PUBLIC HEALTH BOARD MEETING

735 S 200 W, Blanding, Utah 84511. Conference Room
April 21, 2022 at 12:00 PM

AGENDA

*The public will be able to view the meeting via Google Meet at this vid*eo call link: https://meet.google.com/anq-rekd-zrh

Or by dialing: (US) +1 631-709-2282 PIN: 740 487 355#

CALL TO ORDER, WELCOME, & ROLL CALL

APPROVAL OF MINUTES

PUBLIC COMMENT

CONSENT AGENDA

1. County Approved Contract - Building Resilient Inclusive Communities (BRIC) Amendment 1
2. County Approved Contract - FY22 Violence and Injury Prevention Program Amendment 1
3. County Approved Contract - HIV Prevention Amendment 5
4. County Approved Contract - STD Amendment 3
5. County Approved Contract - TB Prevention and Control Amendment 3

BUDGET UPDATE

6. Annual Audit by Tyler Ketron, Business Manager

INFORMATIONAL/RECOGNITION ITEMS

7. Upcoming Events

DIRECTOR'S REPORT

8. Director's Report - April 2022

BUSINESS ACTION ITEMS

9. Health Equity Symposium Debrief - Utah Association of Local Health Departments - March 31 & April 1, 2022

   - Award for Utah Navajo Health System: Outstanding Contribution & Support by a Friend of Public Health

   - What did we learn that can help promote health for all of San Juan County?

10. Consideration of Budget Allocation of Minimum Performance Standards SFY22 Amendment 1

11. Nomination and Election of Board Officers

    - Review duties of Chairperson, Vice Chairperson, and Secretary

    - Review length of tenure

12. Location and Time of Next Board Meeting

ADJOURNMENT

In compliance with the Americans with Disabilities Act, persons needing auxiliary communicative aids and services for this meeting should contact the San Juan County Clerk's Office: 117 South Main, Monticello or telephone 435-587-3223, giving reasonable notice

UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

2104004
Department Log Number

212701581
State Contract Number

1. CONTRACT NAME: The name of this contract is SJ Building Resilient Inclusive Communities (BRIC) Amendment 1.

2. CONTRACTING PARTIES: This contract amendment is between the Utah Department of Health (DEPARTMENT) and San Juan County (CONTRACTOR).

   Pursuant to Utah Code Ann. 26B-1-201, as of July 1, 2022, the parties agree that the contracting parties, with all its contractual obligations, duties, and rights, will be the Department of Health and Human Services ("Department") and Contractor.

3. PURPOSE OF CONTRACT AMENDMENT: Extend termination date, update special provisions and add funding

4. CHANGES TO CONTRACT:

   1. The contract termination date is being changed. The original contract termination date was 12/31/2021 The contract period is being increased by 12 months. The new termination date is 12/31/2022.
   2. The contract amount is being changed. The original amount was $13,500.00. The funding amount will be increased by $15,457.50 in other funds. New total funding is $28,957.50
   3. Attachment A, effective 1/1/2021-12/31/2022, is replacing Attachment A, which was effective 1/1/2021-12/31/2021.

All other conditions and terms in the original contract and previous amendments remain the same.

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 12/31/2021

6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
   A. All other governmental laws, regulations, or actions applicable to services provided herein.
   B. All Assurances and all responses to bids as provided by the CONTRACTOR.
   C. Utah Department of Health General Provisions and Business Associate Agreement currently in effect until 6/30/2023.

7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health and San Juan County**, Log #** 2104004

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

By: _____ 3/15/2022
Willie Grayeyes Date
County Commission Chair

STATE

By: _____ 3/18/2022
Shari A. Watkins, C.P.A. Date
Director, Office Fiscal Operations

Attachment A: Special Provisions

San Juan County Health Department

Building Resilient Inclusive Communities (BRIC) 2022

Effective Date: January 1, 2021 - December 31, 2022

I. DEFINITIONS:
- A. BRIC means Building Resilient Inclusive Communities.
- B. BUDGET PERIOD means January 1, 2022 through December 31, 2022; year 2.
- C. CATALYST means the Department's reporting system used for the purpose of managing and evaluating progress reports from the Sub-Recipient.
- D. CONTRACT PERIOD means January 1, 2021 through December 31, 2022.
- E. DEPARTMENT means the Utah Department of Health's Healthy Environments Active Living Program.
- F. SUB-RECIPIENT means the San Juan County Health Department.

II. FUNDING:
- A. Total funding for this CONTRACT PERIOD is $28,957.50.
- B. This is a Cost Reimbursement contract. The DEPARTMENT agrees to reimburse the CONTRACTOR up to $28,957.50 for expenditures made in the BUDGET PERIOD.

III. AMENDMENTS AND TERMINATION:
- A. If the contract is not amended to add funding, the contract shall terminate at the end of the current BUDGET PERIOD, December 31, 2022.

IV. PROGRAM CONTACT:
- A. The day to day operations contact is Linnea Fletcher, linneafletcher@utah.gov, (801) 538-6146. For contract disputes please contact McKell Drury, mdrury@utah.gov, (801) 538-6896.

V. RESPONSIBILITIES OF CONTRACTOR:

The CONTRACTOR shall:

A. The SUB-RECIPIENT shall conduct at least one of the following activities related to the BRIC funding:

1. Nutrition Security
   a) Collaborate with the state and or community food council/coalition/taskforce on equitable nutrition security for food banks, pantries, or feeding sites during COVID-19 pandemic;
   b) Efforts to increase the number of food banks, pantries, or feeding sites in each community selected to adopt nutrition standards due to the increase in demand during the COVID-19 pandemic;
   c) Efforts to support the increase in the number of people in communities who receive healthier foods distributed by food pantries, food banks, or other feeding sites, taking into consideration how demand has changed during the COVID-19 pandemic;
   d) Efforts to increase the number of places providing increased financial access to healthier foods.
2. Access to Safe Physical Activity Opportunities
   a) Collaborate with task forces/coalitions that support safe, equitable physical activity during the COVID-19 pandemic;
   b) Progress to support at least one local improvement plan that includes the potential assessment of local community design as it relates to improving safe and equitable access to physical activity (including number of federal, state, or local partners formally engaged) as well as how local demand has changed during the COVID-19 pandemic;
   c) Efforts to support at least two verified changes in the characteristics of each selected community that demonstrate walkability or increased safety for those most at risk for COVID-19 illness and death, taking into effect how local demand has changed during the COVID-19 pandemic;
   d) Efforts to support at least two alternative commuting facilities, programs, or services created or enhanced that support equitable access that can be used by the priority population in each community to safely travel to essential services, including jobs, medical appointments, grocery stores or food pantries, taking into effect how local demand has changed during the COVID-19 pandemic.
3. Social Connectedness
   a) Collaborate with task forces/coalitions that support equitable social connectedness during the COVID-19 pandemic;
   b) Efforts to implement new or improved communities strategies that emphasize and integrate feasible and

innovative social connectedness efforts for older adults at higher risk for severe illness from COVID-19; incorporation of existing networks of community health workers should be encouraged;

c) Efforts to implement at least two new or improved equitable programs for older adults living in high burden communities that offer on-line and in-person educational, social, creative, and physical activities that encourage personal interactions, regular attendance, and community involvement working in collaboration with existing programs (e.g., mental health or Arthritis Programs, AARP, or other);

d) Efforts to implement at least two new or improved equitable Intergenerational Mentoring Program in the community to foster healthy, ongoing, supportive relationships between older adults and youth.

B. The SUB-RECIPIENT may incorporate at least one new activity:

1. Implement social media activities or a campaign highlighting BRIC efforts;
2. Support professional development or training opportunities aimed at growing knowledge, leadership, or capacity around BRIC strategy areas (e.g., attendance at a state or national level conference such as the American Public Health Association);
3. Pay for and receive support or consultation from state or local level subject matter expert(s) to supplement achievement of selected outcomes;
4. Purchase additional equipment (less than or equal to $5,000) to support capital improvements (e.g., refrigeration for pantry);
5. Provide compensation for community-member time in the Community Action Plan with related activities (e.g., honorariums for community members participating in a coalition);
6. Pursue strategy(s) to increase physical activity in alignment with the Centers for Disease Control and Prevention's Active People, Healthy Nation.

VI. REPORTS:

A. The SUB-RECIPIENT shall provide detailed reports on progress and results by the following dates:

1. April 15, 2022
2. July 15, 2022
3. October 15, 2022
4. January 15, 2023

B. The SUB-RECIPIENT shall use Catalyst to document the progress made on the activities to the DEPARTMENT's Program Liaison. The SUB-

RECIPIENT shall ensure that necessary information is entered into all required reporting fields;

C. The SUB-RECIPIENT shall provide progress, results and performance measure data as outlined in Catalyst;

D. The DEPARTMENT will provide additional evaluation criteria as agreed upon by the DEPARTMENT and the SUB-RECIPIENT.

VII. DISPUTE RESOLUTION

A. If any dispute arises between the parties during the activities described by this Contract, the parties agree to seek a resolution through open communication and dialogue.

B. Either party may request a conference to resolve a disputed issue (consistent with Utah Admin. Code R380-10-3, which supports dispute resolution at the lowest level possible).

C. If a resolution cannot be reached, DEPARTMENT may bring supervisory personnel into the process to facilitate resolving issues and achieving agreement.

D. The provisions in Section B. and C. are not mandatory.

E. If a dispute is not resolved within 30 days of DEPARTMENT decision, DEPARTMENT's decision is considered the "initial agency determination," as defined by Utah Admin. Code R380-10-2(3).

F. These provisions do not preclude or affect the provisions, rights, limitations, or timelines for appealing DEPARTMENT actions that are provided or required by Utah Code §§ 26-23-2, 26-1-4.1 or 26-1-7.1, Utah Admin. Code R380-10, or the Utah Administrative Procedures Act (Utah Code § 63G-4).

G. In the event of any conflict between the Dispute Resolution provisions in the Special Provisions of this Contract with applicable law or rules, the provisions of the applicable law or rules must control.

UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

2226321
Department Log Number

222700549
State Contract Number

1. CONTRACT NAME: The name of this contract is San Juan Public Health Department - FY22 Violence and Injury Prevention Program Amendment 1.

2. CONTRACTING PARTIES: This contract amendment is between the Utah Department of Health (DEPARTMENT) and San Juan County (CONTRACTOR).

3. PURPOSE OF CONTRACT AMENDMENT: is to increase the contract amount and add CORE SVIPP Grant activities listed in attachment D and Improving the Health of People with Mobility Limitations and Intellectual/Development Disabilities activities listed in Attachment E in exchange for continued services.

   Pursuant to Utah Code Ann. 26B-1-201, as of July 1, 2022, the parties agree that the contracting parties, with all its contractual obligations, duties, and rights, will be the Department of Health and Human Services ("Department") and Contractor.

4. CHANGES TO CONTRACT:

   1. Amendment 1 is increasing the contract amount by $23,419.30. Utah Overdose Data to Action Grant is increasing by $9,291.57. Adding CORE SVIPP Grant activities listed in attachment D by $4,467.73 and Improving the Health of People with Mobility Limitations and Intellectual/Development Disabilities activities listed in Attachment E by $9,660.00. New contract amount is $55,855.18.
   2. Amendment 1 is updating attachment A. Reference Section I Funding, added item A and updated item B. Added B.2.b, B.3.a and B.4.a.
   3. Amendment 1 is updating Utah Overdose Data to Action Grant; activities listed in Attachment C. Reference Section I Funding, added item A and updated item B. Added B.1 and B.2.
   4. Amendment 1 is adding Core SVIPP Grant; activities listed in Attachment D.
   5. Amendment 1 is adding Improving the Health of People with Mobility Limitations and Intellectual/Development Disabilities; activities listed in Attachment E.

   DUNS: 079815014 Indirect Cost Rate: 0%

   Add

Federal Program Name:	UTAH OVERDOSE DATA TO ACTION	Award Number:	5 NU17CE925013-03-00
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU17CE925013

CFDA Title:	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS	Federal Award Date:	7/29/2021
CFDA Number:	93.136	Funding Amount:	$9291.57

Add

Federal Program Name:	CORE STATE VIOLENCE AND INJURY PREVENTION PROGRAM	Award Number:	6 NU17CE924839-05-02
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU17CE924839
CFDA Title:	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS	Federal Award Date:	8/26/2021
CFDA Number:	93.136	Funding Amount:	$4467.73

Add

Federal Program Name:	Improving the Health of People with Mobility Limitations and Intellectual/Development Disabilities	Award Number:	1 NU27DD00031-01-00
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU27DD00031
CFDA Title:	DISABILITIES PREVENTION	Federal Award Date:	7/30/2021
CFDA Number:	93.184	Funding Amount:	$9660.00

All other conditions and terms in the original contract and previous amendments remain the same.

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 01/01/2022

6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
   A. All other governmental laws, regulations, or actions applicable to services provided herein.
   B. All Assurances and all responses to bids as provided by the CONTRACTOR.
   C. Utah Department of Health General Provisions and Business Associate Agreement currently in effect until 6/30/2023.

7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health and San Juan County, **Log #** 2226321

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

By: _____ 3/15/2022
Willie Grayeyes Date
County Commission Chair

STATE

By: Shari A. Watkins 3/18/2022
Shari A. Watkins, C.P.A. Date
Director, Office Fiscal Operations

Special Provisions – Attachment A
San Juan County Health Department
Violence & Injury Prevention Program
October 1, 2021 – September 30, 2022

Amendment 1
Effective January 1, 2022

I. FUNDING:

A. *(added)* Amendment 1 is increasing funding by $23,419.30.

B. *(updated)* New contract total funding is $55,855.18 in federal funding.

1. Maternal and Child Health Block Grant; activities listed in Attachment B.
   a) $10,280.00 shall be reimbursed for the period of October 1, 2021 to September 30, 2022.
2. Utah Overdose Data to Action Grant; activities listed in Attachment C.
   a) $22,155.88 shall be reimbursed for the period September 1, 2021 to August 31, 2022.
   b) *(added)* $9,291.57 shall be reimbursed for the period January 1, 2022 to August 31, 2022.
3. *(added)* Core SVIPP Grant; activities listed in Attachment D.
   a) *(added)* $4,467.73 shall be reimbursed for the period January 1, 2022 to July 31, 2022.
4. *(added)* Improving the Health of People with Mobility Limitations and Intellectual/Development Disabilities; activities listed in Attachment E.
   a) *(added)* $9,660.00 shall be reimbursed for the period of October 1, 2021 to July 31, 2022.

C. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum amount of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.

1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the MER submitted to the DEPARTMENT.

II. RESPONSIBILITIES OF DEPARTMENT:

A. DEPARTMENT agrees to provide written confirmation of receipt of reports within 10 working days.

B. DEPARTMENT agrees to provide written or over the phone feedback on results/progress within 20 working days of receipt of report.

C. DEPARTMENT agrees to provide training and technical assistance as requested/needed.

D. DEPARTMENT agrees to conduct one site visit during the contract period at mutually agreed upon times with a jointly developed agenda during contract period.

III. RESPONSIBILITIES OF SUB-RECIPIENT:

A. Reports on the progress report measures for each of their activities as listed in the Catalyst web-based application system or other agreed upon reporting system. Progress

reports shall be submitted quarterly by the 15th of December, March, June, and September.

IV. ADMINISTRATIVE REQUIREMENT:

A. The CONTACTOR shall conform to the Americans with Disabilities Act (ADA) including associated regulations and policies and Civil Rights laws, regulations and policies, which includes providing reasonable accommodations to those with disabilities and displaying required notices of rights.

Attachment C

San Juan County Health Department

Violence & Injury Prevention Program

September 1, 2021 – August 31, 2022

Amendment 1

Effective January 1, 2022

Overdose Data to Action Grant

Grant # 5NU17CE925013-03-00 - CFDA 93.136 - LEJ-3806-ODA22-PRV2

I. DEFINITIONS:

A. "Opioid Overdose Community Crisis Response Plan" means a specific plan, addressing opioid overdose from a community level approach, in the event of a crisis, or spike in overdose data.

B. "Opioid Overdose Community Crisis Response Teams" means a public health formed team, formed to address opioid overdose, with a community-level approach.

C. "Catalyst" means a reporting system, where local health departments will be reporting completed activities, successes, and/or challenges.

D. "UCO-OP Steering Committee" means the Utah Coalition for Opioid Overdose Prevention Steering Committee.

E. "Naloxone Training" means a training that teaches individuals how to administer naloxone.

F. "Stop the Opidemic" means a campaign focused on raising awareness surrounding opioid overdose.

G. "Talk to Your Pharmacist Month" means a month dedicated to raising awareness surrounding pharmacist support in regards to prescriptions.

H. "2-1-1 Substance Use Disorder Helpline" means a hotline focused on providing support surrounding mental health and substance abuse.

I. Chronic Pain Self-Management Programs" means a program focused on providing support for self-managing pain, in ways other than using prescription pain medications.

J. "Naloxone for Opioid Overdose 101" means a training that teaches individuals what to look for in regards to overdose and administering naloxone.

II. FUNDING:

A. *(added)* Amendment 1 is increasing funding by $9,291.57 for January 1, 2022 thru August 31, 2022.

B. *(updated)* Overdose Data 2 Action contract amount is $31,447.45.

1. *(added)* $22,155.88 for September 1, 2021 thru August 31, 2022.

2. *(added)* $9,291.57 for January 1, 2022 thru August 31, 2022. *(3806-ODA22-PRV2-EXAT)*

C. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.
   1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
   2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
   3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the Monthly Expenditure Report (MER) submitted to the DEPARMTENT.

III. **DEPARTMENT CONTACT**: The day to day program contact is Lauren Radcliffe, lradcliffe@utah.gov or at 385-303-2303.

IV. **RESPONSIBLIITIES OF SUB-RECIPIENT:**

The SUB-RECIPIENT shall:

A. Serve as the lead agency and/or coordinator for a multi-disciplinary data focused group.
   1. Hold at least (4) meetings during the contract period.
   2. Maintain or develop partnerships with organizations that have similar purpose of prevention opioid misuse and overdose, including public safety.
   3. Provide data updates to inform potential actions from the Opioid Overdose Community Crisis Response Plan or Opioid Overdose Community Crisis Response Teams.

B. Conduct at least one (1) additional Opioid Misuse and Prevention activity during the contract period. Inform the DEPARTMENT of selected activity in Catalyst by December 15, 2021.

C. Participate in UCO-OP Steering Committee meetings.

D. Provide community level events to the DEPARTMENT to post on UCO-OP calendar of events.

E. Provide at least one (1) overdose education and naloxone training, including naloxone dissemination (if available through alternative funding sources), to populations of increased risk for overdose or responding to an overdose.

F. Promote DEPARTMENT events, resources and materials for Stop the Opidemic, Talk to Your Pharmacist Month, 2-1-1 Substance Use Disorder Helpline, Chronic Pain Self-Management Programs, and Naloxone for Opioid Overdose 101 (https://naloxone.utah.gov/n-training) training to the community.

G. Work with community pharmacies to enroll in Utah's Standing Order for Naloxone.

H. Develop an inventory of community resources and services related to opioids and identify gaps.

I. Perform other duties as needed and as mutually agreed upon with the DEPARTMENT.

Attachment D
San Juan County Health Department
Violence & Injury Prevention Program
January 1, 2022 – July 31, 2022

Core SVIPPGrant
Grant# 6NU17CE924839-05-02 - CFDA 93.136 - LEJ-4352-VPS21

I. DEFINITIONS:

A. "Catalyst" means a reporting system, where local health department will be reporting completed activities, successes, and/or challenges.

B. "Suicide Safe Messaging" provides tools and best practices for communicating about suicide to the public in ways that support safety, help-seeking, and healing.

C. "Suicide Prevention 101" means an introductory course about best practices for comprehensive suicide prevention.

II. FUNDING:

A. Total Funding is $4,467.73 for January 1, 2022 thru July 31, 2022.

B. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.

1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.

III. DEPARTMENT CONTACT:

A. The day to day program contact is Teresa Brechlin, tbrechlin@utah.gov or at 385-214-5933.

IV. RESPONSIBILITIES OF SUB-RECIPIENT:

The SUB-RECIPIENT shall:

A. Virtually implement strategies to address the prevention of suicide or adverse childhood experiences.

B. Staff who implement suicide prevention strategies shall participate in a DEPARTMENT sponsored training on;

1. Suicide Safe Messaging
2. Suicide Prevention 101

C. Report the following in Catalyst on a quarterly basis:

1. Document one success story related to prevention of suicide or adverse childhood experiences efforts through a virtual environment.
2. Report the number of residents reached by suicide and adverse childhood experiences efforts through a virtual environment.
3. Report tools being developed and anticipated release or publication date.
4. Report brief description of challenges and actions being taken to address them.
5. Report brief descriptions of innovative prevention activities happening or being implemented by partners that may be of interest to CDC, or other key stakeholders.

Attachment E
San Juan County Health Department
Violence & Injury Prevention Program
October 1, 2021 – July 31, 2022

Improving the Health of People with Mobility Limitations and Intellectual/Development Disabilities
Grant# 1 NU27DD000031-01-00 - CFDA 93.184 - LEJ-4219-MID22

I. DEFINITIONS:

A. "Accessible" means a site, facility, work environment, service, or program that is easy to approach, enter, operate, and use safely and with dignity by a person with a disability.

E.g., In the case of an in-person health promotion program, an accessible location would allow for someone with a disability to independently enter the building, navigate to a room where the program is held, enter the room, and have a place in the room where they could equally participate with their peers.

B. "Inclusion" means when all community members 1) are presumed competent, 2) are recruited and welcomed as valued members of their community, 3) fully participate and learn with their peers, and 3) experience reciprocal relationships.

C. "Preventive healthcare" means not limited to primary care, women's health, mental health, dental, vision, and hearing healthcare.

II. FUNDING:

A. Total Funding is $9,660.00 for October 1, 2021, thru July 31, 2022.

B. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.

1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.

III. **DEPARTMENT CONTACT**:

A. The day-to-day program contact is Anna Braner, abraner@utah.gov at 801-538-6408.

IV. RESPONSIBILITIES OF SUB-RECIPIENT: The SUB-RECIPIENT shall:

A. Attend Disability Access and Inclusion Training

1. LHD staff *(any staff assigned by the health officer)* will attend two pieces of training on disability access and inclusion, supported or organized by UDOH Disability and Health Program.
2. Flexibility exists for local health departments who would like to host the training onsite within their jurisdiction using a UDOH Disability and Health-approved disability content expert (*e.g., Utah State University Institute for Disability Research, Policy, and Practice https://idrpp.usu.edu/about/divisions*)
3. Training content will focus on the laws, regulations, and principles of access and inclusion (including Title II of ADA and website/document accessibility) and the framework and tools for adapting programs, services, and information to be inclusive.

B. Needs Assessment

1. Each LHD will review the findings from the statewide health equity needs assessment to better understand the level of accessibility and inclusion in health promotion programs and preventive health care services within their jurisdiction.

V. REPORTS:

A. Pre/post-assessments will be required as an evaluation measure for the training and used for reporting purposes.

1. The UDOH Disability and Health Program will assist in administering and collecting the pre/post-assessments for training events it organizes and provides.

2. For local health districts hosting onsite training provided by an approved disability expert, the pre/post-assessments will be administered by the training provider. The pre/post-assessments will be shared by either the training provider or the local health district with the UDOH Disability and Health program.

B. Each LHD will submit a brief (e.g., approx.. 1-2-pages) written summary response of their review of the needs assessment findings to the UDOH Disability and Health Program to include:

1. Baseline data for the number of accessible and inclusive health promotion programs and preventive health care services within their jurisdiction

2. Identified gaps in disability inclusion and access

3. Identified areas where policy, system, and environmental changes, or inclusive evidence-based health promotion programs could improve disability inclusion and access.

UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

1801905
Department Log Number

182700665
State Contract Number

1. CONTRACT NAME: The name of this contract is San Juan County Health Department - HIV Prevention - 2018 through 2022 Amendment 5.

2. CONTRACTING PARTIES: This contract amendment is between the Utah Department of Health (DEPARTMENT) and San Juan County (CONTRACTOR).

3. PURPOSE OF CONTRACT AMENDMENT: The purpose of this amendment is to increase the contract amount and replace Attachment "A", in exchange for continued services.

   Pursuant to Utah Code Ann. 26B-1-201, as of July 1, 2022, the parties agree that the contracting parties, with all its contractual obligations, duties, and rights, will be the Department of Health and Human Services ("Department") and Contractor.

4. CHANGES TO CONTRACT:

   1. The contract amount is being changed. The original amount was $4,250.00. The funding amount will be increased by $300.00 in federal funds. New total funding is $4,550.00.
   2. Attachment "A" effective, January 1, 2022, is replacing Attachment "A" which was effective January 1, 2021. The document title is changed, Article "I" is changed, Article "II" Definitions, Section H, is changed and K, is added, Article "III" Funding, Section A, is changed Subsection 5, is added, and Section C is added, Article "VI" Responsibilities of the Subrecipient is changed, and Articles "VII" and "VIII" are added.

   DUNS: 079815014 Indirect Cost Rate: 0%

   Add

Federal Program Name:	Utah HIV Surveillance and Prevention Project	Award Number:	5 NU62PS924568-05-00
Name of Federal Awarding Agency:	Centers for Disease Control and Prevention	Federal Award Identification Number:	NU62PS924568
CFDA Title:	HIV PREVENTION ACTIVITIES HEALTH DEPARTMENT BASED	Federal Award Date:	12/16/2021
CFDA Number:	93.940	Funding Amount:	$300.00

All other conditions and terms in the original contract and previous amendments remain the same.

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 01/01/2022

6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
   A. All other governmental laws, regulations, or actions applicable to services provided herein.
   B. All Assurances and all responses to bids as provided by the CONTRACTOR.
   C. Utah Department of Health General Provisions and Business Associate Agreement currently in effect until 6/30/2023.

7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health and San Juan County, **Log #** 1801905

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

By: _____ 3/15/2022
Willie Grayeyes Date
County Commission Chair

STATE

By: Shari A. Watkins 3/18/2022
Shari A. Watkins, C.P.A. Date
Director, Office Fiscal Operations

Attachment A: Special Provisions

San Juan County Health Department - HIV Prevention - 2018 through 2022 Amendment 5

Effective Date: January 1, 2022

I. GENERAL PURPOSE:
- A. The general purpose of this contract is to provide HIV testing, partner services and disease investigation.

II. DEFINITIONS:
- A. "CDC" means The Centers for Disease Control and Prevention.
- B. "Education" means one-on-one discussion and distribution of educational materials.
- C. "High-risk individual" means men who has sex with men, injecting drug users, pregnant women, children of HIV-positive women, individuals with a prior STD diagnosis, hemophiliac/blood product recipients, sexual assault victims, individuals with a significant occupational exposure, individuals who exchange sex for drugs/money or other commodities, individuals with a history of alcohol/drug abuse and the sex partner of any of the above.
- D. "Network" means a collection of at least three persons believed to be part of the same web of recent and/or ongoing HIV transmission based on similarities in time of diagnosis, clinical characteristics, and residence at the time of diagnosis.
- E. "PEP" means post-exposure prophylaxis.
- F. "PrEP" means pre-exposure prophylaxis.
- G. "Rapid HIV testing" means whole blood specimens processed at the Subrecipient's clinic, with same-visit results.
- H. "Subrecipient" means Contractor and San Juan County.
- I. "UPHL" means Utah Public Health Laboratory.
- J. "UT-NEDSS" means the DEPARTMENT electronic disease surveillance system.
- K. "Department" means Utah Department of Health, HIV and STD Prevention and Surveillance.

III. FUNDING:
- A. New total funding is $4,550.00.
  - 1. $1,000.00 for the period January 1, 2018 to December 31, 2018.
  - 2. $1,000.00 for the period January 1, 2019 to December 31, 2019.
  - 3. $1,250.00 for the period January 1, 2020 to December 31, 2020.
    - a. HIV Prevention - Disease Intervention Services.
      - (1) $250.00 for the period January 1, 2020 to December 31, 2020.
    - b. Early Intervention Services - Disease Intervention Services.
      - (1) $500.00 for the period of January 1, 2020 to June 30, 2020.
      - (2) $500.00 for the period of July 1, 2020 to December 31, 2020.
  - 4. $1,000.00 for the period January 1, 2021 to December 31, 2021.
    - a. HIV Prevention - Disease Intervention Services.
      - (1) $500.00 for the period January 1, 2021 to December 31, 2021.
    - b. Early Intervention Services - Disease Intervention Services.
      - (1) $500.00 for the period of July 1, 2021 to December 31, 2021.
  - 5. $300.00 for the period January 1, 2022 to December 31, 2022.
- B. The DEPARTMENT agrees to reimburse the Subrecipient up to the maximum amount of the contract for expenditures made by the Subrecipient directly related to the program.
- C. The Subrecipient shall submit monthly invoices using the monthly expenditure report.

IV. DEPARTMENT CONTACT: The day to day program and dispute contact is Kim Farley, kimfarley@utah.gov, (801) 538-6287.

V. STANDARDS, PROTOCOLS, POLICIES/PROCEDURES, GUIDELINES:

A. The Subrecipient shall provide services in accordance with the following standards, protocols, policies, procedures and guidelines (in the event that the cited standards, protocols, policies, procedures and guidelines are revised or amended, the latest data will be applicable to this Contract):

1. *Centers for Disease Control's HIV Counseling, Testing and Referral Standards and Guidelines, 2001*.
2. *Centers for Disease Control's Technical Guidance on HIV Counseling, 1993.*
3. *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings. MMWR, September 22, 2006.*
4. *Instructions/Protocols for completing CDC Counseling and Testing Worksheets, Interview Records (CDC 73.54) and Field Records (CDC 3.2936S).*
5. *HIV Partner Counseling and Referral Services Guidance, December 30, 1998. Public Health Service, CDC.*
6. *Advancing HIV Prevention: New Strategies for a Changing Epidemic. MMWR, April 18, 2003*.
7. *Recommendations for Partners Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection. MMWR, October 30, 2008*.
8. *Fundamentals of HIV Prevention Counseling, 2009*.

VI. RESPONSIBILITIES OF THE SUBRECIPIENT:

A. For Counseling and Testing the Subrecipient shall

1. Provide rapid HIV testing and counseling to residents residing in the Subrecipient's jurisdiction through clinic and or targeted testing efforts.
   a. Obtain and maintain a Clinical Laboratory Improvement Amendments Certificate of Waiver to provide rapid HIV testing services.
   b. Purchase rapid HIV testing supplies as needed.
2. Conduct conventional HIV testing, collecting whole blood specimens processed by the UPHL.
   a. Deliver whole blood specimens to the UPHL at the SUB-RECIPIENT's expense.
   b. Meet UPHL requirements for processing including: labelling, requisition form, etc.
3. Ensure that a minimum of 85% of individuals tested for HIV receive their results and 100% of those who test positive for HIV receive their test result in person.
4. For newly identified HIV positive individuals, initiate follow-up for patients who fail to return for test result.
5. Provide an active referral to HIV medical care to all individuals who test positive for HIV by scheduling a medical appointment with a medical provider at the University of Utah Hospital, Infectious Disease Clinic, or a medical provider of the patient's choosing.
6. Provide HIV prevention referrals to all individuals being tested for HIV, regardless of sero-status, such as but not limited to the following: tuberculosis screening, sexually transmitted diseases testing, condom distribution, PrEP, PEP, Comprehensive Risk Counseling Services, and Highly Active Anti-Retroviral Therapy.
7. Ensure that all staff conducting HIV counseling and testing have completed the HIV Testing and Counseling Training.
   provided by the DEPARTMENT.
8. Submit to DEPARTMENT or enter into Evaluation Web, completed HIV Test Forms by the 15th of the month following the end of the reporting month.
   a. Submit to DEPARTMENT or enter into EvaluationWeb, within 30 days of a positive test event, the corresponding HIV Test Form Part ONE and Part TWO information.
   b. Create a new morbidity event in UT-NEDSS, within two working days of

an individual testing positive for HIV.

c. Create a new contact record in UT-NEDSS for each named partner of an individual testing positive for HIV.

B. For Case Investigation and Partner Services the Subrecipient shall:

1. Investigate all potential HIV cases assigned to the Subrecipient within 30 days of diagnosis.
   a. Complete minimum dataset requirements, as outlined in the Utah Department of Health HIV Disease Plan, for HIV case morbidity reports and HIV contact events. (http://health.utah.gov/epi/diseases/hivaids/plan.pdf)
   b. Add notes to UT-NEDSS elicited during the investigation from cases and contact events.
   c. Verify that the individual attended a medical appointment within 30 days of client first testing positive for HIV.
   d. Ensure all HIV case investigations assigned to the Subrecipient in UT-NEDSS receive a workflow status of “Approved by LHD” within 30 days of diagnosis.
   e. Assist in the response and investigation of HIV network and outbreak control efforts communicated by the DEPARTMENT and the CDC.
   f. Attend monthly network response calls when networks are identified by the DEPARTMENT that contain cases residing in the Subrecipient’s jurisdiction.
   g. Attend the new HIV diagnoses cohort review committee by sending a minimum of one representative who is prepared to discuss cases/patients.
   h. Assist in Linkage to Care initiatives and re-engagement to care efforts established by the DEPARTMENT.
   i. Provide PrEP education for 80% of all MSM who are diagnosed with syphilis or gonorrhea and interviewed by the Subrecipient.
      1) Provide PrEP referrals.
      2) Provide education to partners if able.
   j. Develop procedures to notify a spouse of a known HIV-infected patient, as described in the Public Law 104-146, Section 8(a) of the Ryan White Care Authorization Act of 1996.
2. Conduct Partner Services for Subrecipient residents who test positive for HIV within 30 days of diagnosis.
   a. Offer partner notification services to all partners of all individuals who test positive for HIV and make a minimum of three attempts, two by phone, with all contacts named during the investigation.
   b. Offer free HIV testing to all partners of all individuals who test positive for HIV.
   c. Record in UT-NEDSS, within 30 days of referral, information obtained from the investigation by the Disease Intervention Specialists and provides follow up on possible partners, as necessary.
   d. Provide HIV prevention referrals to all individuals, receiving partner services regardless of sero-status, such as but not limited to the following: tuberculosis screening, sexually transmitted diseases testing, condom distribution, PrEP, PEP, Comprehensive Risk Counseling Services, and Highly Active Anti-Retroviral Therapy.
   e. Record within 30 days of referral, in UT- NEDSS, the information obtained from the partner HIV testing and investigation by the Disease Intervention Specialists.

VII. RESPONSIBILITIES OF THE DEPARTMENT:
The DEPARTMENT agrees to:

A. Provide information and/or updates including: standards, protocols, procedures, information on current issues, best practices, and HIV Prevention Group, etc.
B. Provide HIV Testing and Counseling Training.
C. Provide technical assistance and consultation for HIV by phone, e-mail, on-site visits and written communications as needed.
D. Provide items including: client report forms, condoms, and literature based upon availability.
E. Provide an allotment of at least $50.00 to be paid to the UPHL on behalf of the Subrecipient to process HIV conventional tests. Charges that exceed this allotment are the responsibility of the Subrecipient.
F. Provide rapid HIV test kits, as funding allows.

VIII. AMENDMENTS AND TERMINATION:

A. If the Contract is not amended to add funds, the Contract shall terminate as of December 31, 2022.

UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

1901709
Department Log Number

192700666
State Contract Number

1. CONTRACT NAME: The name of this contract is San Juan County Health Department - STD Disease Intervention Services - 2019 Amendment 3.

2. CONTRACTING PARTIES: This contract amendment is between the Utah Department of Health (DEPARTMENT) and San Juan County (CONTRACTOR).

3. PURPOSE OF CONTRACT AMENDMENT: The purpose of this amendment is to increase the contract amount and replace Attachment "A", in exchange for continued services.

   Pursuant to Utah Code Ann. 26B-1-201, as of July 1, 2022, the parties agree that the contracting parties, with all its contractual obligations, duties, and rights, will be the Department of Health and Human Services ("Department") and Contractor.

4. CHANGES TO CONTRACT:

   1. The contract amount is being changed. The original amount was $13,000.00. The funding amount will be increased by $81,733.00 in federal funds. New total funding is $94,733.00.
   2. Attachment "A", effective January 1, 2022, is replacing Attachment "A", which was effective July 2021. The document title is changed, Article "I" is changed, Article "II" Sections C, and I, are changed and L, is deleted, Article "III" Section A is changed and Subsection 3, is changed and Subsections 4, 5, and 6, are added, Article "IV" is changed, Article "V" Section A, is changed and Subsections 4, 5, and 6, are added, Sections B, C, D, and E, are changed and Subsections, F, through L, are deleted, Article "VI" is changed, and Article "VII" is added.

   DUNS: 079815014 Indirect Cost Rate: 0%

   Add

Federal Program Name:	Preventive Health Services Sexually Transmitted Diseases Control Grants	Award Number:	5 NH25PS005169-03-03
Name of Federal Awarding Agency:	US Department of Health and Human Services	Federal Award Identification Number:	NH25PS005169
CFDA Title:	STRENGTHENING STD PREVENTION AND CONTROL FOR	Federal Award Date:	7/9/2021

	HEALTH DEPARTMENTS		
CFDA Number:	93.977	Funding Amount:	$25911.00

Add

Federal Program Name:	Preventive Health Services Sexually Transmitted Diseases Control Grants	Award Number:	5 NH25PS005169-04-02
Name of Federal Awarding Agency:	US Department of Health and Human Services	Federal Award Identification Number:	NH25PS005169
CFDA Title:	STRENGTHENING STD PREVENTION AND CONTROL FOR HEALTH DEPARTMENTS	Federal Award Date:	2/7/2022
CFDA Number:	93.977	Funding Amount:	$4000.00

Add

Federal Program Name:	Preventive Health Services Sexually Transmitted Diseases Control Grants	Award Number:	5 NH25PS005169-04-03
Name of Federal Awarding Agency:	US Department of Health and Human Services	Federal Award Identification Number:	NH25PS005169
CFDA Title:	STRENGTHENING STD PREVENTION AND CONTROL FOR HEALTH DEPARTMENTS	Federal Award Date:	2/17/2022
CFDA Number:	93.977	Funding Amount:	$51822.00

All other conditions and terms in the original contract and previous amendments remain the same.

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 01/01/2022

6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
   A. All other governmental laws, regulations, or actions applicable to services provided herein.
   B. All Assurances and all responses to bids as provided by the CONTRACTOR.
   C. Utah Department of Health General Provisions and Business Associate Agreement currently in effect until 6/30/2023.

7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health and San Juan County**, Log #** 1901709

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

By: _____ 04/05/2022
Willie Grayeyes — Date
County Commission Chair

STATE

By: Shari A. Watkins _____ 4/7/2022
Shari A. Watkins, C.P.A. — Date
Director, Office Fiscal Operations

Attachment A: Special Provisions
San Juan Health Department - STD Disease Intervention Services - 2019 Amendment 3
Effective Date: January 1, 2022

I. GENERAL PURPOSE:
   A. The general purpose of this contract is to provide Disease Intervention Services and Sexually Transmitted Disease Testing to individuals within the Subrecipient's jurisdiction.

II. DEFINITIONS:
   A. "CDC" means The Centers for Disease Control and Prevention.
   B. "DIS" means Disease Intervention Specialist.
   C. "Department" means Utah Department of Health, HIV and STD Prevention and Surveillance program.
   D. "EPT" means Expedited Partner Therapy.
   E. "Education" means one on one discussion and distribution of educational materials if applicable.
   F. "PrEP" means Pre-exposure Prophylaxis.
   G. "QA" means Quality Assurance.
   H. "STD" means Sexually Transmitted Disease.
   I. "Subrecipient" means Contractor and San Juan county.
   J. "UT-NEDSS" means the Utah electronic disease surveillance system.
   K. "UPHL" means the Utah Public Health Laboratory.

III. FUNDING:
   A. New total funding is $94,733.00.
      1. $4,000.00 for the period January 1, 2019 to December 31, 2019.
      2. $5,000.00 for the period January 1, 2020 to December 31, 2020.
         a. $1,000.00 for STD Prevention Disease Intervention Services.
         b. $4,000.00 for Early Intervention Services - Disease Intervention Services.
      3. $4,000.00 for the period January 1, 2021 to December 31, 2021.
         a. $2,000.00 for STD Prevention Disease Intervention Services.
         b. $2,000.00 for Early Intervention Services – Disease Intervention Services.
      4. $25,911.00 for DIS Workforce for the period January 1, 2022 to December 31, 2022.
      5. $4,000.00 for STD Prevention Disease Intervention Services for the period January 1, 2022 to December 31, 2022.
      6. $51,822.00 for DIS Workforce for the period March 1, 2022 to December 31, 2022.
   B. The DEPARTMENT agrees to reimburse the Subrecipient up to the maximum amount of the contract for expenditures made by the Subrecipient directly related to the program.
   C. The Federal funds provided under this agreement are from the Federal Program and award as recorded on page 1 of the contract.
   D. Pass-through Agency: Utah Department of Health.

E. Number assigned by the Pass-through Agency: State Contract Number, as recorded on Page 1 of the Contract.

F. In addition to the General Provision of the Contract, the Subrecipient shall:

1. Submit June's invoice no later than July 15th of each year.
2. Include one column for each funding source in the Monthly Expenditure Report.
   a. DIS Workforce.

IV. DEPARTMENT CONTACT:

A. The day to day operations and dispute contact is Nikki Baer, abaer@utah.gov, (801) 538-6174.

V. RESPONSIBILITIES OF SUBRECIPIENT:

A. For Case Investigation and Partner Services, the Subrecipient shall:

1. Investigate STD cases within the Subrecipient's jurisdiction to reduce and control the spread of STDs by:
   a. Interviewing 85% of all early syphilis cases within 14 days of diagnosis;
   b. Investigating 100% of all stages of reproductive-age females within 30 days of diagnosis including obtaining pregnancy status, treatment, and stage confirmation;
   c. Interviewing 70% of gonorrhea cases within 60 days of diagnosis; and
   d. Disease Intervention Specialist interviews shall elicit sexual partner information and contact partners for risk-reduction education, testing, and treatment.
2. Ensure treatment is provided to 85% of early syphilis, and gonorrhea cases within 14 days of diagnosis based on the treatment guidelines specified in this Contract;
3. Treat all identifying information regarding STD-infected individuals as confidential information. Disclosure of STD-related information concerning any individual is prohibited without written, informed consent from the individual;
4. Ensure all gonorrhea and early syphilis cases comply with the requirements of each disease specific Minimum Data Set as specified in this Contract;
   a. Incidences in UT-NEDSS identified in the quarterly QA summary report shall be resolved no later than four weeks after receiving the report.
5. Provide PrEP education and referrals to 80% of all MSM who are diagnosed with early syphilis and/or gonorrhea and interviewed by the Subrecipient;
6. Ensure all STD case investigations assigned to the Subrecipient's jurisdiction in UT-NEDSS receive a workflow status of 'Approved by LHD' within 60 days of diagnosis;
7. Strengthen STD surveillance by routinizing enhanced investigation among a representative sample of individuals diagnosed with gonorrhea by: and
   a. Conducting provider investigations for all cases identified in the random sample to ascertain additional information such as signs/symptoms, and

b. Attempting to obtain patient interviews with a random sample of gonorrhea cases to ascertain additional behavioral and demographic information. Disease Intervention Services.
   1. No less than four attempts at patient contact are required and outcomes of each contact attempt shall be fully documented.

8. Attend annual contract monitoring meeting with the DEPARTMENT.

B. For Increasing the Public Health Workforce, the Subrecipient shall:
1. Expand and train the DIS workforce by;
   a. Personnel supported by DIS Supplemental funding shall:
      1. Be cross-trained to respond to COVID-19, HIV, STDs, and other infectious diseases, and
      2. Conduct disease investigations including, case investigation, contact tracing, linkage to treatment, referrals, case management, and outbreak response.
2. DIS Supplemental funding shall be used for; and
   a. Wages and benefits related to recruitment, hiring, training, and retaining DIS staff;
   b. Hiring priority should be given to front-line DIS and DIS supervisors with a secondary focus on roles that support the success of frontline DIS response and outbreak efforts, and
   c. Focus on diversity, health equity, and inclusion for hiring and training a diverse workforce across all levels who are representative of, and have language competence for, the local communities they serve.
3. Provide the following information on all personnel supported by this funding no later than 30 days after hire.
   a. Staff name;
   b. Staff position and title;
   c. Annual salary (including fringe benefit percentage if applicable), and
   d. Number of FTE's supported by these funds.

C. Comply with the following standards, protocols, policies, procedures and guidelines or latest update:
1. The Centers for Disease Control and Prevention's Program Operations Guidelines for STD Prevention (https://www.cdc.gov/std/program/overview.pdf);
2. Sexually Transmitted Infections Treatment Guidelines (https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf);
3. Sexually Transmitted Infections Screening Guidelines (https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf);
4. *Morbidity and Mortality Weekly Report* (MMWR) (https://www.cdc.gov/mmwr/index.html);
5. Disease Investigation Plans and *Minimum Data Sets:* Chlamydia (https://ptc.health.utah.gov/wp-content/uploads/2020/03/Chlamydia-Disease-Plan-Final_021920-PDF.pdf);

Gonorrhea (https://ptc.health.utah.gov/wp-content/uploads/2020/03/Gonorrhea-Disease-Plan-Final_021920-PDF-1.pdf); and
Syphilis (https://ptc.health.utah.gov/wp-content/uploads/2020/03/Syphilis_Final_Rev_March-2018.pdf);

6. Administrative Code Rule R386-702 (https://adminrules.utah.gov/public/home);
7. Utah Code 58-1-501.3 Health Professional Prescribing Exceptions for Expedited Partner Therapy for Sexually Transmitted Diseases (https://le.utah.gov/xcode/Title58/Chapter1/58-1-S501.3.html); and
8. Health Resources and Safety Administration 340B Regulations (https://www.hrsa.gov/opa/index.html).

VI. THE DEPARTMENT MAY:

A. Provide program information/updates including epidemiological profiles, program statistics, information/publications on current issues, best practices, performance outcome measures, and CDC STD program messages.
B. Provide technical assistance on disease intervention techniques and clinical case management upon request.
C. Provide technical assistance and medical consultation for STDs upon request.
D. Provide item such as, but not limited to the following: CDC literature including treatment guidelines, condoms, and lube based upon availability upon request.
E. Provide quarterly QA lists no later than 60 days after the end of each calendar quarter.
F. Provide PrEP educational materials and training upon request.

VII. AMENDMENTS AND TERMINATION:

A. If the Contract is not amended to add funds, the Contract shall terminate as of December 31, 2022.

UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

2025308
Department Log Number

202700576
State Contract Number

1. CONTRACT NAME: The name of this contract is San Juan County - TB Prevention and Control Amendment 3.

2. CONTRACTING PARTIES: This contract amendment is between the Utah Department of Health (DEPARTMENT) and San Juan County (CONTRACTOR).

3. PURPOSE OF CONTRACT AMENDMENT: The purpose of this amendment is to increase the contract amount and replace Attachment "A" in exchange for continued services.

   Pursuant to Utah Code Ann. 26B-1-201, as of July 1, 2022, the parties agree that the contracting parties, with all its contractual obligations, duties, and rights, will be the Department of Health and Human Services ("Department") and Contractor.

