

**BOARD OF HEALTH AGENDA**  
**Thursday, January 20, 2022**  
**9:00 a.m.**

Eastern Idaho Public Health – Conference Room  
1250 Hollipark Drive, Idaho Falls

The meeting room will accommodate seating for approximately 15 people. Social distancing will be required and masks must be worn. Any person who does not wish to social distance or wear a mask will not be allowed to enter and is invited to observe the meeting through live streaming.

**View Live on EIPH's YouTube Channel:**

<https://www.youtube.com/channel/UCaiWpioiGwhF95yxXgM01VA>

1. Call to Order and Roll Call .....Chairman Reed
2. Public Comment.....Chairman Reed  
*Public comment can be made in person, in writing, or virtually. Written comment can be e-mailed to: [EIPHboard@eiph.idaho.gov](mailto:EIPHboard@eiph.idaho.gov). Sign up [HERE](#) if you want to provide public comment virtually.*
3. Approval of Consent Agenda (**Action**) .....Chairman Reed  
*If a board member has an issue with something in the Consent Agenda, a request can be made to remove that item from the Consent Agenda for further discussion and a separate vote.*
  - a. Approval of November 4, 2021 Board of Health Meeting Minutes
  - b. Subgrant Review/Approval
  - c. FY22 Year-to-Date Financial Report
  - d. FY19 & 20 Audit Report
4. COVID-19 Situational Report..... Geri Rackow
  - a. Report from Regional Hospitals ..... Dr. Rachel Gonzales, Madison Memorial Hospital
  - b. Data Review ..... James Corbett
  - c. Vaccine Update .....Amy Gamett
5. Director's Report ..... Geri Rackow
  - a. Update on Bonneville County Office HVAC Project
  - b. Report on EIPH Challis Building
  - c. Staffing Update
  - d. Change in Employee Compensation Request (**Action**)
  - e. Update on HB316 Implementation
    - i. Department of Health & Welfare MOU (**Action**)
    - ii. Review/Approval of EIPH Personnel Policies (**Action**)
6. Lunch Break
7. Drug Overdose Prevention
  - a. Idaho Opioid Settlement Update ..... Geri Rackow
  - b. Narcan Training .....Mallory Johnson
8. COVID-19 Pandemic's Impact on EIPH's Preventive Care Services .....Amy Gamett
9. Public Health Preparedness Emergency Response Plan Overview ..... James Corbett

**BOARD OF HEALTH MEETING MINUTES**  
**November 4, 2021**  
**10:00 a.m.**

**PRESENT:**

**BOARD OF HEALTH MEMBERS**

Commissioner Bryon Reed, Chairman  
Commissioner Brent Mendenhall, Vice Chair/Trustee  
Bill Leake  
Commissioner Blair Dance  
Commissioner Greg Shenton  
Commissioner Shayne Young  
Commissioner Butts  
Dr. Aaron Gardner, MD

**STAFF MEMBERS**

Geri Rackow  
Amy Gamett  
Steven Thomas  
Cheryl O'Connell  
James Corbett  
Kellye Johnson

**1. Call Board Meeting to Order**

Chairman Reed called the meeting order at 10:06 a.m.

**2. Septic Rule Violation Enforcement Hearing**

A hearing was held with the EIPH Board and Stan and Daniel Babcock, the respondents for a septic rule violation. EIPH was represented by its legal counsel, Gregory Crockett. Evidence and arguments concerning the allegations were heard. The Board of Health members discussed the findings, evidence, and testimony of the hearing parties.

**MOTION:** Bill Leake made a motion to allow the Respondents, Stan and Daniel Babcock, 90 days to permit or abandon the septic system in question. No habitation of the dwelling will be allowed until the system is permitted. No penalties will be assessed by the Board of Health at this time.

**SECOND:** Commissioner Young

**ACTION:** Roll Call Vote:

Commissioner Mendenhall – yes

Commissioner Shenton – yes

Commissioner Butts – yes

Dr. Aaron Gardner – yes

Commissioner Dance – yes

Commissioner Young – yes

Bill Leake – yes

Commissioner Reed – yes

Commissioner Reed closed the hearing at 12:10 p.m.

**3. Confirmation of Dr. Aaron Gardner's Appointment**

Chairman Reed reported that Dr. Aaron Gardner's appointment to the EIPH Board of Health has been ratified by the majority of county commissioners in the health district. He welcomed Dr. Gardner as a member of the Board.

**4. Approval of the Consent Agenda**

**MOTION:** Commissioner Shenton made a motion to approve the November 4, 2021 Consent Agenda.

**SECOND:** Commissioner Butts

**ACTION:** MOTION CARRIED UNANIMOUSLY

**5. COVID-19 Situational Report**

**a. Update on Crisis Standards of Care**

Ms. Rackow provided an update on status of the Crisis Standards of Care (CSC) declaration in the state. CSC was activated statewide on 9/16/21. At this time, we are seeing improvement in hospitalizations, case counts, and positivity rates; however, staffing at the local hospitals is guarded.

**b. Data Review**

Mr. Corbett provided a report on our current COVID-19 situation and data. Positive cases are leveling off and there is adequate testing across the state. EIPH continues to perform contact tracing for positive cases reported.

**c. Vaccine Update**

Ms. Gamett reviewed the most recent update on vaccine.

- Children ages 5-11 years are now eligible to receive the vaccine. She presented information related to the safety conclusions for this age group.
- Everyone 18 years and older is eligible to receive a Pfizer or Moderna vaccine booster six months after completing the primary series; for the Johnson & Johnson/Janssen vaccine, people are eligible for a booster two months after the primary dose.

**6. Idaho Association of District Boards of Health Executive Committee and Trustee Meeting Reports)**

Commissioner Mendenhall reported that an Executive Council and a Trustee Meeting were held on November 2, 2021. Topics included the State Opioid Settlement, funding allocations for the Home Visiting Program, and House Bill 316.

**7. Fiscal Years 2020 and 2021 Annual Report Presentation**

EIPH staff reviewed the annual report and answered questions.

**8. Fiscal Matters**

**a. FY21 Year-End Financial Report**

Mr. Thomas reviewed the FY21 report. EIPH's total expenditures for the year were 4.48% below the approved budget. The original budget had been adjusted up \$1,644,100 for the expected cost of the COVID response. The actual total COVID response costs for FY21 were \$2,364,679. Total revenue for FY2021 was 20.84% above approved budget. A major impact on the high revenues was the receipt of donations for COVID and Federal funding received for COVID in advance of expenditures. A large portion of the funding was not spent in FY21 and carried over to FY22.

**b. Allocation of FY21 Carryover Funds**

Mr. Thomas provided input on possible uses of carryover funds. Discussion followed.

**c. FY22 Budget adjustment**

**MOTION:** Bill Leake made a motion to approve authorizing a \$1,131,000 refund to FEMA and move to reserves, \$20,000 for funding of the next 27<sup>th</sup> pay period and \$500,000 for future building costs.

**SECOND:** Commissioner Mendenhall

**ACTION:** MOTION CARRIED UNANIMOUSLY

**d. Change in Investment Fund**

Mr. Thomas reviewed the current investment fund balances and interest rates and discussed possible changes to investments.

**MOTION:** Commissioner Dance made a motion to move \$1,000,000 to the Diversified Bond Investment Fund.

**SECOND:** Commissioner Young

**ACTION:** MOTION CARRIED UNANIMOUSLY

**9. Directors Report**

**a. Approval of EIPH Fees**

Ms. Rackow presented proposed changes to the district's fees.

**MOTION:** Commissioner Mendenhall made a motion to approve the fee structure as presented, effective 11/5/2021.

**SECOND:** Commissioner Young

**ACTION:** MOTION CARRIED UNANIMOUSLY

**b. Opioid Settlement**

Ms. Rackow provided information on the nationwide opioid settlement in which the State of Idaho is participating. A portion of Idaho's settlement has been allocated to the Public Health District if they choose to participate by the 12/3/21 sign-on deadline. She reviewed the settlement agreement documents. Following discussion, the Board of Health members agreed to have EIPH participate.

**MOTION:** Commissioner Shenton made a motion authorizing Ms. Rackow to sign the agreement.

**SECOND:** Commissioner Butts

**ACTION:** MOTION CARRIED UNANIMOUSLY

**c. Update on HB316 Implementation**

Ms. Rackow provided updates on the effects of HB316 to the Public Health Districts. The health district directors are meeting every two weeks with various state agencies, including the State Controller's Office and the Division of Human Resources, on the transition that will be effective 3/1/2022.

**d. Public Water System Contract Termination**

EIPH has made the decision to terminate our contract with Idaho Department of Environmental Quality for Public Water Systems effective November 30, 2021. The employee currently overseeing the Water program has accepted a new assignment within EIPH's Environmental Health Division.

**e. Update on Bonneville County Office HVAC Project**

Ms. Rackow reported that the project is moving forward and the anticipated date of completion is April or May of 2022. This is primarily due to product availability.

**f. 2022 Board of Meeting Schedule**

A draft meeting schedule for 2022 was presented to the Board members for consideration. The group agreed on meeting dates. Ms. Rackow will send the final schedule out to Board members and get it posted on EIPH's website.

Chairman Reed adjourned the meeting at 2:15 p.m.

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Commissioner Bryon L. Reed, Chairman

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Gerri L. Rackow, Secretary

**EASTERN IDAHO PUBLIC HEALTH  
SUBGRANT SUMMARY**

01/20/22

**NEW, RENEWED, & AMENDED SUBGRANTS**

Subgrant/Contract Title	Grantor/ Contractor	N (New) R(Renew) A(Amend)	Start Date	End Date	Last Funding Amount	New Funding Amount	Comments
Home Visiting - ARPA	IDHW	N	1/1/2022	9/30/2023		\$40,911.00	
Maternal Infant Early Childhood Home Visiting	IDHW	R	2/1/2022	6/30/2023	\$266,500.00	\$377,542.00	Annual renewal, extended term 5 months to coincide with fiscal year
Title X Family Planning	IDHW	A1	4/21/2021	3/31/2022		\$28,403.00	Added funding
Tuberculosis - Directly Observed Therapy	IDHW	A4	1/1/2020	12/31/2022		\$1,524.00	Add funding; extended term

## Board Fiscal Notes

For the 6 Months End Ended December 31, 2021

Board Meeting

### General Notes

- 1 For the 6 months ended December 31, 2020, EIPH's total expenditures for the year were 3.46% below the approved budget. The budget amount is being increased each period in the capital section equal to the amount spent so far on the HVAC improvement project in Idaho Falls building.
- 2 For the 6 months ended December 31, 2020, EIPH's total revenues were 11.97% above approved budget. This is largely impacted by the COVID vaccine administration fees, the food license fees, and septic fees.

Month	Operating Account Balance	Operating Reserve Account Balance	Capital Reserve Account Balance	Total General Fund Cash Available	Millennium Fund Balance	Total Cash Available
Jul-21	1,140,450.73	5,204,119.39	3,009,500.00	9,354,070.12	96,007.89	9,450,078.01
Aug-21	517,543.71	6,005,476.65	3,009,500.00	9,532,520.36	93,529.19	9,626,049.55
Sep-21	634,683.96	6,006,822.66	3,009,500.00	9,651,006.62	91,982.43	9,742,989.05
Oct-21	329,063.04	5,938,243.36	3,009,500.00	9,276,806.40	88,189.65	9,364,996.05
Nov-21	581,632.10	5,419,522.88	3,529,500.00	9,530,654.98	86,230.59	9,616,885.57
Dec-21	510,315.14	5,620,811.42	3,529,500.00	9,660,626.56	78,530.65	9,739,157.21
Jan-22				-		-
Feb-22				-		-
Mar-22				-		-
Apr-22				-		-
May-22				-		-
Jun-22			-	-	-	-
<b>Capital Reserve Detail</b>						
	Restricted for Future Building Needs		1,887,000.00			
	Challis Building Replacement		600,000.00			
	Community Needs		172,500.00			
	Future 27th Payperiod		270,000.00			
	Future Operating Stabilization		600,000.00			
			3,529,500.00			
<b>Designated and Authorized out of Operating Reserve</b>						
	IT enhancements		150,000.00			
	Future Vehicle Purchases		240,000.00			
	Public Health Emergency		1,000,000.00			
	Building Maintenance		250,000.00			
	Legal Defense		100,000.00			
			1,740,000.00			
<b>Cash Restricted by Grant or Donor.</b>						
	Restricted for Mammograms		13,365.08			
	Regional Behavior Health Board		112,585.25			
	Citizen Review Pannel		56,978.33			
	State Home Visit		67,372.02			
	Millennium Fund		69,054.87			
	COVID Vax FEMA-CARE Act payments		1,131,075.00			
	COVID Donations		217,744.24			
			1,668,174.79			

**BOARD SUMMARY REPORT**  
**Eastern Idaho Public Health District**  
**Revenue and Cash Flow**

FY 2022

Last Updated 1/12/22 10:32 AM

<b>CONTRACT REVENUE</b>	<b>BUDGET</b>	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	YTD	Percent of Budget
Clinical Services Contract Total	723,700	139,440	27,386	55,429	58,340	88,317	56,659	-	-	-	-	-	-	425,571.01	58.80%
Nutrition Contract Total	1,237,332	94,161	88,729	92,897	86,687	127,303	95,614	-	-	-	-	-	-	585,390.48	47.31%
Environmental Health Contract Total	233,786	14,486	15,456	16,406	15,722	24,199	17,563	-	-	-	-	-	-	103,830.63	44.41%
Public Health Disaster	808,000	130,653	26,218	38,540	26,724	71,405	69,523	-	-	-	-	-	-	363,061.75	44.93%
Healthcare Transformation	105,500	42,684	6,000	6,062	5,960	6,520	6,129	-	-	-	-	-	-	73,354.54	69.53%
Community Health Contract Total	1,864,267	257,059	78,325	207,301	98,576	133,110	117,560	-	-	-	-	-	-	891,930.09	47.84%
<b>TOTAL CONTRACTS</b>	<b>4,972,585</b>	<b>678,482</b>	<b>242,113</b>	<b>416,635</b>	<b>292,008</b>	<b>450,853</b>	<b>363,048</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,443,138.50</b>	<b>49.13%</b>

<b>FEE REVENUE</b>															
Clinical Services Fees Total	1,185,000	76,138	75,741	102,787	183,933	154,334	151,187	-	-	-	-	-	-	744,120.31	62.79%
Community Health Fees Total	0	7,504	4,047	3,252	3,252	3,572	1,751	-	-	-	-	-	-	23,376.64	#DIV/0!
Emergency Response Fee	50,000	337,919	294,548	47,432	72,394	84,467	112,957	0	0	0	0	0	0	949,717.24	1899.43%
Environmental Health Fees Total	862,550	91,498	106,954	97,886	91,292	195,487	117,180	-	-	-	-	-	-	700,296.50	81.19%
<b>TOTAL FEES</b>	<b>2,097,550</b>	<b>513,058</b>	<b>481,291</b>	<b>251,357</b>	<b>350,871</b>	<b>437,860</b>	<b>383,075</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,417,510.69</b>	<b>115.25%</b>
<b>SUB-TOTAL FEES &amp; CONTRACTS</b>	<b>7,070,135</b>	<b>1,191,539</b>	<b>723,403</b>	<b>667,992</b>	<b>642,878</b>	<b>888,713</b>	<b>746,123</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4,860,649.19</b>	<b>68.75%</b>

<b>GENERAL RECEIPTS</b>															
County Appropriations	1,120,703	156,493	61,834	61,834	58,063	159,943	62,170	-	-	-	-	-	-	560,335.77	50.00%
INTEREST	30,000	1,364	1,357	1,346	1,421	1,280	1,289	-	-	-	-	-	-	8,056.41	26.85%
STATE APPROPRIATIONS	809,500	385,250	-	-	-	-	-	-	-	-	-	-	-	385,250.00	47.59%
SURPLUS PROPERTY	0	-	-	-	-	-	-	-	-	-	-	-	-	-	N/A
REFUNDS	0	-	-	-	-	-	-	-	-	-	-	-	-	-	N/A
Miscellaneous	0	4,291	440	5,006	60	1,005	6,315	-	-	-	-	-	-	17,116.22	
														-	N/A
<b>TOTAL GENERAL REVENUE</b>	<b>2,339,839</b>	<b>547,398</b>	<b>63,630</b>	<b>68,186</b>	<b>59,543</b>	<b>162,228</b>	<b>69,773</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>970,758.40</b>	<b>41.49%</b>
<b>GRAND TOTAL</b>	<b>9,409,974</b>	<b>1,738,938</b>	<b>787,034</b>	<b>736,177</b>	<b>702,421</b>	<b>1,050,941</b>	<b>815,897</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,831,407.59</b>	<b>61.97%</b>

															AMOUNT OF YEAR ELAPSED	50.00%
Total Clinical Services	1,908,700	215,578	103,127	158,216	242,273	242,651	207,847	-	-	-	-	-	-	1,169,691.32	61.28%	
Total Nutrition Revenue	1,237,332	94,161	88,729	92,897	86,687	127,303	95,614	-	-	-	-	-	-	585,390.48	47.31%	
Total Environmental Revenue	1,096,336	105,983	122,410	114,292	107,014	219,686	134,743	-	-	-	-	-	-	804,127.13	73.35%	
Total Emergency Response	858,000	468,572	320,766	85,972	99,118	155,872	182,480	0	0	0	0	0	0	1,312,778.99	153.00%	
Total Healthcare Transformation	105,500	42,684	6,000	6,062	5,960	6,520	6,129	-	-	-	-	-	-	73,354.54	69.53%	
Total Community Health	1,864,267	264,562	82,373	210,552	101,827	136,681	119,311	-	-	-	-	-	-	915,306.73	49.10%	

<b>CASH FLOW SUMMARY</b>															
Total Revenue and Appropriations	9,409,974	1,738,938	787,034	736,177	702,421	1,050,941	815,897	-	-	-	-	-	-	5,831,407.59	
Decrease (Increase) Accounts Receivable		19,290	4,609	49,477	(7,419)	(41,092)	(8,575)							16,290.15	
Change in Accrued Exp/Revenue		11,120	43,563	173,562	(215,331)	50,592	(21,068)							42,437.82	
Total Expenditures	9,534,107	605,068	659,234	842,277	857,664	808,552	663,982	-	-	-	-	-	-	4,436,776.25	
Change in Cash		1,164,280	175,972	116,940	(377,993)	251,890	122,272							1,453,359.31	
Cash Balance Beginning of period		8,285,798	9,450,078	9,626,050	9,742,989	9,364,996	9,616,886	9,739,157	9,739,157	9,739,157	9,739,157	9,739,157	9,739,157	8,285,797.90	
Cash Balance End of Current Period		9,450,078	9,626,050	9,742,989	9,364,996	9,616,886	9,739,157	9,739,157	9,739,157	9,739,157	9,739,157	9,739,157	9,739,157	9,739,157.21	
Cash Balance Reserved by Board for Capital Projects		3,009,500	3,009,500	3,009,500	3,009,500	3,529,500	3,529,500	-	-	-	-	-	-	-	
Unrestricted Cash Balance		6,440,578	6,616,550	6,733,489	6,355,496	6,087,386	6,209,657	9,739,157	9,739,157	9,739,157	9,739,157	9,739,157	9,739,157	9,739,157.21	



**Board Summary Report  
Eastern Idaho Public Health  
Expenditure Summary**

FY 2022

Last Updated 1/19/22 3:07 PM

DIVISION	Budget	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	YTD	Percent used	remaining
BOARD OF HEALTH	23,902	1,357.32	768.77	1,271.55	1,137.00	1,507.73	-	-	-	-	-	-	-	6,042.37	25.28%	74.72%
EMERGENCY RESPONSE	986,631	147,886.11	111,908.58	125,167.52	180,273.46	173,690.97	135,695.42	-	-	-	-	-	-	874,622.06	88.65%	11.35%
COMMUNITY HEALTH	1,629,500	80,767.95	113,302.45	98,743.40	133,927.97	119,941.89	92,516.79	-	-	-	-	-	-	639,200.45	39.23%	60.77%
HEALTHCARE TRANSFORMATION	93,848	5,665.20	4,011.23	4,892.39	8,253.40	5,260.05	4,648.59	-	-	-	-	-	-	32,730.86	34.88%	65.12%
CLINICAL SERVICES	3,021,122	126,411.58	122,800.61	294,815.18	164,225.44	231,464.41	154,065.90	-	-	-	-	-	-	1,093,783.12	36.20%	63.80%
NUTRITION	1,261,976	77,379.66	81,972.82	75,876.40	110,197.94	85,743.33	67,101.02	-	-	-	-	-	-	498,271.17	39.48%	60.52%
ENVIRONMENTAL	1,260,484	92,450.47	102,687.94	94,889.50	129,921.41	115,249.91	106,971.40	-	-	-	-	-	-	642,170.63	50.95%	49.05%
GENERAL SUPPORT	1,145,821	73,149.32	89,091.90	93,121.17	117,409.95	63,376.68	102,982.64	-	-	-	-	-	-	539,131.66	47.05%	52.95%
<b>SUBTOTAL</b>	<b>9,423,283</b>	<b>605,067.61</b>	<b>626,544.30</b>	<b>788,777.11</b>	<b>845,346.57</b>	<b>796,234.97</b>	<b>663,981.76</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>4,325,952.32</b>	<b>45.91%</b>	<b>54.09%</b>
BUILDING PROJECT	36,950	-	12,316.00	-	12,317.00	12,317.00	-	-	-	-	-	-	-	36,950.00	N/A	N/A
COMMUNICATIONS EQUIP	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	N/A	N/A
COMPUTERS	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	N/A	N/A
VEHICLES	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	#DIV/0!	#DIV/0!
EQUIPMENT	73,874	-	20,373.93	53,500.00	-	-	-	-	-	-	-	-	-	73,873.93	100.00%	N/A
LOAN PAYMENT	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	#DIV/0!	#DIV/0!
<b>CAPITAL OUTLAY TOTAL</b>	<b>110,824</b>	<b>-</b>	<b>32,689.93</b>	<b>53,500.00</b>	<b>12,317.00</b>	<b>12,317.00</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>110,823.93</b>	<b>100.00%</b>	<b>0.00%</b>
<b>TOTAL</b>	<b>9,534,107</b>	<b>605,067.61</b>	<b>659,234.23</b>	<b>842,277.11</b>	<b>857,663.57</b>	<b>808,551.97</b>	<b>663,981.76</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4,436,776.25</b>	<b>46.54%</b>	<b>53.46%</b>
<b>PERCENTAGE OF TIME ELAPSED AND TIME REMAINING</b>														<b>50.00%</b>	<b>50.00%</b>	

Operating Cash Inflow	1,758,227.86	791,642.57	785,654.96	695,001.93	1,009,849.17	807,321.25	-	-	-	-	-	-	-	5,847,697.74
Operating Cash Outflow	593,947.75	582,981.10	615,215.46	1,060,677.93	745,642.65	685,049.61	-	-	-	-	-	-	-	4,283,514.50
Cash Provided (Used) by Operations	1,164,280.11	208,661.47	170,439.50	(365,676.00)	264,206.52	122,271.64	-	-	-	-	-	-	-	1,564,183.24
Cash used for Capital Expenditures	-	32,689.93	53,500.00	12,317.00	12,317.00	-	-	-	-	-	-	-	-	110,823.93
	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash to (from) Reserve	1,164,280.11	175,971.54	116,939.50	(377,993.00)	251,889.52	122,271.64	-	-	-	-	-	-	-	1,453,359.31
														1,453,359.31



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State of Idaho

Legislative Services Office

## Individual Entity Audit Report

A communication to the Joint Finance-Appropriations Committee

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# EASTERN IDAHO PUBLIC HEALTH (VII) FISCAL YEARS 2019 AND 2020

**Report OP95720**  
**Date Issued: December 8, 2021**

*Serving Idaho's Citizen Legislature*



Idaho Legislative Services Office  
Legislative Audits Division

## EASTERN IDAHO PUBLIC HEALTH (VII)

April Renfro, Manager

### SUMMARY

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#### **PURPOSE OF AUDIT REPORT**

We have audited the financial statements of the Eastern Idaho Public Health (VII) (EIPH) for the fiscal years ended June 30, 2019 and June 30, 2020, in accordance with auditing standards generally accepted in the United States of America. The purpose of our audit is to determine whether the EIPH's financial statements are materially accurate and reliable, and that it complied with laws and regulations affecting fiscal operations.

#### **CONCLUSION**

We conclude that the EIPH's financial statements are materially accurate and reliable, and fiscal operations materially comply with related laws and regulations. As a result, we issued an unmodified opinion on the EIPH's financial statements.

#### **FINDINGS AND RECOMMENDATIONS**

There are no findings and recommendations in this report or the prior report.

#### **MANAGEMENT'S VIEW**

The EIPH has reviewed the report and is in general agreement with the contents.

#### **OTHER ISSUES**

This report is intended solely for the information and use of the State of Idaho, the Eastern Idaho Public Health (VII), and the EIPH's Board and is not intended to be used by anyone other than these specified parties.

We appreciate the cooperation and assistance given to us by the Director, Geri Rackow, and her staff.

#### **ASSIGNED STAFF**

Amy Brown, CPA, Managing Auditor  
Lindsay Castano, In-Charge Auditor  
Ashley Rice, Staff Auditor  
Melissa Campbell, Staff Auditor  
Anna Clements, Staff Auditor

# TABLE OF CONTENTS

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Independent Auditor's Report – Unmodified Opinion on Basic Financial Statements.....	1
<u>Basic Financial Statements</u>	
Statement of Net Position – Cash Basis.....	3
Statement of Activities – Cash Basis.....	4
Statement of Cash Assets and Fund Balances – Governmental Funds.....	5
Statement of Cash Receipts, Cash Disbursements, and Changes in Cash Basis Fund Balances – Governmental Funds.....	6
Notes to Financial Statements.....	7
<u>Supplementary Information</u>	
Schedule of Cash Receipts and Disbursements – Budget to Actual.....	14
Note to Supplementary Information.....	15
Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i> .....	16
Independent Auditor's Report on Compliance for Each Major Program and on Internal Control over Compliance Required by <i>Uniform Guidance</i> .....	18
Schedule of Expenditures of Federal Awards.....	20
Notes to Schedule of Expenditures of Federal Awards.....	23
Schedule of Findings and Questioned Costs.....	24
Management's View.....	25
Appendix.....	26
Organizational Chart.....	28



# Legislative Services Office Idaho State Legislature

**Terri Kondeff**  
Director

*Serving Idaho's Citizen Legislature*

November 22, 2021

## **UNMODIFIED OPINION ON CASH BASIS FINANCIAL STATEMENTS OF A GENERAL-PURPOSE GOVERNMENT, ACCOMPANIED BY SUPPLEMENTARY INFORMATION, AND OTHER INFORMATION**

### Independent Auditor's Report

Geri Rackow, Director  
Eastern Idaho Public Health (VII)  
1250 Hollipark Drive  
Idaho Falls, ID 83401

Bryon Reed, Board Chairman  
Eastern Idaho Public Health (VII)  
1250 Hollipark Drive  
Idaho Falls, ID 83401

Dear Ms. Rackow and Mr. Reed:

### **Report on the Financial Statements**

We have audited the accompanying cash basis financial statements of the governmental activities and the major fund of the Eastern Idaho Public Health (VII) (EIPH), as of and for the years ended June 30, 2019 and June 30, 2020, and the related notes to the financial statements, which collectively comprise the EIPH's basic financial statements as listed in the table of contents.

### **Management's Responsibility for the Financial Statements**

The EIPH's management is responsible for the preparation and fair presentation of these financial statements in accordance with the cash basis of accounting described in Note 2; this includes determining that the cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the EIPH's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Paul Headlee, Deputy Director  
Legislative Services Office

Kristin Ford, Manager  
Research & Legislation

Keith Bybee, Manager  
Budget & Policy Analysis

April Renfro, Manager  
Legislative Audits

Glenn Harris, Manager  
Information Technology

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis of our audit opinion.

### **Opinions**

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective cash basis financial position of the governmental activities and the major fund information of the EIPH, as of June 30, 2019 and June 30, 2020, and the respective changes in financial position-cash basis, thereof for the year then ended in conformity with the basis of accounting described in Note 2.

### **Basis of Accounting**

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

### **Other Matters**

#### *Required Supplementary Information*

Management has omitted management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by this missing information.

#### *Other Information*

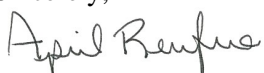
Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the EIPH's basic financial statements. The budgetary comparison information and the Schedule of Expenditures of Federal Awards, as required by *Uniform Guidance*, are presented for purposes of additional analysis and are not a required part of the basic financial statements.

The budgetary comparison information and the Schedule of Expenditures of Federal Awards are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the budgetary comparison information and the Schedule of Expenditures of Federal Awards are fairly stated in all material respects, in relation to the basic financial statements as a whole on the basis of accounting described in Note 2.

### **Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated November 22, 2021, on our consideration of the EIPH's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the EIPH's internal control over financial reporting and compliance.

Sincerely,



April Renfro, CPA, Manager  
Legislative Audits Division

STATE OF IDAHO  
 EASTERN IDAHO PUBLIC HEALTH (VII)  
 STATEMENT OF NET POSITION - CASH BASIS  
AS OF JUNE 30, 2019 AND 2020

	June 30, 2019 Governmental Activities	June 30, 2020 Governmental Activities
<b>ASSETS</b>		
Cash and Cash Equivalents	\$4,897,078	\$5,897,254
<b>TOTAL ASSETS</b>	<b>\$4,897,078</b>	<b>\$5,897,254</b>
<b>NET POSITION</b>		
Restricted	\$208,069	\$93,102
Unrestricted	4,689,009	5,804,152
<b>TOTAL NET POSITION</b>	<b>\$4,897,078</b>	<b>\$5,897,254</b>

The accompanying notes are an integral part of these financial statements.

STATE OF IDAHO  
 EASTERN IDAHO PUBLIC HEALTH (VII)  
 STATEMENT OF ACTIVITIES - CASH BASIS

FOR THE YEAR ENDED JUNE 30, 2019

	PROGRAM RECEIPTS			Net (Disbursements) Receipts and Changes in Cash Balance
	Disbursements	Charges for Services	Operating Grants and Contributions	
<b>PROGRAMS</b>				
Governmental Activities:				
Board of Health	\$20,715	\$300		(\$20,415)
Clinical Services	3,333,976	1,618,919	\$963,253	(751,804)
Environmental Health	1,013,704	790,523	199,837	(23,344)
Community Health	1,246,644	15,425	1,334,448	103,229
Nutrition	1,127,135		1,221,994	94,859
General Support Service Programs	197,502		250,484	52,982
General Support	1,198,123	11,536	55	(1,186,532)
<b>Total Governmental Activities</b>	<b>\$8,137,799</b>	<b>\$2,436,703</b>	<b>\$3,970,071</b>	<b>(\$1,731,025)</b>
General Receipts:				
State				\$1,208,071
Interest				110,037
County				1,131,835
<b>Total General</b>				<b>\$2,449,943</b>
Increase in Net Position				718,918
Beginning Net Position				4,178,160
Ending Net Position				<b>\$4,897,078</b>

FOR THE YEAR ENDED JUNE 30, 2020

	PROGRAM RECEIPTS			Net (Disbursements) Receipts and Changes i Cash Balance
	Disbursements	Charges for Services	Operating Grants and Contributions	
<b>PROGRAMS</b>				
Governmental Activities:				
Board of Health	\$20,759	\$2,015		(\$18,744)
Clinical Services	3,306,632	1,642,458	\$769,758	(894,416)
Environmental Health	1,042,888	888,061	209,855	55,028
Community Health	1,478,969	10,888	1,672,317	204,236
Nutrition	1,072,754		1,433,120	360,366
Emergency Response COVID	221,229		31,500	(189,729)
General Support Service Programs	31,473		51,834	20,361
General Support	1,009,005	23,800		(985,205)
<b>Total Governmental Activities</b>	<b>\$8,183,709</b>	<b>\$2,567,222</b>	<b>\$4,168,384</b>	<b>(\$1,448,103)</b>
General Receipts:				
State				\$1,220,700
Interest				106,906
County				1,120,673
<b>Total General</b>				<b>\$2,448,279</b>
Increase in Net Position				1,000,176
Beginning Net Position				4,897,078
Ending Net Position				<b>\$5,897,254</b>

The accompanying notes are an integral part of these financial statements.



STATE OF IDAHO  
 EASTERN IDAHO PUBLIC HEALTH (VII)  
 STATEMENT OF CASH ASSETS AND FUND BALANCES - GOVERNMENTAL FUND  
AS OF JUNE 30, 2019 AND 2020

	June 30, 2019 Special Revenue Fund	June 30, 2020 Special Revenue Fund
ASSETS		
Cash and Cash Equivalents	\$4,897,078	\$5,897,254
TOTAL ASSETS	\$4,897,078	\$5,897,254
FUND BALANCE		
Restricted	\$208,069	\$93,102
Committed	2,364,890	2,903,799
Assigned	2,324,119	2,900,353
TOTAL CASH BASIS FUND BALANCE	\$4,897,078	\$5,897,254

The accompanying notes are an integral part of these financial statements.

