

**Central District Board of Health Meeting | Agenda**  
**707 N. Armstrong Pl, Boise, ID 83704**  
**Friday, February 21, 2025 | 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.

<b>A = Board Action Required</b>		<b>I = Information Item</b>
8:30	I Call board meeting to order and roll call	Comr. Clay Tucker, Vice Chair
8:32	A Call for changes to agenda; vote to approve of agenda	Comr. Clay Tucker, Vice Chair
8:34	A Discuss and vote on December 20, 2024, Board of Health minutes	Comr. Clay Tucker, Vice Chair
8:36	I Provide and review FY-2025 Financial Report	Laurel Gearhart, Staff
9:00	A Discuss and vote on the FY-2025 Budget Revision and Reserve Fund Designation	Laurel Gearhart, Staff
9:20	I Non-municipal Solid Waste Oversight	Curtis Loveless, Mike Reno, Staff
9:40	I IT Security Presentation	Laurel Gearhart, Kent Petzold, Staff
10:00	I PAT Team Presentation	Melanie Quas, Staff
10:20	A Emergency and Non-Emergency Succession Planning Policy	Russ Duke, District Director
10:30	A Election for Board Chair	Russ Duke, District Director
10:40	I Update on the Executive Council	Betty Ann Nettleton
10:55	I Director's Report	Russ Duke, District Director
11:00	I Public Comment. Limited to three (3) minutes. Additional time at the discretion of the chair.	Comr. Clay Tucker, Vice Chair
	I Adjournment	Comr. Clay Tucker, Vice Chair

**Note:** The board will take a break as needed.

**Ada & Boise County**

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

**Elmore County**

520 E. 8<sup>th</sup> N. Mountain Home, ID 83647  
 208-587-4407

**Valley County**

703 1<sup>st</sup> St. McCall, ID 83638  
 208-614-7194

**Next Meeting:** Friday, March 21, 2025



***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](mailto: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/>

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**CENTRAL DISTRICT HEALTH BOARD OF HEALTH REGULAR MEETING | MINUTES - DRAFT**  
**707 N. Armstrong Place, Boise, ID 83704 | Syringa Conference Room**  
**Friday, December 20, 2024, 8:30 a.m.**

*View meetings live at [youtube.com/channel/UC4LJ1BM5Jv3zczecnykXarw/](https://youtube.com/channel/UC4LJ1BM5Jv3zczecnykXarw/)*

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**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 8:31 A.M. The board members were identified by roll call: Dr. Jane Young, Ada County; Comr. Crystal Rodgers, Elmore County; Betty Ann Nettleton, Elmore County; Comr. Elt Hasbrouck, Valley County; Dr. Greg Ferch, Ada County; Dr. Ryan Cole, Ada County.

Guests and staff in attendance were Russ Duke, District Director; Cory Kennedy, Recorder; Laurel Gearhart, Support Services Division Administrator; Curtis Loveless, Community & Environmental Health Division Administrator; Beth Bolen, Family & Clinic Services Division Administrator; Lisa Watson, Nurse-Family Partnership Program Manager; Hilary Chitwood, Nurse Home Visitor; Brenda Alvarez, Nurse Home Visitor; Jerry Davis, Environmental Health Specialist Senior; Joe Antonucci, Environmental Health Specialist Senior.

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

Chair Elt Hasbrouck called for a motion to approve the December 20, 2024, agenda.

**Motion:** Betty Ann Nettleton motioned to approve the December 20, 2024, agenda, seconded by Dr. Jane Young; the motion was put to a vote and was carried unanimously.

**Discuss and vote on October 18, 2024, Board of Health minutes – Comr. Elt Hasbrouck, Chair**

Chair Elt Hasbrouck called for a motion to approve the October 18, 2024, minutes as presented.

**Motion:** Dr. Jane Young motioned to approve the October 18, 2024, minutes as presented, seconded by Betty Ann Nettleton. The motion was put to a vote and was carried unanimously.

**Introduction of Family & Clinic Services Division Administrator – Russ Duke, District Director**

Russ Duke introduced Beth Bolen, the new Family & Clinic Services Division Administrator.