4. CHANGES TO CONTRACT:

   1. The contract amount is being changed. The original funding amount was $4,592.00. The funding amount will be increased by $250.00 in federal funds. New total funding is $4,842.00.
   2. Attachment "A", effective January 1, 2022, is replacing Attachment "A" which was effective January 2021. The document title is changed, Article "I" Definitions, Sections H, and I, are added, Article "III" Funding, Section A, is changed, Subsection 3, is changed, Subsection 4, is added, Article "IV" Invoicing, Section A, is changed, Section B.1.c) and d) are changed, Section C.3, and 4, are changed and Article "X" is added.

   DUNS: 079815014 Indirect Cost Rate: 0%

   Add

Federal Program Name:	Utah TB Prevention and Control Project	Award Number:	NU52PS910197
Name of Federal Awarding Agency:	Centers for Disease Control and Prevention	Federal Award Identification Number:	NU52PS910197
CFDA Title:	PROJECT GRANTS AND COOPERATIVE AGREEMENTS FOR TUBERCULOSIS CONTROL PROGRAMS	Federal Award Date:	1/1/2022
CFDA Number:	93.116	Funding Amount:	$250.00

All other conditions and terms in the original contract and previous amendments remain the same.

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 01/01/2022

6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
   A. All other governmental laws, regulations, or actions applicable to services provided herein.
   B. All Assurances and all responses to bids as provided by the CONTRACTOR.
   C. Utah Department of Health General Provisions and Business Associate Agreement currently in effect until 6/30/2023.

7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health and San Juan County, **Log #** 2025308

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

By: _____ 3/15/2022
Willie Grayeyes
County Commission Chair
Date

STATE

By: Shari A Watkins
Shari A. Watkins, C.P.A.
Director, Office Fiscal Operations
3/18/2022
Date

Attachment A: Special Provisions

San Juan County - TB Prevention and Control Amendment 3

Effective Date: January 1, 2022

I. DEFINITIONS:
- A. “AFB” means Acid-Fast Bacilli.
- B. “ATBD” means Active Tuberculosis Disease.
- C. “Contact elicitation” means obtaining contact demographics and determining type and date of last exposure.
- D. “Directly Observed Therapy” means the physical observation by a local health department staff member or other qualified supervisor approved designees, of a patient swallowing medications for the control of tuberculosis.
- E. “LTBI” means latent TB infection.
- F. “TB” means tuberculosis.
- G. “UT-NEDSS” means the Utah National Electronic Disease Surveillance System.
- H. "Subrecipient" means Contractor and San Juan County.
- I. "Department" means Utah Department of Health, Refugee Health and TB Program.

II. PURPOSE:

The purpose of this Contract is to support the SUBRECIPIENT’s ability to conduct activities related to TB prevention and control. Activities reflect national standards. It is the SUBRECIPIENT’s responsibility to identify high priority needs and activities and determine how the local and state resources should be spent to best meet the needs of their jurisdiction. This funding does not represent the totality of effort and is not intended to be the sole source of funding for these activities.

III. FUNDING:
- A. New total funding is $4,842.00.
  1. $574.00 for the period January 1, 2020 to March 31, 2020.
  2. $1,722.00 for the period April 1, 2020 to December 31, 2020.
  3. $2,296.00 for the period January 1, 2021 to December 31, 2021.
  4. $250.00 for the period January 1, 2022 to December 31, 2022.
- B. This is a Cost Reimbursement contract. The DEPARTMENT agrees to reimburse the SUBRECIPIENT up to the maximum amount of the contract for expenditures made by the SUBRECIPIENT directly relating to the program
- C. Funds cannot be used for the purchase of any medications.
- D. The Federal funds provided under this agreement are from the Federal Program and award as recorded on Page 1 of the contract.
- E. Pass-through Agency: Utah Department of Health.
- F. Number assigned by the Pass-through Agency: State Contract Number, as recorded on Page 1 of the Contract.

IV. INVOICING:
- A. The June invoice shall be submitted no later than July 15 of each year.
- B. Approved TB medications, pharmacy copays or pharmacy dispensing fees purchased with other funds, not awarded through this Contract, shall be reimbursed by the DEPARTMENT as funding allows.
  1. For TB Medications, the SUBRECIPIENT shall submit invoice each month and include:
     - a) The signature of authorizing official or business official, the medication name, quantity and units and 340B price.
     - b) A copy of the receipt from the manufacturer.
     - c) For medications purchased between January 1 and June 30, invoices

shall be submitted to the DEPARTMENT no later than July 10 of the same calendar year.
i. Invoices received after this date shall not be paid.
d) For medications purchased between July 1 and December 31, invoices shall be submitted to the DEPARTMENT no later than January 10, of the next calendar year.
i. Invoices received after this date shall not be paid.

C. For Pharmacy copays or dispensing fees, the SUBRECIPEINT shall submit invoices each month and include:
1. The signature of authorizing official or business official, the patient name and date of birth, pharmacy name and copay amount.
2. A copy of the receipt from the pharmacy.
3. For pharmacy copays made between January 1, and June 30, invoices shall be submitted to the DEPARTMENT no later than July 10, of the same calendar year.
a) Invoices received after this date shall not be paid.
4. For pharmacy copays made between July 1, and December 31, invoices shall be submitted to the DEPARTMENT no later than January 10, of the next calendar year.
a) Invoices received after this date shall not be paid.

V. STANDARDS, PROTOCOLS, POLICES/PROCEDURES, GUIDELINES:
The SUBRECIPIENT shall:

A. Comply with all State and Federal laws including:
1. Utah Administrative Code 388-804, “Special Measures for the Control of Tuberculosis” (https://rules.utah.gov/publicat/code/r388/r388-804.htm).
2. Utah Administrative Code 386-702, “Communicable Disease Rule” (https://rules.utah.gov/publicat/code/r386/r386-702.htm).

B. The SUBRECIPIENT shall conduct TB prevention and control activities as detailed in Section VI in accordance with the Centers for Disease Control and Prevention and American Thoracic Society recommendations and the Utah Department of Health’s Tuberculosis Control Program.
1. (https://www.cdc.gov/tb/publications/guidelines/treatment.htm).
2. (https://www.cdc.gov/tb/publications/guidelines/testing.htm).
3. (http://health.utah.gov/epi/diseases/TB/).

C. The SUBRECIPIENT shall use the National TB Program Objectives and Performance Targets for 2025 to plan, implement and monitor TB prevention and control activities (https://www.cdc.gov/tb/programs/evaluation/indicators/default.htm).

VI. RESPONSIBILITIES OF THE SUBRECIPIENT:

A. Case Management and Treatment
The SUBRECIPIENT shall increase the proportion of:
1. Patients whose diagnosis is likely to be ATBD who are started on the recommended initial 4-drug regimen.
2. TB patients with positive AFB sputum-smear results who initiate treatment within seven days of specimen collection.
3. TB patients ages 12 years or older with a pleural or respiratory site of disease who have a sputum culture reported.
4. TB patients with positive sputum culture results who have documented conversion to negative results within 60 days of treatment initiation.
5. Patients with newly diagnosed ATBD for whom 12 months or less of treatment is indicated who complete treatment within 12 months.
6. TB patients who have a HIV test result reported.
7. TB patients that complete treatment via Directly Observed Therapy.

B. Contact Investigations
The SUBRECIPIENT shall increase the proportion of:

1. TB patients with positive AFB sputum-smear results who have contacts elicited.
2. Contacts to sputum AFB smear-positive TB cases who are examined for infection and disease.
3. Contacts to sputum AFB smear-positive TB cases diagnosed with LTBI who start treatment.
4. Contacts to sputum AFB smear-positive TB cases diagnosed with LTBI who complete treatment.

C. Examination of Immigrants and Refugees

The SUBRECIPIENT shall:

1. Increase the proportion of immigrants and refugees with abnormal chest radiographs read overseas as consistent with TB who:
   a) Initiate a medical examination within 30 days of notification.
   b) Complete a medical examination within 90 days of notification.
   c) Are diagnosed with LTBI or have radiographic findings consistent with prior pulmonary TB on the basis of the examination in U.S. for whom treatment was recommended start treatment.
   d) Are diagnosed with LTBI or have radiographic findings consistent with prior pulmonary TB on the basis of the examination in U.S. for whom treatment was recommended complete treatment.

D. Prevention and Control Activities

The SUB-RECIPIENT shall:

1. Promote the use of 3HP.
2. Prioritize response to identify and treatment individuals with LTBI as local priorities and resources dictate.
3. Initiate isolation orders for non-adherent patients.
4. Provide incentives/enablers to patients to support treatment adherence and completion.
5. Participate in bi-annual Cohort Review
   a) The SUB-RECIPIENT shall ensure that nurses whose cases are scheduled for review will present in person. Extenuating circumstances, e.g. travel of more than 60 miles required to attend, may allow for attendance by phone.

E. TB Medication

The SUB-RECIPIENT shall:

1. Provide TB medication therapy for all patients consenting to treatment of tuberculosis by:
   a) Retaining the services of a licensed pharmacy to dispense anti-tuberculosis medications as ordered by a licensed physician or designee.
   b) Maintaining a 340B Program
      i. Complete annual 340B recertification
      ii. Maintain an active Authorizing Official
      iii. Ensure compliance to 340B policies

VII. REPORTING REQUIREMENTS:

The SUBRECIPIENT shall:

A. Report TB-related activities including patient demographics, treatment, TB testing and TB case data by either entering this data into UT-NEDSS or submitting the Monthly TB Activity Report (http://health.utah.gov/epi/diseases/TB/forms/) by the 10th of each month.

B. Submit completed Contact Investigation Record on each TB case by either entering this data into UT-NEDSS or submitting the form (http://health.utah.gov/epi/diseases/TB/forms/atbd/contact_investigation_form.pdf).

VIII. RESPONSIBILITIES OF THE DEPARTMENT:

The DEPARTMENT may:

A. Provide program information/updates pertaining to the services provided by the SUBRECIPIENT which may include program statistics, information/publications on current issues, best practices, etc.

B. Provide training for TB screening and certification, contact investigation, and targeted case management for Medicaid-eligible clients as requested.

C. Provide technical assistance and medical consultation to the SUB-RECIPIENT for TB by phone, e-mail, on-site visits and written communications as needed.

D. Provide client report forms, literature, and special event packets/materials at no cost to the SUBRECIPIENT.

E. Provide laboratory services to support the TB programs at no cost to the SUBRECIPIENT: AFB smears; determining the presence of *M. tuberculosis* complex; and, first-line drug susceptibility testing. All other laboratory testing shall require prior authorization by the TB Control Program Manager and shall be evaluated on a case-by-case basis.

F. Reimburse the SUBRECIPIENT for approved tuberculosis medications as listed in Attachment C and approved pharmacy co-pays.

G. Aid with non-adherent TB patients which is not limited to, but may include, facilitating an admission to the University of Utah Medical Center Secure TB Unit.

IX. DEPARTMENT CONTACT:

A. The day to day program contact is Hayder Allkhenfr, hallkhenfr@utah.gov, (385) 259-5204.

X. AMENDMENTS AND TERMINATION:

A. If the Contract is not amended to add funds, the Contract shall terminate as of December 31, 2022.

San Juan Public Health

VISION:
Strengthening trusted bridges to health and wellness for all of San Juan County

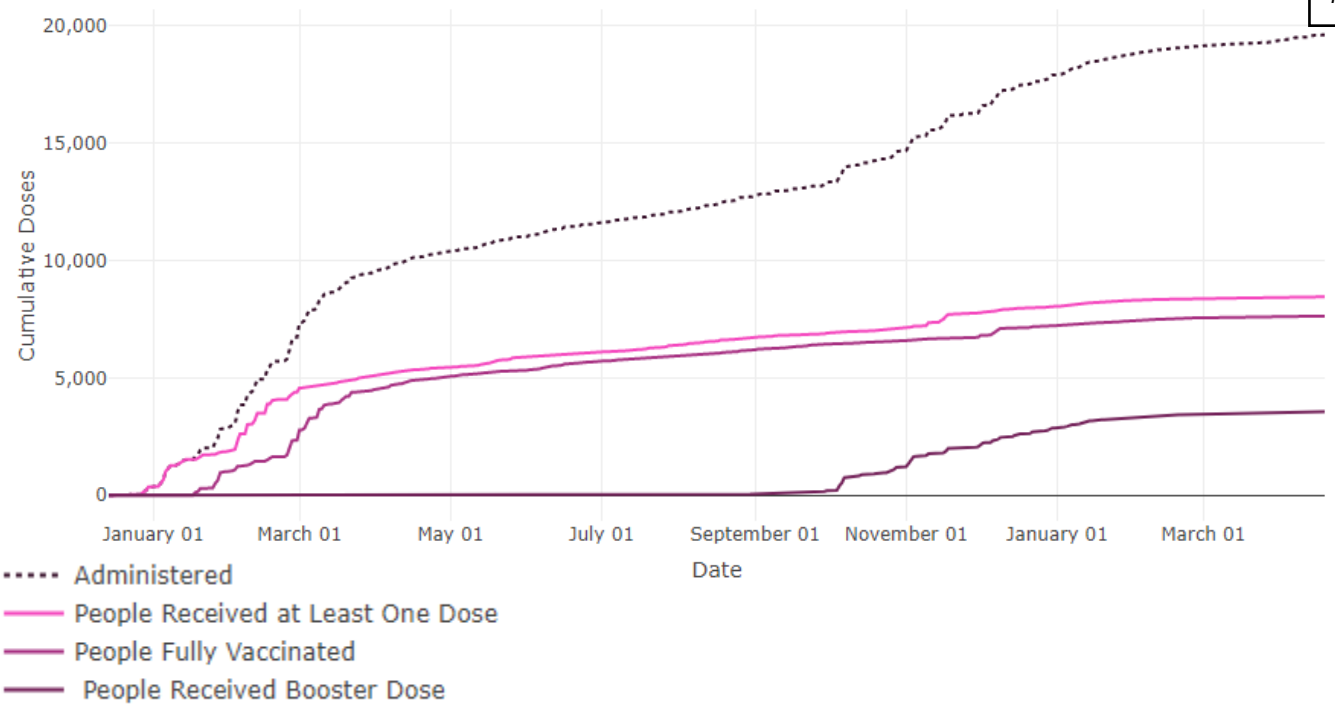
DIRECTOR'S REPORT

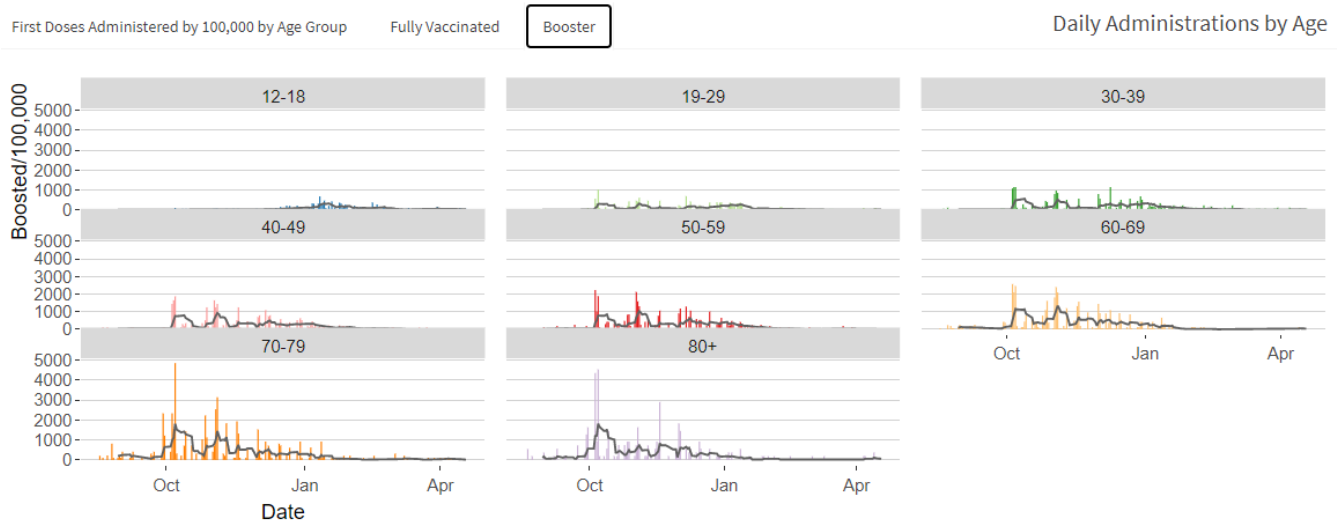
4/19/2022

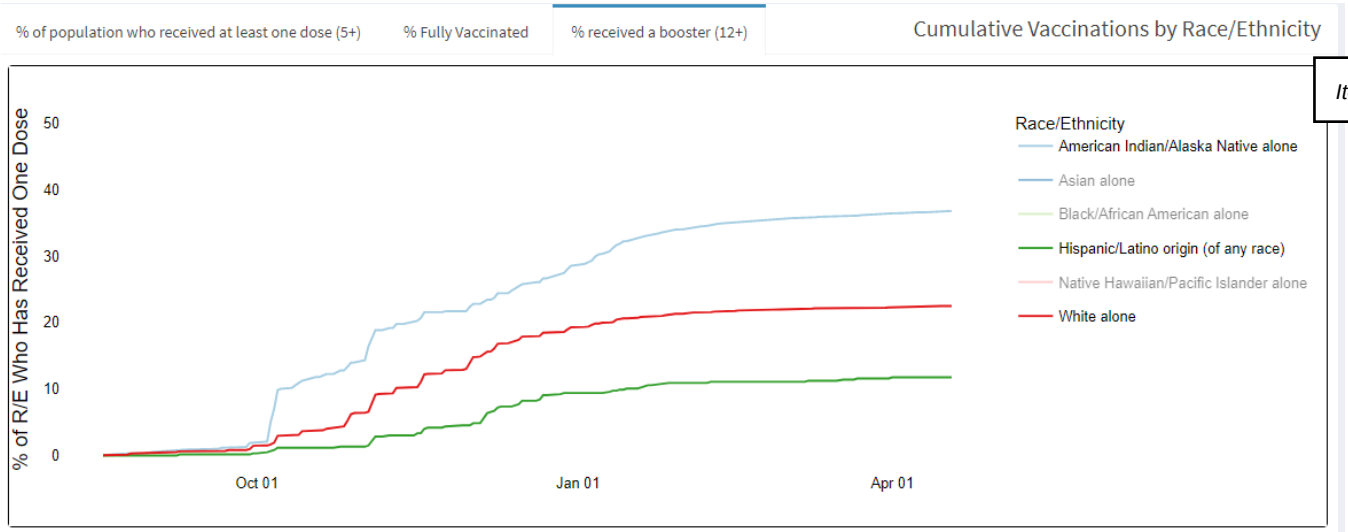
- Personnel Updates
  - Two job openings:
    - Health Educator https://sanjuancounty.org/hr/page/health-educator
    - WIC Peer Counselor https://sanjuancounty.org/hr/page/wic-peer-counselor
  - Application Instructions https://sanjuancounty.org/hr/webform/employment-application-0

- COVID-19 Updates and Response
  - San Juan County at LOW Community Level according to CDC definition
    - 7-day case rate: 0.5 cases per 100K
    - 7-day new COVID-19 admissions rate: 0 cases per 100K
    - 7-day average % staffed inpatient beds occupied by COVID-19 patients: 0%
  - Other measures for San Juan County
    - 7-day average positivity rate (person/person): 3.7%
    - Weekly COVID-19-Like Illness (CLI) by Syndrome and Discharge Diagnosis by Facility Type: 0 Emergency Room and 0 Outpatient Clinic
  - Vaccinations in San Juan County

Cumulative Vaccines Administered



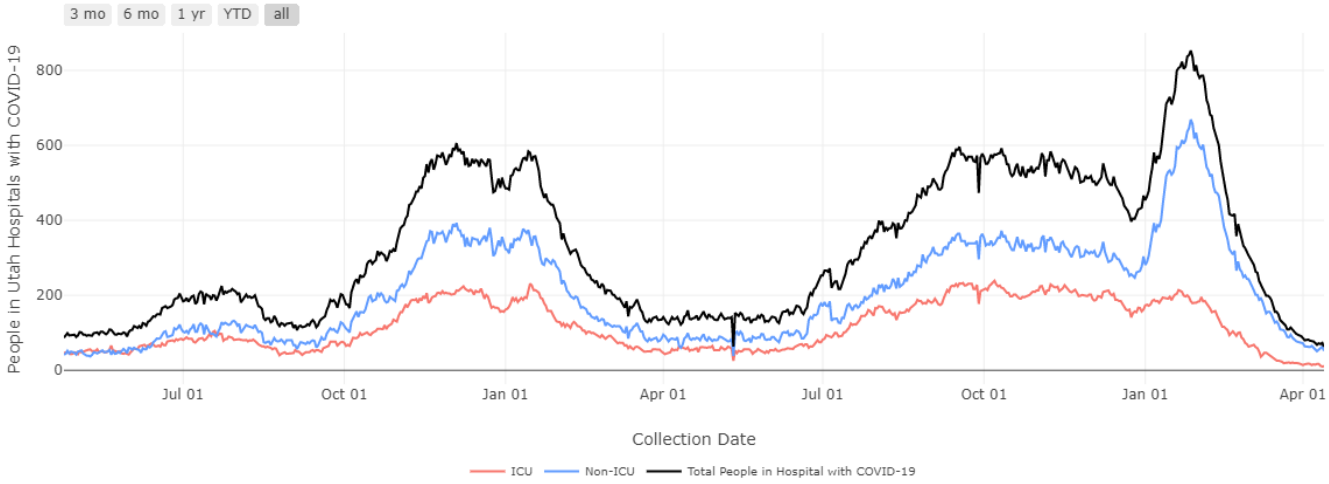


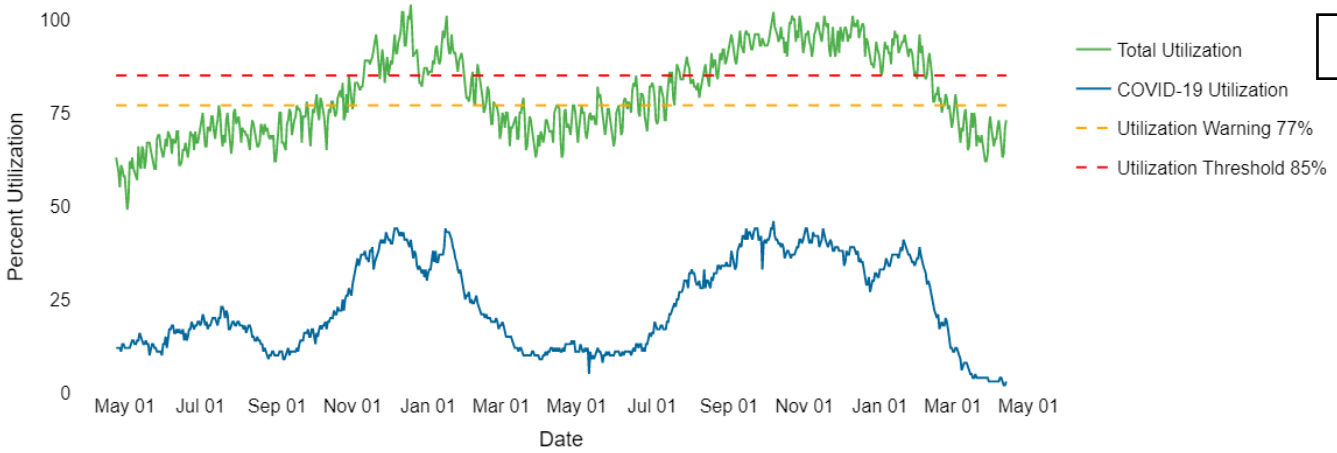


- Small Area: 13-57.3 Blanding/Monticello
  - % of all people received one dose: 49.84
  - % of all people fully vaccinated: 45.61
  - % of all people received booster: 19.49

