



Board of Health Meeting

Thursday, June 17, 2021, 9:30 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the June 17, 2021, Board of Health meeting can be submitted at <https://www.surveymonkey.com/r/06172021> or by mail to: SWDH Board of Health, Attn: Administration Office, 13307 Miami Lane, Caldwell, ID, 83607. The period to submit public comments will close at 10:00 a.m. on Wednesday, June 16, 2021.

***Meeting Format :** In-person attendance at the meeting will be limited. Anyone unable to attend the meeting in-person is invited to view the meeting on their own device through live streaming available on [the SWDH YouTube channel](#).

Agenda		
<u>A = Board Action Required</u>	<u>G =Guidance</u>	<u>I = Information item</u>
9:30 A	Call the Meeting to Order	Chairman Bryan Elliott
9:32	Pledge of Allegiance	
9:34	Roll Call	Chairman Bryan Elliott
9:37 A	Request for Additional Agenda items; Approval of Agenda	Chairman Bryan Elliott
9:40	In-Person Public Comment	
9:55 I	Open Discussion	SWDH Board Members
10:10 A	Approval of Minutes – May 18, 2021	Chairman Bryan Elliott
10:15 I	Introduction of New Employees	Division Administrators
10:20 I	May 2021 Expenditure and Revenue Report	Troy Cunningham
10:35	Break	
10:45 A	Annual Board of Health Leadership Positions	Chairman Bryan Elliott
11:00 I	Region 3 Behavioral Health Board Follow Up	Nikki Zogg
11:10 A	Clinic Fees	Emily Geary
11:15 I	Western Idaho Community Crisis Center (WIDCCC) Quarterly Update	Sam Kenney
11:25 A	WIDCCC Committee Member Nominations	Sam Kenney
11:30 I	Community Health Team Update	Charlene Cariou
11:45 I	Executive Council Update	Nikki Zogg, Georgia Hanigan
11:50 I	Director's Report	
	Subsurface Sewage Disposal Program Update	
	IAPHDD Update	
12:00	Lunch Break	
1:00	Annual Idaho Association of District Boards of Health Virtual Meeting	
4:00	Adjourn	

NEXT MEETING: Tuesday, July 27, 2021, 9:00 a.m.

Healthier Together

13307 Miami Lane • Caldwell, ID 83607 • (208) 455-5300 • FAX (208) 454-7722



BOARD OF HEALTH MEETING MINUTES
Tuesday, May 18, 2021

BOARD MEMBERS:

Georgia Hanigan, Commissioner, Payette County – present
Lyndon Haines, Commissioner, Washington County – present
Keri Smith, Commissioner, Canyon County – present
Kelly Aberasturi, Commissioner, Owyhee County – present
Viki Purdy, Commissioner, Adams County – present
Sam Summers, MD, Physician Representative – present
Bryan Elliott, Commissioner, Gem County – present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Sam Kenney, Jaime Aanensen, Charlene Cariou
Via Zoom: Troy Cunningham, Doug Doney

GUESTS: Members of the public attending in person; Guests viewing live stream via SWDH You Tube page; Sarah Andrade, Heather Taylor

CALL THE MEETING TO ORDER

Chairman Bryan Elliott called the meeting to order at 9:02 a.m.

ROLL CALL

Kelly Aberasturi – present; Dr. Summers - present; Chairman Elliott – present; Commissioner Hanigan – present; Commissioner Purdy – present; Commissioner Haines – present; Commissioner Smith – present

REQUEST FOR ADDITIONAL AGENDA ITEMS; APPROVAL OF AGENDA

MOTION: Commissioner Haines made a motion to accept the agenda as presented. Commissioner Aberasturi seconded the motion. All in favor; motion carries.

IN-PERSON PUBLIC COMMENT

Board members heard one member of the public present in-person public comment.

OPEN DISCUSSION

Board members engaged in open discussion. Commissioner Purdy asked if the fully signed resolution can be added to the front page. Commissioner Elliott commented on feedback he received following signing of the resolution. Commissioner Elliott also noted that Gem County held a septic meeting that was attended by Mitch Kiester and one other SWDH staff person.

APPROVAL OF MINUTES – APRIL 27, 2021 AND MAY 4, 2021

MOTION: Commissioner Aberasturi made a motion to approve the minutes as presented. Commissioner Haines seconded the motion. All in favor; motion passes.

INTRODUCTION OF NEW EMPLOYEES

No new employees were introduced. Nikki announced that Carol Julius recently announced her retirement. Her last day is next week.

APRIL 2021 EXPENDITURE AND REVENUE REPORTS

Troy Cunningham, Financial Manager, presented the April 2021 Expenditure and Revenue Report.

CONTRACTS AND FUNDING SOURCES

Troy Cunningham presented an updated list of contracts and funding sources as previously requested by Board of Health members. Board members requested that the document be updated and made available for review on a quarterly basis. Commissioner Purdy asked about the reoccurrence of the federal contracts. Nikki explained that many are long-standing federal contracts that have been in place for decades such as tuberculosis prevention. Some other contracts around drug use prevention and mental health are newer funding sources. Nikki also explained some contracts have been pursued independently based on the needs of our communities.

WESTERN IDAHO COMMUNITY CRISIS CENTER (WIDCCC) ADVISORY COMMITTEE BYLAWS APPROVAL

Samantha Kenney, SWDH Project Manager, presented the amended WIDCCC Advisory Committee Bylaws for approval. The Advisory Committee is by statute required to have a consumer representative on the Advisory Committee meaning someone that is a consumer of behavioral health services in our region. Sam explained that this has been a difficult task to find an engaged individual that would qualify as a consumer. She asked for feedback and input from Board members on expanding that scope to include a caregiver or family member.

Sarah Andrade, Lifeways Program Manager, provided input on the definition of a consumer and noted that an individual's recovery process or involvement in treatment options affects all family members, parents, guardians, and spouses.

Sam also explained that the updated bylaws include Board member confirmation of the nomination and appointment process for committee members. With that process established, the committee will work to gather nominations to bring nominations back to this board for review to help fill the vacancies on the Advisory Committee.

MOTION: Commissioner Smith made a motion to approve the amended WIDCCC Advisory Committee Bylaws as presented. Commissioner Haines seconded the motion. All in favor; motion passes.

IADBH EXECUTIVE COUNCIL UPDATE

Nikki and Commissioner Georgia Hanigan, Executive Council and Trustee, shared that there are not many new Executive Council updates. Nikki shared that the passing of House Bill 316 requires the counties to cover the shortfall for the state appropriation amount as of March 2022. Nikki will discuss the impact of this later in the meeting.

Going forward, Nikki expects resources to be directed to request a clarification in the law regarding audit requirements. Currently, there is a conflict between two statutes.

COUNTY CONTRIBUTIONS

Nikki Zogg referenced the House Bill 316 legislation recently enacted and opened discussion with Board members regarding county contributions for the Fiscal Year (FY) 2022 budget period. This year, there is no request for an increase in county contributions.

The legislation that articulates the funding pieces for the public health districts includes Idaho Code 39-424(a). The changes include the stipulation that the amount of such additional county aid shall not be less than the FY 2021 state appropriation. The legislation also states that, in addition to the formula used to determine the county contributions for each county in the public health districts, an alternative appropriation agreement may be established by the Budget Committee. This alternative option was not previously available. The counties may use any fund balance pursuant to Idaho Code to meet that funding obligation.

Nikki also shared a spreadsheet created by Idaho Association of Counties (IAC) showing the impact to counties with the removal of responsibility for indigency expenses and the profit/loss assumptions for revenue sharing and the public health districts. She also explained that each county in our district currently uses a preventive health levy to fund part or all of their contribution to the district.

FY2022 BUDGET PROPOSAL

Nikki Zogg presented the FY 2022 budget proposal and provided highlights from the proposal. She pointed out the revenue process change due to House Bill 316. Effective March 1, 2022, the FY 2022 state appropriation will be expended, and the counties' contributions will increase. Property valuations and population determine how the total amount of county contributions are divided among the six counties in the district.

A decrease in operating expenses and a stable capital expense amount are anticipated for this coming fiscal year. The budget proposal reflects a 2% merit based increase in salary and benefit cost for employees. The largest impact to increase in the personnel budget is due to fully funded additional positions for COVID-19 response. All of these positions are temporary or limited service. These positions are fully funded with federal funds sub granted to the district from Idaho Department of Health and Welfare and through a private funder. Nikki explained that we will continue with the philosophy of not having people here without work for them to be doing.

MOTION: Commissioner Smith made a motion to approve the FY 2022 Budget Proposal as presented to be moved forward and presented to the six counties in our region. Commissioner Haines seconded the motion. All in favor; motion passes.