STATE OF IDAHO  
 EASTERN IDAHO PUBLIC HEALTH (VII)  
 STATEMENT OF CASH RECEIPTS, CASH DISBURSEMENTS, AND CHANGES IN  
 CASH BASIS FUND BALANCES - GOVERNMENTAL FUND  
 FOR THE FISCAL YEARS ENDED JUNE 30, 2019 AND 2020

	June 30, 2019 Governmental Funds	June 30, 2020 Governmental Funds
<b>CASH RECEIPTS</b>		
Health and Professional Services	\$2,449,223	\$2,591,844
Interest and Income on Investments	110,037	106,906
Federal Grants	3,471,382	3,847,343
State Grants	470,080	266,892
City and County Grants	1,131,835	1,120,673
Miscellaneous Revenue	16,089	29,526
State General Fund Support	1,208,071	1,220,700
<b>TOTAL CASH RECEIPTS</b>	<b>\$8,856,717</b>	<b>\$9,183,884</b>
<b>CASH DISBURSEMENTS</b>		
Board of Health	\$20,715	\$20,759
Clinical Services	3,333,976	3,306,632
Environmental Health	1,013,704	1,042,888
Community Health	1,246,644	1,478,969
Nutrition	1,127,135	1,072,754
Emergency Response COVID		221,229
General Support Service Programs	197,502	31,473
General Support	1,198,123	1,009,005
<b>TOTAL CASH DISBURSEMENTS</b>	<b>\$8,137,799</b>	<b>\$8,183,709</b>
Excess of Receipts Over Disbursements		
Net Change in Cash Balance	\$718,918	\$1,000,175
Beginning Cash Basis Fund Balance	4,178,160	4,897,078
Ending Cash Basis Fund Balance	<b>\$4,897,078</b>	<b>\$5,897,254</b>

The accompanying notes are an integral part of these financial statements.

# NOTES TO THE FINANCIAL STATEMENTS

## FOR THE YEARS ENDED JUNE 30, 2019 AND 2020

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### **NOTE 1: REPORTING ENTITY**

In determining how to define Eastern Idaho Public Health (EIPH) (VII) for financial reporting purposes, management has considered all potential component units in accordance with GASB *Statement 14* as amended by GASB *Statement 39 and 61*. The Idaho legislature created seven health districts throughout the State in 1970. In 1976, the legislature expressed specific intent that the districts were not to be considered State agencies, but were to be recognized as authorized governmental entities. Although the districts are not State agencies, all districts have opted to process their financial transactions through the State accounting system.

EIPH is governed by a nine member Board of Health with representation from each county in the district. The acting County Commissioners for each county located in the district appoint members as follows: one member each from Lemhi, Clark, Fremont, Madison, Custer, Bonneville, Jefferson, and Teton Counties, plus one Physician Representative.

### **NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

EIPH financial statements are presented on a cash basis of accounting, an *Other Comprehensive Basis of Accounting (OCBOA)*. The cash basis of accounting, while an acceptable basis of accounting under *Statements on Accounting Standards (SAS) 62*, differs from Generally Accepted Accounting Principles (GAAP) widely recognized in the United States. Governmental Accounting Standards Board (GASB) pronouncements have been applied to the extent applicable to the cash basis of accounting.

#### **A. Government-Wide Financial Statements**

The government-wide financial statements (e.g. the *Statement of Net Position—Cash Basis* and the *Statement of Activities—Cash Basis*) report information on all activities of EIPH. These activities are financed through General Fund appropriations, county contributions, federal grants, state grants, and program receipts.

The *Statement of Net Position—Cash Basis* represents EIPH's cash and cash equivalent balances of the governmental activities at year end. The *Statement of Activities—Cash Basis* demonstrates the degree to which the direct disbursements of a given function are offset by program receipts. The receipts and disbursements are segregated by activity and then by function. Receipts are classified as program or general receipts. Receipts are recognized when cash is received. Program receipts include fees or charges paid by recipients for goods or services offered by the program, contributions, grants and other receipts associated with a program. Receipts not meeting the definition of program receipts are general receipts including General Fund appropriation, county contributions, and interest received. Direct disbursements are those that are clearly identifiable within a specific function. Indirect costs are not allocated between functions in the government wide financial statements. Immaterial differences in the statements are due to rounding.

#### **B. Fund Financial Statements**

Functions of EIPH are financed through governmental funds. EIPH has one major governmental fund. The General Fund accounts for all financial resources of EIPH. In the governmental fund financial statements, receipts are reported by source and disbursements are reported by functions.

### C. Basis of Accounting

The cash basis of accounting is applied in preparing EIPH's financial statements. Receipts are recorded in the general ledger and reported in the financial statements when cash is received rather than when revenue is earned. Cash receipts are reported net of refunds. Disbursements are recorded in the general ledger and reported in the financial statements when cash is paid rather than when a liability is incurred.

Some assets and related revenues, along with some liabilities and related expenses, are not recorded in these financial statements. The cash basis of accounting precludes the inclusion of certain accounts and related revenue and expense items in the financial statements. Items not included are accounts receivable, accounts payable, revenue earned not collected, expenses accrued for goods and services not paid, and accrued liabilities and related expenses.

### D. Assets, Liabilities, and Net Assets

#### Cash and Cash Equivalents

The State Treasurer is the custodian of EIPH's cash and investments. EIPH's primary governmental fund includes cash and investments. These are both considered cash on hand and are on deposit with the State Treasurer's Office.

Cash equivalents are reported at book value. Additional disclosure is identified in Note 3.

#### Capital Assets

Acquisitions of property, plant, and equipment are recorded as disbursements when paid. These items are not reflected as assets in the accompanying financial statements.

#### Compensated Absences

EIPH, as a separate political subdivision, has elected to follow State rules on compensated absences. Accrued leave balances such as vacation and overtime are paid as cash payments to employees upon termination. Consistent with cash basis accounting, compensated absences earned are not reflected as a liability in the accompanying financial statements.

#### Pension Plan

EIPH participates in a pension plan, further described in Note 4. EIPH recognizes the employer contribution to the plan when paid. Note 4 further details employer/employee contributions and benefits of the plan.

#### Restricted Net Position

EIPH's restricted fund balance includes; funding for Medical Reserve Corps use that is restricted by the original granting entity, funds appropriated under 2018 SB1362 and 2019 SB 1163 restricted for the home visitation program, funds received from Federal Government as Provider Relief during COVID19 pandemic event not expended in FY 2020, funds donated by Flour and restricted for COVID19 expenditures, and funds appropriated by legislature under HB 200 for Citizen Review Panel operations.

	<u>FY 2019</u>	<u>FY 2020</u>
Medical Reserve	\$3,514	
Home Visitation Program	\$204,555	\$33,348
Provider Relief Fund payment not spent		\$9,213
Citizen Review Panel		\$19,041
Flour COVID donation		\$31,500

Unrestricted Net Position

Unrestricted net position is the remaining amount of net position having no constraints imposed on them by the contributor, grantor, or by enabling legislation.

Net Position Resource Expenditure

Program expenditures of Eastern Idaho Public Health are allocated to restricted program revenue first, and then to the next highest level of restricted net assets fund balances when both restricted and unrestricted resources are available. When restricted State funds and restricted Federal funds are available for the same purpose State restricted funds are spent first.

Fund Balance Restrictions

Program expenses are allocated to restricted program revenue first, and then to the next highest level of restricted net assets/fund balances when both restricted and unrestricted resources are available. When restricted State funds and restricted Federal funds are available for the same purpose State restricted funds are spent first.

GASB 54 requires the fund balance amounts to be properly reported within one of the fund balance categories listed below:

1. *Nonspendable*, such as fund balance associated with inventories, prepaids, long-term loans and notes receivable, and property held for resale (unless the proceeds are restricted, committed, or assigned),
2. *Restricted* fund balance category includes amounts that can be spent only for specific purposes stipulated by constitution, external resource providers, or through enabling legislation,
3. *Committed* fund balance classification includes amounts that can be used only for the specific purposes determined by an approved Motion (formal action) of the Board of Health (EIPH’s highest level of decision-making authority),
4. *Assigned* fund balance classification are intended to be used by the government for specific purposes but do not meet the criteria to be classified as restricted or committed, and
5. *Unassigned* fund balance is the residual classification for the government’s general fund and includes all spendable amounts not contained in the other classifications.

*Restricted Fund Balance Policy*

EIPH restricted fund balance consists of funding restricted by contributors or legislative action. Balances for June 30, 2019 and June 30, 2020 are listed below.

	<u>FY 2019</u>	<u>FY 2020</u>
Medical Reserve	\$3,514	
Home Visitation Program	\$204,555	\$33,348
Provider Relief Fund payment not spent		\$9,213
Citizen Review Panel		\$19,041
Flour COVID donation		\$31,500

*Committed Fund Balance Policy*

EIPH’s Board of Health has committed funds for operating budget stabilization, legal defense, building maintenance, operation of Regional Behavior Health Board, vehicle replacement, personnel costs, remodeling projects, future public health community needs and public health emergencies. Balance totaled \$2,364,890 on June 30, 2019 and \$2,903,799 on June 30, 2020.

*Assigned Fund Balance Policy*

Amounts listed as assigned are those funds left over after the prior categories have been satisfied. All funds held by the Health District are for the special purpose of public health, so all remaining fund balance is considered assigned. Balance totaled \$2,324,119 on June 30, 2019 and \$2,900,353 on June 30, 2020.

*Unassigned Fund Balance Policy*

EIPH has no unassigned fund balance.

**NOTE 3: CASH AND CASH EQUIVALENTS**

EIPH participates in the State Treasurer’s internal and external investment pools. The IDLE fund is an internal investment pool managed by the State Treasurer’s Office on behalf of participants. Money not needed to meet immediate operating obligations is invested in accordance with Idaho Code, Section 67-1210 and 67-1210A. Participation in the IDLE fund is mandatory.

The District also participates in the Local Government Investment Pool (LGIP) and the Diversified Bond Fund (DBF). Both are external investment pools sponsored by the State Treasurer’s Office. In order to earn a higher yield, Idaho governmental entities may voluntarily deposit moneys not needed to meet immediate operating obligations in these pools.

The LGIP is a short-term investment pool. Participants have overnight availability to their funds, up to \$10 million. Withdrawals of more than \$10 million require three business days notification. The LGIP distributes earnings monthly to the participants based on their average daily balance as a percentage of the total pool. Idaho Code restricts the State Treasurer to certain types of investments.

The DBF was created by the State Treasurer’s Office for agencies to invest longer term and earn potentially greater returns. Withdrawals of \$10 million or less generally require five business days' notification prior to the last day of the month. Withdrawals of more than \$10 million require 25 business days notification prior to the last day of the month. The DBF distributes earnings monthly to the participants based on their average daily balance as a percentage of the total pool.

The Pools disclose certain risks that may be associated with their deposits and investments. Disclosures are made under each individual pool for the following required risk disclosures:

*Interest rate risk* occurs when investments are fixed for longer periods. The weighted average maturity for LGIP and DBF for June 30, 2019 and June 30, 2020, respectively, is:

	<u>FY 2019</u>	<u>FY 2020</u>
LGIP (days)	88	177
DBF (years)	2.94	3.07

*Concentration of credit risk* results when investments are concentrated in one issuer and represents heightened risk of potential loss.

*Credit risk associated with investments* is the risk that an issuer of debt securities or counterparty to an investment transaction will not fulfill its obligation.

*Custodial credit risk* is the risk that in the event of financial institution failure, EIPH’s deposits may not be returned. Some of EIPH’s funds may be exposed to custodial credit risk as some funds invested in the IDLE Pool may not be covered by FDIC insurance. EIPH has no formal investment policies to mitigate credit risk, interest rate risk, or custodial credit risk.

The LGIP and DBF are unrated.

The following schedule represents the District’s investments at book value in the external investment pool at June 30, 2019 and June 30, 2020 respectively:

<u>Investments at Book Value</u>	<u>June 30, 2019</u>	<u>June 30, 2020</u>
Local Government Investment Pool	\$4,168,227	\$5,216,952
Diversified Bond Fund	<u>402,368</u>	<u>410,548</u>
Total	<u>\$4,570,595</u>	<u>\$5,627,500</u>

Additional information, including the investment pools’ financial statements, is provided in the statewide *Annual Comprehensive Financial Report (CAFR)* and is available from the Office of the State Controller, Bureau of Reporting and Review, PO Box 83720, Boise, ID 83720-0011 or its website at [www.sco.idaho.gov](http://www.sco.idaho.gov).

**NOTE 4: PENSION PLAN**

The Public Employee Retirement System of Idaho (PERSI) was created by the Idaho State Legislature and administers the PERSI Base Plan and the defined contribution retirement plans. The PERSI Base Plan is a cost sharing, multiple-employer defined benefit retirement plan requiring that both the member and the employer contribute. Participation is mandatory for state employees who normally work 20 or more hours a week for five or more consecutive months. The Plan provides benefits based on members’ years of service, age, and compensation. In addition, benefits are provided for disability, death, and survivors of eligible members or beneficiaries. The authority to establish and amend benefit provisions is established in Idaho Code. The legislation provides for other political subdivisions to participate by contractual agreement with PERSI.

After five years of credited service, members become fully vested in retirement benefits earned to date. Members are eligible for retirement benefits upon attainment of the ages specified for their employment classification. For each month of credited service, the annual service retirement allowance is 2.0% (2.3% police/firefighter) of the average monthly salary for the highest consecutive 42 months.

PERSI issues publicly available stand-alone financial reports that include audited financial statements and required supplementary information. These reports may be obtained from PERSI’s web site at [www.persi.idaho.gov](http://www.persi.idaho.gov).

The actuarially determined contribution requirements of EIPH and its employees are established and may be amended by the PERSI Board of Trustees. The contribution rates for employer and employee on covered payroll were as follows:

<u>Group</u>	<u>FY2019</u>	<u>FY2020</u>
General Employer Contribution	11.32%	11.94%
Police/Fire Employer Contribution	11.66%	12.28%
General Employee Contribution	6.79%	7.16%
Police/Fire Employee Contribution	8.36%	8.81%

For the years ended June 30, 2018, 2019 and 2020, EIPH’s contributions required and paid were \$433,617, \$435,751, and \$477,310 respectively.

The PERSI Choice Plan is a defined contribution retirement plan. The defined contribution plan includes the 401(k) and the 414(k). Statutes governing the PERSI Choice Plan are found in Idaho Code Title 59, Chapter 13. The 414(k) plan was established for gain-sharing allocations from the PERSI Base Plan. The gain-sharing amount (if any) is based on funding levels in the PERSI Base Plan.

The 401(k) plan is open to all active PERSI Base Plan members. Eligibility for the 414(k) gain sharing requires 12 months of active PERSI membership as defined in Idaho statutes and PERSI rules. The assets

of the 401(k) and the 414(k) are commingled for investment and record keeping purposes. The other significant accounting policies are the same as the PERSI Base Plan.

Participants in the 401(k) plan can make tax deferred contributions up to 100% of their gross salary less deductions and subject to the IRS annual contribution limit. Participants direct their own investment mix without restriction and may elect to change their deferral every pay period. For the audit period no voluntary employer matching contributions have been made.

**NOTE 5: POST-EMPLOYMENT BENEFITS OTHER THAN PENSIONS**

The State funds or partially funds post-employment benefits relating to health, disability, and life insurance. Idaho Code, Sections 67-5760 to 67-5767 and 72-1335, establishes the benefits and contribution obligations. EIPH participates in the State of Idaho’s post-employment benefit programs. The State administers the retiree health care plan which allows retirees to purchase health care insurance coverage for themselves and eligible dependents.

The State provides long-term disability income benefits for active employees who become disabled, generally up to a maximum age of 70.

The State provides basic life and dependent life coverage for disabled employees, generally up to a maximum age of 70.

For up to 30 months following the date of disability, an employee is entitled to continue health care coverage under the State plan. Benefit costs are paid by EIPH through a rate charged by the State. The primary government is reporting the liability for the retiree healthcare and long-term disability benefits. Specific details of these OPEB are available in the Annual Comprehensive Financial Report of the State of Idaho, which may be obtained by contacting:

Office of Idaho State Controller  
700 W State St  
PO Box 83720  
Boise, ID 83720-0011

**NOTE 6: OPERATING LEASES**

Operating leases are leases for which the EIPH will not gain title to the asset. They contain various renewal options, as well as some purchase options. Operating lease payments are recorded when paid. The District’s total operating lease disbursements for fiscal year 2019 and 2020 were \$4,420 and \$820 respectively.

EIPH has no future minimum lease commitments for non-cancelable operating leases.

**NOTE 7: RISK MANAGEMENT**

EIPH is exposed to various risks of property and casualty losses, and injuries to employees. Accordingly, EIPH belongs to the State of Idaho Risk Management and Group Insurance internal service funds, available to all State entities. Risk Management provides property and general liability risk coverage for its members. General liability claims are self-insured up to the Idaho Tort Claims Act Maximum of \$500,000 for each occurrence; property damage claims up to \$250,000 per occurrence annually; and physical damage to covered vehicles at actual cash value. The Group Insurance fund is used to account for and finance life, health, and disability insurance programs which are experience rated and fully insured. Details of the Risk Management and Group Insurance coverage can be found in the statewide CAFR (see note 5 for CAFR source information).



EIPH also participates in the Idaho State Insurance Fund which purchases commercial insurance for claims not self-insured by the above coverage and for other identified risks of loss, including workers' compensation insurance.

# SUPPLEMENTARY INFORMATION

STATE OF IDAHO

EASTERN IDAHO PUBLIC HEALTH (DISTRICT VII)

SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS - BUDGET TO ACTUAL

GENERAL FUND

## FOR THE YEAR ENDED JUNE 30, 2019

RECEIPTS	Budgeted Amounts		Actual Amounts	Variance With
	Original	Final		Final Budget
State	\$1,203,500	\$1,203,500	\$1,208,071	Positive (Negative) \$4,571
County	1,120,703	1,120,703	1,131,835	11,132
Contracts/Sub-Grants	3,839,543	3,839,543	3,941,461	101,918
Fees	1,802,950	1,802,950	2,465,312	662,362
Interest	35,000	35,000	110,037	75,037
<b>Total Receipts</b>	<b>\$8,001,696</b>	<b>\$8,001,696</b>	<b>\$8,856,716</b>	<b>\$855,020</b>

DISBURSEMENTS	Budgeted Amounts		Actual Amounts	Variance With
	Original	Final		Final Budget
Personnel Costs	\$6,126,129	\$6,126,129	\$5,829,954	Positive (Negative) \$296,175
Operating	2,029,367	2,029,367	2,162,498	(133,131)
Capital Outlay	120,000	\$136,727	145,347	(8,620)
<b>Total Expenditures</b>	<b>\$8,275,496</b>	<b>\$8,292,223</b>	<b>\$8,137,799</b>	<b>\$154,424</b>

## FOR THE YEAR ENDED JUNE 30, 2020

RECEIPTS	Budgeted Amounts		Actual Amounts	Variance With
	Original	Final		Final Budget
State	\$1,215,500	\$1,215,500	\$1,220,700	Positive (Negative) \$5,200
County	1,120,703	\$1,120,703	1,120,673	(30)
Contracts/Sub-Grants	3,906,839	\$3,906,839	4,114,236	207,397
Fees	1,970,050	\$2,299,050	2,621,371	322,321
Interest	50,000	\$50,000	106,906	56,906
<b>Total Receipts</b>	<b>\$8,263,092</b>	<b>\$8,592,092</b>	<b>\$9,183,886</b>	<b>\$591,794</b>

DISBURSEMENTS	Budgeted Amounts		Actual Amounts	Variance With
	Original	Final		Final Budget
Personnel Costs	\$6,274,450	\$6,303,450	\$5,983,882	Positive (Negative) \$319,568
Operating	2,078,642	2,528,642	2,191,207	337,435
Capital Outlay			8,620	(8,620)
<b>Total Expenditures</b>	<b>\$8,353,092</b>	<b>\$8,832,092</b>	<b>\$8,183,709</b>	<b>\$648,383</b>

## NOTE TO SUPPLEMENTARY INFORMATION

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The chairmen of the boards of county commissioners located within EIPH serve as the Budget Committee for the District. EIPH's Board prepares and approves a budget then submits the budget to the Budget Committee. The budget is prepared on a cash basis. EIPH's budget is approved by a majority of the Budget Committee. Adjustments of the budget are approved by the Board of Health.



# Legislative Services Office Idaho State Legislature

**Terri Kondeff**  
Director

*Serving Idaho's Citizen Legislature*

November 22, 2021

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE  
AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN  
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

Independent Auditor's Report

Geri Rackow, Director  
Eastern Idaho Public Health (VII)  
1250 Hollipark Drive  
Idaho Falls, ID 83401

Bryon Reed, Board Chairman  
Eastern Idaho Public Health (VII)  
1250 Hollipark Drive  
Idaho Falls, ID 83401

Dear Ms. Rackow and Mr. Reed:

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, major fund, and remaining fund information of the Eastern Idaho Public Health (VII) (EIPH) as of and for the years ended June 30, 2019 and June 30, 2020, and the related notes to the financial statements, which collectively comprise the EIPH's basic financial statements, and have issued our report thereon dated November 22, 2021.

***Internal Control over Financial Reporting***

In planning and performing our audit of the financial statements, we considered the EIPH's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the EIPH's internal control. Accordingly, we do not express an opinion on the effectiveness of EIPH's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Paul Headlee, Deputy Director  
Legislative Services Office

Kristin Ford, Manager  
Research & Legislation

Keith Bybee, Manager  
Budget & Policy Analysis

April Renfro, Manager  
Legislative Audits

Glenn Harris, Manager  
Information Technology

***Compliance and Other Matters***

As part of obtaining reasonable assurance about whether the EIPH’s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

***Purpose of this Report***

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity’s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity’s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Sincerely,



April Renfro, CPA, Manager  
Legislative Audits Division



# Legislative Services Office Idaho State Legislature

**Terri Kondeff**  
Director

*Serving Idaho's Citizen Legislature*

November 22, 2021

**REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM  
AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE  
IN ACCORDANCE WITH THE *UNIFORM GUIDANCE***

Independent Auditor's Report

Geri Rackow, Director  
Eastern Idaho Public Health (VII)  
1250 Hollipark Drive  
Idaho Falls, ID 83401

Bryon Reed, Board Chairman  
Eastern Idaho Public Health (VII)  
1250 Hollipark Drive  
Idaho Falls, ID 83401

Dear Ms. Rackow and Mr. Reed:

**Report on Compliance for Each Major Federal Program**

We have audited the Eastern Idaho Public Health (VII) (EIPH) compliance with the types of compliance requirements described in the U.S. *Office of Management and Budget (OMB) Compliance Supplement* that could have a direct and material effect on each of the EIPH's major federal programs for the years ended June 30, 2019 and June 30, 2020. The EIPH's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

***Management's Responsibility***

Management is responsible for compliance with the federal statutes, regulations, and terms and conditions of its federal awards applicable to its federal programs.

***Auditor's Responsibility***

Our responsibility is to express an opinion on compliance for each of the EIPH's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)*. Those standards and the *Uniform Guidance* require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the EIPH's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the EIPH's compliance.

Paul Headlee, Deputy Director  
Legislative Services Office

Kristin Ford, Manager  
Research & Legislation

Keith Bybee, Manager  
Budget & Policy Analysis

April Renfro, Manager  
Legislative Audits

Glenn Harris, Manager  
Information Technology

### ***Opinion on Each of the Major Federal Programs***

In our opinion, the EIPH complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the years ended June 30, 2019 and June 30, 2020.

### **Report on Internal Control over Compliance**

Management of the EIPH is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the EIPH's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the *Uniform Guidance*, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the EIPH's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the *Uniform Guidance*. Accordingly, this report is not suitable for any other purpose.

Sincerely,



April Renfro, CPA, Manager  
Legislative Audits Division

STATE OF IDAHO  
PUBLIC HEALTH - EASTERN IDAHO PUBLIC HEALTH (DISTRICT VII)  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEARS ENDED JUNE 30, 2019 AND JUNE 30, 2020

PROGRAM TITLE	FEDERAL CFDA NUMBER	FEDERAL PROGRAM TITLE	CONTRACT NUMBER	FEDERAL EXPENDITURES FY 2019	FEDERAL EXPENDITURES FY 2020	TOTAL FEDERAL EXPENDITURES
<b>U.S. DEPT. OF AGRICULTURE</b>						
Pass Through Idaho Department of Health and Welfare						
WIC Administration	10.557	WIC Special Supplemental Nutrition Program	HC875900	\$263,034		\$263,034
WIC Administration	10.557	WIC Special Supplemental Nutrition Program	HC124600	959,627	\$1,272,243	2,231,870
Total CFDA 10.557				1,222,661	1,272,243	2,494,904
<b>TOTAL U.S. DEPT. OF AGRICULTURE</b>						
				\$1,222,661	\$1,272,243	\$2,494,904
<b>DEPT. OF HOUSING AND URBAN DEVELOPMENT</b>						
Pass Through Idaho Housing and Finance Administration						
Housing Opportunities for Persons With AIDS	14.241	Housing Opportunities for Persons with AIDS	HOPWA 17-06	\$20,714	\$26,322	\$47,036
Total CFDA 14.241				\$20,714	\$26,322	\$47,036
<b>TOTAL DEPT. OF HOUSING &amp; URBAN DEVELOPMENT</b>						
				\$20,714	\$26,322	\$47,036
<b>U.S. DEPT OF TRANSPORTATION</b>						
Pass Through Idaho Transportation Department						
Highway Safety Cluster						
Seat Belt Survey	20.616	National Priority Safety Programs		\$3,927		\$3,927
Total Highway Safety Cluster				\$3,927		\$3,927
<b>TOTAL DEPT. OF TRANSPORTATION</b>						
				\$3,927		\$3,927
<b>ENVIRONMENTAL PROTECTION AGENCY</b>						
Pass Through Idaho Department of Environmental Quality						
Public Water/ DEQ Agency	66.432	State Public Water System Supervision	K179	\$144,166		\$144,166
Public Water/ DEQ Agency	66.432	State Public Water System Supervision	K221		\$157,334	\$157,334
Total CFDA 66.432				\$144,166	\$157,334	\$301,500
<b>TOTAL ENVIRONMENTAL PROTECTION AGENCY</b>						
				\$144,166	\$157,334	\$301,500
<b>DEPT. OF HEALTH &amp; HUMAN SERVICES</b>						
Health Officials (NACCHO)						
Medical Reserve Corp NACHO Grant	93.008	Medical Reserve Corps Small Grant Program	MRC 090368		\$3,514	\$3,514
Total CFDA 93.008					\$3,514	\$3,514
Pass Through Idaho Department of Health and Welfare						
Public Health Emergency Preparedness	93.069	Public Health Emergency Preparedness	HC102300	\$399,302		\$399,302
Public Health Emergency Preparedness	93.069	Public Health Emergency Preparedness	HC150300		\$417,900	\$417,900
Hospital Preparedness Program	93.069	Public Health Emergency Preparedness	HC104000	121,458		\$121,458
Total CFDA 93.069				\$520,760	\$417,900	\$938,660
Adolescent Pregnancy Prevention	93.092	Affordable Care Act (ACA) Personal Resp. Edu. Prog	HC108400	\$16,211		\$16,211
Adolescent Pregnancy Prevention	93.092	Affordable Care Act (ACA) Personal Resp. Edu. Prog	HC147300		\$18,649	\$18,649
Total CFDA 93.092				\$16,211	\$18,649	\$34,860
Tuberculosis DOT	93.116	Proj Grants/Coop. Agmt.s for TB Control Programs	HC978400	\$4,004	\$748	\$4,752
Tuberculosis DOT	93.116	Proj Grants/Coop. Agmt.s for TB Control Programs	HC170700		1,078	\$1,078
Total CFDA 93.116				\$4,004	\$1,826	\$5,830
Prescription Overdose Prevention	93.136	Injury Prevention, Control Research State Progs	HC960900	\$4,692		\$4,692
Prescription Overdose Prevention	93.136	Injury Prevention, Control Research State Progs	HC122000	27,235	\$9,945	\$37,180
Prescription Overdose Prevention	93.136	Injury Prevention, Control Research State Progs	HC165900		33,948	\$33,948
Total CFDA 93.136				\$31,927	\$43,893	\$75,820
Family Planning Title X	93.217	Family Planning Services	HC958100	\$63,928		\$63,928
Family Planning Title X	93.217	Family Planning Services	HC122700	195,952		\$195,952
Family Planning Title X	93.217	Family Planning Services	HC139100		\$284,791	\$284,791
Total CFDA 93.217				\$259,880	\$284,791	\$544,671
Sexual Risk Avoidance Education	93.235	Title V State Sexual Risk Avoidance Education	HC133800	\$4,616	\$17,913	\$22,529
Total CFDA 93.235				\$4,616	\$17,913	\$22,529
Pass Through Idaho Office of Drug Policy						
Partnership for Success						
Total CFDA 93.243	93.243	Substance Abuse, Mental Health Services Regional	ODP PFS	\$141,226	\$124,616	\$265,842
				\$141,226	\$124,616	\$265,842
Pass Through Idaho Department of Health and Welfare						
Immunization	93.268	Immunization Cooperative Agreements	HC928900	\$33,149	\$40,145	\$73,294
Immunization QAR	93.268	Immunization Cooperative Agreements	HC111200	9,120		\$9,120
Provider Visits	93.268	Immunization Cooperative Agreements	HC110600	8,183		\$8,183
Provider Visits	93.268	Immunization Cooperative Agreements	HC160900		16,000	\$16,000
Total CFDA 93.268				\$50,452	\$56,145	\$106,597
Idaho Syndromic Surveillance Program	93.283	CDC Prevention Investigations and Tech Assistance	HC959800	\$537		\$537
Idaho Syndromic Surveillance Program	93.283	CDC Prevention Investigations and Tech Assistance	HC121000	11,050		\$11,050
Total CFDA 93.283				\$11,587		\$11,587
Tobacco	93.305	2018 Tobacco Control Programs	HC983400	\$30,062		\$30,062
Tobacco	93.305	2018 Tobacco Control Programs	HC138300	13,101	\$37,697	\$50,798
Total CFDA 93.305				\$43,163	\$37,697	\$80,860

Some CFDA titles are abbreviated or truncated. The full title of each federal program listed above can be found at <https://sam.gov/content/assistance-listings>. The accompanying notes are an integral part of this financial schedule.



STATE OF IDAHO  
PUBLIC HEALTH - EASTERN IDAHO PUBLIC HEALTH (DISTRICT VII)  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEARS ENDED JUNE 30, 2019 AND JUNE 30, 2020

PROGRAM TITLE	FEDERAL CFDA NUMBER	FEDERAL PROGRAM TITLE	CONTRACT NUMBER	FEDERAL EXPENDITURES FY 2019	FEDERAL EXPENDITURES FY 2020	TOTAL FEDERAL EXPENDITURES
NEDSS	93.323	Epidemiology and Lab Capacity for Infectious Diseases	HC957400	\$12,750	\$13,228	\$25,978
Total CFDA 93.323				\$12,750	\$13,228	\$25,978
Prescription Overdose CDC	93.354	Public Health Emergency Response Crisis Response	HC122000	\$6,327	\$7,070	\$13,397
COVID-19 Response	93.354	Public Health Emergency Response Crisis Response	HC182100		165,158	165,158
Total CFDA 93.354				\$6,327	\$172,228	\$178,555
Oral Health CDC	93.366	State Actions to Improve Oral Health Outcomes	HC126400	\$19,801		\$19,801
Oral Health CDC	93.366	State Actions to Improve Oral Health Outcomes	HC153100		\$16,509	\$16,509
Total CFDA 93.366				\$19,801	\$16,509	\$36,310
Obesity, Diabetes, Heart Disease, Stroke	93.426	Improving the Health of Americans Prev Mgt Diabetes etc	HC124100	\$31,371		\$31,371
Obesity, Diabetes, Heart Disease, Stroke	93.426	Improving the Health of Americans Prev Mgt Diabetes etc	HC152200		\$34,841	\$34,841
Total CFDA 93.426				\$31,371	\$34,841	\$66,212
Pass Through Idaho Department of Health and Welfare Maternal Child Home Visit	93.505	ACA Maternal, Infant, and Early Childhood Home Visiting	HC981400	\$145,242		\$145,242
Total CFDA 93.505				\$145,242		\$145,242
Adolescent Pregnancy Prevention TANF	93.558	Temporary Assistance for Needy Families	HC108400	\$28,765		\$28,765
Adolescent Pregnancy Prevention TANF	93.558	Temporary Assistance for Needy Families	HC147300		\$31,426	\$31,426
Total CFDA 93.558				\$28,765	\$31,426	\$60,191
Pass Through Idaho Central District Health Department CCDF Cluster	93.575	Child Care and Development Block Grant		\$49,213	\$52,089	\$101,302
Daycare ICCP				\$49,213	\$52,089	\$101,302
Total CCDF Cluster				\$49,213	\$52,089	\$101,302
Pass Through Idaho Department of Health and Welfare SHIP	93.624	ACA State Innovation Models	AC058000	\$154,871		\$154,871
Total CFDA 93.624				\$154,871		\$154,871
Obesity, Diabetes, Heart Disease, Stroke	93.757	Action to prevent Obes, Diab, Heart Disease and Stroke	HC100800	\$9,548		\$9,548
Total CFDA 93.757				\$9,548		\$9,548
Injury Prevention	93.758	Preventive Health and Health Services Block (PPHF)	HC107700	\$26,867		\$26,867
Total CFDA 93.758				\$26,867		\$26,867
Comprehensive Cancer	93.800	Organized Approach to Increase Colorectal Cancer Screens	HC103500	\$11,834		\$11,834
Comprehensive Cancer	93.800	Organized Approach to Increase Colorectal Cancer Screens	HC148800		\$13,340	\$13,340
Total CFDA 93.800				\$11,834	\$13,340	\$25,174
Health Preparedness Ebola	93.817	Hospital Preparedness Program Ebola Preparedness	HC976900	\$11,337	\$40,863	\$52,200
Total CFDA 93.817				\$11,337	\$40,863	\$52,200
Maternal Child Home Visit	93.870	Maternal, Infant and Early Childhood Home Visiting Grant	HC133500	\$95,091	\$166,675	\$261,766
Maternal Child Home Visit	93.870	Maternal, Infant and Early Childhood Home Visiting Grant	HC172900		\$101,981	\$101,981
Total CFDA 93.870				\$95,091	\$268,656	\$363,747
Pass Through Idaho Department of Health and Welfare Hospital Preparedness Program	93.889	National Bioterrorism Hospital Preparedness Program	HC151500		\$160,000	\$160,000
Total CFDA 93.889					\$160,000	\$160,000
Women's Health Check	93.898	Cancer Prevention and Control Programs for State	HC101600	\$53,355		\$53,355
Women's Health Check	93.898	Cancer Prevention and Control Programs for State	HC146400		\$42,672	\$42,672
Comprehensive Cancer	93.898	Cancer Prevention and Control Programs for State	HC103500	21,882		21,882
Comprehensive Cancer	93.898	Cancer Prevention and Control Programs for State	HC148800		8,006	8,006
Total CFDA 93.898				\$75,237	\$50,678	\$125,915
Ryan White B	93.917	HIV Care Formula Grants	HC863400	\$49,104		\$49,104
Ryan White B	93.917	HIV Care Formula Grants	HC134600	20,016	\$65,607	85,623
Total CFDA 93.917				\$69,120	\$65,607	\$134,727
HIV Prevention Project	93.940	HIV Prevention Activities Health Department Based	HC979200	\$10,067		\$10,067
HIV Prevention Project	93.940	HIV Prevention Activities Health Department Based	HC131200	17,914	\$15,792	33,706
HIV Prevention Project	93.940	HIV Prevention Activities Health Department Based	HC170200		16,384	16,384
Total CFDA 93.940				\$27,981	\$32,176	\$60,157
HIV Surveillance	93.944	HIV/AIDS Surveillance	HC986400	\$6,808	\$5,509	\$12,317
Total CFDA 93.944				\$6,808	\$5,509	\$12,317
STD	93.977	Sexually Transmitted Disease Prevention and Control	HC979200	\$16,502		\$16,502
STD	93.977	Sexually Transmitted Disease Prevention and Control	HC131200	31,218	\$125	31,343
STD	93.977	Sexually Transmitted Disease Prevention and Control	HC170200		25,846	25,846
Total CFDA 93.977				\$47,720	\$25,971	\$73,691
Injury Prevention	93.991	Preventive Health and Health Services Block Grant	HC147900		\$29,271	\$29,271
Total CFDA 93.991					\$29,271	\$29,271

Some CFDA titles are abbreviated or truncated. The full title of each federal program listed above can be found at <https://sam.gov/content/assistance-listings>. The accompanying notes are an integral part of this financial schedule.