- Small Area: 13-57.4 San Juan (Other)
  - % of all people received one dose: 60.98
  - % of all people fully vaccinated: 54.46
  - % of all people received booster: 27.17

- State Measures





In the last 28 days, Unvaccinated Utahns had:

1.7x
Greater Risk of Testing Positive for COVID-19 than Fully Vaccinated

1.6x
Greater Risk of Hospitalization[3] than Fully Vaccinated

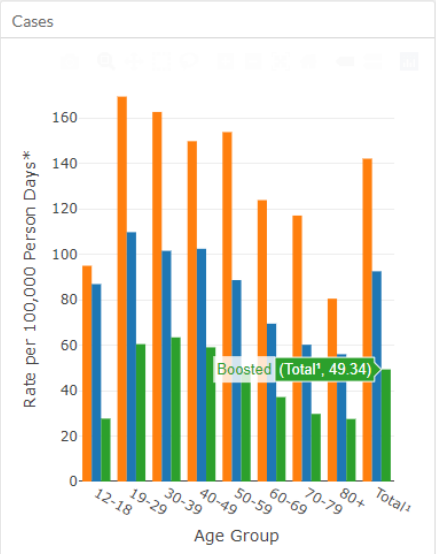
4.09x
Greater Risk of Dying from COVID-19[3] than Fully Vaccinated

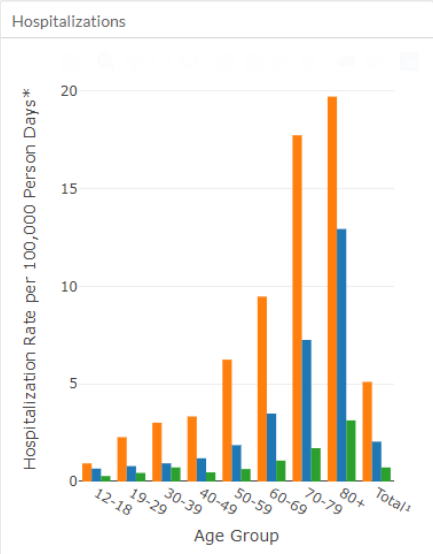
1.4x
Greater Risk of Testing Positive for COVID-19 than Boosted

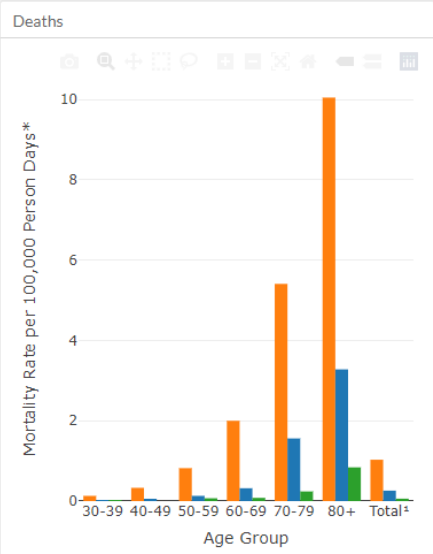
3.5x
Greater Risk of Hospitalization[3] than Boosted

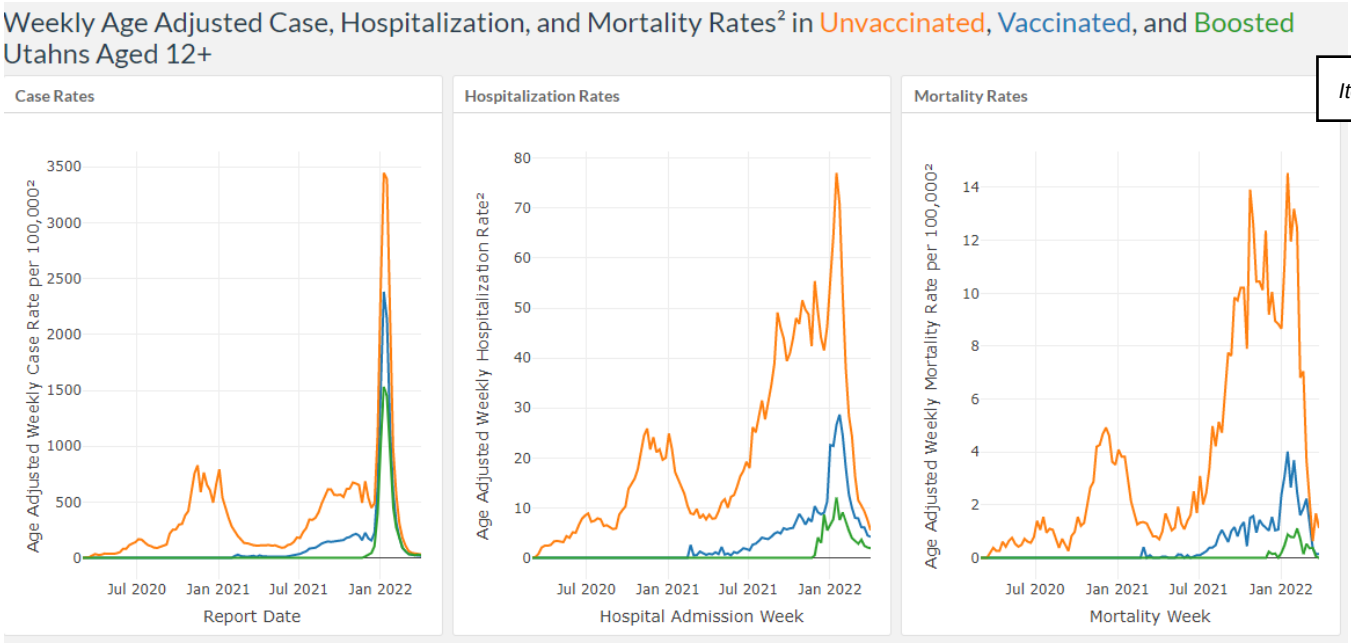
8.88x
Greater Risk of Dying from COVID-19[3] than Boosted

COVID-19 Case, Hospitalization, and Mortality Rates in Unvaccinated, Fully Vaccinated, and Boosted Utahns by Age Group Since December 21, 2021 (Omicron Period)









Source [Case Counts | coronavirus (utah.gov)]

- Recent Media

  Live radio interview on Red Rock Radio 92 with Shawn Begay of Utah Navajo Health System and Grant Sunada of San Juan Public Health discussing new guidelines and availability of 2nd COVID-19 boosters for adults aged 50+ https://www.podbean.com/media/share/pb-2n2gw-11f99cc?utm_campaign=w_share_ep&utm_medium=dlink&utm_source=w_share

  - Also available during open hours at Main St. Pharmacy in Monticello

- Department Highlights
  - Environmental Health
    - 2022 Inspections
      - 6 septic systems fully completed
      - 38 approved (soil and hole inspections complete) and awaiting final inspection
      - Anticipating double 2021 due to building trends
    - Restaurant inspections have begun and will continue typically through July
  - Nursing
    - Recent social and skill-building activities for Home Visiting and WIC families have had increasing attendance
    - WIC appointments continue on Tuesdays
    - ISP Care Coordinators had a successful site visit with our Children with Special Healthcare Needs Nurse. Our nurse's suggestions for policy and program improvements were well-received. Coordinators immediately discussed ways to act on those recommendations.

- Health Promotion
  - Health Equity Symposium in Richfield for Utah Association of Local Boards of Health
  - Trained on new Violence and Injury Prevention Grants (Disability, Opioid, Fatality Reviews)
  - Preparing for Women's Health Fairs with Utah Navajo Health System
- Emergency Preparedness
  - Attended 2022 Preparedness Summit (Atlanta, GA)

UTAH ASSOCIATION OF LOCAL BOARDS OF HEALTH

"Trails to Health Equity"

Thursday March 31st - Friday April 1st
800 W 200 S, Richfield, Utah

Thursday

12:00 – 12:45 **Check In and Lunch**

12:45 - 1:00 **Welcome, Overview of Theme**
Keith Goodspeed, UALBOH President
Jill Parker, Executive Director UALBOH/UALHD
Kristi Jones, Health Equity Coordinator UALHD

1:00 - 1:30 Business Meeting – Keith Goodspeed
- Annual Financial Report – Kecia White, Treasurer
- Introduction of Executive and Steering Committee
- Update on Election of Officers - Nominations for Pres-Elect & Treasurer

1:30-2:00 **What is the role of UALBOH? - Sara Sinclair, President Elec**t
- By-laws, Mission, and Goals
- Mission Statement Change - Sara Sinclair and Keith Goodspeed

2:00 - 2:15 **BREAK**

2:15 - 3:00 Health Equity, **Social Determinants of Health and Community Health Workers, Salt Lake County Health Department**
Caroline Goldman Moreno, MPA/MA IR and Jennifer Puder, RN, BSN

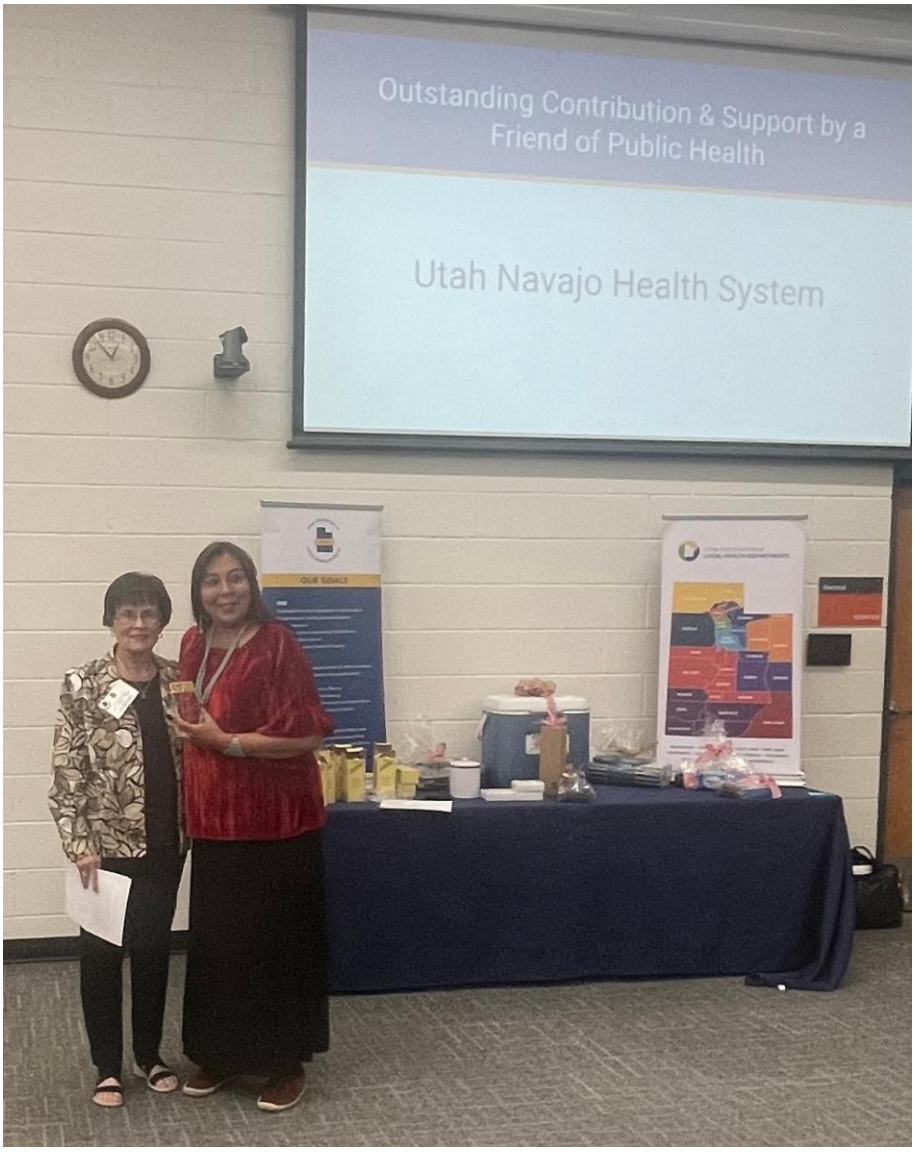
3:00 - 3:45 **Health Equity Toolbox: Framework & Strategies**
Dulce Diez, MPH, MCHES, Director, Office of Health Disparities, Utah Department of Health

3:45 Adjourn to check into hotel

6:00 **Dinner Social at Annabella Community Center**
295 East 300 North, Annabella

Friday

7:30 – 8:15	**Breakfast and Networking**
8:15 - 8:45	**Welcome & Opening remarks** Keith Goodspeed, UALBOH President Introduction of Health Officers - Jill Parker
8:45- 9:45	**What is Health Equity? What are the LHD's doing?** Kristi Jones, UALHD Health Equity Coordinator
9:45-10:00	**BREAK and DRAWING**
10:00-10:30	**Community Health Workers Role in Health Equity** Rebecca Benally, San Juan County Health Department
10:30 - 11:15	**Campfire Chat: How Does Health Equity Apply?** Breakouts by Local Health Districts
11:15 - 11:30	**BREAK and DRAWING**
11:30 -12:15	**Environmental Justice in Utah** Kim Shelley, Executive Director, Utah Department of Environmental Quality
12:15 - 1:15	**Lunch and Awards**
1:15 - 2:00	**Health in All Policies** Alysia Ducuara, Executive Director, Get Healthy Utah
2:00 - 2:30	**Legislative Update, 2022 General Session** **Jill Parker**
2:30- 3:00	**Wrap up & Final Prize Drawing**


Outstanding Contribution & Support by a
Friend of Public Health
Utah Navajo Health System

Comm Hlth Needs Assessment

CHW

Formal

- BM, 3yrs
- Wellbeing (USU)

- Who
  - Healthcare across county
    - Home heath
    - BM, UNHS, SJC
  - Town, Chapter, County
    - Do we know our communities?
  - Behavioral/Mental Health
    - Sporadic or how to access
    - Hiring & retention

- Online resources
  - Come in for assistance
- Humility
  - Lifelong learning

Existing data

- Gaps?
  - Lower middle class
  - Eligibility process, go to where people are
- Objectives?
  - Pockets of communities
  - Phone-based
  - Bridge multiple gaps
  - Trust

- Plan, Collect, interpret, & act together w/comm

Why survey
When/where
How often

Multi-year Strategy

Act → Plan → Collect → Interpret → Act

Together

Why?

- What strengths do we have?
- What can we strengthen?

- How to prioritize?

How?

-

Then what?

- We figure out how to do it.

UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

2118107
Department Log Number

212702557
State Contract Number

1. CONTRACT NAME: The name of this contract is San Juan County - Minimum Performance Standards SFY22 Amendment 1.

2. CONTRACTING PARTIES: This contract amendment is between the Utah Department of Health (DEPARTMENT) and San Juan County (CONTRACTOR).

   Pursuant to Utah Code Ann. 26B-1-201, as of July 1, 2022, the parties agree that the contracting parties, with all its contractual obligations, duties, and rights, will be the Department of Health and Human Services ("Department") and Contractor.

3. PURPOSE OF CONTRACT AMENDMENT: The purpose of this amendmen tis to increase the contract amount and replace Attachment "A" in exchange for continued services.

4. CHANGES TO CONTRACT:

   1. The contract amount is being changed. The original amount was $51,180.00. The funding will be increased by $166,374.00 in state funds. New total funding is $224,554.00.
   2. Attachment "A", effective July 1, 2022, is replacing Attachment "A" which was effective July 2021. The document title is changed, Article "1" is changed, Article "2" Section A, is changed and Subsection 2, is added, Article "3" is changed, and Articles "4", "5" and "6" are added.

All other conditions and terms in the original contract and previous amendments remain the same.

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 07/01/2022

6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
   A. All other governmental laws, regulations, or actions applicable to services provided herein.
   B. All Assurances and all responses to bids as provided by the CONTRACTOR.
   C. Utah Department of Health General Provisions and Business Associate Agreement currently in effect until 6/30/2023.

7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health and San Juan County**, Log #** 2118107

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

By: _____ _____
Willie Grayeyes Date
County Commission Chair

STATE

By: _____ _____
Shari A. Watkins, C.P.A. Date
Director, Office Fiscal Operations

Attachment A: Special Provisions

San Juan County - Minimum Performance Standards SFY22 Amendment 1

Effective Date: July 1, 2022

1. GENERAL PURPOSE:
   A. The general purpose of this contract is to provide public health services required by the Utah Administrative Code, R380-40, Local Health Department Minimum Performance Standards.

2. DEFINITIONS:
   A. “Contractor” means San Juan County.
   B. “Department” means Department of Health and Human Services.

3. FUNDING:
   A. New total funding is $224,554.00.
      1. $58,180.00 for the period July 1, 2021 to June 30, 2022.
      2. $166,374.00 for the period July 1, 2022 to June 30, 2023.
   B. The DEPARTMENT agrees to advance up to 25% of the annual award each quarter to the CONTRACTOR.
   C. The DEPARTMEN agrees to adjust the fourth quarter payment to reflect actual expenditures submitted by the CONTRACTOR.

4. INVOICING:
   A. In addition to the General Provisions of the Contract the CONTRACTOR must create a column in the Monthly Expenditure Report for the following category.
      1. MPS.
   B. In addition to the General Provisions of the Contract the CONTRACTOR must submit the June invoice no later than July 15 of each year.

5. RESPONSIBILITES OF THE CONTRACTOR:
   The CONTRACTOR must:

   A. Use these funds to comply with Utah Administrative Code, Rule R380-40, Local Health Department Minimum Performance Standards.

6. AMENDMENTS AND TERMINATION:
   A. If the Contract is not amended to add funds, the Contract shall terminate as of June 30, 2023.

R380. Health, Administration.
R380-40. Local Health Department Minimum Performance Standards.
R380-40-1. Authority.

This rule is promulgated as required by Section 26A-1-106(1)(c). The minimum performance standards apply to all local health department services, regardless of funding sources.

R380-40-2. Definitions.

(1) "Department" means the Utah Department of Health.

(2) "District" means the area and population served by a local health department.

(3) "Evidence-based services" are based on evidence-based practices. Evidence-based practices include interventions, programs, strategies, policies, procedures, processes or activities that have been chosen based on evidence that they improve health outcomes. Evidence-based practices indicate a continuum of practices and can include emerging, promising and best practices.

(4) "Minimum performance standards" means the minimum duties performed by local health departments for public health administration, personal and population health, environmental health, and emergency preparedness in addition to the powers and duties listed in Section 26A-1-114 and is equivalent to the phrase "minimum performance standards" in Section 26A-1-106(1)(c).

(5) "primary care specialty" means pediatrics, internal medicine, family medicine, or obstetrics and gynecology.

R380-40-3. Compliance.

The local health department and the department shall monitor compliance with minimum performance standards.

R380-40-4. Corrective Action.

(1) Except as provided in Subsection (3), if the department has cause to believe that a local health department is out of compliance with minimum performance standards the department shall provide a preliminary assessment to the local health officer that identifies the suspected areas of noncompliance. The local health officer shall respond to each of the areas identified in the preliminary assessment within 30 days of receipt.

(2) After review of the local health officer's response, if the department determines that the local health department is out of compliance with the minimum performance standards and has not provided a satisfactory response, the department shall notify the local board of health and the local health officer in writing of its findings and establish a specific time frame for the correction of each area of noncompliance.

(3) The department shall notify the local board of health and the local health officer if the department has cause to believe that noncompliance with minimum performance standards represents an imminent danger to the safety or health of the people of the State or the district.

(4) The local board of health shall submit a written corrective action plan that is satisfactory to the department. At a minimum, the corrective action plan must include the following: date of report, areas of noncompliance, corrective actions, responsible individual,

and dates of plan implementation and completion.

R380-40-5. Local Health Officers.

(1)(a) A local health officer who is a physician shall:

(i) be a graduate of a regularly chartered and legally constituted school of medicine or osteopathy;

(ii) be licensed to practice medicine in the state of Utah; and

(iii) be board certified in preventive medicine or in a primary care specialty.

(b) A local health officer who is not a physician shall:

(i) have successfully completed a master's degree in public health, nursing or other health discipline related to public health, public administration, or business administration from an accredited school; and

(ii) have at least five years of professional full-time experience in the practice of public health, of which at least three years were in a senior administrative capacity.

(c) If the local health officer is not a physician, the local health department shall contract with or employ a physician that is:

(i) residing in Utah and licensed to practice medicine in the state;

(ii) competent and experienced in a primary care specialty medical care field;

(iii) board certified in preventive medicine or in a primary care specialty;

(iv) able to supervise and oversee clinical services delivered within the local health department, including the approval of all clinical protocols, standing orders, and prescriptions issued within the public health system as described in Section 58-17b-620; and

(v) able to review policies and procedures addressing human disease outbreaks of public health importance including emergency procedures authorized under 58-1-307(6), (7), and (8).

(d) The Executive Director may grant an exception to the requirements for a local health officer who was in the position before February 1, 2016.

(2) The local health officer shall promote and protect the health and wellness of the people within the district to include the following activities;

(a) function as the executive and administrative officer;

(b) report to and receive policy direction from the local board of health;

(c) coordinate public health services in the district;

(d) direct programs assigned by statute to the local health department, including administering and enforcing state and local health laws, regulations and standards;

(e) direct the investigation and control of diseases and conditions affecting public health;

(f) be responsible for hiring, terminating, supervising, and evaluating all local health department employees;

(g) oversee proposed budget preparation;

(h) present the budget to the board of health for review and approval;

(i) develop and propose policies for board consideration;

(j) implement policies of the local board of health;

(k) advise the department with regard to policy development as those policies impact the mission, purpose, and capacity of the local health department;

(l) ensure that available data on health status and health problems of the district are reviewed regularly including

(i) a report to the board of health at least annually, and

(ii) an assessment that includes community input at least every five years;

(m) ensure that information about health and health hazards is disseminated as appropriate to protect the health of people in the district; and

(n) perform other duties as assigned by the local board of health.

(3) The local health officer shall ensure that an ongoing planning process is initiated and maintained that includes mission statement; community needs assessments; problem statements; goals, outcomes, and process objectives or implementation activities; evaluation; public involvement; and use of available data sources.

(4) The local health officer shall ensure that fiscal management procedures are developed, implemented and maintained in accordance with federal, state, and local government requirements.

(5) Consistent with federal and state laws and local ordinances and policies, the local health officer shall ensure:

(a) that employees are recruited, hired, terminated, classified, trained, and compensated in accordance with relevant merit principles, federal civil rights requirements, and laws of general applicability, and that their qualifications are commensurate with job responsibilities;

(b) the orientation of all new employees to the local health department and its personnel policies;

(c) the maintenance of a personnel system that includes an accurate, current, and complete personnel record for each local health department employee;

(d) the verification of all current licensure and certification requirements;

(e) continued education and training for all employees commensurate with job responsibilities;

(f) that each employee receives an annual performance evaluation, based upon a job description and written performance expectations for each employee.

(6) A local health officer or designee who is a physician or osteopath licensed to practice medicine in Utah shall supervise and be accountable for medical practice conducted by local health department employees. If the local health officer is not a physician or osteopath licensed in Utah, he shall appoint a medical director licensed to practice medicine or osteopathy in Utah to supervise and be accountable for medical practice conducted by local health department employees.

R380-40-6. Local Health Department Administration.

(1) Local health departments shall exercise the powers and duties as outlined in Section 26A-1-114.