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208-614-7194

**Provide and review FY-2025 financial report – Laurel Gearhart, Staff**

Laurel Gearhart provided an overview of the current FY-2025 Budget to Actual report. We are approximately 41% through FY-2025. The FY-2025 Cash Balance Statement reflected a total cash balance of \$10,328,828, comprised of \$6,684,090 in total reserve fund designations, \$4,176,520 in total restricted funds, and (\$531,781) in cash balance undesignated/unrestricted.

**Review and approve Employee Allowance Guidelines – Laurel Gearhart, Staff**

Laurel Gearhart provided an overview of our current Employee Allowance Guidelines, which the Board previously approved on 12.13.2013, and a new version of the Employee Allowance Guidelines for the Board's approval. The new guidelines reduce annual costs by \$1,480.

Chair Elt Hasbrouck called for a motion to approve the updated Employee Allowance Guidelines as presented.

**Motion:** Betty Ann Nettleton motioned to approve the updated Employee Allowance Guidelines as presented, seconded by Dr. Jane Young. The motion was put to a vote and carried unanimously.

**Review and approve Central District Health's Compensation Philosophy and Guidelines – Russ Duke, District Director**

Russ Duke provided the board with Central District Health's new Compensation Philosophy and Guidelines, which provides guidance on compensation decisions for CDH staff.

Chair Elt Hasbrouck called for a motion to approve Central District Health's Compensation Philosophy and Guidelines as presented and for employees to sign a copy to be stored in their personnel files.

**Motion:** Dr. Jane Young motioned to approve Central District Health's Compensation Philosophy and Guidelines as presented and for every CDH employee to sign a copy to be stored in their personnel files, seconded by Betty Ann Nettleton. The motion was put to a vote and carried unanimously.

**Share information on CDH's Nurse-Family Partnership Program – Lisa Watson, Hilary Chitwood, Brenda Alvarez, Staff**

Lisa Watson provided the Board with an overview of CDH's Nurse-Family Partnership (NFP) program and its goals for the future. Chair Elt Hasbrouck expressed the Board's support and appreciation for the work the NFP program is doing.

**Discussion and vote on the CY-2025 regular business meeting schedule of the board – Russ Duke, District Director**

Russ Duke presented the Board's CY-2025 regular business meeting schedule for their approval.

Chair Elt Hasbrouck called for a motion to approve the CY-2025 regular business meeting schedule of the board, as presented.

**Motion:** Betty Ann Nettleton motioned to approve the CY-2025 regular business meeting schedule of the board as presented, seconded by Dr. Jane Young. The motion was put to a vote and passed unanimously.

**Discuss the Department of Health and Welfare’s plan to eliminate the section of Idaho Administrative Code that provides regulatory oversight for public swimming pools in Idaho – Curtis Loveless, Staff**

Curtis Loveless provided the board with information on the Department of Health and Welfare’s plan to eliminate the section of Idaho Administrative Code that provides regulatory oversight for public swimming pools in Idaho and how Central District Health performs pool inspections. Central District Health currently inspects 36 pools annually. Curtis also provided the Board with recommendations on actions they could take regarding public swimming pool regulations.

**Updates from the Idaho Association of Local Boards of Health Annual Meeting – Comr. Elt Hasbrouck, Chair, Comr. Crystal Rodgers, Dr. Greg Ferch**

Chair Elt Hasbrouck provided the Board with an update on how the Idaho Association of Local Boards of Health Annual Meeting in Idaho Falls went. Comr. Crystal Rodgers and Dr. Greg Ferch also provided feedback and input on how the meeting was conducted.

**Discuss and obtain feedback on the SWOT analysis completed at the Idaho Annual Association of Local Boards of Health meeting in October – Russ Duke, District Director**

Russ Duke discussed the SWOT (Strengths, Weaknesses, Opportunities, and Threats) assessment completed at the Idaho Association of Local Boards of Health meeting. He asked that the board please provide him with feedback on the SWOT before January.

**Director’s Report to include resolutions and position statements from the IALBH annual meeting – Russ Duke, District Director**

Russ Duke discussed resolutions and position statements that were considered for approval at the IALBH meeting.

**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, February 21, 2025, starting at 8:30 A.M. at the Boise office. The board adjourned at 11:41 A.M.