STATE OF IDAHO  
PUBLIC HEALTH - EASTERN IDAHO PUBLIC HEALTH (DISTRICT VII)  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEARS ENDED JUNE 30, 2019 AND JUNE 30, 2020

PROGRAM TITLE	FEDERAL CFDA NUMBER	FEDERAL PROGRAM TITLE	CONTRACT NUMBER	FEDERAL EXPENDITURES FY 2019	FEDERAL EXPENDITURES FY 2020	TOTAL FEDERAL EXPENDITURES
Pass Through Idaho Department of Health and Welfare						
Med Home Coordinator	93.994	Maternal and Child Health Services Block Grant to States	HC895700	\$93,532	\$103,822	\$197,354
Adolescent Pregnancy Prevention	93.994	Maternal and Child Health Services Block Grant to States	HC108400	4,000		4,000
CSHP	93.994	Maternal and Child Health Services Block Grant to States	HC921000	32,169	6,727	38,896
CSHP	93.994	Maternal and Child Health Services Block Grant to States	HC167500		15,850	15,850
Epidemiology (MCH)	93.994	Maternal and Child Health Services Block Grant to States	HC969700	24,035		24,035
Physical Activity and Nutrition	93.994	Maternal and Child Health Services Block Grant to States	HC104700	3,242		3,242
Physical Activity and Nutrition	93.994	Maternal and Child Health Services Block Grant to States	HC143000		1,401	1,401
Oral Health	93.994	Maternal and Child Health Services Block Grant to States	HC971400	10,645		10,645
Oral Health	93.994	Maternal and Child Health Services Block Grant to States	HC126400	31,590		31,590
Oral Health	93.994	Maternal and Child Health Services Block Grant to States	HC153100		16,500	16,500
Oral Health	93.994	Maternal and Child Health Services Block Grant to States	HC185400		1,375	1,375
PKU	93.994	Maternal and Child Health Services Block Grant to States	HC935200	1,979	1,794	3,773
Tobacco Cessaton WIC	93.994	Maternal and Child Health Services Block Grant to States	HC983400	1,875		1,875
Tobacco Cessaton WIC	93.994	Maternal and Child Health Services Block Grant to States	HC138300	950	6,954	7,904
Family Planning MCH	93.994	Maternal and Child Health Services Block Grant to States	HC125200	98,458		98,458
Family Planning MCH	93.994	Maternal and Child Health Services Block Grant to States	HC164800		102,745	102,745
Total CFDA 93.994				\$302,475	\$257,168	\$559,643
TOTAL DEPT. OF HEALTH & HUMAN SERVICES				\$2,216,184	\$2,276,505	\$4,492,689
TOTAL CASH EXPENDITURES				\$3,607,652	\$3,732,403	\$7,340,055
WIC Food vouchers (Non-cash)	10.557	WIC Special Supplemental Nutrition Program		\$3,312,886	\$3,410,668	\$6,723,554
Value of Vaccine (Non-cash)	93.268	Immunization Cooperative Agreements		437,460	409,742	847,202
PFS convo card decks (Non-Cash)	93.243	Substance Abuse and Mental Health Services Regional			4,213	4,213
TOTAL NON-CASH EXPENDITURES				\$3,750,346	\$3,824,623	\$7,574,969
TOTAL EXPENDITURES OF FEDERAL AWARDS				\$7,357,998	\$7,557,026	\$14,915,024

Some CFDA titles are abbreviated or truncated. The full title of each federal program listed above can be found at <https://sam.gov/content/assistance-listings>.  
The accompanying notes are an integral part of this financial schedule.

# NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

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**NOTE 1. BASIS OF PRESENTATION**

The accompanying schedule of expenditures of federal awards includes the federal grant activity of EIPH and is presented on the cash basis of accounting. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulation (CFR) Part 200, *Uniform Administrative Requirements for Federal Awards (Uniform Guidance)*.

The CFDA refers to the *Catalog of Federal Domestic Assistance*, which is a government-wide list of individual federal programs. Federal award programs for which we could not determine a number are identified with the first two digits that identify the federal grantor department, followed by “.999”.

**NOTE 2. WIC FOOD VOUCHERS**

EIPH determines eligibility for participation in the Women, Infants and Children (WIC) program using federal guidelines specific to the program. Within the WIC program, EIPH distributes food checks or eWIC cards to clients and controls un-issued food checks. The Idaho Department of Health and Welfare issues and redeems food checks, controls the food checks issued, and reviews program compliance. The value of the food dollars redeemed through the Idaho Department of Health and Welfare was:

	<u>FY 2019</u>	<u>FY 2020</u>
WIC Food Vouchers	\$3,312,886	\$3,410,668

**NOTE 3. VALUE OF VACCINE**

EIPH provides vaccination of children through a program where the vaccine for qualifying children is purchased by Federal funds. The vaccine is purchased with Federal funds and shipped to EIPH via the Idaho Department of Health and Welfare. The value of vaccine supplied to EIPH by the Idaho Department of Health and Welfare was:

	<u>FY 2019</u>	<u>FY 2020</u>
Vaccine	\$437,460	\$409,742

**NOTE 4. PARTNESHIP FOR SUCCESS SUPPLIES**

In fiscal year 2020 partnership for success program provided supplies to EIPH using federal dollars. Then reduced the subgrant to EIPH based on the amount spent.

	<u>FY 2020</u>
Program Supplies	\$4,213

**NOTE 5. INDIRECT COST RATE**

EIPH has not elected to use the 10% de minimis indirect cost rate allowed under the *Uniform Guidance*.

# SCHEDULE OF FINDINGS AND QUESTIONED COSTS

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## SECTION I. SUMMARY OF AUDITOR'S RESULTS

### BASIC FINANCIAL STATEMENTS

- |  |                   |                        |
|--|-------------------|------------------------|
| 1. Type of auditor's report issued:                      | <i>Unmodified</i> |                        |
| 2. Internal control over financial reporting:            |                   |                        |
| • Material weaknesses identified?                        | ___ yes           | <u>X</u> no            |
| • Significant deficiencies identified?                   | ___ yes           | <u>X</u> none reported |
| 3. Noncompliance material to financial statements noted? | ___ yes           | <u>X</u> no            |

### FEDERAL AWARDS

- |   |  |                        |
|---|--|------------------------|
| 4. Internal control over major programs:  |  |                        |
| • Material weaknesses identified?   | ___ yes                                  | <u>X</u> no            |
| • Significant deficiencies identified?  | ___ yes                                  | <u>X</u> none reported |
| 5. Type of auditor's report issued on compliance for major programs:  | <i>Unmodified</i> for all major programs |                        |
| 6. Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a) of the <i>Uniform Guidance</i> ? | ___ yes                                  | <u>X</u> no            |
| 7. Identification of major programs:  |  |                        |
| <u>Program/Cluster Title</u>  | <u>CFDA #</u>                            |                        |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)   | 10.557                                   |                        |
| Public Health Emergency Preparedness (PHEP)   | 93.069                                   |                        |
| Maternal and Child Health Services Block Grant to the States (MCH)  | 93.994                                   |                        |
| 8. Dollar threshold used to distinguish between Type A and Type B programs:   |  | \$750,000              |
| 9. Auditee qualified as a low-risk auditee?   | ___ yes                                  | <u>X</u> no            |

## SECTION II. FINANCIAL STATEMENT FINDINGS AND RECOMMENDATIONS

None

## SECTION III. FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

None

# MANAGEMENT'S VIEW

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**BONNEVILLE COUNTY**  
1250 Hollipark Drive  
Idaho Falls, ID 83401  
OFFICE 208-522-0310  
FAX 208-525-7063

November 22, 2021

April Renfro  
Audits Division Manager  
Legislative Service Office  
Idaho State Legislature  
PO Box 83720  
Boise, ID 83720-0054

Dear Ms. Renfro:

I have reviewed the recently completed audit report of Eastern Idaho Public Health for Fiscal Years 2019 and 2020. I agree with the overall report.

I would like to thank you and your staff on the recently completed audit. Amy Brown, Lindsay Castano, Ashley Rice, Melissa Campbell, and Anna Clements conducted themselves professionally in all aspects of the audit. I appreciate the additional suggestions they made that will improve our daily operations.

Sincerely,

A handwritten signature in blue ink that reads "Geri L. Rackow".

Geri L. Rackow  
Director

# APPENDIX

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## HISTORY

The following is a chronological history of the basic health care services that the State has provided to the public.

- 1907 – The State Board of Health and counties that had local boards of health were statutorily authorized joint responsibility for public health.
- 1947 – A public health district law was enacted that permitted two or more counties to establish a public health district. Participation in the forming of the health districts was voluntary.
- 1970 – The legislature established a law that created seven mandatory public health districts. In the Public Health District – Eastern Idaho Public Health District (VII), the counties designated were Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton. The director of the State Department of Health and Welfare was designated fiscal officer for the various districts.
- 1976 – Legislative intent was expressed that the health districts are not State agencies, and that they be recognized as authorized governmental entities.
- 1986 – Idaho Code was amended to allow district health departments to promulgate rules and regulations without the State Board of Health's approval.
- 1993 – The legislature clarified the need for district health departments to use the Idaho Administrative Procedures Act for fees and rules.
- 2004 – The Rules of the Division of Human Resources and Idaho Personnel Commission include Public health districts.
- 2007 – Legislation changing Idaho Code, Section 39-412 to reflect a change in the compensation of Board members, to reference Idaho Code, Section 59-509(I)
- 2007 – Legislation changing Idaho Code, Section 39-411 composition of Districts' Boards of Health to allow those Districts comprised of eight counties to consist of not less than eight members and no more than nine members.
- 2008 – Legislation changing Idaho Code, Section 39-414 to change the language "For purposes of this chapter, a Public Health District is not a subdivision of the state and is considered an independent body corporate and politic, in terms of negotiating long term debt financing."
- 2010 – Legislation changed Idaho Code, Section 39-416 added language, "Public health districts shall have all proposed rules regarding environmental protection...approved by adoption of a concurrent resolution by both houses of the legislature or such rules shall expire at the conclusion of a regular session of the legislature."

## PURPOSE

The purpose of Public Health –Eastern Idaho Public Health (District VII) is to prevent disease, disability, and premature death; promote healthy lifestyles; and protect and promote the health and quality of an environment in which people can be healthy.

## STATUTORY AUTHORITY

The statutory authority for EIPH is found in Idaho Code, Title 39, Chapter 4.

## ORGANIZATION

EIPH is supervised by a nine-member board appointed by the county commissioners of the counties served. Board members serve staggered five-year terms and are reimbursed \$75 per working day plus all necessary travel expenses. The board appoints a director to administer and manage day-to-day activities of EIPH. Physicians and pharmacists provide medical consulting services to EIPH.

EIPH is organized into five major sections:

1. Clinical Services – Provides services related to family planning, immunizations, sexually transmitted diseases (STD), HIV intervention, child health services, and school health.
2. Environmental Health – Provides services related to drinking water protection, food inspections, septic system inspections, and childcare facility inspections.

3. Nutrition – Provides services related to WIC (Women, Infants, and Children's nutrition program).
4. Community Health – Provides health education and promotion to the public related to dental care, tuberculosis (TB), injury prevention, cancer, tobacco control, epidemiology, and emergency preparedness services.
5. General Support – Provides support to EIPH's other sections including providing clerical, IT, facilities management, human resources, budgeting and fiscal support.

EIPH has a central office in Bonneville, and nine satellite offices in Challis, Driggs, Dubois, Mackay, Mud Lake, Rexburg, Rigby, Salmon, and St. Anthony. An organizational chart is included at the end of this report.

In fiscal year 2020 EIPH activated emergency response structure to respond to the COVID19 pandemic. The response involved staff from all divisions to some extent. The response activity is reported separately to highlight that activity due to its high visibility and interest by the public.

### **STAFFING**

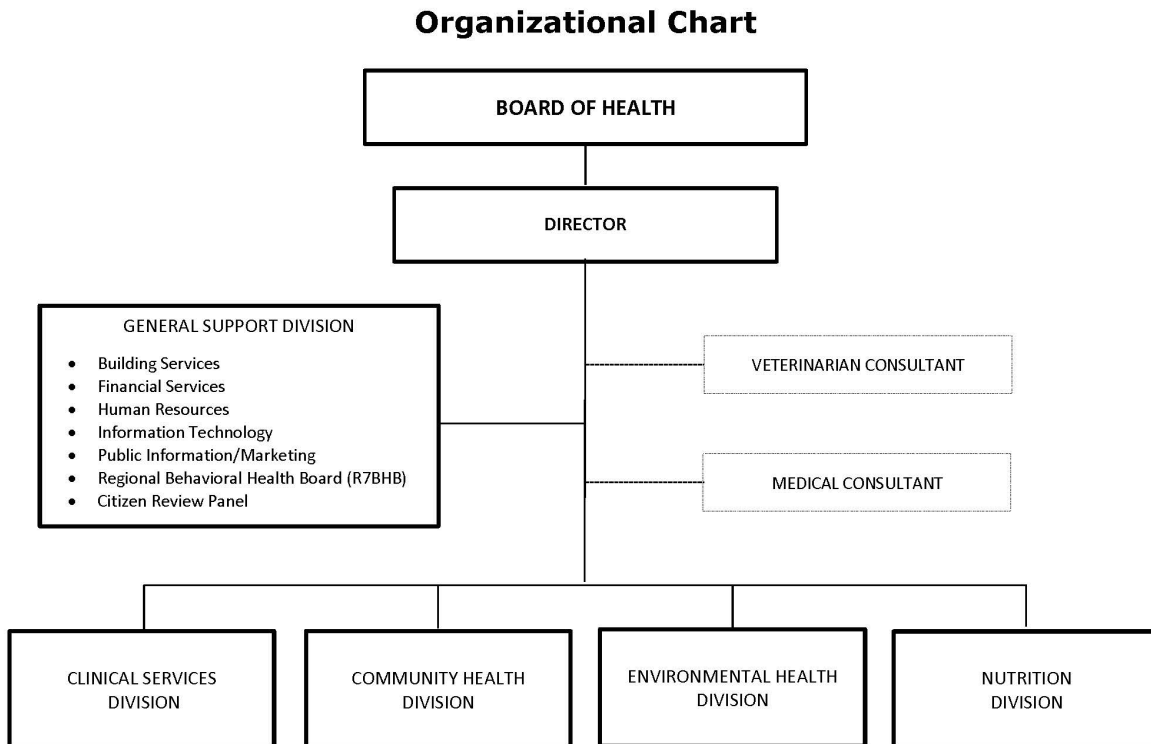
At the end of fiscal year 2019 EIPH had 65 full time employees and 43 part-time employees for a total of 108. At the end of the Fiscal year 2020 EIPH had 63 full time employees and 32 part-time employees for a total of 95. EIPH's employees include nurses, environmental health specialists, health educators, epidemiologists, clinical assistants, nutritionists, dental hygienists, and support staff.

### **FUNDING**

Financing for EIPH comes from county contributions; State General Fund appropriations; Tobacco Millennium Fund appropriations; Federal sub-grants, State, Federal and private contracts; fees and donations; and charges relating to use of services, equipment, and supplies. The amount included in EIPH's General Fund appropriation request is determined by Idaho Code, Section 39-425. The legislature sets one General Fund Appropriation for the State's seven public health districts which can be more or less than the amount requested. The General Fund appropriation is divided between the districts by formula set under Idaho Code, Section 39-411 per vote of the Public Health Trustees. County contributions are awarded to EIPH under procedures established in Idaho Code, Section 39-423 and 39-424.

# ORGANIZATIONAL CHART

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# COVID 19 Vaccine Update

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Board of Health  
Meeting

1/20/2022



Everyone 5 or older is  
now eligible for the  
COVID-19 Vaccine

---

# COVID-19 Vaccine Booster Dose by Primary Series, with Interval

Primary series COVID-19 vaccine product*	Age for vaccine booster (years)	Interval between final primary dose and booster dose	COVID-19 vaccine products that may be given as booster dose*
<b>Pfizer-BioNTech</b>	≥12	≥5 months	Pfizer-BioNTech Moderna Janssen/J&J
<b>Moderna</b>	≥18	≥5 months	Pfizer-BioNTech Moderna Janssen/J&J
<b>Janssen/J&amp;J</b>	≥18	≥2 months	Pfizer-BioNTech Moderna Janssen/J&J

\* Only Pfizer-BioNTech is authorized as primary series or booster dose for people aged <18 years. For the prevention of COVID-19 in those aged ≥18 years, mRNA vaccines (Pfizer-BioNTech; Moderna) are preferred over the Janssen/J&J COVID-19 Vaccine for both primary series and booster doses.

# New – Get Vaccinated and Stay Up to Date!

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**Fully vaccinated** means a person has received their primary series of COVID-19 vaccines.

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**Up to date** means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

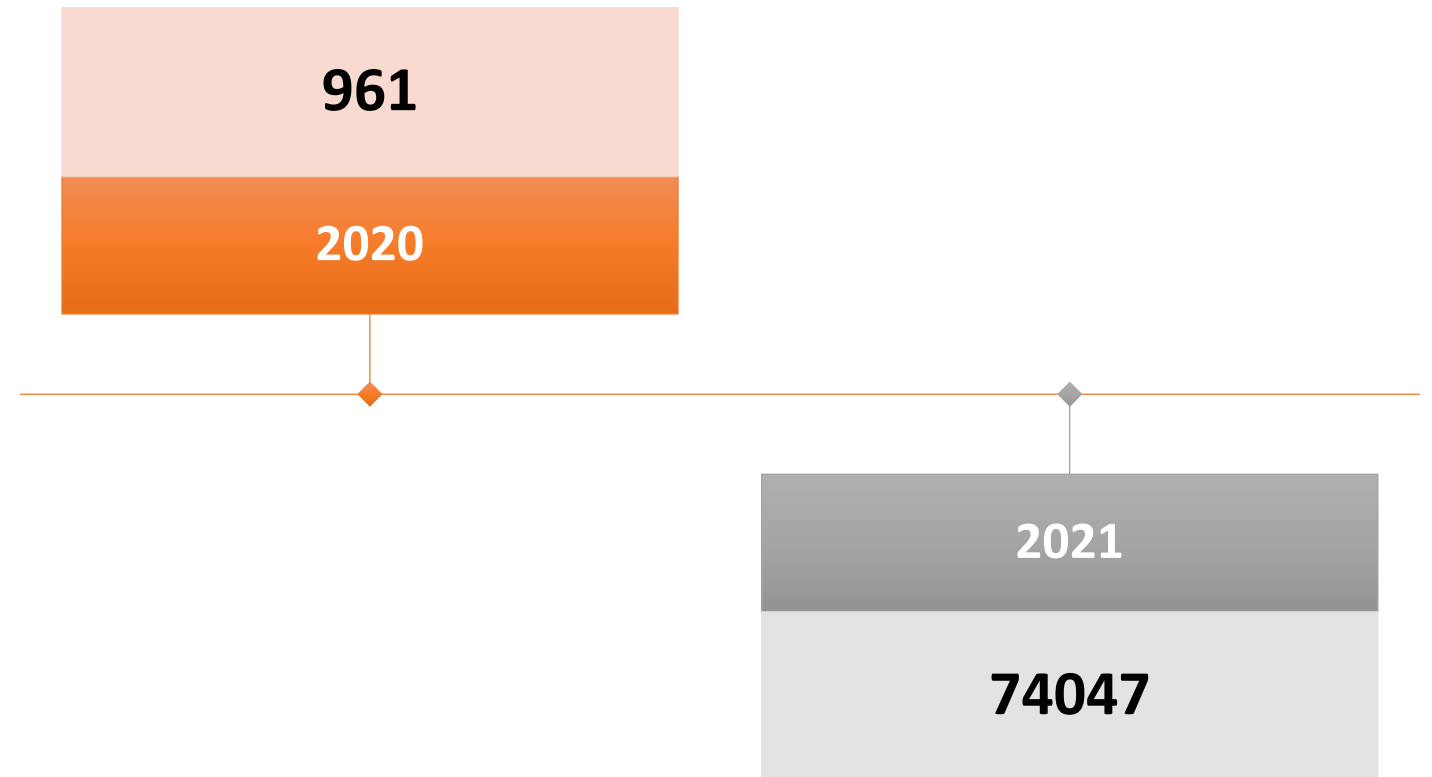
Even though the Omicron variant has an increased ability to evade immunity from vaccination, vaccines and boosters will lower the risk that an infection could land you in the hospital!

---

COVID-19  
vaccines add  
another layer  
of protection.

Learn how you can get a COVID-19 vaccine to keep you and your family safe. [www.cdc.gov](https://www.cdc.gov)

# COVID-19 Vaccines Administered by EIPH

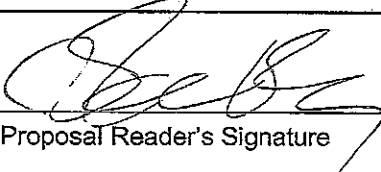


PROPOSAL - SUMMARY RECORDING SHEET

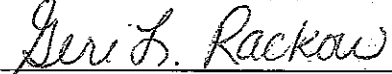
Project Name Eastern Idaho Public Health - HVAC Upgrade  
 Project Manager Matthew N. Bradley

Agency Eastern Idaho Public Health  
 Project Location 1250 Hollipark Drive, Idaho Falls, ID  
 Date/Time January 4, 2022@ 1:30pm

<b>CONTRACTOR</b>	B+S Boiler	Lewis Corp	TVR		
Bid Security	✓ 5%	✓ 5%	✓ 5%		
Bidder's Acknowledgement Statement	✓	✓	✓		
Alcohol & Drug-Free Workplace Affidavit	✓	✓	✓		
Addenda - #1, #2, #3, #4	✓	✓	✓ 1-3 (mailed prior to Addendum #4 being issued)		
Base Bid	#516,000	#551,300	#626,000		
		opt 1 - 16,000			
		opt 2 - 74,000			
		opt 3 - 80,000			
<b>TOTAL</b>					
<b>SUBCONTRACTORS</b>					
Electrical	Roclay mtn Elec.	Arco Electric	Arco Electric		
Mechanical	B+S Boiler	Lewis Corp.	TVR		
Plumbing	B+S Boiler	Bingham Mechanical	TVR		

 Matt Bradley  
 Proposal Reader's Signature

\$ 350,000  
 Project Estimate

 Jeri L. Rackow  
 Recorder's Signature

Current Pay Rate	CLASS CODE TITLE	Employee Pay period Hours	2% raise	Annual Cost Wage	Annual Benefits Cost	Total Cost
\$19.66	CUSTOMER SVC REP 2	80.00	0.39	\$ 811.20	\$ 178.50	\$ 989.70
\$19.57	CUSTOMER SVC REP 2	80.00	0.39	811.20	178.50	989.70
\$19.31	CUSTOMER SVC REP 2	80.00	0.39	811.20	178.50	989.70
\$18.30	CUSTOMER SVC REP 2	80.00	0.37	769.60	169.35	938.95
\$16.11	CUSTOMER SVC REP 2	80.00	0.32	665.60	146.46	812.06
\$16.05	CUSTOMER SVC REP 2	64.00	0.32	532.48	117.17	649.65
\$15.95	CUSTOMER SVC REP 2	68.00	0.32	565.76	124.49	690.25
\$15.94	CUSTOMER SVC REP 2	80.00	0.32	665.60	146.46	812.06
\$15.92	CUSTOMER SVC REP 2	80.00	0.32	665.60	146.46	812.06
\$15.82	CUSTOMER SVC REP 2	80.00	0.32	665.60	146.46	812.06
\$15.66	CUSTOMER SVC REP 2	80.00	0.31	644.80	141.89	786.69
\$15.59	CUSTOMER SVC REP 2	80.00	0.31	644.80	141.89	786.69
\$15.43	CUSTOMER SVC REP 2	80.00	0.31	644.80	141.89	786.69
\$15.03	CUSTOMER SVC REP 2	80.00	0.30	624.00	137.31	761.31
\$14.76	CUSTOMER SVC REP 2	80.00	0.30	624.00	137.31	761.31
\$14.71	CUSTOMER SVC REP 2	80.00	0.29	603.20	132.73	735.93
\$14.44	CUSTOMER SVC REP 2	32.00	0.29	241.28	53.09	294.37
\$14.00	CUSTOMER SVC REP 2	80.00	0.28	582.40	128.15	710.55
\$14.00	CUSTOMER SVC REP 2	80.00	0.28	582.40	128.15	710.55
				<u>\$ 12,155.52</u>	<u>\$ 2,674.76</u>	<u>\$ 14,830.28</u>

Current Minimum Salary for CSR 2

Proposed NEW Minimum Salary for CSR 2

\$13.42

\$13.69 Effective 1/20/22 for all new hires





IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

**Memorandum of Understanding**

**The Department of Health & Welfare**

**and**

**The Public Health Districts**

---

**1. Purpose**

This Memorandum of Understanding (MOU) between the Idaho Department of Health and Welfare (DHW) and the Public Health Districts (Districts) identifies the roles and responsibilities of each party as they relate to the preservation and protection of the public's health and to address authorities and responsibilities previously delegated in statute to the Districts from DHW. These activities include: 1) communicable disease control, 2) food safety and inspection, and 3) safety assurance of public swimming pools.

This memorandum supersedes any prior agreement between the Idaho Department of Health and Welfare and the Public Health Districts regarding the coordination of public health action and the exchange of information as it pertains to the programmatic delegation, formerly through statute, and now through this MOU.

**2. Background**

Both DHW and the Districts exist and work to promote, protect and improve the health of the public in Idaho but have different statutory mandates and responsibilities. DHW's and the District's respective missions may overlap in a variety of ways depending upon the subject matter. Each agency has a responsibility to work collaboratively to promote, protect and improve the health of the public.

Through this MOU, DHW and the Districts agree that certain authorities are assigned to the Districts, previously delegated through statute, and clarifies the relationship between the Districts and DHW. This MOU provides a framework for coordination and

collaborative efforts and sets forth a working arrangement between DHW and the Districts to reduce duplicative efforts and to provide for a detailed description of program responsibilities and authorities.

The specific responsibilities and authorities are detailed in the program-specific agreement sections of this MOU, shown as Protocols A, B and C below. Where the term agency is used it can refer to either the Districts or to the DHW.

### **3. Authority and Intent**

This MOU is entered into pursuant to the authority set forth in Idaho Code § 56-1003; § 39-414 and Idaho Code §§ 39-605; 39-1003; and 39-1603.

In addition to all authorities, responsibilities, and agreements outlined in this MOU, the Districts have the power and duty to do all things required for the preservation and protection of the public health and preventive health as outlined in Idaho Code § 39-414 (2).

The DHW and the Districts desire to avoid duplication and to prevent gaps in providing services to the citizens of the state, thus DHW and the Districts agree to the following sections.

### **4. General Program Agreements**

#### **4.1 General Principles**

This section sets forth that communication and coordination on various topics is critical to promoting, protecting, and improving the health of the public.

1. The Districts and DHW will convene in periodic joint meetings, as appropriate, to ensure statewide consistency in all assigned programs.
2. DHW will notify the Districts of all public meetings and hearings pertaining to assigned programs when needed, with the expectation that the Districts will participate.

#### **4.2 Rules, Standards, Technical Policies, and Guidelines**

1. Whenever feasible, DHW and the Districts will work cooperatively in the preparation of rules, standards, and to the extent possible, technical policies or guidelines in those program areas where joint responsibilities exist.
2. DHW 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 DHW 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. DHW will provide copies of final rules, standards, technical policies, or guidelines adopted. This procedure is in addition to the requirements of the Administrative Procedures Act. Also, the DHW will provide specific direction to the Districts regarding the implementation of DHW 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 DHW programmatic 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 DHW 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 Districts and DHW staff regarding implementation of the rules or assigned programs.
6. Upon initiation of an appeal of a District decision regarding an assigned program, the District should notify the DHW state program contact of the administrative appeal for DHW's evaluation to ensure consistent application of the DHW rules. DHW, when appropriate, will provide interpretation of the DHW rules to the District for consistency.

#### **4.3 Coordinating Enforcement Actions**

1. The Districts will take appropriate and timely enforcement actions for each programmatic area.
2. DHW reserves the right to initiate enforcement actions if DHW determines, after consultations with the Districts, that enforcement is necessary to preserve and protect the public health. DHW will coordinate with the Districts in the event DHW determines it necessary to take such enforcement action.
3. DHW may request the Attorney General's Office provide legal consultation to the District's legal counsel when necessary.

#### **4.4 Management of Complaints**

This section outlines the actions DHW 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 (1) working day. Either agency, upon receiving a telephoned complaint, will refer the call to the appropriate agency. Written

complaints will be forwarded to the appropriate agency by fax, email, or mail and include the complainants 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.

#### **4.5 Consultations and Technical Assistance**

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

1. Each agency will provide consultations, training and technical assistance to the other upon request or when needed.
2. DHW and the Districts will inform each other of pertinent training and education courses pertaining to the assigned programs.
3. 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.

1. Agency Information Sharing
  - a. DHW will assist the Districts in joint program communications, including the development of information or educational materials, as necessary.
  - b. The Districts will make requests to DHW for the areas in which communication support to community members or stakeholders is needed.
  - c. 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.
  - d. DHW and the Districts shall exchange data as specified in subgrants, contracts and/or protocols of this MOU.
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. DHW

may seek assistance from the Districts to help deliver prepared critical public health messages.

#### **4.7 Coordination of Programs**

1. 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.
2. In addition to this MOU, the Districts and DHW will coordinate activities as specified in subgrants and contracts, as appropriate.
3. Routine program meetings and discussions are desirable and expected for both the Districts and DHW.

#### **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:

- A. Communicable Disease Control
- B. Food Safety and Inspection
- C. 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.