(2) In addition to the duties outlined in 26A-1-109 and

26A-1-110, the local board of health shall:

(a) establish local health department policies;

(b) adopt an annual budget;

(c) monitor revenue and expenditures;

(d) oversee compliance with minimum performance standards;

(e) provide for planning as defined in R380-40-5(3);

(f) periodically, but at least annually, evaluate the performance of the local health officer; and

(g) report at least annually to the county governing body or bodies of the district served by the local health department regarding health issues and the health status of residents of the district.

(3) Each local health department shall have an annual financial audit. The local board of health shall appoint an independent auditor or the audit may be conducted as part of the county audit and, in any event, the local board of health shall accept the audit or accept responsibility for findings in the audit that apply to the local health department.

(4) Each local health department shall employ a registered nurse with education, experience, and Utah licensure consistent with the position requirements to supervise, evaluate, and be accountable for nursing practice conducted by local health department nurses in order to provide quality public health nursing service.

(5) Each local health department shall employ a certified health education specialist or other qualified person with education, experience, or a combination of education and experience resulting in comparable expertise to direct health education and promotion activities.

(6) Each local health department shall employ an environmental health scientist registered in Utah with education and experience consistent with the position requirements to supervise, evaluate, and be accountable for environmental health activities in order to protect and promote public health and safety and protect the environment.

(7) Each local health department shall employ an individual with training and experience in epidemiology to conduct and oversee epidemiology activities conducted by the local health department.

(8) Programs provided by local health departments shall be developed, directed, and organized in response to community needs; delivered and controlled in accordance with approved budget; and evaluated for effectiveness and impact.

(9) Each local health department shall provide all public health services in compliance with federal, state, and local laws, regulations, rules, policies and procedures; and accepted standards of public health, medical and nursing practice.

(10) If a county withdraws from a multi-district local health department in accordance with Section 26A-1-122, the withdrawing county must demonstrate to the department that it can meet the minimum performance standards set out in this rule through the use of county and local funding sources in order to enter into a contract with the department for allocation state funds pursuant to Section 26A-1-115 and R380-50. Specifically, the county shall demonstrate to the department it:

(a) has the revenue within the county budget at the time the local health department begins operation to:

(i) employ the following full time employees:

(A) a health officer who meets the qualifications in R380-40-5;

(B) a registered nurse who meets the qualifications in subsection (4);

(c) an environmental health scientist who meets the qualifications in subsection (6); and

(D) a business manager who has experience in budget preparation and tracking, accounts receivable, accounts payable, purchasing, and if not provided to the new local health department by a county, human resources, including recruitment, hiring, and termination within a merit system.

(ii) assure the requirement for physician oversight in R380-40-5(1)(c) can be met;

(iii) employ the following additional staff on either a part-time or full-time basis:

(A) a health education on specialist who meets the qualifications in subsection (5);

(B) an individual with epidemiology experience who meets the qualifications in subsection (7);

(b) assure business operations support to include a minimum budget/finance and human resources;

(c) provide, equip, and maintain suitable offices, facilities, and infrastructure as required in Section 26A-1-115(2);

(d) has the commitment and ability to continue funding the health department with revenue from county and local funding sources at an amount not less than the amount needed for (a) above;

(e) has adopted a county ordinance to create and maintain a local board of health and health department charged with the responsibilities and duties outlined in Section 26A-1-101 through 26A-1-127;

(f) has a commitment from the county attorney to serve as the legal advisor to the health department as derived in 26A-1-120;

(g) has a commitment from emergency response entities to work with the local health department as outlined in R380-40-9(1)(a), (b), (c), (d), and (e); and

(h) has the availability of laboratory services as outlined in R380-40-10.

R380-40-7. Local Health Department Personal and Population Health Services.

(1) Each local health department shall provide health education and health promotion services to include: conducting community health assessments, identifying leading causes of disease, death, disability and poor health; and implementing evidence-based services to address the identified priorities.

(2) Each local health department shall provide evidence-based communicable disease prevention and control services to include: reporting, surveillance, assessment, epidemiological investigation, and appropriate control measures as defined in State disease plans for reportable communicable diseases and other communicable diseases of public health concern.

(3) Each local health department shall ensure health services by assessing the availability of health-related services and health providers in local communities; identifying gaps and barriers in

services; convening or participating with community partners to improve community health systems; and providing services identified as priorities by the local assessment and planning process if approved by the local board of health.

(4) Each local health department shall provide epidemiology services including surveillance for reportable conditions, tracking occurrence of conditions affecting the health of communities, and obtaining or preparing epidemiologic data to guide prioritization of problems, and development and evaluation of prevention and control programs.

(5) Each local health department designated as a local registrar of vital statistics shall ensure the registration of appropriate certificates for all live births, deaths, and fetal deaths that occur in the registration area, as required by Utah Code Annotated Section 26-2.

(6) Each local health department shall provide evidence-based services as guided by local community assessment and planning to include:

(a) maternal and child health services,

(b) injury control services; and

(c) chronic disease control services.

R380-40-8. Local Health Department Environmental Health Programs.

(1) Each local health department shall ensure that there is a program including the maintenance of an inventory of regulated entities or complaints for:

(a) food safety consistent with R392-100, R392-101, R392-103, R392-104, and R392-110; and;

(b) schools consistent with R392-200;

(c) recreation camps consistent with R392-300;

(d) recreational vehicle parks consistent with R392-301;

(e) public pools consistent with R392-302 and R392-303;

(f) temporary mass gatherings consistent with R392-400;

(g) roadway rest stops consistent with R392-401;

(h) mobile home parks consistent with R392-402;

(i) labor camps consistent with R392-501;

(j) hotels, motels and resorts consistent with R392-502;

(k) indoor clean air consistent with Section 26-38 and R392-510;

(l) illegal drug operations decontamination consistent with R392-600;

(m) indoor tanning beds consistent with R392-700; and

(n) investigation of complaints about public health hazards, including vector control, to include inspections including corrective actions and an information system that documents the process of receiving, investigating and the final disposition of complaints.

(2) Each local health department shall develop, implement, and maintain environmental health programs to meet the special or unique needs of its community as determined by local or state needs assessment and the local board of health.

R380-40-9. Local Health Department Public Health Emergency Preparedness.

(1) Each local health department shall conduct public health emergency preparedness efforts.

(a) conduct, or coordinate with emergency management agencies in the district to conduct, a community public health, medical, mental, and behavioral health hazard and risk assessment that considers populations with special needs to influence prioritization of public health emergency preparedness efforts;

(b) establish partnerships with volunteers, emergency response agencies, and other community organizations involved in emergency response;

(c) establish Memorandums of Agreement with response partners for assistance in emergency response;

(d) identify public health roles and responsibilities in local emergency response;

(e) function as the lead agency for Emergency Support Function #8---Public Health and Medical Services;

(f) maintain an all-hazards public health emergency operations plan that shall include priorities from hazard and risk assessment in R380-40-9(1)(a); hazard-specific response information for an infectious disease outbreak; and protocols or guidelines for dispensing of medical countermeasures, public health emergency messaging, non-pharmaceutical interventions, mass fatality response and requesting additional resources;

(g) maintain a continuity of operations plan that shall include employee notification, lines of authority and succession, and prioritized local health department functions;

(h) annually test public health preparedness through an emergency response drill or exercise;

(i) ensure access to and annually test emergency response communications equipment and systems that will be used in public health emergency response;

(j) the local health officer and at least one other employee shall complete FEMA ICS-100, ICS-200, ICS-300, ICS-400, IS-700, and IS-800 courses.

R380-40-10. General Performance Standards for Local Health Department Laboratory Services.

Each local health department shall ensure the availability of laboratory capacity to support public health programs by maintaining an on-site laboratory, through agreements with the Utah Public Health Laboratory, or by agreements or contracts with private laboratories to conduct needed tests in a timely manner.

KEY: local health departments, performance standards
Date of Enactment or Last Substantive Amendment: July 3, 2018
Notice of Continuation: March 6, 2015
Authorizing, and Implemented or Interpreted Law: 26A-1-106(1)(c)

San Juan Public Health

2021

Developing a Shared Vision

A strong and sustainable future

Building trust within the department, county, and community we serve

Strengthening bridges to health and wellness for all of San Juan County

December 2021

Updated April 2022

NOTE: Numbers in this report may be unaudited and may be estimates.
This presentation is solely informational.

I have great respect for the past.
If you don't know where you've come from,
you don't know where you're going.

I have respect for the past,
but I'm a person of the moment.

I'm here,
and I do my best to be completely centered
at the place I'm at,
then I go forward to the next place.

– Maya Angelou

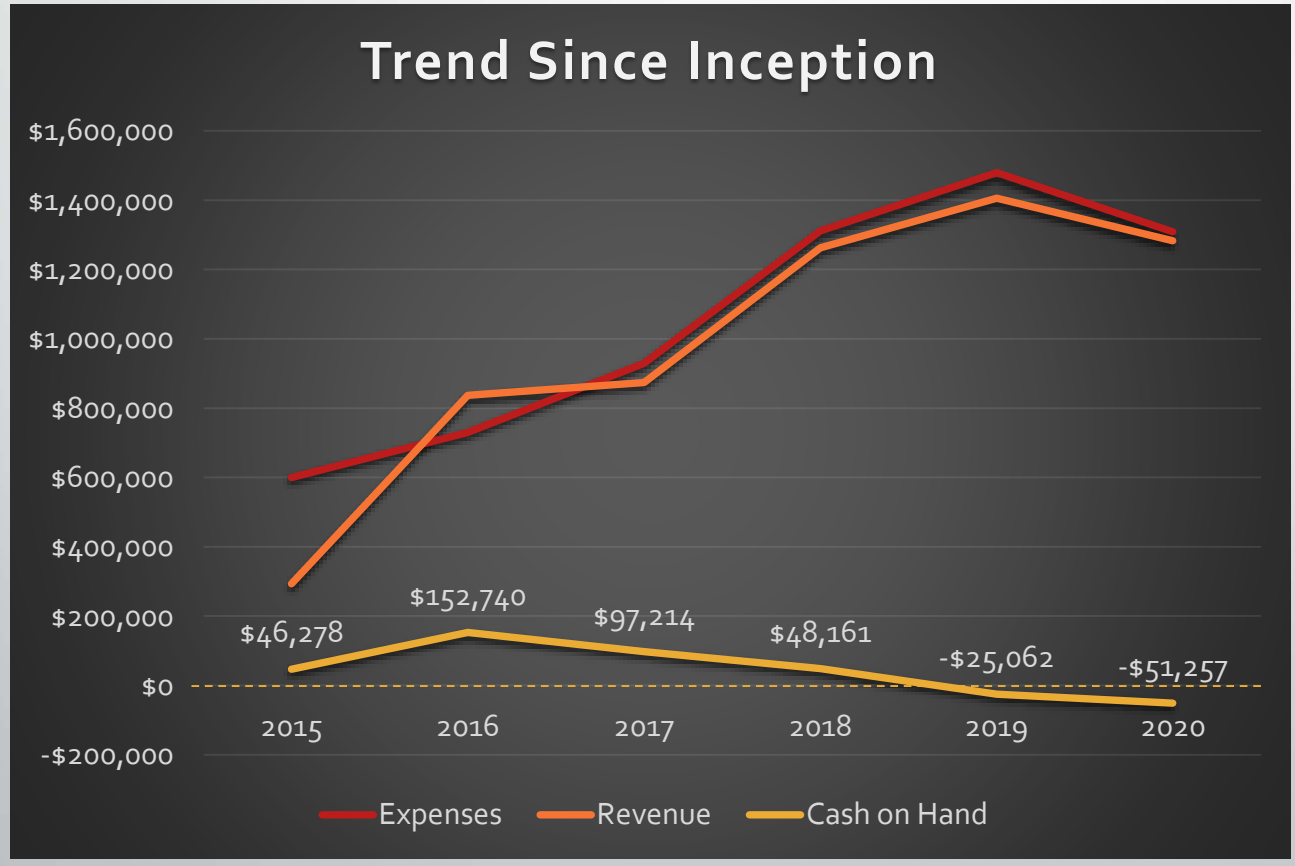
Photo Credit https://thereader.com/news/maya-angelous

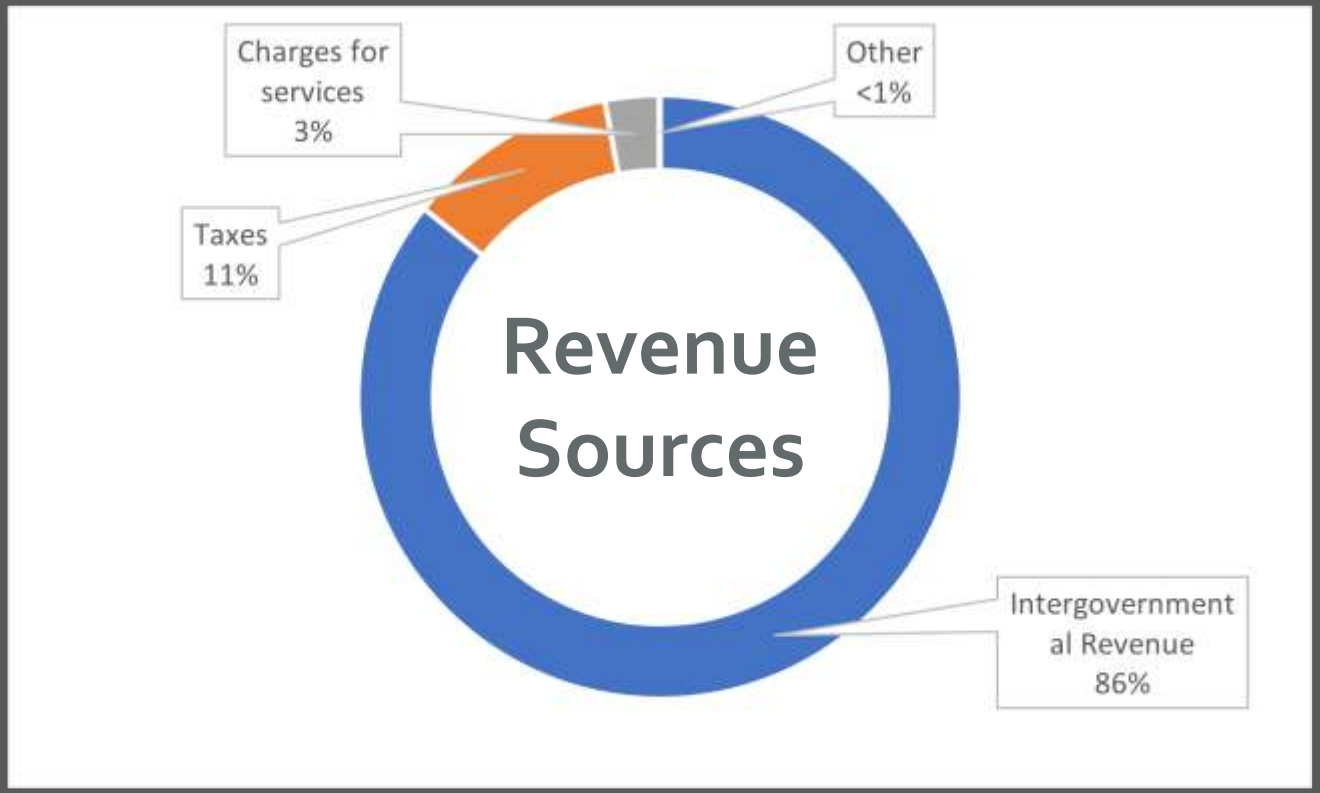
Our Nest

Current fiscal shape of the department

https://www.flickr.com/photos/liamq/5924277825

Storm Ahead


Trend Since Inception
$1,600,000
$1,400,000
$1,200,000
$1,000,000
$800,000
$600,000
$400,000
$200,000
$0
-$200,000
$46,278
$152,740
$97,214
$48,161
-$25,062
-$51,257
2015
2016
2017
2018
2019
2020
Expenses
Revenue
Cash on Hand

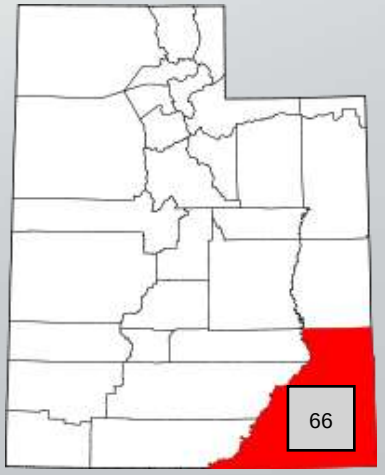

Charges for services 3%
Other <1%
Taxes 11%
Revenue Sources
Intergovernmental Revenue 86%

Contracts

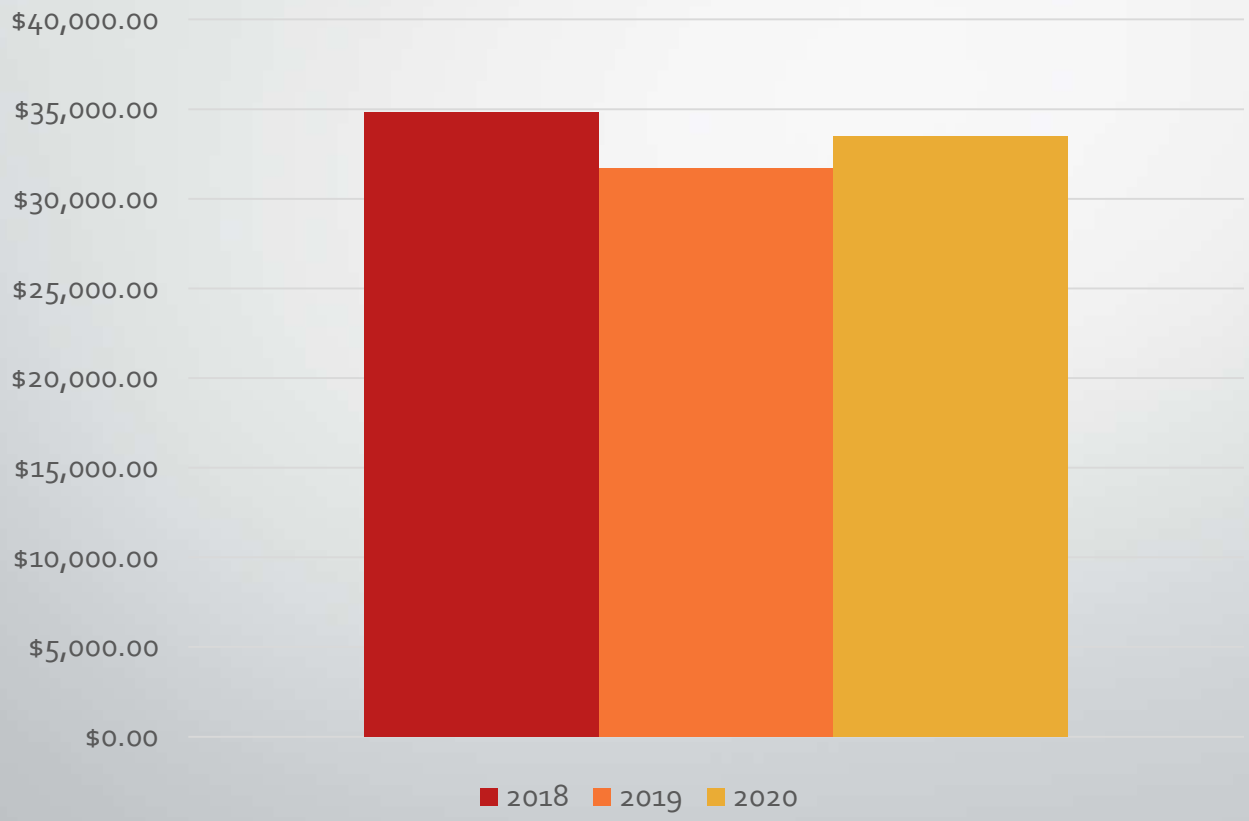
50 programs

Funding Cuts

- 14% cut in WIC program from FFY 21 to FFY 22
  - Anticipated cuts for at least next 2 years
- Lost federal home visiting program
- Steady or increased funding for
  - Environmental, PHEP, and Health Education



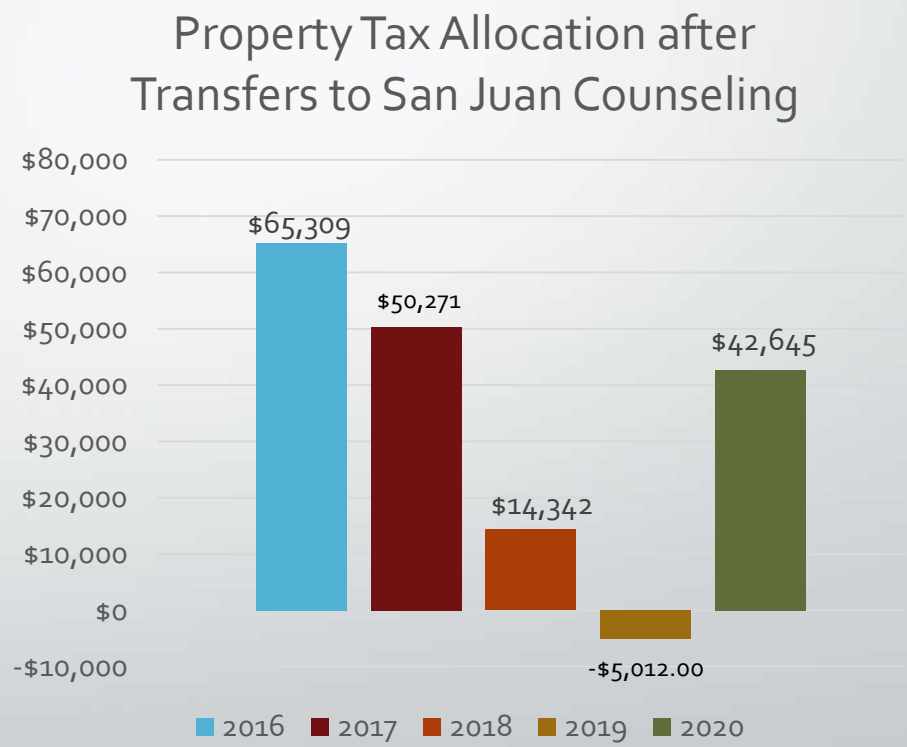
Cash Collections



Property Tax Funding

*Any deficits are made up for by the SJC general fund.

Property Tax Funding



*Any deficits are made up for by the SJC general fund.