*Attest:*

\_\_\_\_\_  
Commissioner Clay Tucker  
Vice Chair

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

Date approved: \_\_\_\_\_

## FY 2025 Budget to Actual Report

July 2024 - January 2025  
Fiscal Year % Elapsed 58.33%

REVENUES:	FEES			CONTRACTS			OTHER			TOTAL REVENUE		% to Budget	
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual		
Administration	0	0	0%	90,600	199,341	220%	0	0	0%	90,600	199,341	220%	
Support Services	0	0	0%	59,300	1,586	3%	35,600	2,401	7%	94,900	3,987	4%	
Community and Environmental Health	1,456,300	804,386	55%	5,139,700	2,402,315	47%	713,800	866,911	121%	7,309,800	4,073,612	56%	
Family and Clinic Services	504,200	268,484	53%	3,411,300	1,965,986	58%	19,200	266	1%	3,934,700	2,234,736	57%	
<b>DISTRICT TOTAL</b>	<b>1,960,500</b>	<b>1,072,870</b>	<b>55%</b>	<b>8,700,900</b>	<b>4,569,227</b>	<b>53%</b>	<b>768,600</b>	<b>869,578</b>	<b>113%</b>	<b>11,430,000</b>	<b>6,511,675</b>	<b>57%</b>	
										County Contributions	5,511,800	2,181,300	40%
										Interest Revenue	637,500	246,131	39%
										Restrict/Reserve	474,400	0	0%
										<b>REVENUE:</b>	<b>18,053,700</b>	<b>8,939,106</b>	<b>50%</b>
										<b>TOTAL FUNDING:</b>	<b>18,053,700</b>	<b>8,939,106</b>	<b>50%</b>

EXPENDITURES:	PERSONNEL			OPERATING			CAPITAL			TRUSTEE & BENEFITS			TOTAL EXPENDITURES		% to Budget
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	
Administration	572,400	356,223	62%	186,900	110,189	59%	0	0	0%	5,500	5,845	106%	764,800	472,257	62%
Support Services	1,773,700	1,302,010	73%	670,600	742,887	111%	464,000	129,943	28%	0	17	0%	2,908,300	2,174,857	75%
Community and Environmental Health	4,825,200	2,642,577	55%	3,046,000	1,407,478	46%	0	0	0%	728,400	475,224	65%	8,599,600	4,525,279	53%
Family and Clinic Services	4,992,800	2,518,790	50%	788,200	478,875	61%	0	0	0%	0	81,609	0%	5,781,000	3,079,274	53%
<b>DISTRICT TOTAL</b>	<b>12,164,100</b>	<b>6,819,601</b>	<b>56%</b>	<b>4,691,700</b>	<b>2,739,429</b>	<b>58%</b>	<b>464,000</b>	<b>129,943</b>	<b>28%</b>	<b>733,900</b>	<b>562,695</b>	<b>77%</b>	<b>18,053,700</b>	<b>10,251,667</b>	<b>57%</b>

# FY 2025 Revenue & Expenditure Report

July 2024 - January 2025

Fiscal Year % Elapsed 58.33%

## NOTES

### REVENUES:

#### Fees:

	FY 23	July - January FY 24	FY 25
Community & Environmental Health			
Sewage Disposal	331,730	270,165	273,146
Land Programs - Other	53,140	47,695	57,880
Food Programs <i>(updated)</i>	583,934	556,427	452,634
Child Care Licensing	26,920	17,380	17,450
Other (incl. Vital Stat's)	17,509	12,676	3,276
Subtotal:	1,013,233	904,343	804,386
Family & Clinic Services			
Central Care	60,033	62,128	64,677
Immunizations	70,634	49,654	39,381
Reproductive Health	94,111	83,593	57,998
Child Dental Clinic	23,191	23,241	13,272
Home Visitation	48,983	58,278	92,044
Other	7,983	854	1,112
Subtotal:	304,934	277,748	268,484
<b>TOTAL FEES:</b>	<b>1,318,167</b>	<b>1,182,091</b>	<b>1,072,870</b>