**6. Signature Page**

\_\_\_\_\_  
Elke Shaw-Tulloch, Administrator  
Division of Public Health,  
Department of Health & Welfare

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

\_\_\_\_\_  
Don Duffy  
Director,  
Panhandle Health District

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

\_\_\_\_\_  
Carol Moehrle  
Director,  
Public Health - Idaho North Central  
District

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

\_\_\_\_\_  
Nikole Zogg  
Director,  
Southwest District Health

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

\_\_\_\_\_  
Russell Duke  
Director,  
Central District Health

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

\_\_\_\_\_  
Melody Bowyer  
Director,  
South Central Public Health District

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

\_\_\_\_\_  
Maggie Mann  
Director,  
Southeastern Idaho Public Health

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

\_\_\_\_\_  
Geri L. Rackow  
Director,  
Eastern Idaho Public Health

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

## Protocol A: Communicable Disease Control

The Director of DHW has statutory authority for communicable disease control in accordance with the provisions of multiple chapters Title 39, Idaho Code. DHW authorizes through mutual agreement to the Districts responsibilities for the control of communicable diseases in Idaho as outlined in this MOU pursuant to DHW rules, IDAPA 16.02.10, "Idaho Reportable Diseases" and guidance to the Districts.

The protocols for the investigation and control of communicable diseases are outlined in the Idaho Investigative Guidelines.

<https://idhw.sharepoint.com/sites/PublicHealth-EPP/CDP/EPI/Investigative%20Guidelines/Forms/AllItems.aspx>

These guidelines are intended to assist the local public health district disease investigators in investigating possible or confirmed reportable and non-reportable diseases in Idaho. These guidelines should be used in conjunction with up-to-date resources such as:

- Control of Communicable Diseases Manual published by the American Public Health Association
- The Red Book: Report of the Committee on Infectious Diseases published by the American Academy of Pediatrics
- Recommendations of the Advisory Committee on Immunization Practices (ACIP), available at:  
<http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>
- Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007, available at:  
<http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

Guidelines for the investigation of diseases are not inflexible and are updated in real time as the science evolves, public health recommendations are updated, and applied epidemiology practice changes.

The current Idaho Reportable Diseases administrative rules (IDAPA 16.02.10) should also be consulted for each disease or condition investigated.

<https://adminrules.idaho.gov/rules/current/16/160210.pdf>

Inevitably, not every situation will be completely covered by the guidelines. If questions arise regarding a specific situation, consultation with epidemiology staff within the State Bureau of Communicable Disease Prevention is advised.

## **Protocol B: Food Safety and Inspection**

The Director of DHW has statutory authority for the Food Protection Program in accordance with the provisions of the Food Establishment Act (Chapter 16, Title 39, Idaho Code). DHW authorizes through mutual agreement to the Districts the roles and responsibilities for the regulation of food establishments in Idaho as outlined in this MOU pursuant to DHW rules, IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments (The Idaho Food Code)" and guidance to the Districts.

### Roles and Responsibilities:

- A. DHW has the responsibility to oversee the Food Protection Program; promulgate rules and rule amendments; develop standards, policy statements, operational procedures, program assessments, and guidelines; and cooperate with the Districts in reporting to Legislative Committees as described in 39-1607, Idaho Code.
- B. The Districts have been assigned the role of "regulatory authority," pursuant to this MOU for the purposes of the following. DHW may supersede the Districts in performing any of these duties if the Districts are unable to perform these functions on an individual basis.
  - a. Issuing licenses,
  - b. Collecting fees,
  - c. Conducting inspections,
  - d. Reviewing plans,
  - e. Determining compliance with the rules,
  - f. Investigating complaints and illnesses,
  - g. Examining food,
  - h. Embargoing food,
  - i. Developing compliance conferences, and
  - j. Performing suspension and revocation of permits and licenses.
- C. DHW serves as the appellate agency when the Districts have suspended, revoked, or denied a food establishment permit. The Districts are responsible for all proceedings until a formal administrative appeal to the Director of DHW is made as provided in IDAPA 16.02.19.861.02. The Districts must cooperate with DHW during the appeal process.
- D. DHW and the Districts shall inform the other of any information, conditions or situations regarding food safety and sanitation that may affect the other agency's ability to properly regulate food establishments and/or operations.
- E. Districts shall conduct initial enforcement on non-licensed food establishments, including those that do not renew the annual license by December 31 and operate on or after January 1 without renewal of the annual license, the Districts



will make multiple attempts to obtain compliance by notifying the operator of the requirements for licensure and consequences for operating without a license. For establishments that remain out of compliance after a certified letter has been mailed or an onsite visit has been conducted, a referral package will be submitted to the DHW Food Protection Program and applicable County Prosecutor for civil enforcement.

### Program Assessment:

#### A. Reports

1. The Districts will provide raw data of inspection findings to the DHW Food Protection Program within 45 days after the end of each quarter. To ensure data integrity, the Districts and DHW will agree upon the required data fields. DHW will provide guidance for data collection and provide a data file template.
2. DHW will prepare and provide to the Districts an annual report of statewide food protection activity which summarizes the numbers of violations and violation categories, number of inspections and follow-up inspections conducted, and any outbreak information available related to food establishments within 120 days after the fourth quarter raw data files have been submitted by the Districts.

#### B. Standardization, Training, Consultation and Technical Assistance

1. DHW will:
  - a. Provide standardization, ongoing standardization maintenance assistance, and standardization renewal within three years to at least one standardization trainer in each District so that the trainer continues to be credentialed. Standardization will take place as outlined in the most current version of the Food and Drug Administration (FDA) procedures for food safety standardization.
  - b. Provide appropriate continuing education in food safety and sanitation to the Districts.
  - c. Provide consultation and technical assistance on food safety and sanitation issues to the Districts.
  - d. Upon request of the Districts, DHW will provide legal interpretations of the Idaho Food Code. Where appropriate, DHW will seek legal advice from its Deputy Attorney General and may ask the Deputy Attorney General to comment on legal interpretations requested by the Districts. However, the Deputy Attorney General may not give legal advice to the Districts.

2. The Districts will:
  - a. Have in place a standardized trainer who will standardize other staff members of the District's food safety program. The Districts will notify DHW when a staff member completes the standardization, allowing DHW to: report to FDA all individuals who have been standardized; provide a certificate of standardization; and to continue to monitor the overall progress in the food program statewide.

#### C. Audits

1. DHW will:
  - a. Conduct biennial audits of the Districts' food protection program according to the most current audit procedures outlined by the DHW Food Protection Program.
  - b. Provide a verbal report to the District Food Protection Program Coordinator with the District's Environmental Health Director/Health District Division Director or Administrator.
  - c. Provide a final audit report within 45 days after the audit takes place to the District's Environmental Health Director/Health District Division Director or Administrator and the District Director detailing noted areas of suggested improvements, required changes, and/or corrective actions based on the audit findings.
2. The Districts will:
  - a. Provide the names of all staff members.
  - b. Provide access to the requested food establishment files and records to conduct the audit.
  - c. Respond to the suggested improvements, required changes, and corrective actions in writing within 45 days of receipt of the final audit report.
  - d. Complete corrective action as necessary and appropriate.

## Protocol C: Public Swimming Pool Inspection

Sections 56-1003 and 56-1007, Idaho Code grants authority to the Director of DHW to enforce minimum standards of health, safety, and sanitation and to establish reasonable fees for services for all public swimming pools in Idaho. The Director of DHW authorizes through mutual agreement to the Districts the roles and responsibilities for the regulation of swimming pools to the seven Public Health Districts as outlined in this MOU pursuant to DHW rules, IDAPA 16.02.14, "Rules Governing Construction and Operation of Public Swimming Pools in Idaho".

### Roles and Responsibilities:

- A. DHW has the responsibility to promulgate rules and rule amendments
- B. The Districts have been assigned the role of "regulatory authority," pursuant to this MOU for the purposes of the following. DHW may supersede the Districts in performing any of these duties if the Districts are unable to perform these functions on an individual basis.
  - a. Reviewing plans,
  - b. Collecting fees,
  - c. Conducting inspections,
  - d. Issuing permits
  - e. Determining compliance with the rules,
  - f. Investigating complaints and illnesses, and
  - g. Temporarily suspending or revoking permits.
- C. DHW and the Districts shall inform the other of any information, conditions or situations that may affect the other agency's ability to properly regulate swimming pools.

### Program Assessment:

- A. Reports
  - 1. The Districts will provide raw data of inspection findings to the Environmental Health Program within 45 days after the end of each reporting period.
    - a. Reporting period will be semi-annual based on the following schedule.

Reporting Period (Semi-Annual)	Report Due Date
April 1 - September 30	November 15
October 1 – March 31	May 16

b. To ensure data integrity, the Districts will report on the following required data fields:

- Reporting period
- Date of report
- Total number of permitted pools
- Number of inspections conducted
- Total time spent on inspections/re-inspections
- Number of remodels/new pools
- Number of complaints received
- Number of complaints resulting in corrective action
- Number of each violation type (health and safety, water quality, operations, mechanical, construction)
- Pool closures (including name of pool, reason for closure, and if pool closure was resolved)

c. DHW will provide the Districts with a reporting template.

2. DHW will prepare and provide an annual report of statewide swimming pool activity to the Districts by June 30.



Eastern Idaho

**Public Health**

**Prevent. Promote. Protect.**

**Human Resources  
Administrative Policies**

**Effective 3/1/2022**

DRAFT

## Table of Contents

HUMAN RESOURCES ADMINISTRATIVE POLICIES.....	3
Reference to State Employment.....	3
Employment At-Will.....	3
EMPLOYEE CODE OF CONDUCT .....	3
Expected Conduct .....	4
EMPLOYMENT RELATIONSHIP .....	4
Fair Labor Standards Act (FLSA) & Overtime .....	4
Status of Employees.....	5
Job Classifications .....	5
Job Reclassifications.....	5
RECRUITING/HIRING .....	5
Recruitments.....	5
EQUAL EMPLOYMENT OPPORTUNITY AND COMMITMENT TO DIVERSITY .....	6
COMPENSATION & BENEFITS.....	6
Compensation.....	6
Sick and Vacation Leave.....	6
Administrative Leave .....	6
Holidays.....	7
Jury Duty .....	7
Military Leave.....	7
Benefits .....	7
Sick Leave Reinstatement.....	7
EMPLOYMENT POLICIES.....	7
Evaluations.....	7
Personal Information .....	7
Personnel Files .....	8
Resignation .....	8
Separation of Service .....	8
COBRA Benefits.....	8
Reduction in Force .....	8
COMPLIANCE WITH EMPLOYMENT LAWS .....	9
Family and Medical Leave Act (FMLA) .....	9
Americans with Disabilities Act (ADA) .....	9
Fitness for Duty.....	10
WORKERS COMPENSATION .....	10
EMPLOYEE DISCIPLINE .....	10
Disciplinary Actions Available .....	10
Name-Clearing Hearing.....	10

## HUMAN RESOURCES ADMINISTRATIVE POLICIES

This document sets for the Human Resources Administrative Policies for Eastern Idaho Public Health (EIPH). These administrative policies do not provide comprehensive details of employee benefits and employee policies. Detailed employee benefits and employee policies can be found in the EIPH Employee Handbook. EIPH Human Resource Administrative Policies may change with the approval of the EIPH Board of Health. These policies supersede any other policy, except as provided herein.

These Administrative Policies are intended to establish a safe and professional working environment. They are not a contract of employment. All individuals employed by EIPH are employed at the discretion of EIPH and have no right to continued employment or employee benefits, except as may be agreed in writing and formally approved by the EIPH Board of Health.

These policies will become effective on March 1, 2022, unless Idaho legislation extends the length of time that EIPH is governed by the State of Idaho Personnel Rules.

### Reference to State Employment

EIPH is a governmental entity that is authorized by the State of Idaho as an independent body corporate and politic. EIPH employees are neither County nor State of Idaho employees, rather District employees who receive many State of Idaho benefits to include participation in PERSI retirement benefits, Office of Group Insurance benefits, sick leave and vacation leave accruals, paid holidays, and other benefits that State of Idaho employees are provided. EIPH also utilizes the State Controller's Office (SCO) for processing various HR needs including payroll and financial applications.

### Employment At-Will

Employment with EIPH is voluntarily entered into, and an employee may choose to resign at any time. Similarly, EIPH may end your employment at any time, with or without notice or cause, as long as there is no violation of applicable state or federal laws. This is often referred to as "at-will" employment.

Nothing in these HR policies or any other document or statement shall change the at-will nature of employment. The terms and conditions of all offer letters, promotions, and position changes do not and are not intended to create either express and/or implied contracts of employment with EIPH. No supervisor, manager, administrator, or employee of EIPH has the authority to enter into any agreement for employment for any specified period of time or to make any agreement for employment other than at-will. EIPH's District Director is the only individual with the authority to make such an agreement, and then only in writing.

Any salary figures provided to you in annual, monthly, or bi-weekly terms are stated for the sake of convenience or discussion purposes and are not intended to and do not create an employment contract for any specific period of time.

Nothing in these HR policies is intended to interfere with, restrain, or prevent concerted activity as protected under the National Labor Relations Act (NLRA). Such activity includes employee communications regarding wages, hours, or other terms or conditions of employment. You have the right to engage in or refrain from such activities.

## EMPLOYEE CODE OF CONDUCT

EIPH employees are expected to conduct themselves in a professional manner that is both civil and cooperative. EIPH employees are public employees and therefore are exposed to additional public scrutiny in both their public and personal conduct. This Code of Conduct has been established to aid employees in understanding expected conduct. Violations of the Code of Conduct will be grounds for disciplinary action up to and including termination of employment. This list is illustrative and not all inclusive. Other behaviors and acts of misconduct not specifically detailed here may be grounds for disciplinary action as well.

## Expected Conduct

Each employee is expected to conduct themselves in a professional manner. In order to accomplish this, each employee must:

1. Be respectful, courteous, and professional. Work cooperatively and constructively with fellow employees and members of the public.
2. Be prompt and regular in attendance at work for defined work schedules or other required employer functions, and follow procedures for exceptions to the normal schedules, including the scheduling and taking of vacation and sick leave.
3. Comply with EIPH's Employee Conduct policy at all times.
4. Abide by all EIPH rules/policies and direction of a supervisor whether written or oral (failure to do so may constitute insubordination). No employee will be required to follow the directive of a supervisor that violates local, state, or national laws.
5. Maintain the confidential nature of records that are not open to the public in accordance with the direction of the responsible official.
6. Maintain a current appropriate licensure when work for EIPH requires the employee to have licensure to perform their job responsibilities.
7. Follow all workplace safety rules/policies whether established formally by internal or external agencies.
8. Report all accidents that occur or are observed on the job, or that involve EIPH property, and cooperate as requested in the reconstruction of any such accident.
9. Avoid conflicts of interests in appointments and working relationships with other employees, contractors, and potential contractors in EIPH and related agencies.
10. Adhere to any code of ethics in the employee's profession.

## EMPLOYMENT RELATIONSHIP

### Fair Labor Standards Act (FLSA) & Overtime

The FLSA prescribes labor laws for child labor, overtime pay, defined workweeks, etc. For purposes of the FLSA, EIPH will continue to utilize the FLSA designations as assigned to each job classification by Idaho Division of Human Resources (IDHR). EIPH's workweek will also continue to follow IDHR definitions with our use of the SCO system. All EIPH positions are designated as either non-exempt or exempt under state and federal wage and hour laws.

If a position is **non-exempt** (hourly), the employee is eligible to receive overtime pay under the provisions of the FLSA. Overtime is based upon actual hours worked over 40 in any given workweek. Time recorded, but not worked, such as holiday, vacation, and sick is not included in overtime calculations.

It is EIPH policy to provide compensatory time off unless previous approval for paid compensation has been granted. In either case, non-exempt employees will earn one and one-half (1-1/2) hours for each overtime hour worked.

Although it is EIPH's policy that advanced approval be given before you work overtime, any overtime that is worked by a non-exempt employee will be compensated.

If a position is **exempt**, the employee is exempt from receiving overtime pay under the provisions of the FLSA. An exempt employee will be compensated with compensatory time at the straight rate. If compensatory time is not taken by an exempt employee and they leave EIPH, regardless of the reason, the employee will forfeit the balance of compensatory time off that had been accrued. In certain situations, the District Director may authorize cash compensation in place of accruing compensatory time off for exempt employees.

**Executive** employees (District Director and Division Administrators) are expected to work whatever hours are necessary to accomplish the goals and deliverables of your position, typically a minimum of 40 hours a week. Sometimes additional hours are necessary, including occasional evenings, weekends, or holidays.

Executive employees do not earn compensatory time off, and do not need to record time away from work in less than four-(4) hour increments (unless on FMLA). While there is more flexibility for executive employees in how they



work, they are expected to use most of our business hours to fulfill the expectations of the position, and still need to coordinate time away from work with their supervisor.

## Status of Employees

In addition to being either non-exempt or exempt, each employee will be assigned one of the following employment statuses:

- **Regular Full-time:** Regularly scheduled to work 30 to 40 hours per week. Full-time employees are eligible for EIPH's benefits, subject to the terms, conditions, and limitations of each benefit program.
- **Regular Part-time:** Regularly scheduled to work less than full time, but at least 20 hours per week. Part-time employees are eligible for EIPH's benefits, subject to the terms, conditions, and limitations of each benefit program.
- **Temporary:** Hired through EIPH as interim employees, to temporarily supplement the workforce, or to assist in the completion of a specific project. These assignments are limited in duration. While temporary workers receive all legally mandated benefits (such as Social Security and workers' compensation insurance), temporary workers generally are not eligible for EIPH's benefits.

These employment definitions and statuses do not guarantee employment for any specified period, nor do they change the at-will nature of employment.

## Job Classifications

EIPH utilizes the State Controller's Office (SCO) to provide accounting and payroll services. Due to limitations with their current system, EIPH will continue to utilize IDHR job classifications. IDHR utilizes Hay methodology to determine assignment of job classifications to pay grades. EIPH will follow Hay methodology rules if any new job classifications are needed. EIPH will also utilize the IDHR assigned pay grade for each position.

## Job Reclassifications

EIPH works to ensure that employees are in the appropriate job classification and performing duties within the scope of that classification. When organizational needs necessitate a reclassification or establishment of a new position, the Division Administrator over the position will submit a position set-up or change form to EIPH HR. The form will include the existing classification, the requested change, and a job description that aligns with the new classification. For a position set-up or reclassification to take effect, it must be signed by the Division Administrator and approved by EIPH HR and the EIPH Director. If a reclassification results in movement of more than one pay grade, EIPH HR will post the position for internal applicants.

## RECRUITING/HIRING

EIPH will continue to utilize the State of Idaho applicant tracking system. For regular full time and part time employment opportunities, EIPH will post each opening through the applicant tracking system and leave it open for at least five days. For position recruitments, EIPH will continue to advertise positions with the minimum qualifications listed by IDHR. Minimum qualifications assessments will be structured as yes or no responses and all applicants that meet requirements specified will be provided to the hiring manager for consideration.

## Recruitments

Job postings, at the discretion of the hiring manager, can be posted as an internal or external job posting. Internal job postings restrict applicants to existing EIPH employees. External job postings allow for anyone interested to apply. Whenever possible, EIPH encourages promotion from within. All questions on applications and examinations shall be based on valid job requirements. EIPH will follow veterans' preference policies as prescribed in IDHR Administrative Rules.

## EQUAL EMPLOYMENT OPPORTUNITY AND COMMITMENT TO DIVERSITY

EIPH provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 and older), disability, genetic information, military status, and any other legally protected grounds in accordance with applicable federal, state, and local laws.

EIPH's commitment to equal opportunity and diversity applies to all terms and conditions of employment, including hiring, placement, promotion, termination, layoff, recall, transfers, leaves of absence, compensation, and training.

Supporting diversity, equality, and inclusion is a shared responsibility; therefore, we expect everyone to treat one another with respect and consideration. HR will monitor employment practices to ensure that all qualified applicants have an equal opportunity to compete for jobs. All personnel decisions will be based on characteristics related to valid job requirements and individual performance. Human Resources will issue instruction on equal employment guidelines when needed or requested.

Any employee who feels he/she has been discriminated against, in violation of the above policy, should file a written complaint with EIPH's HR within five (5) working days. Employees, applicants, and service recipients may also file discrimination claims with the Idaho Human Rights Commission and/or the Equal Employment Opportunity Commission. Job applicants may file an appeal with EIPH HR within thirty-five (35) days of the occurrence of the alleged discriminatory act. Any employee of EIPH who willfully violates this policy shall be subject to disciplinary action, up to and including dismissal.

## COMPENSATION & BENEFITS

### Compensation

At EIPH, the Board of Health sets our budget each spring and may include increases to employee's compensation. The District Director then develops a Compensation Plan for salary increases. The final budget setting generally occurs during the April Board of Health meeting and if approved, the increases in compensation will be implemented to be effective beginning in the new fiscal year or may be implemented earlier if sufficient funding is available in the current fiscal year budget.

Outside of regular Changes in Employee Compensation as described above, the Director has discretion to provide increases or bonuses for retention, performance, hard-to-fill positions, or compression issues. All EIPH compensation actions will be in accordance with the EIPH Compensation Policy that is approved by the Board of Health.

### Sick and Vacation Leave

EIPH utilizes SCO payroll/accounting systems, and as a result, will provide sick and vacation leave accruals in accordance with IDHR's Administrative Rules.

EIPH will allow employees to donate leave to other EIPH employees in accordance with the IDHR leave donation policy.

EIPH will accept a transfer of vacation and sick leaves balances for employees transferring to EIPH from another Idaho Public Health District.

### Administrative Leave

EIPH may provide administrative leave at the discretion of the District Director and/or Board of Health. Some examples could include office closures due to extreme weather, natural disasters, or during employee disciplinary investigations or actions.

## Holidays

EIPH observes all 11 Federal Holidays and provides paid time off for these holidays for eligible employees as outlined by IDHR Administrative Rules.

## Jury Duty

EIPH supports its employees in their civic duty to serve on a jury. Employees should provide their jury summons with their supervisor and HR as soon as possible after it is received to allow for planning to cover the employee's work responsibilities. An employee's time spent on Jury Duty is considered a paid leave of absence for the hours in which the employee would have otherwise been scheduled to work (up to 40 hours per week for up to 30 days).

## Military Leave

EIPH appreciates our employees' military commitments and supports Military Leave for uniformed service in accordance with applicable federal and state laws. Employees who are members of the U.S. Armed Forces or the National Guard that receive federal military orders requiring them to be absent from work, shall be entitled each calendar year to one hundred twenty (120) hours of paid military leave in accordance with IDHR policies. Upon return from Military Leave, an employee will be granted the same seniority, pay, and benefits as if the employee had worked continuously.

## Benefits

EIPH provides eligible employees with a generous benefits package, including the Public Employee Retirement System of Idaho (PERSI), and medical, dental, vision, and life insurance. For detailed information on all of EIPH's benefits, including eligibility, please check out <https://ogi.idaho.gov/> or contact HR.

For purposes of employee benefits, EIPH will continue to use credited service to count toward longevity milestones, when applicable. For these benefits, "credited state service" will be recognized as "credited service" moving forward.

## Sick Leave Reinstatement

If an employee returns to EIPH credited service within three (3) years of separation, all sick leave forfeited at the time of separation will be reinstated.

## EMPLOYMENT POLICIES

### Evaluations

Supervisors are expected to actively manage performance of their employees. This includes formal performance evaluations. Upon hire, a new employee should receive an evaluation at their three- and six-month employment anniversaries. Thereafter, performance evaluations should be conducted annually. Employees must have a current evaluation on file with an "Achieves" rating or better prior to the implementation of any Change in Employee Compensation. Supervisors are required to complete an annual evaluation utilizing the EIPH evaluation template. Evaluation training is done with new supervisors, as well as in EIPH Leadership Team meetings.

### Personal Information

EIPH is committed to protecting employees' personal information while balancing our need to provide employee benefits, payroll services, manage employees, and comply with public record laws. EIPH is an "independent body corporate and politic" operating as a Public Health District. We are subject to public record laws that may require information such as your hire date, compensation, and position title to become public record.

EIPH shares some of employees' personal information such as birth date, Social Security number, and address with third-party benefit vendors such as PERSI, insurance benefit providers, and the State Controller's Office.

## Personal Information Changes

Please make sure to keep your physical and e-mail addresses, phone number(s), and emergency contact information current with HR. Contact HR if you need to update your beneficiaries or make a name change.

## Personnel Files

Each employee will have a personnel file and a medical file. The personnel file contains administrative employment documents and performance documents. These files can be reviewed by the individual employee, their supervisor, the Division Administrator, the Director, or Human Resources when required by law or when necessary for business operations. Personnel files will be retained for five years following the date of an employee's separation.

Medical files contain administrative documentation that supports an individual's rights for federal and state employment laws based on medical or health-related needs. Medical files are not reviewable by supervisors and are intended exclusively for human resource administration. Medical files will be retained for the same period of time as personnel files.

## Resignation

Resignations are generally done in writing. Written resignations are effective upon receipt by a supervisor, Division Administrator, District Director, or human resources.

Employees who have unexcused or unauthorized absences of 3 or more working days in a row may be considered to have resigned through abandonment of his/her position. If an employee's words or actions indicate an intent to resign, including having an unexcused or unauthorized absence of 3 or more working days in a row, the District will consider the employee as having resigned and immediately notify him/her of such.

## Separation of Service

Upon separation of employment, it is the policy of EIPH that an employee's existing vacation balance will be paid out on their final paycheck unless they are eligible to transfer their leave balances to another Public Health District. Sick leave does not pay out; however, employees hired prior to July 1, 2000 may be eligible to use a portion of their sick leave balance for insurance-related payments. Please contact HR for specific details. EIPH does not provide any severance pay.

## COBRA Benefits

Employees who currently receive medical benefits and who resign or are terminated from their employment may be eligible to continue those medical benefits for a limited time in accordance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Employees with questions regarding the right to continue health coverage after termination of their employment should contact the HR Office.

## Reduction in Force

When layoffs are necessary, EIPH evaluates the positions needed to conduct the ongoing or future work of a program, department, and/or the organization, as well as the relative value of work performed by individual employees. Length of service and other factors may be considered but receive less weight in the determination. If length of service is considered, the seniority date used would be the employee's current hire date. When determining the order of layoffs, EIPH will comply with its obligations under Idaho's Veterans Preference statute. Division leadership is expected to abide by the following guidelines when determining the order of layoffs:

- Employees in temporary positions performing the same work as regular employees should be considered for termination before any regular employees, provided a regular employee can perform the temporary employee's tasks.
- Layoffs of regular employees will be based on the following factors:
  - Positions most critical to the program, department, or organization in the delivery of services;
  - Relative skills, knowledge and productivity of individual employees;
  - Protected class status.
- Length of employment, or other relevant factors.

Prior to finalizing the list of employees to be laid off, Human Resources shall evaluate equal employment factors to ensure employees in protected classes are not disparately impacted by the layoffs. Employees being laid off will be given a minimum of fifteen calendar days advance written notice of the layoff.

## COMPLIANCE WITH EMPLOYMENT LAWS

### Family and Medical Leave Act (FMLA)

An employee who works for EIPH must meet two criteria in order to be eligible for FMLA leave. The employee must:

1. Have worked for the employer for at least 12 months;
2. Have at least 1,250 hours of service in the 12 months before taking leave; and

An eligible employee can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- Birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, sibling, parent, grandparent, or other close relative who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employer's spouse, child, or parent.

Employees may be placed on FMLA leave either at the employee's request or at the employer's discretion. The employee is allowed to use all eligible sick leave, vacation, and comp time concurrent with FMLA leave time. Employees must give 30 days advance notice of the need for FMLA leave. If it is not possible to give 30 days' notice, an employee must notify human resources as soon as possible. EIPH may require a certification or periodic recertification supporting the need for leave. The employee must provide the requested certification within fifteen working days following the request for certification.

While on FMLA leave, EIPH will continue health insurance coverage as if the employee were not on leave. Employees must pay their portion of the premiums in order to keep the benefits in effect during any unpaid leave. EIPH may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave.

The FMLA also provides an entitlement of up to 26 weeks of unpaid leave during a single 12 month period to an eligible employee who must care for a covered service member, a person who is a spouse, son, daughter, parent, or next of kin of the employee and has a serious injury or illness incurred in the line of duty which renders that person unfit to perform his or her duties in the armed forces.

The National Defense Authorization Act also provides 12 weeks of FMLA leave to an eligible employee if his or her spouse, son, daughter or parent has been called to active duty with the armed forces.

### Americans with Disabilities Act (ADA)

Individuals may have a disability and may be protected under the ADA if they:

- Have a physical or mental impairment that substantially limits one or more of their major life activities;
- Have a record of such impairment; or
- Are regarded as having such an impairment.

A qualified person with a disability means an individual with a disability who, with or without a reasonable accommodation, can perform the essential functions of the position that the individual holds or has applied for. Reasonable accommodations are modifications to an applicants' or employees' work environment that allow them to perform the essential functions of the job they seek or hold, unless accommodations create undue hardship for EIPH.

Once an applicant or employee divulges they have a disability, or EIPH has a reasonable belief that the employee has a medical condition that is affecting their ability to perform the essential functions of their job, the supervisor shall contact human resources to initiate an interactive process with the employee. The purpose of the interactive process is to determine what, if any, job-related functional limitations the condition poses and what reasonable accommodations, if any, are available to assist the employee or applicant. As part of the interactive process, it may be necessary for human resources to seek the assistance of the individual's health care provider. Supervisors shall not communicate directly with an individual's health care provider.

### Fitness for Duty

EIPH may require a fitness for duty certification from a healthcare provider to determine before an employee returns from leave related to injury or illness. The certification must list any restrictions that a healthcare provider has for the employee, if any.

## WORKERS COMPENSATION

Workers compensation is a no-fault insurance policy which provides wage loss and medical benefits to workers who have sustained a job-related injury or disease. All employees of EIPH are covered under workers compensation insurance through the State Insurance Fund. Employees are covered beginning with their first day of work and during all hours when they are actually working (not preparing for, or traveling to or from work). Workers compensation insurance pays for "reasonable and necessary" medical care to treat a job-related injury or disease. On an approved claim, bills for medical treatment are sent by the medical provider directly to the State Insurance Fund, and require no payment on the part of the employee. The full process is found within the EIPH Employee Handbook.

## EMPLOYEE DISCIPLINE

The following framework provides discipline options that may be taken when an employee violates employment policies or fails to adequately perform his/her duties. Nothing contained herein is intended to change the at-will nature of the employee's employment or limit the reasons for which the employee may be disciplined, including termination of employment. Progressive steps may be implemented in order to encourage improved performance or attitude but are not required. EIPH may take any of the following disciplinary actions, or any other action, in any order when a supervisor deems an action or performance of the employee to be serious enough to warrant a certain discipline.

### Disciplinary Actions Available

The following actions are among the disciplinary actions that may be taken in response to personnel policy violations or performance deficiencies:

1. Verbal warning
2. Written warning or reprimand
3. Suspension without pay
4. Demotion (with or without a reduction in pay)
5. Dismissal

Conditions of maintaining employment that relate to particular performance/behavior issues may be established in conjunction with any of these actions.

### Name-Clearing Hearing

All EIPH employees are at-will; however, a public employee who is being considered for termination will have the opportunity to respond to the District Director during a name-clearing hearing prior to the final termination decision.



Eastern Idaho  
**Public Health**

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# **Drug Overdose Prevention and Response Training 2022**

[www.EIPH.Idaho.gov](http://www.EIPH.Idaho.gov)



# Disclaimer

This presentation is for educational purposes only.

Its contents are solely the responsibility of the presenters and do not necessarily represent the official views of their respective organization and/or funding partners.

This presentation does not substitute for medical advice from licensed medical professionals, which should be consulted immediately in the case of a known or suspected overdose.

This presentation was supported by the Grant or Cooperative Agreement Number, 6 NU17CE925017-03-01, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the presenters and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

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# Overview

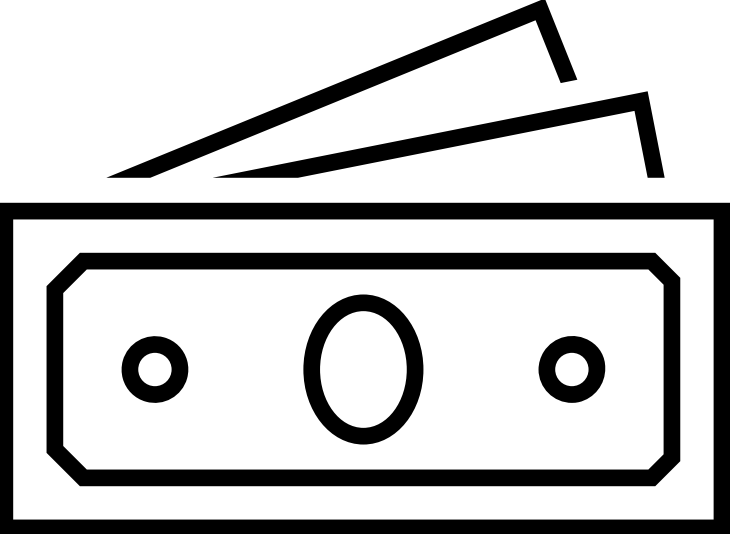
1. Opioids
2. Safe Storage & Disposal of Opioids
3. Naloxone
4. Idaho Good Samaritan Law
5. Recognize & Respond to an Opioid Overdose
6. Opioid Use Disorder & Stigma
7. Treatment & Community Resources



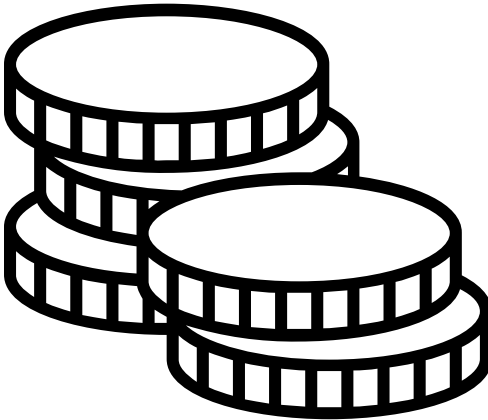
**Prevent. Promote. Protect.**



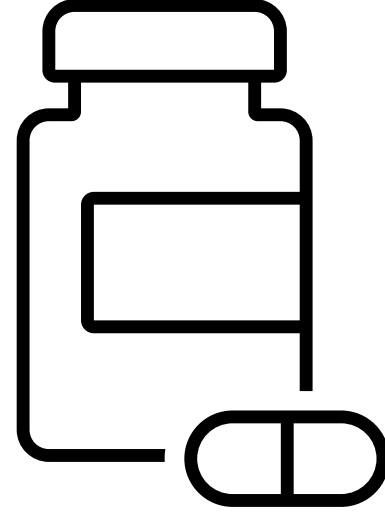
# What is the impact?