Spending Overview

2021 Projected Total Per Capita Spending			
Entity Funded	**2020 Population**	**Dollar Amount**	**Per Capita**
San Juan	14,518	$1,343,537	$92.54

2021 Projected Local Per Capita Spending*			
Entity Funded	**2020 Population**	**Dollar Amount**	**Per Capita**
TOTAL	14,518	$145,000	$9.99
San Juan Counseling	14,518	$97,334	$6.70
San Juan Public Health	14,518	$47,666	$3.28

*Projected tax revenue to the public health fund

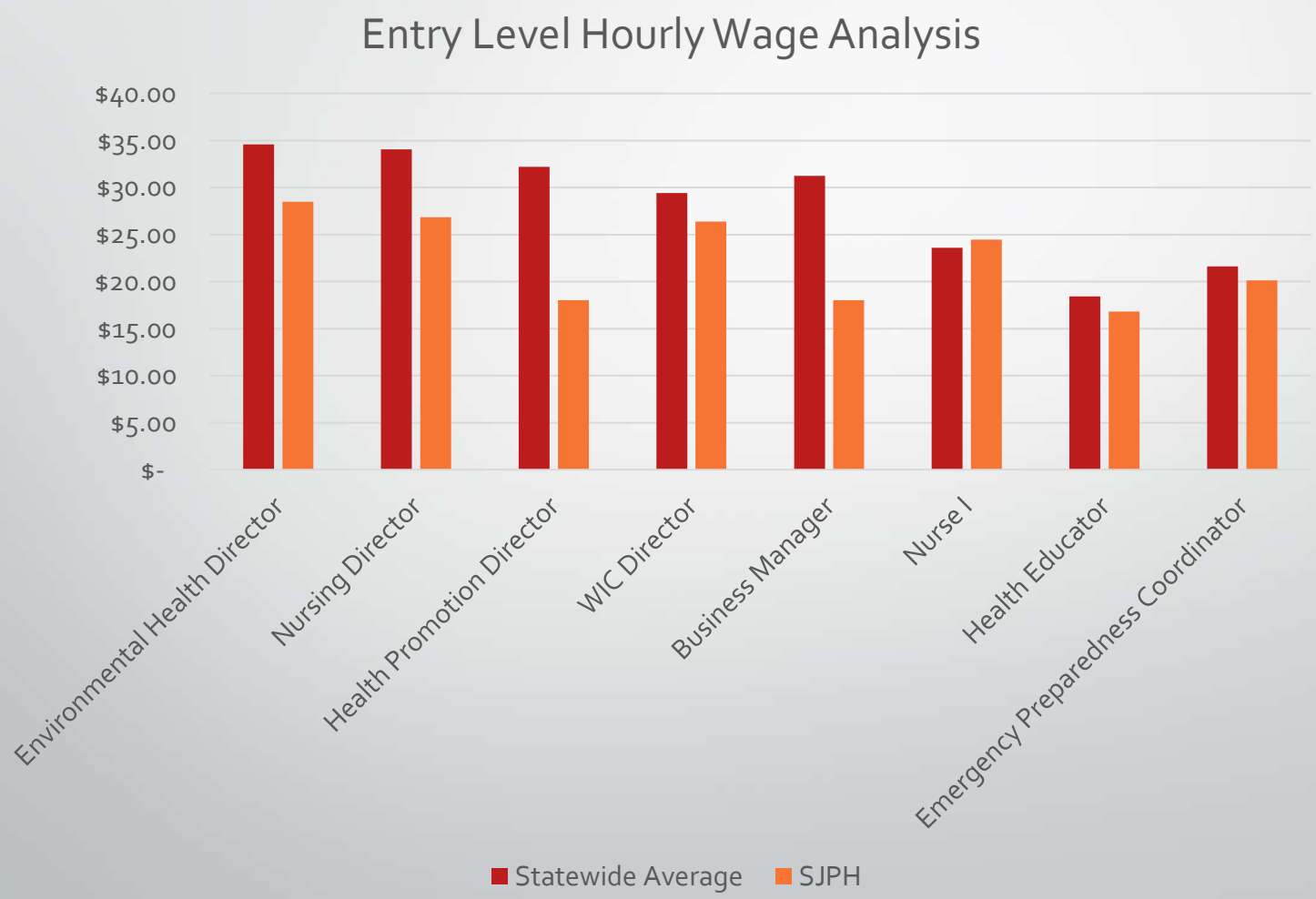
Funding Conclusion

- San Juan Public Health is primarily dependent on federal grants
- San Juan Counseling takes a portion of the property taxes that we receive each year
- It is difficult to assess and address county health needs that are not covered by a grant
- In order to sustain the health department in the long-haul we need increased revenue.
    - This can come through a combination of external grants and through a change in how we receive funding from the county.
- The current trajectory is NOT sustainable and something needs to be done about it now so that we can address the unique health needs of San Juan County (e.g., our one-time COVID-19 grants expire in 2023)

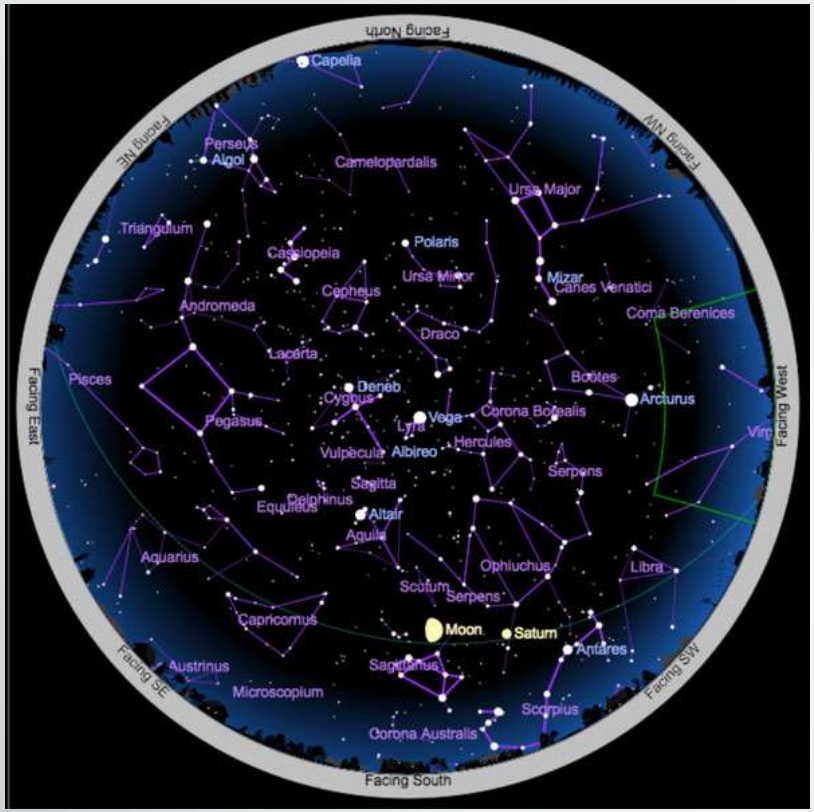
Our Birds

Current fiscal shape of the department

Recruitment and Retention



*These are entry level wages as per compensation plans, NOT actual wages



Item 10.

The Course

Getting back on course

http://judy-volker.com/StarLore/Myths/Navajo.html
https://skyandtelescope.org/observing/interactive-sky-chart/

The Plan

Increase Revenues

Maximize

- **Max out all contracts**
  - Balance – not overspending one and underspending another
    - Monthly reporting and awareness
- **Cost Benefit Analysis**
  - EMR software, insurance billing, etc. What services can we offer and bill for?
    - All other health departments have this as a funding source (some substantial)
- **Tailor existing contracts more to local needs**
  - Benefit to the community (where are we doing good, where are gaps? Unaddressed health issues?)
  - Bring recommendations back to the board
- **Seek alternative funding/grants**
- **Public Health tax issue**

Minimum Performance

26A-1-103. County health departments.

The governing body of **each county shall create and maintain a local health department** which includes and serves all incorporated and unincorporated areas in the county.

26A-1-106. Monitoring and standards of performance -- Responsibilities.

c) The department shall establish by rule **minimum performance standards** for basic programs of public health administration, personal health, laboratory services, health resources, and other preventive health programs not in conflict with state law as it finds necessary or desirable for the protection of the public health

(3) Local health departments are responsible within their boundaries for providing, directly or indirectly, **basic public health services** that include:

(a) public health administration and support services;

(b) maternal and child health;

(c) communicable disease control, surveillance, and epidemiology;

(d) food protection;

(e) solid waste management;

(f) waste water management; and

(g) safe drinking water management.

Funding Local Public Health

26A-1-115. Apportionment of costs

(1) (a) The cost of establishing and maintaining a multicounty local health department may be apportioned among the participating counties **on the basis of population in proportion to the total population of all counties** within the boundaries of the local health department, or upon other bases agreeable to the participating counties.

(d) As used in this Subsection (1), "population" means population estimates prepared by the Utah Population Estimates Committee.

26A-1-117. Funding of departments -- Tax levies.

(1) Counties involved in the establishment and operation of local health departments **shall fund the local health departments with appropriations from the General Fund, from the levy of a tax, or in part by an appropriation and in part by a levy** under Section 17-53-221.

(b) a separate ceiling exempt tax under Section 59-2-911, which may **not exceed .0004 per dollar of taxable value of taxable property**; or

Restricted Public Health Funding

Local Health Departments Act – State Code 26A-1-119

- Money credited to the fund shall be placed in a restricted account and expended only for maintenance and operation of the local health department.
- Claims or demands against the fund shall be allowed on certification by the health officer or other employee of the local health department designated by the health officer.

Stepping Into the 21st Century

Increasing Capacity while Decreasing Cost

Proposed Uses of New Minimum Performance Standards (MPS) Funding

Source: Utah Department of Health

In preparation for July 2022

San Juan Public Health

Minimum Performance Standards – State Code

- R380-40. Local Health Department Minimum Performance Standards.
  - 2-4 "Minimum performance standards" means the minimum duties performed by local health departments for public health administration, personal and population health, environmental health, and emergency preparedness in addition to the powers and duties listed in Section 26A-1-114 and is equivalent to the phrase "minimum performance standards" in Section 26A-1-106(1)(c).
  - 5 Local Health Officer and Medical Director
  - 6-4 Registered nurse, 6-5 health educator, 6-6 environmental health scientist, 6-7 epidemiologist, 6-10-i-D business manager
  - 6-8 Programs … in response to community needs, according to approved budget, and evaluated for effectiveness and impact
    - 5-2-l-ii an assessment that includes community input at least every five years

Minimum Performance Standards (cont.)

(3) Local health departments are responsible within their boundaries for providing, directly or indirectly, **basic public health services** that include:

(a) public health administration and support services;

(b) maternal and child health;

(c) communicable disease control, surveillance, and epidemiology;

(d) food protection;

(e) solid waste management;

(f) waste water management; and

(g) safe drinking water management.

Current MPS Funding

- Stable since 1995
  - Approximately $2 million across the state
  - 97₵ per capita in 1995
  - 65₵ per capita in 2021
- Resulting in local health departments depending on federal pass-through funding to fulfill MPS
  - Fluctuating, categorical, and restricted funding, limiting local autonomy and adaptation
  - Especially in rural areas
- Utah Department of Health audits to ensure LHDs fulfill MPS

Current MPS Funding Expenditures for San Juan County

- $58,180.00 per year
- Costs not covered by Federal Grants and Local Taxes
  - Environmental Health
  - Vital Records (e.g., up to $22,104.60 for the last 6 months)
    - Contingent on how many requests we receive minus fees
  - PHEP (Public Health Emergency Preparedness) Match
  - Other Local Expenses
  - Administrative costs (allocated based on formula)

New MPS Funding

- New total for Utah: $6.135 million
- Allocated using the LHD funding formula*
- For San County, from $58,180.00 to $166,374.00 beginning July 1, 2023
- Accountability based on LHD data
  - Community feedback
  - State and local data collection tools

Proposed Use of These Funds for San Juan County

- Help pay for administrative costs
  - Allow more funding to focus on grant-specific activities
- Epidemiology
- Community Health Needs Assessment

October 2021 - March 2022: Previous 6 Months

Current Budget across Sample Grants and Total Expenditures (without MPS Allocations)

Sample Contracts	Total Expenditures	Admin Costs	Admin %
PHEP	$ 65,069.77	$ 21,126.20	32.5%
WIC Client Services	$ 38,813.95	$ 11,665.88	30.1%
WIC Admin	$ 15,251.84	$ 4,436.16	29.1%
EED - CHW	$ 46,145.54	$ 13,674.00	29.6%
Home Visiting - PAT	$ 33,625.82	$ 9,699.34	28.8%
Health Disparities	$ 31,282.49	$ 9,687.13	31.0%
Total	**$ 599,186.48**	**$ 162,074.13**	**27.0%**

Comparing 3 Levels of MPS Funding Supplementing Administration Costs For Previous 6 Months

	Proposed Budget Scenarios Based on Previous 6-Months' Costs Portion of New MPS funds allocated to Admin Costs					
	$ 32,458.20	60%	$ 43,277.60	80%	$ 54,097.00	100%
	Admin Costs after MPS Allocations					
Sample Contracts	**Admin Costs C**	**% C**	**Admin Costs D**	**% D**	**Admin Costs E**	**% E**
PHEP	$ 16,895.31	26.0%	$ 15,485.01	23.8%	$ 14,074.71	21.6%
WIC Client Services	$ 9,329.58	24.0%	$ 8,550.82	22.0%	$ 7,772.05	20.0%
WIC Admin	$ 3,547.74	23.3%	$ 3,251.60	21.3%	$ 2,955.46	19.4%
EED - CHW	$ 10,935.54	23.7%	$ 10,022.72	21.7%	$ 9,109.90	19.7%
Home Visiting - PAT	$ 7,756.88	23.1%	$ 7,109.39	21.1%	$ 6,461.90	19.2%
Health Disparities	$ 7,747.11	24.8%	$ 7,100.44	22.7%	$ 6,453.77	20.6%
Total	**$ 129,615.93**	**21.6%**	**$ 118,796.53**	**19.8%**	**$ 107,977.13**	**18.0%**

60% Example over 12 months:
Freeing up ~$4,672.60 for WIC expenditures – directly helping WIC clients

60% Example ($64,916.40 over 12 months):
Reducing TOTAL Admin % from 27.0% to 21.6%

Epidemiology

- Current: ~15 hours per week, focused on COVID-19
- Proposal: Increase 10 hours per week to allow for investigating other local disease trends
  - At $23/hour and 52 weeks/year: $11,960

Community Health Needs Assessment

- Pay for time and costs
  - Continuous strategy development
  - Community engagement
  - Data collection design and activities
  - Reporting to stakeholders and public
  - Developing and adapting programming
  - Creating an ongoing process
- Maximize remaining MPS funds
- Integrated with epidemiology

Developing a Shared Vision

A strong and sustainable future

Building trust within the department, county, and community we serve

Strengthening bridges to health and wellness for all of San Juan County

San Juan Public Health

BOARD OF HEALTH ORIENTATION

A Tool to Becoming a Better Board Member

UTAH ASSOCIATION OF LOCAL BOARDS OF HEALTH

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Introduction

Welcome to your local board of health! As a board member, you play a critical role in making a significant public health contribution to your community, county, and state. The purpose of this manual is to introduce you to the field of public health, and to give you helpful information about your role as a board of health member.

The first section of the manual explains what "public health" is, and how it differs from medical treatment of an individual. You'll learn about the guiding principles of public health; the core functions; and ten essential services. Throughout the manual will be information boxes highlighting historical happenings, and significant key facts.

The second part of the manual focuses on your role and responsibilities as a board of health member. You will learn about the five (5) functions of a board, what is expected of each member, and the characteristics of an effective board member. Because much of your role involves working with the health officer, a section has been dedicated to increasing your understanding of that relationship to make your interaction more effective.

The last part has additional resources and tools that you may find helpful. In this section, you will find information on how to achieve effective meetings, state statutes and rules that give boards of health their authority to act, evaluation templates, etc. Lastly, because public health has become known as the king of acronyms and jargon, you will find an explanation of common public health terms and a list of common public health acronyms to refer to as they come up in your scope of duties.

The hope is that this manual will give you the understanding and tools to be the best advocate for public health that you can possibly be; thus, making your time as a board of health member enjoyable, effective, and satisfying.

Thank you for your service to public health and your community!

The mission of the Utah Association of Local Boards of Health is to preserve, promote, and protect the public health of the citizens of the state of Utah.

Public Health

What is Public Health?

Public health is "the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals." (1920, C.E.A. Winslow) It is concerned with threats to the overall health of a community based on population health analysis. A population can be as small as a handful of people, or as large as all of the inhabitants of several continents (for instance, in the case of a pandemic). Public Health is typically divided into epidemiology, biostatistics, and health services. Important subfields include nursing, environmental health, social, behavioral, and occupational health.

There are two characteristics of public health that differ from traditional medicine:

1. The target audience for public health is on the population as a whole, rather than on the health of an individual (specific disease or injury)
2. The focus of public health is on prevention, rather than medicinal treatment

The goal of public health is to improve lives by promoting the health of the population through organized community efforts. Examples of these efforts include: inspecting restaurants to reduce the probability of food-borne illnesses, assuring that children are immunized in sufficient numbers to protect both themselves and others in the community, and working to prevent the spread of illness or disease.

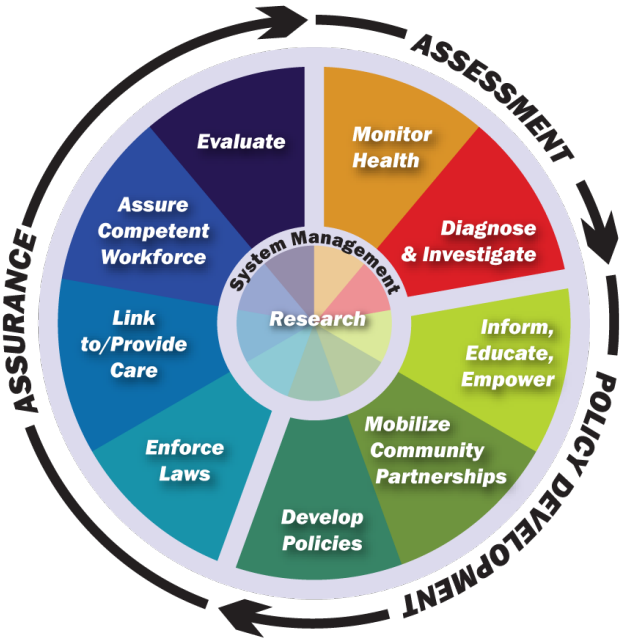
The United Nations' World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Public Health as we know it now began in Utah in July 1847, when Brigham Young and his company of 143 pioneers emerged from Emigration Canyon in the Wasatch Mountains and spread out on the site now known as Salt Lake City.

Because of Brigham Young's good judgment and common sense, the first years of residence in the valley were more healthful than they might have been since in that day there was little knowledge of sanitation or hygiene. Brigham Young was constantly advising as to the arrangement of barns, stables, and privies in their relationship to the pioneer homes and water supplies. He repeatedly told the people to "boil the water they drank" and sensible eating was often the subject of discussion. He even suggested meals which measured up to an acceptable balanced diet and counseled the people on the need for work, proper sleep, and clothing needs.

Core Functions and Ten Essential Services

- **Assessing** the status of public health in the community
- **Developing** policies to address public health needs
- **Assuring** that public health needs are met



These three core functions constitute the job of the local boards of health. Assessment of the community involves scanning, weighing, and balancing the community's needs, resources, statistics, and politics. A community assessment is the best way to gather this information and an appropriate first step for boards to take before developing policies that will assure that public health needs are met.

Assessment

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Policy Development

- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Research for new insights and innovative solutions to health problems

Assurance

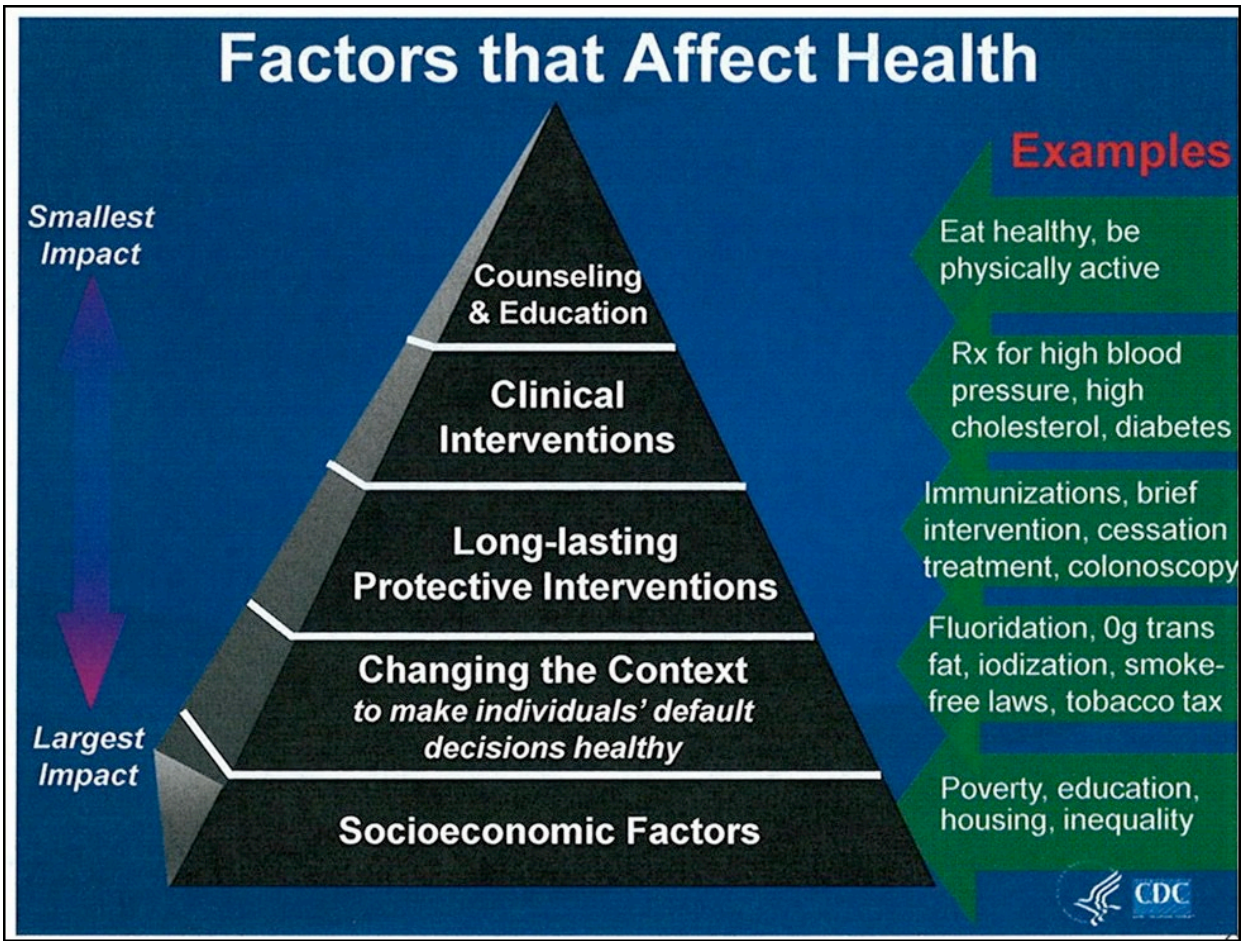
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems

Health Impact Pyramid

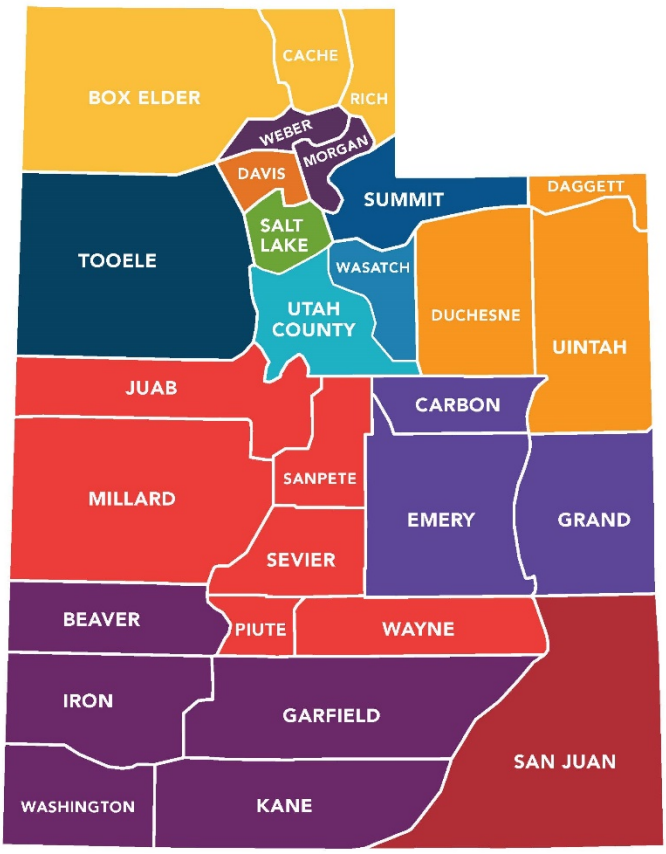
This five-tier pyramid describes the impact of different types of public health interventions and provides a framework to improve health. At the base are efforts to address socioeconomic determinates of health. Interventions in this area offer the greatest potential for impact. In ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact, but confer long-term protection, ongoing direct clinical care, and health education counseling.

