Panhandle Health District

Healthy People in Healthy Communities

Public Health
Prevent. Promote. Protect.
Panhandle Health District

Memorandum of Understanding

This Memorandum of Understanding outlines the roles and responsibilities between **Lakeland School District 272** and **Panhandle Health District (PHD)** for facilitation of the INDEPTH Classes during the 2024-2025 academic year.

Background

The American Lung Association's INDEPTH® (Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health) is an alternative to suspension or citation program that is offered as an option to students who face suspension or citation of school tobacco use policies.

While INDEPTH is not a cessation program, helping teens identify steps toward quitting their tobacco and e-cigarette use is strongly encouraged. Students may decide to quit or reduce their tobacco/e-cigarette use as result of their participation in the program.

The program is structured such that students participate in one, 50-minute session per week for four weeks. However, the timing of these sessions can be individualized based on what is feasible for a given school.

More information on the INDEPTH program is available here:

INDEPTH@Lung.org

Primary point of contact for **PHD** will be:

Name: Alicia Keller
Email: akeller@phd1.idaho.gov
Phone: 208-415-5122

Please select an option:

☐ Parental consent for external health education/health promotion activities provided during annual student registration. No additional parental consent is needed. Provide PHD with a copy of the template annual student registration consent.

☑ Opt-in parental consent to be utilized. PHD to provide template, Lakeland School District to distribute 2 weeks prior to class start date, collect signed forms, and provide a copy to PHD. Students without signed parental consent are unable to participate in class facilitated by PHD.

Primary point of contact for Lakeland School District will be:
Name: Renee Vordahl
Email: rvordahl@lakeland272.org
Phone: (208) 623-6303

Duration
This MOU is at-will and may be modified in writing with mutual agreement of both parties. All notices of change or termination must be done in writing 30 days prior. This MOU shall become effective upon signature by the authorized officials of both parties and will remain in effect until modified or terminated.

_____   _____

Signature   **Date**

_____   _____

Signature   **Date**