BOARD OF HEALTH EMAIL INBOX

Nikki asked Board members if they prefer that the Board of Health email inbox here at SWDH continue to be used or if that additional inbox can be phased out. Board members shared that constituents are able to reach out directly to each of them as needed.

Board members provided guidance to Nikki to phase out the usage of the Board of Health email inbox and add email address contact information and county phone numbers for Board members beneath the board member photos on the website.

REGION 3 BEHAVIORAL HEALTH BOARD CONTRACT

Nikki provided a brief background on the Region 3 Behavioral Health Board (R3BHB) contract. The health districts serve as fiduciary agents for the R3BHB and provide support including a place for their meetings and personnel to provide administrative support. Several years ago, we began to experience some challenges between SWDH and the R3BHB surrounding the Office of Drug Policy (ODP) Partnership for Success grant funds. Public health districts provided a letter of support for ODP in seeking that request. Letters of support were also requested from each Behavioral Health Board. Nikki coordinated with the Executive Committee to provide that letter. The process that was taken by the BHB Executive Committee was not aligned with their bylaws, which had ramifications that are still being felt. There are other examples where the expectations of the district are not aligned with the expectations of some members of the BHB. This is creating a primary concern of being able to continue to staff positions to support the BHB. There have been instances where SWDH staff have been treated poorly and unprofessionally by BHB members resulting in some SWDH staff seeking alternate employment.

More recently, one of our community partners received communication from BHB members that includes derogatory comments regarding SWDH staff.

This is not a productive or healthy relationship and Nikki asked for guidance from Board of Health members. She explained that SWDH is at this point not interested in continuing with this contract. Ideally, this would be a great partnership as we care about the whole person health of our communities and feel it could be a very successful partnership.

Heather Taylor, Division of Behavioral Health, provided positive feedback for SWDH and their involvement. She explained that much of the strife being encountered is more personal in nature among some of the board members and there are processes being worked through to limit the communications and to have those communications better vetted.

Board members discussed the benefits of this partnership, whether the strained relationship is fixable and acknowledged that if the nature of the relationship was collaborative then the partnership's connection with SWDH would be beneficial. From our staff's perspective all avenues to remedy the relationship have been exhausted including engagement with the Division of Behavioral Health.

Board members also discussed whether there are measures we can enact to protect our employees if we do have to continue this contract until 2023. Heather Taylor suggested that up until now the nature of the method of communication has been a lot of BHB members interacting with SWDH staff directly. The contract is between DBH and SWDH, Heather advised routing communication from BHB members through DBH before it goes to SWDH to allow for a filter rather than that direct interaction until the contract is terminated or the problems resolved.

Board members directed Nikki to provide information to BHB members indicating contemplation of termination of the contract between SWDH and the BHB. Nikki will coordinate drafting of a memorandum of record with Division of Behavioral Health and will cc BHB leadership.

DIRECTOR'S REPORT

BOARD ELECTIONS

Nikki reminded Board members that next month's meeting will include Board leadership elections.

BUDGET COMMITTEE INVITES AND PROXY FORMS

The annual Budget Committee Meeting and Public Hearing to vote on the proposed SWDH Fiscal Year 2022 budget will be held Thursday, June 17th at 9:00 a.m. The Budget Committee is comprised of the chairmen of each county's Board of County Commissioners. Those Board of Health members who are not chairs will need a proxy from their chair to vote at the meeting.

SUMMER IADBH RESOLUTIONS AND MEETING PROXY FORMS

The June Board of Health meeting date has been changed to align with the annual Idaho Association of District Boards of Health (IADBH) meeting on Thursday, June 17, 2021. The Board of Health meeting will be held from 9:30am to 12:00pm followed by a lunch break before board members virtually attend the IADBH meeting from 1pm to 4pm.

There being no further business, the meeting adjourned at 11:39 a.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Bryan Elliott
Chairman

Date



**SOUTHWEST DISTRICT HEALTH
BUDGET REPORT FOR MAY 2021 (FY21)**

Target 91.7%

This month

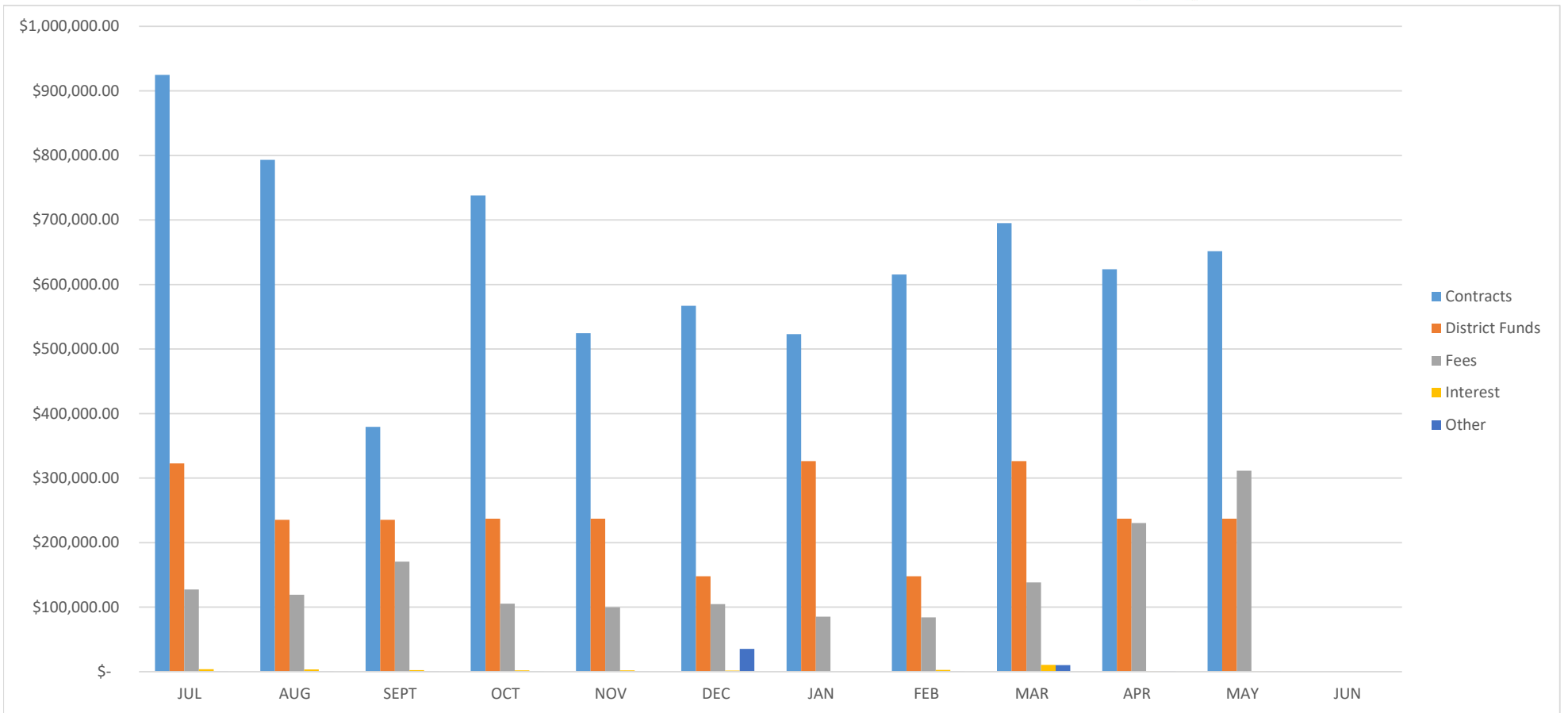
Fund Balances		CHANGE YTD
Beginning Total:	May 31	
General Operating Fund	\$ 66,114 \$ 212,324	\$ 146,210
Millennium Fund	\$ - \$ 44,309	\$ 44,309
LGIP Operating	\$ 2,630,723 \$ 3,536,538	\$ 905,815
LGIP Vehicle Replacement	\$ 99,207 \$ 99,678	\$ 471
LGIP Capital	\$ 1,299,174 \$ 1,299,174	\$ 0
Total	\$ 4,095,218 \$ 5,192,024	\$ 1,096,806

Year-to-Date Cash Position		CHANGE
Revenues:		
Carry Over:	\$ 11,589,861	
Behavioral Health Board	\$ (10,793)	
CRP	\$ (7,102)	
Parents As Teacher	\$ (190,760)	
Net Revenue:	\$ 11,381,206	\$ 1,201,209
Expenditures:	\$ (10,171,990)	\$ (996,270)
Net Cash Position:	\$ 1,209,217	\$ 204,939