Interventions focusing on lower levels of the pyramid tend to be more effective, because they reach broader segments of society and require less individual effort. However, implementing interventions at each level can achieve the maximum possible sustained public health benefits.

Source: A Framework for Public Health Action: The Health Impact Pyramid (American Journal of Public Health, April 2010, Vol 100, No. 4)



Utah's Local Health Departments



There are currently 13 local health departments; seven single county health departments and six multi-county health departments.

The purpose of the local health departments is to plan and promote public health programs and activities that will elevate the general level of community, environmental and personal health; coordinate local health government resources with federal, state, and allied agencies; and provide leadership for maintaining and enhancing the delivery of public health services to the citizens of Utah.

Board of Health

What is a Board of Health?

In Utah, state statute (Utah Code Title 26A) requires that a County Governing Body shall ensure the creation and maintenance of a local health department to serve all incorporated and unincorporated areas in the county. This statute also mandates that a local health department have a Board of Health to act as an administrative body, with defined roles. Because the board plays such a critical role in the public health system, Board of Health members must be aware that their decisions, deliberations, and actions are deemed public record. As such, the board must ensure that it is operating within legal authority and under the principles of good faith.

Roles of a Board of Health

Administration and Board Policies

The Board acts as the administrative or governing body for the local health department.

- Develop policies for themselves regarding meeting times, absences, meeting format, requirements and recruiting criteria of board members, and grounds for removal of board member.
- Elect board chairperson, vice-chairperson and secretary.
- Approve operational policies for the health department to ensure that the organization is run effectively, legally, and ethically.
- Annually report department and board operations to the local governing bodies.

Planning and Evaluation

The Board also defines the organizations purpose and helps establish direction for the organization.

- Define a mission for the health department.
- Guide strategic planning and development of long-range goals, ranging at least three to five years in the future. (Keeping in mind that goals may need to be changed based on needs and resources of the department and community.)
- Regularly evaluate the board of health's performance to help facilitate department progress.
- Approve department programs to ensure their consistency with the department's mission, priorities, community needs, and resources.

Development of Local Public Health Ordinances

The Board may develop and implement local ordinances (rules and regulations) for the protection of public health.

- Local ordinances may not be less restrictive than State regulations.
- Scientific studies are required for local ordinances more stringent than State Regulations.

Fiscal Oversight

The Board is responsible for the financial stability of the local health department.

- Adopt, approve, and/or propose an annual budget for the health department.
- Evaluate, and when necessary, amend the budget based on regular department financial reports.
- Approve a department fee schedule.

Retention and Evaluation of the Health Officer

The board of health shall appoint a local health officer (subject to ratification by the County Executive or counties within the local health department).

- Establish compensation and conditions of employment for the health officer.
- At least annually, evaluate the health officer's performance.

Responsibilities

Board Chairperson Responsibilities

The primary responsibility of the board of health chair is to act as the point of contact with the health officer. Together they work closely to provide leadership in the areas of administration, program coordination and planning, organizational support, and board development. In addition to working with the health officer, the chair's responsibilities include:

- Serve as an advisor and partner for the health officer on issues affecting the agency.
- Serve as the Chair at board of health meetings.
- Enforce board of health bylaws.
- Select members, and supervise chairs assigned to workgroups and subcommittees.
- Assure that board assigned workgroups and subcommittees are functioning appropriately.
- Ensure that board members are adequately trained to perform their functions effectively including: orientation for new board of health members; overview of the local health department's operations; introduction to the budget and budgeting process; and Open and Public Meetings Act.
- Confirm that the local health department is meeting all fiduciary responsibilities.
- Attest that the local health department complies with all local health department Minimum Performance Standards (U.C. R380-40).
- Ensure that the health officer receives a performance evaluation (at least annually).

Board Chairperson leadership skills:

- Willing to work and make hard decisions.
- Assist the group in establishing meaningful goals.
- Care about others.
- Encourage participation.
- Acknowledges and respect people's opinions.
- Complimentary and encouraging responses.
- Keep meetings and members focused.
- At the end of a discussion, confirm that everyone is on the same page.
- Be a good listener.
- Assist in eliminating tensions.

Utah Association of Local Boards of Health Strategic Plan Goals

1. To strengthen the role of local board of health members through education, training and communication.

2. To provide a forum among local boards of health to exchange ideas, and advance solutions to common public health concerns.

3. To advocate for public health through local officials, state departments, the State Legislature, and the citizens of Utah.

Board Member Responsibilities

Prepare for Meetings

- Regular attendance and active involvement.
- Read all material prior to meeting.
- Understand the meeting process and follow the rules of order.

Participate

- Ask questions, discuss, and participate. Don't be afraid to disagree during meetings.
- Support board decisions as a united body. Silence is often interpreted as consent.
- Take responsibility when asked and follow through on assignments.

Develop Relationships

- Work cooperatively with the health officer.
- Communicate regularly with community leaders and elected officials about perceived needs and possible resources.
- Learn about public health system, including key stakeholders and partners.

Advocate for Public Health

- Be a health proponent. Promote and support local health department programs, services, and functions.
- Be patient. Prevention efforts and health status of the community takes time to change.
- A board of health or health department can't solve all public health problems immediately.

Monitor Efforts

- Individual board members are not automatically designated to act as a liaison with the media.
- Know the difference between private problems and those which have an impact on public health.
- Make decisions that need to be made, even amid adverse public reactions and/or opinions.

Work together as a Board

- Be visionary. Know where the board and health department should be in 2-3 years.
- Participate in identifying and training new board members to support this vision.
- Identify priorities to help ensure the appropriate resources are available for the time necessary to see them through.

Health Officer Responsibilities

The health officer operates under the general direction of the board of health. The board of health delegates to the health officer the responsibility of managing all aspects of local health department operations, including:

Administration

- Enforce local health department policies and procedures.

Business Operations

- Manage local health department finances, assets, and resources.

Personnel

- Hire, train, promote, discipline, and terminate local health department employees.

Other

- Perform all other aspects with regards to the management and operation of the local health department

Board and Health Officer Expectations

A Health Officer Expects that a Board Will:

- Consult with the health officer on issues that the Board is considering
- Support, counsel, and advise the health officer and staff in the performance of their professional duties
- Delegate responsibility for all administrative functions
- Share all relevant communications with the health officer
- Support the health officer in all decisions and actions consistent with policies of the Board and standards of the department
- Hold the health officer accountable for the operation of the health department
- Recognize that department staff is responsible to the health officer
- Evaluate and recognize the work of the health officer

A Board of Health Expects that Its Health Officer Will:

- Serve as the Chief Executive Officer of the health department
- Develop and recommend policies for consideration
- Advise the Board of issues under discussion
- Make professional recommendations on all issues being considered by the Board
- Effectively implement Board policies
- Keep the Board informed fully and accurately on activities of the department
- Develop the agency budget and keep the Board advised of budget problems
- Recruit and retain the most competent personnel and supervise accordingly
- Devote time to professional development for the staff and health officer

Chain of Command

The board of health believes strongly in the chain of command (shown in Figure 2). The board is concerned about the needs and success of staff and will work through the chain of command to facilitate success of staff.

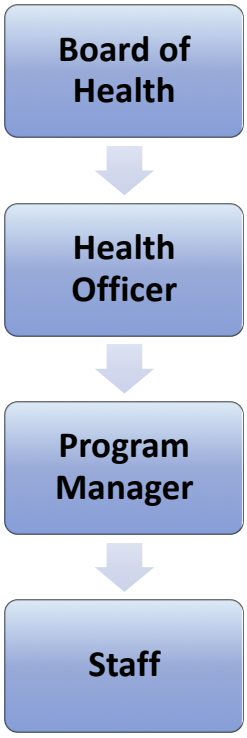
The board expects all staff to respect and follow the chain of command when communicating with the board about the business of the organization.

- Staff members who take complaints, requests, criticism or other organization business directly to the board or individual board members without working through the health officer will be considered insubordinate and subject to disciplinary measures by the health officer.

The board expects all board members to respect and follow the chain of command when communicating with staff about the business of the organization.

- Board members will not take requests, suggestions, complaints or demands to the staff except through the health officer.
- When a board member receives a complaint or suggestion from a staff member other than the health officer, the board member will remind the staff member of this board's policy about following the chain of command.
- The board member will direct the staff member to the health officer and will report the staff communication to the health officer.

Figure 2. Local Public Health System Chain of Command



Policy vs Management

Board members may encounter the problem of distinguishing between making polices and managing policy implementation. It can be confusing for boards of health at times, and they must be able to make an important distinction between board policies and management policies. Board policies establish the broad parameters within which board, management and staff will operate. Management policies, developed and implemented by the health officer, outline the specifics of how the organization and staff will operate. However, understanding which responsibilities are the board of health's and which are the health officers will enhance working relationships and will less likely result in conflict.

If you answer "yes" to any of these questions, it is a policy decision:

- "Will this decision help determine procedures, activities, programs, or services that affect the entire organization?"
- "Is this decision required by law or regulatory agencies?"
- "Is this an issue on which the health officer has requested our assistance?"

The board SHOULD get involved.

If you answer "yes" to any of these questions, it is a management decision:

- "Does this issue affect an individual on staff?"
- "Does this issue relate to the efficiency and quality of service provided by a specific program or department?"
- "Is this an administrative area that is of an operational nature?"
- "Does this issue affect specific parts of the organization, not the entire organization?"

The board SHOULD NOT get involved. The administrator (health officer) should handle it.

Responsibility	Board of Health	Local Health Officer
Long Term Goals	Approves	Recommends and provides input
Short Term Goals	Monitors	Establishes and carries out
Day-to-Day Operations	No Role	Makes all management decisions
Budget	Approves	Develops and recommends
Purchases	Establishes policies and budget	Purchases according to policies and maintains adequate audit trail
Fees	Approves	Develops fee schedule
Hiring Staff	No role (approves new positions)	Approves all hiring
Staff Development and Assignment	No role	Establishes
Firing Staff	No role	Makes termination decisions
Staff Grievances	No role	Grievances stop with the Local Health Officer
Personnel Policies	Adopts policies	Recommends and Administers
Staff Salaries	Allocates line item in budget	Approves salaries with recommendations from supervisory staff
Staff Evaluations	Evaluates local health officer only	Evaluates other staff

Planning and Conducting Effective Meetings

Productive meetings promote good attendance, follow-through, and the capability of the group to make informed decisions. Remember that Board of Health meetings are considered public meetings and must follow requirements found in the Open and Public Meetings Act (U.C. 52-4). Conducting an effective meeting includes:

- Welcoming participants
- Introducing board members (if there are visitors, new members, or new staff)
- Request that visitors introduce themselves
- Review the agenda
- Follow-up on previous meeting assignments, issues or decisions

Conducting a Public Hearing

Public hearings have rules of conduct that may be used to ensure an orderly meeting. Some suggestions:

- Have all attendees sign-in. Provide a form to collect information such as: name, residence, phone number, and who they represent.
- Have name plates for board members.
- Require that all persons wishing to comment must be recognized by the presiding officer.
- Have each person identify themselves, where they live, and who they represent.
- Have an appropriate and established time limit for individual public comment.
- Have a microphone available if needed.
- Record the meeting either by audio, video, or by a court reporter.
- It may be required that questions be written and handed to the hearing officer who will read the question and direct it to appropriate board or staff member.
- The board may accept written comment for a certain period after the public meeting.
- The board is not required to respond during the public comment period.
- In large or multi-county jurisdictions, it might be appropriate to have multiple public hearings in various locations.

The Hearing Officer may:

- Interrupt, warn, or terminate a participant's statement when the statement is too lengthy, personally directed, abusive, obscene, or irrelevant.
- Request that any individual leave the meeting when that person does not observe reasonable decorum.
- Request the assistance of law enforcement officers in the removal of a disorderly person when that person's conduct interferes with the orderly progress of the meeting.
- Call for a recess or an adjournment to another time when the lack of public decorum interferes with the orderly conduct of the meeting and warrants such action.

Legal Liabilities: Using Principles of Good Faith

There is a chance that the board or its individual members may be accused of wrong doing or having a conflict of interest. While most board decisions will be immune from liability, this is not always the case.

Boards and individual members may be held liable for their actions (or lack of action) if they are found to be acting outside the scope of official responsibilities; or if actions (or lack of action) are performed in a reckless manner, with malicious purpose, or in bad faith.

Effective risk management tools can be used to help avoid liability. A board member job description is a useful risk management tool. While it will not exempt the board member from liability it can serve to clarify the scope of responsibility of the board and its members. Even if a board member understands their formal job description they must also understand and exercise the standard, legal duties to avoid a liability issue. These duties include the following:

Duty of Care:

Board members must perform their responsibilities in good faith, and with the same care as an ordinarily prudent person would use in managing their own affairs.

Duty of Loyalty:

Board members have a fundamental duty to give undivided allegiance to the organization when making decisions affecting the organization. Board members must avoid any conflicts of interest, personal gain, or appearances of impropriety.

Duty of Obedience:

Board members must comply with the provisions of the bylaws and state laws and must be faithful to the organization's mission. Board members are not permitted to act in a way that is inconsistent with the goals of the organization.

Typically, these duties are met if board members adhere to concepts known as the Principles of Good Faith (Figure 1). Using the Principles of Good Faith, board members will lend credibility to themselves, their board, and the organization they serve.

Figure 1. Principles of Good Faith

- Attend all board meetings. If unable to attend, provide a valid excuse for absence.
- Have a thorough knowledge of the duties and provisions found in the organization's bylaws.
- Keep informed of the general activities and operations of the board and local health department.
- Ensure that minimum statutory requirements are met, including: following Open Meetings Act rules, open transparency, and any fiduciary responsibilities.
- Record personal misconduct and register dissents in the minutes, or by letter to the board chair.
- Avoid the appearance of self-dealing or enrichment. Discourage any business transactions involving board members and the local health department, unless conducted openly and with stringent safeguards.
- Make no monetary profits, except reimbursement with accordance to the bylaws.

Principles of the Ethical Practice of Public Health

- Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
- Public health should achieve community health in a way that respects the rights of individuals in the community.
- Public health polices, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
- Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.
- Public health should seek the information needed to implement effective policies and programs that protect and promote health.
- Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.
- Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.
- Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in a community.
- Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
- Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.
- Public health institutions should ensure the professional competence of their employees.
- Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

Source: Principles of the Ethical Practice of Public Health; Public Health Leadership Society (2002)

Advocacy - What does it mean to be a public health advocate?

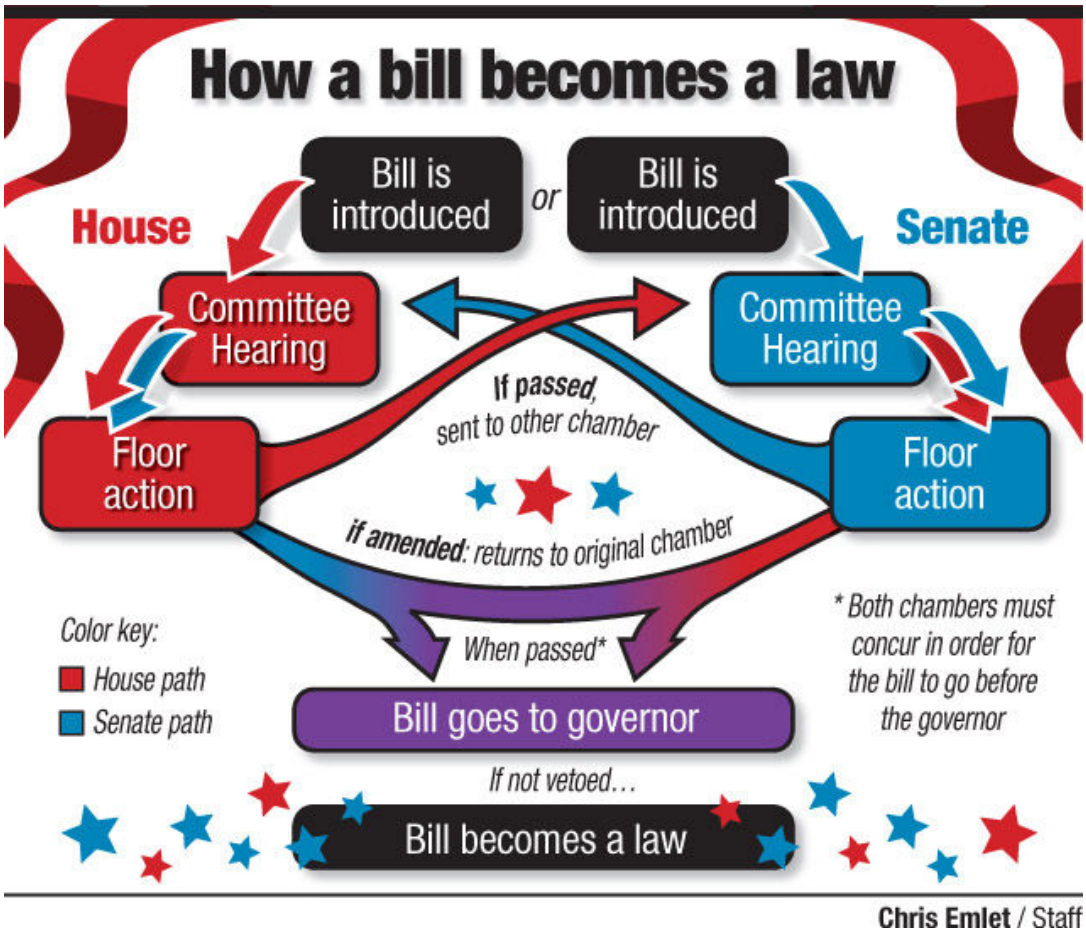
It means that you are willing to speak for the needs of public health in your area and are willing to take time to speak to elected officials regarding issues significant to your health department.

Legislative Advocacy

- Legislative body is made up of:
  - Utah Senate (29 members)
  - Utah House of Representatives (75 members)

In Utah, the legislature meets for 45 days beginning the fourth Monday in January. During this time the legislature operates in an open legislative process where are all committee action on bills and amendments are conducted in open session. The public can attend committee meetings and House and Senate floor sessions.

- Rules Committees assigns bills to a specific Standing Committee.
- The Standing Committee Chair determines meeting agendas (i.e when a bill is scheduled to be heard).
- Passage requires a majority vote of the body (38 votes in the House; and 15 votes in the Senate).
- Each bill must pass both houses to become law.
- Enacted bills become effective 60 days following adjournment of the session unless another date is specified.



Contacting Legislators

Letters, e-mail, phone calls, and text messages are all effective methods. Addresses and telephone numbers are available for each legislator.

- Be willing to spend time
  - Telephone: be brief and to the point
  - Email: all legislators have email addresses on the Utah state legislature website – le.utah.gov
- Letters
  - Be concise (1-page maximum), informed, and polite
  - State your purpose in the first paragraph
  - Include your full name and home address
  - Letters should be personalized rather than a format letter.
- Get to know your commissioners and legislators
  - You are their constituent; they want to hear from you
  - Your voice often carries greater weight with elected officials than paid staff
- Understand the issues
  - Keep your message short and simple
  - Be accurate with your facts
  - Utilize a brief fact sheet for them to keep

HOW DO I KNOW WHAT LEGISLATION TO FOLLOW?

Visit UALHD.org and click on the Legislative Advocacy tab to see what local health departments are following.

How do I find the legislators who represent me? Which voting district do I live in?

- District Map – Go to the Utah State Legislature website (le.utah.gov). Click on the Menu tab (three lines in right hand corner). Click Senate then District Maps. Here you will type in your address and both the Senate and House of Representatives serving your area will be listed with their contact information.

Committee Memberships

- To find a list of committee members go to the Utah State Legislature website le.utah.gov . At the top of the page the Committees tab will be listed. Click on the committee you are interested in. The members will be listed on the second tab once you click on the committee. Board of Health members may be asked to contact their legislators throughout the legislative session to help educate them on issues pertinent to public health. Below are the committees the local health departments follow:

  - Executive Appropriations Committee
  - Natural Resources, Agriculture, and Environmental Quality Appropriations Committee
  - Social Services Appropriations Committee
  - House Health and Human Services Standing Committee
  - Senate Health and Human Services Standing Committee
  - House Natural Resources, Agriculture and Environment Standing Committee
  - Senate Natural Resources, Agriculture and Environment Standing Committee

Additional Resources and Tools

State Codes and Rules

Title 26A. Local Health Authorities
Enacted by Chapter 178, 2007 General Session

R380. Health, Administration
R380-40. Local Health Department Minimum Performance Standards.

Date of Enactment or Last Substantive Amendment: March 2, 2016
Notice of Continuation: March 6, 2015
Authorizing, and Implemented or Interpreted Law: 26A-1-106(1)(c)

Minimum Performance Standards Attestation Checklist

Local Health Officer:

- ☐ Meets education and experience requirements (R380-40-5(1)) and performs duties required in R38040-5(2), (3), (4), (5), (6).
  - ☐ If LHO is not a physician, Local Health Department employs or contracts with a physician who meets the qualifications and is charged with performing the duties outlined in R380-40-5(1)(c).

Local Board of Health

- ☐ Performs duties outlined in 26A-1-109 and 26A-1-110.
- ☐ Establishes policies as necessary.
- ☐ Adopts an annual budget.
- ☐ Monitors revenue and expenditures.
- ☐ Oversees compliance of the LHD with R380-40.
- ☐ Assures a process of ongoing planning.
- ☐ At least annually evaluates the performance of the LHO.
- ☐ Reports at least annually to the county/counties of the LHD the health status of the LHD's residents.
- ☐ Assures an annual independent financial audit is conducted and reviews and accepts the health department's audit findings.

LHD

- ☐ Exercises powers and duties outlined in 26A-1-114.

☐ Employs a registered nurse, licensed in Utah, with the education and experience to supervise, evaluate, and be accountable for the LHD's nursing practice. R380-40-6(4).

☐ Employs a person with education and experience to direct health education and promotion activities, and provides the services identified in R380-40-7(1).

☐ Employs an environmental health scientist, registered in Utah, with the education and experience to supervise, evaluate, and be accountable for the LHD's environmental health activities and ensures there is a program that meets the requirements of R380-40-8.

☐ Employs an individual with training and experience in epidemiology and provides services outlined in R380-40-7(2) and (4).

☐ Assures availability of health services by assessing services and providers, identifying gaps and barriers, meeting with community partners to assure and improve services, providing services identified as priority through local needs assessment (as approved by board of health). R380-40-7(3)

☐ Provides all public health services in response to community needs, within an approved budget, in compliance with federal, state, and local laws, regulations, rules, policies and procedures, and accepted standards of public health, medical and nursing practice. Evaluates programs for effectiveness and impact. R380-40-6(8)(a) and (b)

☐ Provides evidence-based services based on community health assessment and planning to address at a minimum: maternal and child health services; injury control services; and chronic disease control services.

☐ Assures the registration of live births, deaths, and fetal deaths that occur in the jurisdiction. R380-40-7(5)

☐ Ensures the availability of laboratory capacity, on-site or through agreements or contracts. R380-40-10

☐ Conducts public health emergency preparedness efforts as defined in R380-40-9.

Please provide a brief explanation for any items that are not being performed according to your understanding of the minimum performance standards.

To the best of my knowledge, the above is an accurate representation of _____ Health Department's compliance with R380-40, "Local Health Department Minimum Performance Standards."