#### Contracts:

Administration	-	22,319	199,341
Support Services	-	13,276	1,586
Community and Environmental Health	4,801,529	3,441,654	2,402,315
Family and Clinic Services	2,311,731	1,577,590	1,965,986
<b>TOTAL CONTRACTS:</b>	<b>7,113,260</b>	<b>5,054,838</b>	<b>4,569,227</b>

### **REVENUES**

	Budget Total	Budget to Date	Actual to Date	% Over / -Under
Fees	1,960,500	1,143,625	1,072,870	-6.2%
Contracts	8,700,900	5,075,525	4,569,227	-10.0%

### EXPENDITURES:

#### Personnel Costs:

Completed payperiods:	16/26	61.5%
Current spending:		56.1%

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
12,164,100	7,485,600	6,819,601	-665,999	-8.9%

#### Operating Costs:

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
4,691,700	2,736,825	2,739,429	2,604	0.1%

#### Trustee and Benefit Costs:

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
733,900	428,108	562,695	134,586	31.4%

#### Capital Outlay:

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
464,000	270,667	129,943	-140,724	-52.0%



## FY 2025 Cash Balance Statement

### For Month Ending: January 2025

#### Cash Balances

<u>Fund #</u>	<u>Name</u>	<u>Location</u>	<u>Beginning Balance</u>	<u>Change</u>	<u>Ending Balance</u>
N/A	Cash on Hand	CDH	3,960	(2,410)	1,550
29000	Operating	State Treasurer - General	1,449,041	(1,136,168)	312,872
49900	Millennium Fund	State Treasurer - General	-	-	0
62500	LGIP - Operating	State Treasurer - LGIP	8,688,405	(428,869)	8,259,536
62500	LGIP - Capital	State Treasurer - LGIP	1,000,000	-	1,000,000

**Total Cash Balances at Month End** **\$ 9,573,959**

#### Reserve Fund Designations

<u>Special Projects/Carryover Designation</u>	<u>Expenditure to</u>		
	<u>Approved Request</u>	<u>Date</u>	<u>Balance</u>
Environmental Health Systems Upgrades	\$ 296,864	\$ 174	\$ 296,690
Employee Retention	\$ 139,000	\$ 139,000	\$ -
CDH Staffing Needs	\$ 299,100	\$ 23,404	\$ 275,696
Armstrong Bathroom Remodel	\$ 100,000	\$ -	\$ 100,000
McCall Office Refresh	\$ 50,000	\$ -	\$ 50,000
	\$ -	\$ -	\$ -
	<u>\$ 884,964</u>	<u>\$ 162,578</u>	<u>722,386</u>

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** **\$ 6,521,686**

**Total Restricted Funds** **\$ 3,954,550**

**Cash Balance Undesignated/Unrestricted** **\$ (902,278)**

**Central District Health**  
**FY-2025 Budget Revision**  
(for the period July 1, 2024 - June 30, 2025)

**Board Proposal 02/21/25**

	<b>Original Budget</b>	<b>Revised Budget</b>	<b>Difference</b>	<b>% Change</b>
<b>Expenditures</b>				
Personnel	12,164,100	11,591,100	(573,000)	-4.7%
Operating Costs	4,691,700	4,191,500	(500,200)	-10.7%
Capital Outlay	464,000	484,000	20,000	4.3%
Trustee and Benefits	733,900	1,082,000	348,100	47.4%
	<u>18,053,700</u>	<u>17,348,600</u>	<u>(705,100)</u>	
<b>Revenue</b>				
County Funds	5,511,800	5,511,800	-	0.0%
Contracts	8,700,900	8,271,000	(429,900)	-4.9%
Fees	1,960,500	1,874,400	(86,100)	-4.4%
Other	768,600	840,600	72,000	9.4%
Interest Revenue	637,500	485,900	(151,600)	-23.8%
Reserve Funds	474,400	364,900	(109,500)	-23.1%
	<u>18,053,700</u>	<u>17,348,600</u>	<u>(705,100)</u>	