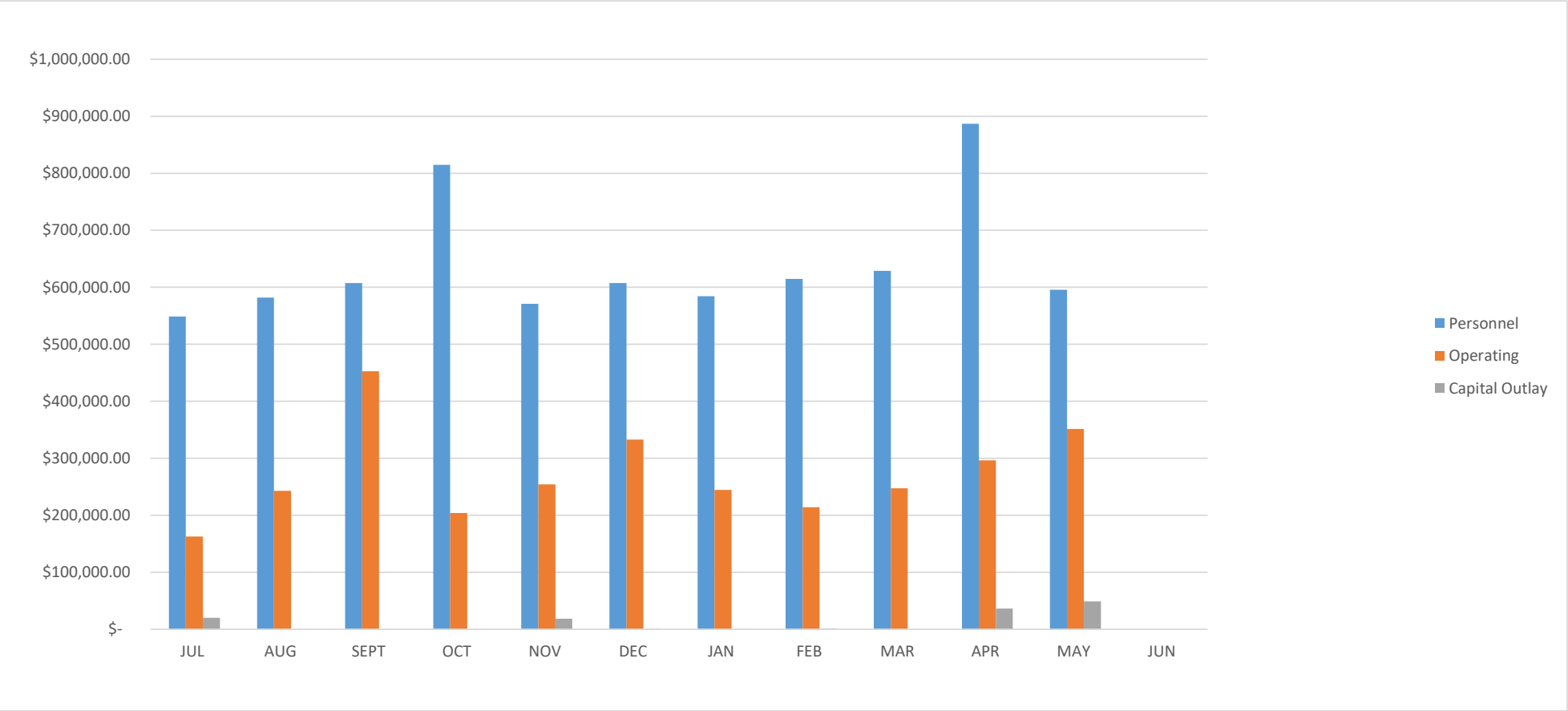
Revenue											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent of Direct
Fees	\$ -	\$ -	\$ 77,892	\$ 233,155	\$ -	\$ 500	\$ -	\$ 311,547	\$ 1,576,583	\$ 1,715,979	92%
Contracts	\$ -	\$ -	\$ 227,014	\$ 361,366	\$ -	\$ -	\$ 63,334	\$ 651,714	\$ 7,036,115	\$ 6,861,838	103%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000	0%
Interest	\$ -	\$ 761	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 761	\$ 30,917	\$ 80,000	39%
District Funds	\$ 806	\$ 11,782	\$ 100,172	\$ 38,677	\$ 53,150	\$ 32,478	\$ -	\$ 237,066	\$ 2,689,904	\$ 4,369,047	
Carry-Over Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 208,655	\$ 70,027	
Other/Committed Funds	\$ -	\$ 121	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 121	\$ 47,687	\$ 27,886	
Monthly Revenue	\$ 806	\$ 12,664	\$ 405,078	\$ 633,198	\$ 53,150	\$ 32,978	\$ 63,334	\$ 1,201,209	\$ 11,589,863	\$ 13,144,777	88.2%
Year-to-Date Revenue	\$ 9,146	\$ 164,920	\$ 3,831,080	\$ 5,485,665	\$ 780,178	\$ 372,126	\$ 946,744	\$ 11,589,861	Total Direct budget is \$10,560,522 + \$1,524,255 indirects= \$12,084,777 + \$1,060,000 Added = \$13,144,777		
Budget	\$ 16,362	\$ 326,211	\$ 5,139,220	\$ 4,005,719	\$ 1,347,170	\$ 655,263	\$ 1,654,832	\$ 13,144,777			
	55.9%	50.6%	74.5%	136.9%	57.9%	56.8%	57.2%	88.2%			

Expenditures											
Personnel	\$ 1,524	\$ 16,392	\$ 224,064	\$ 269,924	\$ 71,307	\$ 9,248	\$ 3,147	\$ 595,607	\$ 7,041,260	\$ 7,835,177	90%
Operating	\$ 969	\$ 7,732	\$ 43,004	\$ 251,941	\$ 22,122	\$ 13,298	\$ 12,539	\$ 351,605	\$ 3,003,840	\$ 5,124,800	59%
Capital Outlay	\$ -	\$ -	\$ 7,090	\$ -	\$ -	\$ 41,969	\$ -	\$ 49,059	\$ 126,889	\$ 184,800	79%
Monthly Expenditures	\$ 2,494	\$ 24,125	\$ 274,158	\$ 521,865	\$ 93,428	\$ 64,515	\$ 15,685	\$ 996,270	\$ 10,171,989	\$ 13,144,777	77.4%
Year-to-Date Expenditures	\$ 18,823	\$ 203,679	\$ 2,912,454	\$ 4,867,904	\$ 932,121	\$ 457,430	\$ 779,577	\$ 10,171,990	Total Direct budget is \$10,560,522 + \$1,524,255 indirects= \$12,084,777 + \$1,060,000 Added = \$13,144,777		
Budget	\$ 16,362	\$ 326,211	\$ 5,139,220	\$ 4,005,719	\$ 1,347,170	\$ 655,263	\$ 1,654,832	\$ 13,144,777			
	115.0%	62.4%	56.7%	121.5%	69.2%	69.8%	47.1%	77.4%			