The United States opioid crisis total economic cost was estimated to exceed **\$631 Billion** from 2015-2018



Employer costs from 2015-2018 related to opioid use estimated nearly **\$150 Billion**



**71% of United States employers** have been affected by employee use of prescription opioids

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# What is the impact?

## DRUG OVERDOSE IN IDAHO

**164**

Deaths related to any opioid  
2020

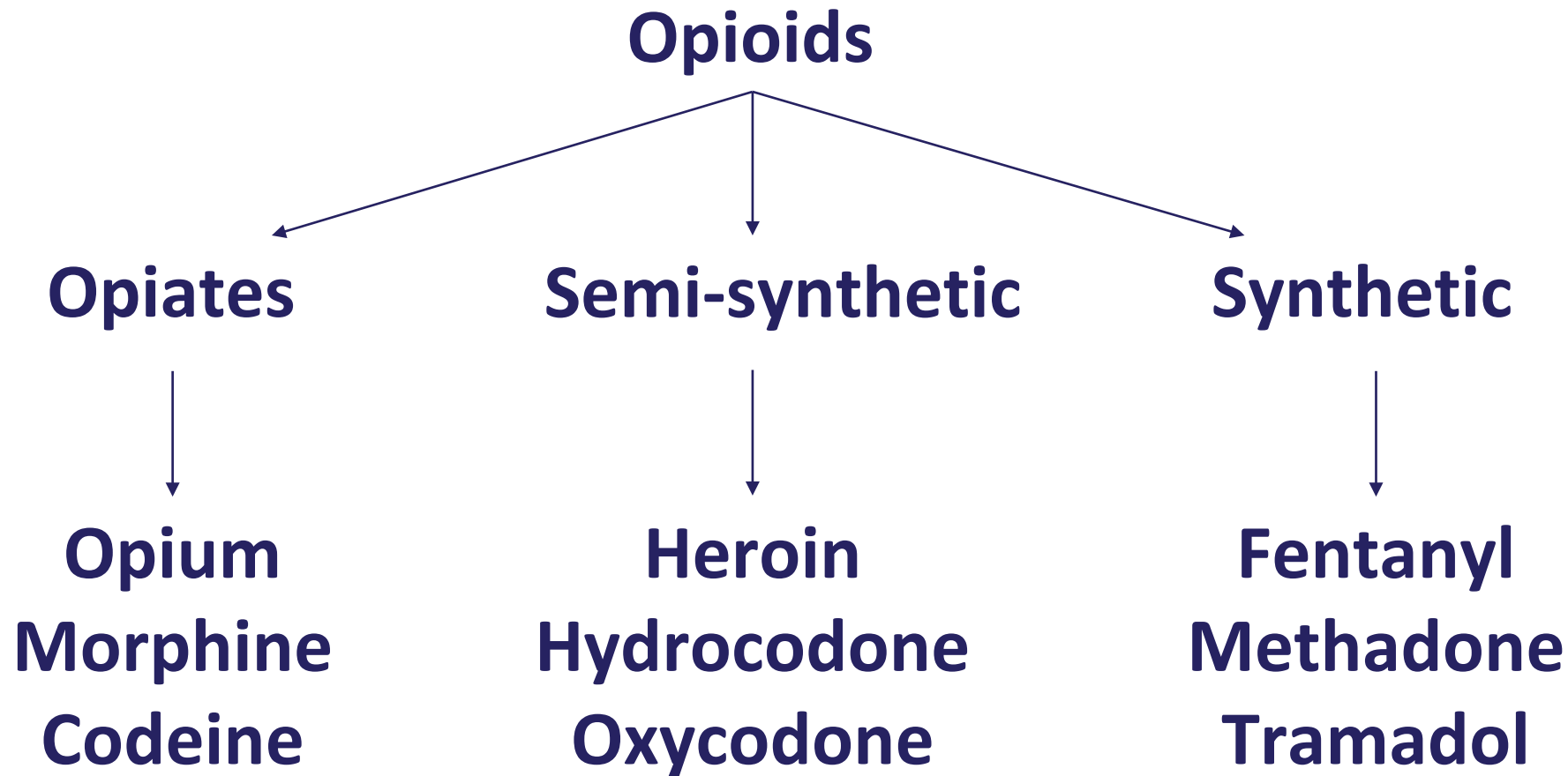
**1,209,805**

Prescriptions for opioids  
2020

**4,548**

Emergency Department Visits  
Related to Any Drug Overdose  
[Excluding Deaths]  
2020

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# Prescription Opioids



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# Prescription Opioids

- Prescribed by a health care provider.
- Treatment of moderate to severe short-term or chronic pain.
- Risks of prescription opioids:
  - Addiction/Dependence
  - Overdose or death
  - Pregnancy complications
  - Side effects such as sedation, constipation, or respiratory depression

GENERIC	BRAND NAME
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol with Codeine, TyCo, Tylenol #3
Fentanyl	Duragesic
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demerol
Methadone	Dolophine, Methadose
Buprenorphine	Suboxone, Subutex, Zubsolv, Bunavail, Butrans
Tramadol	Ultram

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# Prescription Opioids



## DO YOU KNOW THE COMMON OPIOIDS?



### Oxycodone

OxyContin, Oxecta, Roxicodone



### Oxycodone/ Acetaminophen

Percocet, Endocet, Roxicet



### Hydrocodone/ Acetaminophen

Lortab, Vicodin, Lorcet, Norco



### Codeine

Only available in generic form



### Tramadol

ConZip, Ultram



### Fentanyl

Actiq, Duragesic, Fentora



### Hydromorphone

Dilaudid, Exalgo



### Meperidine

Demerol



### Methadone

Dolophine, Methadose

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# Prescription Opioids



**38**  
PEOPLE

die every day from  
overdoses involving  
**prescription opioids.**

United States, 2019



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# Prescription Opioids: Fentanyl

- Synthetic opioid pain reliever
- Treatment of severe pain such as cancer pain
- 100 times more potent than morphine
- Schedule II prescription drug
- Transdermal patches, lozenges, tablets and nasal sprays



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# Talking to Your Doctor & Alternative Pain Treatment



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# Talking to Your Doctor

- Getting a new prescription?  
→ Ask your doctor questions.
- If prescribed opioid, talk to your doctor about co-prescribing naloxone.

What to Ask Your Doctor Before  
Taking Opioids: A Checklist

FDA U.S. FOOD & DRUG  
ADMINISTRATION



Opioids (such as hydrocodone, oxycodone, codeine and morphine) are not right for everyone. They can have some very serious side effects. Ask your health care provider these questions *BEFORE* taking opioids.

- Why do I need this medication—is it right for me?
- How long should I take this medication?
- Are there non-opioid alternatives that could help with pain relief while I recover?
- How can I reduce the risk of potential side effects from this medication?
- What if I have a history of addiction with tobacco, alcohol or drugs?
- What if there is a history of addiction in my family?
- Could this treatment interact with my other medicine for anxiety, sleeping problems, or seizures?
- Can I share this medication with someone else? Why not?
- How should I store my opioid medication to prevent other people from taking it?
- What should I do with unused opioid medicine?
- Can I have an Rx for naloxone?

For more information, visit [www.fda.gov/forconsumers/consumerupdates/ucm529517.htm](http://www.fda.gov/forconsumers/consumerupdates/ucm529517.htm)

Published: December 7, 2016

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# Alternative Pain Treatment

Talk to your doctor about other options to manage your pain. Some options may have fewer side effects and risks.

- Over-the-counter medications
- Physical therapy
- Acupuncture or massage therapy
- Exercise
- Cognitive Behavioral Therapy (CBT)

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# Illicit Opioids



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# Illicit Opioids

- Illegal non-prescription opioids such as heroin and illicitly-manufactured fentanyl (IMF).
- Methamphetamine is not an opioid.

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# Illicit Opioids: Heroin

- Rapidly acting opioid that is highly addictive
- Lethal Dose: 30 milligrams\*



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# Illicit Opioids: Fentanyl

- Sold through illegal drug markets for heroin-like effect.
- Often mixed with heroin and/or cocaine to increase euphoric effects, with or without the person who uses the substance's knowledge.



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# Illicit Opioids: Fentanyl

- Lethal Dose: 2 milligrams\*



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# Illicit Opioids: Counterfeit Fentanyl Pills

Oxycodone 30mg



Authentic



Counterfeit

Xanax



Authentic Front



Counterfeit Front

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# Illicit Opioids: Risks

- Risks of illicit opioids:
  - Addiction/Dependence
  - Overdose or death
  - Pregnancy complications
  - Side effects such as sedation, constipation, or respiratory depression
- Unique Risks
  - Not regulated



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# Illicit Opioids



All look the same.  
All are lethal doses.

Carfentanil  
.02-.03mg

Fentanyl  
2-3mg

Heroin  
30mg

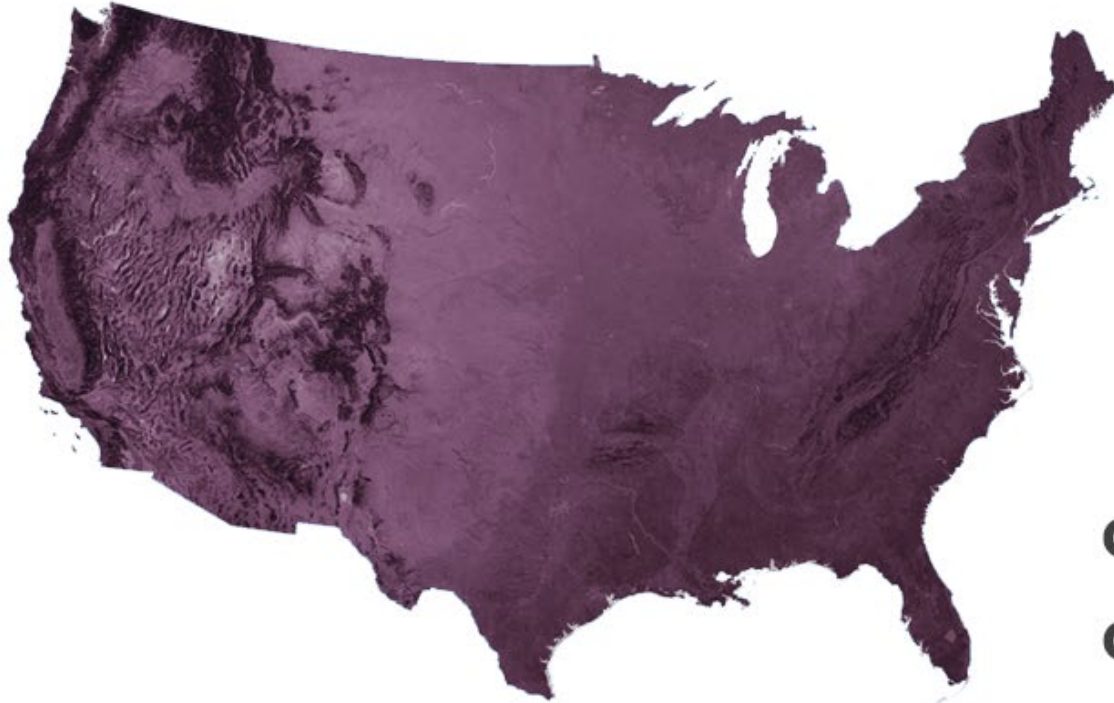
Stop the Opidemic.

[justice.gov/usao-md](https://justice.gov/usao-md)

@USAO\_MD

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# Opioids



**136**  
**PEOPLE**

die every day from  
an opioid overdose  
(including Rx and illicit opioids).

United States, 2019

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# Who Is At Risk?

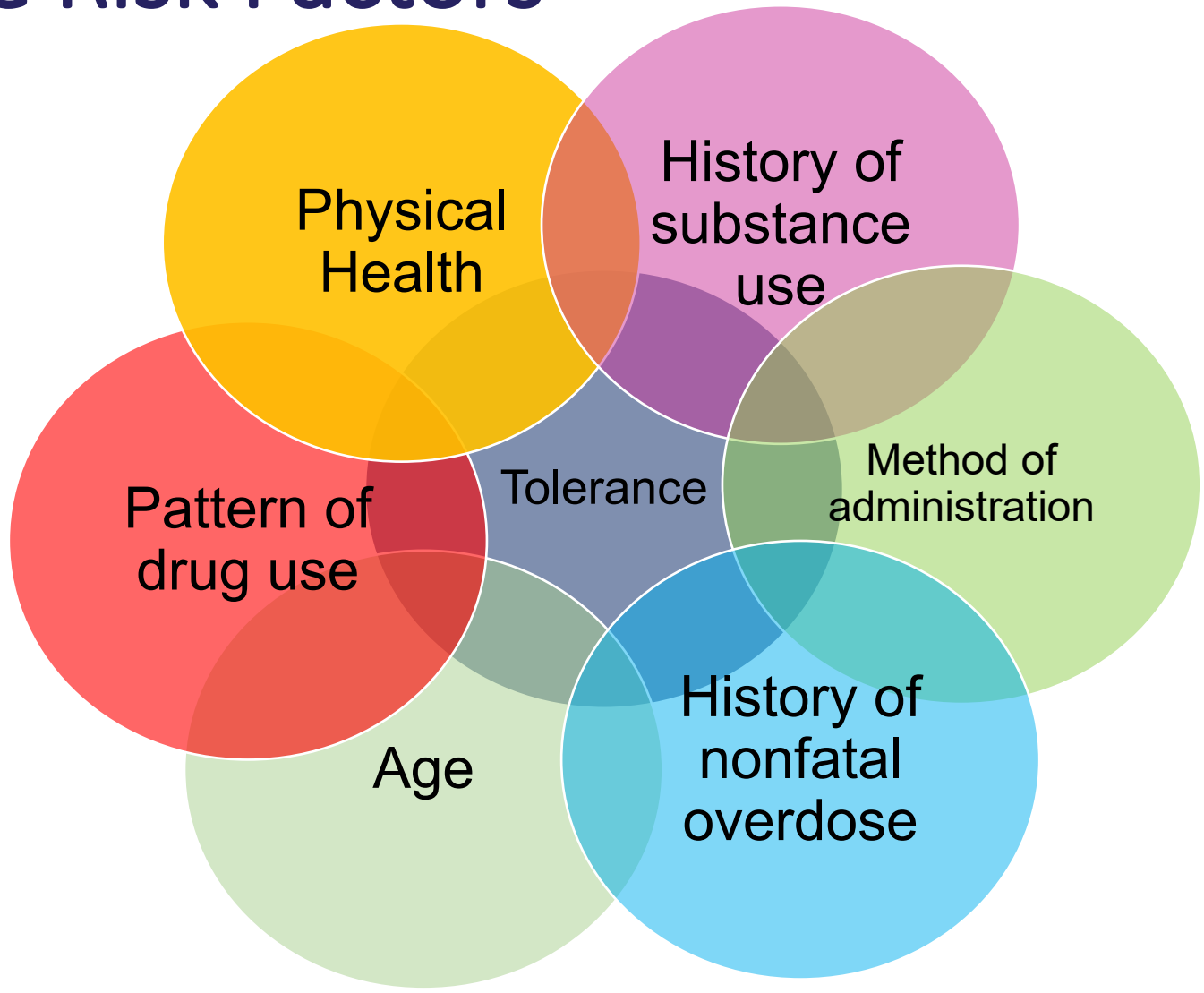
- Anyone taking prescription opioids
  - 1 out of 4 struggle with an opioid addiction
- High doses of opioids
- Contradictory medications
- History of misusing prescription drugs
- People who use heroin
  - 4 out of 5 people who use heroin started by misusing prescription opioids



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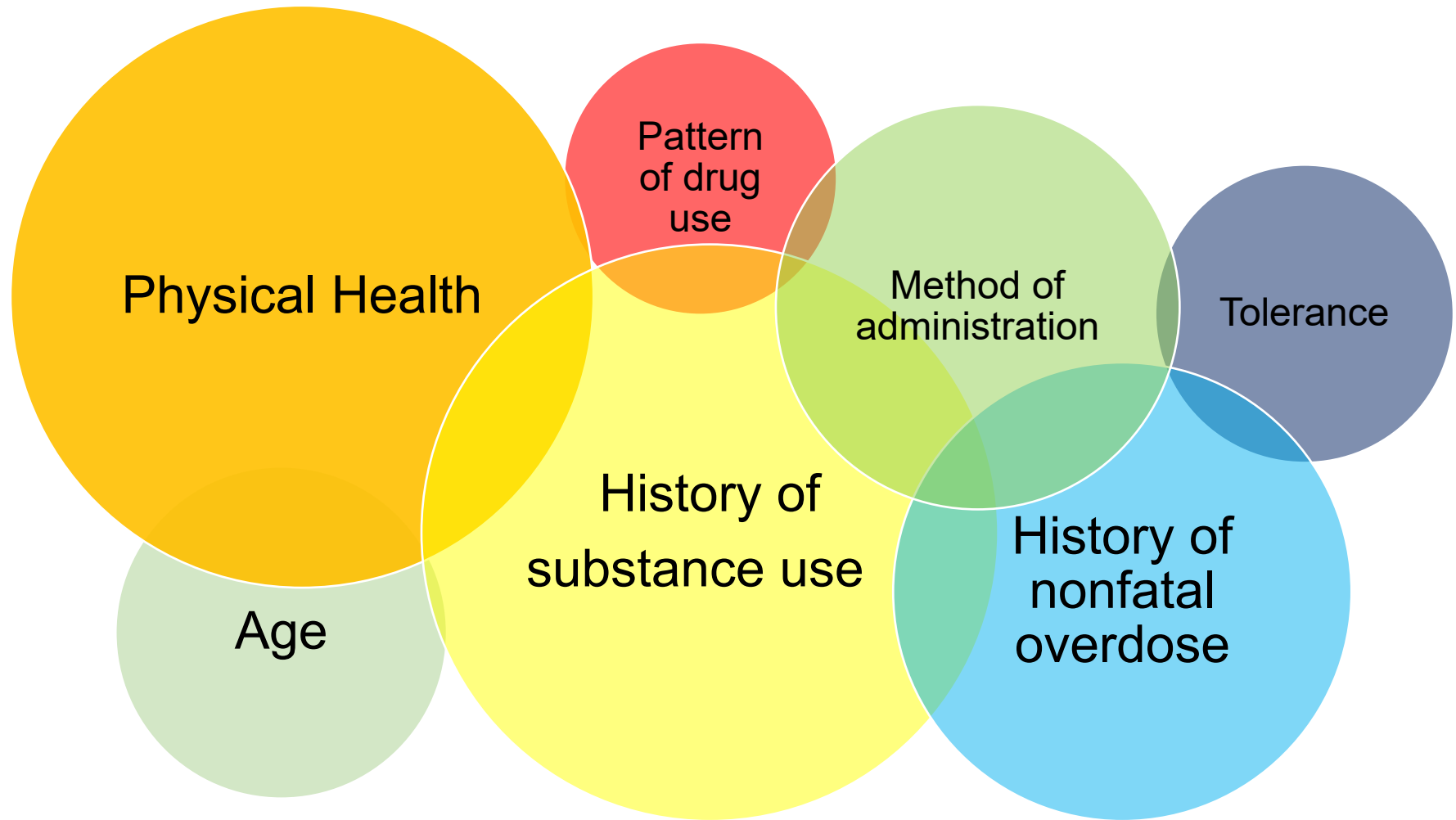
# Overdose Risk Factors



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# Overdose Risk Factors

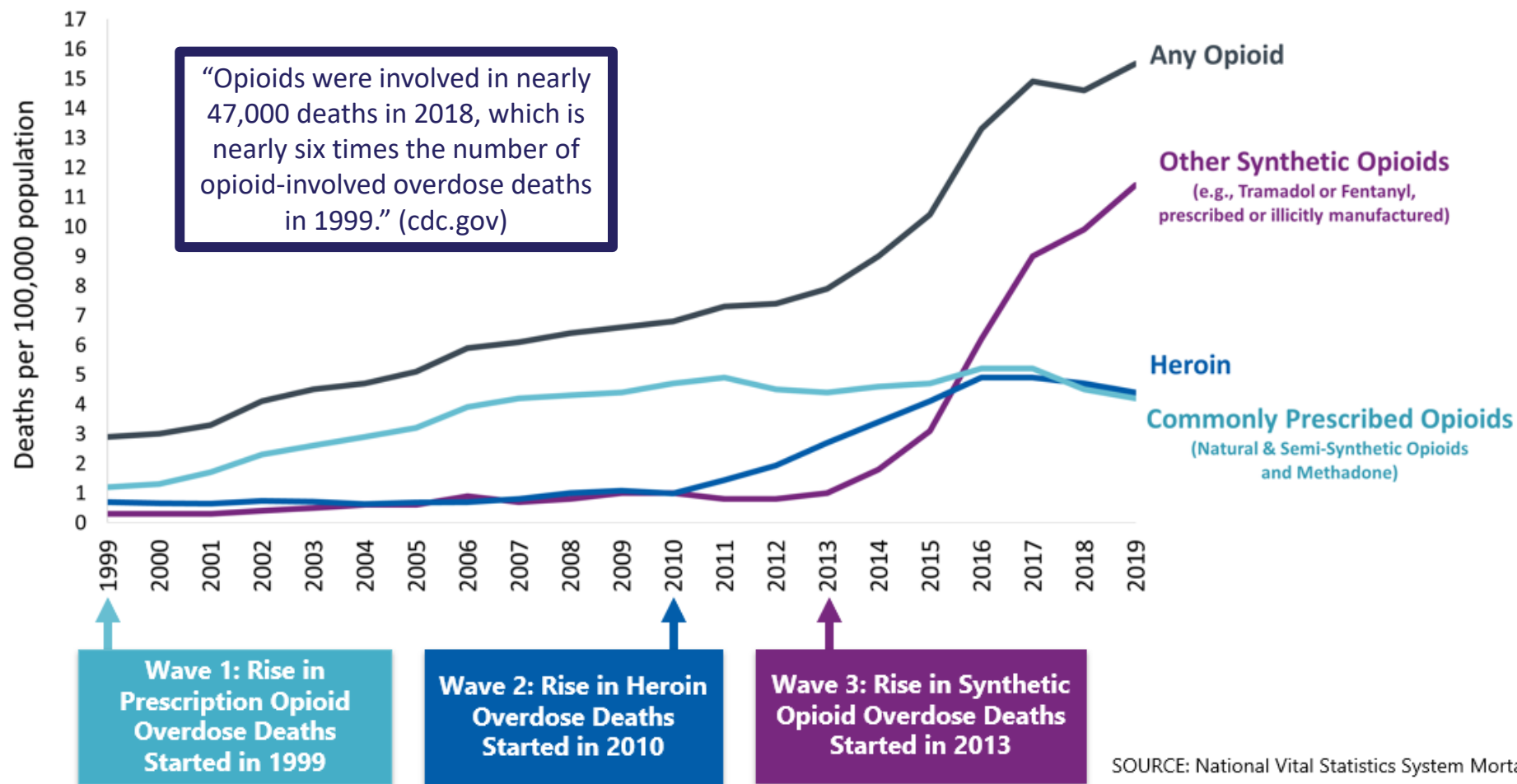


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# Three Waves of the Rise in Opioid Overdose Deaths



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# Opioid Overdoses



## IDAHO RESIDENT DRUG MORTALITY Drug Overdose Deaths By District and County of Residence, 2018-2020

District and County of Residence	2018		2019		2020		Three-Year Aggregate, 2018-2020	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
<b>TOTAL DEATHS</b>	248	14.1	265	14.8	287	15.6	800	14.9
District 1	35	14.6	36	14.6	46	18.2	117	15.8
District 2	18	16.4	9	8.2	16	14.5	43	13.0
District 3	38	13.1	28	9.4	35	11.6	101	11.3
District 4	74	14.3	89	16.8	90	16.6	253	15.9
District 5	34	17.1	32	15.9	43	20.8	109	18.0
District 6	23	13.1	36	20.4	28	15.8	87	16.4
District 7	26	11.6	35	15.4	29	11.8	90	12.9

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# Opioid Overdoses



## IDAHO RESIDENT DRUG MORTALITY Drug Overdose Deaths By District and County of Residence, 2018-2020

District and County of Residence	2018		2019		2020		Three-Year Aggregate, 2018-2020	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Bonneville	21	18.0	29	24.4	22	17.7	72	20.0
Clark	-	-	-	-	-	-	-	-
Custer	1	23.4	-	-	-	-	1	7.8
Fremont	-	-	2	15.3	2	14.9	4	10.1
Jefferson	2	6.8	2	6.7	1	3.2	5	5.5
Lemhi	1	12.6	1	12.5	-	-	2	8.3
Madison	-	-	-	-	2	3.8	2	1.5
Teton	1	8.6	1	8.2	2	17.2	4	11.3

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# Opioid Overdoses & COVID-19

“Researchers have observed increases in substance use and drug overdoses in the United States since the COVID-19 pandemic was declared a national emergency in March 2020.”<sup>7</sup>

“While overdose deaths were already increasing in the months preceding the 2019 novel coronavirus disease (COVID-19) pandemic, the latest numbers suggest an acceleration of overdose deaths during the pandemic.”<sup>8</sup>

“Synthetic opioids (primarily illicitly manufactured fentanyl) appear to be the primary driver of the increases in overdose deaths, increasing 38.4 percent from the 12-month period leading up to June 2019 compared with the 12-month period leading up to May 2020.”<sup>8</sup>

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7 for March 2020



# DEA September 2021 Public Safety Alert

September 27, 2021: Drug Enforcement Administration (DEA) issued a, “warning [to] Americans of the alarming increase in the lethality and availability of fake prescription pills containing fentanyl and methamphetamine.”<sup>9</sup>

- More than 9.5 million counterfeit pills seized this year
- Dramatic rise in the number of counterfeit pills containing at least two milligrams of fentanyl
- Fake prescription pills are widely accessible
  - often sold on social media and e-commerce platforms
- 2 of 5 fake pills with fentanyl contain a potentially lethal dose
- Fentanyl is the primary driver of increases in overdose deaths
- “This alert does **not** apply to legitimate pharmaceutical medications prescribed by medical professionals and dispensed by licensed pharmacists. The legitimate prescription supply chain is not impacted. Anyone filling a prescription at a licensed pharmacy can be confident that the medications they receive are safe when taken as directed by a medical professional...DEA warns that pills purchased outside of a licensed pharmacy are illegal, dangerous, and potentially lethal.”<sup>9</sup>

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# Safe Storage & Disposal of Prescription Opioids



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# Safe Storage of Prescription Opioids



**Prevent. Promote. Protect.**



# Safe Disposal of Prescription Opioids



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# Drug Disposal Options

Do you have medicine you want to get rid of?

Do you have a drug take-back option readily available?

Check the [DEA website](#), as well as your local drugstore and police station for possible options.

**NO**

**YES**



Is it on the [FDA flush list](#)?

**NO**

**YES**

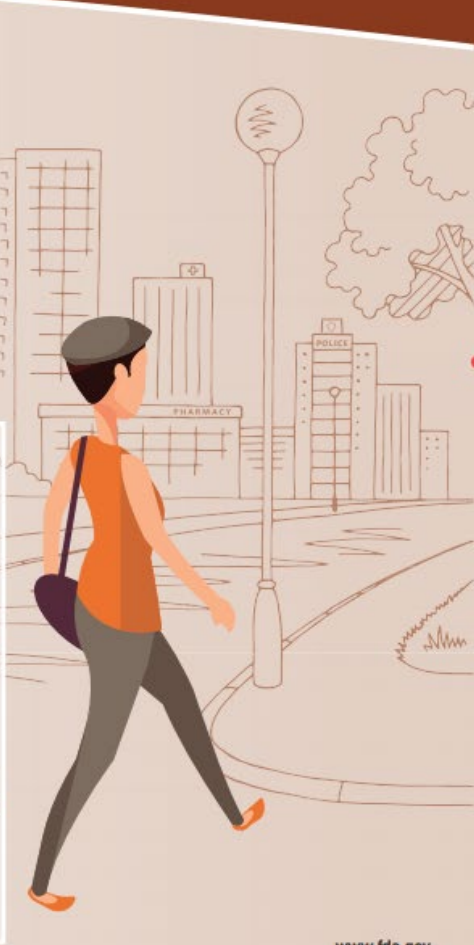
Follow the [FDA instructions for disposing of medicine in the household trash](#).

[Immediately flush your medicine in the toilet.](#) Scratch out all personal info on the bottle and recycle/throw it away.



Take your medicine to a drug take-back location.

Do this promptly for [FDA flush list](#) drugs!



www.fda.gov

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# FDA Flush List



Drug Name	Examples of Products on the Flush List <sup>1</sup>
<b>Drugs That Contain Opioids</b>	
Any drug that contains the word "buprenorphine"	<a href="#">BELBUCA</a> , <a href="#">BUAVAIL</a> , <a href="#">BUTRANS</a> , <a href="#">SUBOXONE</a> , <a href="#">SUBUTEX</a> , <a href="#">ZUBSOLV</a>
Any drug that contains the word "fentanyl"	<a href="#">ABSTRAL</a> , <a href="#">ACTIQ</a> , <a href="#">DURAGESIC</a> , <a href="#">FENTORA</a> , <a href="#">ONSOLIS</a>
Any drug that contains the word "hydrocodone" or "benzhydrocodone"	<a href="#">APADAZ</a> , <a href="#">HYSINGLA ER</a> , <a href="#">NORCO</a> , <a href="#">REPREXAIN</a> , <a href="#">VICODIN</a> , <a href="#">VICODIN ES</a> , <a href="#">VICODIN HP</a> , <a href="#">VICOPROFEN</a> , <a href="#">ZOHYDRO ER</a>
Any drug that contains the word "hydromorphone"	<a href="#">EXALGO</a>
Any drug that contains the word "meperidine"	<a href="#">DEMEROL</a>
Any drug that contains the word "methadone"	<a href="#">DOLOPHINE</a> , <a href="#">METHADOSE</a>
Any drug that contains the word "morphine"	<a href="#">ARYMO ER</a> , <a href="#">AVINZA</a> , <a href="#">EMBEDA</a> , <a href="#">KADIAN</a> , <a href="#">MORPHABOND ER</a> , <a href="#">MS CONTIN</a> , <a href="#">DRAMORPH SR</a>
Any drug that contains the word "oxycodone"	<a href="#">CODOXY</a> , <a href="#">COMBUNOX</a> , <a href="#">OXADYDO (formerly OXECTA)</a> , <a href="#">OXYCET</a> , <a href="#">OXYCONTIN</a> , <a href="#">PERCOCET</a> , <a href="#">PERCODAN</a> , <a href="#">ROXICET</a> , <a href="#">ROXICODONE</a> , <a href="#">ROXILOX</a> , <a href="#">ROXYBOND</a> , <a href="#">TARGINIQ ER</a> , <a href="#">TROXYCA ER</a> , <a href="#">TYLOX</a> , <a href="#">XARTEMIS XR</a> , <a href="#">XTAMPZA ER</a>
Any drug that contains the word "oxymorphone"	<a href="#">OPANA</a> , <a href="#">OPANA ER</a>
Any drug that contains the word "tapentadol"	<a href="#">NUCYNTA</a> , <a href="#">NUCYNTA ER</a>
<b>Drugs That Do Not Contain Opioids</b>	
Any drug that contains the term "sodium oxybate" or "sodium oxybates"	<a href="#">XYREM</a> , <a href="#">XYWAV</a>
Diazepam rectal gel	<a href="#">DIASTAT</a> , <a href="#">DIASTAT ACUDIAL</a>
Methylphenidate transdermal system	<a href="#">DAYTRANA</a>

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# Deterra Drug Deactivation Pouches



**Prevent. Promote. Protect.**



# Safe. Convenient. Permanent.

## Why Deterra Pouches?

Deterra permanently deactivates medications reducing the risk for misuse & abuse

The pouches contain a water-soluble inner pod made of activated carbon

Deterra deactivates any organic medication including opioids

Deterra works for all drug forms



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# Safe. Convenient. Permanent.

---

## Is Deterra Safe?

The activated carbon is considered non-toxic  
Non-flammable and stable under normal  
conditions in shipment, storage or use

Deterra Pouches are made from  
environmentally sound materials



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# Safe. Convenient. Permanent.