**Central District Health  
FY-2025 Budget Revision  
(for the period July 1, 2024 - June 30, 2025)**

<b>ORIGINAL BUDGET</b>	<b>Revenues</b>	<b>18,053,700</b>	<b>Expenditures</b>	<b>18,053,700</b>
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<i>Changes:</i>					<i>Changes:</i>				
	Fees	Contracts	Other	Increase (Decrease) in revenue	Personnel	Operating	Capital	Trustee & Benefits	Increase (Decrease) in expend
<b>Administration/Board/PIO</b>	0	3,700	0	3,700	(57,100)	0	0	0	(57,100)
<b>Support Services</b>	0	1,400	12,300	13,700	15,500	55,000	0	0	70,500
<b>Community &amp; Env. Health</b>	(167,200)	(372,900)	64,700	(475,400)	(308,800)	(621,100)	20,000	228,400	(681,500)
<b>Family &amp; Clinic Services</b>	81,100	(62,100)	(5,000)	14,000	(222,600)	65,900	0	119,700	(37,000)
<b>Subtotal changes:</b>	<b>(86,100)</b>	<b>(429,900)</b>	<b>72,000</b>	<b>(444,000)</b>	<b>(573,000)</b>	<b>(500,200)</b>	<b>20,000</b>	<b>348,100</b>	<b>(705,100)</b>
				County Contributions	0				
				Interest Earning Change	(151,600)				
				Restrict Cash Advance	(50,400)				
				County Contributions Timing Offset	0				
				Reserve Funding Change	(59,100)				
				<b>Total Changes</b>	<b>(705,100)</b>	<b>Total Changes</b>			<b>(705,100)</b>
<b>REVISED BUDGET</b>	<b>Revenues</b>			<b>17,348,600</b>	<b>Expenditures</b>				<b>17,348,600</b>



# Solid Waste Management

## *Non-Municipal Solid Waste Facilities ( NMSWF)*

Mike Reno, Curtis Loveless

2/21/2025

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

1

# Solid Waste Management

## ➤ Municipal Waste

- Solid Waste Facilities Act Title 39 Chapter 74
- Health Districts have statutory requirement for...
  - Operations
  - Closure
  - Post Closure Activities

## ➤ Non-Municipal Solid Waste

- DEQ Rule IDAPA 58.01.06
- Any solid waste facility that is not a landfill
  - Transfer station
  - Petroleum contaminated soils sites
  - Composting facilities
- NO Health District requirement or role in non-municipal facilities



2

## The Issue

- Memorandum of Understanding
  - Between the Health District and DEQ
  - Health Districts have the same role for both municipal and non-municipal waste
- Privately owned vs. County owned
  - No issues with county owned NMSWF. Thank You Counties! 😊
  - Privately owned facilities
    - Significant amount of work
    - Odors the largest complaint
    - No Compensation, County Subsidized



3

## Solution and Moving Forward

- Revise DEQ MOU regarding the management of solid waste
  - Exclude Privately Owned Non-Municipal Waste Facilities from the Health District responsibilities in the MOU.
  - Health Districts will continue to inspect county owned non-municipal solid waste facilities.
  - Allow DEQ to address standards, procedures, and violations of privately owned non-municipal solid waste facilities as directed by the Solid Waste Management Rule IDAPA 58.01.06



4

# Solid Waste Management



208-327-8520



[CLoveless@cdh.idaho.gov](mailto:CLoveless@cdh.idaho.gov)



[www.cdh.idaho.gov](http://www.cdh.idaho.gov)





# Cybersecurity at CDH

Kent Petzold  
February 21, 2025

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

1

## 2024 Attacks by Industry

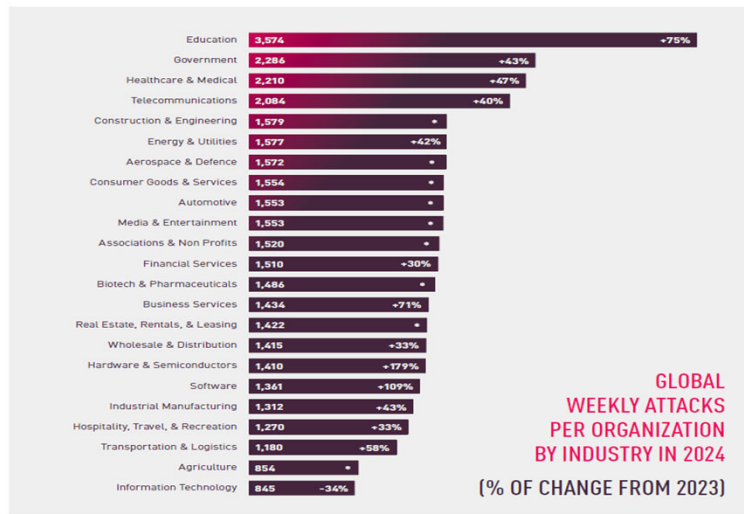


Figure 3 - Global average of weekly attacks per organization by industry in 2024 (% of change from 2023).