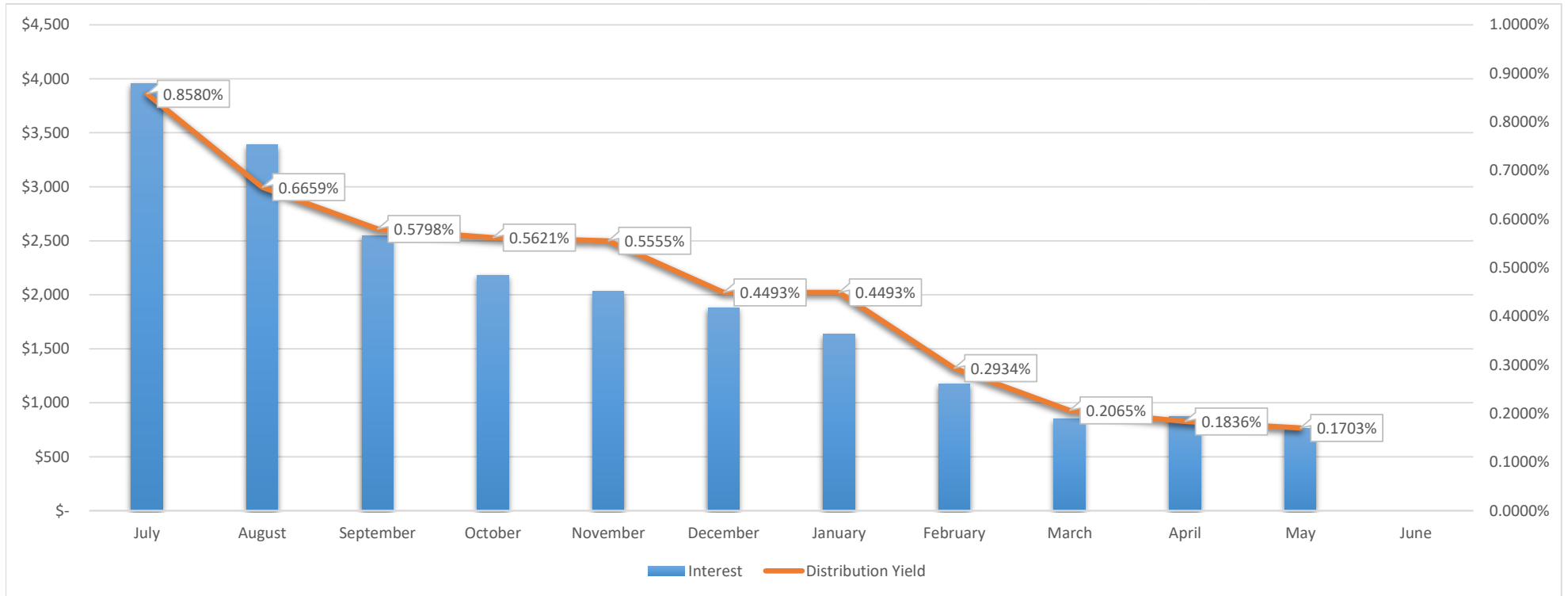
YTD REVENUES



YTD EXPENDITURES



YTD INVESTMENT YIELD TRENDS



**FEE SCHEDULE
CLINIC SERVICES**

IMMUNIZATIONS - VACCINE			
CPT Code	Service Code	Service Description	Charges
90707	MMR 3	Measles,Mumps,Rubella (18 yrs & under)	VFC
90707	MMR	Measles,Mumps,Rubella (19 yrs & over)	\$85
90710	MMRV	Measles, Mumps, Rubella, Proquad	VFC
90710	MMRV	Measles, Mumps, Rubella, Proquad	\$241
90620	MNBX	Meningococcal Bexsero (18 yrs & under)	VFC
90620	MNBX	Meningococcal Bexsero (19 yrs & over)	\$190
90723	DIHB 5	Pediarix (2 mos - 7 yrs) (DtaP, Hep B, IPV)	VFC
90698	HDI 5	Pentacel DTaP/IPV/Hib	VFC
90732	PNU	Pneumococcal/Polysac23 (18 yrs & under)	VFC
90732	PNU	Pneumococcal/Polysac23 (19 yrs & over)	\$110
90713	IPV	Polio Pediatric (18 yrs & under)	VFC
90713	IPV	Polio Adult (19 yrs & over)	\$43
90670	PCV	Pneumococcal Conjugate	VFC
90670	PCV	Pneumococcal Conjugate	\$235
90675	RABI	Rabies	\$334
90680	ROT	Rotavirus P.O. (3 doses by 32 wks of age)	VFC
90680	ROTX	Rotarix P.O. (2 doses by 24 wks of age)	VFC
90715	TdAP 3	TdaP (11 yrs - 18 yrs)	VFC
90715	TdAP	TdaP (19 yrs - 64 yrs)	\$52
90714	TD 2	Tetanus/Diphtheria/TD (18 yrs & under)	VFC
90714	TD	Tetanus/Diphtheria/TD (19 yrs & over)	\$36
86580	TST	Tuberculin Skin Test - Includes Administration & Read	\$35
86580	PPD	Tuberculin Skin Test - Includes Administration & Read	\$35
90636	HAB	TwinRix Hep A & B IM (18 yrs & under)	VFC
90636	HAB	TwinRix Hep A & B IM	\$111
90716	VAR	Varicella/Chicken Pox Pediatric (18 yrs & under)	VFC
90716	VAR	Varicella/Chicken Pox Adult (19 yrs & over)	\$166
90750	RZV	Shingrix	\$160 161

- Notes:
- A. No child will be turned away from receiving childhood immunizations for inability to pay.
 - B. Fee formula: vaccine charge + administration charge = total
 - C. VFC = Vaccine for Children

Origination Date: 1971

Revision Date: 07/01/2018

Review Date: 03/16/2021

**FEE SCHEDULE
CLINIC SERVICES**

INHOUSE LABS					
CPT Code	Service Description	A 25%	B 50%	C 75%	D 100%
82962	(*) Glucose Finger Stick	\$3	\$5	\$8	\$10
83036	(*) A1C Inhouse	\$5 \$10	\$10 \$13	\$14 \$15	\$19 \$18
85018	(*) Hgb (Hemoglobin)	\$10	\$13	\$15	\$18
86703	(*) HIV1/HIV2 Rapid Result Antibody	\$8	\$15	\$23	\$30
82274	(+) IFOBT Fecal Occult Blood Test	\$17	\$22	\$26	\$30
81025	Pregnancy Test	\$5	\$6	\$7	\$9
86710	Quick FLU	\$16	\$20	\$21	\$28
81002	Urine Micro/Dipstick	\$5	\$10	\$15	\$20
83986	pH Test Tape	\$4	\$7	\$11	\$14
87210	Wet Mount (KOH)	\$5	\$9	\$14	\$18
87430	Quick Strep	\$9	\$18	\$26	\$35
86780	Syphilis Rapid Test	\$8	\$15	\$23	\$30
36416	Finger Stick	\$4	\$8	\$11	\$15
99000	Handling/Collection	\$4	\$9	\$13	\$17

Notes: (*) Does not include Finger Stick = \$15.00
(+) Does not include Handling/Collection = \$17.00

Origination Date: 1971
Revision Date: 07/01/2018
Review Date: 03/16/2021

**FEE SCHEDULE
CLINIC SERVICES**

MEDICATIONS & SUPPLIES					
CPT Code	Service Description				
Q0144	Azithromycin 250 mg 4			\$2	
J0561	Bicillin LA (1.2units/tubex) dose 2.4units/2 tubex			\$18	
J0696	Ceftiazone 250 mg *			\$12	
J3490	Doxycycline 100 mg #14			\$7	
J3490	Doxycycline 100 mg #28			\$13	
J8499	Fluconazole 150 mg tablet			\$5	
J2001	Lidocaine cc			\$2	
S0020	Marcaine .25%			\$4	
J3490	Metrogel Vaginal Gel 0.75% 70g			\$5	
S0030	Metronidazole #4 500 mg			\$6	
S0030	Metronidazole #14 500 mg			\$14	
S0030	Metronidazole #28 250 mg			\$17	
J3490	Premarin Vaginal Cream 30g			\$5	
J3490	Suprax 100 mg tablet			state purchased	\$.00
J8499	TMP/SMX #6			\$10	

J0696

Ceftiaxone 500 mg *

\$4

Note: * does not include injection charge

Origination Date: 1971

Revision Date: 07/01/2018

Review Date: 03/16/2021

QUARTER FOUR 2020-2021



Report Prepared By: Lifeways, Inc.



Executive Summary

The Western Idaho Community Crisis Center (WIDCCC) became operational on April 23, 2019. WIDCCC is a partnership between the Idaho Department of Health and Welfare (IDHW), Southwest District Health (SWDH), and Lifeways Inc. The crisis center serves adults in need of mental health and substance use disorder crisis services in Region III. The center provides stabilization and connection to community resources. Individuals can access the center for a maximum stay of 23 hours and 59 minutes. The center is open 24 hours per day, 7 days a week and 365 days a year. The center is located at 524 Cleveland Blvd., Suite 160, Caldwell, ID 83605. WIDCCC is a key part of community integration allowing immediate access and screening to those experiencing a mental health, substance use or resource need. Lifeways adheres to the Minkoff model, which leverages an interdisciplinary team to provide a preliminary medical screening, risk screening and behavioral health assessment to assess for and direct an individual to the most appropriate and cost-efficient level of care.

In the fourth quarter of this year, the crisis center experienced a decrease in access from 1256 admissions in the third quarter to 809 individual admissions. Per previous reporting practices, some admissions represent individuals that were served more than one time. In managing concerns related to substance use or mental health, it is a best and safe practice for an individual to return to avoid or following a relapse or to avoid a higher level of care. The average length of stay was 16 hours and 49 minutes. WIDCCC serves the entirety of Region III, which include: Adams, Canyon, Gem, Owyhee, Payette and Washington Counties. The fourth quarter show 87% of the individuals accessing WIDCCC identify Canyon County as their county of residence. To address the more limited WIDCCC utilization from outlying counties, ongoing outreach efforts have continued, specifically targeting the access and transportation barriers that present for a rural district with the geographical spread experienced in Region III. Six percent of the individuals who accessed the crisis center, identified their primary residence as outside of Region III. Although these individuals fell outside of the service area identified for the crisis center, they were provided with access and care, keeping true to the Minkoff Model and “no wrong door” philosophy.