---



## How to use Deterra?



1. Tear open the pouch: Do not remove the inner pod. Place the unused medication inside.



2. Fill the pouch half-way with warm water & wait 30 seconds for the air to release (some foaming may occur).



3. Seal the pouch tightly. Gently shake and dispose of in normal trash.

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# Safe Disposal of Sharps

## Eastern Idaho Public Health Sharps Disposal Exchange Program

- Large: \$10



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# Safe Disposal of Sharps



Sharps bin located between 503-511 Americana Blvd, between CATCH and Phoenix Gym

## Residential Trash

- Mix medicine or sharps with an inedible substance like dirt or used coffee grounds
- Put the mixture in a durable container
- If sharps – label container ‘sharps’
- Throw the container in your household trash
- Remove all personal information on label
- Dispose or recycle the bottle

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# What is Naloxone?

Medicine that can *temporarily* reverse an opioid overdose by restoring breathing

Two main forms available:  
Intranasal & Intramuscular

Effects last 30 – 60 minutes



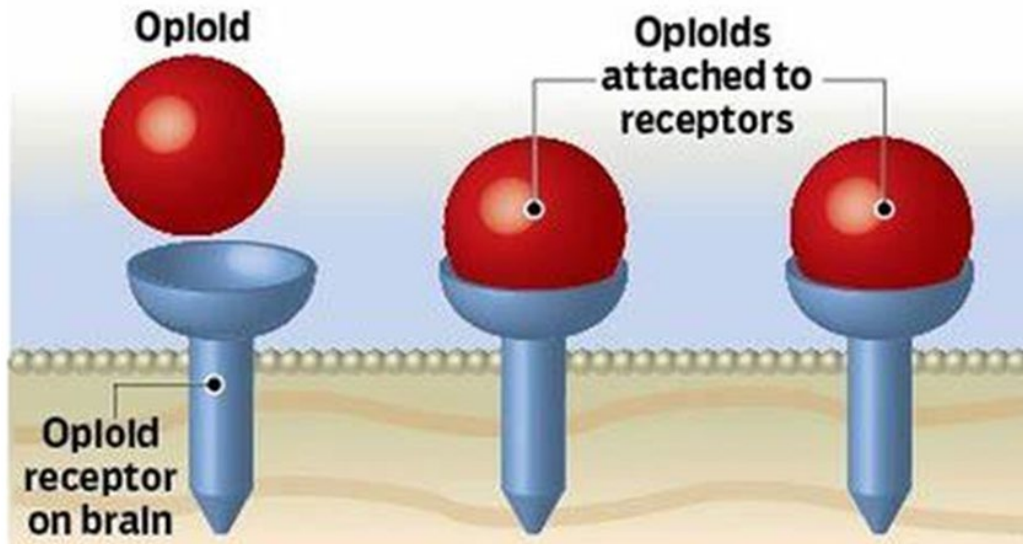
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# How does Naloxone work?

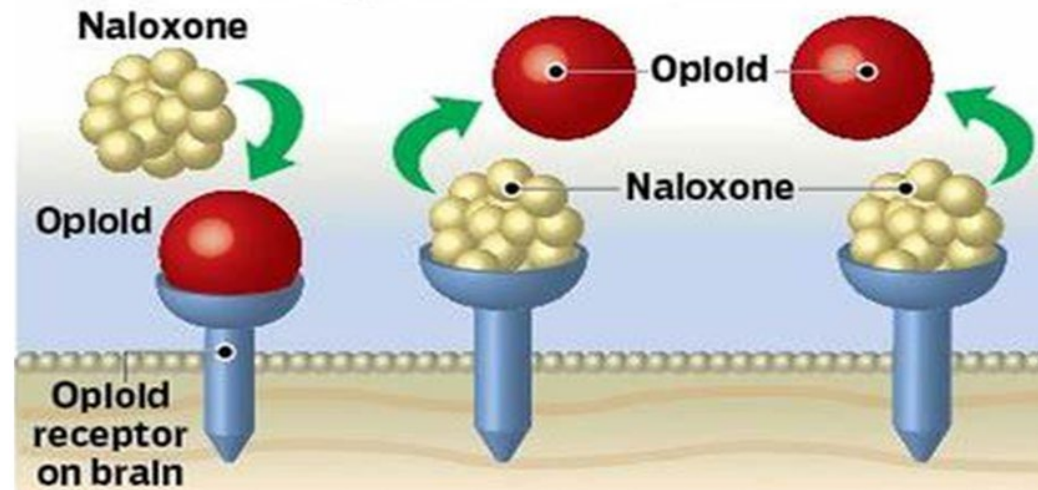
## OPIOIDS ATTACHING TO RECEPTORS

The brain has many opiods. An overdose occurs when too much of an opiod like heroin, Oxycodone or fentanyl fits in too many receptors, slowing then stopping breathing.



## NALOXONE REVERSING AN OVERDOSE

Naloxone has a stronger affinity for the receptors than opiods so dislodges opiods off the receptors allowing a person breathe again and reverse an overdose.



Source: Adapted diagram from Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects  
STEVE LOPEZ / STAFF

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# Who Should Carry Naloxone?

Anyone prescribed opioids who also has risk factors for overdose.

Anyone who uses illicit opioids or who may be around someone using illicit opioids.

Anyone who may have reason to encounter someone experiencing an opioid overdose.



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# Where to Get Naloxone

Prescription from a Medical Professional  
Physician

Physician's Assistant

Nurse Practitioner

Pharmacist

Local Pharmacies

*\*Naloxone does not need to be intended for your own use.*

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# Where to Get Naloxone

## Free Naloxone

### For Individuals

\*Check with your insurance provider

Idaho Harm Reduction Project

Text or call: 208-991-4547 or visit [www.idahoharmreductionproject.org](http://www.idahoharmreductionproject.org)

Soldiers of Hope in Idaho Falls

Call: 208-357-6220

### For Organizations

Idaho Department of Health and Welfare

Email: [naloxone@dhw.idaho.gov](mailto:naloxone@dhw.idaho.gov)

Narcan<sup>®</sup> Community Programs provides kits to YMCAs, public libraries, and public schools.

Visit: <https://www.narcan.com/community/education-awareness-and-training-resources>

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# Storage of Naloxone

- Room temperature (59°F to 77°F).
- Keep out of sunlight.
- Keep out of the reach of children.
- Let others know where it is stored in case of emergency.
- Shelf life: 24-36 months
- Know expiration date; replace as needed.

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# Idaho Good Samaritan Law

Idaho Statute 37-2739C

**Intent:** To encourage people to call for help if they or someone else is experiencing a drug-related emergency, such as an overdose

*Who is protected?* The caller and the person overdosing

Immunity from being charged and prosecuted for three specific crimes:

- 1) Possession of a controlled substance
- 2) Possession of drug paraphernalia
- 3) Being under the influence of a controlled substance

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# Idaho Good Samaritan Law

## Limitations:

- Probation or parole status can be revoked or modified
- Individuals may be charged with other crimes
- Individuals may be detained and held even though not charged

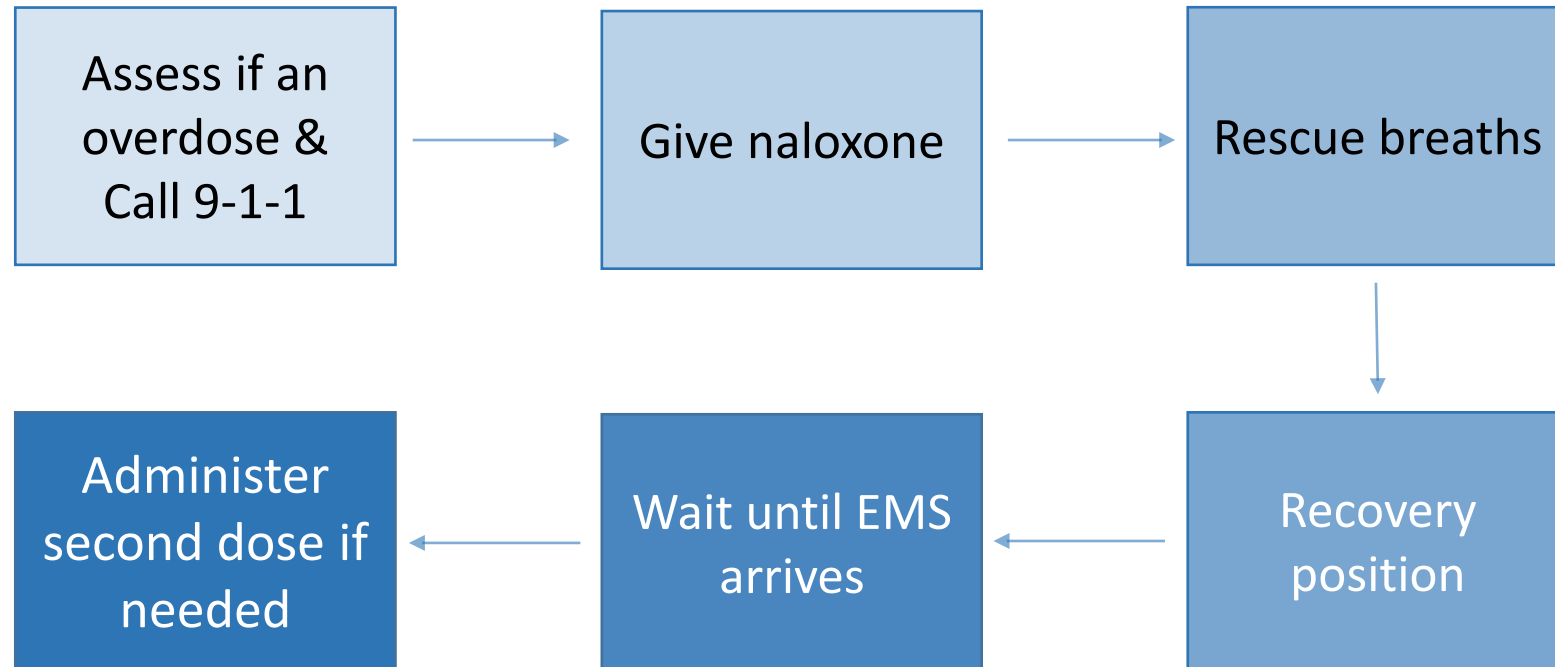


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# How to Respond to an Opioid Overdose



**Prevent. Promote. Protect.**



# How to Respond to an Opioid Overdose

Assess if an  
overdose &  
Call 9-1-1

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# Assess if an Overdose & Call 9-1-1

- Small or “pinpoint” pupils
- Falling asleep or loss of consciousness
- Slow, shallow breathing
- Choking sounds or snore-like gurgling sounds
- Limp body
- Pale, blue, or cold skin
- Needles or empty pill bottles around the person

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# OVERDOSE RESCUE KIT

## Recognizing an Opioid Overdose

A person experiencing an opioid overdose may express the following signs or symptoms:



Slow Heart Beat



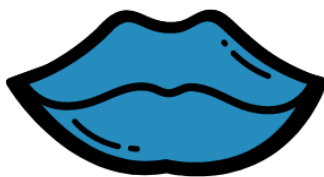
Slow, Irregular or Stopped Breathing



Unresponsive to Voice or Touch



Clammy, Pale Skin



Blue Lips or Skin



Pinpoint Pupils



Call 9-1-1 immediately.



# Prevent. Promote. Protect.



# Assess if an Overdose & Call 9-1-1

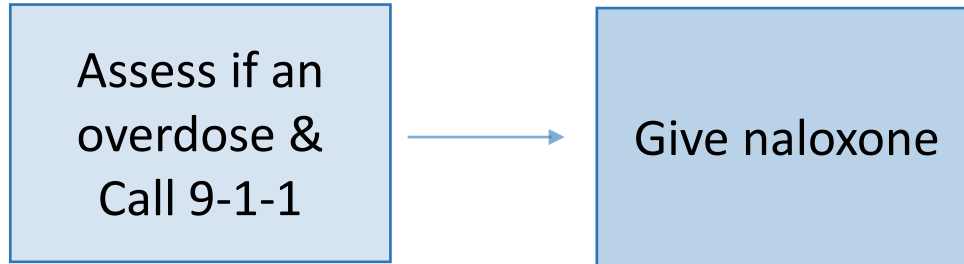
- Stay calm
- Speak clearly
- Provide precise details on your location
- Identify observations and symptoms
- Control the environment
- Let others know you are calling 911.



**Prevent. Promote. Protect.**



# How to Respond to an Opioid Overdose



**Prevent. Promote. Protect.**



# Give Naloxone – Intranasal (Narcan®)



**Prevent. Promote. Protect.**



# Give Naloxone – Intranasal (Narcan®)



**Prevent. Promote. Protect.**





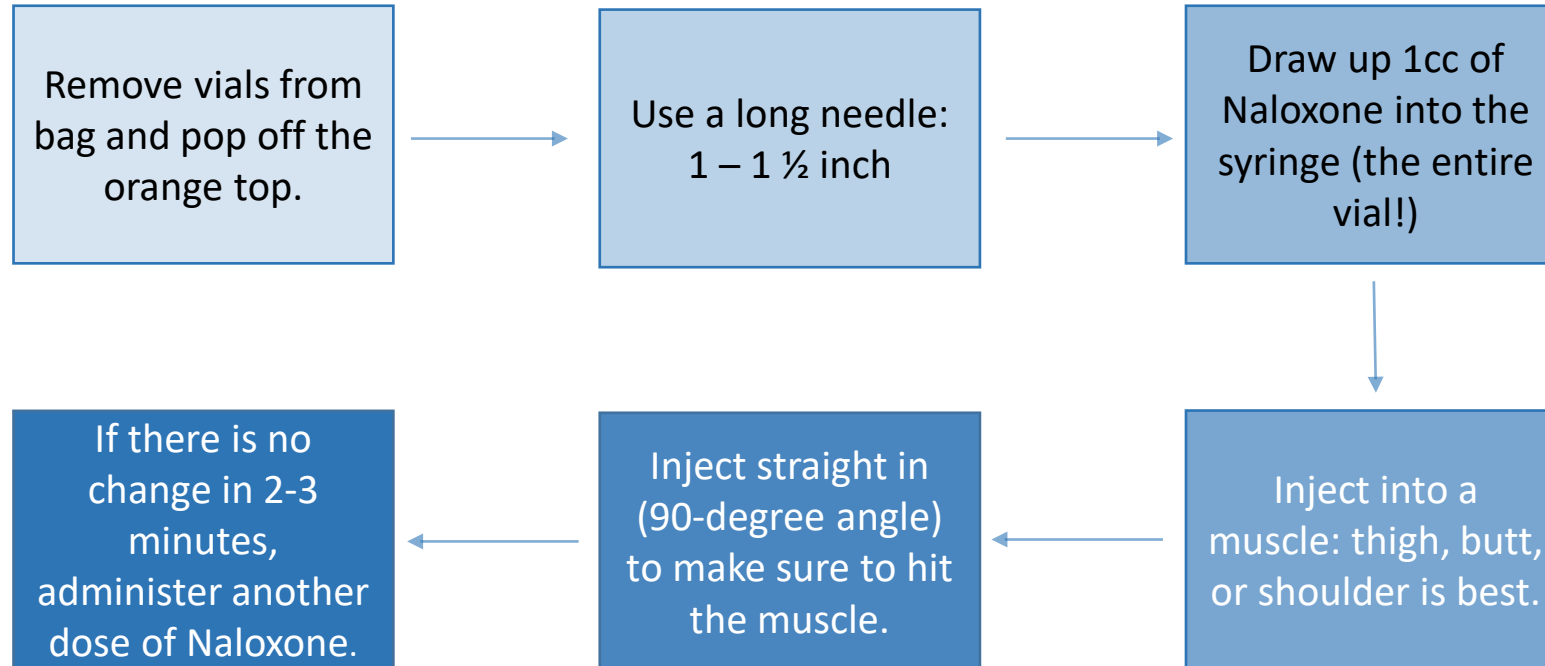
# Give Naloxone - Intramuscular



**Prevent. Promote. Protect.**



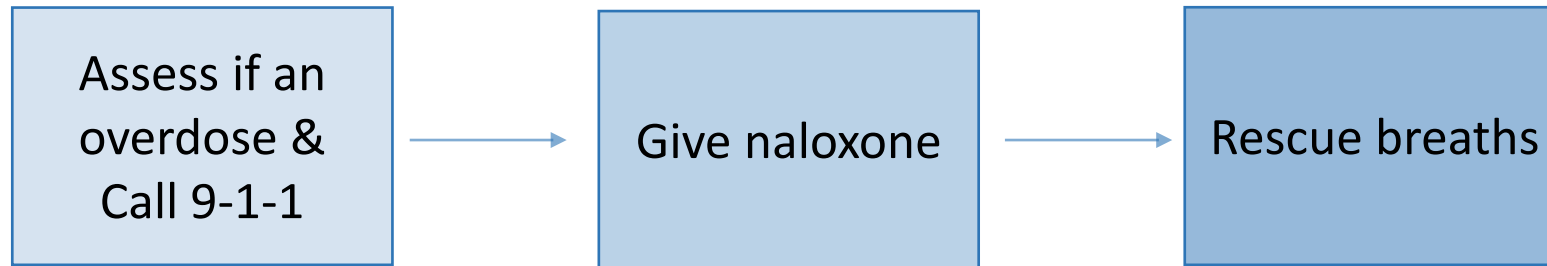
# Give Naloxone - Intramuscular



**Prevent. Promote. Protect.**

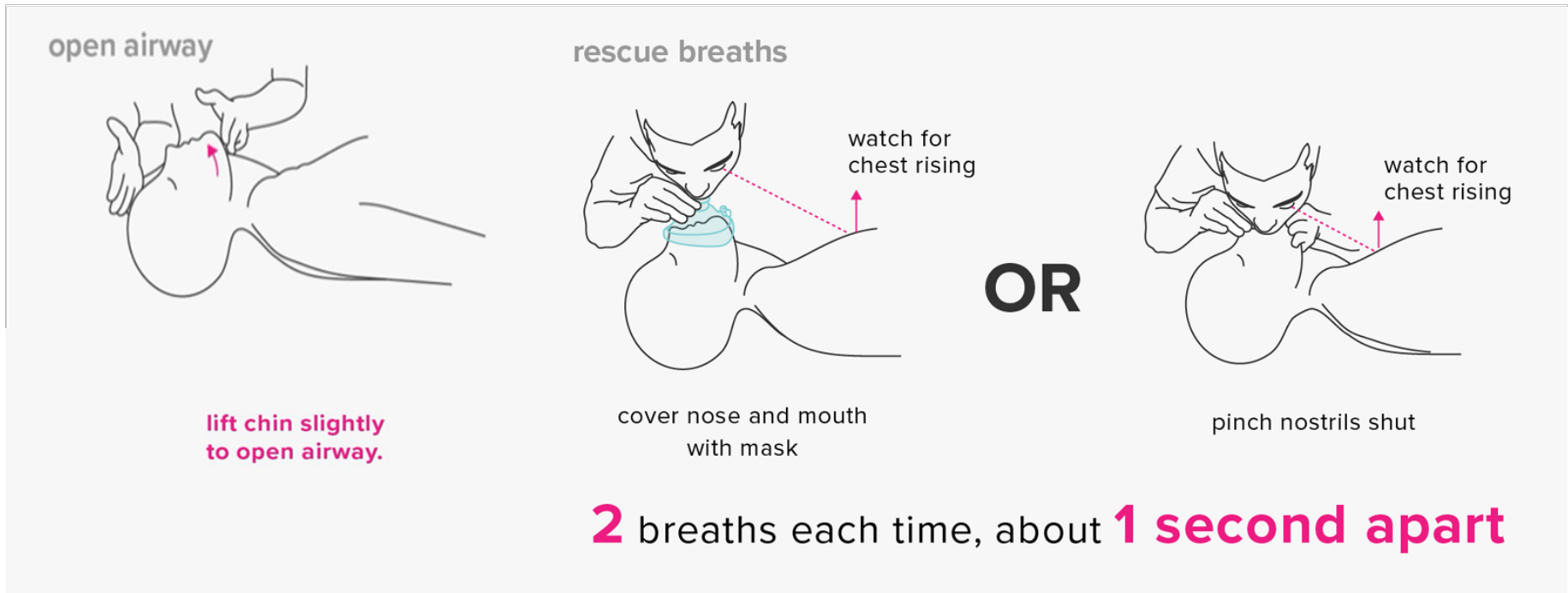


# How to Respond to an Opioid Overdose



**Prevent. Promote. Protect.**

# Rescue Breaths



**Prevent. Promote. Protect.**



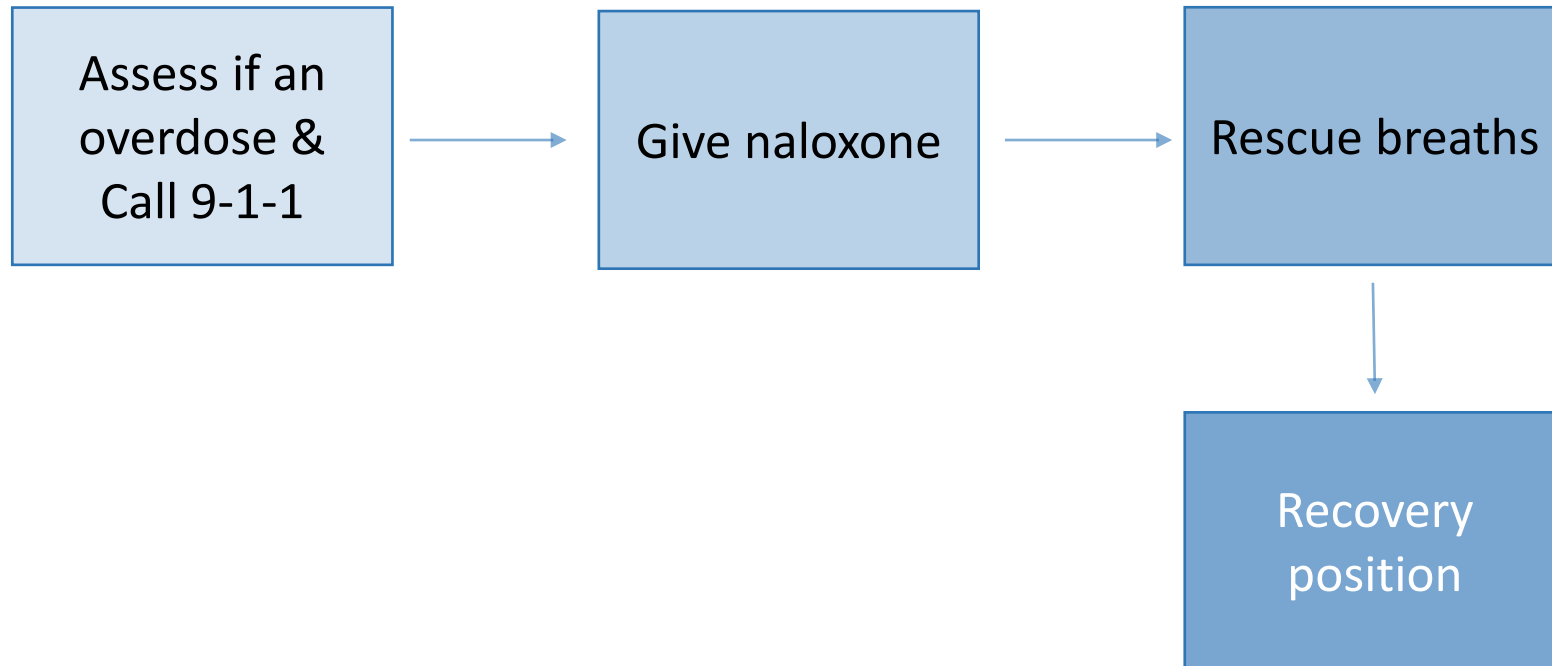
# How To Conduct Rescue Breaths

- The person should still be on their back.
- Using your dominant hand, press your palm against the person's forehead, to tilt the head back and open the airway.
- Check to see if the chest is rising and listen for breathing.
- If breathing is not normal, use your index finger and thumb from dominant hand to pinch nostrils together.
- If you don't have a protective barrier, seal your lips around the victim's open mouth and breathe.
- Watch for the chest to rise. If the chest rises, breathe again. If the chest does not rise, reposition head and hand positioning to ensure airway is open with tight seal and breathe.

**Prevent. Promote. Protect.**



# How to Respond to an Opioid Overdose

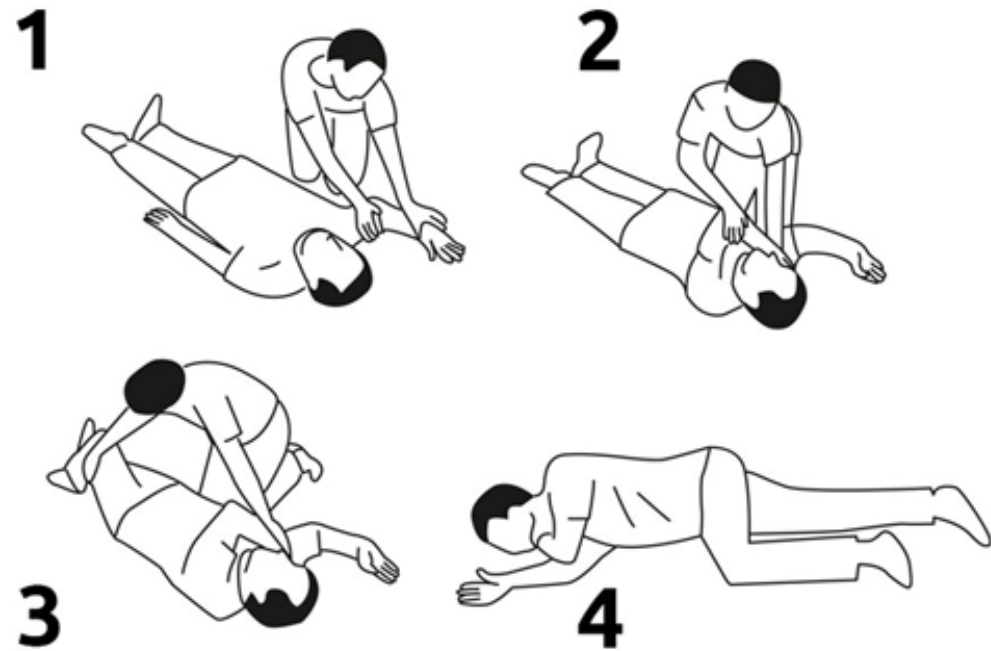


**Prevent. Promote. Protect.**

# Recovery Position

- 1** Place arm nearest you at a right angle, hand upwards.
- 2** Tuck other hand under the head, back hand touching cheek.
- 3** Bend knee at a right angle.
- 4** Carefully pull knee towards you to put person on their side.
  - Top arm supports, bottom prevents from rolling

*Ensure the individuals airway is open*

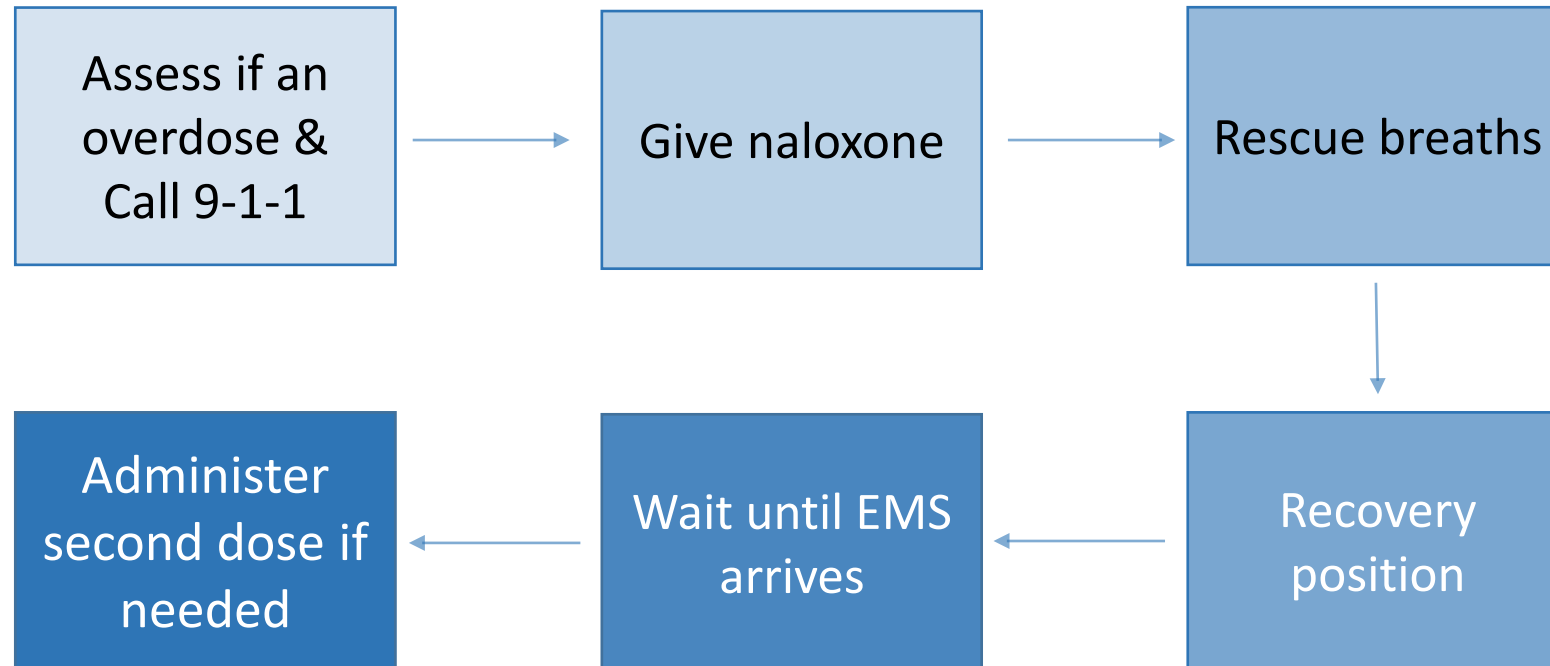


**Prevent. Promote. Protect.**





# How to Respond to an Opioid Overdose



**Prevent. Promote. Protect.**





# Wait for EMS & Administer 2<sup>nd</sup> Dose (if needed)

## Be mindful of acute opioid withdrawal

- Body aches
- Diarrhea
- Increased Heart Rate
- Fever
- Runny Nose
- Sneezing
- Goosebumps
- Sweating
- Yawning
- Nausea or vomiting
- Nervousness
- Restlessness or irritability
- Shivering or trembling
- Stomach cramping
- Weakness
- Increased blood pressure

If needed, administer second dose if there is no response after 2 – 3 minutes or if symptoms return



**Prevent. Promote. Protect.**



# Opioid Use Disorder (OUD)

- OUD is a disease, like diabetes
- Causes damage to the brain
  - Diabetes causes damage to the pancreas

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# Stigma

- Stigma is, “a mark of disgrace associated with a particular circumstance, quality, or person.”
- Stigma may enhance or reinstate drug use. Stigma may also reduce someone with an OUD or substance use disorders (SUD) willingness to get help or talk to someone about their OUD/SUD.

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# Words Matter

INSTEAD OF...	USE...	EXPLANATION
Drug addict	Person with substance use disorder (SUD)	“Person-first language” recognizes a person has a problem, rather than is the problem. Addiction is a disease, not a moral failing.
Drug user/ abuser	Person who uses/ injects drugs	Recovery from substance use disorder is possible. Help is available.

Visit [drugabuse.gov](https://drugabuse.gov) for more information

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# Words Matter: Person-First Language

- Identifies the person before the diagnosis, changing the focus to what a person has rather than what a person is.
- Patient (*instead of*) User
- Person in recovery (*instead of*) Former addict



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# Resources

**Prevent. Promote. Protect.**



# EASTERN IDAHO COMMUNITY RESOURCES

VISIT [EIPH.IDAHO.GOV](http://EIPH.IDAHO.GOV)



# Prevent. Promote. Protect.



# Treatment and Support Resources

Find treatment and support services in your area:

Medication-Assisted Treatment (MAT)

24 hour Crisis Centers

Recovery and Support Centers



Visit [StopOverdoseIdaho.org](https://StopOverdoseIdaho.org) or call the IdahoCareLine at 2-1-1.