2



3



## Secure Logins

- Password rules to enforce strong criteria
  - minimum password length
  - inclusion of uppercase, lowercase, numbers, and special characters
- Multi-Factor Authentication (MFA) is required
  - Email
  - Virtual Private Network (VPN)
- Conditional Access Policy
  - No Logins allow outside the United States
- Using Password Management tool for shared passwords

4



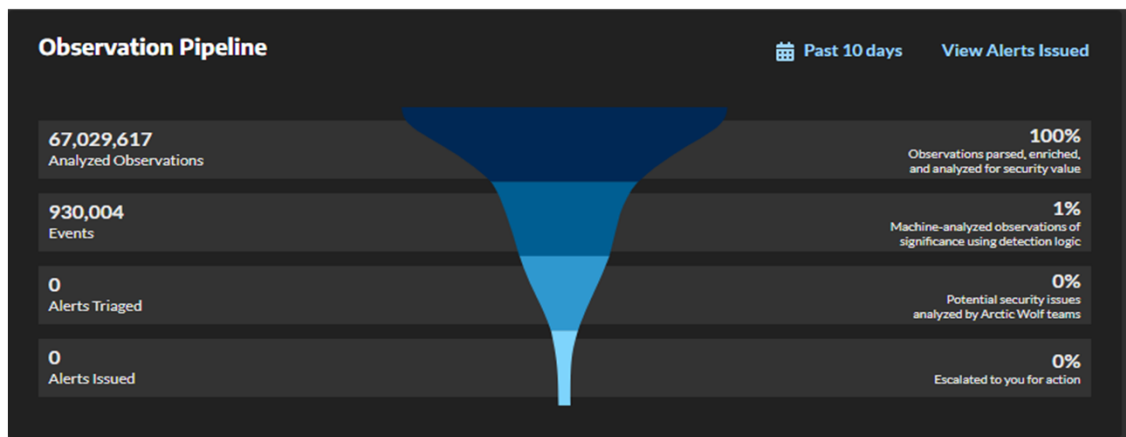
# Network Protection

- Actively blocking network traffic from outside the United States
- Endpoint Protection on all computers, laptops and tablets
  - Blocks malicious software from being installed
- Network Firewall
  - Open ports as needed
  - Blocking non-business relate sites and services



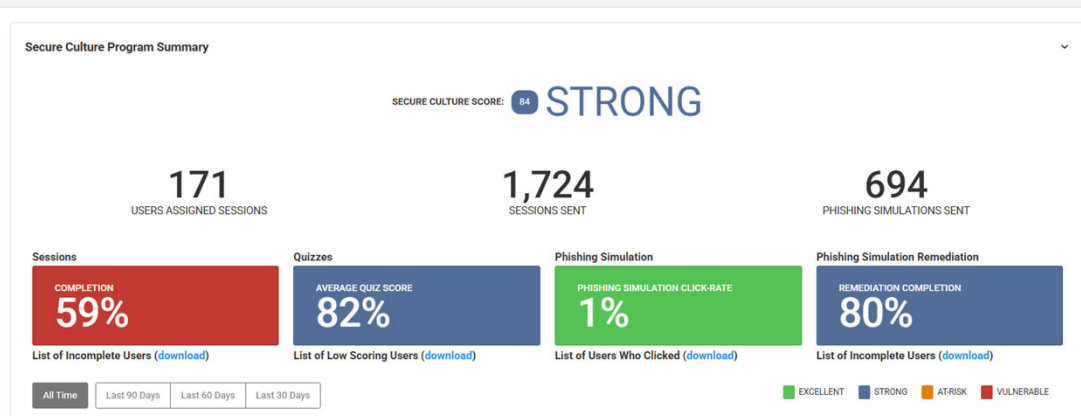
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# Managed Detection and Response