Medicaid/Optum continues to be reported as the leading insurance provider of individuals accessing WIDCCC. Self-referrals are the primary source for individuals seeking services. Of the responses provided by consumers, 46% reported not having or not having access to health insurance. While in crisis, providing accurate information can sometimes be difficult due to interfering symptoms which prevent communication or prevent trust. Presenting as an additional barrier to collecting personal information, including information related to insurance, is the reported concern related to “shame” and “embarrassment” that consumers may associate with the stigma of seeking behavioral health or substance use care.

Admissions

The Western Idaho Community Crisis Center is through the second year of operation. The following admission numbers represent a rolling calendar (Figure 1). WIDCCC processed a total of 809 admissions from 1/1/2021 through 3/31/2021. Of those 809 admissions, 171 were unduplicated visits. It is worth noting that through a majority of 2020 and into 2021, many of the resources that individuals were traditionally referred to as part of a discharge, were not accessible due in part from closures in response to the COVID-19 Pandemic. Region III does not have a men's shelter for individuals experiencing homelessness. The WIDCCC staff also receives general information calls related to accessing the center for a friend, family member or loved one. In the 4th quarter, the call log reflects 4 calls (not including calls to begin an admission or trouble-shoot access) made, received, and triaged by staff at the crisis center. We should note that during COVID 19 staff were unable to successfully document all calls due to time constraints, much higher census and staff exposures which resulted in running a tighter staffing pattern.

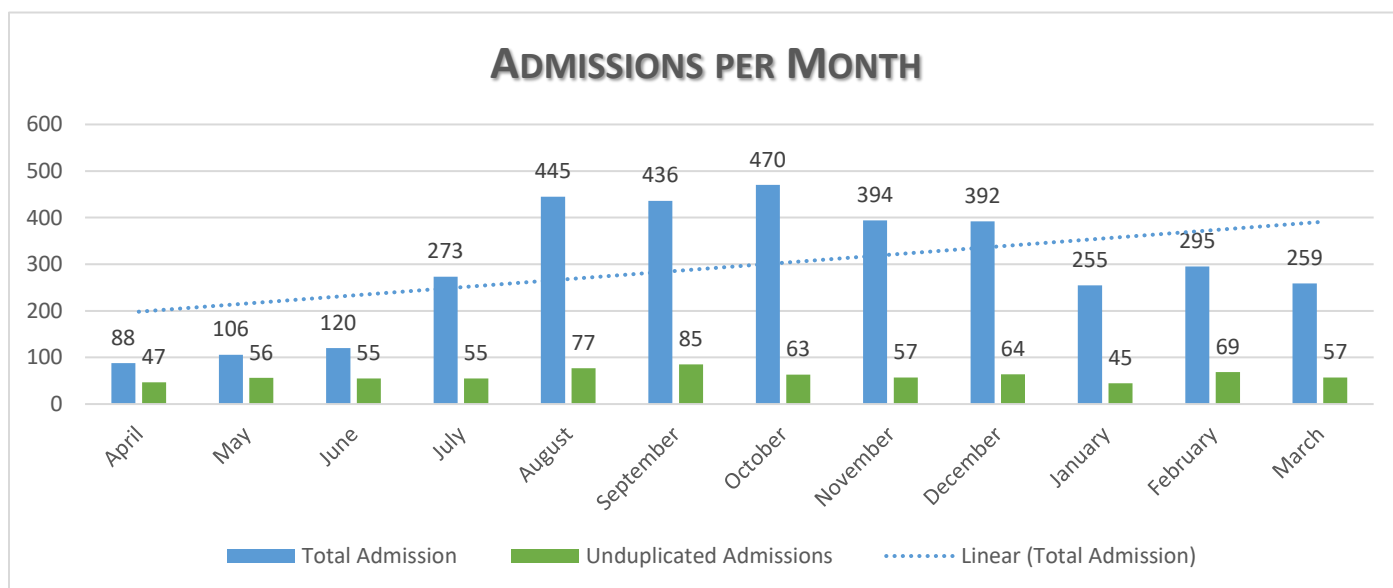


Figure 1: Admissions per Month (April 2020 – March 2021 rolling 12 months)

Demographics

The average length of stay in the fourth quarter was 16 hours and 49 minutes. The average daily census was 9. The number of individuals who were homeless or at risk of being homeless was 560 (69%). The number of identified veterans served was 24 (3%).

Canyon County continues to lead access of WIDCCC with the highest frequency (Figure 2). Lifeways and SWDH have continued active community outreach to the six-county region to not only promote use of this evidence-based and cost saving resource, but also to gather data regarding potential barriers preventing access to the crisis center. Outreach was disrupted in the first quarter due to COVID, with the cancelation of 5 specific speaking engagements targeting groups that serve at-risk and/or vulnerable populations. WIDCCC has also been fortunate to have great partners in community providers as well as in the support of the Region III Behavioral Health Board. This quarter, WIDCCC received funding to provide secure transport to individuals from outlying counties. This funding was secured through the efforts of the Region III Behavioral Health Board and represents the first effort of a BHB to secure funding for a regional crisis center.

Eight hundred and nine individuals sought services at WIDCCC in the fourth quarter, 590 of them identified as male, 190 identified as female, 7 identified as transgendered, and 22 individuals who declined a response (Figure 3).

Three hundred and one (60%) of fourth quarter WIDCCC recipients were between the ages of 45 and 54 years. One hundred forty-nine (30%) recipients were between the ages of 18 and 24 years. (Figure 4). The remainder of recipients were distributed between the age groups: 25 to 34 years, 35 to 44, 55 to 64, and 65+.