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# MAT Referral and Treatment

First Name	Last Name	Degree	Practice Name	County
Brandy Lee	Larson	NP	AmeriHealth	Bonneville
Jason	Rinker	PA	AmeriHealth	Bonneville
Jacob	Moss	MD	AmeriHealth Medical Center, AmeriHealth Urgent Care	Bonneville, Madison
Brian	Brimhall	NP	High Country Behavioral Health	Bonneville
Philip	Girling	MD	Human Dynamics	Bonneville
Jennifer	Hess (Suthers)	PA	Human Dynamics	Bonneville
Jed	Willardson	PA	Pain and Spine Specialists	Bonneville
Jake	Poulter	MD	Pain and Spine Specialists	Bonneville
Timothy	Snell	MD	Pain and Spine Specialists	Bonneville
Christy	Taylor	NP-C	Pain and Spine Specialists	Bonneville
Dallas	Rindfleisch	MD	Rindfleisch Family Practice	Bonneville

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# Bonneville County



## Pharmacies Carrying Naloxone

- Albertsons

590 East 17th St Idaho Falls, ID 83404

1901 South 25th East Ammon, ID 83406

- Broulins

1855 West Broadway St Idaho Falls, ID 83402

3160 East 17th Street Suite 164 Ammon, ID 83406

- Costco

2495 East Lincoln Road Idaho Falls, ID 83401

- Fred Meyer

1555 Northgate Mile Idaho Falls, ID 83401

- Genoa Health Care

1675 Curlew Dr Suite P Ammon, ID 83406

2705 East 17th Street Suite 5 Ammon, ID 83406

- Prescription Center Retail Pharmacy

2252 Coronado Street Idaho Falls, ID 83404

- Sam's Club

700 East 17th St Idaho Falls, ID 83404

- Walgreens

535 E 17th Street Idaho Falls, ID 83404

1604 West Broadway St Idaho Falls, ID 83402

1725 1st Street Idaho Falls, ID 83401

3475 East 17th Street, Ammon, ID 83406

- Walmart

500 South Utah Avenue Idaho Falls, ID 83402

1201 South 25th East Ammon, ID 83406

**Prevent. Promote. Protect.**

# Bonneville County



## Prescription Drug Takebacks

- Broulins
  - 1855 West Broadway St Idaho Falls, ID 83402
  - 2470 Jafer Ct Idaho Falls, ID 83404
  - 3160 E 17<sup>th</sup> St Suite 164 Ammon, ID 83406
- Idaho Falls Police Department & Bonneville County Sheriff's Office Law Enforcement Building
  - 605 N Capital Ave Idaho Falls, ID 83402
- Walgreens Pharmacy
  - 3475 E 17<sup>th</sup> St Ammon, ID 83406
- Walmart
  - 500 S Utah Ave Idaho Falls, ID 83402

## 24 Hour Crisis Center

- Behavioral Health Crisis Center
  - 1650 N Holmes Ave Idaho Falls, ID 83401

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# Clark County

## Prescription Drug Takebacks

- Clark County Sheriff's Office  
224 W Main St Dubois, ID 83423

**Prevent. Promote. Protect.**



# Custer County

## Prescription Drug Takebacks

- Bengal Pharmacy  
609 Clinic Road Challis, ID 83226
- Custer County Courthouse  
801 Main St Challis, ID 83226
- Mackay City Hall  
203 S Main St Mackay, ID 83251

## Pharmacies Carrying Naloxone

- Bengal Pharmacy  
609 Clinic Road Challis, ID 83226

**Prevent. Promote. Protect.**

# Fremont County



## Prescription Drug Takebacks

- St. Anthony Police Department  
420 North Bridge St. St. Anthony, ID 83445

## Pharmacies Carrying Naloxone

- Ashton Community Pharmacy  
23 South 8th Street #2 Ashton, ID 83420
- Grand Peaks  
335 E Main Street St Anthony, ID 83445

**Prevent. Promote. Protect.**

# Jefferson County



## Prescription Drug Takebacks

- Broulims  
527 Rigby Lake Dr Suite C Rigby, ID 83442
- Jefferson County Sheriff's Office  
200 Courthouse Way Rigby, ID 83442

## Pharmacies Carrying Naloxone

- Broulims  
150 N State St Rigby, ID 83442
- Idaho Drug Co  
139 E Main St Rigby, ID 83442

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# Lemhi County

## Prescription Drug Takebacks

- Lemhi County Sheriff's Office  
206 Courthouse Dr Salmon, ID 83467
- Steele Memorial Clinic  
103 S Daisy St Salmon, ID 83467
- Steele Memorial ER  
203 N Daisy St Salmon, ID 83467

## Pharmacies Carrying Naloxone

- Salmon Pharmacy  
309 Main St Salmon, ID 83467
- Saveway Market  
1200 Shoup St Salmon, ID 83467

**Prevent. Promote. Protect.**





# Madison County



## Prescription Drug Takebacks

- Madison County Sheriff's Office  
145 E Main St Rexburg, ID 83440
- Rexburg Police Department  
24 East Main St Rexburg, ID 83440
- Walmart  
1450 N 2<sup>nd</sup> E Rexburg, ID 83440

## Pharmacies Carrying Naloxone

- Albertsons  
490 N 2nd E Rexburg, ID, 83440
- Broulims  
124 W Main St Rexburg, ID, 83440
- Medicine Shoppe  
167 W Main St Suite 1 Rexburg, ID 83440
- Walgreens  
164 E Main St Rexburg, ID, 83440
- Walmart  
1450 N 2nd E Rexburg, ID, 83440

**Prevent. Promote. Protect.**

# Teton County



## Prescription Drug Takebacks

- Teton County Sheriff's Office  
230 N Main Driggs, ID 83442

## Pharmacies Carrying Naloxone

- Corner Drug  
10 South Main St Driggs, ID 83422
  - Victor Drug  
81 North Main St Victor, ID 83455
- \* Victor Drug offers Deterra disposal bags**

**Prevent. Promote. Protect.**



# Taking Care

**Idaho Suicide Prevention Hotline:**

Call/Text (208) 398-4357

**National Suicide Prevention Hotline:**

Call (800) 273-8255

**You don't have to be suicidal to call.** If you or a loved one need to talk, call now. Someone is always there for you on the other end of the line.

**Prevent. Promote. Protect.**



# Questions? Comments

**Mallory Johnson**  
**[mjohnson@eiph.idaho.gov](mailto:mjohnson@eiph.idaho.gov)**

**[www.EIPH.Idaho.gov](http://www.EIPH.Idaho.gov)**



# References

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**Prevent. Promote. Protect.**



# Drug Overdose Prevention and Response Jeopardy

**Prevent. Promote. Protect.**



## Opioids 101

## Naloxone

## Recognize & Respond

## Resources

100

100

100

100

200

200

200

200

300

300

300

300

**Prevent. Promote. Protect.**



# Opioids 101 for 100

What are the three classes of opioids?

Natural, Semi-synthetic, Synthetic

**Prevent. Promote. Protect.**







# Opioids 101 for 200

What is a risk of using opioids?

Addiction/Dependence

Overdose or death

Pregnancy complications

Side effects such as sedation, constipation or  
respiratory depression

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# Opioids 101 for 300

## What can increase the chances of an opioid overdose?

Opioids are taken with alcohol, other opioids, or sedatives (like Valium or Xanax).

Opioids are taken in larger amounts or more often than prescribed.

Opioids are taken at previous doses after a long break (such as after being released from the hospital or prison/jail).

Rotating from one opioid medication to another.

Other medical diseases are present such as lung disease, sleep apnea, or kidney or liver problems.

There is a history of substance abuse or nonmedical opioid use.

Starting long-acting opioids as initial opioid treatment.

**Prevent. Promote. Protect.**





# Naloxone for 100

What is the brand name for 4mg naloxone administered through the nose?

Narcan

**Prevent. Promote. Protect.**





# Naloxone for 200

Who can administer Naloxone?

**Anyone\***

\*They shall contact emergency medical services as soon as possible

**Prevent. Promote. Protect.**





# Naloxone for 300

Naloxone restores \_\_\_\_\_.

Breathing

**Prevent. Promote. Protect.**





# Recognize & Respond for 100

Name one sign of overdose.

- Small, constricted “pinpoint” pupils
- Falling asleep or loss of consciousness
- Slow, shallow breathing
- Choking sounds or snore-like gurgling sounds
- Limp body
- Pale, blue, or cold skin

**Prevent. Promote. Protect.**





# Recognize & Respond for 200

When should a second dose of Naloxone be administered?

If the person with the suspected overdose does not respond after 2 – 3 minutes or if symptoms return.

**Prevent. Promote. Protect.**





# Recognize & Respond for 300

After providing rescue breaths, you \_\_\_\_\_.

Put the person in the recovery position.

**Prevent. Promote. Protect.**

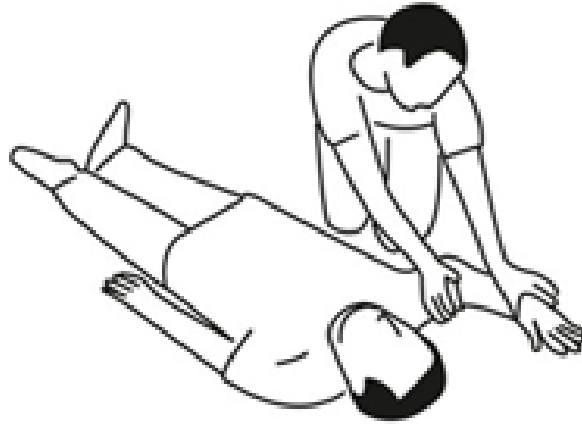




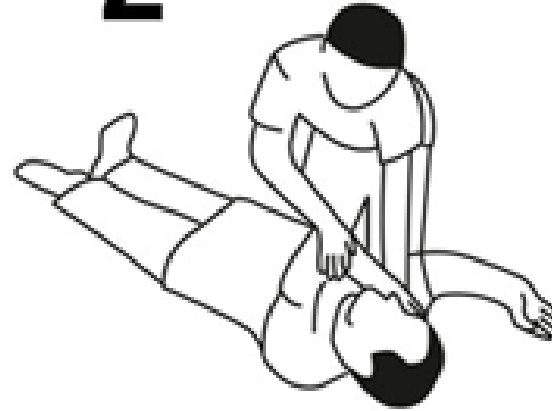
# Recovery Position



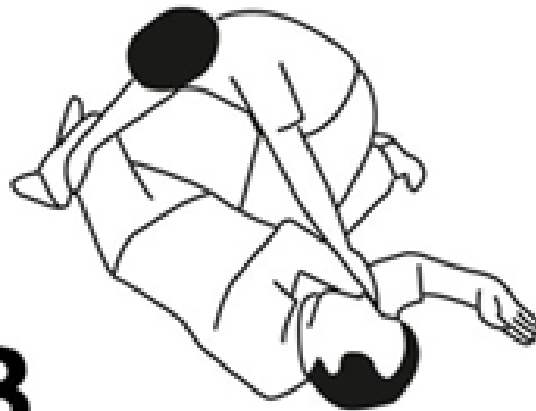
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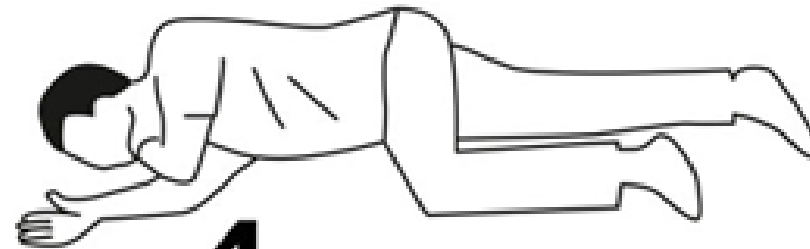
2



3



4



**Prevent. Promote. Protect.**





# Resources for 100

Is there a prescription drop box in your county?

Yes

**Prevent. Promote. Protect.**





# Resources for 200

What do you add to the Detera bags to activate them?

Warm Water

**Prevent. Promote. Protect.**





# Resources for 300

Name one organization that provides  
naloxone for free.

Idaho Department of Health and Welfare  
Idaho Harm Reduction Project  
Narcan Community Project  
Stewards of Hope

**Prevent. Promote. Protect.**



A close-up photograph of grass blades covered in a fine layer of white frost or snow. The background is a soft, out-of-focus blue and white, suggesting a misty or foggy atmosphere. The lighting is bright, creating a high-contrast scene with some lens flare effects.

# EIPH Clinical Services & the COVID-19 Pandemic

Board of Health Meeting January 20, 2022

# Past Pandemics

- **1918 & 1919 – H1N1 Influenza A**
  - Mortality high in young people including people 20-40 years of age
  - Estimated deaths about 675,000 in the United States
- **1957 & 1958 – H2N2 Influenza A**
  - 116,000 deaths in the United States
- **1968 & 1969 – H3N2 Influenza A**
  - Most excess deaths were in people 65 years and older
  - 100,000 deaths in the United States
- **2009 & 2010 – H1N1pdm09**
  - Few young people had existing immunity
  - Nearly 1/3 of people over 60 years of age had antibodies
  - 12,469 deaths in the United States (80% occurred in people younger than 65 years of age)

# Health Debt

Health debt is the accumulated impact of changes in health behaviors during a pandemic that will have long-term negative effects on health

- Delayed or missed preventive screenings
- Delayed treatment of existing diseases
- Forgone chronic disease management activities
- Changes in health behaviors that have a negative impact on health (for example, increased alcohol consumption and reduced physical activity).

# Percent change in childhood immunizations in U.S. 2019-2020





# Percent change in screening mammograms in U.S. 2019-2020



# 2021 National Association of Chronic Disease Directors Survey

## Idaho 2021 (3 waves of surveys)

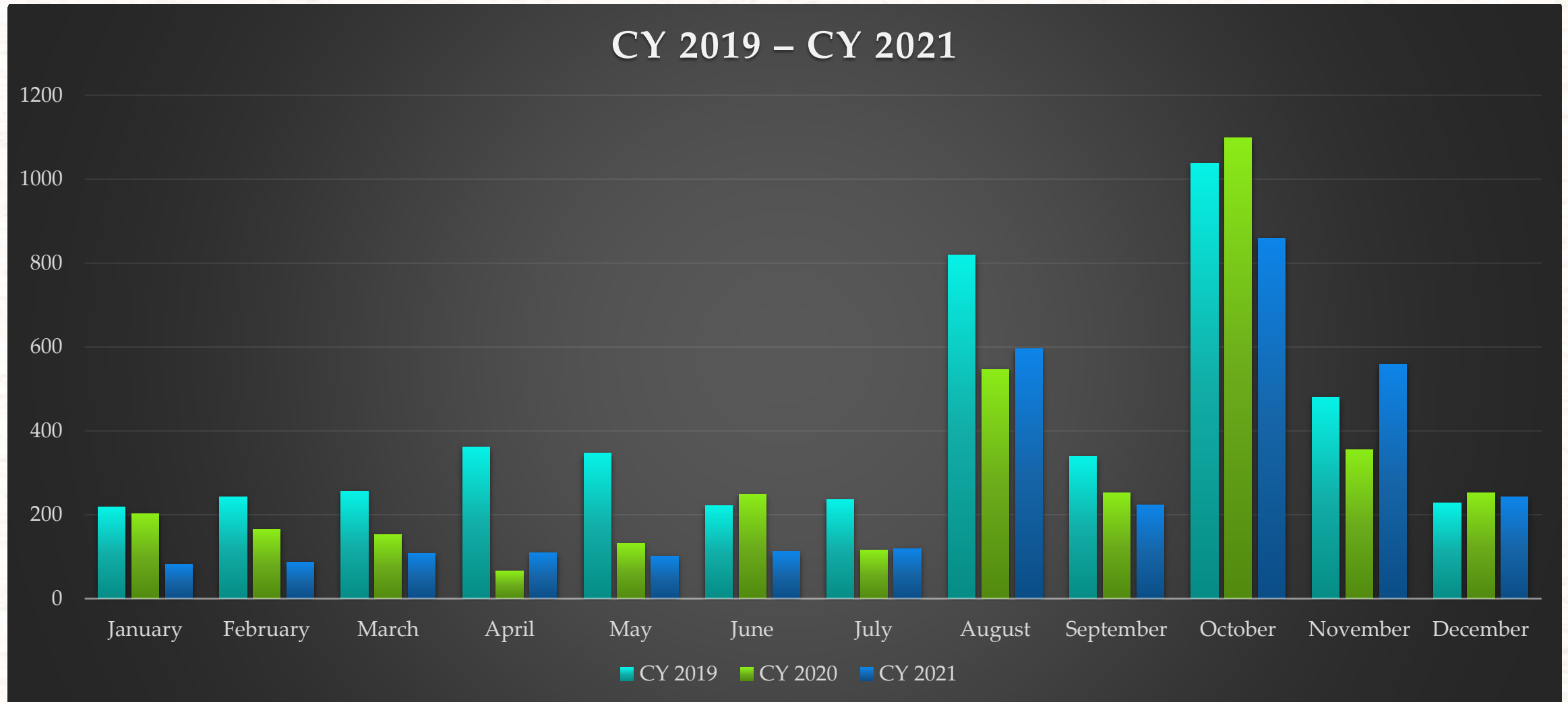
- 24% - 31% of survey participants report worse diet habits during the COVID-19 Pandemic
- 38% - 45% of survey participant report worse exercise habits during the COVID-19 Pandemic
- Percentages decreased with each survey



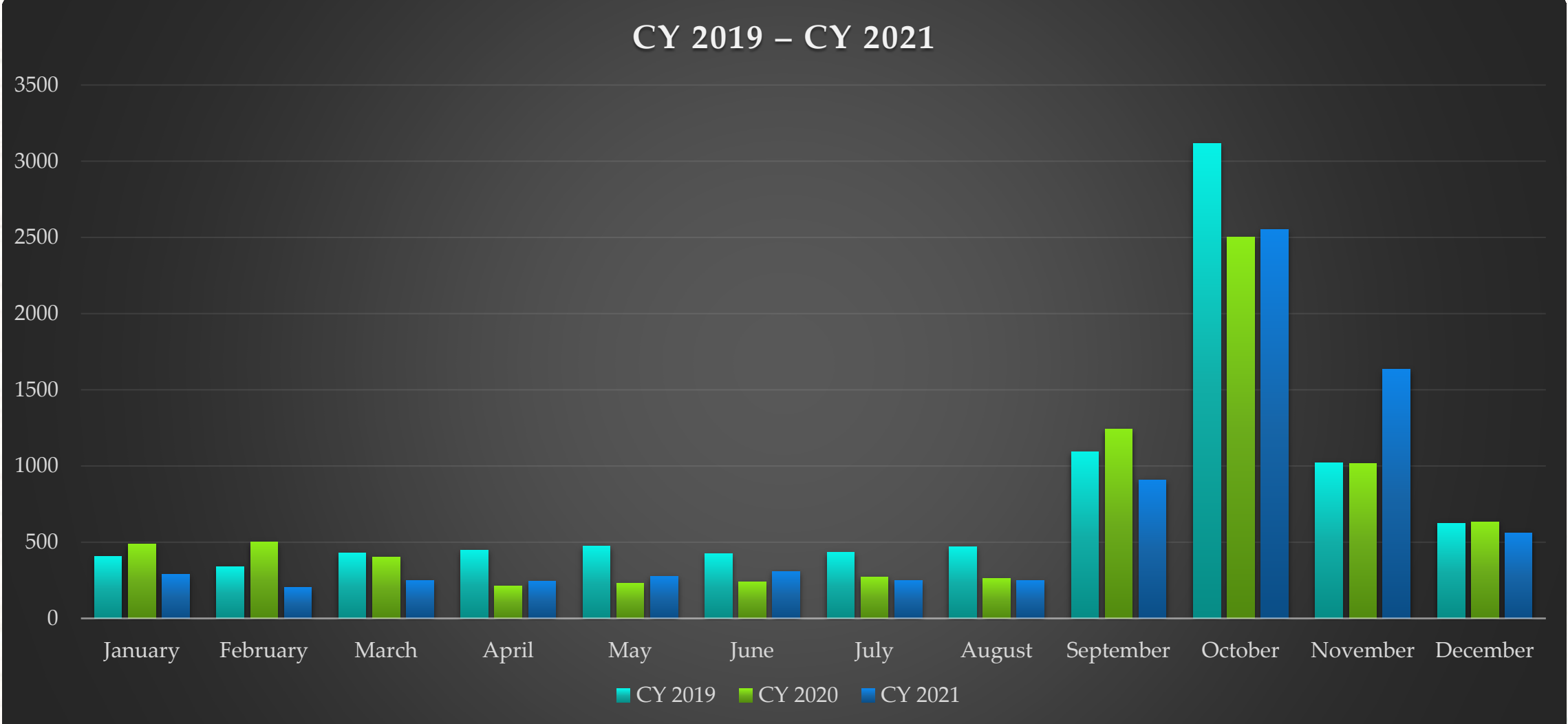
# EIPH Clinical Services Visits



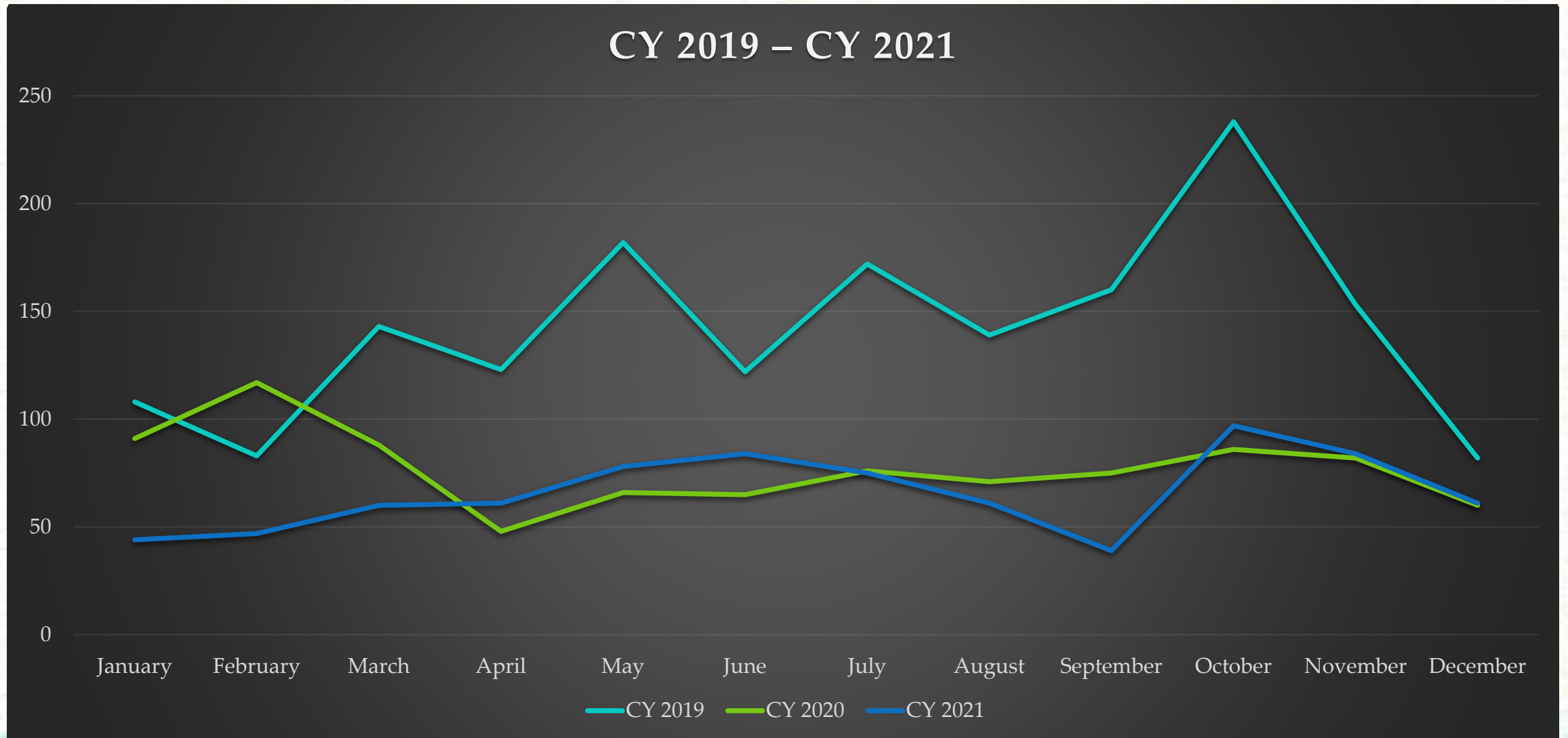
# EIPH-Childhood Immunizations Visits



# EIPH Adult Immunization Visits

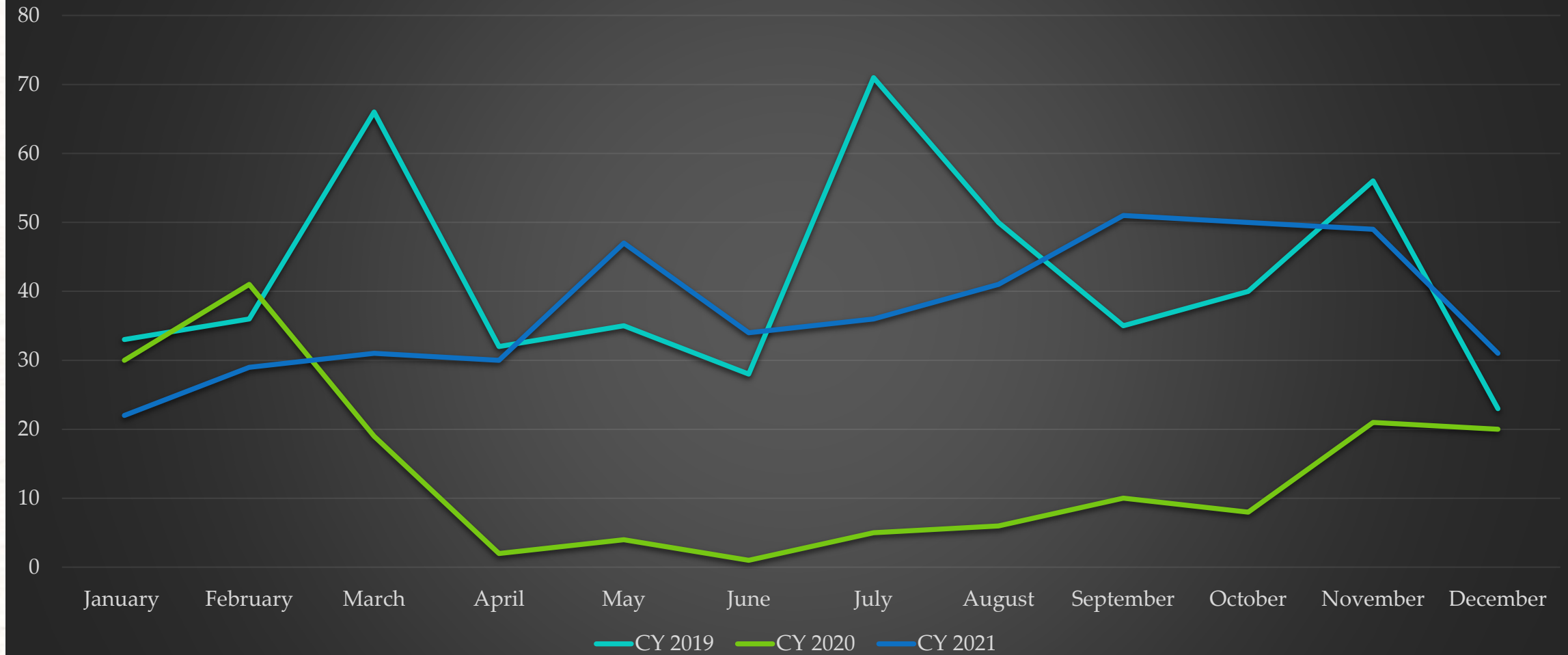


# EIPH Td/Tdap Vaccine Administered

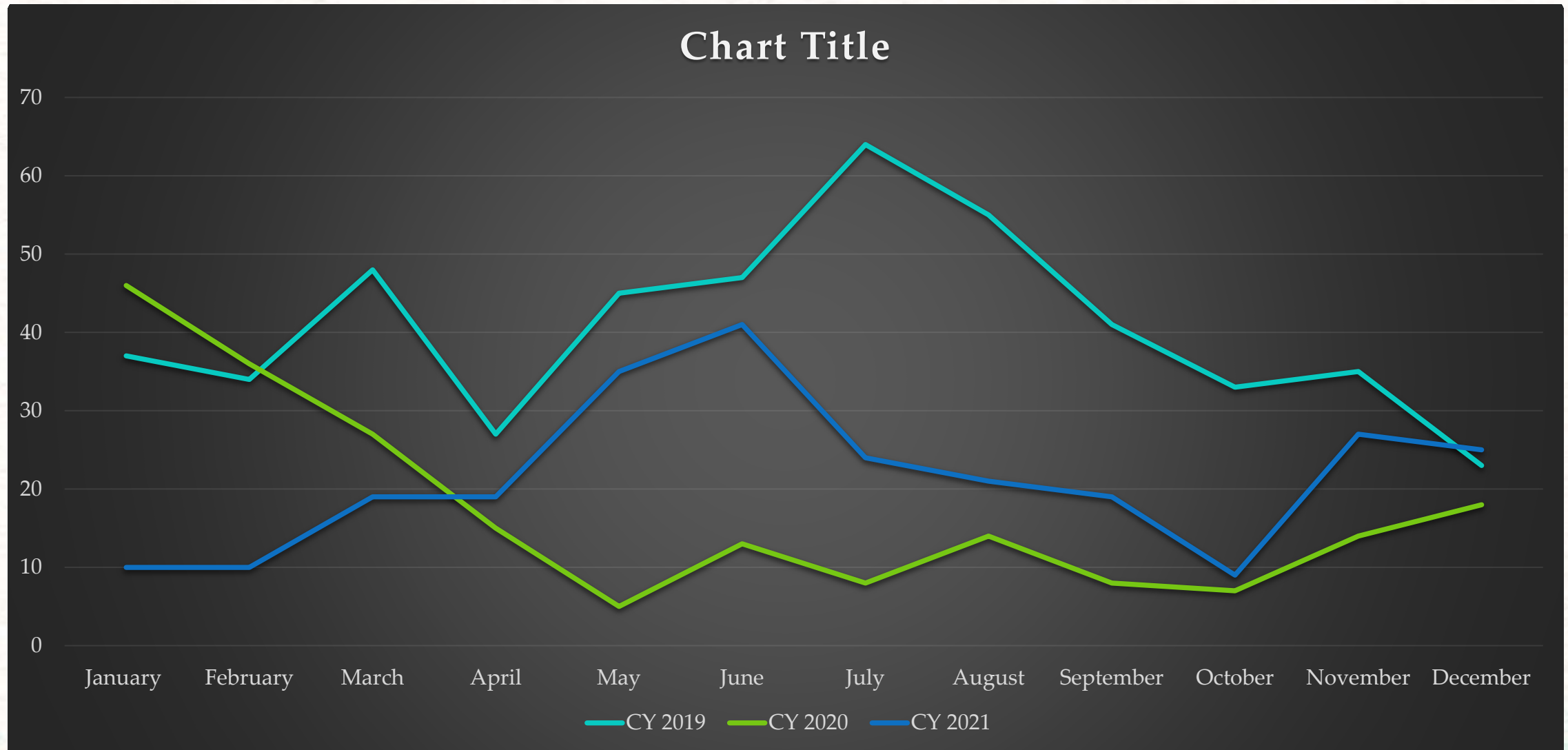


# EIPH Typhoid Vaccine Administered

CY 2019 – CY 2021



# EIPH Yellow Fever Vaccine Administered





# Reproductive Health

- Visits remained stable throughout the pandemic.
- Positive test results for sexually transmitted diseases have increased.
- Early in the pandemic testing supplies for STDs were scarce and staff scrambled to find testing supplies.
- When local lab is overwhelmed, tests are shipped out resulting in delays.

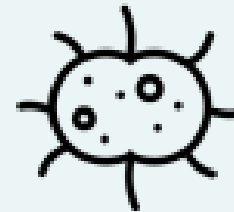


In 2019 Reported STDs in the U.S. reached an all-time high for the 6<sup>th</sup> consecutive year in the U.S.



### Chlamydia

1.8 million cases;  
up 19% from 2015



### Gonorrhea

616,392 cases;  
up 56% from 2015



### Syphilis

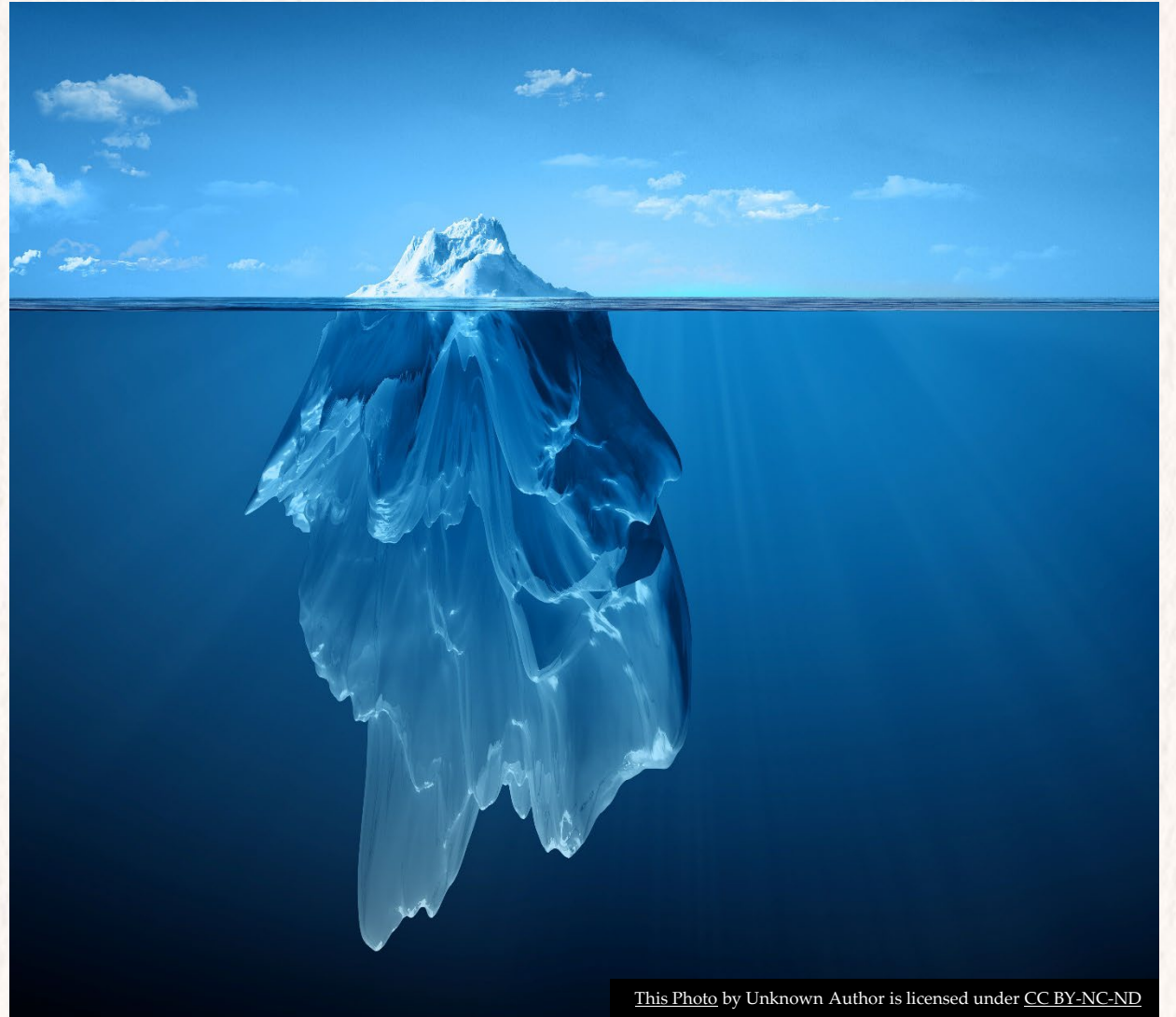
129,813 cases;  
up 74% from 2015



### Congenital Syphilis

1,870 cases;  
up 279% from 2015

# Current STD Situation?



This Photo by Unknown Author is licensed under [CC BY-NC-ND](#)

# EIPH Data

## Gonorrhea

- ❖ CY 2019-43
- ❖ CY 2020-110  
(preliminary)
- ❖ CY 2021-94 (preliminary)

## HIV (new cases)

- ❖ CY 2018-2
- ❖ CY 2019-0
- ❖ CY 2020-8 (preliminary)
- ❖ CY 2021-6 (preliminary)

## Conclusions – EIPH Visits

- Both routine childhood and adult immunization visits were down in 2020 & 2021 compared to 2019.
- Foreign travel immunizations decreased substantially in 2020; however, did rebound somewhat in 2021. Both 2020 & 2021 remain lower than 2019 numbers.
- Reproductive Health and STD visits have remained stable throughout the pandemic.
- STDs for EIPH have continued to increase annually. Actual data for Idaho and U.S. are unavailable.