6

# Security Training for Employees



7

# Cybersecurity Roadmap for CDH

- IT Policies
  - Strengthen current policies
  - New policies
- Data Leak Prevention
  - Keeps sensitive data from being sent out
- Penetration Testing
  - Measuring tool for our environment
- Compliance and Auditing
  - Ongoing governance of the cybersecurity compliance plan

8



9



# Parents as Teachers

Central District Health



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

1

## Our Team!

- Ada county home visitors see between 18- 20 families
- Rural counties- 10-12 families
- Each family receives 2 visits a month for an hour in their home



2

# Background & History

## ▶ Who We Are:

- ▶ The Parents as Teachers evidence-based home visiting model is backed by more than 38 years of independent research with proven outcomes on:
  - ▶ Increasing parent knowledge of early childhood development and improving parent practices
  - ▶ Providing early detection of developmental delays and health issues
  - ▶ Preventing child abuse and neglect
  - ▶ Increasing children's school readiness and success
  - ▶ Improving maternal and child health



3

# Goals & Vision

Supporting pregnant & parenting families with children birth to Kindergarten.

*Our vision remains constant:*

*"that all children will develop, learn and grow to realize their full potential."*

- ▶ Increase parent knowledge of early childhood development and improve parenting practices
- ▶ Provide early detection of developmental delays and health issues
- ▶ Prevent child abuse and neglect
- ▶ Increase children's school readiness and school success



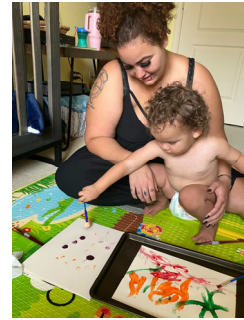
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# Service Delivery & Activities



## PERSONAL VISITS

Families have regular personal visits that include the areas of emphasis and follow the Foundational curricula.



5

# Service Delivery & Activities



## GROUP CONNECTIONS

Opportunities for families to make connections with other parents to provide support to each other and to learn something with their child(ren).



6

# Service Delivery & Activities



## CHILD SCREENING

Children receive regular developmental screening and a health review, including hearing and vision.



7

# Service Delivery & Activities



## Resource Network

Families are connected to needed community resources



8

# Outcomes

- Increased healthy pregnancies and improved birth outcomes
- Increased early identification and referral to services for possible developmental delays and vision and hearing issues in children
- Increased parent knowledge of age-appropriate child development, including language, cognitive, social-emotional and motor domains
- Improved parenting capacity, parenting practices and parent-child relationships through the demonstration of positive parenting skills and quality parent-child interactions
- Improved family health and functioning as demonstrated by a quality home environment, social connections and empowerment.



9

# Eligibility Criteria

**FREE program for residents who are expecting a baby and/or have a child(ren) Birth to Kindergarten entrance CDH service areas.**

- Teen parents <21 years
- Child or parent with disabilities or chronic health condition
- Parent with mental health challenges or chronic health condition
- Low educational attainment
- Low income
- Recent immigrant or refugee family
- Substance abuse
- Court-appointed legal guardian and/or foster care
- Homeless or unstable housing
- Incarcerated parent(s)
- Very low birth weight
- Death in the immediate family
- Intimate partner violence
- Child abuse or neglect
- Military family
- Tobacco users in the household



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## For more information to make a referral:

### CENTRAL DISTRICT HEALTH PARENTS AS TEACHERS:

#### Email Us:

[pat@cdh.idaho.gov](mailto:pat@cdh.idaho.gov)

#### Call Us:

Melanie Quas- 208-403-2848

#### Website:

<https://www.cdh.idaho.gov/hl-pat.php>



## **EMERGENCY AND NON-EMERGENCY SUCCESSION PLANNING**

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### **DEFINITION (S)**

**Acting District Director** – A Division Administrator of our agency that is appointed by the District Director or the Board of Health to stand in for the District Director with all authority and power to ensure operations continue of the health district.

**Short-term** – A temporary absence in which it is expected that the District Director will return to his/her position once the events precipitating the absence are resolved. A short-term absence is three (3) months or less.

