Other Community Health Issues

Adopted by the Idaho Association of District Boards of Health: June 2019

Updated Resolution 17-03; readopted June 9, 2022; ~~updated August 27, 2024~~



Community Health Emergency Medical Services (CHEMS)

Addressing Access to Care in Elmore County

Courtney Kelly, MPH

October 18, 2024

EXCELLENCE | POSITIVE IMPACT | PARTNERSHIP | INNOVATION | CREDIBILITY | HUMANITY

1

Get Healthy Idaho

- Collaborative grant between Elmore County Health Coalition & CDH

- Grant Goal:
 - Address upstream causes of poor behavioral health and chronic disease across Elmore County.

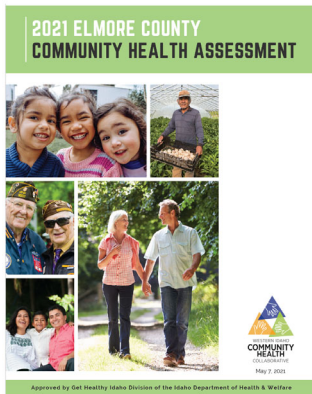
- Grant Amount:
 - \$155k for planning year, \$235k each year for 3 years, 180k extension for FY25



2

2

2021 Elmore County Community Health Assessment



In the 2021 Elmore County Community Health Assessment, residents commented on:

- The need for more easily accessible mental and behavioral health services
- The need for improved access to and availability of local health providers

CHEMS can help fill these healthcare gaps



3

3

What is CHEMS?

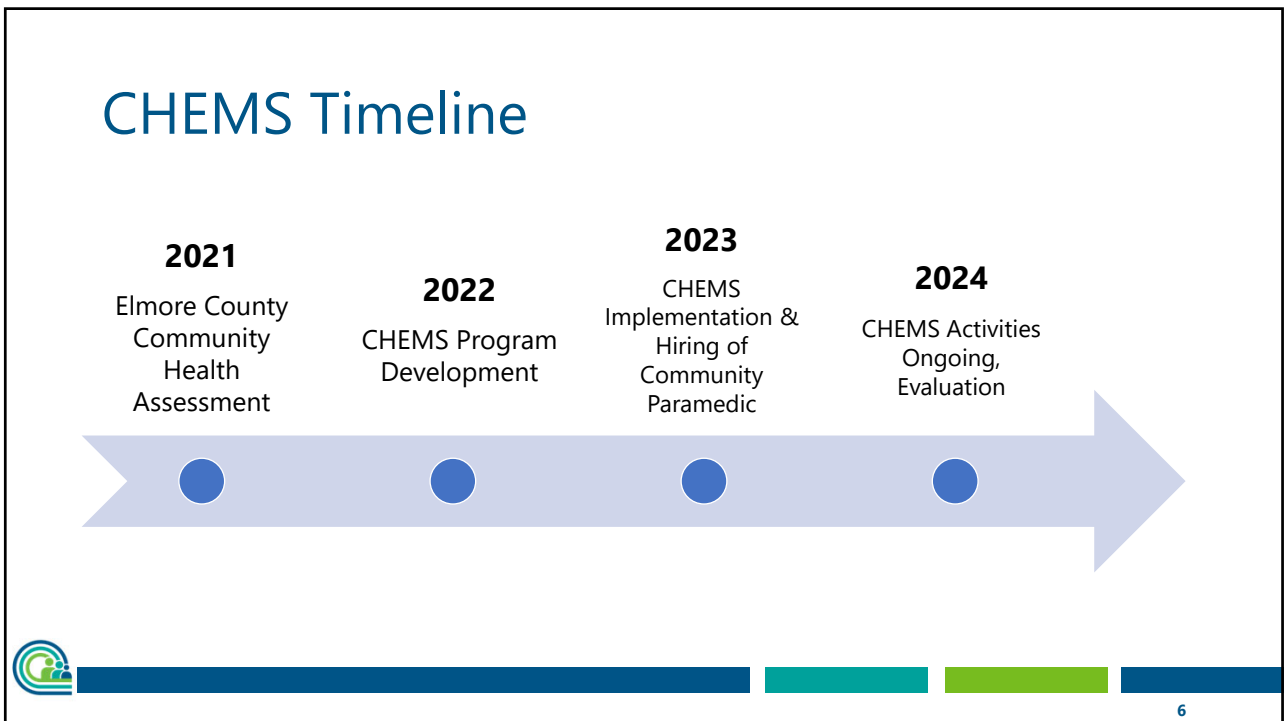
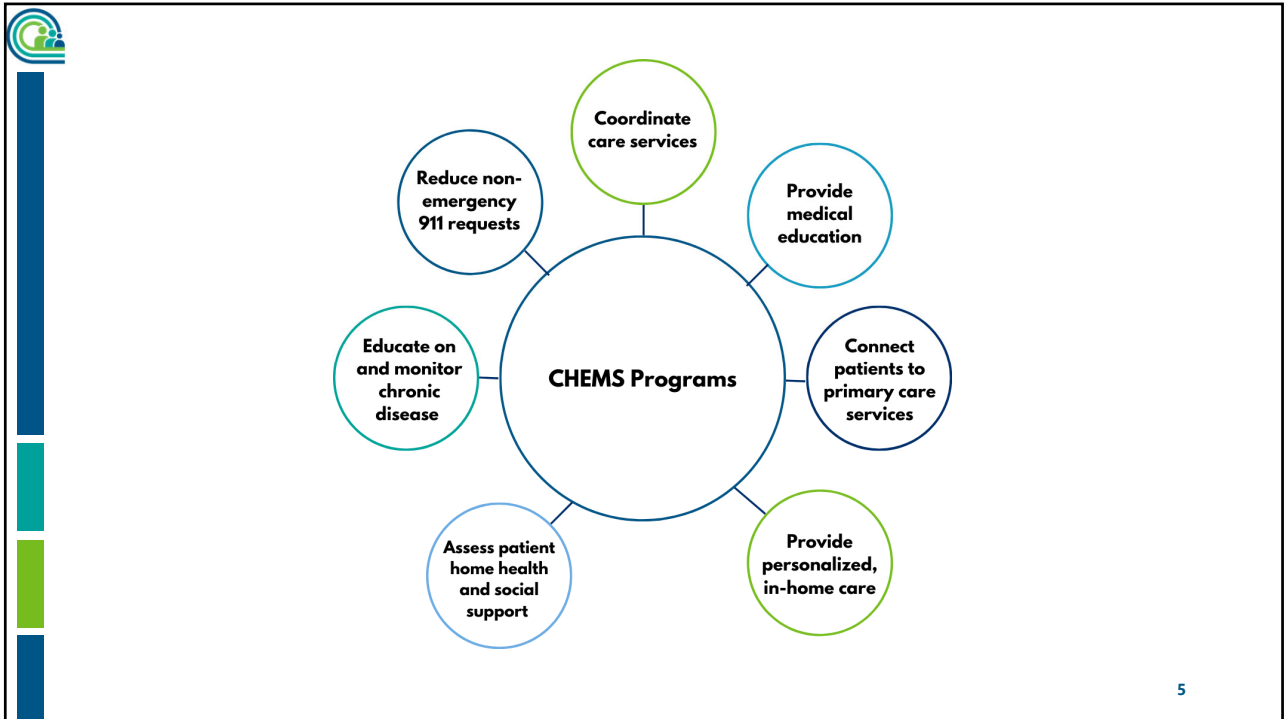
Community Health Emergency Medical Services