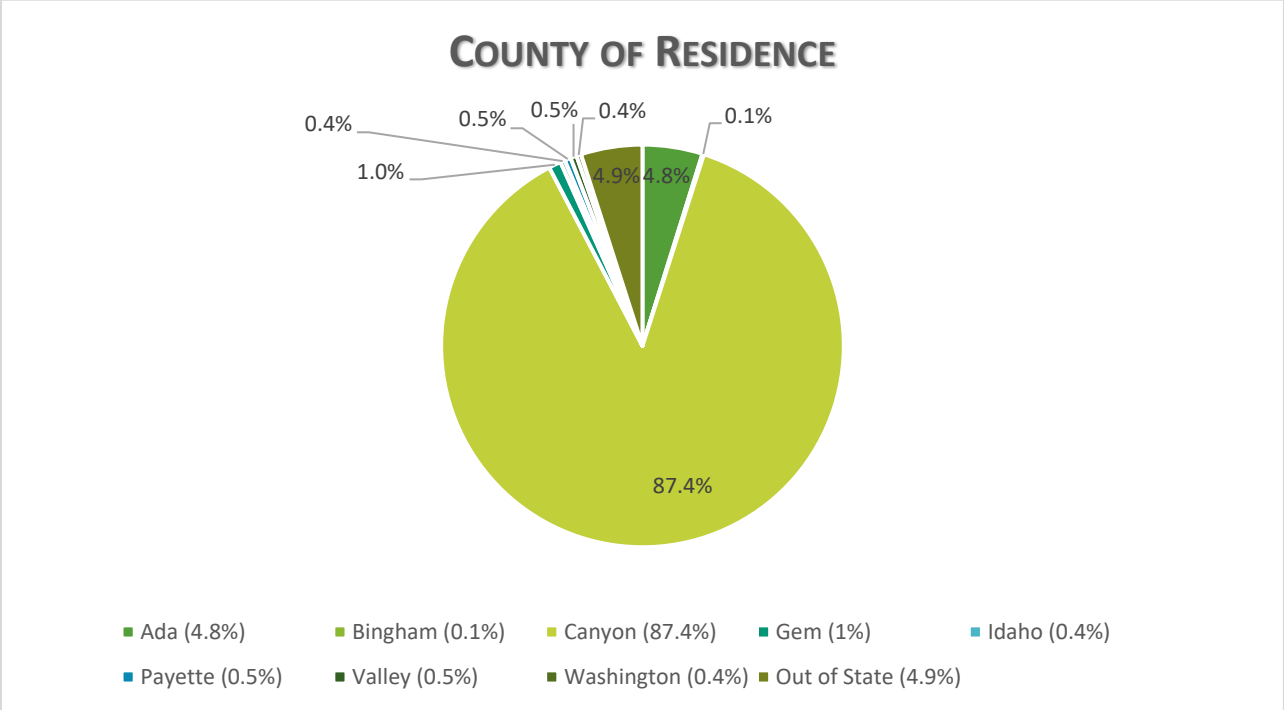


Figure 2: County of Residence for Q4 2020-2021

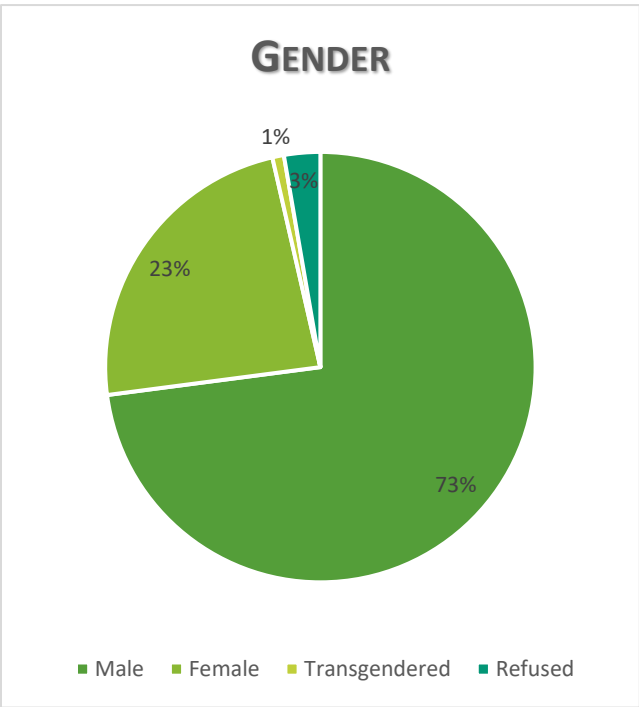


Figure 3: Gender for Q4 2020-2021

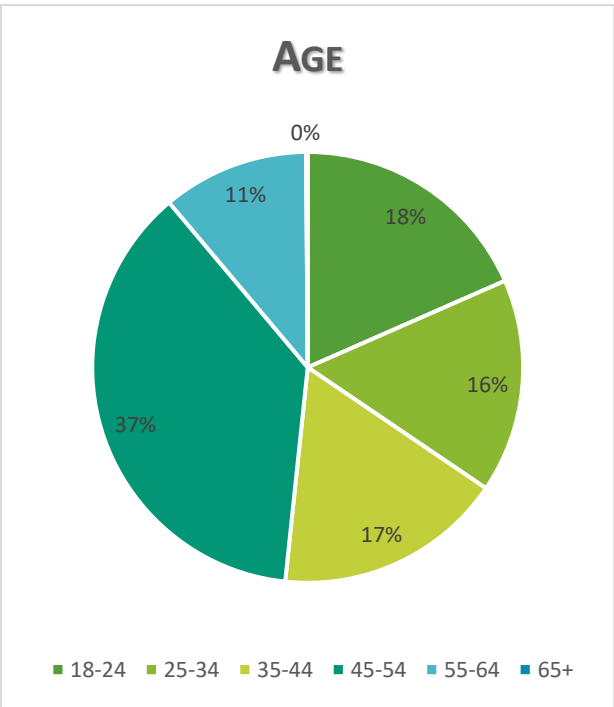


Figure 4: Age for Q4 2020-2021

Diagnoses and Presenting Concerns

Individuals accessing WIDCCC are screened into five categories: mental health only, mental health and substance use, substance use only, inadequate information, or no significant mental health or substance use diagnosis (Figure 5). WIDCCC was initially designed as a center to address crisis related to behavioral health and/or substance use concerns, “crisis” has since defined in a much broader context. Individuals requiring services to address a mental health or substance use concern may identify their presenting concern as a housing, employment, or other need (Figure 6). A presenting concern for an individual is often the circumstance that brought them to *seek* care, not necessarily the circumstance that the care is meant to *resolve*. Allowing an individual to define their crisis, meeting a person where they are at, has value and has demonstrated cost savings for the community in the long run. This approach also contributes to reducing stigma associated with accessing the center, as well as the level of acuity and cost to the community and system that an individual is often required to meet before being able to access a higher level of care.

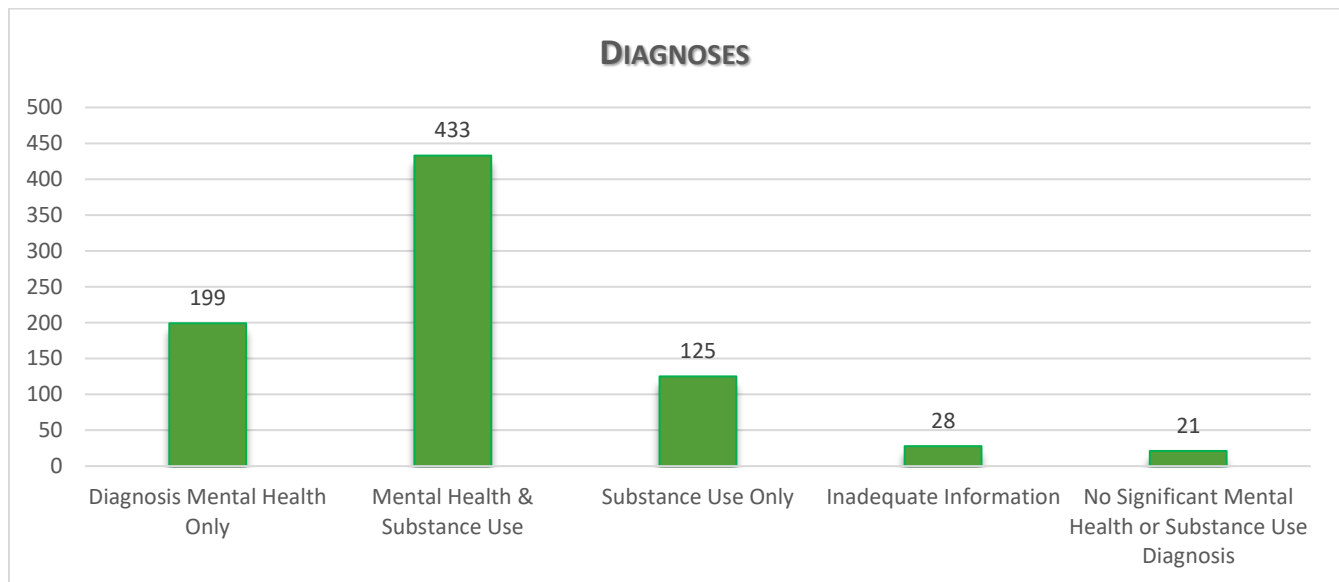


Figure 5: Diagnoses for Q4 2020-2021

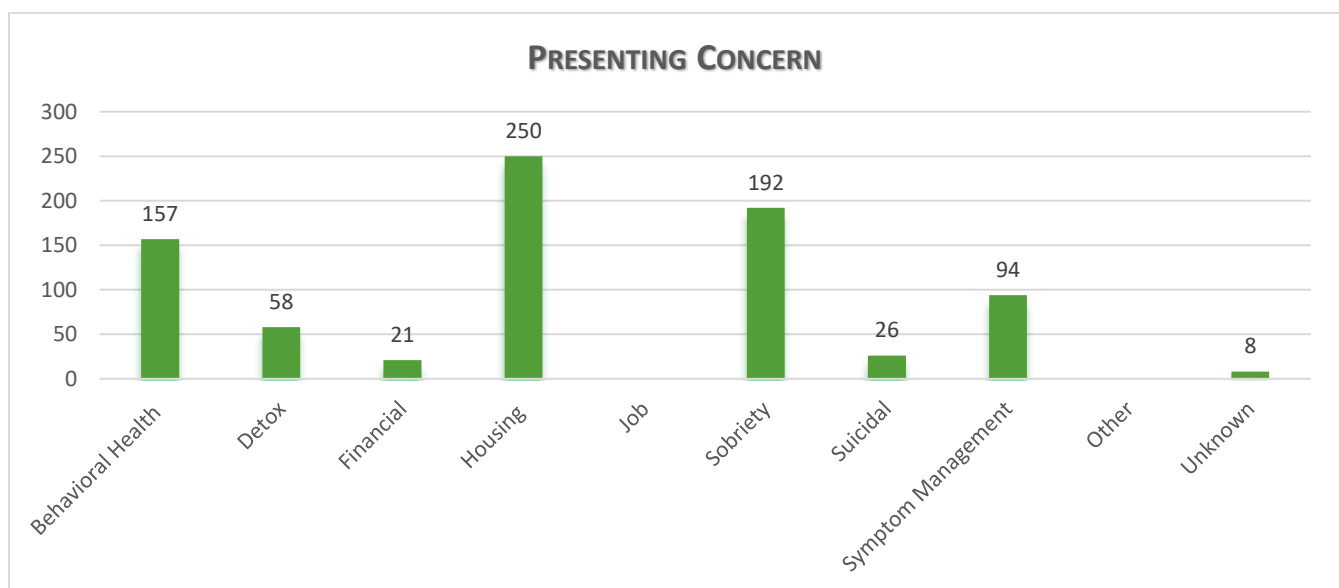


Figure 6: Presenting Concern for Q4 2020-2021

Referral Sources to the WIDCCC

Referral sources (Table 1) indicate how an individual learned about or was referred to the WIDCCC. The data are self-reported by the individual seeking services. Individuals may identify more than one referral source.