**Long-term**: A long-term absence is one that is expected to last more than three (3) months.

**Permanent unplanned absence**: A permanent absence is one in which it is determined that the District Director will not be returning to the position.

### **POLICY**

Central District Health (CDH) succession plan for emergency and non-emergency outlines recommended courses of action for a short-term, long-term, or permanent vacancy in the District Director position, allowing for continuity and ensuring the continuous coverage of executive duties critical to the ongoing operations of CDH and its services to clients for the agency directed by the District Director and/or the Board of Health. Either the District Director or the Board of Health will appoint an Acting District Director.

### **Unplanned Absence Succession Plan: Short-term, Long-term, and Permanent**

In order to ensure the continuous coverage of executive duties critical to the ongoing operations of CDH and its services to clients, the Board of Health has adopted the CDH Continuity of Operations Plan (COOP). The COOP is reviewed and updated as needed by the Public Health Preparedness Section, Division Administrators, and District Director. It is expected that this plan will ensure continuity in the ongoing operation of CDH.

### **Succession plan in event of a temporary, unplanned absence – short-term:**

Steps for appointing an Acting District Director:

- **Who May Appoint the Acting District Director**: For a short-term absence, the Board will authorize implementation of the COOP, which defines positions by name and title. The defined positions will assume the role of the District Director to three levels. As soon as is feasible, the Chair of the Board shall meet with the Acting District Director to affirm the procedures prescribed in the COOP.
- **Authority and Restrictions of the Acting District Director**: The person appointed as Acting District Director shall have the full authority for decision-making and independent action as the District Director.

- Supervision of Acting District Director: As with the District Director, the Board will have responsibility for monitoring and supporting the work of the Acting District Director.

**Succession plan in event of a temporary, unplanned absence – long-term:**

- Implementation of Long-Term Appointment of Acting District Director: The procedures and conditions to be followed shall be the same as for a short-term absence. In addition, the Board in consultation with the Acting District Director will give immediate consideration to temporarily backfilling the Division Administrator position left vacant by the Acting District Director. This is in recognition of the fact that, for a term of more than three (3) months, it may not be reasonable to expect the Acting District Director to carry the duties of both positions.

**Succession plan in event of a permanent unplanned absence:**

- Implementation of Permanent District Director: The procedures and conditions shall be the same as for a long-term temporary absence with one addition; the Board shall appoint a Transition and Search Committee to plan and carry out hiring a permanent District Director.

**General Succession Plan**

To strengthen CDH's current and future workforce, this plan describes the methods used to develop the skills, knowledge, and talent needed for leadership continuity. It focuses on recognizing today what tomorrow's organizational leadership should resemble.

CDH strives to hire individuals for professional and management-level positions who exhibit a passion for public health and are a strong fit for the culture of CDH.

CDH includes professional development goals in employee performance plans. This ensures training opportunities are considered for each staff member, and they are built into the employees' performance plans for the following year. Employee performance objectives are expected to be in alignment with the agency's strategic plan.

**Review of the Succession Planning Policy**

The CDH Succession Planning Policy will be reviewed at the meeting in which the board elections are held with updates made in the interim if Division Administrators change.

**Confirmation of Agreement**

The order of succession is based on longevity to the agency in the Division Administrator position. The current order is Laurel Gearhart, Support Services Division Administrator, then Curtis Loveless, Community & Environmental Health Division Administrator, then Beth Bolen, Family & Clinic Services Division Administrator.

The signature of each Division Administrator acknowledges their commitment to taking on the role of Acting District Director as deemed by the current District Director and/or Board of Health Chair.

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Laurel Gearhart, SS Division Administrator

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Date

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Curtis Loveless, CEH Division Administrator

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Date

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Beth Bolen, FCS Division Administrator

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Date

*Contact: District Director*

*Original: 12-12-2014*

*Reviewed/Revised: 02-10-2017;02-17-2023;02-21-2025;*

*Procedure(s): None*

*Appendix(ices): None*

*Form(s): None*

Emergency and Non-Emergency Succession Planning approved:

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Clay Tucker, Vice Chair

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Date

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Russell A. Duke, District Director

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Date