_____ _____

Health Officer/Director Date Chair, Board of Health Date

Forms and Templates

Board of Health Self Evaluation Template

It is important to the success of your board to regularly evaluate your activities and process for doing business:

Sample Form: Board Self Evaluation

It is not necessary to respond to every item. If you have not been on the board long enough to respond, do not have an opinion about the item, or the question is irrelevant to your bard, skip the item and focus on those items you can answer well. This will provide a baseline of board performance.

Designate each item either Yes or No.

Category 1: Our board is prepared

____ There is orientation for new board members.

____ Board members are given copies of the mission statement, long-range plan, bylaws, and board policies.

____ There are regular board development activities for all board members.

____ Money is budgeted for board development activities.

Category 2: Board membership

____ The board represents a wide variety of perspectives.

____ Board members demonstrate they represent all people the organization serves, not just a special segment.

Category 3: Planning

____ The board has developed and formally approved a written long-range plan for the organization.

____ The board includes management, staff, and other resource persons in the planning process.

____ The mission and long-range plan are communicated to all staff and others who should know.

____ The board considers the long-range plan in every major board decision.

____ Board members participate in action committees assigned to complete long-range goals.

Category 4: The board monitors and evaluates

____ The board studies and understands the annual budget and financials prior to approval.

____ The board reviews the mission and long-range plan annually.

____ The board measures organizational success/progress by accomplishment of long-range goals.

____ The board has a policy and plan for evaluating the health officer annually.

____ The board conducts an annual self-evaluation.

Category 5: The board as policy maker

____ The board has a policy manual that includes all board policies that are updated annually.

____ The board has a clear policy that defines the method of developing new policies.

____ The board understands the difference between management policy and board policy.

____ New board policies grow out of study and research, not crisis situations.

____ The health officer is encouraged to recommend new policies to the board.

____ New board policies are circulated to all staff and others who need to know.

____ The board policies assign responsibility for implementing or enforcing the policy.

Category 6: Board/Health Officer relationship

____ The board has provided the health officer a written job description.

____ The board includes the health officer in all deliberations except in the final evaluation of health officer.

____ The board delegates management to the health officer and does not interfere with that management except to monitor and evaluate compliance with board policy.

____ The board, and not individual board members, gives direction to the health officer.

Category 7: Board meetings

____ Meetings begin and end on schedule.

____ The agenda is well prepared and includes only issues the board needs to deal with.

____ The health officer and board chair collaborate to prepare the agenda.

____ The board sticks to the agenda and gives the chair the power to keep us on the agenda.

____ The board always has enough background information on each agenda item.

____ Board members come to meetings prepared to discuss issues and take action.

____ The board follows the Robert's Rules of Order.

____ The board has an annual board meeting calendar.

____ Board members arrive on time for meetings.

____ Minutes of the meeting include only the important actions taken by the board and not lengthy dialogue.

____ All board members participate in deliberations.

____ Final decisions of the board are accepted and support by all board members.

Performance Appraisal

Name:

Position:

Job Description/Responsibilities

Date:

Probationary: ☐ Annual: ☐ Other: ☐

Performance Factors and Standards

	Below Expectations	Meets Expectations	Exceeds Expectations
MAINTAINS FLEXIBILITY			
Willingly accepts a variety of responsibilities.	☐	☐	☐
Adapts to new situations in a positive manner.	☐	☐	☐
Displays openness to learning and applying new skills.	☐	☐	☐
Works well with others to achieve organization's goals.	☐	☐	☐
Is resourceful and generally seeks work process improvements.	☐	☐	☐
Works well as a team player.	☐	☐	☐

Board of Health Comments:

CUSTOMER SERVICE			
Treats all customers with respect.	☐	☐	☐
Responds to customer needs within agreed time frame.	☐	☐	☐
Addresses conflicts and problem situations with patience and tact.	☐	☐	☐

Board of Health Comments:

AVAILABILITY FOR WORK

Employee's attendance supports the expected level of work.	☐	☐	☐
Employee's presence can be relied upon for planning purposes.	☐	☐	☐
Employee is a dependable team member.	☐	☐	☐

Board of Health Comments:

DEMONSTRATES CREDIBILITY

Shares information with others when appropriate.	☐	☐	☐
Acts independently while keeping board of health informed.	☐	☐	☐
Performs work according to current guidelines and directives.	☐	☐	☐
Maintains personal appearance appropriate to job.	☐	☐	☐
Exhibits ability to secure and evaluate facts before taking action.	☐	☐	☐

Board of Health Comments:

Performance Factors and Standards

	Below Expectations	Meets Expectations	Exceeds Expectations
QUANTITY OF WORK			
Work output matches the expectations established.	☐	☐	☐
Employee completes all assignments.	☐	☐	☐
Employee consistently meets deadlines.	☐	☐	☐

Board of Health Comments:

QUALITY OF WORK

Work results satisfy organization's goals.	☐	☐	☐
Work is organized and presented professionally.	☐	☐	☐
Work product is thorough and complete.	☐	☐	☐
Work product is free of flaws and errors.	☐	☐	☐

Board of Health Comments:

LEADERSHIP

Provides clear direction and purpose.	☐	☐	☐
Models ethical workplace behavior.	☐	☐	☐
Demonstrates influencing skills by setting goals.	☐	☐	☐
Empowers subordinates to achieve objectives.	☐	☐	☐
Acts to motivate, coach, and develop subordinates.	☐	☐	☐

Board of Health Comments:

MANAGEMENT

Organizes and distributes work among subordinates.	☐	☐	☐
Secures resources and audits their effective use.	☐	☐	☐
Communicates behavioral expectations and performance standards.	☐	☐	☐
Monitors, documents, and evaluates employee conduct & performance.	☐	☐	☐
Provides appropriate and timely feedback.	☐	☐	☐

Board of Health Comments:

Performance Factors and Standards

	Below Expectations	Meets Expectations	Exceeds Expectations
WORK ENVIRONMENT			
Maintains a safe and healthy workplace.	☐	☐	☐
Builds a team that reflects high morale, clear focus & group identity.	☐	☐	☐
Encourages and provides opportunities for subordinates to obtain and apply new skills and knowledge.	☐	☐	☐
Provides equal opportunity and protects the rights of all employees.	☐	☐	☐

Board of Health Comments:

OVERALL PERFORMANCE

Below Expectations	Meets Expectations	Exceeds Expectations

Next Evaluation Period	Annual	☐	6 Months	☐	Other

SUMMARY COMMENTS

EMPLOYEE'S CERTIFICATION: I have discussed my performance evaluation with my board of health. My signature does not imply that I agree. Copies of this appraisal may be kept by the employee and board of health and are on file with the Personnel Department. Please return original forms to the Personnel Department.

_____ _____

Employee Signature Board Chair Signature

Goals and Objectives Review

Name: Position: Date:

RESULTS FROM PREVIOUS GOALS AND OBJECTIVES

1. Goal/Objective:
   Result:

2. Goal/Objective:
   Result:

3. Goal/Objective:
   Result:

4. Goal/Objective:
   Result:

NEW GOALS AND OBJECTIVES – Identify a minimum of two new goals for the upcoming performance period. These goals are intended to improve the employee's skills and abilities. The board of health and employee need to make these goals together. It is understood that a follow up will take place during the next performance evaluation.

Goal #1

Action items/Steps

Measure of Success

Goal #2

Action items/Steps

Measure of Success

Goal #3

Action items/Steps

Measure of Success

Goal #4

Action items/Steps

Measure of Success

Employee Signature: Date:

Board Chair Signature: Date:

Robert's Rules of Order and Parliamentary Procedure

The Basics of Parliamentary Procedure

1. The purpose of parliamentary procedure is to make it easier for people to work together effectively and to help groups accomplish their purposes. Rules of procedure should assist a meeting, not inhibit it.
2. A meeting can deal with only one matter at a time. The various kinds of motions have therefore been assigned an order of precedence
3. All members have equal rights, privileges and obligations. One of the chairperson's main responsibilities is to use the authority of the chair to ensure that all people attending a meeting are treated equally--for example, not to permit a vocal few to dominate the debates.
4. A majority vote decides an issue. In any group, each member agrees to be governed by the vote of the majority. Parliamentary rules enable a meeting to determine the will of the majority of those attending a meeting.
5. The rights of the minority must be protected at all times. Although the ultimate decision rests with a majority, all members have such basic rights as the right to be heard and the right to oppose. The rights of all members--majority and minority--should be the concern of every member, for a person may be in a majority on one question but in minority the on the next.
6. Every matter presented for decision should be discussed fully. The right of every member to speak on any issue is as important as each member's right to vote.
7. Every member has the right to understand the meaning of any question presented to a meeting and to know what effect a decision will have. A member always has the right to request information on any motion he or she does not thoroughly understand. Moreover, all meetings must be characterized by fairness and good faith. Parliamentary strategy is the art of using procedure legitimately to support or defeat a proposal.

Conducting a Meeting

Members express themselves in a meeting by making motions. A motion is a proposal that the entire membership take action or a stand on an issue. Individual members can:

- Call to order
- Second motions
- Debate motions
- Vote on motions

There are four basic types of motions:

- **Main motions**: The purpose of a main motion is to introduce items to the membership for their consideration. They cannot be made when any other motion is on the floor, and they yield to subsidiary, privileged and incidental motions.
- **Subsidiary motions**: Their purpose is to change or affect how a main motion is handled and is voted on before a main motion.
- **Privileged motions**: Their purpose is to bring up items that are urgent or important matters unrelated to pending business.
- **Incidental motions**: Their purpose is to provide a means of questioning procedure concerning other motions and must be considered before the other motion.

How motions are presented

Obtain the floor

- Wait until the last speaker has finished.
- Rise and address the chairperson by saying, "Mr./Ms. Chairperson" or "Mr./Ms. President."
- Wait until the chairperson recognizes you.

Make your motion

- Speak in a clear and concise manner.
- Always state a motion affirmatively. Say, "I move that we..." rather than "I move that we do not..."
- Motion should pertain to subject discussion.

Wait for someone to second your motion

- Another member will second your motion or the chairperson will call for a second.
- If there is no second to your motion, it is lost.

The chairperson states your motion

- The chairperson will say, "It has been moved and seconded that we ...," thus placing your motion before the membership for consideration and action.
- The membership either debates your motion or may move directly to a vote.
- Once your motion is presented to the membership by the chairperson, it becomes "assembly property" and cannot be changed by you without the consent of the members.

Expanding on your motion

- The time for you to speak in favor of your motion is at this point in time, rather than at the time you present it.
- The mover is always allowed to speak first.
- All comments and debate must be directed to the chairperson.
- Keep to the time limit for speaking that has been established.
- The mover may speak again only after other speakers are finished unless called upon by the chairperson.

Putting the question to the membership

- The chairperson asks, "Are you ready to vote on the question?"
- If there is no more discussion, a vote is taken.
- On a motion to move the previous question may be adapted.

Voting on a motion

The method of vote on any motion depends on the situation and the bylaws of your organization. There are five methods used to vote by most organizations, they are:

- **By voice**--The chairperson asks those in favor to say "aye," those opposed to say "no." Any member may move for an exact count.
- **By roll call**--Each member answers "yes" or "no" as his name is called. This method is used when a record of each person's vote is required.
- **By general consent**--When a motion is not likely to be opposed, the chairperson says, "If there is no objection..." The membership shows agreement by their silence; however, if one member says, "I object," the item must be put to a vote.

- **By division**--This is a slight verification of a voice vote. It does not require a count unless the chairman desires. Members raise their hands or stand.
- **By ballot**--Members write their vote on a slip of paper; this method is used when secrecy is desired.

There are two other motions that are commonly used that relate to voting.

- **Motion to table**--This motion is often used in the attempt to "kill" a motion. The option is always present, however, to "take from the table", for reconsideration by the membership.
- **Motion to postpone indefinitely**--This is often used as a means of parliamentary strategy and allows opponents of motion to test their strength without an actual vote being taken. Also, debate is once again open on the main motion.

Parliamentary procedure is the best way to get things done at your meetings. It will only work, however, if you use it properly. Remember to:

- Allow motions that are in order.
- Have members obtain the floor properly.
- Speak clearly and concisely.
- Obey the rules of debate.
- Most importantly, BE COURTEOUS.

Sources: Robert's Rules of Order Newly Revised

Public Health Terms

Assessment: Regular and systematic collection, assembly, analysis, and the availability of community health information.

Assurance: Public health agencies assure that necessary services are provided to achieve community goals and objectives for healthy people.

Capacity Standards: Statements of what public health agencies must do as part of ongoing daily operations to adequately protect and promote health, prevent disease, injury and pre-mature death.

Core Functions: The three basic functions of the public health system: assessment, policy development and assurance.

Environmental Health: An organized community effort to minimize the public's exposure to environmental hazards and prevent transmission of the disease or injury agent.

Epidemic: The occurrence in a community or region of disease cases in excess of expectancy.

Epidemiology: The study of diseases and injuries in the human population, their distribution and determinants.

Essential Services: Provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.

Fee-for-service: A charge made for each unit of health service, usually set by the provider. Some service fees may be controlled by the State. Fees for state mandated programs are determined by cost methodology set by the State.

Foodborne Illness: Illness caused by the transfer of disease organisms or toxins from food to humans.

Groundwater: Water beneath the earth's surface between saturated soil and rock that sup-plies wells and springs.

Healthy People 2020: A prevention initiative that presents a national strategy for improving the health of America.

Human Immunodeficiency Virus (HIV): The retrovirus (and RNA based virus) which causes AIDS.

Incidence: The number of new cases of a specific disease diagnosed or reported during a de-fined period.

Infectious Disease: A disease caused by organisms that cause infection in a human host and may be communicable (contagious) to other persons, animals or through other intermediaries.

Local Board of Health: Governing or advisory bodies who are appointed to protect and improve the health of the community.

Local Health Department: Local (county, city, combined city-county or multi-county) health agency with oversight and direction from local boards of health who provide health services throughout the defined geographic area.

Managed Care: Health care provided within a system using a defined network of providers.

Medicaid: A program authorized under Title XIX of the Social Security Act to provide medical services to clients who meet eligibility requirements.

Medicare: Federal insurance program covering delivery of medical services to people ages 65 or older.

Morbidity: Incidence of disease or the state of being diseased.

Mortality: Incidence of death or the state of being deceased.

Outcome Standards: Long-term objectives that define optimal, measurable future levels of health status, maximum acceptable levels of disease, injury or dysfunction or prevalence of risk factors.

Point Source: Sources of pollution that can be readily identified because of their location of origin.

Policy Development: The process whereby public health agencies evaluate and determine health needs and the best way to address them.

Population-based: Pertaining to the entire population in a particular area.

Prevention: Actions taken to detect and reduce susceptibility or exposure to health problems.

Promotion: Health education and the fostering of healthy living conditions and lifestyles.

Public Health: Prevention of disease, injury or disability and promotion of good physical and mental health.

Quality Assurance: Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations.

Risk Assessment: To identify and measure the presence of causes and risk factors that are thought to have a direct influence on the level of a specific health problem, based on scientific evidence or theory.

Risk Factor: Any personal or societal condition that leads to the possibility of a problem.

Sexually-transmitted Disease: Infectious disease that leads to the possibility of a problem.

Standards: Accepted measures of comparison having quantitative or qualitative value.

Sudden Infant Death Syndrome (SIDS): Unexplained sudden death of an infant under one-year of age.

Surface Water: Any freshwater located above ground, such as rivers, lakes, and ponds.

Third-party Payment: Payment for health services provided through public or private insurance.

BYLAWS
OF THE SAN JUAN COUNTY BOARD OF HEALTH

ARTICLE I

Authority, Name and Structure

Section 1.1 The San Juan County Health Department is organized as a county health department pursuant to Utah Code Ann., Section 26A-1-103.

Section 1.2 The Board is established and governed by County Ordinance 2018-01, and under authority of Utah Code Ann., Title 26A, Sections 26A-1-101 through 26A-1-127.

Section 1.3 The Board shall act as the Local Health Authority as defined in the Utah Local Health Department Act

Section 1.4 The name of the Board shall be the San Juan County Board of Health, hereinafter called Board.

Section 1.5 The Board shall adopt and implement through policies and procedures, where applicable, Utah Code Ann., Sections 26A-1-127 through 26A-1-127, as well as the articles specified in these Bylaws. The Board shall adopt and implement written procedures to determine the general public health policies as required by Utah Code Ann., Section 26A-1-109(8).

Section 1.6 The Board shall consist of seven members.

Section 1.7 After initial appointments, Board members shall serve for four (4) year terms. Members appointed to fill vacancies shall hold office until the expiration of the terms of their predecessors.

ARTICLE II

Purpose and Function

Section 2.1 The role of the Board is to adopt and implement policy in regards to public health.

Section 2.2 The purposes of the Board shall be to evaluate, advise, and recommend policies and procedures of operation for the San Juan County Health Department to promote the general health of all citizens of the county.

Section 2.3 Specific functions of the Board include, all activities identified in Utah Administrative Code (26A-1-109), (26A-1-110), (26A-1-111), and Utah Administrative Rules R380-40 which include:

A. Establish policies and regulations as necessary.
B. Adopt an annual budget.
C. Monitor revenue and expenditures.
D. Oversee compliance of the local health department with the Minimum Performance Standards (R380-40).
E. Assure a process of ongoing planning,
F. At least annually evaluate the performance of the Local Health Officer.
G. Report at least annually to the county governing body and municipalities the health status and operation of the Local Health Department.
H. Assure an annual independent financial audit is conducted and review and accept the health department's audit findings.

ARTICLE III

Composition of Board

Section 3.1 The Board shall be composed of influential citizens with experience, abilities and points of view that will contribute to the effective management of San Juan County Health Department. All members of the Board shall reside within San Juan County.

The following representation shall consist of:

A. One (1) person representing San Juan County Commission, approved by the Commission.
B. One (1) person representing Blanding City, appointed by Blanding City
C. One (1) person representing Monticello City, appointed by Monticello City
D. One (1) person representing Bluff City, appointed by Bluff City.
E. Three (3) members selected and approved by the Board and ratified by the San Juan County Commission, with a goal of representing the interests of the communities of Aneth, Montezuma Creek, Oljato, Monument Valley, White Mesa, and/or other unincorporated areas of the county.
(One person may be able to represent more than one of the above listed groups, if appropriate.)

Section 3.2 No member of the Board shall be on the payroll of the Health Department. The Health Director shall be a non-voting member of the Board.

Section 3.3 Membership on the Board may be terminated by resignation. Termination of a Board member's position will be considered by the Board after three (3) consecutive absences.

Recommendations for termination of elected body appointees will be made by the Board to the appropriate body.

Section 3.4 Vacancies of Board of Health positions shall be filled by nomination and approval by the Board, and ratification by the County Commission.

Vacancies of elected officials shall be filled by recommendation and approval of the respective governing councils.

Section 3.5 Expired terms of Board appointees shall be filled by the nomination and appointment by the Board and ratified by the Commission.

If an elected official is appointed a member of the Board, the expiration of said official's elective term of office shall serve to terminate that person's term on the Board.

Article IV

Conducting Business

Section 4.1 Officers of the Board shall consist of the chairperson, vice chairperson, secretary and such other officers as may be determined by the Board members.

Election of officers will be held in first meeting of the calendar year by Board members. Officers elected in the first annual meeting shall take office immediately.

Section 4.2 Regular meetings of the Board shall be held not less than once every three (3) months, at a time and place designated by the Board.

A. Special meetings may be called by the chairperson, the Director, or by majority of the members by giving three (3) days written or oral notice, or in case of emergency, as soon as possible after the members of the Board have been notified.
B. All meetings will be conducted by the chairperson or vice chairperson. In the absence of both officers, meetings may be conducted by the Secretary of the Board or an acting-chairperson, designated by the chairperson.

Section 4.3 A quorum shall be constituted by a majority of the voting members of the Board. A quorum shall consist of four (4) voting Board members. No proxies are permitted.

Section 4.4 Electronic Meetings

Meetings of the Board of Health may be held electronically in accordance with the following requirements:

A. Electronic Board meetings may be conducted by telephone, telecommunication, computer conference, or video conference. So long as a quorum of the Board is

physically present for a meeting, other members of the Board may participate in the meeting electronically without a formal approval process. If fewer than a quorum of the Board is physically present at a Board meeting, any member of the Board may request the electronic Board meeting and the meeting must be approved by a quorum of the Board. Approval may occur at the Board meeting in question.

B. Members of the public are not entitled to request electronic meetings of the Board or to monitor or participate in Board meetings from remote locations.

C. Electronic Board meetings shall originate from the location in which Board members would meet if the meeting were not being held electronically (the anchor location).

D. In any electronic Board meeting, at least two members of the Board must be physically present at the anchor location.

E. For any electronic Board meeting, the Board must provide space, facilities and equipment at the anchor location so that interested persons and the public may attend and monitor the open portions of the meeting including the comments made by members participating in the meeting from remote locations.

F. Notice of each electronic Board meeting will be provided to the public at least 24 hours prior to the electronic meeting and in accordance with the requirements of Utah Code Ann.' 52-4-207. The notice will include a description of electronic means to be used to connect remote Members to the Board meeting.

Section 4.5 Voting: All questions at a meeting of the Board shall be decided by majority vote of the quorum of the members present or in attendance electronically who are entitled to vote. Each voting member shall be entitled to one vote.

Section 4.6 The Director of the Department of Health may serve as secretary to the Board and may assign certain functions to department staff members. Records will be kept in the office of the Director of Health. The secretary shall attend or be responsive to all meetings of the Board, and preserve in the books of the Board true minutes of the proceedings. The minutes of the meetings shall be sent to the members of the Board along with notice of the next regular meeting at least one (1) week before said meeting

ARTICLE V

Standing Committee

Section 5.1 Ad hoc committees may be called at the discretion of the Board by recommendation of the Department of Health with Board approval.

ARTICLE VI

Scope of Authority

Section 6.1 All decisions derived from the function of the Board which is not in conflict with State and County law shall be public policy and law and in full force in effect.

ARTICLE VII

Amendments

Section 7.1 These bylaws may be amended by a majority vote of the Board of Health and ratified by the County Commissioners.

RESOLVED BY THE SAN JUAN COUNTY BOARD OF HEALTH, STATE OF UTAH, this

7th day of March, 2019.

Kd Perkins

Kd Perkins, Chairperson
San Juan County Board of Health

San Juan County Commission

Attest: KKB
Kirk Benge, Health Officer
San Juan County Public Health Dept.

San Juan Public Health

Grant Sunada, PhD, MPH
Executive Director & Health Officer

Michael Nielson, D.O.
Medical Director

Ronnie Nieves
Environmental Director

Brittney Carlson, RN
Nursing Director

Rebecca Benally, MEd
Health Promotion Director

Local Board of Health Members

NAME	APPT TYPE	EMAIL	PHONE	DATE OF APPT	TERM END	Position
Revina Talker	at large	rtalker@unhsinc.org	970-529-0076	Feb, 2022	Feb, 2026	
Gary Suttlemyre	Monicello City rep	gary.suttlemyre@gmail.com	435-459-9442	June, 2018	June, 2022	
Trent Herring	Blanding City rep	therring@bmhutah.org	435-678-4655	Feb, 2022	Feb, 2026	
Lois Young	Bluff Township rep	visionpool@gmail.com	206-437-1121	Jan, 2019	Jan, 2023	Vice Chair
Suzette Morris	at large	mossiah99@yahoo.com	435-459-0389	Aug, 2021	Aug, 2025	
Willie Grayeyes	County Commission rep	williegrayeyes@sanjuancounty.org	435-587-3225	Jan, 2019	Jan, 2023	
Genevieve Mitchell	at large	genmitchell913@gmail.com	505-488-3121	Nov, 2021	Nov, 2025	
Michael Nielson	Medical Director	mnielson@sanjuanhealth.org	435-587-5054			NOT a board member