Referral Source			
Community Mental Health Agency	29	Physician	21
District Health Service	2	Police (except court or correction agency)	70
Family/Friend	84	Probation/Parole	29
Hospital	98	Self Help Group	34
Jail	7	Self/Guardian	324
Legal Counsel	1	Shelter for Homeless	5
Other Community Organizations	2	SUD Provider	5
Other Health & Welfare Programs	2	Unknown	96

Table 1: Referral Source Q4 2020-2021

Insurance Information

While the last year has brought WIDCCC an overall increase in utilization, two barriers continued to be experienced by patrons or potential patrons. One of the barriers to access is the fear of financial hardship, although outreach continues to promote WIDCCC as a cost-free intervention.

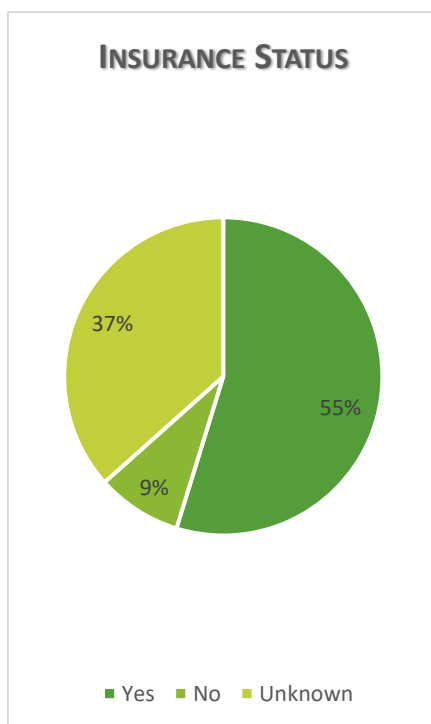


Figure 8: Insurance Status

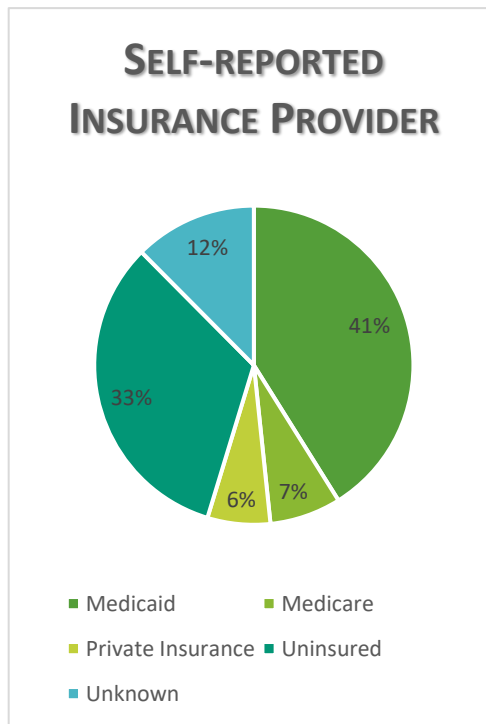


Figure 7: Self-Reported Insurance

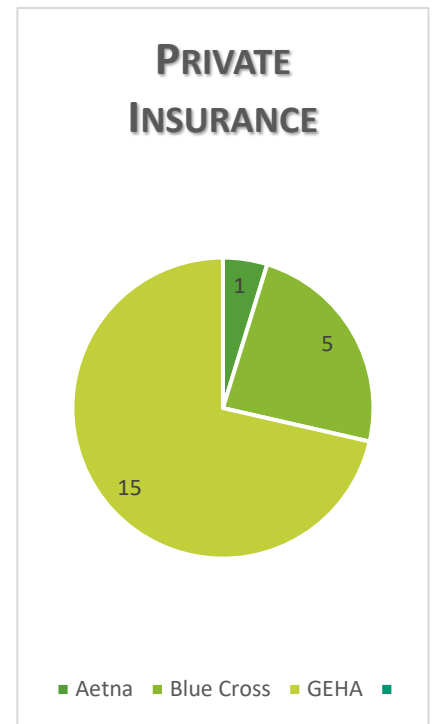


Figure 9: Private Insurance

Cost Savings Report

In September 2019, a crisis center workgroup which had been established in March 2018 was demobilized, and the WIDCCC Advisory Committee was established in accordance with Idaho statute. An immediate focus of the committee is to research methods to gather the number of emergency medical response man hours related to behavioral health and the number of emergency department visits for behavioral health concerns that do not result in hospital admittance, as those data points are not currently available.

Presently, local law enforcement agencies report that there are no data specific to the number of hours spent with persons with behavioral health conditions. In the fourth quarter there were 70 law enforcement drop offs to the crisis center, resulting in an estimated savings of \$70,000. According to an estimate developed by Pathways Community Crisis Center of Southwest Idaho, it costs law enforcement an estimated \$1000 per response to behavioral health related calls. To develop this estimate, Pathways took into account the number of law enforcement officers who report to a call, dispatch, operational and administrative costs. Nampa Police Department is exploring a method to code behavioral health related calls. This would make it easier to pull calls for service and report law enforcement hours spent with persons with behavioral health conditions; however, that is only one agency in Region III.

In the fourth quarter, seven individuals were diverted to the crisis center, in place of jail. This provided an estimated cost savings in the fourth quarter of \$8,610 (Table 2). For fiscal year 2020, the Idaho Department of Corrections calculates the cost per inmate per day to be \$72.97. The average length of stay in Canyon County Jail is 15 days, with a daily cost of \$82, as reported by Canyon County Sheriff's Office. It cost \$312 per day to house inmates outside of the county.

Based on the State Behavioral Health Planning Council State of Mind, the average cost for each behavioral health encounter in a local emergency department is \$2,600. This rate is based on a 24-hour length of stay. In fiscal year 2018, the average length of stay was 5.72 days and in fiscal year 2019, which increased to 5.91 days and an estimated cost of \$15,340 per visit.

In the fourth quarter, 98 individuals were diverted to the crisis center, in place of local emergency departments. This provided an estimated cost savings in the fourth quarter of \$254,800 (Table 2).

Diversions	Visits	Cost/Visit	Total Cost
From Hospital	98	\$2,600	\$254,800
From Jail	7	\$82/day x 15 days	\$8,610
Law Enforcement	70	\$1,000	\$70,000
Total:			\$333,410

Table 2: Estimated Cost Savings

Source: Information is pulled from number of drop-offs by law enforcement and self-reported Individual surveys.

Sustainability

In the initial planning phases of the crisis center, Southwest District Health (SWDH) and Lifeways began to plan for sustainability. Leaders from both organizations worked to bring together health insurance companies, counties, cities, local hospitals, and potential donors to discuss the importance and need of a crisis center in the community and its potential for cost savings. A workgroup was established to work on, not only opening the crisis center, but also a sustainability plan. That workgroup then demobilized and the WIDCCC Advisory Committee was established. A subcommittee now meets monthly to work toward establishing sustainability.

In August of 2019, crisis centers across Idaho received a letter from IDHW notifying of a substantial budgetary cut effective January 1, 2020, and a second on July 1, 2020. This cut appeared to include WIDCCC, in its first quarter of operation. While WIDCCC has committed to maximizing reimbursement, IDHW committed to ensuring financial support, up to the original funding outlined in the contract, in the event Medicaid billing does not make up for the reduction in contract funds.

Lifeways and SWDH continued outreach and education efforts, met with various insurance companies/payers to share research, offer tours, link with comparable programs in other states to establish an agreed upon standard of care and rate. Lifeways was able to secure a contract and day-rate from Optum Idaho. In December of 2019, WIDCCC passed the Optum Crisis Center Credentialing Audit with a score of 100% and the Treatment Record Review with a score of 100%.

The crisis center has since gathered additional paneling with insurances and secured funding to cover the cost of services rendered from counties within Region III.