EIPH

What are we doing???

# Immunizations

- School and Workplace Strike teams
- Free immunization clinics throughout the year
- Phone calls to schedule clients not up-to-date
- Mailing postcards for soon to be due clients
- Provider education
- Quarterly Immunization Provider Newsletter
- Reactivating the EIPH Immunization Coalition

December 2021

Nikki Sayer, RN BSN  
Nurse Manager  
Immunization Coordinator  
nsayer@eiph.idaho.gov  
208.533.3208



## New Year—New Trainings

### You Call The Shots

These are web-based immunization training courses which are updated regularly to include the latest guidelines and recommendations in vaccine practice. In January, the Vaccine for Children (VFC) and Vaccine Storage and Handling modules are updated.

Please make sure the vaccine coordinator and back up have these courses complete.



## Seasonal Influenza Vaccination Resources

[Seasonal Influenza Vaccination Resources for Health Professionals | CDC](#)

Flu season is upon us. Here is some information about vaccination against influenza. (information from [immunize.org/askexperts](http://immunize.org/askexperts))

### How late in the season can I vaccinate my patients with influenza vaccine?

Peak influenza activity generally occurs in the Northern Hemisphere in January or February. Providers should continue vaccinating patients throughout the influenza season, including into the spring months (for example, through May), as long as they have unexpired vaccine in stock and unvaccinated patients in their office.

Because influenza occurs in many areas of the world during April through September, vaccine should be given to travelers who missed vaccination in

# Reproductive Health





2022



Thank you

# Emergency Support Functions, Public Health Emergency Preparedness and Response Capabilities, and Critical Services

The interrelationship of Emergency Support Functions, Public Health Emergency Preparedness and Response Capabilities, and Critical Services can be thought of in terms of means, ways, and ends.

**Means:** Emergency Support Functions are the ways we organize across departments and agencies, community organizations, and industries to enhance coordination and integration to deliver the Public Health Emergency Preparedness and Response Capabilities.

**Ways:** Public Health Emergency Preparedness and Response Capabilities describe the grouping of response actions – the Ways – that can be taken to stabilize and re-establish the critical services for response and recovery planning and operations.

**Ends:** Critical Services within a community that must be stabilized or re-established – the Ends – to alleviate threats to life and property.

## Critical Services

### Safety and Security

- Law Enforcement/Security
- Fire Service
- Search and Rescue
- Government Service
- Community Safety

### Food, Water, Shelter

- Food
- Water
- Shelter
- Agriculture

### Health and Medical

- Medical Care
- Public Health
- Patient Movement
- Medical Supply Chain
- Fatality Management

### Energy

- Power Grid
- Fuel

### Communications

- Infrastructure
- Responder Communications
- Alerts, Warnings, and Messages
- Finance
- 911 and Dispatch

### Transportation

- Highway/Roadway/Motor Vehicle
- Mass Transit
- Railway
- Aviation
- Maritime

### Hazardous Material

- Facilities
- HAZMAT, Pollutants, Contaminants

# Emergency Support Function and Response Capabilities Overview

## Emergency Support Function #1 – Transportation

**Purpose** - Management of transportation systems and infrastructure to perform response missions during and following emergencies. Serves as a coordination point between response operations and restoration of transportation infrastructure.

**Scope** - State transportation assistance provided by ID-ESF #1 includes, but is not limited to, the following functions:

- A. Provide and Coordinate transportation during disaster emergencies
- B. Provide engineering services and repair/maintenance of roads, highways, bridges, and airfields.
- C. Provide and coordinate the use of state-owned aviation assets
- D. Authorize and coordinate transportation-related resources to meet Idaho codes and statutes, such as state highway road closures and motor vehicle laws
- E. Coordinate public transportation assets
- F. Provide and coordinate state highway route alternate/detour plans to give the established Incident Command an immediate option for emergency traffic management.
- G. Provide expertise in evaluating the load-bearing capacity and condition of Idaho bridges, both on and off the state highway system, during and after disasters
- H. Assist authorities in evacuation operations during natural or human-caused disasters

## Emergency Support Function #2 – Communications

**Purpose** - Provides state, tribal and local government emergency communications support and services.

**Scope** - ID-ESF #2 provides management and support services for the public safety emergency communications network, infrastructure, and facilities during times of disasters and emergencies. Utilizing the network management resources of the Emergency Communication Operations Management Center (ECOMC), implement emergency network capacity provisioning to support critical voice, data, and video services at and around the incident site. Coordinate and facilitate restoration of the public safety communications network infrastructure, services, and equipment in support of state, tribal, and local governments and first responders when their systems have been impacted by a disaster emergency.

### **Public Health Emergency Preparedness and Response Capability #6 – Information Sharing**

**Definition** - Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.

**Functions** - This capability consists of the ability to perform the functions listed below.

- Function 1: Identify stakeholders that should be incorporated into information flow and define information sharing needs.
- Function 2: Identify and develop guidance, standards, and systems for information exchange.
- Function 3: Exchange information to determine a common operating picture.

## **Emergency Support Function #3 – Public Works and Engineering**

**Purpose** - Provides public works and engineering support to state agencies and local government during response and recovery phases of disaster emergencies.

### **Scope**

- A. Coordinate needs/damage assessments immediately following a disaster emergency
- B. Provide removal and disposal management of debris from public property
- C. Supervise and coordinate the procurement of construction equipment and personnel as it pertains to essential facilities, such as housing and sanitation, in conjunction with the Idaho Transportation Department (ITD).
- D. Provide state and local governments with disaster emergency contractual assistance and guidance to support public health and safety, such as providing for potable water, ice, power, or temporary housing.
- E. Provide technical assistance, including inspection of private residential structures and commercial structures.
- F. Provide emergency power to public facilities.
- G. Promote and develop mitigation strategies to prevent or reduce damage as a result of disaster emergencies for state-owned or leased buildings and structures, in coordination with ID-ESF #14, the State Hazard Mitigation Officer at the Idaho Office of Emergency Management (IOEM), the ITD and the Idaho Division of Building Safety (DBS).

## **Emergency Support Function #4 – Firefighting**

**Purpose** - Provides support for state and local agencies in the detection, suppression, and mitigation of rural, urban and wildland fires.

### **Scope**

ID-ESF #4 outlines the management and coordination of firefighting activities on state and private lands within the State of Idaho when the incident exceeds the capacity of the local fire agency. This includes the detection and suppression of rural, urban and wildland fires, the protection of homes and communities and the establishment of guidelines for providing personnel, equipment, and supplies in support of federal, state, and local agencies involved in firefighting operations.

## Emergency Support Function #5 – Emergency Management

**Purpose** - Prevent and reduce damage, injury and loss of life and property from disasters and emergencies and to coordinate activities relating to disaster prevention, preparedness, response, and recovery.

### Scope

- A. ID-ESF #5, IOEM, is part of the Idaho Multiagency Coordination System (MACS) that provides federal, state and jurisdictional interagency coordination and decision making; resource coordination and situational awareness during all-hazard emergency events/incidents regardless of the degree of complexity, or duration. This ID-ESF is activated at some level for all potential and actual major incidents or emergencies.
- B. ID-ESF #5, IOEM, encompasses all functions that coordinate and support a synchronized, multi-agency response to potential and actual inter and intra state emergencies/disasters focusing on promulgation of timely situation awareness; the prioritization and allocation of critical resources and a rapid transition to recovery operations. This includes but is not limited to:
  1. Activation of the IDEOC with liaison activities in the field (as required) in anticipation of, or in reaction to, the occurrence of an emergency or disaster in the State of Idaho or within the region that impacts Idaho and/or requires state assistance.
  2. Initiation of appropriate state-wide alert(s) and notification(s) in anticipation of or in response to all-hazard emergency/disaster events/incidents.
  3. Providing direction and control for state response and recovery efforts to include Public Assistance (PA), Individual Assistance (IA) and the Hazard Mitigation Program (HMGP) under Section 406 and 404 of the Stafford Act.
  4. Providing real-time situational awareness for all-hazard emergency/disaster events and incidents for State and Jurisdiction decision makers as well as regional and national emergency management partners.
  5. Providing for the timely release of public information in coordination with ID-ESF #15-External Affairs.
  6. Coordination of the preparation and implementation of a Governor's Disaster Emergency Proclamation as well as assisting in the development of Agency Specific Emergency/Disaster Declarations.
  7. Coordination of a Governor's request for federal assistance under the Stafford Act or another federally sponsored disaster/emergency assistance program.
  8. Coordination for the allocation and prioritization of resources throughout an all-Hazard emergency/disaster event including the prioritization and allocation of direct federal assistance.
  9. Activation of the IDEOC to serve as the central point for initiating and sustaining the Common Operating Picture (COP) for incidents/events: receiving information and producing Situation Reports (Sitrep) Executive Summaries and briefings for state and jurisdictional leadership/decision makers as well as IDEOC staff and regional/federal partners as/when requested and/or directed.
  10. Providing prioritized resources in support of state disaster emergency response and recovery operations through the Request for Assistance (RFA) and Mission Assignment (MA) processes.
  11. Deployment and staffing of special teams (i.e. regional response teams, damage assessment teams, etc.).
  12. Implementation of national (Emergency Management Assistance Compact - EMAC) and regional Mutual Aid Agreements to ensure a coordinated response whether requesting assistance from other states or responding to requests from other states.
  13. Coordinating the use of the State Disaster Account and Hazardous Substance cost recovery process in coordination with the Financial Management Support Annex.
  14. Providing other support as directed/required.

## Emergency Support Function #5 – Emergency Management continued

### **Public Health Emergency Preparedness and Response Capability #3 – Emergency Operations Coordination**

**Definition** - Emergency operations coordination is the ability to coordinate with emergency management and to direct and support an incident or event with public health or health care implications by establishing a standardized, scalable system of oversight, organization, and supervision that is consistent with jurisdictional standards and practices and the National Incident Management System (NIMS).

**Functions** - This capability consists of the ability to perform the functions listed below.

- Function 1: Conduct preliminary assessment to determine the need for activation of public health emergency operations.
- Function 2: Activate public health emergency operations.
- Function 3: Develop and maintain an incident response strategy.
- Function 4: Manage and sustain the public health response.
- Function 5: Demobilize and evaluate public health emergency operations.

## **Emergency Support Function #6 – Mass Care, Emergency Assistance, Housing and Human Services**

**Purpose** - Monitors and coordinates state support for mass care, emergency assistance, and housing and human services.

**Scope** - ID-ESF #6 includes activities associated with the primary functions of mass care, emergency assistance, housing and human services.

Mass care includes sheltering, feeding operations, emergency assistance, bulk distribution of emergency items, and collecting and providing information on victims to family members. ID-ESF #6 will assist in the coordination of delivering state and federal programs to assist individuals, households, and families impacted by disasters or emergencies.

When mass care, emergency assistance, housing, or human services response to a disaster has, or is likely to, exceed local and tribal capabilities and resources, the jurisdiction or tribe may request support from the state to meet its related needs.

### **Public Health Emergency Preparedness and Response Capability #7 – Mass Care**

**Definition** - Mass care is the ability of public health agencies to coordinate with and support partner agencies to address, within a congregate location (excluding shelter-in-place locations), the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and public health assessments to ensure that health needs continue to be met as the incident evolves.

**Functions** - This capability consists of the ability to perform the functions listed below.

- Function 1: Determine public health role in mass care operations.
- Function 2: Determine mass care health needs of the impacted population.
- Function 3: Coordinate public health, health care, and mental/behavioral health services.
- Function 4: Monitor mass care population health.

### **EIPH Capabilities**

#### **Environmental Health Response Team**

- Emergency Shelter: Conduct Environmental Health Assessment of Shelters. Provide food inspections.

#### **Epidemiology Response Team**

- Emergency Shelter: Conduct health surveillance as needed.

#### **Women, Infants, and Children Response Team**

- Human Services: Provide a WIC coordinator to perform administrative supervisory and professional work necessary to the planning, implementation, and evaluation of local WIC program activities for clients at shelters.



## **Emergency Support Function #7 – Resource and Logistics Support**

**Purpose** - Provides logistical and resource support to state and local governments in response to an emergency or disaster that overwhelms local resources or state agency capabilities.

**Scope** - Resource support during the immediate response of a disaster emergency includes assistance in procuring disaster emergency relief supplies, space, office equipment, office supplies, telecommunications (in coordination with ID-ESF #2, Communications), contracting services, security services, and personnel to support immediate response activities at the Idaho Emergency Operations Center (IDEOC). ID-ESF #7 also provides resource support for requirements not specifically identified in the other ID-ESFs. It addresses the effort and activity necessary to evaluate, locate, procure, and provide essential material resources.

## **Emergency Support Function #8 – Public Health & Medical Services**

**Purpose** - Coordinate state assistance and support resources in response to a public health and medical disaster, potential, or actual incident.

### **Scope**

- A. ID-ESF #8 coordinates support and assistance by maintaining situational awareness, identifying, and meeting the public health and medical assistance needs of victims of a major disaster or emergency. This supplemental assistance is categorized in the following functional areas:
  - 1. Assessment of health/medical needs.
  - 2. Health surveillance.
  - 3. Medical care personnel.
  - 4. Health/medical/veterinary equipment and supplies.
  - 5. Patient evacuation.
  - 6. Patient care.
  - 7. Safety and security of drugs, biologics, and medical devices.
  - 8. Blood and blood products.
  - 9. Food safety and security.
  - 10. Agricultural safety and security.
  - 11. All-hazard public health and medical consultation, technical assistance, and support.
  - 12. Behavioral health care.
  - 13. Public health and medical information.
  - 14. Vector control.
  - 15. Potable water/wastewater and solid waste disposal.
  - 16. Mass fatality management, victim identification, and decontaminating remains; and
  - 17. Veterinary medical support.
- B. IDHW, as the ESF Coordinating Agency responsible for ID-ESF #8, coordinates the provision of health and medical services to fulfill the requirements identified by the IDEOC.
  - a. These services may include the treatment and transportation of victims of the disaster emergency, and when required, coordination and support for the evacuation of medical patients out of the disaster area into a network of hospitals located in metropolitan areas of Idaho or surrounding states.
  - b. ID-ESF #8 may consult with public health and medical subject-matter expert representatives about access and functional needs populations such as the aging, populations with disabilities, limited English proficiency, and those with temporary or chronic medical conditions.

## **Emergency Support Function #8 – Public Health & Medical Services continued**

### **Public Health Emergency Preparedness and Response Capability #1 – Community Preparedness**

**Definition** - Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders, the public health role in community preparedness is to:

- Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness.
- Participate in training on how to prevent, respond to, and recover from incidents that adversely affect public health.
- Identify at-risk individuals with access and functional needs that may be disproportionately impacted by an incident or event.
- Promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community's health and address the access and functional needs of at-risk individuals.
- Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors.
- Convene or participate with community partners to identify and implement additional ways to strengthen community resilience.
- Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster.

**Functions** - This capability consists of the ability to perform the functions listed below.

- Function 1: Determine risks to the health of the jurisdiction.
- Function 2: Strengthen community partnerships to support public health preparedness.
- Function 3: Coordinate with partners and share information through community social networks.
- Function 4: Coordinate training and provide guidance to support community involvement with preparedness efforts.

## **Emergency Support Function #8 – Public Health & Medical Services continued**

### **Public Health Emergency Preparedness and Response Capability #5 – Fatality Management**

**Definition** - Fatality management is the ability to coordinate with partner organizations and agencies to provide fatality management services. The public health agency role in fatality management activities may include supporting:

- Recovery and preservation of remains.
- Identification of the deceased.
- Determination of cause and manner of death.
- Release of remains to an authorized individual.
- Provision of mental/behavioral health assistance for the grieving.

The role also may include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.

**Functions** - This capability consists of the ability to perform the functions listed below.

- Function 1: Determine the public health agency role in fatality management.
- Function 2: Identify and facilitate access to public health resources to support fatality management operations.
- Function 3: Assist in the collection and dissemination of antemortem data.
- Function 4: Support the provision of survivor mental/behavioral health services.
- Function 5: Support fatality processing and storage operations

### **Public Health Emergency Preparedness and Response Capability #8 – Medical Countermeasure Dispensing and Administration**

**Definition** - Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.

**Functions** - This capability consists of the ability to perform the functions listed below.

- Function 1: Determine medical countermeasure dispensing/administration strategies.
- Function 2: Receive medical countermeasures to be dispensed/administered.
- Function 3: Activate medical countermeasure dispensing/administration operations.
- Function 4: Dispense/administer medical countermeasures to targeted population(s).
- Function 5: Report adverse events.

## **Emergency Support Function #8 – Public Health & Medical Services continued**

### **Public Health Emergency Preparedness and Response Capability #9 – Medical Materiel Management and Distribution**

**Definition** - Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.

**Functions** - This capability consists of the ability to perform the functions listed below.

- Function 1: Direct and activate medical materiel management and distribution.
- Function 2: Acquire medical materiel from national stockpiles or other supply sources.
- Function 3: Distribute medical materiel.
- Function 4: Monitor medical materiel inventories and medical materiel distribution operations.
- Function 5: Recover medical materiel and demobilize distribution operations.

### **Public Health Emergency Preparedness and Response Capability #10 – Medical Surge**

**Definition** - Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to endure a hazard impact, maintain or rapidly recover operations that were compromised, and support the delivery of medical care and associated public health services, including disease surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments.

**Functions** - This capability consists of the ability to perform the functions listed below.

- Function 1: Assess the nature and scope of the incident.
- Function 2: Support activation of medical surge.
- Function 3: Support jurisdictional medical surge operations.
- Function 4: Support demobilization of medical surge operations.

## **Emergency Support Function #8 – Public Health & Medical Services continued**

### **Public Health Emergency Preparedness and Response Capability #11 – Nonpharmaceutical Interventions**

**Definition** - Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include:

- Isolation
- Quarantine
- Restrictions on movement and travel advisories or warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

**Functions** - This capability consists of the ability to perform the functions listed below.

- Function 1: Engage partners and identify factors that impact nonpharmaceutical interventions.
- Function 2: Determine nonpharmaceutical interventions.
- Function 3: Implement nonpharmaceutical interventions.
- Function 4: Monitor nonpharmaceutical interventions.

### **Public Health Emergency Preparedness and Response Capability #13 – Public Health Surveillance and Epidemiological Investigations**

**Definition:** Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.

**Functions:** This capability consists of the ability to perform the functions listed below.

- Function 1: Conduct or support public health surveillance.
- Function 2: Conduct public health and epidemiological investigations.
- Function 3: Recommend, monitor, and analyze mitigation actions.
- Function 4: Improve public health surveillance and epidemiological investigation systems.

## **Emergency Support Function #8 – Public Health & Medical Services continued**

### **Public Health Emergency Preparedness and Response Capability #14 – Responder Safety and Health**

**Definition** - Responder safety and health are the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.

**Functions** - This capability consists of the ability to perform the functions listed below.

- Function 1: Identify responder safety and health risks.
- Function 2: Identify and support risk-specific responder safety and health training.
- Function 3: Monitor responder safety and health during and after incident response.

### **EIPH Capabilities**

#### **Clinical Services Response Team**

- Health/Medical Equipment and Supplies: Coordinate the provision of Strategic National Stockpile and CHEMPACK health and medical equipment and supplies, including pharmaceuticals, through Points of Vaccination/Dispensing.

#### **Environmental Health Response Team**

- Food/Drugs/Medical Device Safety: Ensure the safety and efficacy of regulated foods following a disaster emergency. If necessary, conduct seizure, removal or destruction of contaminated and unsafe products.
- Potable Water/Wastewater and Solid Waste Disposal: Assess potable water and wastewater/solid waste disposal issues. Conduct field investigations, including collection for laboratory analysis of relevant samples. Provide technical assistance and consultation on potable water and wastewater/solid waste disposal issues.

#### **Epidemiology Response Team**

- Health Surveillance: Establish surveillance systems to monitor the general population and special high-risk population segments. Carry out field studies and investigations. Monitor injury and disease patterns, and potential disease outbreaks. Provide technical assistance and consultations on disease and injury prevention and precautions.
- Worker Health/Safety: Evaluate the need for epidemiological follow-up and medical monitoring of response and recovery workers.
- Vector Control: Assess the threat of vector-borne human diseases following a major disaster emergency. Conduct field investigation, including the collection for laboratory analysis of relevant samples. Provide technical assistance and consultation on protective actions regarding vector-borne diseases. Provide technical assistance and consultation on medical treatment of victims of vector-borne diseases.

#### **Information Management Team**

- Public health information: Assist the IDEOC by providing public health and disease and injury prevention information that can be transmitted to members of the general public who are located in or near areas affected by a disaster. Prepare to support activities of the Public Information Emergency Team.

#### **Public Health Emergency Preparedness Response Team**

- Medical Care Personnel: Coordinate the sharing of medical and volunteer personnel, through Volunteer Idaho, between all public health districts within Idaho.
- Health/Medical Equipment and Supplies: Coordinate the provision of health and medical equipment and supplies, including pharmaceuticals, through the District Distribution Center's Strategic National Stockpile and CHEMPACK supplies.

## **Emergency Support Function #9 – Search and Rescue**

**Purpose** - The location, recovery, extrication, and medical treatment of victims who become lost or entrapped as the result of a major disaster or life-threatening.

### **Scope**

- A. SAR will be conducted in accordance with ID Code 31-2229. SAR responsibilities generally fall to local government agencies depending upon the type of activity that is needed. In coordination with their municipal services, EMS & fire districts, and county sheriffs, county emergency management directors may support the SAR efforts at the local level. The state can assist the locals with the use of state resources or by coordination of other local resources. SAR activities may include:
  - 1. Searches and rescues in the mountains or plains for lost, missing, or endangered persons.
  - 2. Waterborne searches and rescues in lakes, ponds, or rivers.
  - 3. Searching for downed or missing aircraft.
  - 4. Searches as a result of a structural collapse.
  - 5. Specialized rescues that exceed the capabilities of local resources.
- B. SAR services include the performance of distress monitoring, communications, locations of distressed personnel, coordination, and execution of rescue operations including extrication or evacuation along with the provisioning of medical assistance and civilian services through the use of public and private resources to assist persons and property in potential or actual distress.

## **Emergency Support Function #10 – Hazardous Materials/Weapons of Mass Destruction**

**Purpose** - Provides for coordinated disaster emergency response and recovery support to state and local governments when there is a major discharge and/or release of hazardous materials.

### **Scope**

- A. ID-ESF #10 provides for additional support for hazardous materials/WMD incidents that are beyond the capabilities of state and local response personnel currently on the incident site. ID-ESF #10 coordinates support to assess, contain, and mitigate impacts. ID-ESF #10 also assists in coordinating the recovery and disposal of hazardous materials spilled or released in the state.
- B. Requests for federal support and assistance are coordinated through the Idaho Emergency Operations Center (IDEOC) and ID-ESF #10.

### **EIPH Capabilities**

#### **Environmental Health Response Team**

- Forewarn users of potentially affected individual and public domestic water systems.
- Oversee the disposal of solid wastes not including those that are radioactive or regulated as hazardous wastes.
- Monitor sanitary conditions and test food quality. Coordinate efforts to ensure the availability of safe food when supplies are contaminated by a hazardous materials incident.

## **Emergency Support Function #11 – Agriculture and Food**

**Purpose** - Supports state, tribal, and local authorities' efforts to provide nutrition assistance; Control and eradication of animal/zoonotic/plant disease; Ensure safety and security of the food supply.

**Scope** - ID-ESF #11 includes four (4) primary functions:

- A. Providing nutrition assistance: Determining nutrition assistance needs, obtaining appropriate food commodities/supplies, and arranging for delivery of the supplies. Idaho State Department of Education (ISDE) is the lead.
- B. Responding to animal and plant diseases and pests: Implement an integrated state, tribal, and local response: to an outbreak of a highly contagious or economically devastating animal/zoonotic disease, an outbreak of a highly infective exotic plant disease, or an economically devastating plant pest infestation. ISDA is the lead.
- C. Ensuring the safety and security of the commercial food supply: Implement the execution of routine food safety inspections and other services to ensure the safety of food products that enter commerce. This includes the inspection and verification of food safety aspects of slaughter and processing plants (with USDA, FDA and other federal agencies as appropriate), products in distribution and retail sites, and import facilities at ports of entry; laboratory analysis of food samples; control of products suspected to be adulterated; plant closures; foodborne disease surveillance; and field investigations. IDHW is the lead. ISDA assures wholesomeness of milk and milk products and shell eggs.
- D. Providing for the safety and well-being of household pets: Provide support to ID-ESF #6 Mass Care, Emergency Assistance, Housing, and Human Services efforts by providing subject-matter expertise on animal cruelty statute and act as a liaison to animal sheltering groups and veterinary medical associations for technical support for the evacuation, transportation, sheltering, husbandry, and veterinary care of affected animals.
- E. Assist in the relocation and well-being of livestock: Provide subject-matter expertise on the relocation and well-being of livestock. Provide expertise on animal cruelty statute and act as a liaison to animal sheltering groups and veterinary medical associations for technical support for the evacuation, transportation, sheltering, husbandry, and veterinary care of affected animals.

### **EIPH Capabilities**

#### **Environmental Health Response Team**

- Assist IDHW and the ISDA with control measures to include:
  - Environmental measures, e.g., inspection, detention, and seizure of suspect food.
  - Closure of premises and catering facilities.
  - Review of practices, such as restaurant practices, school, or work restrictions, etc.
  - Disinfection or decontamination.
  - Waste disposal.
  - Interagency cooperation to reduce or remove infection, when appropriate.
  - Determine which foods are fit for human consumption and identify potential sources of food-borne contamination.



## **Emergency Support Function #12 – Energy**

**Purpose** - Coordinates the restoration and protection of Idaho’s critical electricity, natural gas, and transportation fuel infrastructure, and provides a systematic framework for managing energy emergencies.

**Scope** - ID-ESF #12 addresses the response and recovery efforts dealing with significant disruptions in energy supplies for all hazardous emergency situations whether caused by physical disruption of energy transmission and distribution systems, unexpected operational failure of such systems, planned interruptions, or unusual economic or international political events. It is applicable to transporting, generating, transmitting, conserving, building, and maintaining systems for electricity, natural gas, and transportation fuels.

ID-ESF #12 will be implemented upon notification of a potential for, or occurrence of, a major disaster or emergency that affects the critical infrastructure energy systems in Idaho. The Idaho Public Utilities Commission (IPUC) is the designated ID-ESF #12 (Energy Emergencies) Coordinator. The Idaho Office of Energy and Mineral Resources (OEMR) is the State’s ID-ESF #12 Primary Agency, and it supports the IPUC in performing ID-ESF #12. The IPUC and the OEMR will work closely with State and Federal Agencies, including Idaho Office of Emergency Management (IOEM) and the U.S. Department of Energy (DOE), in sharing energy emergency and shortage information and seeking technical support.

This ID-ESF #12 emphasizes the energy public-private partnership, including the roles and responsibilities of Public Utilities and Other Suppliers of energy in Idaho to provide information, conduct assessments, prioritize their response and restoration efforts, and conduct restoration efforts. The ID-ESF #12 Coordinator and Primary Agencies do not conduct the operations of Public Utilities and Other Suppliers of energy in Idaho. However, if an energy emergency arises, the ID-ESF#12 Coordinator and Primary Agencies have responsibilities that require them to receive timely and accurate information from all affected energy suppliers in Idaho.

## **Emergency Support Function #13 – Public Safety and Security**

**Purpose** - Coordinate state resources used to support local law enforcement agencies during a disaster or other declared emergency.

**Scope** - To coordinate the delivery of state and federal law enforcement services and assistance based on requests from local or state jurisdictions during a disaster or other declared emergency.

## **Emergency Support Function #14 – Long-Term Community Recovery and Mitigation**

**Purpose** - Provides a mechanism for coordinating support to enable community recovery from the long-term consequences of extraordinary disasters.

**Scope** - This ID-ESF will be activated when a community in the State of Idaho is significantly impacted by any disaster event that results in a State Disaster Emergency Declaration from the Governor. Long-term recovery and mitigation programs associated with a major disaster response will be made available following a Presidentially Declared Disaster under the Robert T. Stafford Disaster Relief Act as amended. Without a Presidential Disaster Declaration, long-term recovery and mitigation assistance will be limited based on the discretion of the Governor and assistance from federal agencies other than FEMA acting under their own authorities.

- A. Short-Term Recovery - a process of recovery that includes actions to restore vital services in the transition period between the incident response phase and long-term recovery. Recovery activities may include supporting jurisdictions in emergency protective measures, reestablishing essential services, and restoring public infrastructure. Although called "short-term," some of these activities may last for weeks or months.
- B. Long-Term Recovery – coordinates available programs, services, and resources that enable affected populations to begin the process of permanently reestablishing pre-disaster conditions that may include commerce, personal property, and public infrastructure.
- C. Mitigation -those actions that reduce losses to life, property, infrastructure, and resources resulting from the occurrence of natural or man-caused events. Mitigation activities reduce the community's vulnerability in ways that minimize the adverse impact of a disaster or other emergency situation.

### **Public Health Emergency Preparedness and Response Capability #2 – Community Recovery**

**Definition** - Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate, monitor, and implement the restoration of public health, health care, human services, mental/behavioral health, and environmental health sectors to at least a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible.

**Functions:** This capability consists of the ability to perform the functions listed below.

- Function 1: Identify and monitor community recovery needs.
- Function 2: Support recovery operations for public health and related systems for the community.
- Function 3: Implement corrective actions to mitigate damage from future incidents.

## **Emergency Support Function #15 – Public Information and External Affairs**

**Purpose** - Provides external affairs and public information support and capabilities during disasters and emergencies to coordinate the provision of accurate, coordinated, and timely information to citizens and stakeholders.

### **Scope**

- A. ID-ESF #15 coordinates state actions to be taken to provide public affairs support to local, state and federal disaster response elements.
- B. ID-ESF #15 provides the mechanism by which local and state government may request and be provided public affairs support under an active Governor Declaration.
- C. The provisions of ID-ESF #15 apply to Governor's Declarations, Stafford Act Declarations, National Response Framework responses and any other situations designated by authority of the Office of the Governor or the Deputy Chief of the Idaho Office of Emergency Management(IOEM).

### **Public Health Emergency Preparedness and Response Capability #4 – Emergency Public Information and Warning**

**Definition** - Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

**Functions:** This capability consists of the ability to perform the functions listed below.

- Function 1: Activate the emergency public information system.
- Function 2: Determine the need for a Joint Information System.
- Function 3: Establish and participate in information system operations.
- Function 4: Establish avenues for public interaction and information exchange.
- Function 5: Issue public information, alerts, warnings, and notifications.

### **Public Health Emergency Preparedness and Response Capability #6 – Information Sharing**

**Definition** - Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.

**Functions** - This capability consists of the ability to perform the functions listed below.

- Function 1: Identify stakeholders that should be incorporated into information flow and define information sharing needs.
- Function 2: Identify and develop guidance, standards, and systems for information exchange.
- Function 3: Exchange information to determine a common operating picture.