- CHEMS programs utilize emergency medical services (EMS) providers in expanded roles to:
 - Provide care in non-emergency settings
 - Visit patients in the homes to prevent future health emergencies
 - Connect patients with resources
 - Fill gaps in care in a community



4

4



CHEMS Scope and Operations

- Elmore County Community Paramedic: Dr. Jennifer Rhoads, PhD, CP-C
- 40 hours per week, split into office hours and clinical hours
- Referrals to CHEMS are identified through EMS data and findhelpidaho.org



7

7

CHEMS Scope and Operations, cont.

- Home visits, emails/calls to patients for conditions including, but not limited to:
 - Diabetes management
 - High 911 utilization
 - Recent clinic discharge
 - Elmore County Drug Court participant



8

8

CHEMS in Action



9

9

CHEMS Testimonials

“

Not only did she check up on [my husband], we became friends

“

[Jennifer] provides a vital service for our community

“

Dr. Rhoads consistently goes above and beyond to care for her patients



10

10

2024 Community Paramedic of the Year



Future of CHEMS

- Expand and sustain CHEMS in Elmore County
 - Fine tune SOPs and partnerships
 - Data collection and evaluation
- Establish CHEMS in other counties within CDH region



Contact Information



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Strategic Plan

October 18, 2024

EXCELLENCE | POSITIVE IMPACT | PARTNERSHIP | INNOVATION | CREDIBILITY | HUMANITY

1

Goal 1: Grow Programs and Services

Selected objectives:

- Add a home visitor to Valley County by December 2024
- Increase WIC participation by at least 4% per year to meet the goal of at least 12% by the end of FY-2027
- NFP home visitors will all be working at 100% capacity by the end of FY-2025
- Hire additional Behavioral Health practitioner



2

Goal 2: Provide Excellent Customer Service

Selected objectives:

- Establish baseline patient satisfaction metrics using a patient satisfaction survey
- Complete ADA assessment of all 3 CDH Facilities and prioritize projects to become more ADA compliant at all sites
- Move internal IT Helpdesk tickets to new system



3

Goal 3: Build Internal Capacity

Selected objectives:

- 100% of providers will attend one continuing medical education event for behavioral health services
- Implement Accela as new EH system and migrate data into new system
- Move server infrastructure to the cloud (Azure)



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