In order for the Crisis Center to reach 50% of funding through reimbursement, a daily census average of 9 was the goal. Over the last 9 months, census averages and reimbursement received have successfully brought us to that goal.

Gaps, Needs and Opportunities

The WIDCCC Advisory Committee has identified messaging, outreach, stigma and transportation as barriers to accessing care. With the emergence of COVID, the Advisory Committee has assisted and weighed in on opportunities to secure additional materials (PPE and infection control materials) and/or funding required to maintain the safety and health of all accessing the center.

Additional subcommittees may be established to focus efforts on addressing these barriers to receiving care at the WIDCCC.

New Developments

WIDCCC emerged as a front runner in quality and ingenuity, credentialing with three insurances: Optum Idaho, Blue Cross of Idaho and IPN. WIDCCC successfully passed the first Optum Idaho audit with a 100% and set the bar for rolling out telehealth services prior to the COVID pandemic.

In the fourth quarter, WIDCCC submitted successful billings to third party payers.

WIDCCC and Lifeways have continued to work toward problems solving the barrier of geography when it comes to improving access for outlying counties. Lifeways has accessed grant funding to provide taxi and bus vouchers to provide transportation for individuals accessing the center from outlying counties.

In the last quarter, Lifeways explored an opportunity with Uber Health to continue to work on improving ease of access to the crisis center, as well as provide an additional opportunity for community members to contribute to breaking down stigma associated with substance use, mental health and experiencing a crisis. The cost of this endeavor was unrealistic to provide ongoing, cost effective access for outlying counties.

The past year, experiencing the COVID19 Pandemic, has required many modifications to the protocols of the WIDCCC facility as well as the facilities that individuals in crisis access. WIDCCC was part of a work group that came together to problem solve easing access that local emergency rooms may experience due to the influx that was anticipated. During, the “stay at home order” individuals that had historically accessed homeless shelters found that the shelters were either restricted or unable to accept them for one reason or another. Reduced access to community resources and increased community stressors fleeing domestic violence to seek out the crisis center for assistance in accessing short term crisis management. WIDCCC was able to triage, adapt and safely meet these needs to allow for local medical resources to be maintained for just that.

The fourth quarter has required that ongoing safety measures remain in place, as well as additional staff to mitigate the increased utilization and potential for call outs due to exposures.

Referrals

Crisis center staff connect individuals who have accessed the crisis center to community resources as part of the aftercare plan. In the fourth quarter, the number of referrals to community resources was 1,327 (Table 3). This does not include referrals back to an established treatment provider that the individual may present with. Every individual accessing the crisis center is offered and encouraged to allow staff to assist in scheduling a follow-up appointment with a community provider in his or her community. For individuals that present without an established provider, staff attempt to offer at least three providers that are a “best fit” financially and geographically for the individual. For individuals who identify that they do not have insurance, staff are trained to assist linking/referring individuals with Medicaid enrollment as part of their case management. The number of referrals to a higher level of care was 17. As an additional development, WIDCCC staff have partnered with the Community Crisis Response Team through Health and Welfare to offer a check in/follow up service to individuals who are interested or would value this.

Community Resource Referrals	
Food Banks	151
Hospital	17
Housing	250
Legal Resources	5
Primary Care	23
Refused	56
Religious	1
SUD/MH	349
Suicide Hotlines	749
Support Agency	2
Vocation	2

Table 3: Community resource referrals Q4 2020-2021

Referrals to a Higher Level of Care	
WVMC	15
St. Alphonsus	0
Lifeways Hospital	2

Table 4: Referrals to a higher level of care Q4 2020-2021

Outcomes and Experience

29 follow-up calls were possible with permission and/or accuracy of information provided to staff. Of the individuals who answered, 26% stated they had a higher quality of life.

Number of follow-up calls completed and the results of those calls		
Result	Number	Percentage
Unable to contact	6	21%
Answered	23	79%
Of those who answered:		
Admitted to ED	0	0%
Arrested/Incarcerated	0	0%
*Higher Quality of Life	6	26%
Individual Followed through with care plan	18	78%

Table 5: Number of follow-up calls and results Q4 2020-2021

In the fourth quarter, 6 Individual Experience Surveys were completed; the average score from these surveys was 3.60 out of 4.

INDIVIDUAL EXPERIENCE SURVEY SCORES	
ADMISSION	Average Score
1. Admission process was speedy.....	3.00
2. Staff was courteous during admission.....	3.83
FACILITY	Average Score
1. The facility is comfortable.....	4.00
2. Noise level of the facility was satisfactory.....	3.00
3. Overall cleanliness of the facility was satisfactory.....	4.00
4. Overall condition of the facility was satisfactory.....	3.67
STAFF CARE	Average Score
1. Staff treated with courtesy and respect.....	3.50
2. Staff introduced you to the facility and program.....	3.83
3. Staff were prompt in responding to your requests.....	3.83
4. Staff kept you informed about your treatment program.....	4.00
5. Staff were helpful.....	3.67
OTHER MEMBERS OF THE TREATMENT TEAM	Average Score
1. Peer Support Specialists/Recovery Coaches were courteous and helpful.....	2.83
2. Case Managers were courteous and helpful.....	2.83
3. Emergency Medical Technicians (EMTs) were courteous and helpful.....	4.00
SOME PERSONAL ISSUES	Average Score
1. Staff had concern for your privacy.....	3.33
2. Staff were sensitive to your language, cultural, and spiritual needs.....	3.33
3. Staff responded to concerns/complaints made during your treatment.....	3.83

DISCHARGE	Average Score
1. Information about your plan after discharge was explained in a way you understand..	4.00
2. You were provided clear instructions on what to do if you need help after discharge (when to seek help, whom to call, etc.).....	3.83
3. Your plan included referrals to resources and providers to continue treatment.....	3.67

Individual Comments

Some of the comments provided on the Individual Experience Surveys include:

“Great job Homies.”

Some of the comments provided in community forums/social media/via referral partner feedback:

“There was literally no where to go. No shelter, no family, nothing. I had nothing. This happened to me and I needed help and I had nothing. Someone at a meeting told me to go there and I did. The guy who met me in the lobby just listened, let me take a shower and sleep. He didn’t tell me everything was going to be alright-a lot of the places you go tell you that everything is going to be alright like it will just happen. He told me that what I told him sounded like a hard place to be but that everyone there would work with me to see if there was anything that could make it better. The next morning, that guy was gone and there was two ladies that listened and just started making calls with me. I got fresh clothes and a good meal. I got some appointments scheduled with a counselor next to a place I could stay. They said I could come back whenever I needed to. I’ve been to a therapist four times now, I’m still in the shelter, but I’ve got a job. Everything is not alright, but I’m going to keep on doing what I can do to make it there.”



Summary of Advisory Committee Nominees

Name: Aaron Schreiber

Position applied for: At-large Member (Considerations given to health systems/hospitals/ courts/law enforcement/parole; recovery; housing)

Relevant information/experience:

- Corporal, Nampa Police Department
- 24 years law enforcement experience
- Crisis Intervention Training instructor for 10 years

Name: Dr. TJ Orthmeyer

Position applied for: Physician Representative

Relevant information/experience:

- Psychiatrist/Physician, St. Luke's Health System
- Committed to improving mental health access and quality of care in Idaho
- Understands importance of crisis resources

Name: Rebekah Koepnick

Position applied for: Consumer

Relevant information/experience:

- Certified Peer Support Specialist, IDHW
- Subject matter expert in mental health and addiction
- Previously worked with vulnerable populations experiencing homelessness
- Understands value of WIDCCC and hopes the Advisory Committee can assist with outreach and education of community

Name: Vito Kelso

Position applied for: At-large Member (Considerations given to health systems/hospitals/ courts/law enforcement/parole; recovery; housing)

Relevant information/experience:

- Sr. Probation and Parole Officer, Idaho Dept. of Corrections
- Good working relationship with treatment providers in the region
- Experience working with individuals who are in crisis, and suffering from addiction

(Continued)

Name: Kieran Donahue

Position applied for: Law Enforcement

Relevant information/experience:

- Sheriff, Canyon County Sheriff's Office
- Founder and Chairman of Man Up Crusade, domestic violence public awareness campaign
- Recognizes mental health issues are at a crisis level in Region 3

Name: Sherrie Benner

Position applied for: At-large Member (Considerations given to health systems/hospitals/ courts/law enforcement/parole; recovery; housing)

Relevant information/experience:

- Emergency Department Nurse Manager, St. Luke's Nampa
- 18 years Emergency Department experience
- Solid perspective of mental health issues encountered
- Ability to provide valuable insight to the scope of the need